

# Healthier Communities Select Committee Agenda

Wednesday, 6 December 2017

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

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## Part 1

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# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 6 December 2017.

Janet Senior, Acting Chief Executive  
Tuesday, 28 November 2017

Councillor John Muldoon (Chair)	
Councillor Susan Wise (Vice-Chair)	
Councillor Paul Bell	
Councillor Peter Bernards	
Councillor Colin Elliott	
Councillor Sue Hordijkenko	
Councillor Stella Jeffrey	
Councillor Olurotimi Ogunbadewa	
Councillor Jacq Paschoud	
Councillor Joan Reid	
Councillor Alan Hall (ex-Officio)	
Councillor Gareth Siddorn (ex-Officio)	

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

**Wednesday 1 November 2017, 7.00pm**

Present: Councillors John Muldoon (Chair), Susan Wise (Vice Chair), Paul Bell, Peter Bernards, Colin Elliot, Sue Hordijenko, Stella Jeffrey, Olurotimi Ogunbadewa, and Jacq Paschoud.

Apologies: Councillor Joan Reid.

Also Present: Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People), Cllr Joe Dromey (Cabinet Member for Policy & Performance), David Austin (Head of Corporate Finance), Belinda Regan (Interim Director of Governance and Patient Experience, Lewisham and Greenwich NHS Trust (LGT)), Lee McPhail (Director of Service Delivery, LGT), Diana Braithwaite (Director of Commissioning and Primary Care, Lewisham CCG), Dr David Abraham (Senior Clinical Director, Lewisham CCG), Debbie Marsh (Associate Director, Lewisham CCG), Dr Simon Parton (Chair of Lewisham Medical Council), Dee Carlin (Head of Joint Commissioning), Aileen Buckton (Executive director for community services), Joan Hutton (Head of adult social care), Heather Hughes (Joint Commissioning Lead), Robert Mellors (Group Finance Manager, Community Services), Fiona Kirkman (Whole system model of care, Prevention and Early Action Lead), Danny Ruta (Director of Public Health), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

### **1. Minutes of the meeting held on 12 September 2017**

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 South London and Maudsley NHS Foundation Trust.
- Councillor Susan Wise is a governor of King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.
- Cllr Bernards is a director of a company working with the South London and Maudsley NHS Foundation Trust.
- Councillor Paul Bell is a member of 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 M&C responses.

### **4. Lewisham Future Programme**

David Austin (Head of Corporate Resources) introduced the report. The following key points were noted:

- 4.1 The council's Medium Term Financial Strategy set a savings target of £22m for 2018/19 and £11m in 2019/20. The current directorate projections for 2017/18 are for an overspend of over £13m, of which £7m relates to previously agreed but as yet unachieved savings.
- 4.2 The Medium Term Financial Strategy anticipates that after 2020 approximately £10m per year of savings will be required. From 2010 to 2020 this will bring the total savings made and required to £193m, of which £160m have been agreed with £153m delivered and £7m in the forecast overspend.
- 4.3 The officer report identifies potential savings proposals of £4.85m – as things stand, if all these savings are achieved, the council's budget for 2018/19 would need to be set using £17.15m of reserves. By not overstating the level of possible savings, this will hopefully give services the time to address overspends and make the planned service changes.
- 4.4 Savings projections remain an estimate pending the Autumn Budget in November and the Local Government Finance Settlement in December.
- 4.5 The council's reserves are made up of different components. There are around £13m of un-earmarked reserves and £149m of earmarked reserves, which cover things such as PFI contracts and self-insurance. The council can, if necessary, revisit earmarked reserves and reprioritise.
- 4.6 The savings proposal identified as of particular relevance to the Healthier Communities Select Committee was saving B4, services economy rental income. The proposed saving of £70k is related to income received from rent received by the supporting people service. The proposed saving is 50% of this income. This service has only recently started generating rental income.
- 4.7 The committee noted that demand on adult social care is only going to increase and that the council will need to do things in a very different way in future.

*Resolved: the Committee noted the report.*

## 5. CQC inspection of Lewisham and Greenwich NHS Trust

Belinda Regan (Interim Director of Governance and Patient Experience, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 5.1 In March 2017, the CQC carried out a comprehensive inspection of Lewisham and Greenwich NHS Trust. The inspection was intended to assess the progress made since the previous comprehensive inspection, in February 2014, when the trust was rated as “requires improvement”.
- 5.2 The overall rating for 2017 was again “requires improvement”. The overall rating for community services in Lewisham, however, was “outstanding”.
- 5.3 There were improvements in the ratings for Lewisham Hospital in ten areas. There were improvements in some areas for Queen Elizabeth Hospital, but some areas of deterioration too.
- 5.4 High priority areas include timeliness in the emergency department, medicines management, and patient monitoring. The trust is also launching a programme to improve end-of-life care.
- 5.5 A collaborative improvement programme has been set up with Lewisham, Greenwich and Bexley.
- 5.6 The CQC found improvement in end-of-life care at Lewisham Hospital, but deterioration at Queen Elizabeth, which was rated as inadequate. The CQC found that staff did not have a good understanding of pathways and were failing to recognise end-of-life patients.
- 5.7 The trust has an end-of-life strategy, but hadn’t worked fast enough in embedding this. The trust is going to revisit this strategy and look at how it delivers training on it. The new trust chair is the non-executive director for the end-of-life care improvement programme.
- 5.8 There are some ongoing risks with end-of-life care as the contracts currently with St Christopher’s Hospice (Lewisham Hospital) and Bexley and Greenwich Community Hospice (Queen Elizabeth) are soon to be negotiated by the relevant CCGs.
- 5.9 Surgery at QE was rated as “inadequate” for safety. The CQC observed poor cleanliness and hand hygiene, and poor medicine storage and management.
- 5.10 The CQC also raised questions about what risks the Trust Board were made aware of. One of the actions the trust is taking on this is to go through each departmental local risk register.

- 5.11 The Trust recruits from, among others, Spain, Portugal and Ireland. Recruiting from the Philippines was the most recent campaign. The Trust also runs a local apprenticeship programme and works closely with schools.
- 5.12 The committee praised the trust for its “outstanding” rating for community services in Lewisham.
- 5.13 The committee expressed concern about the problems with staff competency in MAU (medical admissions unit) and CCU (critical care unit) identified by the CQC and noted that surgery at the QE site needs urgent attention.
- 5.14 The committee noted that there appeared to be a theme with leadership across both LGT sites and queried the degree to which the Trust Board was being held accountable?

*Resolved: the Committee noted the report.*

## **6. Lewisham hospital update (systems resilience)**

Lee McPhail (Director of Service Delivery, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 6.1 Lewisham and Greenwich NHS Trust’s approach to winter planning this year includes large-scale improvement work focused on the emergency pathway.
- 6.2 The trust has made national bids for money to make changes to the estate around the emergency pathway. The trust received two awards, one for each hospital site, totalling £2m. Work was completed in October 2017 and allowed, among other things, the implementation of the GP streaming model, in order to take pressure of the emergency department.
- 6.3 The trust has also changed the emergency department space at Lewisham Hospital to help with ambulance hand over times.
- 6.4 The trust is making sure that winter demand is reflected in the capital programme and has invested heavily in equipment. It has also continued its flu vaccination programme and established a dedicated ambulatory care unit, in order to keep pressure off the emergency department.
- 6.5 The trust is experiencing exceptionally high levels of activity related to mental ill health. It is working with both Oxleas and SLaM NHS Trusts and has mental health assessment nurses on site.

*Resolved: the committee noted the report.*

## 7. Waldron walk-in centre – consultation update

Diana Braithwaite (Director of Commissioning and Primary Care, Lewisham CCG) introduced the report. The following key points were noted:

- 7.1 The CCG explained that it is reporting on the early findings of its twelve-week consultation on the future of the walk-in centre in New Cross. Overall, 82% of consultation respondents were not supportive of the proposal to close the walk-in centre. The CCG said that it will take at least four weeks to fully analyse consultation responses.
- 7.2 The CCG stressed that no decision has been taken yet about the future of the walk-in centre and that the CCG governing body would not be making a decision at its next meeting.
- 7.3 A number of other key messages emerged from the consultation process: people are not aware of or being offered the GP extended access service; people are concerned about the difficulty in getting through to their GP on the phone; users of the walk-in centre who are not registered with a GP, or whose GP details are unknown, aren't necessarily people who live in the borough.
- 7.4 The CCG is going to look into whether any unregistered patients who do live in the borough are in a vulnerable position. The CCG have also arranged for an officer to be present at the walk-in centre to help people get registered with a GP. The CCG noted that patients registered with a GP are more likely to have better outcomes in the long term.
- 7.5 In response to concerns raised about where people would be able to go for wound dressings, the CCG said that wound dressing is provided through the GP extended access service and that funding will continue for this.
- 7.6 In response to concerns raised about the potential impact on A&E as a result of any changes to the walk-in centre service, the CCG said that there isn't any evidence that walk-in centre closures lead to a major shift to A&E. The CCG said that they'd reviewed national research ([Monitor, 2014](#)) into 20 walk-in centre closures and spoken to colleagues in Lambeth, Southwark and Greenwich about their experiences following similar changes.
- 7.7 The CCG analysed the possible impact on A&E attendance if the walk-in centre did close and, based on the formula from an academic study of similar proposals ([Pinchbeck, 2016](#)), estimated that A&E could see around 4-8 additional patients a day.
- 7.8 Following concerns raised about the primary care needs of the homeless population in New Cross, the CCG held a summit on homelessness with the council and local homelessness agencies. Through this the CCG identified a

gap in primary care services for rough sleepers. The CCG said that they will be developing a service for this population.

- 7.9 Cllr Dromey, ward councillor for New Cross, set out his, fellow ward councillors' and the local MP's concerns around the impact of the closure of the walk-in centre and the consultation process.
- 7.10 Cllr Dromey argued that people are using the walk-in centre not because they are confused about primary care provision but because of the difficulty in getting a GP appointment. He also didn't accept that the majority of users of the walk-in centre are not from Lewisham.
- 7.11 Cllr Dromey expressed particular concern about the impact on A&E waiting times, with research indicating that 5-20% patients who currently use the walk-in centre might go to A&E if it was closed ([Pinchbeck, 2016](#)). He also expressed particular concern about the impact of the closure on the homeless population and undocumented migrants, particularly in the winter.
- 7.12 The committee expressed concern about closing the walk-in centre at a time when many people appear to be confused about the various ways of accessing GP services. The committee suggested that it may be time for the CCG to carry out a publicity campaign on the primary care services which are going to be available.
- 7.13 The CCG agreed to come back to the committee with more detailed analysis of the consultation responses at its next meeting on 6th December 2017.

*Resolved: The committee noted the report and agreed that the CCG would come back to its next meeting. The committee also noted the referral from the Overview and Scrutiny Committee and agreed to respond formally in due course.*

## **8. Consultation on daycare meals**

Heather Hughes (Joint Commissioning Lead) introduced the report. The following key points were noted:

- 8.1 Officers outlined the proposals, set out in detail in the officer report, to remove the subsidy for meals at three daycare centres. This was a savings proposal from 2015. Consultation on it has been delayed to prevent confusion with a number of other recent consultations.
- 8.2 Following consultation on the proposal to remove the subsidy for meals at three daycare centres, officers are recommending to Mayor and Cabinet that the subsidy is removed and that full cost recovery for meals will apply. Officers are also recommending, however, in recognition of the concerns raised, that the subsidy is extended for one month, until 31st January 2018.

- 8.3 Officers will monitor the level of hot meal take-up to see if fewer people are choosing to have a hot meal, but said that they didn't get the sense during the consultation that this was the intention of many people.
- 8.4 Officers will work to identify people who live on their own, who may not get a hot meal in the evening with friends or family. Officers noted that most users of the Ladywell daycare centre do not live on their own.
- 8.5 The committee expressed concern that the changes may lead to some people no longer choosing to have a hot meal.

Resolved: the committee noted the report.

## **9. Adult social care charging framework**

Joan Hutton (Head of Adult Social Care) introduced the report. The following key points were noted:

- 9.1 The officer report included in the agenda sets out plans to consult on the adult social care charging and financial assessment framework. There are no planned changes to the existing framework, the proposal is to bring together a range of policies into one framework.
- 9.2 Officers are planning to meet with the Lewisham People's Parliament and a range of other organisations.
- 9.3 Officers will return to the committee once the consultation is complete.
- 9.4 The committee noted that officers should be careful not to be too focused on older people in this consultation as there are a significant number of younger adults with social care needs to be considered too.

Resolved: the committee noted the report.

## **10. Changes to the Linkline Community Alarm Service**

Fiona Kirkman (Whole system model of care, Prevention and Early Action Lead) introduced the report. The following key points were noted:

- 10.1 The officer report included in the agenda sets out plans to consult on changes to the Linkline Community Alarm Service.
- 10.2 There are four main areas of consultation: changing the service offer from a "telephone on" service to a "full visiting service"; changing charging arrangements for people who have Linkline in their own home in the community; plans to further consult on the charging arrangements for social housing tenants; and the proposal for annual charge increases in line with inflation

across all sectors. Officers also intend to work with Lewisham CCG to review the service offer for people with dementia.

10.3 Officers hope that the consultation and review will lead to better fairness among Linkline customers.

10.4 Officers looked into the possibility of Lewisham Homes taking over this services a number of years ago, but it didn't appear to be cost effective.

Resolved: the committee noted the report.

### **11. Public health annual report**

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

11.1 The topic of this year's public health annual report is mental wellbeing and mental ill health. The report's content will be aimed towards the public in order to raise awareness of mental ill health in the borough and the support available.

11.2 The report itself is going to take the form of an interactive website with case studies, infographics and videos across a number of different sections, including a section on what people can do to keep themselves mentally well.

11.3 The committee commented that it was important to publish the detailed public health data as well as the interactive website.

Resolved: the committee noted the report.

### **12. Select Committee work programme**

John Bardens (Scrutiny Manager) introduced the work programme.

*Resolved: the Committee noted and agreed the work programme.*

### **13. Referrals**

There were no referrals.

The meeting ended at 22.21pm

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)	6 December 2017

## Declaration of interests

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

### 1. Personal interests

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

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

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

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

(b) and either

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

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

### 3. Other registerable interests

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

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

### 4. Non registerable interests

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

### 5. Declaration and Impact of interest on members' participation

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

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

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

## **6. Sensitive information**

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

## **7. Exempt categories**

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

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

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Healthier Communities Select Committee		
Title	Social prescribing in-depth review – second evidence session	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	6 December 2017

## 1. Introduction

This is the second evidence session of the committee's in-depth review of social prescribing. After taking evidence from key council officers during the first evidence session, at the second evidence session members will receive in-person evidence from key local partners. This includes:

- Charmaine Binns (Community Connections, Development Worker)
- Roz Hardie (Lewisham Disability Coalition, Director)
- Simon Parton (Lewisham Local Medical Committee, Chair)
- Michael Munson (Bromley and Lewisham Mind, Community Support Services Manager)

The following written submissions have also been received:

- Sydenham Garden (see below)
- Lewisham Carers (see below)
- Lewisham Speaking Up (see below)

## 2. Key lines of enquiry

The key lines of enquiry, as agreed at the last meeting of the select committee, are set out below:

- **The extent of social prescribing in Lewisham:** Who are the partners and organisations currently involved in the development and provision of social prescribing services? What types of activities and interventions are provided, and how many people are being referred? What types of problems is social prescribing commonly used for, and which groups of people tend to be most commonly referred?
- **The plans for social prescribing in Lewisham:** What is the potential for expanding social prescribing in Lewisham? For which problems and groups of people could it play more of a role? What further partners and organisations could be involved in the development and provision of social prescribing? What is the capacity of local partners and organisations to provide more services?
- **The effectiveness of social prescribing in Lewisham:** For which problems and groups of people has social prescribing been used most effectively? How are the outcomes of activities and interventions captured and measured? How is the effectiveness and efficiency of social prescribing schemes evaluated?
- **The gaps in social prescribing coverage:** For which problems and groups of people is social prescribing coverage lacking? What further help and support do providers and other local organisations need to reach more people? What help and support do providers and local organisations need to improve the way they work more generally?

### 3. Written evidence

#### 3.1 Sydenham Garden

***Are you involved in the provision of, or referral to, any schemes in the borough that could be described as social prescribing?***

We run, and refer to social prescriptions.

***If so, what sort of schemes are you involved in? Which groups of people tend to be referred? And which local organisations are involved?***

We provide fixed-length social and creative activity for people experiencing a wide range of mental ill-health. We also provide similar activities for people recently diagnosed with dementia. This is our core provision and all co-workers (the name we give people who access our services) are referred by health professionals. Along with this we also provide workshops, events and volunteering opportunities for local residents that could also be considered a social prescription, but is often not directly referred to by health professionals.

Many local organisations are involved directly and in directly, but primary refers are GP practices, IAPT, Hospitals, Secondary Care teams (old CMHT) CSS, SLAM, Community Connections, and Mindcare. Organisations involved in helping us deliver our work are SLAM, IAPT, Voluntary Services Lewisham and to a lesser extent BL Mind.

Social prescriptions we refer our co-workers to include: Voluntary Services Lewisham (Gardening), Community Connections, Local Library's, Living Well, Time Bank, BL Peer Support, Arts Network, Natures Gym and Dig it.

***From your experience, what are the most effective non-clinical interventions in use in Lewisham and more widely? Is there any evidence on these?***

Without trying to sound big headed I believe our Garden Project (which is based on STH: Social and therapeutic Horticulture), our Growing Lives Project (Also STH but with accreditation and work experience), our Art & Craft Project and our Sow & Grow project (underpinning creative and social activity with CST for people with dementia) are some of the most effective non-clinical interventions I have seen in use, not only in Lewisham but worldwide. I have lived in Malawi, and I've been invited to speak and visit organisations across the UK, in Europe and in the US on behalf of Sydenham Garden, giving me a strong understanding of the effectiveness in comparison to what is on offer. The anecdotal evidence is backed up by our statistical data, which shows that levels of wellbeing are on average catastrophically low, and getting lower year on year, when co-workers join us. However, in the year just evaluated, when co-workers finish with us they leave "at normal levels". This is based on a validated measure called Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), and confirmed through case studies, focus groups, Likert Scale Questionnaires and carer feedback.

Putting our own projects to one side, there is a growing evidence base for social prescriptions, but it's nothing new. Bromley by Bow formalised a social prescribing model back in the 80's. However, there is recent evidence around access to gardening and greenspace – Gardens and Health, Kings Fund. The reports based on the Ecominds project, which include a wealth of evidence for the health and economic benefits of Ecotherapies can be found at, <https://www.mind.org.uk/about-us/our-policy-work/ecotherapy/>. Sustain have gathered evidence and share it at <https://www.sustainweb.org/growinghealth/evidence/> (we are referenced and case studied here too).

Broader evidence points to a greater proportion of health being determined by social factors. Most of the evidence has this figure at around only 30% of health being determined by clinical factors! Yet the vast majority of our local and national health budgets are lost on clinical treatments. The Marmot Review probably makes one of the most compelling cases for change in this area. If 70% of health is determined by social factors, then surely we should see a significant proportion of our budgets funding this area, and a significant proportion of health professionals referring to regularly to social prescriptions?

***Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?***

There is an appetite amongst the adults with mental ill-health that we work with, and amongst the professionals that refer to us. An independent evaluation in 2017 of our Growing Lives not only showed how effective the work was, but that participants felt they would like more of this type of work. This view is consolidated by the fact we have to manage waiting lists and have a third more referrals than we can place.

Another report that would suggest there is an appetite amongst our client group would be the Review of Lewisham Psychological Services in 2015 by Dr Edana Minghella. It showed huge discrepancies in access by gender and ethnicity demographics when compared to the census. Our ethnicity and gender breakdown closely reflects that of Lewisham, and this could be seen as an indication of the appetite amongst such demographics.

***If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?***

As previously mentioned, I believe people with mental ill-health would be of benefit. Ecotherapies, creative and social activities, peer support and physical activity would all be social prescriptions that would be of benefit. However, from our involvement with the Social prescription Network (who published a piece on the Link worker being the key to social prescription success), and from our own experience, the link work between the prescriber is and the prescription is vital. From our experience separate organisations set up to sign post, or link people, do not work (as they serve their own interests, and add an extra “mile” to the patients journey) and we have found funding for our own link worker to be most effective. I would also imagine a link worker or training for a social prescriber to be based and managed in practises themselves to be an effective model also – but please not another costly sign posting organisation!

### 3.2 Lewisham Carers

***Are you involved in the provision of, or referral to, any schemes in the borough that could be described as social prescribing?***

Dr Brian Fisher: As a Lewisham GP, I use Community Connections to refer patients to 3rd sector groups. It is a simple process. I get no feedback from CCs, so I don't know how effective or useful it is for my patients. Also, I don't know how complicated it may be for my patients.

As a patron for Lewisham Carers, I would say that we provide a service to which Lewisham GPs can refer. We aim to make the service as straightforward and helpful as possible. We seek and respond to feedback and understand that the services we provide are much needed and seen to be useful.

***If so, what sort of schemes are you involved in? Which groups of people tend to be referred? And which local organisations are involved?***

Dr Brian Fisher: As a GP, I tend to refer people with multiple problems who are also rather lonely and cut out of society. Using Community Connections means that I don't have to know about the various groups in the borough – I can rely on the system to match up my patient with the most suitable group.

Lewisham Carers operates on a neighbourhood model throughout the London Borough of Lewisham, with regular “pop-up” advice and information sessions in GP practices.

Carers Lewisham provides:

ADVICE, INFORMATION AND ADVOCACY

- Financial and welfare benefits
- Help to complete Lasting Power of Attorney forms
- Combining paid work with caring
- Getting practical help in the home

- Managing the condition of your cared for person
- First Aid training
- Getting support from health and social care
- Your Rights as a carer

#### EMOTIONAL SUPPORT

- 1 to 1 support
- Support groups: Mental Health Carers, Parent Carers, Older Carers, Male Carers
- Coping Strategies training
- Relaxation days, pampering, massage
- Access money for you to have a holiday or time out from caring
- Outings and activities

#### SPECIALIST SUPPORT

- Dementia Support

We offer specialist dementia advice, information and support to the families or friends of the person who are supporting the person with dementia. We work closely with other organisations in the London Borough of Lewisham who offer services to those with dementia and can therefore help you to access any practical help you may need. We can provide information about the illness and help you to cope with the challenges it may bring, as well as financial advice (disability benefits etc.) and emotional support.

- End of Life Support

We offer rapid response and needs assessment, on-going emotional support as well as practical support with Advanced Care Plans, deputyships, benefit checks, and Carers Assessments. We also offer guidance for carers in assessing and planning for future needs throughout referral and signposting to counselling and bereavement support services.

- Counselling and therapy

The counselling service is open to anyone physically caring for, or emotionally supporting a relative, partner or friend with a disability, long-term physical or mental illness, or frailty. Young Carers over the age of 12 can also access this service. Counselling usually takes place on a weekly or fortnightly basis. The maximum length of counselling is 30 sessions.

- Working for Carers

Employment support project for unemployed and economically inactive unpaid carers across South and Central London

We offer:

- One-to-one support
- Needs assessments and action planning
- Carer-specific employability training programme
- Peer and group activities
- Time-limited in-work support to enable sustainable employment

***From your experience, what are the most effective non-clinical interventions in use in Lewisham and more widely? Is there any evidence on these?***

Dr Brian Fisher: As a GP, I think the most effective non-clinical interventions would include:

- Citizens Advice
- Lewisham Carers

- Time Banking
- Deptford Action Group for the Elderly
- Samaritans

I understand that there is evidence on all these groups in respect of health gain.

***Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?***

Dr Brian Fisher: As a GP and as a patron of Carers, I think that there is an increasing appetite for social prescribing. However, the real rate-limiting factor is the threat to groups from government austerity which is decimating the number and size of community groups across the country including in Lewisham.

***If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?***

Dr Brian Fisher: As a GP, I think that there may be more benefit to be gained by patients who are less disabled than the people I described above whom I currently refer to the third sector. It would be easier for them to contact groups and they may possibly get more out of them. Hospitals could do more referrals I should imagine.

Dr Brian Fisher: Speaking as a director of a software company, Evergreen Life, currently offering record access and other IT services to people using the NHS across England, I think that there is an opportunity to develop software that would help to semi-automate social prescribing, widening the user-base and allowing people and patients to make their own choices. This could be offered when people were booking appointments online or ordering repeat prescriptions and/or looking at their records.

### 3.3 Lewisham Speaking Up

***Are you aware of any schemes in the borough that could be described as social prescribing?***

Yes, we run some activities which could be described as social prescribing and we do refer people we work with to other schemes that could be described as such.

***If so, what sort of schemes are you aware of? Which groups of people tend to be referred? And which local organisations are involved?***

As we work exclusively with adults with learning disability, this is the group that we are most aware of in terms of receiving or making referrals. As well as running our own groups, we are also aware of groups run by Heart n Soul who provide arts activity groups for people with learning disability including 'Allsorts' and the Heart n Soul choir.

However, being based in the Albany we are also aware of other schemes that are used by older people, particularly 'Meet me at the Albany' which is an arts based programme run by Entelechy.

We have recently acquired funding from the Deptford Challenge Trust to set up a 'Speak Up and Wellbeing' group for adults with a learning disability who receive little or no support from statutory services. This was a result of us holding a people's parliament event on Loneliness and Friendships. At this event we found that 60% of people with learning disability told us they experienced some level of loneliness. We also observed that the people who said they were lonely most often were those who do receive traditional services such as a day service or support in the community.

We would see this group as one that fits the description of social prescribing. So far, our referrals have come from community connections and service providers. Our aim with this new group is to prevent loneliness and isolation and to support people to make and sustain friendships. We aim for the group to develop as a peer support network. In our view, this will lessen the chances of those people using GP or hospital services for socio-economic based problems that lead to anxiety and depression.

We have also referred people to Community Connections and Volunteer Centre Lewisham, usually because they are experiencing some form of social isolation.

Some of the organisations involved in what we would see as social prescribing: Lewisham Speaking Up, Heart n Soul, Entelechy, Community Connections, Ahoy, Voluntary Action Lewisham, Volunteer Centre Lewisham, Lewisham Disability Coalition,

***From your experience, what are the most effective non-clinical interventions in use in Lewisham, and more widely? Is there any evidence on these?***

From our view of supporting people with learning disability we would say the most important non clinical interventions are those which address the social problems that this group can face. This includes our own work as an advocacy organisation – both 1;1 advocacy for example helping people to resolve issues with debt, benefits housing etc. and self advocacy which addresses issues such as self esteem, confidence, meeting friends and socialising. Activity based groups such as arts, gardening and sports seem to work well. They provide a supportive social environment and should be able to signpost people onto to services if more serious issues arise. We would also imagine that these types of interventions work well with older people and those experiencing mental ill health. As stated in the background paper, evidence is more anecdotal rather than quantitative, but from our experience we know that people do really value these groups and activities.

***Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?***

We would like to see more social prescription type activity in the borough, hence our idea and bid for the ‘Speak Up and Wellbeing’ group. So we definitely have an appetite for this type of intervention!

If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?

We would welcome the growth of this type of activity as we do receive referrals for people looking to develop a social life. This can be very difficult for some people with learning disability and autism. We know that disabled people experience higher levels of loneliness and we know that loneliness is detrimental to overall health. More interventions around making friends and developing relationships, including sexual ones will help people have happier and healthier lives. For many learning disabled people, this isn’t something they can do without support. We would like to see a greater focus on supporting people in this area.

Many of the same arguments might be made in relation to older people and those experiencing mental ill health.

#### **4. Further reading**

- Annual Evaluation of Sydenham Garden 2016 – 2017, Sydenham Garden (see appendix A)
- [The Rotherham Social Prescribing Service for People with Long-term Conditions: Evaluation Update](#), CRESR, Sheffield Hallam University, May 2017 (see appendix B)
- [Rotherham Social Prescribing](#) (presentation from King’s Fund event on social prescribing), Janet Wheatley, Chief Executive, Voluntary Action Rotherham (see appendix C)

#### **4. Recommendations**

The Committee is asked to note this information.

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

Healthier Communities Select Committee		
Title	Response to referral from the Overview and Scrutiny Committee	
Contributor	Scrutiny Manager	Item 5
Class	Part 1 (open)	6 December 2017

## 1. Purpose

At its last meeting, the Healthier Communities Select Committee received a referral from the Overview and Scrutiny Committee (OSC) on Lewisham CCG's consultation on the future of the Walk-in-Centre at New Cross (the referral is included as appendix A).

After considering the referral and a wide range of other evidence from witnesses at the meeting, the committee resolved to provide a response to the OSC referral in due course.

The committee's draft response is attached to this report (appendix B).

## 3. Recommendations

The Committee is asked to consider and agree the response to the Overview and Scrutiny Committee.

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

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<b>Healthier Communities Select Committee</b>			
<b>Report title</b>	Comments of the Overview and Scrutiny Committee on Local NHS GP Services		
<b>Contributors</b>	Overview and Scrutiny Committee	<b>Item No.</b>	7
<b>Class</b>	Part 1	<b>Date</b>	1 November 2017

## **1. Summary**

- 1.1 This report informs the Healthier Communities Select Committee of the comments and views of the Overview and Scrutiny Committee, arising from discussions held on Local NHS GP Services at its meeting on 31 October 2017.

## **2. Recommendation**

- 2.1 The Healthier Communities Select Committee is recommended to note the views of the Overview and Scrutiny Committee as set out in section three of this referral.

## **3. Overview and Scrutiny Committee views**

- 3.1 On 31 October 2017, the full Overview and Scrutiny Committee considered a report entitled Local NHS GP Services which included, as an appendix, the report being considered by the Healthier Communities Select Committee on the future of the Walk In Centre in New Cross.

- 3.2 The Overview and Scrutiny Committee would like to make the following comments to the Healthier Communities Select Committee in relation to the proposed closure of the Walk In Centre at New Cross:

1. We have heard a number of concerns about the proposed closure.
2. We appreciate that the NHS Lewisham Clinical Commissioning Group (CCG) is likely to need more time to consider the responses received during the conclusion and we welcome that.
3. We would welcome the final response from the CCG on this matter being provided to all councillors as the walk-in centre is a borough-wide service.
4. We would welcome further details on GP recruitment and nurse retention bearing in mind Lewisham's population increase and Our Healthier South East London (OHSEL) / the Sustainability and Transformation Plan (STP) primary care requirements.
5. Current A&E performance figures for local trusts (Lewisham, King's and Guys and St Thomas') were tabled at our meeting (attached at appendix A) and we question how this proposal will help improve performance.

- 3.3 Letters from the Save Lewisham Hospital Campaign and a response from the CCG were provided to the Chair of Overview and Scrutiny Committee. These are attached at Appendix B.

#### **4. Financial Implications**

4.1 There are no financial implications arising out of this report per se.

#### **5. Legal Implications**

5.1 The Constitution provides for Select Committees to make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process.

#### **6. Further Implications**

6.1 At this stage there are no specific environmental, equalities or crime and disorder implications to consider.

#### **Background papers**

[Local NHS GP Services](#) – report to the Overview and Scrutiny Committee, 31.10.17

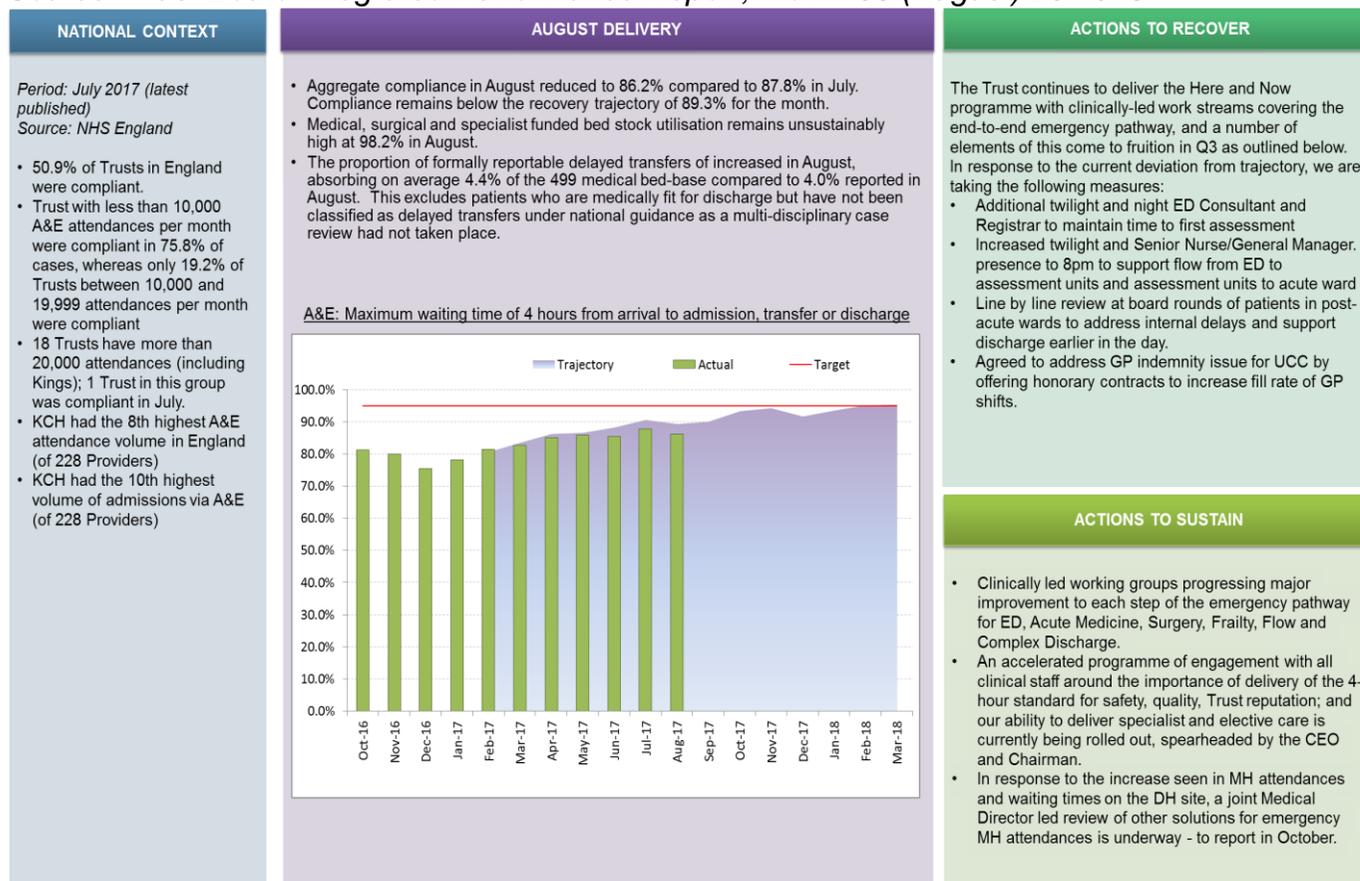
If you have any queries on this report, please contact Charlotte Dale, Overview and Scrutiny Manager (ext. 48286)

## A&E Waiting times

**Target:** The maximum four-hour wait in A&E remains a key NHS commitment and is a standard contractual requirement for all NHS hospitals. The 95% target has been replaced by operational performance trajectories which were introduced for NHS providers in July 2016.

**Kings College Hospital A&E Waiting Times:** A&E compliance in August 2017 reduced to 86.2% seen within 4 hours compared to 87.8% in July. Compliance remains below the recovery trajectory of 89.3% for the month.

Source: Trust Board Integrated Performance Report, Month 05 (August) 2017/18



## **University Hospital Lewisham A&E Waiting Times**

### **Emergency Department performance against four hour standard**

Percentage of patients treated within four hours at University Hospital Lewisham against the local target.

<b>Month</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
<b>Trajectory</b>	92%	92%	92.4%	93%	93.5%	94%
<b>Performance</b>	92%	92.9%	95.1%	94.1%	95.6%	92%

*Source: Information supplied on 31.10.17 by Head of Communications, Lewisham and Greenwich NHS Trust*

## **Guy's and St Thomas' NHS Foundation Trust A&E Waiting Times**

91.9% within 4 hours (Target 95%)

*Source: BBC tracker - <http://www.bbc.co.uk/news/health-41483322>*



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Chair of Overview & Scrutiny  
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Select Committee)  
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13 November 2017

Dear Alan,

**Re: Referral to Healthier Communities Select Committee**

Thank you for the Overview and Scrutiny Committee's recent referral concerning local NHS GP services and the future of the walk-in centre in New Cross.

The Committee received your Committee's comments at its last meeting, prior to its review of the recent consultation on the future of the walk-in centre. The Committee then held a thorough discussion on the early findings of the consultation, hearing from the Clinical Commissioning Group (CCG), ward councillors, and representatives of other stakeholders and members of the public.

Following this, the CCG agreed to the Committee's request to provide a further update, once the responses to the consultation have been analysed fully, at its next meeting, on Wednesday 24th January.

The Committee thanks you for the observations of the Overview and Scrutiny Committee on this matter.

Yours sincerely

**Councillor John Muldoon (Chair of the Healthier Communities Select Committee)**

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<b>Healthier Communities Select Committee</b>			
<b>Report Title</b>	<b>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:	6 <sup>th</sup> December 2017

## 1. Purpose

- 1.1 This report provides Members of the Healthier Communities Select Committee with an update on supporting 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, since the previous report to the Committee in March 2017.

## 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 since March

### SEND inspection

- 5.1 On Monday 25 September Lewisham was given 5 days' notice of a joint Ofsted and CQC inspection of SEND provision across the borough. The joint inspection holds local areas to account and supports service improvement to deliver better outcomes. The inspection publishes an outcome letter which provides an assessment of how well the local area is meeting the needs of children and young people with SEND, and how well providers work together to deliver positive outcomes and, where relevant, requires the local area to consider the actions that it should take in light of the report and prepare a written statement that sets out those actions and the timetable for them.
- 5.2 A starting point for the inspection team is a review of the local area's self-assessment of its strengths and areas for development in relation to SEND outcomes. Transition arrangements and outcomes for young people at Key Stage 4 were considered as part of the inspection. The inspection team were on site for 5 days from 2 October 2017 and met with a wide range of staff from across the partnership as well as with a number of schools, parents and young people.
- 5.3 The outcome letter is expected imminently. Once it has been received it will be shared with members and an action plan, to continue to improve in any areas identified by the inspection team as requiring further attention, will be developed.

### Update on pilot transition team

- 5.4 Since the update given to the Committee in March, work has continued under the "Preparing for Adulthood and Transition from Children's to Adult services" work stream. The pilot team went live in March and staff from children's social care and adults social care departments are working together on transition. The team is currently focusing on transition and adulthood arrangements for young people aged 17 and above, but are working towards starting to work with young people from the age of 14. Further development of the team, inclusive of the development of a workforce training programme focused on preparing for adulthood, will continue over the coming months. Further development work in the coming months will include the finalisation of the policy and guidance governing the way the team works and the options available for young people from 14-25.
- 5.5 The working arrangements have been developed across the partnership, and partner agencies work closely with the local authority to support individualised planning for young people transitioning to adulthood. The Local Offer continues to signpost families to services and information and advice, and work is ongoing to both increase the breadth of reach of the Local Offer, and engage parents and families more broadly in developing and improving preparing for adulthood work. A recent engagement event with parents focused on Transitions work and highlighted some of the anxieties that parents and young people experience as they approach the time of transition to adult social care or when leaving education. This has informed practice and the way that information and advice is provided. Further events with the Parent group and the local specialist schools are being planned on an on-going basis as this engagement plays an important part in ensuring the on-going development in this area of work is influenced by Parents and the young people.
- 5.6 Since March steps have been taken in further developing the local market place so that there is suitable post 18 provision in place to support young people's aspirations and life choices through to adulthood. This includes good progress in developing some supported living and personalised support plans utilising support within the borough. An example of how this has made a positive difference to a young person's life is evidenced within the case studies in appendix 1

- 5.7 There is more to do to improve the interface with CAMHS before the development of the mental health protocol can begin. The joint commissioners are currently looking at how to move this work forward and develop this particular pathway.

## **6. Next Steps**

- 6.1 Given the importance of ensuring the preparing for adulthood pathway and transition team are developed appropriately and embedded within the Council and partnership working arrangements correctly and proportionately; a review is currently being undertaken of the pathway development to date to better understand, anticipate and respond to future demand. The review focuses on understanding demand, reviewing practice and protocols developed to date, benchmarking good practice and also analysing the financial implications of transition to date and going forward. This piece of work is anticipated to be completed by Christmas and will directly inform the future direction of the pathway.

## **7. Financial Implications**

- 7.1 The current service delivery model of a transition team has been 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. The review which is currently underway will help develop understanding of the financial impact of transitions, and hopefully identify further opportunities to ensure more appropriate use of resources.

## **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 Report to HCSC March 2017

**If there are any queries on this report please contact Warwick Tomsett, Head of Targeted Services and Joint Commissioning 0208 314 8362 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)**

## **Appendix 1: transition case studies**

### **Case study 1**

R is a 25 year old female with special educational needs. She has lived at home with parent and also in residential settings at times when parent was unwell.

She is being supported by the transition team working closely with local providers to set up her own flat so that she can become as independent as possible. There has been a great deal of progress made already and she is now able to shower, wash, dress and undress independently. She has since completed her SEN education and has undertaken courses on self-advocacy, confidence building and life skills.

This has meant that she is now confident to attend adult college, is able to wash, dress, cook, clean her flat and is supported to shop and keep herself as independent as possible. She continues to learn living skills, is involved in the community, and this year, had her first independent birthday party. She was supported to join weightwatchers, has lost weight, is much more mobile and happy to be involved with other people, which is a position that she had not held previously. She has a vibrant activity diary, going bowling, cinema, gym, clubs and she is supported by a very settled care team, and now holds a tenancy in borough, with the support of Lewisham Councils money management team.

She is saving towards a holiday in Spain with her keyworker and another. She has had the same Keyworker and Social Worker throughout her transition.

### **Case study 2**

A is a 25 year old male, who 3 years ago returned to the borough from a residential school. The school/college was closed down overnight by the CQC, he was one of 9 young Lewisham people returned to borough at short notice. The transition team worked with his parents and local providers to establish a local activity diary which is focused on things that are important to him. More recently he has moved into supported accommodation in the borough and he attends college and works part time with support in place to ensure he can make the most of the learning environment that he has chosen.

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<b>HEALTHIER COMMUNITIES SELECT COMMITTEE</b>		
<b>Title:</b>	Leisure Contracts Update – November 2017	
<b>Key decision:</b>	No	<b>Item No: 7</b>
<b>Ward:</b>	All	
<b>Contributors:</b>	Executive Director for Community Services	
<b>Class:</b>	Part 1	<b>Date:</b> 6 <sup>th</sup> December 2017

## 1. Summary and Purpose of Report

- 1.1 This report invites comments from the Healthier Communities Select Committee on the 2016/17 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 2016/17 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 2016/17 there were 1.99 million visits; a 12% increase from 1.75m visits in 2015-16. In 2012/13 there were 850k visits. 1.99 million visits equates to 6508 visits per 1000 of the population.
- 5.2.3 General participation at the Fusion leisure centres has yet again increased compared to the previous year. During 2016/17 the number of attendances at the facilities increased to 1.48m (1.26m in 2015/16, 1.25m in 2014/15 and 1.1m in 2013/14). Indoor racquet sports and swim school performed particularly well with the latter increasing by 28%; in part due to demand being met by additional swim school timetabling.
- 5.2.4 Participation increased across four centres in particular: Glass Mill (12%), Wavelengths (35%), Ladywell Arena (30%) and Forest Hill School (47%). All centres, but in particular the Bridge, Glass Mill and Wavelengths, have suffered from the opening of budget gyms in their vicinity which offer lower cost no frills memberships for those seeking gym and aerobics classes only. Whilst the total number of visits may have increased, membership levels and income is not as strong as a result of this competition. This suggests that existing users are visiting more and / or more memberships are being sold at the concessionary prices. Fusion have introduced centre only memberships at certain sites to combat this competition.
- 5.2.5 Participation is measured across key target groups. Across the Fusion centres performance against these target groups was mixed in 2016/17. There was a 13% increase in 60+ users, 10% increase in disabled users, and 0.4% increase in women users. Fusion continue to deliver targeted activities which has helped increase participation from these groups.
- 5.2.6 Examples of targeted activities for older people include 50+ and mornings at the Bridge and 60+ mornings at Glass Mill and greater engagement with older people's groups such as the Positive Ageing Council to promote activities for this age group.
- 5.2.7 Disabled users had decreased for the previous 2 years; and Fusion have worked hard to turn this round in 2016/17. During 2016/17 the Fusion Centres signed up to become Dementia Friendly and are working with the Dementia Action Alliance and the Council to make the centres more dementia friendly as well as developing sessions for people with dementia. Fusion worked with Lewisham Disability Coalition (LDC) and Millwall Football Club Community Trust to offer free football sessions for disabled residents aged 14+, have promoted Be Active and activities through LDC and Community Connections and commenced swimming lessons for people with a visual impairment at the Bridge. The TAGS (Trans and Gender non-conforming Swimming) group continues to use Glass Mill and is well attended.
- 5.2.8 As part of Euro 2016 and with funding from FreeSport a girls football camp and tournament was run, plus girl's yoga, Sportivate climbing sessions and themed swimming sessions with Prendergast School. Women only sessions continue at a number of centres.
- 5.2.9 There was a decrease in participation of the remaining three target groups: a 16% drop in 16-19 year old users, a 4% drop in BME users and a 6% drop in under 16 users.

- 5.2.10 Fusion have worked with numerous groups throughout the year to engage young people, supporting the National Citizens Service summer challenge, working with local schools, holiday schemes and themed activities. Officers will work with Fusion to increase levels of young people's participation over the coming year.
- 5.2.11 Fusion have recently created a swimming ambassador for BME communities who will seek to motivate and inspire BME communities to access their local facilities and get swimming.
- 5.2.12 Visits to the leisure side of Downham Health and Leisure Centre during the year 2016/17 was 513,829, an increase of 6% on 2015/16. The two main areas of growth, as in the previous last year, were swim school and fitness classes.
- 5.2.13 The Downham contract provides a range of activities geared towards encouraging participation of certain key groups. Young people are catered for through sports and education sessions as well as free tennis courses, trampolining and holiday programmes. The centre was awarded £4500 to continue to run teenage sessions such as circuits and boxing which attracted 175 participants, 66% of whom were girls and 58% were BME. Over 60s can access special social sessions with activities such as short mat bowls and line dancing; alongside regular 60+ classes such as aqua and Zumba. Female and BME attendance is high, particularly in the group exercise programme, and women only swim sessions now allow children (including boys) following customer feedback. Free Sport funded girls and mums Zumba sessions, and Sportivate funded a weekly girl's activity session led by the girls themselves. The centre also hosted 6 week beginner's triathlon course for women only. All the centre's sessions are inclusive for people with a disability however targeted athletics and multi-sports sessions have been delivered during the school holidays following working closely with a number of groups including Drumbeat School, Burgess Trust and Greenvale School.
- 5.2.14 Downham also fundraised during 2016 to buy a 'fit bus'; which now goes out to local parks 6 days a week to offer free sessions to everyone, including the target groups above. This is an excellent example of how the centre is reaching out to engage more local people in physical activity.
- 5.2.15 **Free swimming:** Free swimming has historically been available for residents aged 16 and under and 60+ with a Lewisham library card. During 2016 a decision was taken to remove free swimming for 16 and unders from 1 September 2016. This followed analysis of usage which showed low health benefits due to not being used frequently enough. Feedback on removal was limited with Fusion and 1Life receiving no formal complaints and the Council only receiving a handful. Free swimming for over 60s continues under the Be Active scheme, as does free swimming for Looked After Children.
- 5.2.16 Across the Fusion contract there was a 46% drop in free swimming usage, down to 24,482 visits during 2016/17; due to the above removal. 31% of free swimming took place at Forest Hill Pools.
- 5.2.17 At Downham usage also decreased, by 18% to 13,124. This drop is less than Fusion due to 1Life offering free swimming to under 5's (something they have always offered). In addition, 1Life have very recently agreed to offer free swimming to all children under 17 during all school holidays.

- 5.2.18 **Swimming participation:** Nationally, casual swimming is declining and statistics at Fusion reflect this. However, during 2016/17 Downham recorded an increase of 9,232 swims. This is due in part to quality of their service delivery, more imaginative programming and expansion of the swim school. Both operators deliver different sessions to encourage people to swim more, such as inflatable family sessions, aquasplash for children, and mermaid school and rookie lifeguard courses.
- 5.2.19 Bucking this trend is the massive increase year on year of swim school participants partly as a result of more swimming lessons being offered for a wider age range of children and adults. Fusion sites had 270,000 swim school visits during 2016/17, an increase of 28%. Downham had 1620 participants on their swim school programme in 2016/17, an increase of 23% on the previous year. 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. Both operators have long waiting lists for lessons. 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.
- 5.2.20 Officers have worked with the Amateur Swimming Association, school representatives and both operators to develop initiatives to increase swimming participation, levels and review the school swimming offer. This was in part response to concerns around the low levels of pupils accessing school swimming at Lewisham leisure centres achieving KS2 (swimming 25m by end of year 6). Swimming attainment has historically been low in the borough and many children cannot swim when they start school swimming lessons. A review of lesson plans and the Service Level Agreement has been undertaken, and 1Life and Fusion both took part in the frontier checklist. The results of these changes will be reviewed and monitored.
- 5.2.21 **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 in 2016/17 there were 4046 Be Active members (a slight increase on last year) and 21,782 admissions (a 15% drop, mostly due to the withdrawal of free swimming under 17s). In Downham the number of Be Active visits to the centre was 6,874 in the year (not including free swimming).
- 5.2.22 In spring 2016 the administration of the Be Active scheme was transferred to the leisure operators from the library service in order to provide a more efficient customer service. This transfer required all casual Be Active users to re-register with their chosen centre and be issued with a Fusion or 1Life card. This transition has gone smoothly and large number of people have re-registered, including some who have not accessed the services for quite some time – the correspondence they received from the council alerting them to the change has reminded them of the concessions they can receive.
- 5.2.23 **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. Referral have been streamlined into three new pathways: Active Start, Active Referral and Active Heart. Low risk referrals are for people who are overweight or at risk at developing long term medical conditions and they are referred to Active Start. Active Referral is for people who have long term medical conditions and have prescribed exercise to help with their conditions.

These new pathways have minimised waiting lists, over subscribing and ensures individuals receive the correct service for them. The criteria have also been tightened. Previously overweight people had been referred, now it is targeted at those in real need of personal attention and extra care that the programme delivers (for example obese people with underlying health indications). Now completely paperless, the scheme is referred to via the Refer-All system straight from the doctors' computer, allowing for a more streamlined, faster service. Public health are supporting a review of the scheme which promises to be able to provide richer data in the future.

5.2.24 During 2016/17 Fusion had a total of 1421 people referred across Active Start (582) and Active Referral (839). This is a slight drop (7%) from last year. Downham saw a drop of 239 referrals from last year due to some changes in the referral system, however the number of people actually attending the initial assessments after a referral has increased from 61% to 73% which is positive.

5.2.25 **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. Exercise sessions are funded by MS Lewisham, Parkinson and 1Life for people with MS and other disabilities. Stop Smoking service attends the centre twice a week offering drop in and appointment support. The centre also hosts a diabetes prevention project.

5.2.26 Fusion delivered the Shape Up programme during 2016/17 at Forest Hill Pools, supporting inactive people to get active, complementing the health checks and doctor referrals schemes. Users can then access leisure facilities on a longer-term basis through various options including Be Active. Fusion sits on the borough's obesity forum and have signed up to the 'Sugar Smart' scheme. Health checks continue across all centres, with Glass Mill being the main venue.

5.2.27 **Healthy eating:** Within both contracts there is a requirement for healthy food and healthy vending. Fusion have changed their café operator in Forest Hill and the Bridge to Bickels Yard, and included more healthy eating options as part of that. The contracts at Wavelengths, Bellingham and Glass Mill are being considered currently. The menus and prices at Fusion and 1Life managed sites are closely monitored to ensure that healthy options are included. Fusion have also committed to improving their vending machine offer during 2017/18; and have signed up to be Sugar Smart. Downham are in the process of bringing their café operation in-house and will seek to join Sugar Smart at that point.

5.2.28 **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.

5.2.29 Fusion have 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.

5.2.30 £1m savings were taken from the leisure budget from 1 April 2017. The savings included a negotiation of the contract with Fusion, including pricing. 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) has been implemented since 1 April 2017. These increases still leave Lewisham low to mid-point in price comparison with its neighbouring boroughs.

5.2.31 **Inclusivity:** Access for all is a cornerstone of both contracts. At the end of 2016/17 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 certain changes at the centre which improve inclusivity. See 5.2.7 and 5.2.13 above for examples of disability inclusivity initiatives by both operators.

### 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 every year. The Young Person's Special Educational Needs (SEN) forum was held at the Bridge, with users from Drumbeat attending and taking part in a cricket taster session. The Fun Palace event took place at Glass Mill in October 2016, run by LDC it included stalls and information for disabled residents. Glass mill hosted many other events including public consultations on the building developments in the vicinity; SLAM jobs fair and the annual Christmas Fayre run by Adult Learning Lewisham.

5.3.3 Fusion leisure centres are now accepting the Lewisham Local community contributor card, with reduced priced access to all sites.

5.3.4 During 2016/17 Fusion provided a variety of support to the community to the value of around £8,000. This included in kind facility hire for the annual Lewisham Primary School Gala at Glass Mill in March 2017. Saxon Crown Swimming Club are grant funded through the Main Grants programme to deliver stage 1 and 2 swim teacher training. Fusion have supported this work by providing pool space and a course leader.

5.3.5 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), Swimathon, and swim school galas. In March 2017 the centre was 10 years old, which was celebrated with a community event with free activities and access to the facilities.

5.3.6 1Life funds and supports various activities to get people more involved and active; such as tennis, running fitness challenges, and health awareness and support sessions (as detailed elsewhere in this report).

5.3.7 The Industrial Provident Society (IPS) made awards of small grants to groups and partners who use the facilities at Downham Health & Leisure Centre, as follows:

- Rest bite for carers linked with SIGNAL £1200
- 6 week yoga course for teenagers £420.
- Raiders Netball club sessions £625
- Fit Bus £4412
- Mermaid sessions £2,000

#### 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 most have now been resolved.

5.4.2 The council and the two operators continue to invest in the leisure facilities. There is an annual sum identified within the contract for lifecycle works to replace and repair plant and equipment crucial to the running of the centres. In 2016/17 the lifecycle money has been programmed to undertake a large suite of works; including replacing air handling units and building management system at Wavelengths; damp and redecoration works at Ladywell Arena; and new carpet in the soft play at Bellingham. A new piece of soft play equipment and irrigation system for the outdoor pitches has also been installed at Bellingham, funded by the Bellingham Community Project.

5.4.3 The PFI facility services management contract at Downham continues to deliver planned lifecycle improvements. In 2016/17 this included redecoration and lights.

#### 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 138 FTE staff across the Borough, with half of these employees being Lewisham residents (just down on 55% in 2015/16). During 2016/17 there were 17 apprenticeships across the borough.

5.5.4 Fusion have developed a successful 'Development Pathway' which provides a framework for all employees to progress within the organisation from apprentice to general manager. One member of staff has been promoted to General Manager under this scheme, and a team leader at Glass Mill to Wet Operations Manager; and there are staff on every level of the developmental pathway.

5.5.5 Following a period of stability within its staffing Fusion have recently seen a turnover of a number of its head office staff who have the Lewisham contract within their remit; including the Divisional Business Manager. This latter role has now been filled.

5.5.6 Fusion are partnering with Volunteer it Yourself (VIY) in Lewisham. VIY combine volunteering and DIY; providing opportunities for young people aged 14-24 to learn trade and building skills, on the job, by committing to fixing up youth, community and leisure facilities in need of repair. Participants are local, and are mentored by local professional tradespeople, who also volunteer their time. Wickes provides materials free of charge. Participants can gain vocational skills and accreditations as well as access to further training, work placement and apprenticeship progression. Fusion provide all participants with memberships to the leisure centres as well. The partnership in Lewisham has just started, and they have been undertaking some decoration work in the Bridge.

5.5.7 1Life employs 119 staff, of which 46% are Lewisham residents. It provides opportunities to upskill its staff including swim teacher and fitness instructor courses, and completed 964 hours of training during 2016/17. The company continues to have a commitment to employing apprentices, during 2016/17 there were three apprentices, with one of the apprentice lifeguards now a full time member of staff at the centre.

5.6 Performance monitoring, customer feedback and complaints

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; alongside contract meetings.

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. The council is now in its fourth year of these inspections which have improved standards. Recent monitoring has shown some gaps which are being addressed.

5.6.5 As part of their own feedback system, Fusion operates a comments card system and online feedback portal. The average scores for the 2016/17 year were as follows:

Staff	<b>94%</b> (drop from 97% in 2015/16)
Range of Activities	<b>94%</b> (drop from 97% in 2015/16)
Building Condition	<b>88%</b> (drop from 96% in 2015/16)
Cleanliness	<b>75%</b> (drop from 91% in 2015/16)
Value for Money	<b>92%</b> (drop from 97% in 2015/16)
Equipment	<b>87%</b> (drop from 95% in 2015/16)
Ease of Booking	<b>89%</b> (drop from 96% in 2015/16)
Ease of Gaining Information	<b>85%</b> (drop from 94% in 2015/16)
Website	<b>86%</b> (drop from 93% in 2015/16)
<b>Average</b>	<b>88%</b> (drop from 95% in 2015/16)

- 5.6.6 These indicate that the quality of the service delivery in 2016/17 has dropped significantly across the board since last year (and indeed 2014/15 which had similar satisfaction levels to 2015/16). Further analysis of this and general operational issues is covered in section 5.7 below.
- 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 staff, gym and classes; with lower satisfaction in areas such as car parking (lack of), cleanliness (particularly changing rooms) and answering phones.
- 5.6.8 All the leisure facilities undergo rigorous assessments by Quest, a respected authority on leisure standards. Glass Mill was awarded Excellent status during 2016/17; the highest level that can be achieved and above the requirements of the contract. Wavelengths, Forest Hill and Downham all achieved Good status.
- 5.6.9 The council has recently started tracking the number of formal complaints received by the leisure operators and is reporting this through the internal performance management reporting system. For recent months the number of complaints averages around 6 to 12 per month. Note that this doesn't include formal complaints to the Council, however these number approximately the same. We will have fuller data to share in due course which will allow analysis of trends. However, at this stage it is worth noting the small number of complaints in comparison to the average number of visits to leisure centres per month (166,944 in 2016/17).

## 5.7 Operational issues

- 5.7.1 A degree of service failures, complaints and financial penalties are expected in leisure contracts the size of the two Lewisham have; and should be taken within the context of the very high usage figures (1.99 million visits in 2016/17). However, officers are increasingly unsatisfied with the performance of Fusion on several counts. There has been an increase in complaints being made directly to the council, including Cllrs, predominantly around building condition (e.g. broken equipment or slow repairs such as showers, air conditioning, lockers, disability hoists), cleanliness and cancelling of classes. This is mirrored in officer's informal and formal monitoring exercises; and lower customer satisfaction scores on all feedback categories in 5.6.5 above.
- 5.7.2 Officers believe that Fusion are restricting spend in some areas due to continued loss on the contract, which is having an adverse impact on customer experience and maintenance of the buildings.
- 5.7.3 Officers have picked these issues up through the formal contract mechanisms and have been applying financial penalties where appropriate. In addition meetings have taken place with Fusion directors to outline the Council's concerns and seek assurances that improvements will be put in place. Officers will continue to work with Fusion to ensure the best possible service is provided for all customers and that a decrease in such issues takes place over the coming months.

## 5.8 Upcoming developments and change

- 5.8.1 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 available.
- 5.8.2 At Downham 1Life have considered a number of possible capital facility improvements including soft play, climbing wall, and poolside sauna. These schemes are dependent on there being enough car parking available. Currently the car park is full and members cancelling their memberships often cite lack of car parking as the main reason for leaving. Capacity is currently struggling (despite new bicycle racks being fitted and new sharing agreement on some of the NHS spaces) and any new facility development would put further pressure on this. As such, a planning application is being prepared to seek to extend the car park to provide additional spaces.
- 5.8.3 Officers in Culture and Community Development and Children and Young People are considering future management arrangements for Forest Hill School sports centre. Management of the centre was added at a later date to Fusion's contract and they run the facility outside of school hours – providing a gym for casual users / members; and sports courts for organised club use. Operating the centre costs the council, Fusion and the school money; for relatively small numbers of users. The school are exploring options to directly manage the sports centre or work with another partner organisation. The centre was funded through New Opportunities Fund grant money (now Big Lottery) and this included the requirement for it to be used for both school (Forest Hill itself and primaries in the vicinity) and community use.

## **6. Financial Implications**

- 6.1 There are no immediate financial implications arising from this report.
- 6.2 £1m was 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 during 2016/17.

## **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 5.2.7. Further examples of current target group initiatives can be found in section 5.2.6 to 5.2.14.

7.2 Fusion’s Annual Report – attached as appendix 1 shows significant participation increases across some of equalities groups with their current service plan containing the following objectives:

- To deliver a 3% year-on-year increase in general participation
- To deliver a 3% 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 2016/17

Appendix 2 – 1Life Annual Report 2016/17

<b>Healthier Communities Select Committee</b>		
<b>Title</b>	Further update on the referral from Healthier Communities Select Committee – In depth report into Integration of Health and Social Care in Lewisham	
<b>Contributor</b>	Executive Director for Community Services and Lewisham Health and Care Partners	Item 8
<b>Class</b>	Part 1 (open)	6 December 2017

## 1. Summary

- 1.1. On 20 July 2017 the Healthier Communities Select Committee received a report from Mayor and Cabinet outlining a response to each of the Committee's recommendations in relation to the in-depth review into Integration of Health and Social Care in Lewisham. This report provides the Committee with an update on the progress made against each of the recommendations.

## 2. Recommendation

- 2.1. The Healthier Communities Select Committee is recommended to:
  - 2.1.1 Note the progress made against the Committee's recommendations.

## 3. Background

- 3.1. The scrutiny process in Lewisham enables councillors to examine the performance of the Council and partners, to ask questions on how decisions have been made, and the performance of local services, investigate issues of local concern to consider whether service improvements can be put in place and make recommendations to this effect.
- 3.2. In July 2016 the Healthier Communities Select Committee agreed the scope of an in-depth review into the Integration of Health and Social Care in Lewisham and evidence sessions were held between September 2016 and January 2017.
- 3.3. In September 2016 the Committee heard from Lewisham Health Care Partners (LHCP) on the plans, successes and challenges of developing and delivering integrated care. 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 Health watch Lewisham, the Lewisham Pensioners' Forum, and the Lewisham Coalition.
- 3.4. The Committee agreed the report of its findings, and resultant recommendations, at its meeting on 1 March 2017.
- 3.5. On 22 March 2017, Cllr John Muldoon, Chair of the Healthier Communities Select Committee presented to Mayor and Cabinet the findings of the review. On receipt of

the report and recommendations, the Mayor resolved that the Executive Director for Community Services be asked to provide a response for his consideration.

- 3.6. On 20 July 2017 the Healthier Communities Select Committee received a report from the Mayor and Cabinet outlining a response to each of the Committee's recommendations.
- 3.7. This report provides an update on the progress made to date against each of the recommendations.

#### **4. Recommendations and responses**

- 4.1. Recommendation 1: Lewisham Health and Care Partners (LHCP) should return to the Committee with an update on the progress of the "ward at home" scheme within six months of the conclusion of this review.

Response: The Discharge to Assess Model (D2A) which was developed to facilitate early discharge from LGT and ensure that assessments for on-going care take place in the community commenced as planned on the 20<sup>th</sup> March 2017. The pilot was extended and during the second phase has continued to inform the longer term modelling of discharge pathways to include a cohort with more complex needs.

- 4.2. Recommendation 2: LHCP should monitor the figures for discharge delays caused by having to make arrangements for non-Lewisham residents to be discharged outside of the borough. They should also maintain regular contact with partners in other boroughs to tackle these delays as effectively as possible. LHCP should provide the Committee with an update within six months of the conclusion of this review.

Response: All Delayed Transfers of Care continue to be monitored and reported weekly to the NHS and ADASS on the London Monitoring System, with the council and partners continuing to meet twice weekly to discuss those ready for discharge, including those residents of other boroughs remaining in acute beds. There is a continued process of escalation to other boroughs, working where possible, to reduce the length of delays. Most delays are still due to the complexity of need, availability of beds in residential and nursing homes and patient choice. Continued partnership working, the implementation of discharge to assess, and the development of the trusted assessor model has started to reduce the length and number of delays.

- 4.3. Recommendation 3: LHCP should return to the Committee within six months of the conclusion of this review with more detail about the model of community-based care being developed (influenced by the Buurtzorg model) in order to address the following questions:
  - With one key worker responsible for the majority of someone's care, in teams that are self-managed, how would quality be monitored and assured?
  - How would the model, which in the Netherlands has teams of a maximum of twelve nurses, scale up in Lewisham, where the proposed neighbourhood networks would cover larger areas?
  - How would the model, which appears from the evidence to be quite expensive to operate, work in Lewisham in the context of ongoing public sector budget pressures?

- How would the model work in Lewisham given the diverse social and demographic nature of the different communities in Lewisham?

Response: Lewisham Health and Care Partners agreed a vision for Community Based Care on 13 October 2017. The next step is to communicate this vision more widely to inform the future development and delivery of community based care.

As outlined in the previous update, LHCP are committed to developing new ways of working influenced by the Buurtzorg model. Although it will not be possible to replicate the approach exactly as it operates within a very different system and context, LHCP are committed to exploring the key principles that underpin the model i.e. it is a person centred approach; one person delivers multiple aspects of care and support; workers are empowered to build relationships and networks to support people more effectively.

In September 2017, the Better Care Fund / Section 75 Agreement Management Group approved funding for a 24 week pilot bringing a group of district nurses and care workers together to operate as one team. Phase 1 started in November 2017 and is focussed on one Band 7 District Nurse working with a range of staff from Eleanor Home Care to identify the cohort, opportunities for working differently and co-ordinating the care for a small number of patients / service users. Phase 2 will run for 16 weeks from January and will involve three district nurses working with up to ten care workers to manage the care of up to 30 people. The pilot will test:

- An approach to multi-disciplinary working across district nursing and home care and that enables more co-ordinated, person centred care and support.
- Opportunities to develop flexible roles, specifically an enhanced care worker role.
- A model of case management / care co-ordination to reduce duplication.
- A joint approach to assessment and review for patients / service users with both nursing and social care needs involving professionals operating as trusted assessors.
- Opportunities to work more effectively with other health and care services and the voluntary sector to prevent the escalation of health and care needs.

Quality assurance is a key priority for the pilot. The following measures have already been put in place and the team will further consider ways to monitor and assure the quality of care and support provided throughout the pilot:

- The care workers will receive relevant training from the most senior District Nurse in the pilot team, who has considerable experience of delivering training.
- The team will have daily handovers and weekly meetings to identify and escalate concerns quickly.
- The team will include a coach (as in the Buurtzorg model) who will provide support to the team to operate as one unit and to resolve issues as they arise.
- The team will maintain their existing reporting lines to their respective organisations during the pilot who will continue to oversee quality. Further consideration will be given to quality assurance if the model is developed further to involve a greater degree of self-management beyond the pilot.

The pilot will enable LHCP to:

- Develop a more in depth understanding of how the model could operate on a larger scale.
- Develop a detailed cost / benefit analysis.
- Better understand how the model could work in Lewisham given the diverse social and demographic nature of the different communities in the borough.

4.4 Recommendation 4: With the closer integration of community-based services, LHCP should consider an integrated complaints process, which is accessible to all who may need to use it.

Response: There is currently in place a common process to ensure that a single integrated response is provided for complaints which covers more than one aspect of health and care, or relates to both the commissioning and provision of a service. This is achieved by the complaints officers across the system agreeing who is the lead organisation to coordinate a specific response and all partners working closely together to provide a coordinated and timely response.

Our intention is to use the information that we have from complaints we receive across health and social care services to inform our approach to quality assurance. This will identify where there is a need to support providers to improve service provision. As suggested in recommendation 14, there will be continuous oversight of this process to assess how the management of complaints can be further aligned to the integrated practice as this develops.

4.5 Recommendation 5: The neighbourhood-based care models currently being developed by LHCP should be carefully tailored to meet the needs profile of the areas they'll serve. The Committee should be provided with information about how LHCP plan to do this within six months of the conclusion of this review.

Response: As previously reported, commissioners and providers continue to use a range of information and data to ensure that local care and health provision is meeting the needs of Lewisham's communities and improves health and care outcomes in the area. To deliver proactive, accessible and co-ordinated community based care across the borough, commissioners and providers are currently working together and reviewing services provided and accessed at a neighbourhood level and planning how those services could be improved and further developed.

This includes further integration of services at a neighbourhood level, particularly those that provide care and support in people's own homes, developing the business case for the development of care hubs in each of the four neighbourhoods and using evidence to support the redesign of clinical pathways to address health and care inequalities in identified areas. In their vision for community based care, Lewisham Health and Care Partners have stated that they want the majority of health and care services to be accessible outside hospital and where possible provided at the neighbourhood level. They have committed to examining proposals to establish how any change will contribute to and deliver improvements in Lewisham's community based care. This will include examination of how the proposal addresses identified local need and health and care inequalities.

4.6 Recommendation 6: Given that it is a key aim of integration, LHCP should set clear targets for reductions in unplanned hospital admissions and monitor performance against these. This would allow stakeholders to monitor progress.

Response: The non-elective admissions target for 2017/18 requires a reduction of 2.4% compared with 2016/17. Progress against this stretching target continues to be monitored by the CCG via its integrated governance committee for both delivery against agreed contracts and BCF.

- 4.7 Recommendation 7: LHCP should do all they can locally to make sure that the regulatory processes involved in health and care do not act as a disincentive to more integrated ways of working.

Response: As previously outlined, regulators have committed to taking a more aligned approach to regulation in London as part of the devolution agreement. The London Health and Care Devolution Memorandum of Understanding was signed on 15 November 2018. Although legislation does not permit devolution of national regulatory functions for health services, NHS England and NHS Improvement have committed to streamlining regulation and oversight with joined up processes at regional level. It is difficult to envisage opportunities at this stage to streamline regulation and oversight further to a local level.

- 4.8 Recommendation 8: LHCP should continue to explore ways of embedding integrated health and social care teams in each of the four neighbourhoods in order to achieve lasting cultural change.

Response: LHCP are committed to developing the four Neighbourhood Care Teams to achieve lasting cultural change and a range of activity is being undertaken to achieve this. Further to the previous update:

- (a) Co-location of the NCTs – the N1 team will be the first to co-locate at the Waldron. This project has been delayed by IT issues and the team is now expected to be co-located in January / February 2018.
- (b) Three pilots to test new approaches to multi-disciplinary working at a practice level. The aim was to deliver more co-ordinated, person centred care and support that would improve health outcomes. 12 week pilots at Amersham Vale and South Lewisham Group Practice involved weekly MDT meetings. An 8 week pilot involving fortnightly meetings was undertaken at the Grove Medical Centre to see whether the same benefits could be achieved over a shorter time frame. The pilots supported patients with long term conditions who were frequent visitors to the GP practice and who required support from District Nursing and Adult Social Care. The South Lewisham pilot focussed specifically on patients over 75. The teams comprised of a range of professionals, including mental health and home care providers.

The pilots all successfully established strong teams with a shared commitment to delivering co-ordinated and compassionate care. One participant commented: *'this is the first time I have felt that I have been working in a truly integrated way.'* Interim evaluation has demonstrated that the pilots all effectively shifted the focus of the MDT from information sharing to case management. As relationships developed and knowledge of key services and pathways improved, the flow of information was quicker and referrals more appropriate. Opportunities to test shared assessments and trusted assessor roles were more limited than had been hoped, but joint visits were undertaken that will help shape future work on developing a more flexible workforce.

A full evaluation is being undertaken but in the interim we are exploring how to build on the learning of the pilots by:

- Improving mental health involvement in MDTs
  - Improving the relationships and communication between the core members of the MDT and the wider network of health and care professionals, housing services and voluntary sector agencies.
  - Improving knowledge of key services and pathways.
  - Developing training to support MDTs to achieve culture change and for members to contribute to MDMs more effectively.
- (c) A review of the Neighbourhood Co-ordinator role has taken place and several projects to test ways in which the role could develop further to support and embed integrated working are underway. These project include building stronger connections with mental health, housing and domiciliary care.
- (d) A Standard Operating Procedure for practice based multi-disciplinary meetings has been developed and will form part of the PMS contract from January. This is being reviewed to reflect the learning from the pilots.
- (e) Opportunities to build on the joint training that has taken place across adult social care, the DN service and mental health is ongoing.
- (f) Joint approaches to communication across the NCTs have been developed.
- (g) Regular interface meetings with home care providers and mental health services continue to take place.

4.9 Recommendation 9: LHCP should review how the changes to health and social care are being communicated and how people, residents and staff are being engaged in the process. They should engage with relevant local stakeholders to help with this. Other areas have made use of case studies to help with explaining complex changes like this.

Response: Across the partnership, regular communication and engagement on health and care changes has continued to take place though a variety of channels. However feedback continues to show that LHCP need to do more and provide clearer and more coherent messaging on the challenges health and care are facing and the plans and action that are being taken to improve health and care outcomes across the borough. In particular, LHCP want to ensure that the language that is used in communicating these messages is jargon free and easy to understand. Accordingly, LHCP have recently appointed a communication and engagement lead to support LHCP in this work. The role includes engaging with key stakeholders, including patients, residents and staff, to develop and assess the effectiveness of any planned and ongoing communication.

4.10 Recommendation 10: There should be more co-production in the changes to health and social care and the development of the new models of care.

Response: As outlined in the vision for community based care, LHCP are committed to ensuring that patients, service users, carers and other stakeholders are involved in the design and development of services and pathways. LHCP will listen to their experiences and seek their feedback at an early stage. Staff across the system will also provide a valuable insight to how services could be improved. The feedback offered by stakeholders will continue to inform commissioners and providers on areas for improvement and change.

- 4.11 Recommendation 11: While it may not be necessary to communicate to the wider public the organisational changes taking place behind the scenes, LHCP should effectively communicate these changes to relevant staff and health professionals in the borough, and in the voluntary and community sector.

Response: Please see response to recommendation 9.

- 4.12 Recommendation 12: The Committee appreciates that the Council and its partners will do all they can to make sure that the integration of services works for local people, but the Committee also notes that there is a risk to social care as a result of government-imposed cuts.

Response: In recognition that all local authorities face pressure on the provision of ASC services, supplementary funding has been made available from central government in the form of improved Better Care Fund. The funding is available to spend on adult social care and is intended to be used for the following purposes:

- Meet adult social care needs
- Reduce pressures on the NHS, including supporting people to be discharged from hospital when they are ready
- Ensure the local social care market is supported

Plans for the use of this funding have been agreed with the CCG.

- 4.13 Recommendation 13: LHCP should ensure that all staff are able to provide a personalised and responsive service to people in their homes at all times.

Response: The learning from the Neighbourhood pilots will be used to build on the good practice that is already in place across the range of health and social care services. This will further improve the way staff work with people to ensure they are supported well to live as independently as possible and that they are in control of how services are provided to support them.

- 4.14 Recommendation 14: LHCP should review how the current complaints process for community-based services is working and how and when people are notified of it.

Response: Please see response to recommendation 4.

- 4.15 Recommendation 15: LHCP should draw up a plan on how they can work together to build capacity and avoid duplication in the area of activities for young adults with learning disabilities. People with learning disabilities represent a significant proportion of adult social care service users and developing more community-led services for this group could have a significant positive impact

Response: Work has continued under the “Preparing for Adulthood and Transition from Children’s to Adult services” work stream. The pilot Transition Team went live in March and staff from Children’s Social Care and Adults Social Care are now working together on transition. The team is currently focusing on transition and adulthood arrangements for young people aged 17 and above, but are working towards preparing transition from the age of 14. Further development of the team,

which will include the development of a workforce training programme focused on preparing for adulthood, will continue over the coming months.

The pathway has been developed across the partnership and partner agencies work closely with the local authority to support individualised planning for young people transitioning to adulthood.

There is work in progress to further develop the local market place so that there is suitable post 18 provision in place to support young people's aspirations and life choices through to adulthood.

## **5. Financial implications**

- 5.1. There are no financial implications arising out of this report per se; but there may be financial implications arising from carrying out the action proposed by the Committee.

## **6. Legal implications**

- 6.1. The Constitution provides for Select Committees to refer reports to the Mayor and Cabinet, who are obliged to consider the report and the proposed response from the relevant Executive Director; and report back to the Committee within two months (not including recess).

## **7. Further implications**

- 7.1. At this stage there are no specific environmental, equalities or crime and disorder implications to consider. However, there may be implications arising from the implementation of the Committee's recommendations.

## **8. Background papers**

[Healthier Communities Select Committee Review of integration of health and social care in Lewisham](#)

[Mayor and Cabinet 22 March 2017](#)

If you have any queries about this report, please contact Joan Hutton, Head of Adult Social Care on 020 8314 8634 or at [joan.hutton@lewisham.gov.uk](mailto:joan.hutton@lewisham.gov.uk)

<b>Healthier Communities Select Committee</b>			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	9
Class	Part 1 (open)	6 December 2017	

## 1. Purpose

To advise Members of the proposed work programme for the municipal year 2017-18, and to decide on the agenda items for the next meeting.

## 2. Summary

- 2.1 At the beginning of the municipal year, each select committee drew up a draft work programme for submission to the Business Panel for consideration.
- 2.2 The Business Panel considered the proposed work programmes of each of the select committees on 22 May 2017 and agreed a co-ordinated overview and scrutiny work programme. However, the work programme can be reviewed at each Select Committee meeting so that Members are able to include urgent, high priority items and remove items that are no longer a priority.

## 3. Recommendations

3.1 The Committee is asked to:

- note the work plan attached at **Appendix B** and discuss any issues arising from the programme;
- specify the information and analysis required in the report for each item on the agenda for the next meeting, based on desired outcomes, so that officers are clear about what they need to provide;
- review all forthcoming key decisions, attached at **Appendix C**, and consider any items for further scrutiny;

## 4. The work programme

4.1 The work programme for 2017/18 was agreed at the Committee's meeting on 25 April 2017.

4.2 The Committee is asked to consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria. The flow chart attached at **Appendix A** may help Members decide if proposed additional items should be added to the work programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the Committee agrees to add additional item(s) because they are urgent and high priority, Members will need to consider

which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

## 5. The next meeting

5.1 The following reports are scheduled for the meeting on 24 January 2018:

Agenda item	Review type	Link to Corporate Priority	Priority
<b>CQC update on care homes</b>	Standard item	Active, healthy citizens	High
<b>CQC inspections of SLaM</b>	Standard item	Active, healthy citizens	High
<b>Waldron walk-in centre – consultation update</b>	Standard item	Active, healthy citizens	High
<b>Adult safeguarding annual report</b>	Standard item	Active, healthy citizens	Medium
<b>Adult learning Lewisham annual report</b>	Standard item	Active, healthy citizens	Medium
<b>Lewisham People’s Parliament - learning disabilities and health</b>	Standard item	Active, healthy citizens	Medium

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

## 6. Financial Implications

There are no financial implications arising from this report.

## 7. Legal Implications

In accordance with the Council’s Constitution, all scrutiny select committees must devise and submit a work programme to the Business Panel at the start of each municipal year.

## 8. Equalities Implications

8.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age,

disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.2 The Council must, in the exercise of its functions, have due regard to the need to:

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

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

## **9. Date of next meeting**

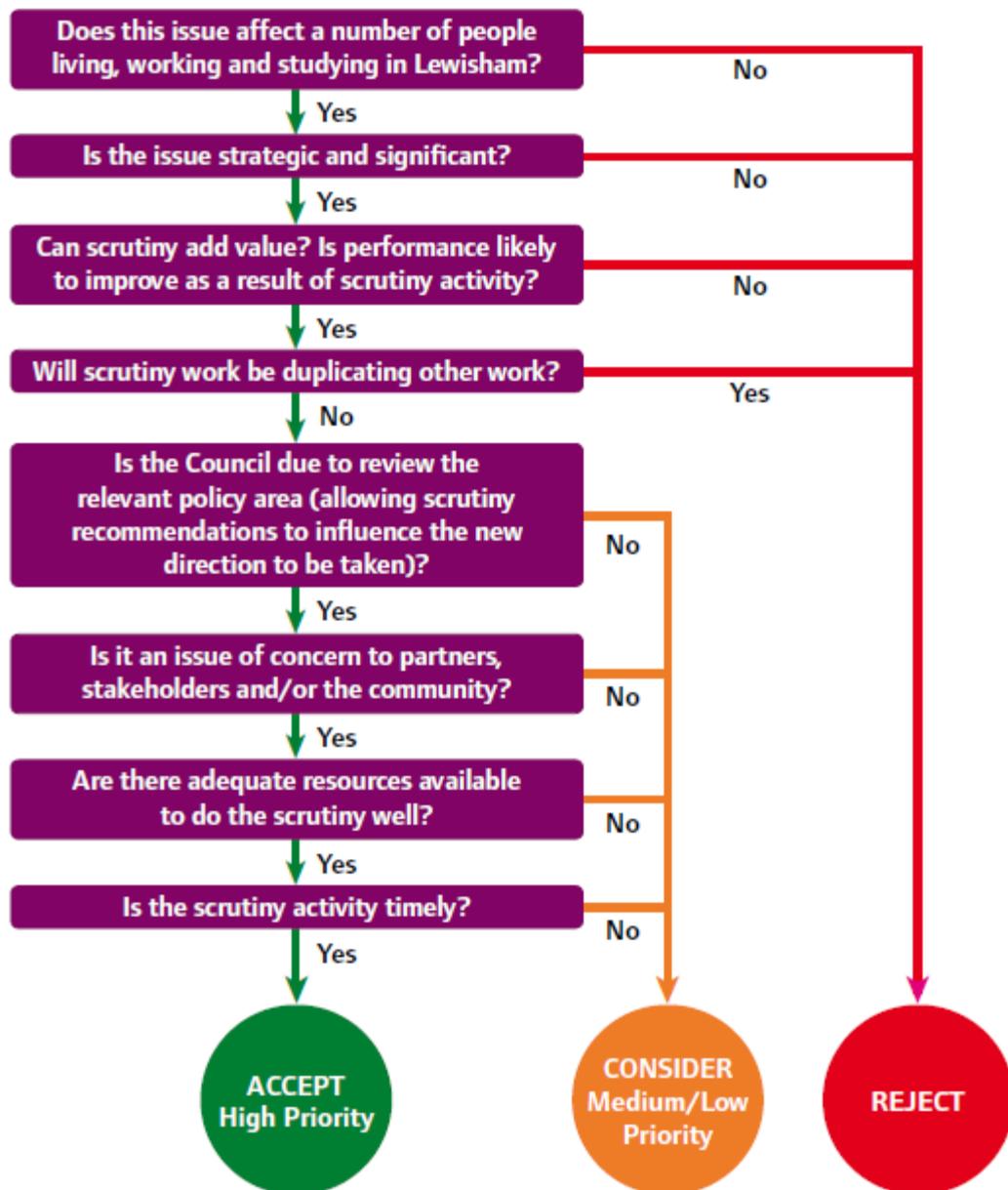
The date of the next meeting is Wednesday 24 January 2018.

### **Background Documents**

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

## Scrutiny work programme – prioritisation process



Work item	Type of item	Priority	Strategic priority	Delivery deadline	25-Apr	13-Jun	20-Jul	07-Sep	01-Nov	06-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								
CCG update on primary care changes	Standard item	Medium	CP10	Apr								
In-depth review	In-depth review	Performance	CP9	Jan		Scope		Evidence session		Evidence session	Report	
SLaM quality account	Performance monitoring	Medium	CP9	Jun								
Neighbourhood care networks update	Standard item	Medium	CP9	Jun								
Adult Safeguarding Board introduction	Performance monitoring	High	CP9	Jul								
Grove Park Health Centre	Standard item	High	CP10	Jul								
Lewisham and Greenwich NHS Trust Quality Account	Performance monitoring	Medium	CP9	Jul								
CCG review of access to urgent care	Standard item	High	CP10	Jul								
Information item: notes of meeting with GST	Standard item	Medium	CP9	Jul								
Information item: Developing Lewisham's Adult Social Care On-line Activity	Standard item	Medium	CP9	Jul								
Healthwatch annual report	Standard item	Medium	CP9	Sep								
Healthwatch hospital discharge report	Standard item	Medium	CP9	Sep								
CQC inspection of Lewisham and Greenwich NHS Trust	Performance monitoring	Performance	CP9	Nov								
Lewisham hospital update (systems resilience)	Standard item	High	CP9	Nov								
Waldron walk-in centre – consultation update	Performance monitoring	Medium	CP9	Nov								
Consultation on daycare meals	Standard item	High	CP9	Nov								
Adult social care charging framework	Standard item	High	CP9	Nov								
Public health annual report	Performance monitoring	Medium	CP9	Nov								
Partnership commissioning intentions	Performance monitoring	Medium	CP9	Nov								
Leisure centre contract	Performance monitoring	Medium	CP9	Dec								
Transition from children's to adult social care	Standard item	Medium	CP9	Dec								
Integration review update	Performance monitoring	Medium	CP9	Dec								
CQC update on care homes	Performance monitoring	Medium	CP9	Dec								
CQC inspections of SLaM	Performance monitoring	High	CP9	Dec								
Waldron walk-in centre – consultation update	Performance monitoring	Medium	CP9	Dec								
Adult safeguarding annual report	Performance monitoring	High	CP9	Jan								
Adult learning Lewisham annual report	Performance monitoring	Medium	CP9	Jan								
Lewisham People's Parliament - learning disabilities and health	Standard item	Medium	CP9	Jan								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	CP9	Mar								

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

Meetings					
1)	Tuesday	25 April	5)	Wednesday	01 November
2)	Tuesday	13 June	6)	Thursday	6 December
3)	Thursday	20 July	7)	Wednesday	24 January
4)	Tuesday	12 September	8)	Tuesday	6 March

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## FORWARD PLAN OF KEY DECISIONS

### Forward Plan December 2017 - March 2018

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](mailto: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.

June 2017	<b>New Precision Manufactured Homes: Edward Street</b>	15/11/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		
September 2017	<b>Precision Manufactured Homes and GLA Innovation Fund Update</b>	15/11/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan,		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member for Housing		
October 2017	<b>Update on Fire Safety in Lewisham</b>	15/11/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		
June 2017	<b>Gypsy and Traveller Local Plan Update</b>	15/11/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
June 2017	<b>Ladywell Playtower: selecting a restoration partner</b>	15/11/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
October 2017	<b>Lewisham Poverty Commission</b>	15/11/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joe Dromey, Cabinet Member Policy & Performance		
October 2017	<b>New Homes Programme Update Parts 1&amp;2</b>	15/11/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		

**FORWARD PLAN – KEY DECISIONS**

<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>
September 2017	<b>Consultation on removal of subsidies for Day Care meals</b>	15/11/17 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
October 2017	<b>Cutting Energy Costs through new local energy supply models</b>	15/11/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Rachel Onikosi, Cabinet Member Public Realm		
September 2017	<b>Main Grants Programme</b>	15/11/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
October 2017	<b>School Kitchen Facilities Maintenance</b>	15/11/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
	<b>Brent Knoll and Watergate Co-operative Trust Appointment</b>	22/11/17 Council	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
September 2017	<b>Business Rates - London Pooling</b>	22/11/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2017	<b>Financial Regulations and Directorate Schemes of Delegation</b>	22/11/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2017	<b>Report of the Barriers to Participation Working Party</b>	22/11/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Suzannah Clarke, Chair Planning Committee C		
September 2017	<b>LGO finding against the Council</b>	22/11/17 Council	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
October 2017	<b>Lewisham Poverty Commission</b>	22/11/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joe Dromey, Cabinet Member Policy & Performance		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
October 2017	<b>Terms and Conditions for Appointment of a Chief Executive</b>	22/11/17 Council	Kath Nicholson, Head of Law and Councillor Alan Hall, Chair of Overview & Scrutiny Committee		
November 2017	<b>Young Mayor Appointment</b>	22/11/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
October 2017	<b>Northgate Contract Extension</b>	28/11/17 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
March 2017	<b>Achilles Street Regeneration Proposals</b>	06/12/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		
June 2017	<b>Joint Strategic Depot Review</b>	06/12/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
September 2017	<b>Adoption of Lewisham Cycling Strategy</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Councillor Alan Smith, Deputy Mayor		
November 2017	<b>Besson Street Parts 1 &amp; 2</b>	06/12/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		
September 2017	<b>Review of Implementation of the Armed Forces Community Covenant</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Damien Egan, Cabinet Member for Housing		
November 2017	<b>Council Tax Reduction Scheme 2017-18</b>	06/12/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2017	<b>Council Tax Reduction Review</b>	06/12/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2017	<b>Fostering Strategy</b>	06/12/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Children and Young People		
October 2017	<b>Wide Horizons refinancing</b>	06/12/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2017	<b>Introduction of a new Public Space Protection Order</b>	06/12/17 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
September 2017	<b>Financial Monitoring 2017/18</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2017	<b>Lewisham Future Programme 2018/19 Revenue Budget Savings</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2017	<b>School Deficits</b>	06/12/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin,		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member for Children and Young People		
September 2017	<b>Brownfield Land Register</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
September 2017	<b>Planning Service Annual Monitoring Report 2016-17</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2017	<b>Working in the Private Rented Sector</b>	06/12/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		
November 2017	<b>New Homes Programme Update</b>	06/12/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		
October 2017	<b>Disposal of the former Saville Centre</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		

**FORWARD PLAN – KEY DECISIONS**

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November 2017	<b>Amalgamation of Sandhurst Infant School and Sandhurst Junior School - Feedback from consultation and permission to move to next stage</b>	06/12/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2017	<b>Delivering additional school places for Children and Young People with Special Educational Needs and Disabilities (SEND) - Feedback from consultations and permission to move to next stage</b>	06/12/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2017	<b>Amalgamation of Torridon Infant School and Torridon Junior School - Permission to consult</b>	06/12/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Jim Mallory		
November 2017	<b>Contract award of new framework agreement for Personalised Care and Support in the Home"</b>	06/12/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
September 2017	<b>Contract Awards for Support Services for Young People with Housing and Support Needs</b>	06/12/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		

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September 2017	<b>Contract Extension for Shared Care Adult Substance Misuse Services</b>	06/12/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
September 2017	<b>Contract Extension Provision of Homecare Services (Lead Provider)</b>	06/12/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
November 2017	<b>Equinox Mental Health Accommodation Based Service Contract Award</b>	06/12/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
November 2017	<b>Grove Park Streetscape Improvement - Contract award</b>	06/12/17 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2017	<b>Annual Complaints Report</b>	10/01/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Joe Dromey, Cabinet Member Policy & Performance		

**FORWARD PLAN – KEY DECISIONS**

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August 2017	<b>School Improvement Partnership</b>	10/01/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
September 2017	<b>Council Tax Base</b>	10/01/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2017	<b>Response to Consultation regarding changes to Targeted Short Breaks Provision</b>	10/01/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
October 2017	<b>Schools Minor Works Programme</b>	10/01/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2017	<b>New Homes Programme Update</b>	10/01/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan,		

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			Cabinet Member for Housing		
November 2017	<b>Planning Service Statement of Community Involvement</b>	10/01/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
April 2017	<b>Proposed revision to the contract structure of the Downham Health &amp; Leisure Centre PFI</b>	10/01/18 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
September 2017	<b>Council Tax Base</b>	17/01/18 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2017	<b>Council Tax Reduction Scheme 2018/19</b>	17/01/18 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2017	<b>New Homes Programme Update</b>	07/02/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		

**FORWARD PLAN – KEY DECISIONS**

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June 2017	<b>Deptford Lounge &amp; Tidemill Academy Facilities Management and Centre Management Contract Award</b>	07/02/18 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
September 2017	<b>Contract Award and Approval to Proceed with 1 FE expansion at Ashmead School</b>	14/02/18 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2017	<b>Planning Service Statement of Community Involvement</b>	21/02/18 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
October 2017	<b>Update on Fire Safety in Lewisham</b>	28/02/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		
November 2017	<b>Private Sector Housing Assistance Policy</b>	28/02/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member for Housing		

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September 2017	<b>Agreed Syllabus Review and Syllabus Launch</b>	21/03/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		

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