

Healthier Communities Select Committee Agenda

Wednesday, 27 June 2018

7.00 pm,

Civic Suite, Committee Room 3

Catford, SE6 4RU

For more information contact: John Bardens (02083149976)

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 27 June 2018.

Ian Thomas, Chief Executive
Tuesday, 19 June 2018

Councillor John Muldoon (Chair)	
Councillor Coral Howard (Vice-Chair)	
Councillor Peter Bernards	
Councillor Juliet Campbell	
Councillor Carl Handley	
Councillor Octavia Holland	
Councillor Sue Hordijkeno	
Councillor Sakina Sheikh	
Councillor Bill Brown (ex-Officio)	

Agenda Item 1

Healthier Communities Select Committee			
Report Title	Confirmation of Chair and Vice Chair of the Healthier Communities Select Committee		
Ward		Item:	1
Contributors	Chief Executive (Head of Business & Committee)		
Class	Part 1	Date:	27 June 2018

1. Summary

Further to the Annual General Meeting of Council on 23 May 2018, this report informs the Committee of the appointment of a Chair and Vice Chair of the Healthier Communities Select Committee.

2. Purpose of the Report

To issue directions to the Select Committee regarding the election of their Chair and Vice Chair.

3. Recommendations

The Select Committee is recommended to:

- (i) Confirm the election of Councillor John Muldoon as Chair of the Healthier Communities Select Committee
- (ii) Confirm the election of Councillor Coral Howard as Vice Chair of the Healthier Communities Select Committee

4. Background

4.1 On 23 May 2018, the Annual General Meeting of the Council considered a report setting out an allocation of seats on committees to political groups on the Council in compliance with the requirements of the Local Government and Housing Act 1989.

4.2 The constitutional allocation for both chairs and vice chairs of select committees is:
Labour: 6

5. Financial Implications

5.1 There are no financial implications arising from this report.

6. Legal Implications

6.1 Select Committees are obliged to act in accordance with the Council's Constitution.

BACKGROUND PAPERS

Council AGM Agenda papers 23 May 2018 – available on the Council website [here](#) or on request from Kevin Flaherty, Business and Committee manager (020 8314 9327)

If you have any queries on this report, please contact John Bardens, Scrutiny Manager (020 8314 9976)

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MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday 6 March 2018, 7.00pm

Present: Councillors John Muldoon (Chair), Susan Wise (Vice Chair), Joan Reid, Sue Hordijkeno, Paul Bell, Peter Bernards, Stella Jeffrey and Jacq Paschoud.

Apologies: Councillors Colin Elliot and Olurotimi Ogunbadewa.

Also Present: Colin Finch (Advocacy coordinator, Lewisham Speaking Up), Aisha Edwards (Lewisham People's Parliament Rep), Professor Michael Preston-Shoot (Independent Chair, Lewisham Safeguarding Adults Board), Danny Ruta (Director of Public Health, LBL), Marc Rowlands (Chair, Lewisham CCG), Gerald Jones (Service Manager, Adult Learning Lewisham), Joan Hutton (Head of Adult Social Care), Nigel Bowness (Healthwatch), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 7 February 2017

Resolved: the committee agreed the minutes of the last meeting as a true record with the following amendment:

- After para 8.15 remove the text: "Resolved: the committee noted the report".

2. Declarations of interest

The following non-prejudicial interests were declared:

- Councillor Susan Wise is a governor of King's College Hospital NHS Foundation Trust.
- Councillor Susan Wise is a board member of Lewisham Homes.
- Councillor Susan Wise is an adult learner at Adult Learning Lewisham.
- Councillor Paul Bell is a member of King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.

3. Responses from Mayor and Cabinet

There were no Mayor and Cabinet responses.

4. Lewisham People's Parliament – learning disabilities and health

Colin Finch (Advocacy coordinator, Lewisham Speaking Up) and Aisha Edwards (Lewisham People's Parliament Rep) introduced the report. The following key points were noted:

- 4.1 Health treatment for people with a learning disability is not always equal and many deaths among people with learning disability are avoidable. There have

been a number of upsetting stories in the media, including that of a young man with Down's syndrome who died from constipation. An inquest into the death found significant failures at almost every stage of his care.

4.2 The Lewisham People's Parliament looked at the everyday experiences of using healthcare services for people with learning disability. It found that the experiences were mixed but that taking some simple steps in three key areas can make a big difference. These areas are: good communication, good staff attitudes, and the right reasonable adjustments.

4.3 Following a series of workshops, it was recommended that:

- There is wider use of hospital passports, health action plans and annual health checks, this includes promoting these tools among people with learning disability.
- There is more training for staff on how to communicate well with people with learning disability and how to treat them equally.
- There are more reasonable adjustments for people with learning disability.
- Shorter waiting times and longer appointments would make using health services easier for people with learning disability.
- There is a better understanding from health professional that people with learning disability have the right to make their own decisions about health care.

4.4 Lewisham Speaking Up is now working with Lewisham CCG to make sure that people have annual health checks. It is also helping the CCG with how they review what happened when someone with a learning disability dies.

4.5 In response to a query from the witnesses, the independent Chair of the Lewisham Safeguarding Adults Board (LSAB) noted that Lewisham has not yet received any referrals about the death of a person with learning disability. There are some that have been completed elsewhere in England and the LSAB Chair offered to make the learning from these report available to Lewisham Speaking Up. The LSAB Chair also invited Lewisham Speaking Up to a safeguarding adults board meeting to present their concerns and seek reassurance as to the arrangements being put in place to prevent early deaths.

4.6 One committee member noted their experience of support workers being unwilling to intervene in relation to poor diet. The member noted that this can lead to weight gain and poor health and queried what could be done without restricting individual freedoms.

4.7 The LSAB Chair noted that it is important that care workers are appropriately trained, aware of issues such as mental capacity and that family members are involved and listened to. The Chair noted that support workers can be interventionist and make safeguarding personal.

- 4.8 Council officers noted that they will be auditing support plans and looking more in depth at how personalised they are.
- 4.9 The committee noted that an annual update from the Lewisham People's Parliament might be something the incoming committee in the next administration might wish to look at again.

Resolved: the committee noted the information presented and invited Lewisham Speaking Up and Lewisham People's Parliament to present future findings to the committee.

5. Adult safeguarding annual report

Professor Michael Preston-Shoot (Independent Chair, Lewisham Safeguarding Adults Board) introduced the report. The following key points were noted:

- 5.1 The independent Chair of the Lewisham Safeguarding Adults Board (LSAB) noted that is strong partnership working within and across agencies with roles and responsibilities for adult safeguarding.
- 5.2 The HCSC Chair noted that the South London and Maudsley NHS Foundation Trust was running a drop-in service for hoarders to meet a firefighter and hear about the dangers of hoarding.
- 5.3 Lewisham has applied for funding to create a hoarding support scheme for Lewisham. Officers are looking at creating something that is focused on the individual. Croydon's buddy scheme was referred to as an example of innovative work going on in other local authorities. Lewisham has received more referrals on hoarding since the Grenfell tower fire in 2017. Professor Preston-Shoot explained the need to understand the reason for hoarding, which could have its origins long ago.
- 5.4 The LSAB has also developed a self-neglect and hoarding policy and procedure to provide further support and guidance on what to do in such cases.
- 5.5 The 2017/18 annual report for the Lewisham Safeguarding Adults Board is expected to be available by September.

Resolved: the committee noted the report and invited the Chair of Lewisham Safeguarding Adults Board to present the 2017/18 annual report to committee later in the year.

6. Delivery of the Lewisham Health and Wellbeing priorities

Danny Ruta (Director of Public Health, LBL) and Marc Rowland (Vice-Chair, Lewisham Health and Wellbeing Board) introduced the report. The following key points were noted:

- 6.1 The Health and Wellbeing Board uses a health and wellbeing dashboard to monitor progress. This is included with the agenda papers.
- 6.2 The dashboard shows improvement in a number of areas, such as male and female life expectancy, low birth weight, excess weight in children reception years, and delayed transfers of care.
- 6.3 There are also, however, some areas that have not improved, such as excess weight in children in year 6, maternal obesity, and the number of smokers.
- 6.4 Once adjusted for deprivation, most of Lewisham's health and wellbeing indicators are where expected.
- 6.5 The Vice-Chair of the Health and Wellbeing Board noted that the current abortion rate shows a contraception failure. Teenage pregnancy rates have reduced to the national average, but more contraception is still needed in primary care. Better use of contraception such as condoms would also help prevent chlamydia
- 6.6 Lewisham works closely with Lambeth and Southwark on sexual health. Lambeth and Southwark have much higher needs and expert commissioners and commission jointly on Lewisham's behalf. The joint sexual health strategy been successful. In the last two years there has been a 45% reduction in new HIV cases. This number was rising previously.
- 6.7 There will soon be a consultation on a new sexual health strategy. This will focus on four main areas: Chem-sex; Sexual education in schools; Contraception; and living with HIV.
- 6.8 One committee member suggested that Lewisham should consider a strategy to advise people to avoid meat and dairy. The member noted that there are lots of studies which show that this can increase life expectancy.
- 6.9 The Vice-Chair of the health and wellbeing board noted that the evidence on meat and dairy is not clear cut. There is evidence to support the advice to reduce or avoid certain meats, but the evidence on dairy is less clear.

Resolved: the committee noted the report.

7. Adult Learning Lewisham annual report

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

- 7.1 In 2017 Adult Learning Lewisham (ALL) achieved a student satisfaction rating of 97%, placing it 40th highest in the country (out of 800 providers).
- 7.2 Ofsted carried out a new inspection and awarded the service a grade 2 rating, this is second time in a row that the service has received a grade 2 rating.
- 7.3 Ofsted appreciated that the service is looking at how it help to meet the long term hopes and ambitions of learners, not just the number of people enrolled on courses.
- 7.4 Online enrolment was introduced in 2017 and since them 25% of learners have enrolled online.
- 7.5 All ALL staff completed Prevent training and are now updating their relevant safeguarding training.
- 7.6 The devolution of skills funding to the GLA poses some risks, such as the potential to lead to a narrower focus only on skills related to employment.
- 7.7 In response to concerns that the ALL prospectus is only available online, for those not able to get online there is advice and guidance about courses available through a hotline and a reception team.
- 7.8 ALL is keen to be involved in social prescribing initiatives in the borough as being enrolled in a class can have a significant positive impact on a learner's wellbeing.
- 7.9 Given that there are significantly more female than male learners, the committee queried what was being done to raise awareness of courses among men.
- 7.10 The number of male learners is about average when compared to similar services nationally, but more men are being included in ALL's publicity material. The attainment levels among men and women are almost the same.
- 7.11 ALL is working to map its partnerships in the borough. In the north of the borough, for example, it works closely with community organisations and charities involved in employment-related training. This partnership working allows ALL to reach people who are unable to access the facilities in Lewisham town centre.

Resolved: the committee noted the report.

8. Public Health annual report

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

- 8.1 The topic of focus of this year's public annual report is mental health.
- 8.2 The report has been published as a website, which is targeted more towards residents and people at risk of developing mental illness, rather than towards professionals.
- 8.3 It includes information about mental health first aid and other training to help improve the understanding of mental health. The more detailed data usually included in the annual report is still available.

Resolved: the committee noted the report.

9. Information item: Healthwatch report on social care

Resolved: the committee noted the report.

10. Information item: Grove Park health centre update

Resolved: the committee noted the report.

11. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

Resolved: the committee noted the completed work programme for 2017/18 and suggested a number of items that could be considered by the committee in the next administration, including the efficacy of the flu vaccine, an update on social prescribing, and the Lewisham, Southwark and Lambeth sexual health strategy.

12. Referrals

There were no referrals.

The meeting ended at 21.30pm

Chair:

Date:

Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 3
Class	Part 1 (open)	27 June 2018

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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MAYOR AND CABINET		
Report Title	Response to HCSC Review on Social Prescribing	
Key Decision		Item no:
Wards	Borough wide	
Contributors	Executive Director for Community Services	
Class	Open	Date: 6 June 2018

1. Purpose

1.1 Healthier Communities Select Committee conducted a review into social prescribing during 2017. The Executive Director of Community Services has been asked to prepare a response to the recommendations for Mayoral consideration to be reported back to the Healthier Communities Select Committee.

2. Recommendations

2.1 The Mayor and Cabinet is asked to:

- agree the response (paragraphs 9 to 17) which will be sent to Healthier Communities Select Committee in answer to their recommendations.
- note the next steps for the development of social prescribing in Lewisham to be taken forward by Health and Care Partners.

3. Policy Context

3.1 Members of the Healthier Communities Select Committee considered a scoping note for the in depth review of social prescribing in June 2017. This scoping note set out the policy context, summarised below:

3.2 The challenge of caring for an elderly population, with increasingly complex health needs, has generated considerable interest in the benefits of social prescribing. It has been estimated that 20% of GP visits are attributable to social rather than medical problems (2010 Marmot review, 'Fair Society, Healthy Lives').

3.3 The objectives of social prescribing also support the principles set out in various NHS policy documents, including the NHS Five Year forward view 2014. This document outlines the NHS's commitment to empower people and engage communities to take more control of their own health. The south east London Sustainability and Transformational Partnership (STP) , in common with all London's STPs, includes a commitment to self-care and social prescribing.

3.4 A growing body of evidence has demonstrated the value of person-centred and community-centred approaches, alongside greater local understanding of NHS England's self-care efficiency aspiration. This underpins why coordinated action on self-care and social prescribing is important. The evidence indicates that involving people in community life is positive for individual health and wellbeing outcomes, stimulates creativity and innovation and is good for the wider community.

- 3.5 More recently, the *General practice forward view* (2016) emphasised the role of voluntary sector organisations, through social prescribing specifically – in efforts to reduce pressure on GP services. In addition, social prescribing contributes to a range of broader Government objectives, for example in relation to employment, volunteering and learning.
- 3.6 In 2017 the Mayor of London produced a draft Health Inequalities Strategy ‘Better Health’. A key ambition of the strategy is to support the most disadvantaged Londoners to benefit from social prescribing to improve health and wellbeing and to see “that social prescribing becomes a routine part of community support across London”.
- 3.7 Social prescribing Schemes, like SAIL and Community Connections support Lewisham’s Sustainable Community Strategy priority of: Healthy, active and enjoyable, where people can actively participate in maintaining and improving their health and wellbeing and Safer; where people feel safe and live free from crime, antisocial behaviour and abuse.
- 3.8 Social prescribing schemes contribute to Lewisham’s corporate priorities of caring for adults and older people, working with health services to support older people and adults in need of care; and inspiring efficiency, effectiveness and equity: ensuring efficiency and equity in the delivery of excellent services to meet the needs of the community. Social prescribing also contributes to promoting wellbeing and the priority of active, healthy citizens, providing leisure, sporting, learning and creative activities for everyone.
- 3.9 Lewisham Health and Care Partners are committed to supporting people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Transforming the care that people receive in the community, so that more people can be cared for out of hospital, is critical to achieving this. Social prescribing schemes play a key role in preventing the need for health and care and help connect people to services and activities to promote wellbeing. The aim is for community based care to be:
- **Proactive and Preventative** – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need on the support, activities, opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively.
 - **Accessible** – By improving delivery and timely access when needed to planned and urgent health and care services in the right setting in the community, which meet the needs of our diverse population and address inequalities. This includes raising awareness of the range of health and care services available and increasing children’s access to community health services and early intervention support.
 - **Co-ordinated** – So that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

4 What is social prescribing?

- 4.1 The scoping paper previously considered by Healthier Communities Select Committee provided a definition of social prescribing that came from the Annual Social Prescribing Network Conference held in London on 20 January 2016:

4.2 **Short definition:**

Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.

4.3 **Fuller definition:**

A means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector.

4.4 Social prescribing schemes can include a variety of activities which might be delivered by the community and voluntary sector; examples include arts projects, sporting activity, gardening, cookery, crafts, peer support and other social groups.

5 The extent of social prescribing in Lewisham

5.1 Lewisham has a rich and vibrant voluntary and community sector and this is reflected in local social prescribing activity. The scoping note previously submitted to the Healthier Select Committee in 2017 provided detail about social prescribing interventions in Lewisham. Further examples of social prescribing were presented to the Healthier Communities Select Committee during the evidence sessions held on the 20th July and the 7th September 2017.

5.2 In summary, this includes activity that might be considered 'formal' or systematic social prescribing schemes. These tend to have a formalised mechanism for making referrals and a link worker or coordinator who will follow up on the referral. Examples include Community Connections, SAIL Connections and some of the interventions commissioned by Public Health such as exercise on referral, Weightwatchers / Slimming World and the "Be Inspired" programme delivered by Greenwich Co-operative Development Agency (GCDA).

5.3 There are many other examples of 'Informal' social prescribing activities delivered by voluntary and community sector organisations, these tend not to be linked into a formal referral system or have a designated link worker or co-ordinator.

5.4 London Voluntary Services Council (now known as the Charity Hub for London) have mapped social prescribing initiatives in London and have highlighted the work of Sydenham Gardens and the Prince's Trust. In addition, a range of activities are delivered by community organisations that health and care partners can refer into. Additional examples are:

5.5 Natures Gym who provided 2685 volunteer hours to support conservation activities in Lewisham parks. Trinity Laban's 'Retired not Tired' programme provides opportunities for over 60s to take part in creative activity, interact socially and develop new skills. Meet Me at the Albany is a programme of activities for isolated older people produced by Entelechy Arts and the Albany.

6 Developing Social Prescribing in Lewisham

6.1 Health and Care Partners participated in the HCSC review and welcome this opportunity to raise the profile and benefits of social prescribing. Many of the themes

from the review were previously highlighted by the joint stakeholder group established by Health and Care Partners in 2017.

- 6.2 The stakeholder group focussed on identifying gaps in social prescribing, understanding how schemes worked locally and evaluating the infrastructure and capacity of the local voluntary and community sector to deliver, with particular focus on the formal mechanisms for referral. This showed a flourishing sector in Lewisham with formal schemes targeted at specific groups, for example over 60s, people with long term conditions etc. In taking the work forward the group established that an approach that includes both physical and mental health, with broader health and wellbeing objectives would be of benefit.
- 6.3 The SAIL Connections Impact Report (The first twelve months, 2017) has also provided evidence that will support further development. Since the formal launch in February 2017 SAIL has been embraced by local stakeholders with over 50 different organisations using the checklist, over 1000 referrals have been received to date. Over a quarter of referrals are from GP practices. A significant number of referrals have also been received from the voluntary sector, hospital and the police. Each SAIL checklist generates on average 1.4 onward referrals including to the Community Fall Service, Mindcare, Dieticians and the Warm Homes Project.
- 6.4 The average age of service users is 78 but this extends to 98 years old. The service has also received 61 referrals for people under 60 years of age and who are considered suitable for preventative services listed on the checklist.
- 6.5 SAIL will continue to promote the service to widen access. For example, they have focussed outreach with housing providers in the most deprived areas of the borough. They have also targeted health and care professionals in order to ensure access to those with limited community access, socially isolated and to people experiencing a range of physical and mental health conditions.
- 6.6 23% of checklists include a referral to a Community Connections Facilitator to combat social isolation and the SAIL team work closely with Community Connections by referring people to community based groups and activities including social activities, lunch clubs, befriending, exercise classes and community learning.
- 6.7 The enthusiastic response and steady increases in referrals tells us that SAIL has local value and can assist health professionals refer to a range of non- clinical interventions to support patients' wellbeing. A further evaluation which will focus on the Social Return on Investment (SROI) is now underway and will be published in May 2018.

7 NHS Healthy London Partnerships (HLP) Social Prescribing Dashboard

- 7.1 Healthy London Partnership (HLP) is supporting London Strategic Planning Groups (SPGs) to develop their Sustainability and Transformation Plans and to that end is recommending specifically the increased use of social prescribing. HLP has been working with i5health to apply the Commissioning opportunity Module. The Interactive dashboard developed by i5health in 2017 draws on a range of data to provide population health and financial modelling for social prescribing, at an individual CCG and STP level, year on year until March 2021. The resource allows the Health and Voluntary sectors to identify and anticipate demand, predict future trends, precision-target conditions and client groups, and assess 'what if' scenarios.
- 7.2 The data using the Commissioning Opportunity Module (COP) presented by the NHS Healthy London Partnership on South East London shows that 6,584 patients at GP

practices in Lewisham would benefit from self-management for chronic conditions which Social Prescribing can facilitate. The data also shows to which individual practices the patients belong. This model demonstrates that self-management for these patients could potentially result in a reduction in activity (GP visits, A&E admissions etc.).

- 7.3 Although this data is based on 'ideal' participation scenarios, it provides an indication of the potential for Lewisham, with its existing social prescribing infrastructure, to reproduce the excellent results achieved by Rotherham. [Evaluation of the Rotherham Social Prescribing Pilot | Centre for Regional Economic and Social Research | Research | Sheffield Hallam University](#)

8. Developing the Lewisham Social Prescribing Model

8.1 SAIL Connections

- 8.1.1 SAIL Lewisham is currently only available to those aged 60 plus and is unable to offer the longer-term support required to address the complex underlying issues affecting people with serious health issues. A proposal is currently being developed and resources secured to extend the SAIL model, by lowering the age threshold, offering tailored, specialist support to people aged 45+ (in advance of NHS 50+ Health Checks) - including those experiencing or at risk of cancers, hypertension, and complex and multiple long-term conditions.

8.2 Neighbourhood Community Development Partnerships – supporting social prescribing

- 8.2.1 Four Neighbourhood Community Development Partnerships (NCDPs), one in each neighbourhood, have been established. The NCDPs, delivered by Community Connections, bring together voluntary and community sector organisations and groups in that area to support community development and connect to statutory health and care providers.
- 8.2.2 Community Connections workers are encouraging local community groups to engage with each partnership, organising the partnership meetings, and playing a key role in aligning the work programmes of the different community development workers in each neighbourhood to maximise the use of resources and avoid duplication. The NCDPs clearly have the potential to enhance the role of the voluntary and community sector in relation to social prescribing.
- 8.2.3 In 2017 Neighbourhood Community Development Partnerships each produced a neighbourhood community development plan which was informed by the Community Connections gaps analysis and identified key priorities. This plan informs the future work of the local NCDP partnership and local health and care partners. A small grant fund of £25k has been made available for each partnership to deliver local solutions to the local priorities identified.
- 8.2.4 The development of the on-line directory of services has a close link with the development of any future social prescribing model. A project to deliver improvements in the content as well as the search functions and navigability of the directory will support the approach to self-care and support self-navigation.

9. Response to specific recommendations

- 9.1 *Following up on referrals and gathering feedback becomes a compulsory part of the Community Connections referral process***

- 9.1.1 There have been significant improvements in understanding how services work, how they are measured and recognising the difference they make. However, it is widely accepted at a national and local level that we can build upon this body of evidence to support the case for social prescribing and identify the most effective interventions.
- 9.1.2 Community Connections already have in place routine procedures for Facilitators to provide feedback when GPs have referred to the scheme. This includes attending Multi-Disciplinary Team meetings when appropriate and working closely with funders and other stakeholders to ensure that the services are targeted and of high quality. The Community Connections Team had identified that communication with some practices could be improved and they are taking steps to streamline the process.
- 9.1.3 Community Connections conduct periodic service user feedback and the SAIL Connections service has recently conducted user feedback as part of its evaluation process. Case studies are routinely provided and the service continues to improve ways to obtain feedback from all stakeholders.
- 9.1.4 To help promote the benefits of social prescribing and to share the rich variety of activities that are available we will introduce new and better ways to share this information with all stakeholders. For example, to provide feedback at a neighbourhood level, through the Neighbourhood Community Development Partnership meetings and to provide regular updates and newsletters.
- 9.1.5 In addition to referrals from GPs Community Connections receive referrals from a variety of sources, including, voluntary and community organisations, family members and neighbours. For this reason, it is not always appropriate to provide direct feedback. Facilitators also make onward referrals to community, social and sports activities and it is not always feasible to capture information as part of this feedback or in order to collect outcome data.
- 9.1.6 The flexible approach to feedback is designed to both reduce bureaucracy around the process and ensure there are no data protection issues attached to social prescribing at this stage of its development.
- 9.1.7 Officers welcome the committee's focus on continual improvement. Building on the processes and activity already in place they will explore how best to improve the feedback process within the social prescribing model including ensuring that there is a way for GPs to highlight patients who return to them with similar issues having already been referred to the service.

9.2 Officers look into ways of building a more comprehensive database of evidence and feedback. This should include statistical analysis of wellbeing outcomes where available, patient reported feedback and case studies.

- 9.2.1 The stakeholder review group supports the recommendation that officers look into building a comprehensive database of evidence to support the development of social prescribing. As outlined above in paragraph 5 there are various activities that might be termed social prescribing some are part of a formal scheme and funded for this purpose whilst other interventions and community activities have developed more organically.
- 9.2.2 Most formal schemes already collect data from participants, feedback from stakeholders and provide information for referrers and regular case studies. In addition, some also conduct an assessment of the individual's wellbeing before and after the intervention in order to determine the success or the outcome.

9.2.3 In developing this work the stakeholder review group is mindful that “It’s a difficult, but crucial, balancing act to ensure an evaluation approach can be both sustainable and provide useful information for organisations to learn and improve, whilst also being accountable to stakeholders and funders” (Balancing Act: A guide to proportionate evaluation Harrison-Evans et al May 2016).

9.2.4 This work will be taken forward by the stakeholder group and will begin by collecting the information on existing data sets, use of wellbeing measures, feedback tools and sharing best practice to work towards a more comprehensive dataset.

9.3 Officers look into the possibility of drawing up a clear set of outcome measures which could be reported on and shared with health and care partners, particularly GPs and service users. Links with the Lewisham Health and Care directory.

9.3.1 Lewisham Health and Care Partners have developed a set of outcome indicators that reflect the ambition for health and care in Lewisham. These include indicators for prevention and early action; social prescribing contributes to these outcomes.

9.3.2 Some schemes already collect outcome measures and there is good evidence of the effectiveness of a number of social prescribing activities. For example, in 2016/17 68% of those supported by Community Connections and 79% of those supported by Bromley and Lewisham’s Mind’s Community Support Service report an improvement in wellbeing.

9.3.3 In developing outcome and evaluation measures consideration will be given to what constitutes a proportionate and meaningful way to evaluate a programme or intervention, whilst learning from best practice. Consideration will be given to building confidence in the measures and improving quality. For some organisations there are likely to be resourcing and capacity implications if new monitoring requirements are introduced. This will need to be assessed, piloting this in one area or service may be the best way to approach this.

9.3.4 The Population Health and Care Information Management System will bring health and care information and data together, including that relating to social prescribing where appropriate, to inform progress against outcomes.

9.3.5 Lewisham SAIL Connections is currently being evaluated using Social Return on Investment methodology. This will provide an insight into how social prescribing works specifically, this work will inform the development of outcome measures.

9.4 Recommendation that H&C Partners pay attention to addressing the gaps in support for young adults with learning disability, men’s groups and those experiencing mental ill health.

9.4.1 Community Connections work with local community based organisations to assist in their development and capacity building. This is key to the overall success of the work to ensure that there are strong and sustainable organisations, networks and activities in place so that individual older people and vulnerable adults can access the support and activities they are looking for.

9.4.2 Community Connections collect information on the social groups and activities vulnerable adults participate in as well as their health and other needs to support them maintain and improve their wellbeing. This information helps build the gaps

analysis and informs the community development work. They are also able to link particular groups with identified need for example the previously identified gap around groups for men and people experiencing mental ill health.

- 9.4.3 The 2017/18 gaps analysis identified that 33% of people referred to community connections needed practical support, for example, food poverty, 75% had mobility issues and 60% had multiple health needs. Some people had more than one need identified.
- 9.4.4 Data collected by Community Connections is used to ensure that the service reaches the most vulnerable adults including BME communities, older adults and people with a disability. It has also identified gaps and specific needs and highlights the challenges consistently experienced by vulnerable adults in our community.
- 9.4.5 The data also highlights the need for support for people with long term conditions and multiple diagnoses. This reinforces SAIL data relating to the under 60 population with multiple long term conditions and the need for additional support for this group.
- 9.4.6 Lewisham will continue to strengthen and develop connections both within and across its local care networks and build stronger links within and across the voluntary and community sector, through the Neighbourhood Community Development Partnerships. This activity will seek to address gaps in social prescribing coverage as well as gaps in activities for prescribers to refer to and those identified above.

9.5 That health and care partners continue to help with capacity building and explore opportunities to work with national and neighbouring borough services.

- 9.5.1 Officers welcome this recommendation and will continue to work with all capacity building agencies including those that operate at a regional and national level.

9.6 That Lewisham health and care partners focus on raising the profile of social prescribing, including evidence of effectiveness, among GPs and the wider clinical community as a priority.

- 9.6.1 Lewisham Health and Care Partners are committed to social prescribing and will continue to raise its profile. The vision is for a sustainable and accessible health and care system in which people are better supported to maintain and improve their physical and mental wellbeing, to live independently and access high quality care when needed. SAIL and other forms of social prescribing are excellent examples of how this works in practice.
- 9.6.2 General Practitioners report that approximately 19% of their consultations are related to social factors rather than medical issues. It is estimated that this costs £400 million each year (Caper K, Plunkett J. A very general practice: How much time do GPs spend on issues other than health 2015).
- 9.6.3 At a national level it is recognised that we need to improve our understanding of the social prescribing tendencies of GPs in order to maximise the potential of social prescribing, this includes recognising some of the barriers, be lack of time or resources and putting measures in place to support the model.
- 9.6.4 This recommendation will be taken forward by conducting further analysis to determine patterns of referrals from GPs, clinical community and other referrers.

Using the referral data for each GP practice this can be mapped against weighted list sizes and will provide a robust picture of referrals. This information can then be used to inform communications and engagement activity to help raise awareness and increase the use of the service focusing on referrers or practices that require a more targeted approach.

9.7 Explore more social prescribing representatives in key GPs practices.

9.7.1 Community Connections workers are linked to each of the four Neighbourhood areas and the Facilitators currently attend multi-disciplinary meetings in GP practices and will continue to do so. Training for GP receptionists in navigation and increasing the awareness about social prescribing in the surgery more generally has been positive.

9.7.2 However, we recognise that not all practices have the space for additional staff to be based there and working at a neighbourhood level by utilising the hub and spoke model can be more effective. Community Connections are a key part of neighbourhood working. As well as focussing within the GP practice the intention is to support a more preventative approach and focus on opportunities for interactions and referrals upstream from primary care and others in the wider community.

9.8. Recommendation that any social prescribing mechanism developed is as quick and easy to use as possible, for both prescribers and service users.

9.8.1 Lewisham SAIL Connections was developed with the aim of eliminating as many extra steps as possible. For all parties the benefits of keeping it simple are clear. Lewisham and Southwark Age UK together with the SAIL Steering Group will continue to monitor the views of stakeholders about the ease of use and efficiency. Any new scheme will build on the success of this model.

10. Financial Implications

10.1 Although there are no specific financial implications arising from this report, any proposed activity or commitments arising from activity to support the development of social prescribing will need to be agreed by the delivery organisations concerned and be subject to confirmation of resources.

11. Legal implications

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

12. Crime and Disorder Implications

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

13. Equalities Implications

13.1 Although there are no specific equalities implications arising from this report, the development of social prescribing will continue to focus on improving health and care outcomes and reducing inequalities across the borough.

14. Environmental Implications

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

15. Conclusion

- 15.1 Healthier Communities Select Committee conducted a review into social prescribing during 2017. This report sets out the response to the recommendations that resulted from the review and describes how social prescribing will be taken forward in Lewisham. If agreed this response will be forwarded to Healthier Communities Select Committee.

If there are any queries on the content of this report please contact
Fiona.kirkman@lewisham.gov.uk or on 020 83149626

HEALTHIER COMMUNITIES SELECT COMMITTEE		
Title	Proposal to change the opening hours of the LGT Sexual and Reproductive Health Service	
Key Decision	No	Item No. 5
Ward	The overall service is borough wide	
Contributors	Dr Emily Mabonga – Consultant for Sexual Health and HIV Catherine Moniz – Matron for Women’s and Sexual Health Alison White – Lead Nurse for Women’s and Sexual Health	
Class	Part 1	Date: 27 June 2018

1. Exclusion of press and public

NA

2. Summary

NA

3. Purpose

This report outlines a proposal to change the opening hours of the Sexual and Reproductive Health (SRH) Service provided by Lewisham and Greenwich Trust (LGT), and seeks agreement to proceed with proposed changes subject to a staff consultation being carried out.

4. Recommendations

It is recommended that the Committee review and comment on the proposed changes to opening hours of the SRH service described below including that that LGT proceed, following a staff, but not public, consultation.

5. Policy context

5.1 The services within this paper meet two key principles of the Lewisham’s Sustainable Community Strategy 2008-2020:

5.1.1 Reducing inequality – narrowing the gap in outcomes for citizens

5.1.2 Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services

5.2 These services also contribute to the following priority outcome:

5.2.1 Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being

5.3 The services in this report also support the council’s corporate priority of:

- 5.3.1 Caring for adults and older people- working with health services to support older people and adults in need of care
- 5.4 Sexual Health is an important public health priority at both a national and local level. In 2013, Lewisham's Health and Wellbeing Board identified sexual health as one of the 9 priorities for Lewisham. Lewisham continues to experience high demand and need for sexual health services reflected through high rates of teenage pregnancy, abortion and sexually transmitted infections. Contraception and sexual health services for diagnosis and treatment of STIs are commissioned from Lewisham and Greenwich NHS Trust (LGT).
- 5.5 Under the Health and Social Care Act 2012, the Council is responsible for ensuring the delivery of open access sexual health services in the borough. It currently achieves this through the commissioning of sexual health clinics delivered by Lewisham and Greenwich NHS Trust. The provision of an easy to access, online testing service will support delivery of these responsibilities.

6. Narrative/Background

- 6.1 In May 2018 LGT put forward a proposal to service commissioners to change the hours of the community Sexual and Reproductive Health (SRH) service. This proposal is one of the transformation measures put in place by the Trust to implement the Integrated Sexual Health Tariff (ISHT) and the greater use of online STI self-testing services in Lewisham.
- 6.2 The service currently operates from four sites:
- Two core clinics:
- Waldron Health Centre
 - Hawstead Road Primary Care Centre (Rushey Green)
- Two outreach venues:
- Sydenham Green Group Practice
 - Downham Health and Leisure Centre.
- 6.3 Currently the service is available at these sites for a total of 80 hours per week.
- 6.4 The SRH service is currently operating on extended opening hours across four sites, which has resulted the thin spreading of staff resources, therefore increasing waiting times and the number of patients being turned away from services.

Proposed changes

- 6.5 LGT are proposing to make slight reductions in opening times and change staff shift patterns to ensure that there are more staff operating during the busiest times in each clinic, thus improving the patient experience.
- 6.6 This proposal will not reduce the total hours that staff provide clinical services for patients, but will simply concentrate staff time within shorter opening hours, so that staffing is at full capacity whenever the clinic is open.

- 6.7 As part of these changes LGT will begin running an early morning clinic on a Friday, and continue to maintain the clinic on a Saturday, both at the Waldron Health Centre, to ensure opportunity and choice of access.
- 6.8 Changes will be made to staff shift patterns so that all staff start their working days at the same time, allowing for better colleague support, greater skill mix and improved communication.
- 6.9 An increase or decrease of hours will be offered to staff to enable hours to fit within the planned shift patterns. This will vary from half an hour per week to one and a half hours per week. The minimum number of hours to be worked will be 15 hours per week, meaning that two members of staff will be required to increase their hours. Shift patterns will also be changed to ensure that there is always a senior clinician available to support staff across all sites. There will be no loss of staff due to these changes.
- 6.10 Despite these changes resulting in no loss of clinical time and being designed to increase clinical availability they will mean a physical reduction in opening hours in order to better concentrate resources. This will result in an overall reduction of 12 hours of opening time per week as follows:
- 1 hour at the Waldron Health Centre
 - 3 hours at the Hawstead Road Primary Care Centre
 - 8 hours at the Sydenham Green Group Practice. This will mean that there will no longer be an outreach offer available for young people from this site, however the GP practice and other clinical services will remain.
 - No change at Downham Health and Leisure Centre

Increasing access

- 6.11 Overall it is expected that the proposed changes will increase access to the SRH service and improve patient experience through:
- Reducing the likelihood of clinics closing before the advertised time due to reaching capacity
 - Reducing waiting times and the number of patients being turned away by increasing staffing capacity during opening hours
 - Establishing an early morning clinic to increase choice of access
 - Increasing support for staff by ensuring the consistent presence of a senior clinician, increasing the number of staff on shift at one time, and ensuring a greater skill mix amongst staff on shift.

Outreach at the Sydenham Green Group Practice

- 6.12 Notwithstanding the overall positive impact outlined above, the proposed changes in hours will mean that there will no longer be an outreach offer available for young people from Sydenham Green Group Practice. Officers recognise positive patient feedback on the service delivered at the practice. However of the two outreach clinics, the assessment is that this will have less of an impact on patients than removing the equivalent service from Downham Health and Leisure Centre, for the following reasons:

1. The Young People's Health and Wellbeing Service, delivered by Compass, is now operating from the TNG Youth and Community Centre in Sydenham every

Wednesday evening, offering a full level 1 and 2 sexual and reproductive health service. This means that there will continue to be young person-focused provision in that part of the borough.

2. There are excellent transport links to Catford and New Cross from Lower and Upper Sydenham, whereas the Downham site is more isolated in the south of the borough. The Waldron Health Centre, Hawstead Road Centre and Downham Leisure Centre provide coverage of the north, south and centre of Lewisham, ensuring that there is still a good geographical coverage of services across the borough.
3. Data on attendances shows that the majority of young people that use the outreach offer at Sydenham Green also attend other SRH clinics across the borough, and so the assumption is that they can continue to do so. This was reinforced by the results of the patient survey (outlined below).
4. Attendance at the Sydenham Green outreach clinic is lower than at any other clinic.

Greater use of online and self-managed methods

- 6.13 Alongside this, the Trust will continue to increase choice and opportunity of access by making use of online self-testing services for asymptomatic patients. Enhancing the triage function at clinic front doors will encourage and empower patients to undertake self-management, whilst ensuring that those needing to be seen in clinic are able to do so.
- 6.14 LGT adopted the SH:24 online STI self-testing service within the clinic at the Waldron Health Centre in October last year, and in July will transition to Sexual Health London (SHL) – the new pan-London e-service. At this point the service will be extended to all clinic sites.
- 6.15 LGT have been successful in supporting over 2,000 Lewisham residents to access online sexual health testing since October, residents that would have otherwise been seen in clinic. As of this month access will be widened, with Lewisham residents have access to SHL's website, allowing them to order STI self-testing kits directly to their home address without attending a clinic. This will reduce waiting times and the number of patients being turned away from clinics, whilst increasing choice of access.

Consultation

- 6.16 A survey was carried out with young people attending the Sydenham Green and Downham outreach sites. Patients were surveyed over 4 weeks. The results showed that:
 - The majority of patients at Sydenham Green had attended other sexual health clinics in Lewisham or in neighbouring boroughs in the past
 - The majority of patients travelled to the clinics by bus
 - The majority of patients said that they would attend Downham Health Centre if they couldn't attend Sydenham Green, followed by the Waldron Health Centre.
- 6.17 The proposed changes will be subject to a 30-day consultation period, led by LGT, with all staff working in the SRH service. The consultation will not commence until the proposal has been agreed by the LB Lewisham commissioners and the Healthier Communities Select Committee.

6.18 As the changes outlined in this proposal are not substantial, in that they won't result in a loss of staff and are expected to have a positive impact on local residents, commissioners have indicated that they believe a 30-day staff consultation period is sufficient in this instance.

6.19 LGT and LB Lewisham are not proposing to carry out a public consultation on this proposal for the same reason.

7. Options (if appropriate)

N/A

8. Financial implications

There are no financial implications arising from this proposal for LB Lewisham.

9. Legal implications

There are no legal implications arising from this proposal for LB Lewisham. The proposal will not result in any change to the contract between LB Lewisham and LGT.

10. Crime and disorder implications

There are no legal implications arising from this proposal for LB Lewisham. The proposal will not result in any change to the contract between LB Lewisham and LGT.

11. Equalities implications

The Trust has completed an Equalities Impact Assessment on the impact of the proposed changes on patients. The conclusion of this assessment was that there would be a low-moderate positive impact on service users.

12. Sustainability implications

There are no sustainability implications arising from this proposal for LB Lewisham. The proposal will not result in any change to the contract between LB Lewisham and LGT.

13. Conclusion

Summary of reasons for report.

Background documents and originator

For further information please contact James Lee james.lee@lewisham.gov.uk 020 8314 6548

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**EQUALITY IMPACT ASSESSMENT
PART 1 – INITIAL SCREENING**

1. Name of the 'Policy' being assessed?	Community Sexual & Reproductive Health (SRH) service model review
2. Names of persons responsible for carrying out the assessment?	Catharine Moniz, matron. Emily Mabonga, GUM consultant
3. Describe the main aim, objective and intended outcomes of the policy. You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?	<p>To provide:</p> <ul style="list-style-type: none"> • Consistent, accessible services with opening hours that are well publicised, clear and easy to remember. • Clinics that are sufficiently staffed to reduce risk of long waits or being turned away because the clinic has reached capacity. • a new service model that incorporates e- testing • a service model that meets service specification and is delivered within the financial envelope <p>Overall it is expected that the proposed changes will increase access to the SRH service and improve patient experience through:</p> <ul style="list-style-type: none"> • Reducing the likelihood of clinics closing before the advertised time due to reaching capacity • Reducing waiting times and the number of patients being turned away by increasing staffing capacity during opening hours • Establishing an early morning clinic to increase choice of access • Increasing support for staff by ensuring the consistent presence of a senior clinician, increasing the number of staff on shift at one time, and ensuring a greater skill mix amongst staff on shift.

	<p>It is also hoped that the e-testing service and triage will help to ensure that patients are seen by an appropriate clinician or signposted to an appropriate service or encouraged and empowered to undertake self-management if that is an appropriate pathway.</p> <p>Notwithstanding the overall positive impact outlined above, the proposed changes in hours will mean that there will no longer be an outreach offer available for young people from Sydenham Green Group Practice.</p>
<p>4. Who does this policy involve and affect? Consider both the internal and external aspects e.g. who will implement this and who might it affect e.g. patients, users, employees. Etc.</p>	<p>Implementation: Community sexual health service</p> <p>Affects:</p> <p>Patients/service users</p> <p>GPs</p> <p>Organisations that work with young people</p> <p>Staff</p>
<p>5. Will the policy have a negative impact on any groups?</p>	<p>Potentially yes, for those patients who attend Sydenham Green clinic as initially despite publicity they may not have realised the clinic has closed.</p> <p>Appendix 1 shows the numbers of young people, their gender and ethnicity and these figures indicate that percentage wise more young females attend Sydenham than the other clinics but more young men attend the other clinics than Sydenham. For the under 20's the percentage of clinic attendances is about equal for all the clinics, including Sydenham.</p> <p>In terms of ethnicity the percentage of BME groups attending Sydenham is higher than at the other clinics. But when examined further the breakdown by ethnicity shows other differences e.g. the other clinics have a higher</p>

	<p>percentage of Africans attending than happens at Sydenham and Sydenham has a higher percentage of patients of Caribbean descent.</p> <p>The percentage breakdown of attendees at the SRH clinics shows that there is a higher percentage of BME patients attend SRH clinics than is reflected in the Lewisham ethnicity statistics. Also, young people who attend Sydenham clinic also attend other clinics depending on which day of the week they wish to attend a SRH clinic. This would indicate that the closing of Sydenham clinic should not have a negative impact on any particular group.</p> <p>The opening of the Waldron clinic an hour later in the morning on Monday, Tuesday and Thursday may mean that initially people turn up not realising that the clinic opening time has altered. Whatever time the clinic opens there are always people outside waiting. It is not anticipated that this will have a negative impact on any particular group and it is hoped that the earlier opening time on a Friday morning will help people who would like to attend clinic before going off for their day's commitments.</p>
<p>6. Which of the following protected characteristic groups may be disadvantaged / experience negative impact?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 	<p>Potentially as Sydenham Green clinic is for under 25's it will impact on those under 25 but it is envisaged that the change of staff hours to ensure that there is a consistent number of staff on throughout the clinics' opening times thus reducing the need to close clinics before the advertised closing times. All young people under the age of 17 or with vulnerabilities will continue to be fast tracked in whichever clinic they attend and will not be turned away.</p>

<ul style="list-style-type: none"> <input type="checkbox"/> Disability <input type="checkbox"/> Gender Re-assignment <input type="checkbox"/> Pregnancy/maternity <input type="checkbox"/> Race <input type="checkbox"/> Religion/Belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Marriage & Civil Partnership Other (e.g. refugees, behavioural difficulties) 	<p>Anecdotal and attendance evidence supplied by the outreach team and the specialist young peoples' nurses is that young people will attend whichever clinic they can get to on the day that they want to attend clinic</p> <p>Potentially if under 25 and currently attend Sydenham Green</p> <p>No</p> <p>No</p> <p>No. As discussed in 5 above the breakdown of ethnicity in all the clinics indicates that no particular group would be affected as patients tend to attend whichever clinic is most convenient for them that day.</p> <p>No</p> <p>No. There is a higher percentage of males attending the other clinics than Sydenham.</p> <p>No</p> <p>No</p> <p>Potentially if under 25 and currently attend Sydenham Green. Outreach nurses usually make arrangements to see those with vulnerabilities who are referred by other agencies at a mutually convenient time and clinic.</p>
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<p>7. What research data / evidence do you have to support your conclusions and how has this been collected?</p>	<p>A survey was carried out with young people attending the Sydenham Green and Downham outreach sites. Patients were surveyed over 4 weeks. The results supported the conclusion that the service changes would not have a negative impact on service users, showing that:</p> <ul style="list-style-type: none"> • The majority of patients at Sydenham Green had attended other sexual health clinics in Lewisham or in neighboring boroughs in the past • The majority of patients travelled to the clinics by bus • The majority of patients said that they would attend Downham Health Centre if they couldn't attend Sydenham Green, followed by the Waldron Health Centre. <p>The full survey results are included in appendix 3.</p> <p>Other evidence analysed included:</p> <ul style="list-style-type: none"> • Attendance by clinic and L.A. of residence 2017/18 data for whole year across the service (appendix 1) • Analysis of postcode data of users of Sydenham Green for Q.3, 2017 (appendix 2) • Snapshot analysis of attendances at Sydenham Green clinic site (appendix 4) • Anecdotal evidence from our young people's outreach nurses
<p>8. Have you engaged and consulted those people who might be affected by the policy?</p>	<p>A survey of service users attending Downham and Sydenham Green under 25's clinics commenced on Tuesday, 8th May for four weeks.</p>

	<p>Informal staff meetings have been held for nurses, HCA's and admin as all this staff will be affected by changes. A full staff consultation will commence in July.</p>
<p>9. If the policy positively promotes equality please explain how</p>	<p>n/a</p>
<p>10. From the screening process do you consider the policy will have a positive or negative impact on equality groups? Please rate the level of impact* and summarise the reason for your decision.</p>	<p>The policy is likely to initially have a medium to low positive impact i.e. moderately to unlikely to promote equality of opportunity and good relations.</p> <p>Overall the proposed changes are expected to have a positive impact through increasing the choice and opportunity of access to the SRH service, and improving patient experience.</p> <p>This positive impact will be achieved through:</p> <ul style="list-style-type: none"> • Reducing the likelihood of clinics closing before the advertised time due to reaching capacity • Reducing waiting times and the number of patients being turned away by increasing staffing capacity during opening hours • Establishing an early morning clinic to increase choice of access • Increasing support for staff by ensuring the consistent presence of a senior clinician, increasing the number of staff on shift at one time, and ensuring a greater skill mix amongst staff on shift. <p>This proposal will not reduce the total hours that staff provide clinical services for patients, but will simply concentrate staff time within shorter opening hours, so that staffing is at full capacity whenever the clinic is open.</p>

Removing the clinical offer from Sydenham Green Group Practice will have less of an impact on patients than removing the equivalent service from Downham Health and Leisure Centre, for the following reasons:

1. There are excellent transport links to Catford and New Cross from Lower and Upper Sydenham, whereas the Downham site is more isolated in the south of the borough. The Waldron Health Centre, Hawstead Road Centre and Downham Leisure Centre provide coverage of the north, south and centre of Lewisham, ensuring that there is still a good geographical coverage of services across the borough.
2. Data on attendances shows that the majority of young people that use the outreach offer at Sydenham Green also attend other SRH clinics across the borough, and so the assumption is that they can continue to do so. This was reinforced by the results of the patient survey (outlined below).
3. Attendance at the Sydenham Green outreach clinic is lower than at any other clinic.
4. The Young People's Health and Wellbeing Service, delivered by Compass, is now operating from the TNG Youth and Community Centre in Sydenham every Wednesday evening, offering a full level 1 and 2 sexual and reproductive health service. This means that there will continue to be young person-focused provision in that part of the borough.

Initially the impact may be seen by some patients in a negative light, for example when they attend a service without awareness of the new opening

	<p>hours, but the benefits to all patients will be of a more consistent and reliable service.</p> <p>There may initially be a negative impact on the under 25's who attend Sydenham Green clinic not realising it has closed but we will mitigate this with signposting to other clinics that will be better staffed and able to see and follow up young people.</p> <p>Under 16's will continue to be fast tracked in all of Lewisham's sexual health clinics.</p>
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***Positive: High/Medium/Low**

(High - highly; Medium - moderately likely to promote; Low - unlikely to promote)

***Negative: High/Medium/Low**

(High - highly likely to have a negative impact on equality of opportunity and good relations; Medium - moderately likely to have; Low – likely to have little impact)

*Neutral: High - highly likely to have neither a positive nor a negative impact.

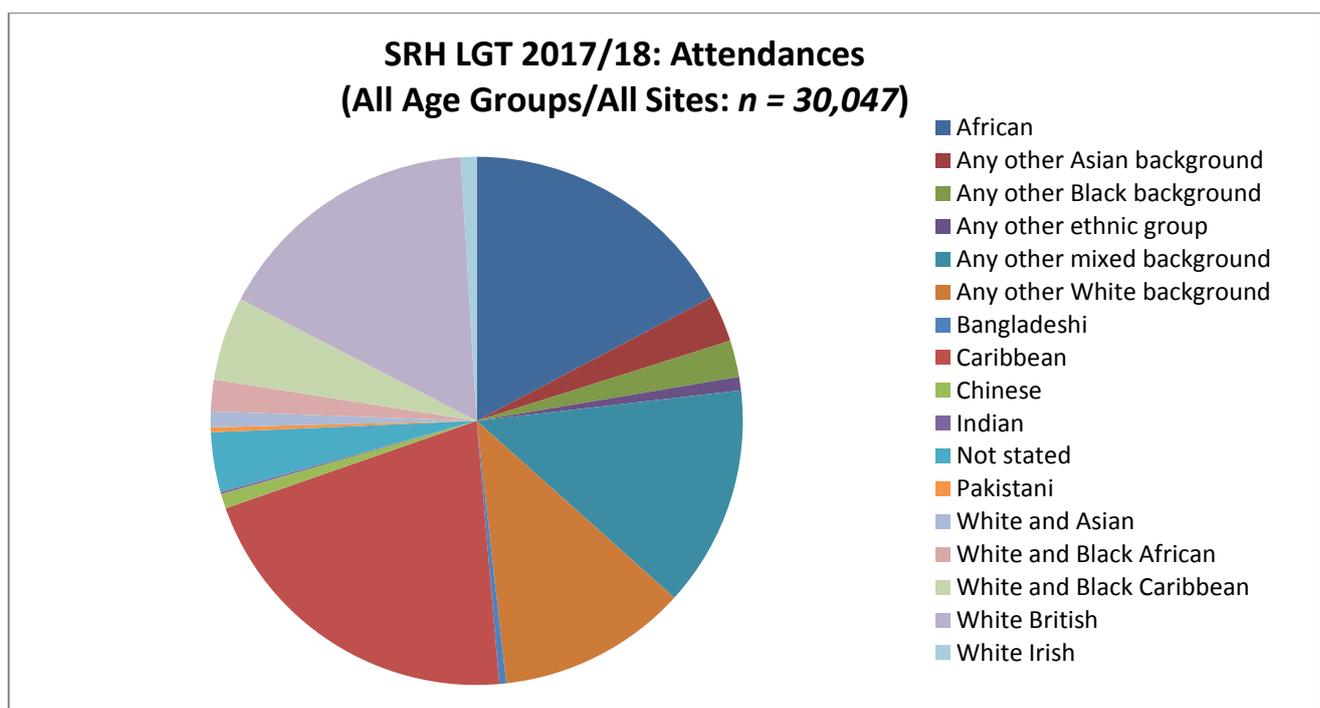
Date completed:2nd May, 2018..... Signed C.Moniz.....

Print namesCatharine Moniz.....

Appendix 1: 2017/18 Attendances at LGT SRH Services

- Total SRH Attendances = 30,047 (73.3% Female // 26.7% Male)
 - Under 20s = 3850 (12.8%)
 - 82% Female // 18% Male
 - 20 – 24s = 8361 (27.8%)
 - 74.2% Female // 25.8% Male
- Total SRH Attendances by Ethnicity

Ethnicity	% of Total Attendance
African	17.24%
Any other Asian background	2.85%
Any other Black background	2.24%
Any other ethnic group	0.83%
Any other mixed background	13.52%
Any other White background	11.55%
Bangladeshi	0.42%
Caribbean	20.98%
Chinese	0.90%
Indian	0.13%
Not stated	3.65%
Pakistani	0.30%
White and Asian	0.96%
White and Black African	1.93%
White and Black Caribbean	5.12%
White British	16.41%
White Irish	0.96%

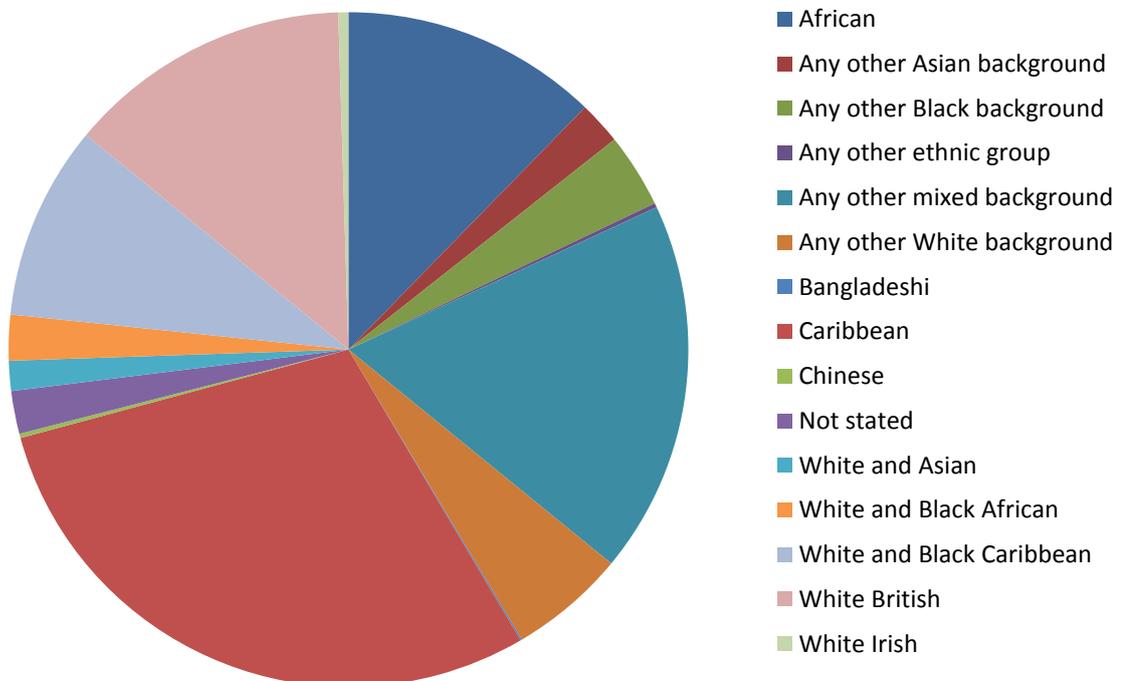


- Sydenham Attendances = 1,461 (75.77% Female // 24.23% Male)

- Under 20s = 623 (42.6%)
 - 82.7% Female // 17.3% Male
- 20 -24s = 820 (56.1%)
 - 71% Female // 29% Male

Ethnicity	% of Sydenham Attendance 2017/18
African	12.25%
Any other Asian background	2.05%
Any other Black background	3.56%
Any other ethnic group	0.21%
Any other mixed background	17.86%
Any other White background	5.54%
Bangladeshi	0.07%
Caribbean	29.23%
Chinese	0.21%
Not stated	2.05%
White and Asian	1.44%
White and Black African	2.19%
White and Black Caribbean	9.31%
White British	13.55%
White Irish	0.48%

SRH LGT Sydenham 2017/18: Attendances: *n* = 1,461)



Appendix 2: 2017/18 Attendances at Sydenham Green Outreach Clinic

- Sydenham Attendances 2017/18 by Local Authority of Residence
 - 78.23% of Sydenham Attendances made by Lewisham Residents
 - 16.77% of Sydenham Attendances made by Sydenham Ward Residents

LA of Residence with Ward	No. Attendances @ Sydenham
Bexley	0.41%
Bromley	7.87%
Broxtowe	0.07%
Camden	0.07%
Castle Point	0.07%
Croydon	3.08%
Ealing	0.07%
Gloucester	0.07%
Greenwich	1.78%
Hackney	0.07%
Hammersmith and Fulham	0.14%
Havering	0.07%
Lambeth	1.10%
Lewisham	78.23%
Bellingham	17.93%
Blackheath	0.96%
Brockley	1.10%
Catford South	1.85%
Crofton Park	4.18%
Downham	3.42%
Evelyn	0.75%
Forest Hill	6.23%
Grove Park	2.05%
Ladywell	1.37%
Lee Green	1.23%
Lewisham Central	2.19%
New Cross	0.82%
Perry Vale	10.95%
Rushey Green	2.33%
Sydenham	16.77%
Telegraph Hill	1.03%
Whitefoot	3.08%
Medway	0.14%
Merton	0.14%
Newham	0.27%
Portsmouth	0.07%
Redbridge	0.14%
Reigate and Banstead	0.07%
Southwark	3.56%
Swale	0.07%

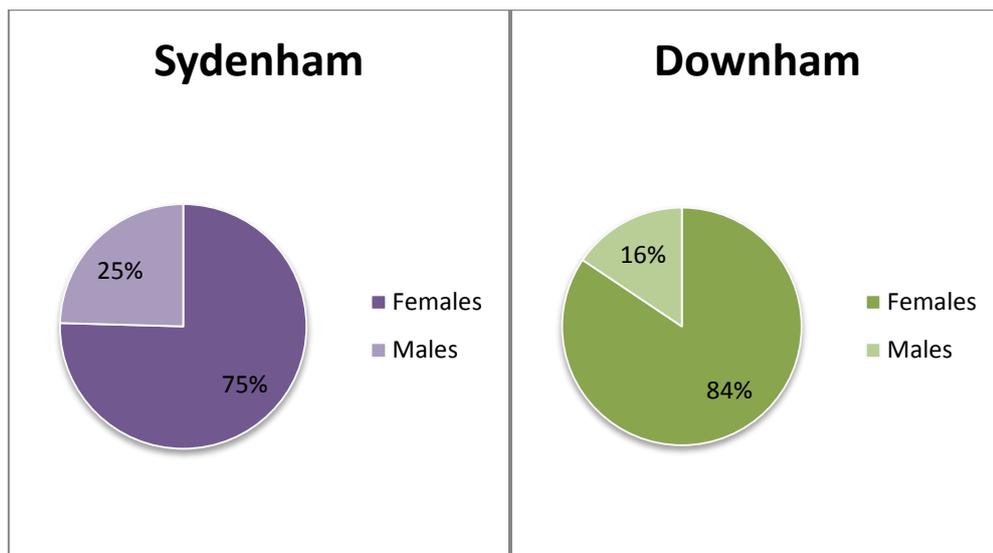
Swindon	0.07%
Tandridge	0.14%
Unknown	1.44%
Wandsworth	0.62%
Welwyn Hatfield	0.21%
Total	100.00%

Appendix 3: Patient survey results May – June 2018

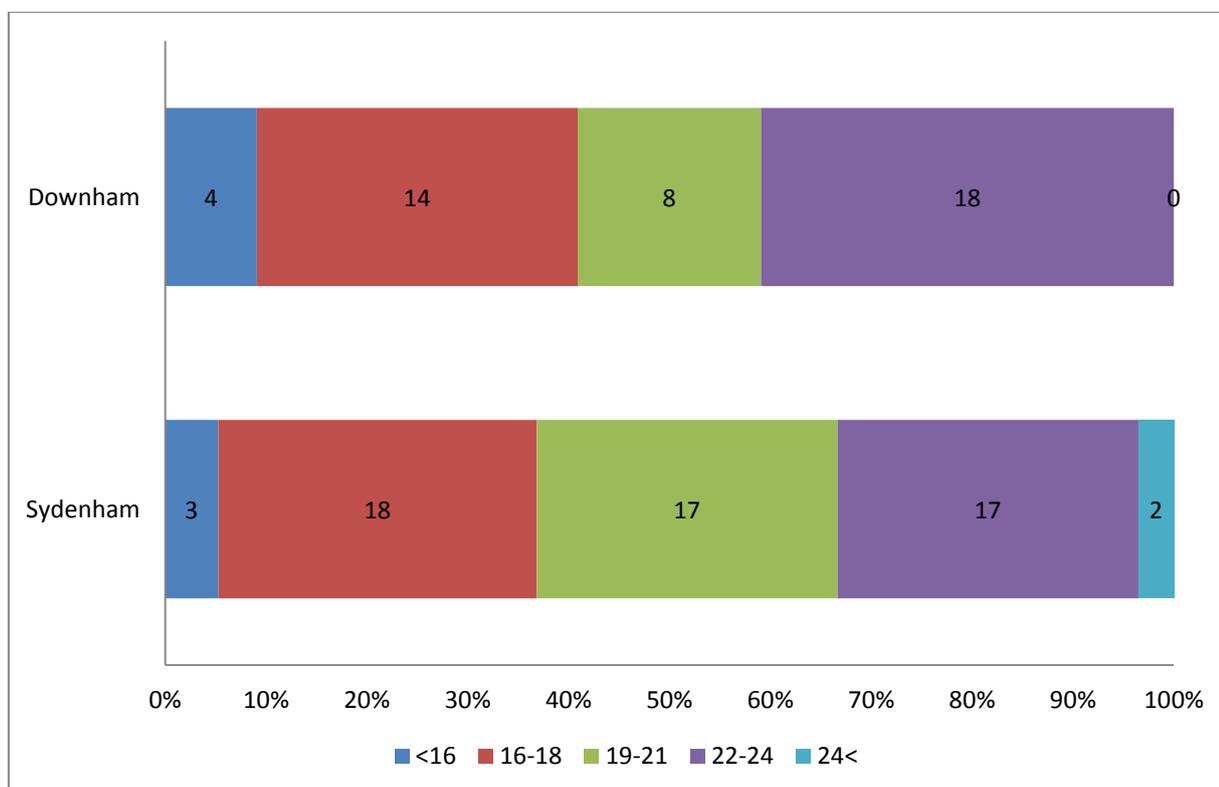
Results of the recent survey completed with patients attending Sydenham (8th, 21st, 22nd and 29th May 2018) and Downham (9th, 10th, 16th and 17th May 2018).

	Total responded
Sydenham	57
Downham	45

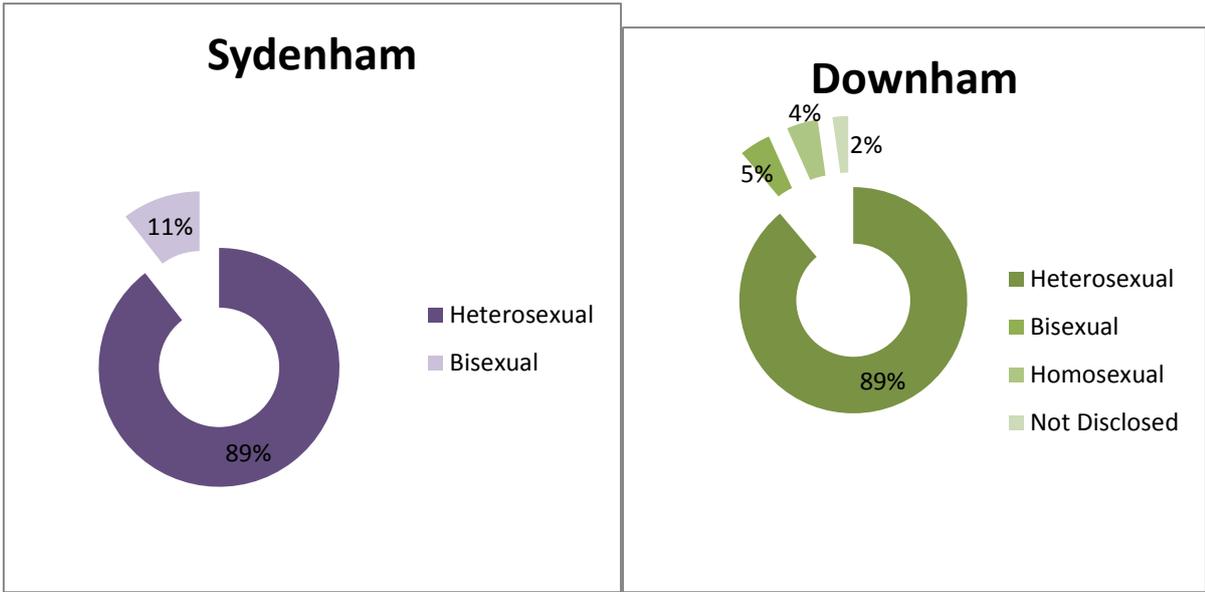
What's **male/female split** for clients attending Sydenham and Downham?



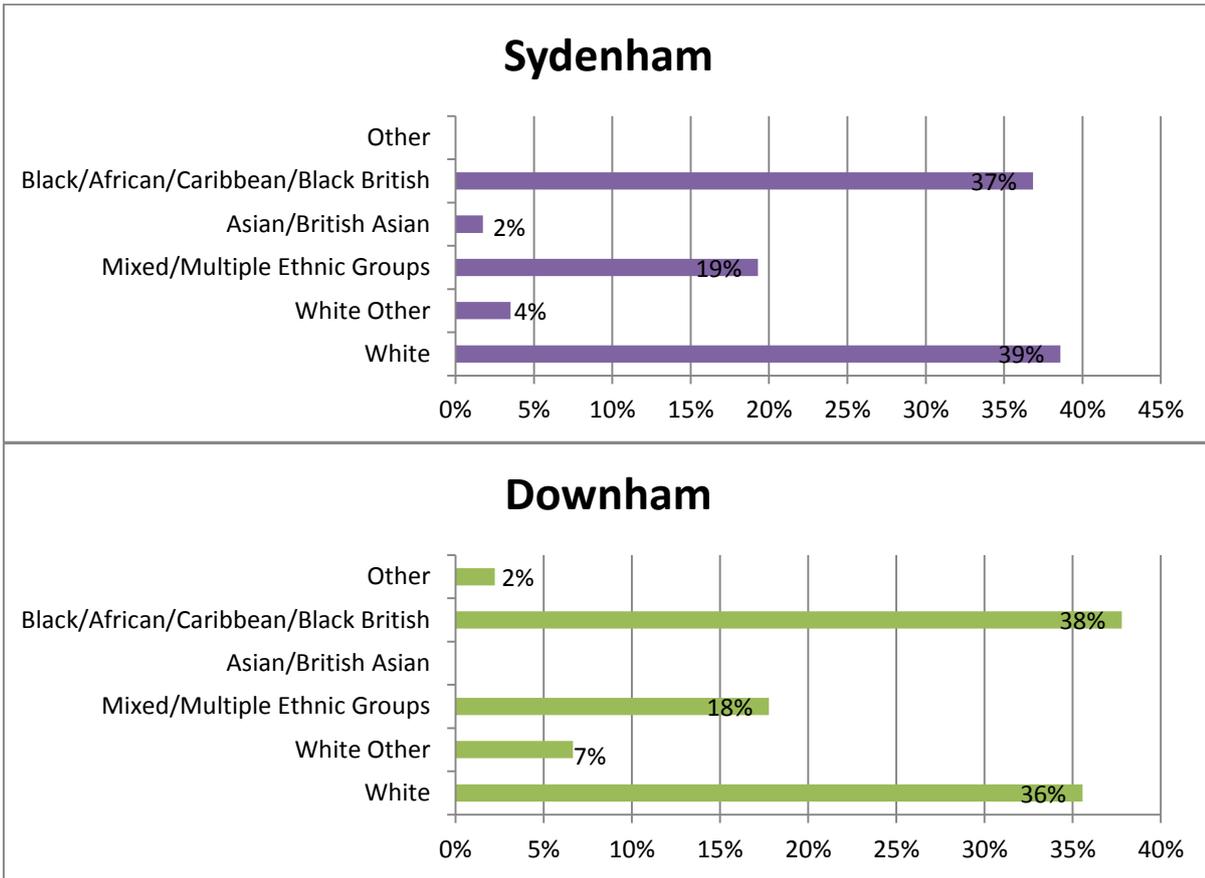
What's the **age profile** for clients attending Sydenham and Downham?



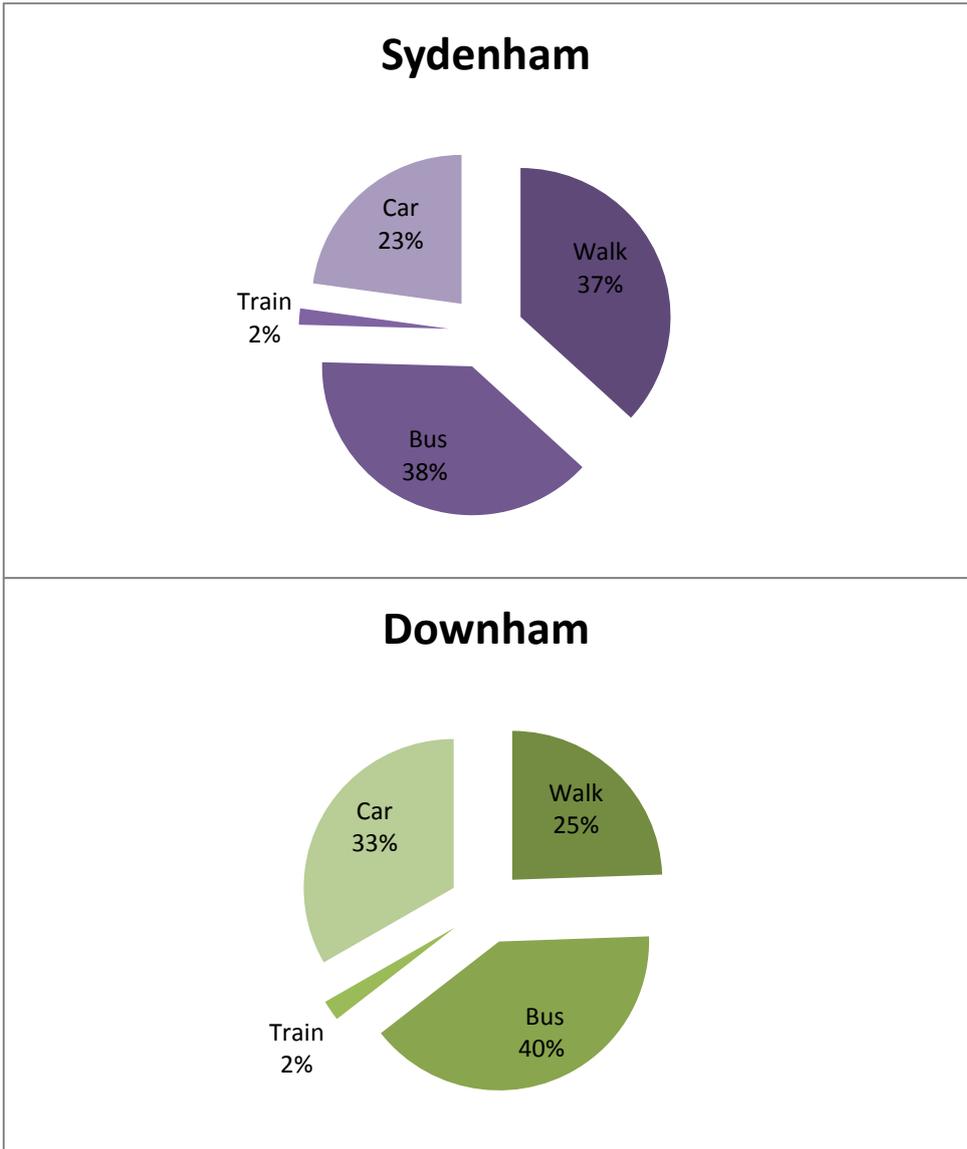
What are the **sexualities** of the people attending?



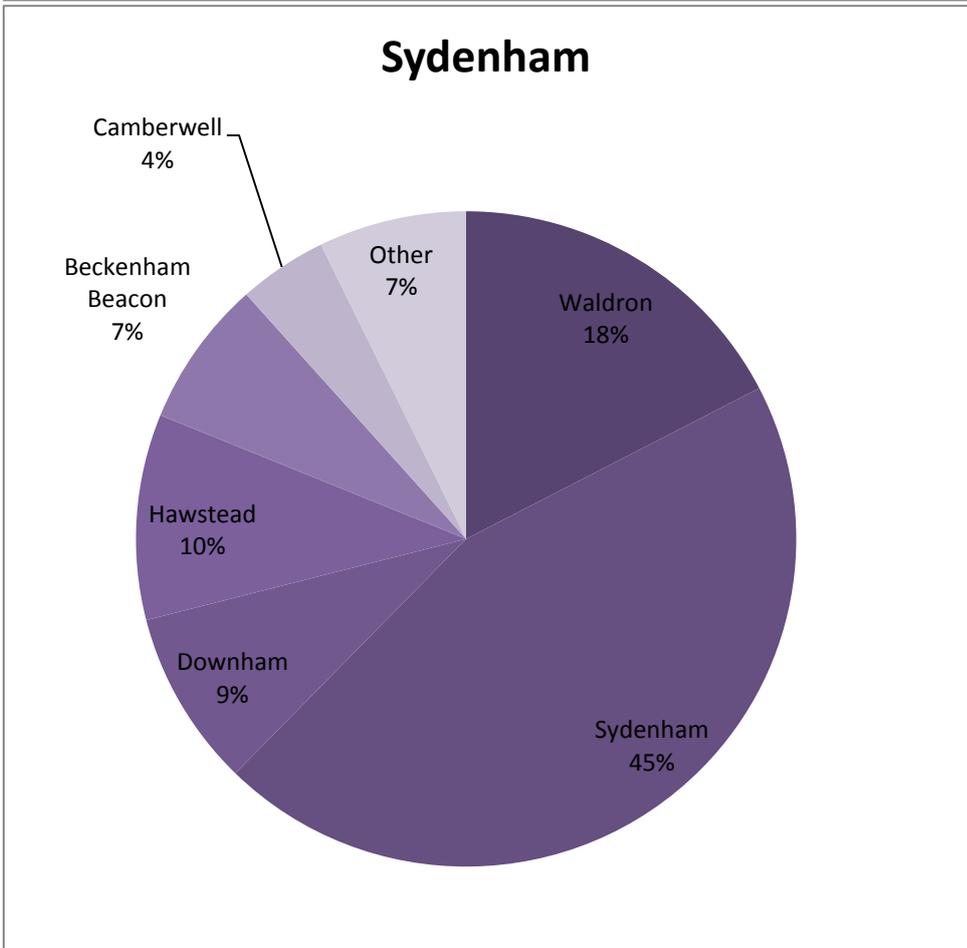
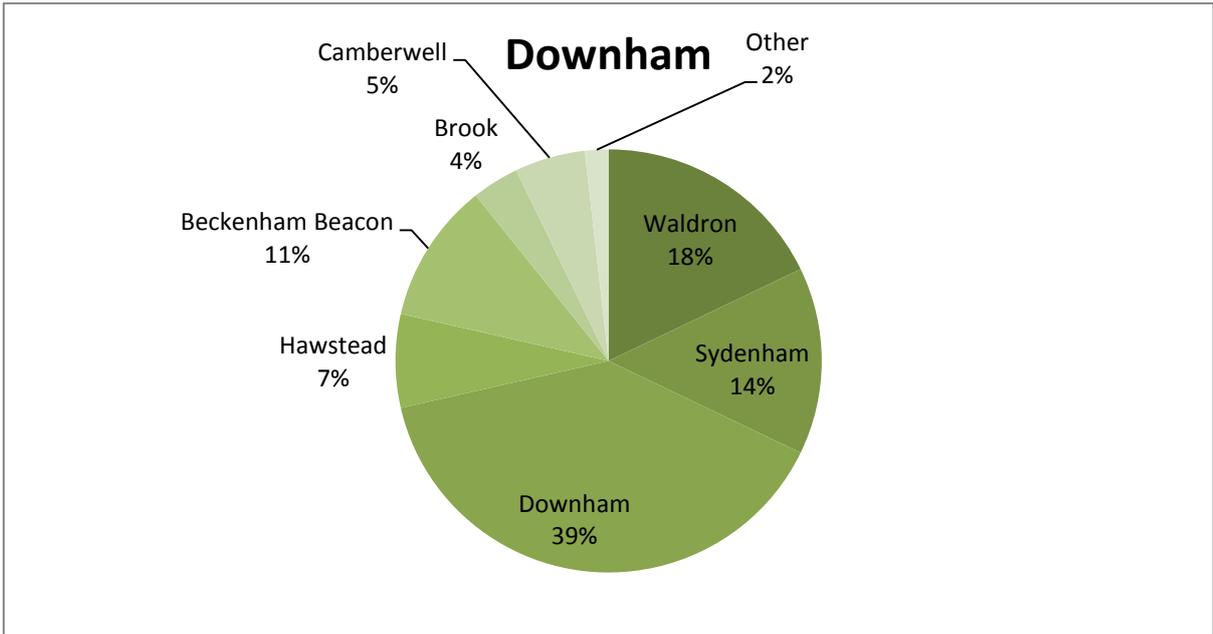
What are the **ethnic identities** of people attending Sydenham or Downham?



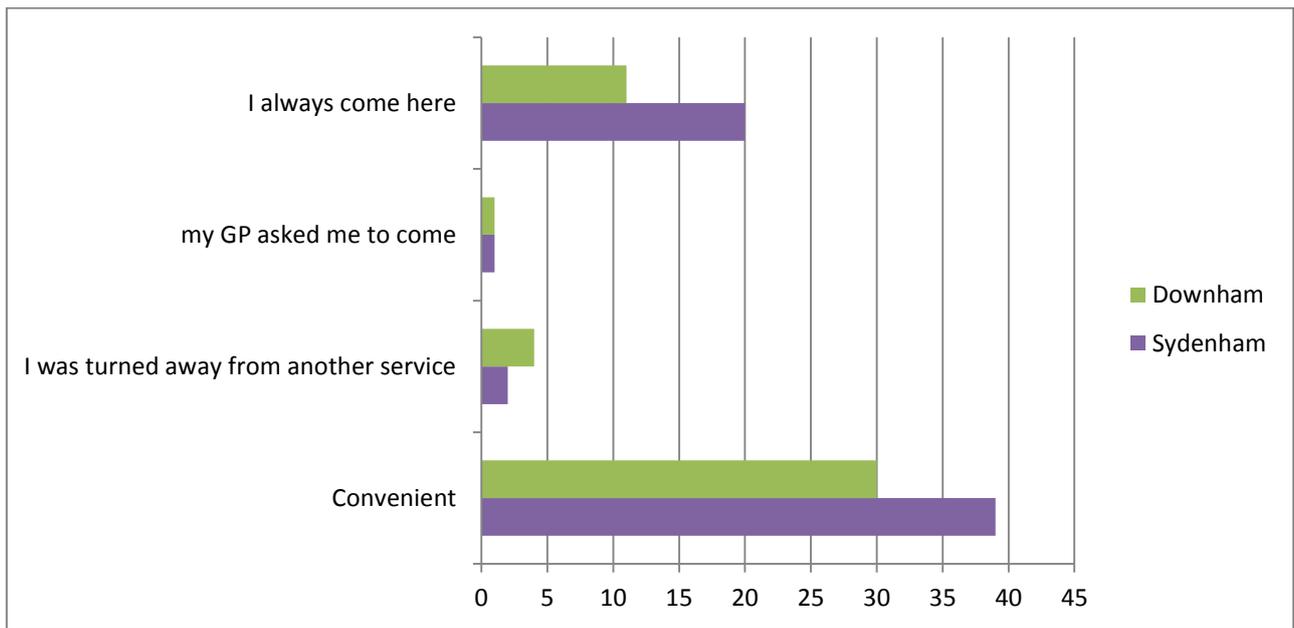
How did people **travel** to Sydenham or Downham?



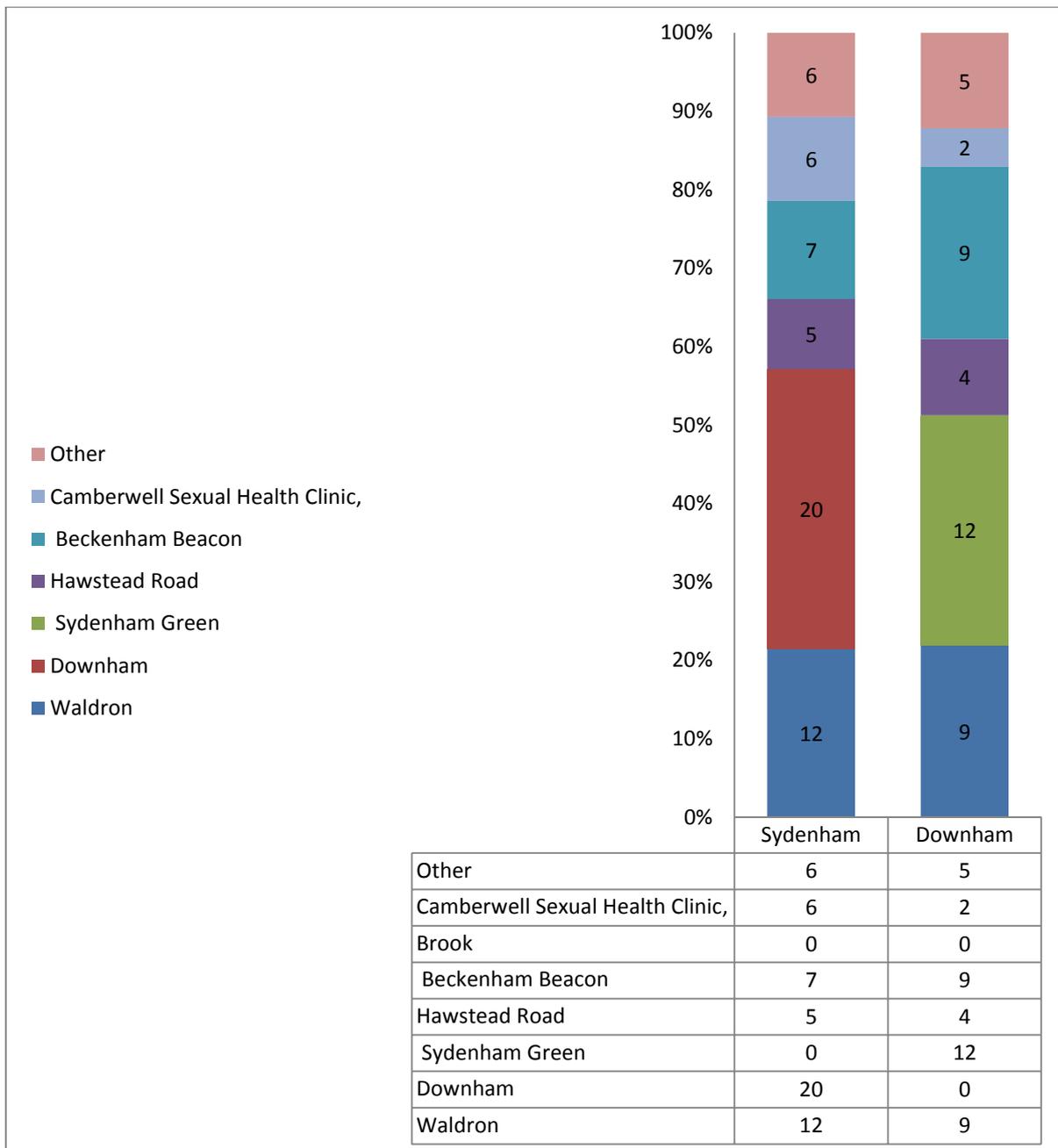
What clinics have people **attended in the past**? – more than one answer allowed



Why did clients choose **that clinic** on that day?



If clients hadn't gone to a particular clinic, **where would they go?** – more than one answer allowed



The majority of patients attending Sydenham would attend Downham as an alternative clinic

The majority of patients attending Downham will attend Sydenham as an alternative clinic

	Sydenham (n=57)	Downham (n=45)
Downham	35% (20)	-
Sydenham	-	27% (12)
Waldron	21% (12)	20% (9)
Beckenham Beacon	12% (7)	20% (9)
Hawstead Road	9% (5)	9% (4)
Camberwell	10% (6)	4% (2)
Brook	0	0
Other	10% (6)	11% (5)
Not answered	12% (7)	11% (5)

Appendix 4: Snapshot analysis of attendances at Sydenham Green clinic site

Sydenham Green Clinic (under 19's) Snapshot analysis quarter three 2017-18									
Date	Total Numbers Seen	Number under 19 years seen	Female	Male	Attendance at another Lewisham clinic	Identified safeguarding concerns	postcode	Age	
2nd October	17	5	14	3	Waldron	Safeguarding alert on records, has 10-month-old baby, history of self-harm	SE4	18	
					Downham		SE6	18	
							SE15	15	
							BR2	18	
							SE9	17	
3rd October	11	2				Looked after child, fostered in Lewisham. Child protection plan	E6	15	
							SE6	17	
9th October	15	3	12	3		In care for several months last year, previous CAMHs involvement	SE4	16	
							B3	16	
							BR1	16	
10th October	10	3	7	3		history mental health problems	SE26	17	
							SE26	18	
							SE6	18	
16th October	16	10	15	1		bullied	BR3	16	
						Untreated STI	SE23	17	
						Hawstead Rd	SE25	17	
							SE12	17	
							BR1	17	
							SE6	16	
							SE8	18	
							SE8	17	
							Looked after child	BR3	17
						Hawstead Rd	SE26	16	

17 th October	15	2	12	3		Termination of pregnancy	SE23	17
							DA5	17
Sydenham Green Clinic (under 19's) Snapshot analysis quarter three 2017-18								
Date	Total Numbers Seen	Number of under 19's seen	Female	Male	Attended another Lewisham clinic	Identified safeguarding concerns	Postcode	Age
23 rd October	15	3	12	3			SE6	17
							SE6	18
							SE6	17
24 th October	13	3	12	1			SE6	17
							SE26	17
						Safeguarding alert, raped aged 13, by 16yr old she met on internet. Self-harm	SE26	15
30 th October	14	3	12	2		Safeguard alert, LAC	E6	15
						Alert, vulnerable, under family nurse partnership	SE26	17
					Downham Hawstead Rd		BR1	17
31 st October	11	2	9	2			BR3	16
						Safeguarding alert MSM	SE26	18
6 th November	11	2	9	2	Hawstead Rd		SE6	18
							SE12	18
7 th November	11	4	7	4			SE23	16
					Waldron		SE23	16
							SE10	14
							SE10	15
13 th November	16	8	15	1		Safeguard alert, CPP	E6	15
					Downham		SE9	18
							SE9	18
							BR3	18
							SE4	17
							SE26	17
							SE15	16
						Safeguarding alert, LAC, CPP	SE13	18
14 th November	15	4	14	1		Social worker in past	SE14	15

						CPP, LAC	E6	15
							SE15	18
					Waldron	Vulnerable YP, mental health problems	SE26	15
Sydenham Green Clinic (under 25's) Snapshot analysis quarter three 2017-18								
Date	Total Numbers Seen	Number of under 19's seen	Female	MALE	Attended another Lewisham clinic	Identified safeguarding concerns	postcode	Age
20 th November	17	4					SE26	17
							SE26	18
					Downham		SE9	18
							SE9	18
21ST November								
	13	6	12	1	Hawstead Rd	Vulnerable YP, LAC	SE4	18
					Downham & Hawstead Rd		SE8	18
					Downham		SE9	18
					Waldron		SE6	18
					Downham		BR3	18
						Vulnerable YP, self- harm	SW2	18
27th November								
		5				Mental health	SE23	17
							SE6	17
					Downham & Waldron	Mental health	SE6	18
						Safeguarding alert, referred Bromley CSC & police, CSA, boyfriend in prison for stabbing offence	BR5	17
							SE20	17
28th November								
	12	4	9	3	Downham		SE23	18
							SE23	17
							SE26	18
						Vulnerable, difficulty recognising consequences of behaviour	SE13	17
4th December								
	12	2	10	2			SE26	18
							SE26	17

5 th December	6	2	5	1		Safeguarding alert, LAC, now in hostel	SE23	18
							SE16	16
								17
							SE6	17
Sydenham Green Clinic (under 19's) Snapshot analysis quarter three 2017-18								
Date	Total Numbers Seen	Number of under 19's seen	Female	Male	Attended another Lewisham clinic	Identified safeguarding concern	Postcode	Age
11 TH December	10	7	7	3		History of self-harm	SE27	18
							BR3	17
							SE23	16
							SE26	18
							SE26	16
						History of self-harm	SE26	15
							BR1	16
12TH December								
12 TH December	11	4	8	3		Safeguarding alert, LAC	SE23	18
							SE26	18
							SE6	17
							SE6	17
18th December								
18 th December	12	5	8	4			SE26	17
						Safeguarding alert CPP, sexual exploitation, attended with social worker	SE26	16
							SE4	17
						NEET, alcohol issues, self-harm	SE13	18
							SE6	17
19th December								
19 th December	9	4	7	2			SE23	17
							DA5	17
							SE13	18
							DA15	18
25th December & 26th December closed								

Healthier Communities Select Committee		
Title	Select Committee work programme 2018-19	
Contributor	Scrutiny Manager	Item 6
Class	Part 1 (open)	27 June 2018

1. Purpose

- 1.1. To ask Members to agree an annual work programme for the Healthier Communities Select Committee.

2. Summary

2.1. This report:

1. Provides the context for setting the Committee's work programme for the year.
2. Asks members to decide on the Committee's priorities for the 2018-19 municipal year.
3. Informs members of the process for Business Panel approval of the work programme.
4. Sets out how the work programme can be monitored, managed and developed.

3. Recommendations

3.1. The Select Committee is asked to:

- Note the meeting dates and terms of reference for the Healthier Communities Select Committee.
- Consider the provisional work programme at appendix B.
- Consider adding further items to the work programme, taking into consideration the criteria for selecting topics; information about local assembly priorities and items already added to the provisional work programme.
- Note the key decision plan, attached at appendix H, and consider any key decisions due to be made by the Mayor, which may require further scrutiny.
- Agree a work programme for the municipal year 2018-19.
- Review how the work programme can be developed, managed and monitored over the coming year.

4. Meeting dates

4.1. The following Committee meeting dates for the next municipal year were agreed at the Council AGM on 23 May 2018:

- 27 June 2018
- 4 September 2018
- 9 October 2018
- 3 December 2018
- 16 January 2019
- 11 February 2019

5. Context

- 5.1. The Healthier Communities Select Committee's role is to monitor the provision and performance of health bodies providing services for local people in Lewisham. This includes social services for those 19 years old or older and public health services. The Committee's full terms of reference are set out in appendix A.
- 5.2. The committee fulfils the council's statutory health scrutiny responsibilities and has a responsibility to voice the views of local residents and hold NHS and council decision makers to account. This includes scrutinising the work of the health and wellbeing board and the delivery of the nine aims of the Lewisham health and wellbeing strategy. The committee also has role in monitoring lifelong learning of those 19 years old or older and regularly receives updates on the work of Adult Learning Lewisham, making comments and recommendations as necessary.
- 5.3. The committee works closely with Lewisham Healthwatch, the local consumer champion for health and social care, which has non-voting representation on the committee. The committee regularly receives reports on the work of Healthwatch, including its annual report.
- 5.4. The Committee can invite expert witnesses (such as those involved in the voluntary sector) to provide evidence to the Committee on specific topics. While many witnesses welcome the chance to speak to the Committee, they are not obliged to attend (as opposed to officers of the Council and decision makers).

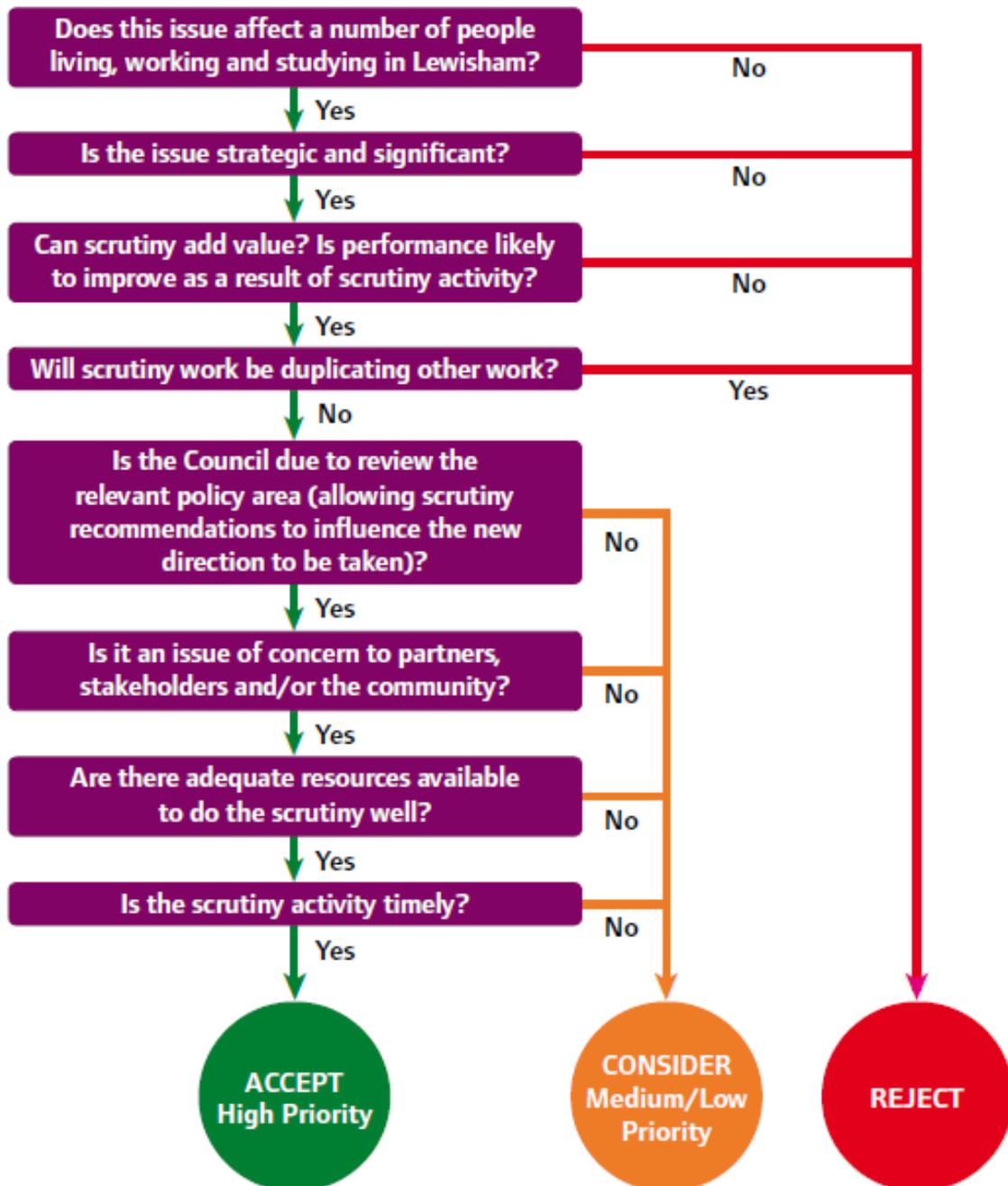
6. Deciding on items to add to the work programme

6.1. When deciding on items to include in the work programme, the Committee should have regard to:

- items the Committee is required to consider by virtue of its terms of reference;
- the criteria for selecting topics;
- the capacity for adding additional items;
- the context for setting the work programme - the key services, programmes and projects which fall within the committee's remit;
- suggestions already put forward.

6.2. The following flow chart, based on the Centre for Public Scrutiny advice for prioritising topics for scrutiny should help members decide which items should be added to the work programme:

Scrutiny work programme – prioritisation process



7. Different types of scrutiny

- 7.1. It is important to agree how each work programme item will be scrutinised. Some items may only require an information report to be presented to the committee and others will require performance monitoring data or analysis to be presented. Typically, the majority of items take the form of single meeting items, where members:
- (a) agree what information and analysis they wish to receive in order to achieve their desired outcomes;
 - (b) receive a report presenting that information and analysis;
 - (c) ask questions of the presenting officer or guest;
 - (d) agree, following discussion of the report, whether the Committee will make recommendations or receive further information or analysis before summarising its views.
- 7.2. For each item the committee should consider what type of scrutiny is required and whether the item is high or medium/low priority (using the prioritisation process). Allocating priority to work programme items will enable the committee to decide which low and medium priority items it should remove from its work programme, when it decides to add high priority issues in the course of the year.

In-depth review

- 7.3. Some items might be suitable for an in-depth review, where the item is scrutinised over a series of meetings. Normally this takes five meetings to complete:
- Meeting 1: Scoping paper (planning the review)
 - Meetings 2 & 3: Evidence sessions
 - Meeting 4: Agreeing a draft report and recommendations
 - The report is then sent to Mayor and Cabinet for consideration and response.
- 7.4. If the committee would like to designate one of its work programme items as an in-depth review, this should be done at the first meeting of the municipal year to allow sufficient time to carry out the review. A scoping paper for the review will then be prepared for the next meeting.
- 7.5. To carry out the review, the Committee can use a range of investigative routes. In previous administrations scrutiny committees have: invited expert witnesses and specialists to meetings; tasked Council officers with providing analysis or detailed information about their service areas; carried out visits or fact finding trips; asked individual members or the committee's scrutiny manager to report on meetings, events and visits; consulted with members of the public or special interest groups.

8. The Committee's areas of focus in the 2014-18 administration

- 8.1. Over the four years of the last administration, the Committee considered a broad range of issues and considered a number of topics in-depth. A summary of this work is included in (appendix G) and members are asked to give this due consideration when deciding on the programme for 2018-19.
- 8.2. In line with its terms of reference, the Committee played a lead role in the scrutiny of the performance and development of health and social care services in the borough. This included carrying out two in-depth reviews: one focused on the integration of health and social care, and the other focused on social prescribing. The committee continues to monitor the outcome of the recommendations of each.
- 8.3. The committee received regular updates on a range of local health and care issues, including progress with the development of neighbourhood care networks, the work of SAIL and community connections, and the process around the transition from children's to adult social care. The transition for children's to adult social care was an area of particular focus.
- 8.4. The committee also worked closely with a range of local health and care partners, including Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust, Lewisham CCG, Healthwatch. The committee scrutinised annual reports, quality accounts and key changes.
- 8.5. This included closely scrutinising the Lewisham CCG's plans for primary care in the borough and its consultation on the future of the New Cross walk-in centre. The committee received regular updates on these matters and expressed its intention to continue monitoring the transition period following the closure of the New Cross walk-in centre.
- 8.6. The committee has also worked closely with voluntary and community sector organisations over 2014-18. A wide range of organisations have contributed to individual items and in-depth reviews, in person and in writing.
- 8.7. The Mayor and the Cabinet Member for Adult Social Care have also been regular attendees at the Committee to answer questions in relation to the delivery of the Council's health and wellbeing priorities.
- 8.8. Once they have considered an issue, scrutiny committees have the option to refer their views to Mayor and Cabinet in the form of a formal referral. The Chair, or a nominated member, of the Committee can attend the relevant meeting of Mayor and Cabinet to present the referral and add additional context to the Committee's views. The Council's constitution states that Mayor and Cabinet should produce a response within two months.

9. Provisional 2018-19 work programme

9.1. The Scrutiny Manager has drafted a provisional work programme for the Committee to consider. It is attached at appendix B and it includes:

- items suggested by the Committee in the course of the previous year- and at the last meeting of the previous municipal year.
- items suggested by Council officers.
- those items that the select committee is required to consider by virtue of its terms of reference
- monitoring of the recommendations of recent reviews.

9.2. The Committee should also give consideration to:

- issues of importance to Local Assemblies (appendix C);
- decisions due to be made by Mayor and Cabinet (appendix H).

suggestions from the Committee

9.3. At its last meeting of the 2017-18 municipal year, the committee put forward the following suggestions for scrutiny topics for this year:

- Lewisham, Southwark and Lambeth sexual health strategy
- Update on social prescribing review
- Efficacy of the flu vaccine

suggestions from officers

9.4. Officers were invited to suggest additional items for the work programme, in view of the activity that will be taking place over the course of the next municipal year. These suggestions have been provisionally added into the work programme attached at appendix B.

9.5. There was one suggestion from officers:

- Health and social care integration - an item based on the manifesto commitment to establish a new publicly-owned community-based care service.
- Partnership commissioning intentions – an item setting out Lewisham Council and Lewisham CCG's shared plans and priorities for the commissioning (planning, buying and monitoring) adult health and care over the two years from 2019/20.

issues arising as a result of previous scrutiny

- **Transition period following the closure of the walk-in centre**
In 2017/18 the committee received a number of updates on the Lewisham CCG's consultation and decision on the future of the New Cross walk-in centre. Following the CCG's decision to close the walk-in centre, the committee asked to be updated on the transition period following the closure in order to monitor the impact on access to primary care. An update is expected in the autumn.
- **Neighbourhood Care Networks**
Neighbourhood Care Networks (NCN) are a key part of the development of community-based care in Lewisham. There are four NCNs arranged around four neighbourhood area footprints. The committee received regular updates on the development of NCNs over the course of the 2014-18 administration. NCNs were also a focus of the committee's 2016/17 review of health and social care integration. Developments with NCNs are ongoing and officers are likely to ask the committee for further comment.
- **Transition from children's to adult social care**
The transition process from children's and potentially to adult social care was a key focus of the committee over the previous administration. In 2015/16 the committee referred its views to the Mayor on the need for transitional support in those cases where children are not eligible for adult social care on reaching adulthood. The committee has received a number of updates since on the "Preparing for Adulthood and Transition from Children's to Adult services" work stream, including the pilot transition team, which went live in March 2017. A further update is expected later in the year.

those items that the select committee is required to consider by virtue of its terms of reference

- **Delivery of the Health and Wellbeing priorities**
The committee has received an update every year on the performance in delivering the priorities of the Lewisham Health and Wellbeing Strategy. This includes a dashboard of outcomes measures in each priority area. The nine priorities of the strategy can be seen [online](#). The committee usually invites the Mayor, as chair of the Health and Wellbeing Board, to attend.
- **SLaM and LGT quality accounts**
The South London and Maudsley NHS Foundation Trust (SLaM) quality accounts set out the Trust's performance against the quality priorities and national priorities set the previous year, as well as setting out new priority areas for the coming year. The Lewisham and Greenwich NHS Trust (LGT) quality accounts include similar information. The committee is asked to comment on both of these reports annually. Senior officers from both Trusts are usually invited to present.

- Service area and partner annual reports

The committee also receives the following annual reports, summarising the work of that particular service area or organisation: Public health; Adult Learning Lewisham; leisure centre contract; Healthwatch; and adult safeguarding. Senior officers and representatives are invited to present their reports.

monitoring of the recommendations of recent reviews

- Social prescribing

The committee carried out an in-depth review of social prescribing over the 2017/18 municipal year. The review concluded in February 2018, making a series of recommendations to the Mayor on, among other things, building a greater evidence base, addressing gaps in provision, and working closely with GPs. The committee is due to receive the Mayor's response to the recommendations early in 2018/19.

- Health and social care integration

The committee carried out an in-depth review in 2016/17 of the integration of health and social care. The committee made a series of recommendations to the Mayor in [March 2017](#) on, among other things, communications with the public, working with the voluntary sector, and developing neighbourhood care networks. The Mayor responded in [June](#) and officers provided a further update in [December](#). The committee may wish to continue monitoring progress with certain recommendations from this review.

10. Approving, monitoring and managing the work programme

- 10.1. In accordance with the Overview and Scrutiny Procedure rules outlined in the Council's constitution, each select committee is required to submit their annual work programme to the Overview and Scrutiny Business Panel. The Business Panel will meet in July 2018 to consider provisional work programmes and agree a co-ordinated Overview and Scrutiny work programme, which avoids duplication of effort and which facilitates the effective conduct of business.
- 10.2. The work programme will be reviewed at each meeting of the Committee. This allows urgent items to be added and items which are no longer a priority to be removed. Each additional item added should first be considered against the criteria outlined above. If the Committee agrees to add additional items because they are high priority, it must then consider which medium/low priority items should be removed in order to create sufficient capacity. The Committee has six scheduled meetings this municipal year and its work programme needs to be achievable in terms of the amount of meeting time available.
- 10.3. Previously, members of some committees have requested additional guidance about prioritising and managing their work programmes. In 2018-19 it will be particularly important for committees to closely manage their workloads and to ensure that all councillors (those that are new and those that are returning) are clear about the way in which each committee will operate

over the course of the year. The Council's constitution sets out the procedure rules for overview and scrutiny committees (see part IV, section E) however, the following issues have been noted as key areas for agreement in the 2014-18 administration:

- the length of meetings;
- the number of items scheduled for each meeting
- the order of items at meetings;

10.4. At each meeting of the Committee, there will be an item on the work programme presented by the Scrutiny Manager. When discussing this item, the Committee will be asked to consider the items programmed for the next meeting. Members will be asked to outline what information and analysis they would like in the report for each item, based on the outcomes they would like to achieve, so that officers are clear on what they need to provide. The discussion also provides the opportunity for the Committee to manage and prioritise its work programme for future meetings.

Length of meetings

10.5. Provision is made for Committee meetings to last for two and a half hours. If the items scheduled for the meeting are not completed within this time the Committee may decide suspend the Council's standing orders in order to complete Committee business. The Council's constitution also provides the option for meetings to be adjourned by the Chair until a later date (with limitations). The suspension of standing orders and any decision to adjourn a meeting are matters for members of the Committee and the Chair.

10.6. The length of each item at Committee meetings will vary based on a number of factors – including the complexity of the subject under scrutiny; the number of issues identified by members and the range of questions put to officers and guests.

The number of items scheduled for each meeting

10.7. The terms of reference of the Committee are broad and there are many areas of service delivery and budgetary management that the Committee could scrutinise. The prioritisation process set out above (at paragraph 6.2) is designed to help the Committee decide whether it should add items to its work programme.

10.8. Where the committee identifies issues of interest that are low priority because:

- they are not due to be reviewed by the Council;
- there are inadequate resources available to carry out the scrutiny effectively;
- the issue has recently been reviewed by others;

then members may wish to make a request to receive a briefing – or task the relevant scrutiny manager to identify sources of further information for circulation to the Committee by email in order to provide context for future discussions.

- 10.9. It is for members of the Committee to decide how many items should be scheduled for the meeting. However, giving consideration to the time available and the length of previous meetings of the Committee, Members may wish to schedule three items for each meeting, leaving space available for responses to consultations and other urgent business.

The order of items at meetings

- 10.10. The Council's standing orders require that the minutes of previous meetings, declarations of interest and responses to select committees from Mayor and Cabinet are considered as the first items on select committees' order of business. At the beginning of the municipal year – it is also necessary for a committee to decide on a chair and vice chair and to set a programme of business for the coming year at the earliest opportunity.
- 10.11. It has become standard practice for committees to consider items presented by guests and officers from partner organisations at the beginning of each agenda. This allows these speakers and presenters to be released from the meeting at the earliest opportunity.
- 10.12. The Committee has been asked to allocate a level of priority to each of the items on its work programme. Following the consideration of standing items and taking into account invitations to guests and external witnesses as well as the complexity and length of the reports on the agenda, work programmes are ordered by priority (from high to low).
- 10.13. Decisions about agreeing the order of business and changing the priority of items for discussion are made by the Chair, with the agreement of the Committee, where possible.

11. Financial Implications

- 11.1. There may be financial implications arising from some of the items that will be included in the work programme (especially reviews) and these will need to be considered when preparing those items/scoping those reviews.

12. Legal Implications

- 12.1. 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.

13. Equalities Implications

- 13.1. 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.

13.2. 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.

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

Background Documents

Lewisham Council's Constitution

Appendices

Appendix A – Committee's terms of reference

Appendix B – Provisional work programme

Appendix C – Local assembly priorities

Appendix D – Areas of the Council scrutinised by the Select Committee

Appendix E – Centre for Public Scrutiny criteria for selecting scrutiny topics

Appendix F – How to carry out reviews

Appendix G – End of administration review

Appendix H – Notice of forthcoming executive decisions

Appendix A

The following roles are common to all select committees:

(a) General functions

To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions

To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function

To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents

The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

(b) Policy development

To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate

To conduct research, community and/or other consultation in the analysis of policy options available to the Council

To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time

To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas

To question members of the Executive or appropriate committees and executive directors personally about decisions

To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented

To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance

To question and gather evidence from any person outside the Council (with their consent)

To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

To promote and put into effect closer links between overview and scrutiny members and the local community

To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people

To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.

To keep the Council's local ward assemblies under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary

To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters).

(e) Finance

To exercise overall responsibility for finances made available to it for use in the performance of its overview and scrutiny function.

(f) Work programme

As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every

member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.

The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

The Healthier Communities Select Committee has specific responsibilities for the following:

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time.
- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations.
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To review and scrutinise the Council's public health functions.

h) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:

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

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

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

Appendix B

Provisional Healthier Communities Select Committee Work Programme 2018-19

Healthier Communities Select Committee work programme 2018/19

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	27-Jun	04-Sep	09-Oct	03-Dec	16-Jan	11-Feb
Lewisham future programme	Standard item	High	CP9	Ongoing			savings			
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	June						
Select Committee work programme 2017/18	Constitutional req	High	CP9	June						
Sexual and reproductive health services	Standard item	Medium	CP9	June						
Draft sexual health strategy	Standard item	High	CP9	September						
Community-based care	Standard item	High	CP9	September						
Healthwatch annual report	Standard item	Medium	CP9	September						
Leisure centre contract	Standard item	Medium	CP9	September						
SLaM quality account	Standard item	Medium	CP9	September						
Lewisham and Greenwich NHS Trust Quality Account	Standard item	Medium	CP9	October						
Improving access to and provision of primary care	Performance monitoring	High	CP9	October						
Adult safeguarding annual report	Standard item	Medium	CP9	October						
Partnership commissioning intentions	Standard item	Medium	CP9	December						
Lewisham hospital update (systems resilience)	Performance monitoring	Medium	CP9	December						
Public health annual report	Standard item	Medium	CP9	January						
Social prescribing in-depth review update	Policy development	Medium	CP9	January						
Adult learning Lewisham annual report	Standard item	Medium	CP9	February						
Delivery of the Lewisham Health & Wellbeing priorities	Standard item	High	CP9	February						

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

Meetings					
1)	Tuesday	27 June	4)	Thursday	3 December
2)	Thursday	4 September	6)	Tuesday	16 January
3)	Thursday	9 October	7)	Thursday	11 February

Appendix C - Assembly priorities

Bellingham

- Children and young people.
- Older people's issues
- Community events and festivals
- The promotion and development of Bellingham as a community

Blackheath

- Environment and Community.
- Provision for Older people, Young People and Children
- Parking, Streets and Waste.
- Crime and Anti-Social Behaviour

Brockley

- Creating a high-quality living environment – improving our local living environment and making Brockley a safer, cleaner and greener place to live, work and learn
- Connecting communities – bringing Brockley residents together and fostering a sense of community spirit, mutual understanding and respect, through community projects, events and activities

Catford South

Improving the Catford South Environment

Parking, Idling and CPZs
Improving Cycling Provision
General traffic issues in Catford South
Supporting Local Air Quality Campaigns

Improving Catford South for Residents

Fly-tipping, Litter and Bins
Greening through planting trees and flowers
Noise nuisance
Street cleaning

Developing more activities for Children and You People in Catford South

Activity for Teenagers
Activity for Young Adults
Developing activity for under 5s
Activity for Children aged 6-12 years

Improving the Cultural offer in Catford South

Developing Community Events
Access to Theatre and Music
Night time offer for adults better
Access the Visual Arts Film

Increasing opportunities for Older People Catford South Community

Providing activities and events for older people
Dementia Friendly Community Work
Improving the health of Older People
Maintaining the Independence of older people

General things that matter to Catford South Residents

Volunteering Opportunities
Crime and Safety
Supporting Local Business
Employment and Training

Crofton Park

- Activities for older people
- Activities for younger people
- The environment
- Health and wellbeing
- Supporting community cohesion

Downham

- Cleaner, Greener, Safer Downham
- Older People & Intergenerational Projects
- Health & Wellbeing

Evelyn

- Provision for young people and children
- Provision for older people, people with disabilities and intergenerational activities
- Skills development and access to local employment opportunities
- Community support on anti-social behaviour, crime and drug issues
- Housing issues / developments and improving the built environment
- Community capacity building, cohesion and events.

Forest Hill

- Youth engagement and provision- looking for activities that will appeal and support new and existing schemes young people. These could include those that are Art, Music, Drama and Sports based. We are also keen to open up the criteria to include ideas around exciting intergenerational projects.
- Making Forest Hill more attractive - looking for proposals that will help to keep Forest Hill streets clean and appealing. This could include the planting of trees and flowers or a proposal that would increase street art or improve an area.
- Community events – looking for proposals around events that include celebrations, e.g Christmas or events that engage residents and local groups offering education and relevant information to the Forest Hill area, as well as being fun.
- Supporting local Traders – looking for proposals that could support and promote Forest Hill as a vibrant town centre and the Kirkdale area for local businesses.

Grove Park

- Improving the town centre
- Crime and antisocial behaviour
- Neighbourliness, community activities, events and cohesion
- Community facilities
- Parking, road safety & traffic calming

Ladywell

- Environment and landscape.
- Antisocial behaviour and crime.
- Local shops.
- Lack of youth and community facilities.
- Traffic.

Lee Green

- Safe healthy living – improving health services, crime reduction, improved environment, provision of outdoor spaces / exercise spaces, promote measures to reduce air pollution / promoting cleaner air.
- Roads and streets – road safety and traffic calming measures, road maintenance, cleaner streets, tree planting, rubbish collection, improved road use, provision of cycling tracks, addressing parking and CPZ issues.
- Leisure and amenities – improved parks and open spaces, more meeting spaces / community centres, provision of cycling tracks, improved shops, Leegate, provision of more local events.
- Services and infrastructure – better social housing, provision of jobs locally, more services for the elderly and young people, increased use and access to local use for recreational activities, more school spaces.

Lewisham Central

- Improving health and well-being.
- Cleaner, better environment.
- Better access to activities and facilities for children and young people.
- Better access to training and employment for all inhabitants of the ward.
- Promoting and improving community cohesion.

New Cross

- Unemployment and skills development
- Activities for older people and tackling social isolation
- Housing developments and the built environment
- Health, wellbeing and community safety

Perry Vale

- Children and Young People
- Unemployment and skills development
- Older people and intergenerational
- Crime and antisocial behaviour
- Environment and ecology

Rushey Green

- activities and opportunities for children (under 18) and young people (under 25)
- increasing opportunities for older people (55+)
- community cohesion – including events, activities and projects designed to create a sense of community in Rushey Green
- culture and the arts – with particular reference to improving the wellbeing of people in the Rushey Green Area
- improving your local area – including local 'streetscape', environment and ecology.

The Rushey Green Assembly is also committed to keeping residents informed about the ongoing improvements to Catford town centre.

Sydenham

- bringing our community together
- health and wellbeing
- vibrant high street
- clean and green
- crime and anti-social behaviour.

Telegraph Hill

- Unemployment and skills development
- Activities for older people
- Neighbourliness and tackling social isolation.
- Community safety, wellbeing and tackling anti-social behaviour.

Whitefoot

- Children, young people and youth work.
- Older people and transport.
- Creative arts (e.g. participatory art projects like storytelling, theatre, etc.)
- Healthy living, including fitness, wellbeing and mental health.
- Improved use in parks, play areas and green spaces

Appendix D – Further information about areas of the Council scrutinised by Public Accounts Select Committee

Chief Executive's Division

The Chief Executive leads the work of the Council's staff and is accountable for the overall effectiveness and efficiency of their work in delivering services and social results locally. He works closely with the directed elected Mayor and elected councillors to provide:

- **positive results** – setting the Council's management arrangements and practices to ensure effective and efficient delivery of services through well organised and motivated staff
- **strategic direction** – ensuring that the Mayor and Council's priorities and goals can be implemented through focused strategies, projects and programmes
- **policy advice** – acting as the principal policy adviser to the directed elected Mayor and elected councillors and securing best professional advice on all relevant matters in respect of the Council's functions and services
- **partnerships** – leading and developing effective partnerships at management level with other public agencies, private companies and local community organisations to achieve better public services and improved results for local people
- **operational management** – ensuring that the Council has the highest standards of achievement in financial and budgetary management; the management of service performance; the management of emergencies and risks generally; the management of suppliers; and the overall management of change and improvement within the Council.

Chief Executive – Ian Thomas

Policy and Governance

- **Policy** – supports the Council's purpose (promoting the social, economic and environmental well-being of the borough) and direction (progress towards socio-economic and environmental goals) through research, strategic planning, policy development and support along with a rigorous approach to performance management. This combination of functions helps to provide corporate assurance for both democratic decision-making and corporate management. The function is now incorporated within the Policy, Service Design & Analysis Hub.
- **Governance** – supports the work of the directly elected Mayor and Council in the discharge of both executive and overview & scrutiny functions, and also supports elected Members in fulfilment of their respective duties as ward representatives. The function seeks to ensure the efficient and effective discharge of statutory and constitutional responsibilities for the enhancement of

local democracy and public engagement.

- **Executive Support Office** – supports Executive Directors, Heads of Service and the Director and Service Managers in Children’s Social Care through PA, clerical and administrative support.

Head of Corporate Policy & Governance – Barrie Neal

Overview & Scrutiny Manager– Charlotte Dale

Business & Committee Manager – Kevin Flaherty

Service Group Manager, Policy Development and Analytical Insight – Paul Aladenika

Service Group Manager, Inter Agency Service Development & Integration
- Salena Mulhere

Executive Support Office Manager– Margaret Anderson

Strategy

- **Mayor & Cabinet Office** – provides organisational and executive support to the Mayor, Deputy Mayor and Cabinet to enable them to fulfil their leadership roles within the authority, across the community, regionally and nationally. They act as an interface between the political and managerial leadership of the Council, facilitating and managing the decision making process including sensitive and high level information, correspondence and casework directed to the Mayor & Cabinet. The Office also includes the Office of the Young Mayor, which supports Lewisham’s Young Mayor, Young Advisors, Young Citizens Panel, as well as other Youth Engagement activities across the authority and partners.
- **Communications** – delivers proactive and reactive communications to support the delivery of the Council’s corporate priorities. The team co-ordinates the Council’s online, media and marketing communications with the aim of engaging and influencing our residents, staff and stakeholders.
- **Strategy & Partnerships** – work on cross cutting projects where multiple partners are involved.

Head of Strategy – (vacant)

Head of Communications – (vacant)

Executive Manager, Mayor & Cabinet Office – (vacant)

Strategy & Partnerships Manager – Fenella Beckman

Community Services Directorate

The Community Services Directorate provides a range of both universal and targeted community based services and in particular provides support for vulnerable residents. The services provided by the Directorate seek to build independence and inter-dependence in local communities, strengthen the social fabric of the borough and promote the voice and the role of the voluntary and community sector. Its work links to the Sustainable Community Strategy's priorities of Safer, Healthy Active and Enjoyable, and Empowered and Responsible, and is delivered across 5 divisions:

- Adult Social Care
- Culture and Community Development
- Crime Reduction and Supporting People
- Joint Commissioning (Mental Health, Older Adults, Physical Disabilities and Procurement and Contracts)
- Public Health

Additionally the Directorate leads on the Council's strategic links and partnerships with Health partners, The Police, the London Probation Trust, the Voluntary and Community Sector, Cultural, Sport and Leisure partners.

Executive Director for Community Services – Aileen Buckton

aileen.buckton@lewisham.gov.uk

020 8314 8107

PA Leonie Reeves 020 8314 6304 (Sharon Gibbs on secondment)

Adult Social Care

Adult Social Care provides assessments, care, support and safeguards for those people aged 18 or over who have the highest level of need, and for their carers.

Head of Service – Joan Hutton - 020 8314 8364

joan.hutton@lewisham.gov.uk

PA Margaret Adade - 020 8314 8847

- **Joint Health and Social Care (Therapies)**

Lucy Carter – 020 8613 9204

- **Joint Health and Social Care**

Glynn Jones (secondment) – 020 3049 2647/020 8613 9212

- **Integrated Neighbourhoods Teams**

Kate Pottinger – 020 8314 8934

- **Learning Disabilities**

Linda Smith – 020 8314 8319

- **Safeguarding Quality Assessment (SQR)**

Brian Scouler – 020 8314 3246

- **Provider Services (Enablement, Linkine, Day Support and Special Duty)**

Michelle Oliver-Lockwood – 020 8690 7404

- **Service Manager, Service Development & Improvement**

Mary Farinha – 020 8314 9827

Culture and Community Development

The Culture and Community Development division leads and coordinates the Council's work with local communities. The division supports the 18 local assemblies giving a focus for community engagement and social action at a ward level. It also supports the Stronger Communities Partnership Board and the Positive Ageing Council, and provides the lead for the Council's relationship with the voluntary, community and faith sectors and organises Peoples Day and Blackheath Fireworks.

The division manages four directly provided libraries, nine community libraries, three Community Education Centres, the Broadway theatre and the two leisure centre contracts that support the network of sport and leisure facilities across the Borough. It supports and works to develop the sports and culture offer across the borough.

Head of Service – Liz Dart 020 8314 6115/James Lee 020 8314 6548 (job share)
liz.dart@lewisham.gov.uk / james.lee@lewisham.gov.uk
PA – Pauline Richards 020 8314 8637

- **Libraries, Information and Broadway Theatre**
Antonio Rizzo – 020 8314 8025
- **Broadway Theatre**
Carmel O'Connor – 020 8314 9471
- **Adult Learning Lewisham**
Gerald Jones – 020 8314 6189
- **Cultural and Community Development Service**
Community Enterprise – Winston Castello 020 8314 7729
Community Resources – Eric Mtungwazi (starts in mid February 2018)
Cultural Development (Arts & Sports) – Andy Thomas 020 8314 9996

Crime Reduction and Supporting People

The service aims to reduce crime, disorder and substance misuse in Lewisham in partnership with other agencies. Most of its functions involve the exercise of statutory responsibilities.

Head of Public Protection and Safety – Geeta Subramaniam-Mooney
020 8314 9569 geeta.subramaniam@lewisham.gov.uk
PA - Diana Moore - 020 8314 8561

- **Crime, Enforcement and Regulation Service**
ASB, Licensing, Trading standards, Statutory nuisance, Serious Violence, PREVENT and counter extremism, Violence against Women and Girls, Hate crime, Organised Crime and CCTV

Gary Connors – 020 8314 9773

- **Prevention, Inclusion and Public Health Commissioning**

Drugs, Alcohol, Supported Accommodation and Public Health (adult services) commissioning

James Lee – 020 8314 6548

- **Youth Offending Service**

Working with children in the criminal justice system to prevent and reduce offending

Keith Cohen – 020 8314 9884

- **Environmental Health**

Food safety and standards, Environmental Protection including strategic air quality, Commercial health and safety

David Edwards – 0208 314 2108

Joint Commissioning

The Joint Commissioning Team is responsible for the commissioning of health and social care services across Lewisham for vulnerable adults including people with mental health problems, people with learning disabilities, older adults and people with a physical disability. This arrangement is supported by a legal agreement between the Local Authority and Lewisham CCG.

Head of Service – Dee Carlin - 8314 9863

dee.carlin@nhs.net

PA – Sylvia Whitehead 020 8314 4648

- **Joint Commissioning Lead for Complex Care and Learning Disabilities**

Heather Hughes – 020 8698 8133

- **Joint Commissioning Lead for Community Support and Care**

Corinne Moccarme – 020 8314 3342

- **Joint Commissioning Lead for Mental Health**

Kenneth Gregory – 020 8314 9860

Public Health

Public Health is concerned with the overall health and wellbeing of populations and communities. Its work involves identifying health risks and developing plans and programmes to improve the health of the population as a whole.

All local Lewisham public health functions, including the commissioning of relevant

services, became the responsibility of the London Borough of Lewisham in April 2013. The Public Health Division, the members of which moved to the Council as part of this change, is responsible for the majority of public health functions that were previously the responsibility of the local NHS. Other local public health functions, those that remained within local government when responsibilities were divided in 1974, are the responsibility of several teams and are usually delivered by environmental health officers employed by the Council.

Director of Public Health – Danny Ruta 020 8314 8637

danny.ruta@lewisham.gov.uk

PA – Pauline Richards 020 8314 8637

- **Cardio-Vascular Disease (CVD), NHS Health Checks, Primary Care and Community Development**

Frances Fuller, Public Health Strategist – 020 8314 7543

- **Health Protection, Smoking**

Dr Aslam Baig, Public Health Strategist – 020 8314 9369

- **Obesity and Physical Activity**

Gwenda Scott – Public Health Strategist – 020 8314 9108

- **Children’s and Young People’s Health, Sexual Health ,**

Vacant

- **Maternal & Infant Health**

Pauline Cross, Public Health Midwife Consultant – 020 8314 2065

- **Mental Health, Substance Misuse**

Dr Catherine Mbema, Public Health Consultant – 020 8314 3927

- **Population Health & Wellbeing Intelligence**

Trish Duffy – Health Intelligence Manager - 020 8314 7790

Appendix E – Criteria for selecting topics

The Centre for Public Scrutiny (CfPS) has developed a useful set of questions to help committees prioritise items for scrutiny work programmes:

General questions to be asked at the outset:

- is there a clear objective for scrutinising this topic – what do we hope to achieve?
- does the topic have a potential impact for one or more section(s) of the population?
- is the issue strategic and significant?
- is there evidence to support the need for scrutiny?
- what are the likely benefits to the council and its customers?
- are you likely to achieve a desired outcome?
- what are the potential risks?
- are there adequate resources available to carry out the scrutiny well?
- is the scrutiny activity timely?

Sources of topics

The CfPS also suggest that ideas for topics might derive from three main sources: the public interest; council priorities; and external factors. These are described below.

Public interest

- issues identified by members through surgeries, casework and other contact with constituents
- user dissatisfaction with service (e.g. complaints)
- market surveys/citizens panels
- issues covered in media

Internal council priority

- Council corporate priority area
- high level of budgetary commitment to the service/policy area (as percentage of total expenditure)
- pattern of budgetary overspend
- poorly performing service (evidence from performance indicators/ benchmarking).

External Factors

- Priority area for central government
- new government guidance or legislation
- issues raised by External Audit Management Letters/External Audit Reports
- key reports or new evidence provided by external organisations on key issue

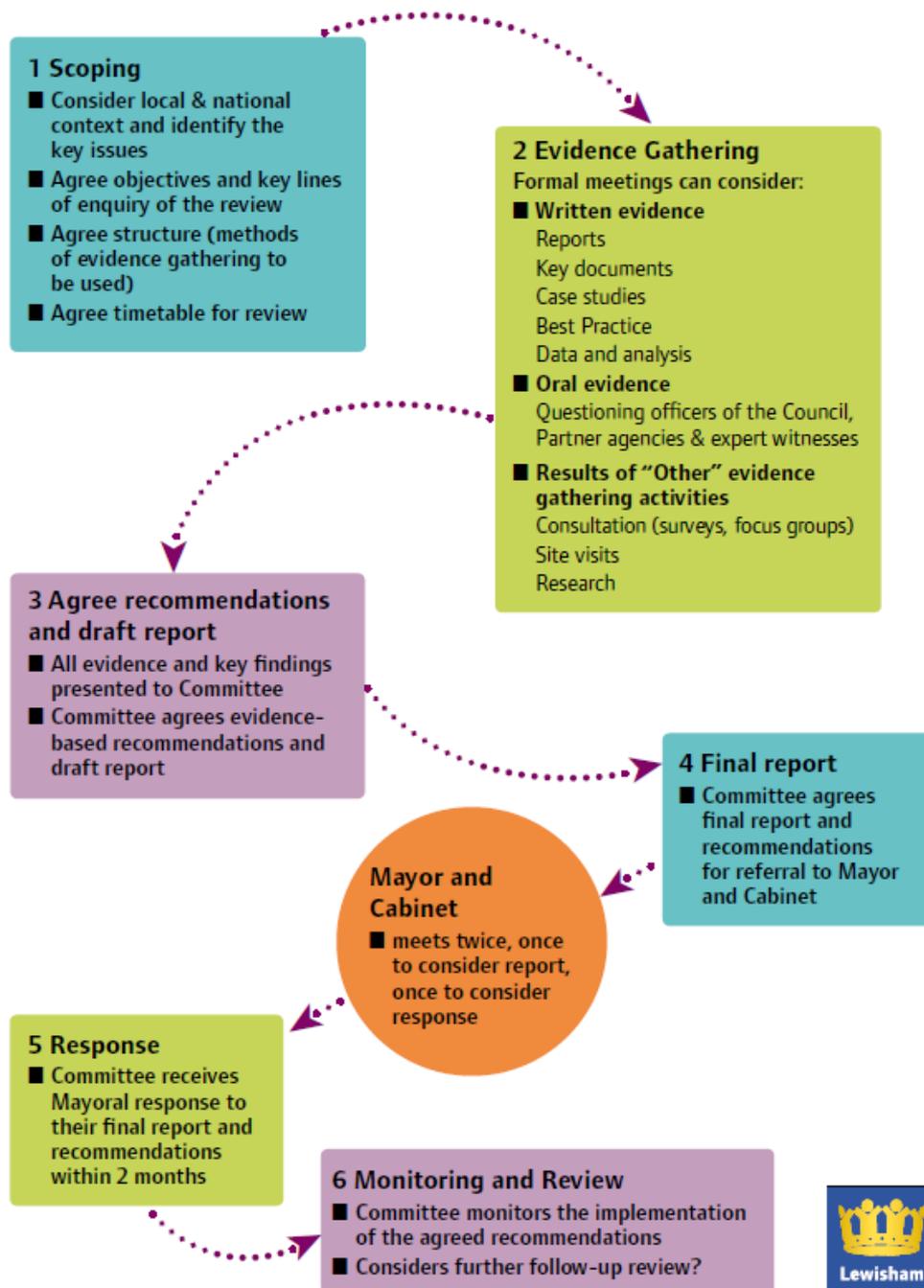
Criteria to reject items

Finally, the CfPS suggest some criteria for rejecting items:

- issues being examined elsewhere - e.g. by the Cabinet, working group, officer group, external body
- issues dealt with less than two years ago
- new legislation or guidance expected within the next year
- no scope for scrutiny to add value/ make a difference
- the objective cannot be achieved in the specified timescale

Appendix F

How to carry out an in-depth review



Healthier Communities Select Committee work programme 2018/19

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	27-Jun	04-Sep	09-Oct	03-Dec	16-Jan	11-Feb
Lewisham future programme	Standard item	High	CP9	Ongoing			savings			
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	June						
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	Item completed
	Item on-going
	Item outstanding
	Proposed timeframe
	Item added

Meetings					
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2)	Thursday	4 September	6)	Tuesday	16 January
3)	Thursday	9 October	7)	Thursday	11 February

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FORWARD PLAN OF KEY DECISIONS

Forward Plan July 2018 - October 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. However the deadline will be 4pm on the working day prior to the meeting.

A “key decision”* means an executive decision which is likely to:

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

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
December 2017	Oracle Financials archiving	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Memorandum of Understanding with Veolia on Heat Network Development	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Instrument of Government Torridon Primary School	06/06/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and		
May 2018	Community Infrastructure Levy Preliminary Draft Charging Schedule	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Substance Misuse Detoxification Contract Award Adults	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Janet Daby		
May 2018	Sydenham Park Footbridge - asset Protection Agreement with NR to replace Bridge Span	19/06/18 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Permission to consult on designation and adoption Christmas Estate Conservation Area, Article 4 direction and appraisal	27/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
January 2018	CRPL Business Plan	27/06/18 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		
September 2017	Agreed Syllabus Review	27/06/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin		
May 2018	Annual Lettings Plan 2018/19	27/06/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		
May 2018	Deptford Southern Housing Sites	27/06/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
May 2018	School Minor capital Works Programme 2018/19	27/06/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Catford Regeneration Programme Appointment of Masterplanner	27/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Mayor Damien Egan, Mayor		
May 2018	Financial Outturn 2017/18	27/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Laurence House Building	10/07/18	Janet Senior, Executive		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
	Management System Upgrade Contract award	Overview and Scrutiny Business Panel	Director for Resources & Regeneration and Councillor Alan Smith		
May 2018	Capita CST Contract	10/07/18 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and		
June 2018	Ethical Care Charter	11/07/18 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
May 2018	Financial Forecasts 2018/19	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Amanda De Ryk, Cabinet Member for Finance, Skills and Jobs (job share)		
June 2018	20mph Boroughwide Speed Limit Update on Progress	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Sophie McGeevor, Cabinet Member for Parks, Neighbourhoods and Transport (job share)		
January 2018	Corporate water supplies	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Jonathan		

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
			Slater, Cabinet Member for Community Sector		
May 2018	Excalibur Phase 3 Land assembly Parts 1 & 2	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
May 2018	Medium Term Financial Strategy	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Amanda De Ryk, Cabinet Member for Finance, Skills and Jobs (job share)		
May 2018	CAMHS Savings	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and		
May 2018	New Homes Programme	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
January 2018	Council Tax discretionary discount review update	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Amanda De Ryk, Cabinet Member for Finance, Skills and Jobs (job share)		

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
February 2018	Secretary of State Approval Milford Towers lease	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith		
May 2018	Contract award for SEND Projects Phase 1	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Oracle Cloud Phase 2	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
June 2018	Lewisham Homes Governance Update	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
June 2018	Fostering Statement of Purpose	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School 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
June 2018	Adoption Statement of Purpose	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Gypsy and Traveller Local Plan	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Amendments to the Constitution	18/07/18 Council	Kath Nicholson, Head of Law and		
May 2018	Agreed Syllabus Review and Syllabus Launch	18/07/18 Council	Sara Williams, Executive Director, Children and Young People and		
May 2018	Community Infrastructure Levy Preliminary Draft Charging Schedule	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	CRPL Business Plan 2018/19	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Audit of Annual Accounts	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
June 2018	Members Remuneration	18/07/18 Council	Kath Nicholson, Head of Law and Mayor Damien Egan, Mayor		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
May 2018	Contract Award Lewisham Library Roof	24/07/18 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Demolition Contract Award for SEND school expansion projects	24/07/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin		
May 2018	Stillness School Kitchen and Dining Hall Contract	24/07/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
June 2018	Contract Award New Woodlands School	24/07/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Lewisham Homes Business Plan	19/09/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		
May 2018	Lewisham Park CAA and Article 4 Direction	19/09/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	2 PCSA Contract Awards for	02/10/18	Sara Williams, Executive		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
	Stage 1 of two SEND school expansion projects	Overview and Scrutiny Education Business Panel	Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Demolition Contract Award for SEND School Expansion Projects	02/10/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Secretary of State Approval Milford Towers	03/10/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Response to Lewisham Poverty Commission	10/10/18 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

Overview and Scrutiny

Healthier Communities Select Committee end of administration report

Spring 2018

Membership of the Healthier Communities Select Committee 2014-18:

2014-15

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Bill Brown
Councillor Ami Ibitson
Councillor Alicia Kennedy
Councillor Jacq Paschoud
Councillor Pat Raven
Councillor Joan Reid
Councillor Alan Till

2015-16

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Ami Ibitson
Councillor Jacq Paschoud
Councillor Pat Raven
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise

2016-17

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Ami Ibitson
Councillor Jamie Milne
Councillor Jacq Paschoud
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise

2017-18

Councillor John Muldoon (Chair)
Councillor Susan Wise (Vice-Chair)
Councillor Paul Bell
Councillor Peter Bernards
Councillor Colin Elliot
Councillor Sue Hordijkeno
Councillor Stella Jeffrey
Councillor Olurotimi Ogunbadewa
Councillor Jacq Paschoud
Councillor Joan Reid

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Chair's Introduction



Lewisham Council's Latin motto is generally rendered in English as "The welfare of the people is the highest law". So, it follows that we, as a Council, pay heed to how well the health needs of our people are met, and how partnerships between the diverse stakeholders are validated and empowered to deliver the best they can.

The reader will note that the remit of HCSC encompasses more than just health and social care services. In the limited space I have here, I hope I will be forgiven for focussing on health services. I perceive these as being under great threat from a Government wedded to austerity. The last administration saw Lewisham Council succeeding in its Judicial Review of the Health Secretary's plan to cut services at Lewisham Hospital. This administration saw the "Our Healthier South East London" NHS strategic plan morphing into the controversial Sustainability and Transformation Plan. So, the six South East London boroughs marshalled their resources to establish a Joint

Health Overview & Scrutiny Committee. A main area of contention was the Department of Health's initial intention to provide elective orthopaedic services (such as hip replacements) on two sites (excluding Lewisham Hospital). The JHOSC recommended a three site model, which would safeguard those services at Lewisham Hospital which were contingent on retaining elective orthopaedics. Fortunately, the STP programme board accepted the JHOSC request for a three site model. Two other JHOSCs were established engaging Croydon, Lambeth, Southwark & Lewisham Councils to scrutinise plans by South London and Maudsley NHS Foundation Trust to re-provide Places of Safety and to reconfigure mental health services for older adults.

I thank those Council officers who have supported the Committee from within the scrutiny team, involving attending meetings across London, sometimes in the early morning, often extending to late night. I thank the Council's managers, both for contributing to work programme planning and as witnesses and report writers. I am obliged to DH officials and to local NHS officials and governing body members, both commissioners and providers, for their willingness to engage and for their attendances at Committee. I am grateful to those representatives of Healthwatch and community organisations who have devoted time & energy to attending Committee, for their research and for giving evidence both oral & written.

I must also pay tribute to those Council officers who have gone beyond the call of duty in shouldering the burden of administering the London Scrutiny Network since I was elected as its chair three years ago. The Network has grown by bounds and leaps, hosting a major conference in January 2018. Its theme was how best all strands of government can work together to maximise the impact and value of scrutiny, truly engendering parity of esteem with the executive arm. The Network "spun off" the Pan-London JHOSC Forum, a regular meeting of representatives of London JHOSCs. The Forum permits JHOSCs to share experience and knowledge, recognising that patients receive health services from providers across London, not just from within the borough where they live.

Finally, I thank those Councillors who have served on the Committee during this administration, and to Cllrs Jeffrey and Wise for their contributions and counsel as vice-chairs.

A handwritten signature in blue ink, appearing to read "John Muldoon". The signature is fluid and cursive, written on a white background.

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

1. Introduction

- 1.1. Lewisham has 54 Councillors, representing 18 wards. Lewisham also has an executive mayor, who is elected by the whole borough.
- 1.2. Nine of Lewisham's Councillors are chosen by the Mayor to form his Cabinet.
- 1.3. 45 non-executive councillors are all members of the Overview and Scrutiny Committee. The Committee usually met four times in each year of this administration to consider cross cutting issues of strategic importance. Members of the Overview and Scrutiny Committee also form six select committees, which take on the responsibilities of the Overview and Scrutiny Committee for specific areas of work. In this administration, there have been six standing select committees, each has usually met eight times a year:
 - Children and Young People Select Committee
 - Healthier Communities Select Committee
 - Housing Select Committee
 - Public Accounts Select Committee
 - Safer Stronger Communities Select Committee
 - Sustainable Development Select Committee
- 1.4. This report provides a short summary the activities and achievements of the Healthier Communities Select Committee in the 2014-18 administration.
- 1.5. The Healthier Communities Select Committee has a responsibility for reviewing and developing policy in relation to environmental issues and infrastructure, as well as holding decision makers to account and monitoring the Council's performance. Throughout the course of this administration, the Committee has allocated time to respond to emerging issues and to review issues in depth. Each of the sections below sets out how the Committee has fulfilled its responsibilities over the past four years.
- 1.6. Over the course of the administration, the Committee has asked hundreds of questions of Council officers, guests and decision makers. It also has a formal option to send its views to the Council's executive Mayor and Cabinet through the use of referrals – to which the Executive is obliged to provide a written response. A summary of these referrals is included as an appendix to this report.

2. Overview

2.1. Meetings

- The Committee met six times in 2014-15.
- It met eight times in 15-16, 16-17 and 17-18.
- In all there were 31 Committee meetings in 2014-18.
- The Committee made 3 referrals to Mayor and Cabinet, 2 referrals to the Health and Wellbeing Board, and submitted its comments to local health partners on a number of occasions.

2.2. Terms of reference

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time.
- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations.
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee.
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:

- people with learning difficulties
 - people with physical disabilities
 - mental health services
 - the provision of health services by those other than the Council
 - provision for elderly people
 - the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
 - lifelong learning of those aged 19 years or more (excluding schools and school related services)
 - Community Education Lewisham
 - other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

2.3. Leadership

2.4. Councillor John Muldoon has been the Chair of the Select Committee for the past four years. There have been two Vice Chairs: Councillor Stella Jeffrey and Councillor Susan Wise.

2.5. Deciding on the work programme

2.6. At the beginning of each year of the administration, the Committee considered a range of topics for its upcoming work programme. This was comprised of:

- items the Committee was required to consider by virtue of its terms of reference;
- issues of importance to residents;
- the capacity for adding items to each meeting;
- suggestions already put forward by Members;
- issues arising from previous scrutiny;
- follow up to Committee referrals and reviews.

2.7. The Committee considered, discussed and prioritised the work programme using:

- the context for setting the work programme and advice from officers;
- criteria for selecting and prioritising topics developed from best practice.

2.8. At the end of each meeting the Committee reviewed the programme for upcoming meetings and decided on how the topics it had identified should be scrutinised. The Committee agreed at each meeting which items just required an information report to be provided to the Committee and which others required performance monitoring data or analysis to be presented. Typically, the majority of items took the form of single meeting items, where members:

- (a) agreed what information and analysis they wished to receive in order to achieve their desired outcomes;
- (b) received a report presenting that information and analysis;
- (c) asked questions of the presenting officer or guest;
- (d) agreed, following discussion of the report, whether the Committee would make recommendations or receive further information or analysis before summarising its views.

2.9. Guests at Committee meetings

2.10. There have been more than 60 guests, experts and witnesses for reviews at the Committee's meetings in this administration. They attended to give their views on issues of importance, or to provide the Committee with information or analysis about a specific topic. The Cabinet Member for Community Services and the Mayor have also attended committee meetings to answer questions about the overarching vision for a policy - or to answer questions about the delivery of a service.

Date	Name	Organisation	Item attended in relation to
26-Apr-17	Colin Stears	Central Lewisham Care Partnership	Primary care update
27-Apr-17	Dr Prad Velayuthan	ICO Health Group	Primary care update
28-Apr-17	Dr Simon Parton	South Lewisham Group Practice	Primary care update
29-Apr-17	Rylla Baker	New Cross Health Centre	Primary care update
20-Jul-17	Diana Braithwaite	Lewisham Clinical Commissioning Group	Urgent care review - New Cross walk-in centre
20-Jul-17	Belinda Regan	Lewisham and Greenwich NHS Trust	LGT Quality Account
20-Jul-17	Professor Michael Preston-Shoot	Lewisham Safeguarding Adults Board	Adult safeguarding introduction
12-Sep-17	Jacky Bourke-White	Age UK Lewisham and Southwark	Social prescribing in-depth review
12-Sep-17	Folake Segun	Healthwatch Lewisham	Healthwatch annual report
01-Nov-17	Diana Braithwaite	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
01-Nov-17	Belinda Regan	Lewisham and Greenwich NHS Trust	LGT CQC inspection
01-Nov-17	Lee McPhail	Lewisham and Greenwich NHS Trust	LGT systems resilience (winter pressures)
01-Nov-17	David Abrahams	Lewisham CCG	NHS Walk-in Centre
01-Nov-17	Debbie March	Lewisham CCG	NHS Walk-in Centre
01-Nov-17	Simon Parton	Lewisham Local Medical Committee	NHS Walk-in Centre
06-Dec-17	Charmaine Binns	Community Connections	Social prescribing in-depth review
06-Dec-17	Simon Parton	Lewisham Local Medical Committee	Social prescribing in-depth review
06-Dec-17	Michael Munson	Bromley and Lewisham Mind	Social prescribing in-depth review
06-Dec-17	Roz Hardie	Lewisham Disability Coalition	Social prescribing in-depth review
07-Feb-18	Marc Rowlands	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
07-Feb-18	Simon Parton	Lewisham Local Medical Committee	NHS Walk-in Centre
07-Feb-18	Diana Braithwaite	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
07-Feb-18	Vanessa Smith	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Helen Kelsall	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Elaine Rumble	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Rose Hombo	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections

08-Feb-18	Paula Eaton	Care Quality Commission	CQC care home inspections
2016/17			
18-May-16	Dr Hugh Jones	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	David Norman	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Mary O'Donovan	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Amanda Pithouse	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Folake Segun	HealthWatch Bromley and Lewisham	Polish and Tamil communities' access to health
18-May-16	Sarah Wainer	Lewisham CCG	Health and social care integration
28-Jun-16	Andrew Billington	London Borough of Lambeth	HIV Services
28-Jun-16	Michelle Binfield	London Borough of Lambeth	HIV Services
28-Jun-16	Jane Evans	Lewisham and Greenwich NHS Trust	LGT quality accounts
28-Jun-16	Martin Wilkinson	Lewisham CCG	HIV Services
13-Sep-16	Tim Higginson	Lewisham and Greenwich NHS Trust	Health and social care integration
13-Sep-16	Tony Read	Lewisham CCG	Health and social care integration
13-Sep-16	Brian Fisher	Save Lewisham Hospital	Public health savings
18-Oct-16	Lee McPhail	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
18-Oct-16	Harvey McEnroe	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
18-Oct-16	James Archer	Public World	Health and social care integration
18-Oct-16	Susan Underhill	Age UK Lewisham and Southwark	Health and social care integration
18-Oct-16	Camilla Biggs	Age UK Lewisham and Southwark	Health and social care integration
18-Oct-16	Clive Grimshaw	London Councils	Health and social care integration
18-Oct-16	Fiona Grimshaw	Local Government Association	Health and social care integration
24-Nov-16	Harvey McEnroe	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
24-Nov-16	Marc Rowland	Lewisham CCG	Sustainability and Transformation Plans
24-Nov-16	Sussanah Masters	Lewisham CCG	Partnership commissioning intentions
12-Jan-17	Roz Hardie	Lewisham Disability Coalition	Health and social care integration
12-Jan-17	Nigel Bowness	Healthwatch Bromley and Lewisham	Health and social care integration
12-Jan-17	Cathy Ahley	Lewisham Pensioners' Forum	Health and social care integration
12-Jan-17	Marc Rowland	Lewisham CCG	Health and social care integration
12-Jan-17	Ashley O'Shaughnessy	Lewisham CCG	Health and social care integration
12-Jan-17	Colin Stears	St Johns Medical Centre	Health and social care integration
12-Jan-17	Simon Parton	Lewisham LMC	Health and social care integration
12-Jan-17	Roz Hardie	Lewisham Disability Coalition	Health and social care integration
2015/16			

25-Jun-15	Tony Nickson	Voluntary Action Lewisham	Healthwatch annual report 2014-15
26-Jun-15	Linda Gabriel	Healthwatch Bromely and Lewisham	Healthwatch annual report 2014-16
09-Sep-15	Ian Brandon	Care Quality Commission	CQC update
09-Sep-15	Simon Parton	Lewisham Local Medical Committee	Scoping Paper GP Do Not Attends
09-Sep-15	Diana Braithwaite	Lewisham CCG	Scoping Paper GP Do Not Attends
14-Oct-15	Martin Wilkinson	Lewisham CCG	Briefing Health and Adult Social Care Integration
14-Oct-15	Tim Higginson	Lewisham and Greenwich NHS trust	Briefing Health and Adult Social Care Integration
12-Nov-15	Susanna Masters	Lewisham CCG	Draft Partnership Commissioning Intentions
08-Dec-15	Tony Read	Lewisham CCG	The state of the local health economy
08-Dec-15	David Norman	South London and Maudsley NHS Foundation Trust	The state of the local health economy
08-Dec-15	Zoe Reed	South London and Maudsley NHS Foundation Trust	The state of the local health economy
08-Dec-15	Lynn Saunders	Lewisham and Greenwich NHS Trust	The state of the local health economy
08-Dec-15	Colin Stears	St John's Medical Centre	The state of the local health economy
02-Mar-16	David Norman	South London and Maudsley NHS Foundation Trust	CQC Compliance Inspection Results and actions
02-Mar-16	Amanda Pithouse	South London and Maudsley NHS Foundation Trust	CQC Compliance Inspection Results and actions
02-Mar-16	Folake Segun	Healthwatch Bromley and Lewisham	Vietnamese Community Access to Services
2014/15			
16-Jul-14	Roland Sinker	King's College Hospital	King's elective service proposals
16-Jul-14	Paul Donohoe	King's College Hospital	King's elective service proposals
16-Jul-14	Fran Bristow	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Steve Davidson	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Hugh Jones	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Miriam Long	Lewisham Healthwatch	Healthwatch annual report
21-Oct-14	Rachel Braverman	Lewisham citizens advice bureau	Lewisham Future Programme
22-Oct-14	Susan Smith	Lewisham Mental Health Connection	Lewisham Future Programme
02-Dec-14	Kevin Brown	London Ambulance Service	Emergency Services Review: update
03-Dec-14	Graham Norton	London Ambulance Service	Emergency Services Review: update
04-Dec-14	Rita Craft	Campaign in Lewisham for Autism Spectrum Housing	Autism Strategy
05-Dec-14	Fran Bristow	South London and Maudsley NHS Foundation Trust	Community healthcare review update
14-Jan-15	Jemma Gilbert	NHS England	Primary Care Strategy
15-Jan-15	Jackie McLeod	Lewisham Clinical Commissioning Group	Primary Care Strategy
16-Jan-15	Nick O'Shea	Lewisham Mencap	Future of daycare services
17-Jan-15	Helen Kelsall	South London and Maudsley NHS Foundation Trust	Adult social care service changes

3. Policy development

3.1. One of the Committee's important functions is to lead on the development of emerging Council policy and to make recommendations to Mayor and Cabinet with Committee views, recommendations, concerns and endorsements. The Committee has scrutinised the development of a broad range of Council policies and strategies over the past four years, some notable examples include:

3.2. Health and social care integration

3.3. The integration of health and adult social care has been a significant focus of the committee over the administration. The committee has scrutinised and received regular updates on number of local key projects related to integration. This includes the development of Neighbourhood Care Networks, Health Devolution and the One Public Estates programme, the Our Healthier South East London (OHSEL) programme and the southeast London Sustainability and Transformation Plan (STP). The committee has also received a number of updates on the Lewisham Adult Integrated Care Programme and expressed its support for the aims of the programme. The committee has regularly noted the importance of risk stratification to identifying people most at risk of hospital admission.

3.4. In 2016/17 the committee carried out an in-depth review of integration in Lewisham. The committee expressed its support for the model of community-based care being developed, but noted that Lewisham should not seek to replicate another model. The committee also stressed the importance of communicating to residents in advance the changes that will come with closer integration. In March 2017 the committee agreed the final report and recommendations. The committee received an update in December 2017 where it was informed that Lewisham Health and Care Partners (LHCP) had now agreed a vision for community-based care, which will be communicated more widely, and appointed a communications and engagement lead to support this work.

Overview and Scrutiny

Health and adult social care integration

Healthier Communities Select Committee
March 2017



Membership of the Healthier Communities Select Committee
in 2016/17

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Sue Hordjenko
Councillor Jamie Milne
Councillor Jacq Paschoud
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise



3.5. The committee has received a number of updates on OHSEL and the southeast London STP over the course of the administration. The Chair of the Select Committee and the the Chair of Overview and Scrutiny both also sit on the 6-borough OHSEL Joint Health Overview and Scrutiny Committee. Both Chairs have regularly met senior managers of local trusts in order to engage while proposals are

being considered. Notes of these meetings were published in the agenda papers of later meetings of the committee. The committee has recognised that the OHSEL strategy is ambitious, but that without the changes proposed the delivery of healthcare in Lewisham would become increasingly financially difficult. The committee has also stressed the importance of the consultation process and ensuring that everyone who wants to contribute is able to do so.

3.6. Joint Health Overview and Scrutiny Committees

3.7. The Chair of the Healthier Communities Select Committee, Councillor Muldoon, alongside the Chair of Overview and Scrutiny, Cllr Hall, has sat on three Joint Health Overview and Scrutiny Committees (JHOSCs) over the course of this administration. This includes the Our Healthier South East London (OHSEL) JHOSC, mentioned above.

3.8. JHOSCs are established in order to scrutinise changes with the potential to affect more than one borough and provide a forum for councillors from those boroughs affected to represent the views of their respective areas. The OHSEL JHOSC was established to consider and respond to the proposals from the OHSEL programme for the reconfiguration of health services in south east London – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The JHOSC has met seven times since its inception in February 2016. Following strong representation from the committee on proposals to consolidate elective orthopaedic care onto two sites across south east London, the OHSEL programme agreed to test a orthopaedic clinical network across the existing three sites.

3.9. Councillor Muldoon and Councillor Hall have both also sat on two JHOSCs focused on proposals from the South London and Maudley NHS Foundation Trust (SLaM). The first on these considered the proposed consolidation of SLaM's existing "Places of Safety" to one site in Denmark Hill. The second JHOSC considered proposals to reconfigure mental health service for older adults across Lewisham, Southwark, Lambeth and Croydon. The Places of Safety JHOSC met twice and made a series of recommendations to improve the engagement and consultation process. The mental health of older adults JHOSC met for the first time in 2017 and made a series of recommendations to SLaM on clearly communicating the detail of the changes to patients, carers and the community so that people are able to make informed decisions about their care. The mental health of older adults JHOSC is expected to meet again in mid 2018.

3.10. Social prescribing in Lewisham

3.11. In 2017/18 the committee agreed to hold an in-depth review into social prescribing in Lewisham. Social prescribing is part of local health and care partners' increasing focus on prevention, early action and supporting an individual's wider health and wellbeing. The review set out to assess the extent of social prescribing in Lewisham, the evidence of effectiveness and partners' plans for the future. The committee held two evidences sessions with a range of witnesses including council and CCG officers and local voluntary and community sector stakeholders. The committee expressed its support for the aims of the social prescribing programmes in Lewisham and recognised the benefits of further social prescribing in Lewisham,

among GPs in particular. It also discussed building an evidence base for social prescribing interventions and addressing the gaps in coverage, particularly for young adults with learning disability.

3.12. Transition from children's to adult social care

3.13. The steps being taken to improve the transition process from children's and potentially to adult social care has been a key focus of the committee over the administration. The committee has received regular updates on the council's work in this area and members of the Children and Young People Select Committee have been invited to attend each time this issue has been considered by the committee. In 2015/16 the committee made a referral to Mayor and Cabinet about its views on the transition process and the need for transitional support where children are not eligible for adult social care upon reaching adulthood. The response from Mayor and Cabinet outlined the key areas of development as part of the preparing for adulthood agenda, including support for young people who do not meet the eligibility criteria for Adult Services. The committee has since continued to regularly monitor developments in this area.

4. Performance monitoring

4.1. The Committee allocated a significant part of its work programme in this administration to performance monitoring. The Committee's performance monitoring scrutiny takes a number of different forms. It might include challenging decision makers on the decisions they have taken or include scrutiny of service delivery in a particular area. Some examples are:

4.2. Lewisham Hospital

4.3. The committee has regularly examined the work of Lewisham and Greenwich NHS Trust (LGT) and the performance of Lewisham Hospital over the previous four years, receiving regular updates on its plans and performance and taking evidence from a number of senior managers at the trust. The committee has been invited to comment on the trust's quality accounts and planning for winter pressures, and carefully scrutinised the findings of CQC inspections.

4.4. The committee has commended the work of LGT and Lewisham Hospital in a number of areas, including the performance of specialist palliative care, the improvements made in patient discharge, and the CQC rating of "outstanding" for community services in Lewisham. It has also asked robust questions in relation to some of the findings of CQC inspections, and expressed its concern about staff recruitment and uncertainty in the wider NHS.



4.5. Lewisham CCG

4.6. The performance and plans of Lewisham CCG have regularly been scrutinised by the committee. The committee has been invited to comment on changes to primary care services in the borough, the CCG's long-term commissioning plans, and a number of other significant proposals.

4.7. The committee has welcomed the CCG's intention to move towards more prevention and outcome-based commissioning, and has noted that the greater use of technology has the potential to reduce costs and help people better manage their health and care.

4.8. The committee also closely monitored the CCG's consultation on the future of the Walk-in Centre at New Cross. The committee was asked to comment of the CCG's plans for consultation and, later, the results of that consultation. During this process, the committee took evidence from senior leaders at the CCG, ward councillors, and local campaign groups. The committee expressed concern about the confusion among some residents about the various ways of accessing GP services and sought reassurance that patients would be offered the GP extended hours service by their local GP practice if they are unable to get an appointment.



4.9. Healthwatch

4.10. The committee has established an effective working relationship with Healthwatch during this administration. The committee worked closely with Healthwatch to run a series of engagement events as part of the committee's review of health and care integration, and a representative of Healthwatch Lewisham regularly attends and contributes to committee meetings. The committee has received regular updates on the work of Healthwatch, including their annual reports and a number of reports on the findings of their ongoing engagement work.



5. Future challenges

- 5.1. Since 2010, Lewisham Council has delivered savings of £160m, at the same time as reorganising services and meeting increased demand. A further £4.8m of savings have been proposed for 2018/9, and in the years to 2020 further savings of around £35m will be required. This brings total savings since 2010 to almost £200m.
- 5.2. Savings are however becoming more difficult to achieve and the Council's reserves have been used to balance to budget for the past four years. Projections for the end of the 2017/18 financial year are an overspend £13m, with more than half of this amount relating to savings that have been agreed but not delivered.
- 5.3. Officers anticipate that post 2020 approximately £10m per year of savings will be required. As scrutiny committees devise their work programmes for the 2018-22 administration, they will need to give close consideration to the areas of Council spending within their remit.
- 5.4. For the Healthier Communities Select Committee this includes the smarter and deeper integration of social care and health, which has been identified as a source of significant savings. The largest part of spending in this areas relates to the delivery of adult social care services for frail, disabled and other vulnerable adults. Planned savings in this area are dependent on a number of factors, including the delivery of extra-care housing schemes, effective care planning, managing commissioning and market stability, and service reorganisations to take advantage of digital transformation. There is currently a savings gap for 2018/19 of £6.1m for this area.
- 5.5. The committee has closely monitored developments in this area over the course of the last administration, including the development of neighbourhood care networks and admission avoidance and hospital discharge services. In 2016/17 the committee also carried out an in-depth review into the adult integration care programme in Lewisham (see above). This is likely to continue to be a significant area of focus for the committee for the 2018-22 administration, particularly as plans for closer integration of health services across the whole of south-east London continue to be developed through the Sustainability and Transformation Plan process.
- 5.6. The integration of health and social care work strand now excludes changes to public health funding. The ongoing annual reductions of the public health grant to 2019/20 are being managed separately to keep spending in line with available grant. For Lewisham, there is a requirement for an annual 2.6% reduction, or £0.7m per year. There is over £15m of current expenditure in areas where there is discretion but no proposals at present. For 2018/19 the saving of £0.7m is expected to be largely met through the shared services work across London to align and reduce tariffs for sexual health services.
- 5.7. The committee scrutinised the development of Lambeth, Southwark and Lewisham three-borough sexual health strategy and plan on a number of occasions over the 2014-18 administration. This includes a number of proposed savings to sexual health services through changes to the sexual health tariff and the provision of

online testing. The impact of these changes and any further savings proposals will likely require close attention from the committee during the next administration.

- 5.8. Savings to culture and community services will also be an important area for the committee. This service area is responsible for, among other services, adult education and leisure, sports and recreation activities. The service is on budget for 2017/18 with a previously agreed saving for 2018/19. This leaves a savings gap for 2018/19 of £1.4m for this work strand.

Appendix:

Appendix A – scrutiny committee terms of reference

Appendix B – committee referrals and responses from Mayor and Cabinet 2014-18

Appendix A – scrutiny committee terms of reference

The following roles are common to all select committees:

- (a) General functions

To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions

To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function

To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents

The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

(b) Policy development

To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate

To conduct research, community and/or other consultation in the analysis of policy options available to the Council

To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time

To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas

To question members of the Executive or appropriate committees and executive directors personally about decisions

To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented

To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance

To question and gather evidence from any person outside the Council (with their consent)

To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

To promote and put into effect closer links between overview and scrutiny members and the local community

To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people

To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.

To keep the Council's local ward assemblies under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary

To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters)

(e) Finance

To exercise overall responsibility for finances made available to it for use in the performance of its overview and scrutiny function.

(f) Work programme

As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.

The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

The Healthier Communities Select Committee has these specific terms of reference:

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act

2014 and regulations made under that legislation, and any other legislation in force from time to time.

- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations.
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee.
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:
 - people with learning difficulties
 - people with physical disabilities
 - mental health services
 - the provision of health services by those other than the Council
 - provision for elderly people
 - the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
 - lifelong learning of those aged 19 years or more (excluding schools and school related services)
 - Community Education Lewisham
 - other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

Appendix B – committee referrals and responses from Mayor and Cabinet 2014-18

- Health and social care integration update, 21st April 2015

The Committee agreed to share its views with Mayor and Cabinet, as follows:

Having received a report about health and social care integration, the Committee acknowledges the value of work by Community Connections and is concerned that it is not receiving core funding. The Community Connections service in Lewisham has as its priorities 'Five Ways to Wellbeing'. It provides interventions for adults who do not meet the eligibility criteria to receive care services from the Council. As such, its health and wellbeing focus is preventative in nature.

The Committee recommends that Mayor and Cabinet give serious consideration, when re-investing public health savings, to providing core funding for Community Connections.

Response, 25th June 2015

The record of the meeting of Mayor and Cabinet held on 13 May 2015 is as follows:

'Having considered an officer report, and a presentation by the Chair of the Select Committee, Councillor John Muldoon, the Mayor agreed that the views of the Healthier Communities Select Committee be received and the Select Committee be informed core funding would be provided for Community Connections.'

- Transition from children's to adult services, 25th June 2015

The Committee agreed to share its views with Mayor and Cabinet as follows:

Having considered a report about the transition of young people from children's to adult social care and received a report from officers; the Committee recommends that further work be carried out to improve the opportunities for children and young people to access education and care provision in Lewisham that meets their needs. The Committee is concerned about the number of young vulnerable people placed outside of the borough.

The Council should consider working with neighbouring boroughs to ensure that a range of provision is in place for children and young people in receipt of social care.

The Committee also recommends that the Council take into account the need for transitional support for families in cases where children are not eligible for adult social care upon reaching adulthood.

Response, 12th November 2015

We welcome the recommendations from the Healthier Communities Select Committee. New legislation – the Children and Families Act 2014 and the Care Act 2014 – has introduced wider responsibilities for all young people with special education needs. Our aim for all children and young people with special educational needs is that their needs are met within universal school and community settings wherever possible.

In August 2015, 380 children attend out of borough education provisions. Of the total number of children and young people who attend out of borough education provisions, 12 % (47) are in residential placements. The largest age cohort placed out of borough are those young people age 14 years to 18 years, accounting for 164 young people. Approximately 13% (22) of these 14-18 years old are in residential placements. Approximately 20% (75) of young people placed out of borough are aged 19 and over, approximately 21% (16) of these young people are in residential placements.

Outlined below are key areas of development that both children and adults services are working together on in order to develop the preparing for adulthood agenda, these include:

- *the establishment of clear pathways and service structures across the partnership which allows for transition arrangements to begin at 14yrs.*
- *development of multi-agency programme which supports practitioners to gain the knowledge and skills required to fully embed the principles of the all aspects of the preparing for adulthood agenda.*
- *ongoing co-production with parents and young people to ensure that they play an active role in developing this agenda.*
- *development of advice, information and signposting for young people, parents and professional, through the Local Offer. This includes those young people who do not meet the eligibility criteria for Adult Services.*
- *development of the market place to ensure that there is suitable provision in place to support young people aspiration and life choice through to adulthood.*
- *Lewisham is part of the south east London commissioning consortium for SEND, and will continue to explore opportunities with neighbouring boroughs to develop the local market.*
- Grove Park health centre, 20 July 2017

The Committee resolved to advise Mayor and Cabinet of the following:

Noting the confusion among residents about what is happening, the Committee recommends that the Mayor urges representatives from the Grove Park community, the ICO Health Group, the Lewisham CCG, Grove Park ward councillors, the Cabinet Member for Health, Wellbeing & Older People, and the Lewisham Local Medical and Pharmaceutical Committees to meet as soon as possible to discuss the future of primary care services in Grove Park, in particular to clarify the proposals for 54 Chinbrook Road and the process that is being followed.

Response

The Mayor thanked Councillor Muldoon for his diligence and observed there were separate considerations of health provision and planning matters at stake. He reported he had been made aware of the Healthier Communities Select Committee's deliberations and had also received a written request sent on behalf of the Overview & Scrutiny Business Panel. He noted that the planning process, which was outside his control, had concluded in August but that he had been happy to arrange, as requested, a cordial meeting of interested parties earlier in September. He therefore concluded that he had carried out the action being requested and that the Select Committee be informed of this fact.

Having considered an officer report, and a presentation by the Chair of the Healthier Communities Select Committee, Councillor John Muldoon, the Mayor:

RESOLVED that the views of the Select Committee as set out be received and asked that the Select Committee be informed that the requested action had been undertaken