

Public Document Pack

Healthier Communities Select Committee Agenda

Tuesday, 8 October 2019

7.30 pm,
Civic Suite
Lewisham Town Hall
London SE6 4RU

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Part 1

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Members of the public are welcome to attend committee meetings. However, occasionally, committees may have to consider some business in private. Copies of agendas, minutes and reports are available on request in Braille, in large print, on audio tape, on computer disk or in other languages.

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 8 October 2019.

Janet Senior, Acting Chief Executive
Monday, 30 September 2019

Councillor John Muldoon (Chair)	
Councillor Coral Howard (Vice-Chair)	
Councillor Tauseef Anwar	
Councillor Peter Bernards	
Councillor Colin Elliott	
Councillor Aisling Gallagher	
Councillor Octavia Holland	
Councillor Olurotimi Ogunbadewa	
Councillor Jacq Paschoud	
Councillor Kim Powell	
Councillor Bill Brown (ex-Officio)	
Councillor Sakina Sheikh (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 3 September 2019 at 7.30 pm

PRESENT: Councillors John Muldoon (Chair), Coral Howard (Vice-Chair), Tauseef Anwar, Peter Bernards, Octavia Holland, Jacq Paschoud and Kim Powell and

APOLOGIES: Nigel Bowness and Councillors Aisling Gallagher and Olurotimi Ogunbadewa

ALSO PRESENT: David Austin (Acting Chief Finance Officer), Joan Hutton (Director of Operation, Adult Social Care), Simone Riddle (Rushey Green Time Bank), Tom Brown (Executive Director for Community Services), Councillor Chris Best (Deputy Mayor and Cabinet Member for Health and Adult Social Care) and Robert Mellors (Finance Manager, Community Services and Adult Social Care)

1. Minutes of the meeting held on 25 June 2019

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

2. Declarations of interest

Cllr John Paschoud declared a non-pecuniary interest (in relation to items 4 and 5) as having a family member in receipt of a package of social care.

Cllr John Muldoon declared a non-pecuniary interest (in relation to one of the papers under item 4) as a volunteer at the Wildcat Wilderness, a community green space in Catford coordinated by the Rushey Green Time Bank.

3. Responses from Mayor and Cabinet

Resolved: the committee noted the response from the Health and Wellbeing Board to its referral on BAME mental health inequalities.

4. Asset-based approach to adult social care

Joan Hutton (Director of Operation, Adult Social Care) and Tom Brown (Executive Director for Community Services) introduced the report. A discussion followed and the following key points were noted:

- 4.1 Asset-based approach to adult social care is about working with people to identify their strengths rather than concentrating on their deficits.
- 4.2 It is about understanding what's important to people, what networks of support they have, and what opportunities there are in the community.
- 4.3 The objective is to keep people healthy and to promote independence.

- 4.4 It is a significant cultural shift, which has required training, monitoring and coaching to change practice.
- 4.5 The approach has been successful so far and is helping to manage demand and ensure financial sustainability.
- 4.6 While the number of people who make contact with the council is not decreasing, the number of people who need longer term support is.
- 4.7 Asset-based working is dependent on assets being available in the community.
- 4.8 The council is working to develop further opportunities in the voluntary sector and bring them together to work as a whole system.
- 4.9 Preventative services and short-term interventions are becoming increasingly important as people are living longer with more complex needs.
- 4.11 It is important to regularly review people's support plans to adjust their care as they recover and promote independence.
- 4.12 Many people are not accessing all of the welfare benefits they are entitled to, some of which can help people be more independent.
- 4.13 There are voluntary sector organisations that provide information, advice and support accessing universal benefits.
- 4.14 Packages of support are regularly monitored and user feedback analysed. Complaints and safeguarding issues are also monitored. Any risks are addressed on an individual basis.
- 4.15 The asset-based approach will only be for people who are able to be more independent and access other support at an early stage.
- 4.16 The emphasis is on early intervention and prevention, rather than waiting for people to meet care threshold.
- 4.17 Carers are entitled to their own carer's assessment.
- 4.18 The committee noted that the Wigan Deal for Adult Social Care, which features asset-based working, involved a major public engagement exercise.
- 4.19 The committee noted that there need to be sufficient temporary arrangements in place to support people while working out their long-term support needs.
- 4.20 The committee expressed concern that the council will be less able to support the voluntary sector.

Simone Riddle, Rushey Green Time Bank (RGTB), presented a paper on tackling loneliness and social isolation. The following key points were noted:

- 4.21 An asset-based approach has been found to work well with lower level need such as social isolation and loneliness.
- 4.22 It focuses on the skills people have and helps to build confidence.
- 4.23 Analysis has found that the most important factors for RGTB members are: working together in teams; having something to focus on and work towards; an opportunity to socialise.
- 4.24 The majority of RGTB members are older and from Rushey Green and Lewisham Central wards. There are also a number of members in Downham and Bellingham wards, and some projects, such as Food Cycle, have attracted a number of younger people.
- 4.25 The RGTB also uses wider networks to find opportunities for people.
- 4.26 A high proportion of members are not in work and have physical disabilities or are recovering from mental ill health.
- 4.27 The majority of the RGTB's funding comes from the council.

Resolved: the committee noted the report.

5. Budget cuts

David Austin (Acting Chief Finance Officer) introduced the report. A discussion followed and the following key points were noted:

- 5.1 Officers have followed the same budget cut process as last year.
- 5.2 There is some uncertainty about the level of cuts the council needs to find as the government is yet to provide guidance on funding after 2019/20.
- 5.3 The Medium Term Financial strategy assumes the need for further cuts.
- 5.4 There are four proposed budget cuts from the Community Services Directorate.
- 5.5 Three of the proposals (COM1a, COM2a, COM3a) continue on from proposals from last year.
- 5.6 The proposals from last year are being successfully delivered and finding the money anticipated.
- 5.7 Demand management and an asset-based approach is about preventing need.

- 5.8 The Care Act has enabled a refocus on prevention and early intervention.
- 5.9 Social care funding can be moved to other areas as long as it is not ringfenced.
- 5.10 This year, for example, additional social care grant received was put towards children's social care.
- 5.11 The committee noted that the increasing number of young people with high support needs transitioning from children's to adult social care services is going to create significant funding pressures.
- 5.12 Adult social care funding is under pressure from young people transitions and earlier hospital discharges.
- 5.13 There is a transitions task and finish group in place looking at the number of young people transitioning to adult social care and the type of care they are likely to need going forward.
- 5.14 There are longer term plans to develop more services in order to reduce reliance on more costly out-of-borough placements.
- 5.15 Proposal COM3a will increase revenue by carrying out prompt financial assessments and charging clients six weeks earlier.

Resolved: the committee noted the proposals but expressed concern about making further reductions to the adult social care budget at a time when the service is already facing difficulties meeting its obligations.

6. Select Committee work programme

The Scrutiny Manager introduced the work programme. The following points were noted:

- 6.1 The Chair noted that he was seeking guidance from the Head of Law in relation to the reform of Clinical Commissioning Groups across southeast London and that this issue will be discussed at the next committee meeting.
- 6.2 The Chair noted that he had received a briefing on NHS migrant charging from the Save Lewisham Hospital Campaign and that having an item on this issue on the work programme would be discussed further at agenda planning.

Resolved: the committee agreed the work programme.

7. Referrals to Mayor and Cabinet

There were no referrals to M&C.

The meeting ended at 9.50 pm

Chair:

Date:

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MINUTES OF THE JOINT HEALTHIER COMMUNITIES AND CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE MEETING ON BAME MENTAL HEALTH INEQUALITIES

Wednesday, 17 July 2019 at 7.30 pm

PRESENT: Councillors Aisling Gallagher, Octavia Holland, Coral Howard, Liz Johnston-Franklin, Caroline Kalu, John Muldoon (Chair), Olurotimi Ogunbadewa, Jacq Paschoud, John Paschoud, Luke Sorba and Monsignor N Rothon

ALSO PRESENT: Emma Aye-Kumi and Councillor James Rathbone

Apologies for absence were received from Councillor Tauseef Anwar, Councillor Peter Bernards, Councillor Colin Elliott and Councillor Hilary Moore

1. Appointment of Chair for the meeting

Councillor John Muldoon, Chair of the Healthier Communities Select Committee (HCSC) opened the meeting, welcomed the participants and public and explained that the joint meeting came about following a resolution of the HCSC as follows:

“To hold a one-off joint meeting with the Children and Young People Select Committee before the summer recess to further consider the work being undertaken by the council to address BAME mental health inequalities; to receive evidence at this meeting on the progress of this work with clear timescales and proposed actions, on who is responsible for overseeing and monitoring the progress of this work at senior officer and cabinet level, and on whether there are any barriers to making quick progress; and to receive evidence at this meeting from the Cabinet Member for Health and Adult Social Care, the Cabinet Member for Children’s Services, and the Chair of the Health and Wellbeing Board.”

It was MOVED, SECONDED and RESOLVED that Councillor Muldoon be appointed as Chair of the meeting.

2. Declarations of interest

Councillor Luke Sorba disclosed that:

- he is the Council's appointee to the council of SLaM NHS Trust governors;
- he is also commissioned to deliver workshops through the SLaM recovery college.

3. BAME mental health inequalities

The Chair introduced the Mayor, Damian Egan, who is also the Chair of the Health and Wellbeing Board, to address the committee. The Mayor made the following points:

1. He acknowledged that mental health outcomes for BAME residents in Lewisham are worse than for other residents
2. Austerity had had a pronounced effect on mental health provision and cut across all service providers
3. Long term change would require sustained efforts
4. He recorded his thanks to Catherine Mbema - Interim Director of Public Health, Danny Ruta – former Director of Public Health, and all officers involved in this work
5. He stressed the importance of learning from Lambeth's Black Thrive programme
6. He had appointed Barbara Grey, of Lewisham BME Network, as BAME health inequalities adviser.
7. It was necessary to improve services and to be ready for a change of governance so that when investment in public services will resume, Lewisham will be in a strong position.

Catherine Mbema, Kenneth Gregory – Joint Commissioner, Adult Mental Health and Caroline Hirst – Joint Commissioner gave a presentation. The slides can be viewed [here](#).

The Chair thanked the Mayor and presenters and invited questions from the Committee. A discussion followed in which the following points were made:

1. Members expressed serious concerns about the unreliability of available ethnicity data. The ethnicity of some 44.5% of service users accessing Child and Adolescent Health Services (CAMHS) was not known.
2. A Joint Service Needs Assessment (JSNA) was being carried out for adult service, but not for children and young people. A prioritisation process had been followed that identified adult mental health services as a focus area. Transition from CAMHS to adult mental health and self-harm services for children and young people would be looked at this coming year.
3. The Mayor was clear that this was a 10 year change programme and dramatic change would be challenging during austerity. It was noted that Lambeth's Black Thrive programme had had a long implementation phase, taking some 5 years to embed.
4. Members did not think it would be possible to bring about the necessary changes to mental health provision within the existing resource envelope.
5. Youth First has strong engagement with BAME young people and therefore it was important to look at the role of the youth service in the mental health strand of the Early Help Review. Resilience was at the core of the youth service offer and the Early Help review was considering whether to have a designated clinical lead within the youth service and other relevant settings.
6. The Virtual School (which provides support to looked after children) had created its own dedicated CAMHS team from within its existing resources and with open access, that is with no access threshold. As a

- result the number of looked after children accessing mainstream CAMHS services had dropped by 21% in 2017.
7. Members asked about engagement with faith groups and heard that the council engages with faith groups through voluntary organisations such as VAL and Healthwatch.
 8. Members felt that the recommendations in Appendix 1 of the report (actions 3 and 6-8), could not be done without additional resource as they require specialist support from partner organisations, which would come with a cost.
 9. Lambeth Thrive had required a budget for staffing and events. It was suggested that there may be a need for an officer to lead on co-production and run events. Officers agreed that additional resource would be required and were advertising for additional posts to work on co-production.
 10. Lewisham's provider alliance would have to agree that transformation work would become their core business. Some resource would be available for Lewisham BME Community Network as a key partner. However providers would be expected to absorb the cost of transformation work from their existing budgets.
 11. One of the key messages from the mental health review that Councillor Holland had undertaken in 2018 was that levels of access for Black young people was getting worse and that young Black boys in particular were put off from accessing mental health services provided in school.
 12. Members felt that there needed to be a tailored approach for ethnic groups that took into account cultural barriers, and also for those at risk of offending or being excluded from school.
 13. It was highlighted that some 76% of Lewisham's school age population is BAME and therefore were the majority group. Officers stressed the need to embed co-production in order to meet the needs of BAME residents.
 14. One Member advised that young people at risk of exclusion were not accessing services and therefore the mainstream offer would need to be reorientated to address inequality of access.
 15. Outcomes would be included in an action plan that would go to the HWB.
 16. Officers were carrying out a 'deep dive' to assess the accuracy of baseline data. Understanding the data was a focus area for SLaM.
 17. Ensuring links between partner organisations to avoid silo working was a key aim. The rollout of i-thrive would help by providing a common language across services.
 18. One Member shared that the Young Mayor had attended a recent meeting of the Children and Young People Select Committee and had said that young people do not know where to go to access mental health support. Officers explained that despite working with the Young Mayor and Advisers for a number of years, leafletting, delivering whole school assemblies on mental health, the feedback was always the same.
 19. It was hoped that i-thrive would help primary care services such as schools to understand mental health care pathways and to disseminate them.
 20. The Early Help Review was looking at use of the Family Information Service website and how to develop it to improve signposting.

21. Recruitment to a programme management post looking at transition management was underway. The post would cover a range of services for 14-25 year olds including send/ complex needs, risky behavior, self-harm, LGBTQ.
22. Anecdotal evidence from Councillor surgeries and door knocking highlighted that the data and residents' reported experiences do not match up. Officers were urged to think about timings of workshops and take into account that residents are often at work during the day.
23. It was suggested that, when looking at the data, recent history of individual countries be considered as it may help to predict where problems might arise. The data on translator requests by Tamils and South Americans correlated to recent political events in their home countries.
24. Judy Harrington of Save Lewisham Hospital Campaign, having been invited by the Chair to contribute from the public gallery, expressed concern about delays when transitioning from CAMHS to adult mental health services. She also highlighted problems for looked after children when moving back into the borough. She felt that austerity had seen cuts to early support and intervention and staffing levels to deal with these issues.

The Committee heard from Barbara Gray, Mayoress and Adviser to the Mayor on BAME Mental Health Inequalities.

Ms Gray reported that, in her view, there was a race crisis in Lewisham because money had never been spent on BAME residents even before austerity hit. The BME Network had experience of successful engagement with BAME residents. Her view was that the commissioning process was not fit for purpose and greater engagement with BAME residents was needed when designing services. It was important, she felt, to engage with organisations that have relationships with and are invested in BAME communities.

Ms Gray also explained that child and adolescent mental health should not be looked at in isolation, but the whole family needed to be considered as factors such as temporary housing, or being housed outside the borough contributed to mental health difficulties. Practical solutions to issues relating to deprivation may be more effective than clinical pathways, in some cases.

The committee heard that the level of expertise within the BAME community was high. It would be necessary to work with the BAME community and properly resource this work.

It was noted that:

1. The remit of the HWB extended to health and social care and it could influence partners in other agencies
2. A post was being funded by the Better Care Fund specifically to make these kinds of links
3. One Member cautioned against creating a system that cause a 'race to the bottom; for example if a resident's mental health difficulties had to reach a low point in order for housing improvement to kick in.
4. The Mayor gave assurances that this would not be the approach.

5. Another Member called for support for frontline staff dealing with mental health problems, for example those dealing in frontline service roles such as Lewisham Home, schools, etc to recognise that bias and discrimination can affect BAME residents' ability to access services. She gave an example of a Black person with mental health difficulties being stereotypically labelled as angry.
6. One Member called for a follow up meeting in October so that scrutiny of BAME mental health inequalities could continue. The Chair explained that no such commitment could be made without consulting the Chair of Overview and Scrutiny and the Head of Scrutiny to establish whether there was capacity to support this.
7. Another Member requested quarterly updates that covered ethnicity data, and options for embedding and co-producing services within the BAME communities. It was also felt that feedback and evidence from community partners without 'official speak' would be helpful.
8. Members recognised that BAME communities did not always trust the council and therefore services may be best delivered in partnership with organisations that do have the trust of BAME communities.

It was RESOLVED that a referral be made to the Health and Wellbeing Board in the following terms:

- 1) That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;
- 2) That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of BAME communities, on whose cooperation public consultation and co-production will rely.

The Chair thanked participants for their contributions to the meeting.

4. Information item: Meeting the public sector equality duty at SLaM, 2018 Lewisham ethnicity information

It was RESOLVED that the item be noted without discussion.

5. Referrals to Mayor and Cabinet

It was RESOLVED that the following referral be made to the Health and Wellbeing Board:

That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;

That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of BAME

communities, on whose cooperation public consultation and co-production will rely.

The meeting ended at 10:00pm.

Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 3
Class	Part 1 (open)	8 October 2019

Declaration of interests

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

1. Personal interests

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

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

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

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

(b) and either

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

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

3. Other registerable interests

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

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

4. Non registerable interests

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

5. Declaration and Impact of interest on members' participation

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

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

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

6. Sensitive information

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

7. Exempt categories

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

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

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Agenda Item 5

Healthier Communities Select Committee			
Title	Recommissioning of Building Based Day Services for Older Adults		
Key decision	Yes	Item no	5
Wards	All wards		
Contributors	Executive Director for Community Services		
Class	Part 1	8 th October 2019	

1. Purpose of report

- 1.1. The purpose of the report is to provide an opportunity of Healthier Communities Select Committee to note and comment on the attached Mayor and Cabinet report, which will be considered on 10th October 2019.
- 1.2. The report summarises feedback from the consultation which was carried out between 6th June and 13th September about proposed changes to commissioned day services for older adults. The report also makes recommendations for the future re-commissioning of older adults day services.

2. Recommendations

It is recommended that Healthier Communities Select Committee:

- 2.1. Note and comment on the contents of the attached Mayor and Cabinet Report with feedback from the consultation on proposed changes to older adults day services and recommendations for the future re-commissioning of older adult day services

Mayor and Cabinet			
Title	Recommissioning of Building Based Day Services for Older Adults		
Key decision	Yes	Item no	
Wards	All wards		
Contributors	Executive Director for Community Services		
Class	Part 1	10 th October 2019	

1. Purpose of report

- 1.1. The purpose of the report is to feedback on the consultation about proposed changes to commissioned day services for older adults. The report also makes recommendations for the future re-commissioning of older adult day services.
- 1.2. On June 5th 2019, Mayor and Cabinet considered a report which set out in detail the wide range of community based activities which are available to, and accessed by, older adults in Lewisham. The report highlighted the ongoing reduction in demand for building based day services in Lewisham as an outcome of such changes to the wider community offer and the increase in the use of direct payments. Notably, that demand has reduced from an average of 75 places used a day in 2012/13 to 34 places used a day in 2018/19 across the three commissioned building based day services at the Calabash Centre, Cinnamon Court and Cedar Court.
- 1.3. Mayor and Cabinet agreed that Officers could consult on the proposal to re-commission the 3 current building based day services as a single service at the end of this contract period. The proposal would constitute a significant change in service delivery and a formal consultation was required with service users, their families and other significant stakeholders about the impact of this proposal, specifically:
 - The impact of combining the three services currently delivered at Calabash, Cedar Court and Cinnamon Court into a single location
 - Views as to the proposal that the service should be located at the Calabash Centre
 - Views as to how important ethnic and cultural needs will be met within the single service offer
- 1.4. Between June and September 2019, council officers wrote to everybody who would be directly affected by the proposals should they be agreed. Officers carried out two meetings at each of the three services to explain the proposed changes to services and to answer questions from service users and their family members. Further meetings were carried out in the evening and an

additional daytime meeting was held at Cinnamon Court to provide more opportunities for people to speak to officers. Officers also met with local community groups on request. The survey was available online and hard copies were made available via stakeholder organisations and as additionally as requested. The Council also commissioned an independent advocacy service to support those adults directly affected and officers organised visits for people using the Cedar Court and Cinnamon Court day services to the Calabash Centre.

- 1.5. This report sets out the findings of the consultation at section 8. In summary, feedback was mixed with more people who responded to the consultation in favour of the three proposed changes than against them.
- 1.6. Feedback from service users who currently attend services at the Calabash Centre was that they would welcome other service users to the centre, provided there were enough staff to support people and they can continue to enjoy the activities they currently enjoy at the centre.
- 1.7. Feedback from service users who currently attend services at Cedar Court was that they like the service they currently attend and they would like to continue to attend day services at Cedar Court. Should the proposed changes be agreed then service users from Cedar Court would need to be supported to adapt to the changes and some may need travel assistance to attend a different service location.
- 1.8. Feedback from services users who currently attend services at Cinnamon Court and who are directly affected by the proposed changes was that they would need to be supported to adapt to the changes and some may need travel assistance to attend a different service location.
- 1.9. There were some other objections to the proposals by a two individuals who did not agree that the Council should combine the three services into one service and that this would limit choice.
- 1.10. Other concerns were raised by 4 respondents about the impact of the changes on the Black African Caribbean community and their historical allegiance and alliance with the Calabash Centre in addition to concerns about the specific proposals around no longer commissioning a separate day service for BAME older people.
- 1.11. Officers met with the Active Elders Groups (African Caribbean Active Elders Group and the Asian Elders Group) who also use the Calabash Centre as part of the Council's wider non-commissioned offer to explain the proposal in detail and to hear their views which were generally supportive of the proposals.
- 1.12. Officers have considered the comments made throughout the consultation and proposed mitigations within the report to ensure that the range of activities and resources can be retained and strengthened, including meeting the cultural needs of all people accessing older adults' day services.
- 1.13. Based on the findings of the consultation and the proposed mitigations being put into place this report recommend that the three services currently

commissioned at Cedar Court, Cinnamon Court and the Calabash Centre, are re-commissioned as a single service, and that this service is located at the Calabash Centre, George Lane SE13.

- 1.14. Should Mayor and Cabinet agree with the recommendation to re-commission the services as a single service at The Calabash Centre, then it is recommended that this is tendered via an OJEU-compliant open tender as set out in section 11.

2. Recommendations

It is recommended that Mayor and Cabinet:

- 2.1. Notes the consultation findings and officer response set out at Section 8,
- 2.2. And, having considered these, agrees the proposal to re-commission the older adult day services currently provided at Cedar Court, Cinnamon Court and The Calabash Centre as a single service offer, based on the principles set out at Section 9.
- 2.3. Agrees that officers can proceed to procure a provider for the service, via the process set out at Section 11.

3. Policy Context

- 3.1. The function of Adult Social Care is to ensure that vulnerable adults receive services appropriate to their needs within the framework of statutory duties and agreed policies. For adults, this is determined through the completion of an assessment in accordance with section 9 of the Care Act 2014 and associated guidance and regulations, followed by the application of the appropriate eligibility criteria and service decisions.
- 3.2. The Care Act 2014 is the most substantial piece of legislation relating to adult social care to be implemented since 1948. It consolidated previous legislation, common law decisions and other good practice guidance. The Care Act places a wide emphasis on prevention, the provision of advice and information, changes to eligibility, funding reform and market shaping and commissioning. This final aspect of the Act also emphasises the use of personal budgets and direct payments to promote individualisation of provision, and requires the Council to promote appropriate service supply across the provider market and assure quality and diversity to support the welfare of adults in the community. It also requires the Council to engage with providers and local communities when redesigning service and planning for the future.
- 3.3. There have been a number of government documents which set out the pathway of 'Personalisation' as a way of meeting needs so that eligible service users have both greater flexibility about the service they receive and greater control over how they are delivered (for example: 'Putting People First' (2007); 'Transforming Social Care' [LAC (DH) 2008]; 'Caring for Our Future: reforming care and support' (2012)). There is also emphasis upon the achievement of outcomes which the service user prefers/desires, rather than provision of service to a uniform pattern. The policy and guidance documents promote the

provision of Direct Payments whereby eligible adults are given an assessed sum as cash to purchase their own service and the local authority's role, rather than being one of a direct provider of services, has become one more focused on market development and shaping to help provide opportunity, choice and options.

- 3.4. The Council seeks to maximise the independence of older adults by enabling them to live in their own homes in their local communities wherever possible. This is reflected when allocating resources in adult social care by prioritising community care services for those with the most needs.
- 3.5. Older adults may have Care and Support needs which are eligible under the Care Act 2014 for Council funded care. A care assessment seeks to identify ways in which an individual can meet their needs and achieve their desired outcomes. This includes using:
 - Their personal resources, abilities, skills, knowledge, potential, etc.
 - Their social network and its resources, abilities, skills, etc.
 - Community resources
- 3.6. Outcomes which can be supported by day activities, direct payments and day services include, but are not limited to:
 - Developing and maintaining family or other personal relationships
 - Managing and maintaining nutrition
 - Maintaining personal hygiene
 - Managing personal care needs
 - Socialisation
 - Reducing loneliness
- 3.7. The recommendations within this report also relate directly to the Council's Corporate Strategy 2018-2022 priorities:
 - Delivering and defending: health, social care and support – Ensuring everyone receives the health, mental health, social care and support services they need.
 - Open Lewisham – Lewisham is a welcoming place of safety for all where we celebrate the diversity that strengthens us
- 3.8. The Corporate Strategy also sets out the Council's commitment that when considering whether to commission services, there will be an assumption that the Council is our preferred provider and to in-source our contracts. An initial options appraisal has been carried out by officers to compare the options for the future delivery of older adults' day services.
- 3.9. The options appraisal was undertaken using a standard framework, drawn from a model designed by the Association of Public Sector Excellence to allow Local Authorities to explicitly consider insourcing of services, which assesses various options and appraises these using both qualitative and quantitative metrics. The qualitative considerations for each operating model were: the risks associated with service delivery, the barriers to entry into the marketplace (high start-up costs or other obstacles that prevent new competitors from easily entering an industry), the responsiveness and control achievable, and the commercial potential. The quantitative assessment

looked at the potential and likely estimated cost of service delivery under each model. When combined the qualitative and quantitative measures provide an indication of the overall value for money and ranking of each option. Given the nature of the services the three options considered were: insourcing, placing a contract with an external provider, and the Council itself either setting up or procuring a service provider.

- 3.10. It is to be noted however that this model has not been previously used by the Council and that as with all models it is a desk top exercise which attempts to predict an outcome for each scenario. As such there is potential for the actual results to differ from those anticipated, and there is further the inherent risk that the modelling itself is not reliable.
- 3.11. The results of this exercise (as summarised at Appendix 3) were presented to the IJCG as part of the procurement Gateway 1 review with the recommendation that the Council procures this service through an external provider. This Appendix also formed part of the June 5th Mayor and Cabinet Report ‘Recommissioning building based day services for older adults’.

4. Background

- 4.1. Over the past ten years, there has been a significant reduction in the numbers of people in Lewisham who are placed in residential and nursing care homes. The Council has worked to develop the support available in the community to enable people to maintain independence and to stay in their own homes for longer. The Council has also been shaping and growing its community based service offer to older adults, including older adults eligible for council funded services. The detail of these developments are set out in the report to Mayor and Cabinet on June 5th 2019, but include Council-funded initiatives such as Community Connections, Meet Me at the Albany, and the Active Elders group at Calabash.
- 4.2. As a result of these changes, there has been a decrease in the numbers of older people with mild to moderate levels of need accessing formally commissioned building-based day services, and an increase in demand from people with moderate to high levels of care and support needs.
- 4.3. The Council currently commissions three building based day services for older adults eligible for funded care: one for BAME older adults at the Calabash Centre owned by the Council and managed as part of the day service contract with Hestia Care & Support and Cedar Court and Cinnamon Court owned and managed by Housing 21 delivered in their Extra Care settings. Additionally, the Council also directly provides a dementia specific day service for older adults at the Ladywell Centre.
- 4.4. The reduction in overall demand for building-based day services was previously reported in the ‘Recommissioning Culturally Specific Day Services for Older Adults’ report to Mayor and Cabinet in 2014. In this report, the number of commissioned spaces in the BAME-specific service was reduced from 51 places a day to 30 places a day. This reflected that the numbers of attendees at the day service fell well below the contracted level at that time.

- 4.5. The reduction in demand was further highlighted in the ‘Remodelling Lewisham Council’s Day Service Offer.’ report to Mayor and Cabinet in 2015, which detailed that services at Cedar and Cinnamon Court were under delivering on the 50 day services spaces commissioned by approximately 10 spaces per day. Commissioned capacity at the Housing and Care 21 services was consequently reduced in 2017 to 12 spaces per day at each service, with the option to spot-purchase additional places.
- 4.6. Officers’ view is that this reduction in demand for day services also reflects the growth in take up of Direct Payments across all groups, including older adults. People can use the money, which would otherwise be allocated to a commissioned day service, to create their own routines and preferred ways of meeting their needs through the use of Personal Assistants or by purchasing their service from a provider of choice. This means that people are able to access a wider range of community-based activities.
- 4.7. Conversely and in line with general demographics, there is a growing number of older adults with severe dementia meaning there is a slow but steady growth in demand for dementia-specific provision. Since October 2015 the Council has increased the number of places per day from 19 to 24 in readiness at its own directly-provided service at the Ladywell Centre. That said, this additional provision is also under delivering on its commissioned level of service.
- 4.8. When contracts for Housing 21 and Hestia were extended or recommissioned in 2017, it was planned that all 3 contracts should end in September 2019. This purpose was to allow for a check point to determine whether this was an ongoing trend or whether these decreases in demand were ‘one off’. Evidence is that this reduction is consistent and should be considered as a trend that will continue. This is further detailed in Appendix 3 – Historic Service Usage.

5. Commissioned and directly provided older adults day services

- 5.1. The Council currently commissions 3 building-based day services for older adults at Cedar Court, Cinnamon Court and the Calabash Centre. The contracts for these services, which provide a total of 49 place a day across the 3, were due to end in September 2019 but were extended to end June 2020 to enable consultation on the future commissioning of building based day service in Lewisham. The Council also directly provides 24 day service places per day for people with severe dementia at the Ladywell Centre. Ladywell Dementia service is not affected by the changes recommended in this report. Full details of the number of places and costs of services are shown in Appendix 1- Costs and Current Usage Data, Table 1.
- 5.2. The Council currently commissions 12 day service places per day at both Cinnamon Court Deptford and Cedar Court Grove Park (total places 24 per day). The costs of the ‘general’ (non-dementia specific) older adults’ day services provided at Cedar Court and Cinnamon Court are £45.12 a day at 2019/20 prices.
- 5.3. The Older Adults’ day service at the Calabash Centre is delivered by Hestia Support. The Council currently commissions 25 day service places per day at this service. The service has been commissioned since 2006 as a service for

people from Black and Minority Ethnic Communities, prior to this there was a day service at St Mauritius House which was grant funded by the Council. The Costs of the 'general' (non-dementia specific) older adults' day services provided at the Calabash Centre is £45.09 a day at 2019/20 prices.

- 5.4. There is flexibility to spot purchase additional places built into all 3 commissioned service contracts. However, since the current contracts were commissioned in 2014 for Calabash and 2017 for Housing 21, this facility has only been required at Cedar Court, and is regularly used on a Tuesday, which is a popular day to attend the service On other days there are fewer than the contracted number of places used.
- 5.5. Staff in all commissioned services are paid at the London Living Wage, which was increased to £10.55 per hour in November 2018.
- 5.6. The Council directly provides 24 day service places at the Ladywell Centre for people with advanced dementia. The costs of Ladywell Dementia Day Service are £80.96 a day, which reflects the specialised nature of the higher care and support needs associated with the behavioural and psychological symptoms of advanced dementia.
- 5.7. As at March 2019, 135 individual service users attend the 4 building based day services for a total of 309 days. The majority of people attend for between 1 and 3 days a week. A small number (14) attend for 5 days a week. Current Service Usage is shown in more detail in Table 2 at Appendix 1.
- 5.8. All Day Services, with the exception of Cedar Court, were underutilised in 2017/18 and continued to be underutilised in 18/19. This is shown in Table 3, Appendix 1.
- 5.9. Across all services there were a higher average number of people on the register than actually attend on an average day. This is to be expected given the age and care and support needs of service users.
- 5.10. There were an average of 23 more spaces commissioned or directly provided per day than were required in 2018/19 financial year based on actual attendance. The service at the Calabash Centre was underused by an average of ten places per day in 18/19 and the service at Cedar Court was underused by an average of 5 placed per day in 2018/19, at a combined cost to the Council of £165,000
- 5.11. The service take up at Cedar Court is higher than at Cinnamon Court, however there has been a reduction in demand for this service, as illustrated by the declining total numbers of people on the register and total numbers of people attending between 2017/18 and 2018/19.
- 5.12. While numbers of older adults referred to commissioned building based services overall are decreasing, the people being referred are increasingly physically frail. There is also an increase in older adults requiring intimate personal care in addition to the social interaction and range of activities usually associated and commissioned with day services. This needs to be addressed in any new offer commissioned by the Council.

- 5.13. The rationale and need for Council commissioned day services for older adults is changing. Historically, day services were accessed by people with overall low level support needs. Now, the need for activity and socialisation for this low to medium need group of people is being increasingly met by the Council's wider, and the demand for day services is from people with more significant care and support needs.
- 5.14. There has to be sufficient 'core' places commissioned for any contract to be cost efficient. It is officers' view that the demand for commissioned building based day services is now at the level where it is no longer efficient to commission a service across 3 separate contracts, across 3 separate locations.
- 5.15. As at March 2019, the majority (69%) of people accessing Older Adults Day Service at March 2019 were assessed as having increasing needs for intimate personal care and assistance, a service characteristic not historically commissioned in these services. Therefore there would seem to still be a demand for a commissioned service offer for older adults who are physically frail at a price the Council can afford. There is an opportunity to develop the general older adults' service specification to ensure that the service can better meet current and future needs of Lewisham residents.
- 5.16. The service at the Calabash Centre was commissioned specifically as a service for people from Black and Minority Ethnic communities in 2006. The service was last commissioned for 25 places in 2015, which was a reduction on the previous contract for 30 people per day. There was an expectation within the contract that the provider would ensure numbers on the register were above the numbers of commissioned places to allow for the usual service user appointments and other absences and to ensure that the service is used to its maximum capacity. Even so, demand for this service continues to fall, as people access a broader range of community based day activities.
- 5.17. Recent quality assurance visits to the service have highlighted additionally that some of the people who attend the Calabash Centre currently are developing additional support needs directly related to personal care and more serious symptoms of dementia. This, plus the level of referrals being low, again signpost to further ongoing reduction in numbers.
- 5.18. The Council's in-house Specialist Dementia Service at Ladywell is also underutilised. There were an average of 18 people on the register and 16 people attending in 2018/19 financial year. The service therefore has additional capacity to support older adults with dementia.

6. Consultation recommendations and rationale

- 6.1. The proposed changes which were consulted on, and the rationale for the proposals are set out in this section.
- 6.2. **Proposed Change 1:** To re-commission the three day services for older adults at Cedar Court, Cinnamon Court and the Calabash Centre as a single service, rather than three separate services

- 6.3. The rationale for this proposed change is that, as set out in section 5, there has been a significant decrease in the numbers of people accessing older adults' day services and the Council is currently paying for an average of 15 spaces per day in commissioned services which are not being used at a total cost of £169,000 per annum based on 19/20 prices.
- 6.4. By amalgamating the three services the Council would no longer need to pay for spaces in commissioned services which aren't being used. Even allowing for £30,000 additional staffing the proposal will save £139,000 per annum that can offset cuts elsewhere in the Council. By having more people together in a single service, with more staff, there is an opportunity for the service to provide a wider range of activities and allow people attending the service to have more choice over what they want to do at the day service.
- 6.5. The single service proposed would be commissioned for 30 places per day, with the ability to spot based on actual usage of 34 places per day across all 3 building based services over the past 2 years, as shown in Table 3 at Appendix 1. By commissioning purchase an additional 10 places per day the service would provide sufficient capacity for the current service users in a block of 30 places and making use of spot purchased places, the Council would not incur void costs should the demand for the service continue to decline in line with current trends. Commissioning as a single service would mean that the Council was no longer paying for places no longer required currently. This would release in the region of £139,000 savings, even with an amount built into the new service for personal care, by reducing the costs of void places.
- 6.6. The specification would be written in a way similar to the current specification to facilitate the high levels of day to day 'no show' of older adults because of illness etc by setting a higher level of expected attendance than commissioned places and also supporting unexpected peaks in demand through spot purchased places.
- 6.7. **Proposed Change 2:** That the single service will be located at the Calabash Centre, George Lane
- 6.8. The Calabash Centre, 24-26 George Lane is owned by Lewisham Council and is currently managed by Hestia, who also provide the commissioned day services for older adults at the centre. The centre is also used by another commissioned social care service for people with Learning Disabilities and complex health needs, New Beginnings, which is provided by Lewisham Nexus Service 5 days a week out of the centre.
- 6.9. There are two community-led social groups which operate out of the Calabash Centre, the Active Elders Group (for African Caribbean Elders) and the Asian Elders Group. The Active Elders Group (for African Caribbean Elders) use the centre Tuesdays and Thursdays 10-4pm. The Asian Elders Group use the centre on Fridays from 10-3pm. By operating a commissioned day service from this location the centre is able to support these social groups with subsidised rental costs. The centre is also available for rent on evenings and

weekends to support the ongoing management and maintenance costs of the building.

- 6.10. Officers have approached Housing 21 to advise on whether they would be prepared to support an independent provider to deliver a day service from Cinnamon Court or Cedar Court, which are also the locations of their extra care services. Housing 21 have agreed in principle to negotiate with the Council to allow a third party to access the space. However, the terms and conditions which are proposed by Housing 21 would allow for them to terminate the licence with 6 months' notice, or immediately in the event of a breach, which could jeopardise the delivery of services and is therefore not recommended.
- 6.11. On this basis, it is recommended that the preferred option for location is the Calabash Centre, which is in the ownership of the Council and was refurbished as part of the 2014 award of contract to support this number of people in addition to sharing space with other groups such as people with a learning disability and the Active Elders voluntary group. The consultation would therefore be to seek views about a single service offer to be delivered at the Calabash Centre.
- 6.12. **Proposed change 3:** That there will no longer be a BAME-Specific service offer, but the single service will support older adults from all backgrounds
- 6.13. The impact of combining 3 services into a single service whether at the Calabash Centre or elsewhere does, however, have an impact as it means that the Council will no longer commission a separate BAME specific day service for older adults. This would mean that the service would be for people from all backgrounds, however, the service would be required to provide person-centred support tailored to meet the cultural needs of the people attending the service.
- 6.14. Service users of the current BAME specific day service at the Calabash are predominantly Black Caribbean (78%), with other service users coming from Black African, Mixed Race, and Black other Backgrounds. The activities programme and meal choices at this service are reflective of the cultural and religious needs of this community.
- 6.15. The services at Cedar Court, Cinnamon Court and Ladywell Dementia all support people from a range of diverse backgrounds. The Council expects all services to support people in a person-centred way, respecting their needs and preferences. Service users from Black Caribbean communities make up 39% of service users at Cinnamon Court and 29% of service users at Ladywell Dementia Service. Whilst service users at Cedar Court are predominantly White British (75%), this is broadly reflective of the fact that the over 65s population in Lewisham is less diverse than Lewisham's population (65% of over 65s are White British), and that Grove Park, where the service is located, is less diverse than other parts of Lewisham.

7. Formal Consultation Process

Activity and process of consultation

- 7.1. Moving from 3 services to a single service, and no longer commissioning a BAME specific building based offer was considered a significant change in service and a formal consultation has been carried out. The consultation period was between the 7th June and the 13th September 2019, a longer period than usual at the request of Healthier Communities Select Committee. A full Chronology of the consultation can be found at Appendix 4.
- 7.2. The consultation was formally posted on the Council's website and the link was shared with key stakeholders to forward to their networks and contacts.
- 7.3. Officers wrote to all services users directly affected by the proposals and their families and invited them to meet with officers to discuss the proposals and the impact on them. Where people didn't have family to support them to engage in the consultation, the Council engaged independent advocacy through POWhER to support them.
- 7.4. There were a total of 7 meetings held across the three services. These meetings took place on the 2nd and 9th July at Cedar Court, 2nd, 9th and 12th July at Cinnamon Court, and on the 24th June and 3rd July at the Calabash Centre. At each meeting, officers offered to meet both as a big group and individually.
- 7.5. Evening meetings were also held on the 1st July and the 17th July at the Civic Suite between 5pm and 7pm, to enable people who weren't able to attend meetings during the day, to speak to Officers face to face.
- 7.6. Service users from Cedar Court and Cinnamon Court were invited to visit the Calabash Centre with support and transport provided. These visits took place on Monday 9th September and Wednesday 11th September, respectively, between 10am and 12pm.
- 7.7. Hard copies of the consultation document and questionnaire were made available upon request and over 20 hard copies were provided throughout the consultation to individuals to share with their networks. An audio version of the consultation and an Easy read version in simple language were also produced at the request of a member of the public. Officers were also accessible to, and approached by family members and organisations outside the consultation meeting times and dates.
- 7.8. Officers met with the African Caribbean Elders Group which meets at the Calabash Centre on Tuesdays and Thursdays between 10am and 3pm. Hard copies of the consultation questionnaire were provided for all members of the African Caribbean Active Elders Group along with a letter clarifying the confusion that arose from the wording of the original Mayor and Cabinet report was written which allowed for an interpretation that the proposals related to changes to the Council's support to the Active Elders groups.
- 7.9. Officers also met with the Asian Elders Group which meets at the Calabash Centre on a Friday between 10am-3pm. Hard copies of the consultation questionnaire were provided for all members of the Asian Active Elders Group.

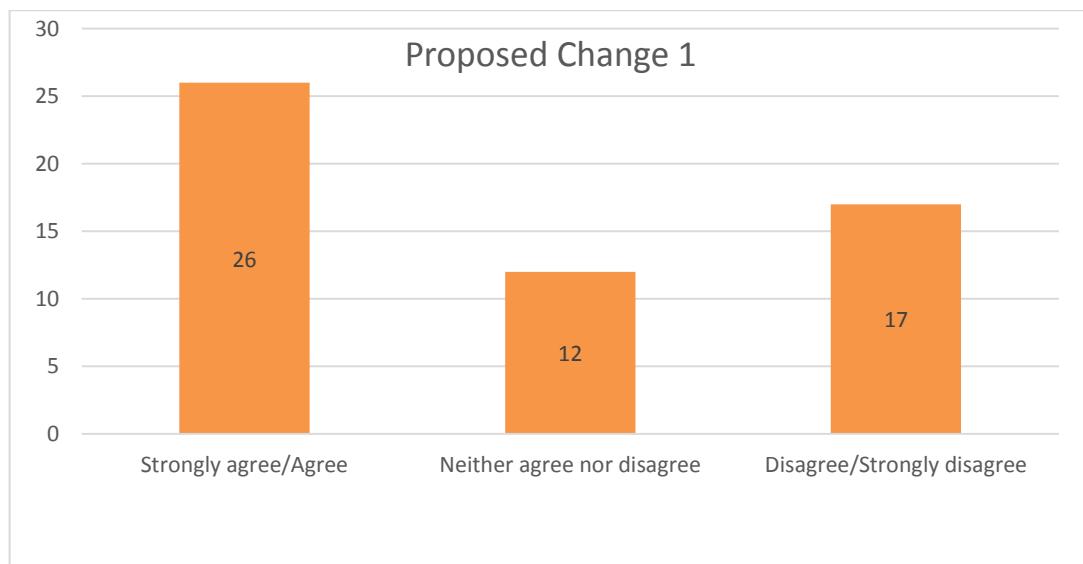
- 7.10. Officers wrote to the following key stakeholder groups: Healthwatch, BME Carers Network, Mental Health Carers Network, Positive Ageing Council, Age UK, Bromley and Lewisham Mind and Your Voice in Health and Social Care, to ensure that they were aware of the consultation. Officers would like to take this opportunity to advise Mayor and cabinet and apologise to the Lewisham Pensioners Forum that the letter sent to them was initially inadvertently sent to the wrong address, and that they received the letter two weeks after the other organisations. In the letter, officers signposted the organisations to the consultation website and offered to address their meetings or management committees. No specific request for this was received to address committees specifically.
- 7.11. Officers and the Cabinet Member for Health and Social Care met with approximately 30 members of the Positive Ageing Council Steering Group on 25th July. They also attended the Lewisham Pensioners Conference at the request of the organisation on 24th July and met with representatives from the Forum on 31st July and 10th September. Officers also attended the Dementia Hub, a group for people in the early stages of a dementia diagnosis, at their request, to talk about the proposals on 4th September 2019.
- 7.12. In total, 55 people completed the consultation questionnaire, 15 completed it online and 40 submitted a hard copy response. Of the completed questionnaires 21 were completed by service users, 12 were completed by their family/friends and 6 by carers. 6 voluntary organisations also responded.
- 7.13. Analysis of the questionnaire responses can be found in full at Appendix 6. In the following section of the report, the key consultation comments are set out with officer responses.

8. Consultation Outcomes

- 8.1. The Council met with a wide range of individual people and stakeholder/partner organisations with an interest in day services for older people in Lewisham. The majority as detailed on sections 8.6 to 8.34 below acknowledged that the proposed changes seemed sensible in response to the financial challenges faced by the local authority, and the overall reduction in numbers of people using building-based day services.
- 8.2. Some service users at Cedar Court expressed a strong preference initially to continue to attend their current day services. Other concerns were raised by service users and family members at Cinnamon Court about the impact of a change in service location for service users who live on site, and who currently do not receive transport services. Officers have met with service users from Cedar court and Cinnamon Court and their families to understand their concerns with the proposals. Mitigation is proposed within this report. Supported visits were organised to the Calabash Centre for service users from both Cedar Court and Cinnamon Court.
- 8.3. Most stakeholder/ partners did not raise objections to a single commissioned day service though did raise the importance of supporting the cultural identity, interests and activities of the service users from BAME culture and promoting service user choice in relation to an integrated service offer.

- 8.4. Those people who might be considered to be most directly affected by no longer commissioning a BAME specific day service offer – people currently attending the Calabash Centre and both Active Elder groups – were generally supportive. The groups acknowledged the link between the Council having a core commissioned day service and the subsidy this provides to their use of the building.
- 8.5. Specific concerns were raised by the Lewisham Pensioners Forum about the impact of the proposals on the Windrush Generation. They strongly advocated that the proposals reflected a sense that the Council had lost sight of the cultural significance of the Calabash Centre to many people from that generation living in the borough. They emphasised the belief of the organisation that the Centre had been gifted to the population by the Council. In the meeting with the LPF representatives and also at their conference, officers sought to reassure that the proposals being consulted on related directly to the commissioned day service offer for older adults with eligible social care needs and that they do not seek to undermine or alter the wider uses of the Calabash Centre. The LPF continue to hold these views throughout both meetings, and have separately written to the Council outside of the consultation period regarding their position.
- 8.6. These views were also reflected in 4 questionnaire responses from individuals, three of which stated they were friends and family of service users.
- 8.7. In meetings with the African Caribbean Active Elders Group and the Asian Elders Group, members expressed concerns about their ongoing access to the building for their groups and activities. They raised a number of historical issues about access. Officers confirmed that the proposals would not affect the days and times that the Active Elders Groups would be able to use the centre. In discussion with the groups, officers suggested that should the proposals be agreed, then it might be helpful to put in place a three-way agreement between the Active Elders Group, the Council and any service provider to this effect. The groups were also keen to explore opportunities for closer integration with any commissioned day service. They also asked officers to support them and others as appropriate to find ways of encouraging access to the centre at evenings and weekends to support culturally specific activities.
- 8.8. The proposed changes which were formally consulted on relate to the commissioned older adult day services at the Calabash Centre, Cedar Court and Cinnamon Court. The graphs specifically reflect the analysis of the questionnaires received, including those completed by service users. Comments from the questionnaire responses, and comments from consultation meetings are described in the below section.

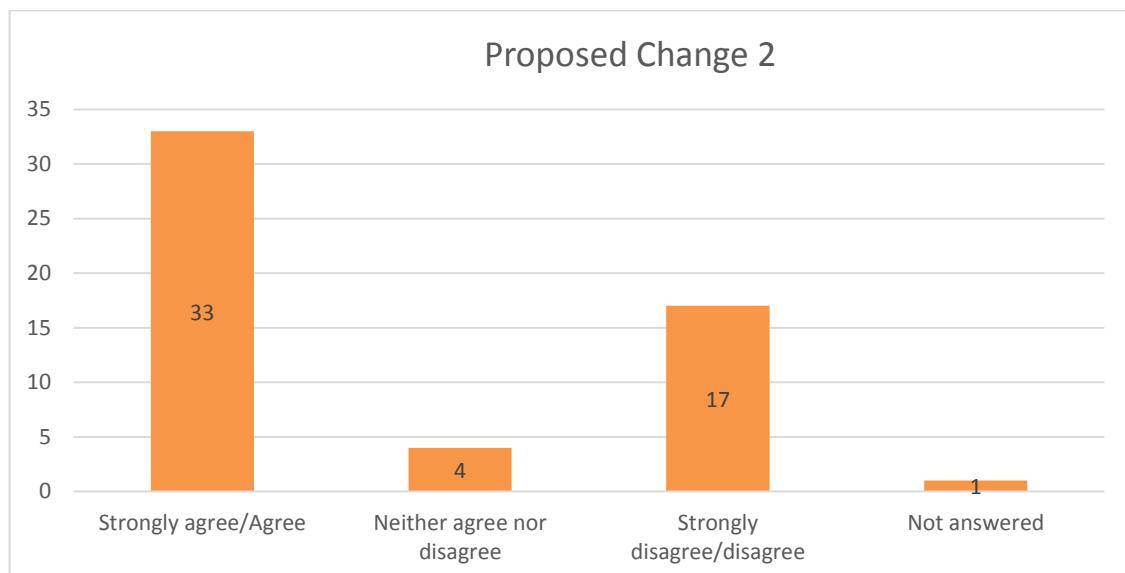
Response to Proposed change 1: To re-commission the three day services for older adults at Cedar Court, Cinnamon Court and the Calabash Centre as a single service, rather than three separate services



- 8.9. Analysis of the consultation questionnaires show that more people agreed with proposed change one than disagreed with it. 26 respondents either agreed or strongly agreed, 12 respondents neither agreed nor disagreed with this proposal, and 17 respondents either disagreed or strongly disagreed.
- 8.10. General feedback on this proposal from both questionnaires and consultation meetings has been that people understand the need for the Council to save money where possible in response to government cuts. Respondents acknowledged that the Council cannot spend money on day service places which aren't used.
- 8.11. Service users from across the Calabash Centre and Cinnamon Court gave positive feedback on this proposal in completed questionnaires as it would give them the opportunity to mix with a wider group of people and to have a more varied activities programme. Comments from service users at the Calabash Centre in questionnaires include "no concerns, will like to see more people at the centre", "I am happy for people to come here to the Calabash" and "more people here will make me very happy".
- 8.12. The majority of service users at the Calabash Centre and their families who responded to the questionnaire said that they were in agreement with this change, this reflects the fact that they are content and settled at the centre, and by having the location for the single service as the Calabash Centre, potentially that they would do not need to get used to another location.
- 8.13. At consultation meetings at the Calabash Centre, which were attended by officers and Lewisham Council's Cabinet Member for Health and Social Care, services users recognised that the centre is currently underused and stated they would like to have more people at the centre so that they could socialise with a wider group of people. This mirrors the consultation questionnaires returned by the majority of service users at the Calabash centre, and their families.

- 8.14. Through the consultation meetings, service users at the Calabash were keen to ensure that they would still be able to access the activities they enjoy, celebrate events which are important to them and access an African Caribbean meal choice every day. The main concern expressed by service users at the Calabash was that Staff were not going to be adversely affected by the proposed changes.
- 8.15. Respondents to the questionnaire commented that there would need to be sufficient staff to provide care and support for the increased numbers of people. Service users were also concerned about the impact of the proposed changes on staff. It is clear that service users have good relationships with existing staff.
- 8.16. The majority of people who disagreed with proposed change 1, and who have provided details about their relationship to current services, are people currently attending Cedar Court (or their family members advocating for them) who would be directly affected by the change. These service users initially expressed very strong views in consultation meetings that they did not want to move from the service which they currently attend. Comments from questionnaires and consultation meetings included "I do not agree with the move", "I don't like changes", and "I would not want to go anywhere else", though the visit to the Calabash Centre as part of the consultation resulted in a less negative response from the 8 people from Cinnamon Court who attended.
- 8.17. Some people who responded to the consultation questionnaire queried the figures presented in the report and suggested that the decline could be because the services are not promoted sufficiently.

Response to Proposed Change 2: That the single service will be located at the Calabash Centre, George Lane

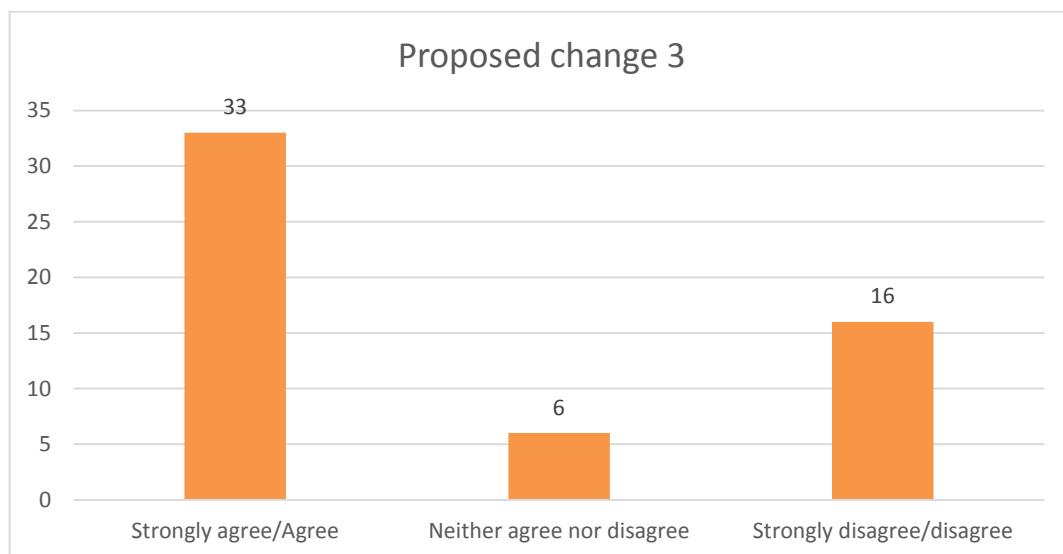


- 8.18. More questionnaire respondents agreed with Proposed Change 2 than disagreed with it. 33 respondents agreed or strongly agreed with the proposed change. 4 respondents neither agreed nor disagreed with the proposed

change. 17 respondents disagreed or strongly disagreed with the proposed changes.

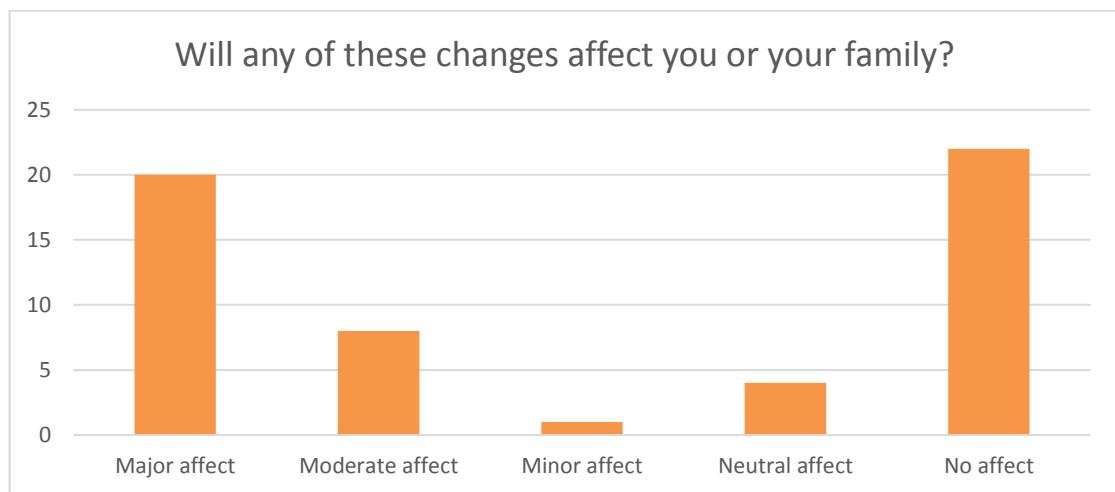
- 8.19. As for Proposed Changed 1, there were a number of respondents from Cedar Court who did not agree with the proposed changes and would prefer for nothing to change. Some of the people currently attending Cedar Court suggested in questionnaire responses and in consultation meetings that if the services had to be amalgamated into a single service, they would prefer it to be at Cedar Court. Some service users from Cedar Court expressed very strong views that they would not want to go to a service at another location.
- 8.20. Service users from Cedar Court and Cinnamon Court took part in supported visits to the Calabash Centre, so that they could see the proposed location for the single service and meet some of the service users and staff. Feedback to officer after the visit was that the centre was bright and airy, and that staff were nice.
- 8.21. Service users from the Calabash Centre commented within questionnaires and to officers at consultation meetings that they were pleased that the proposed location was the Calabash Centre as that would mean they would not have to change their routine significantly.

Response to proposed change 3: That there will no longer be a standalone BAME-Specific service offer, but the service will support older adults from all backgrounds



- 8.22. More questionnaire respondents agreed with proposed change 3 than disagreed with it. 33 respondents agreed or strongly agreed with the proposed change, 6 respondents neither agreed nor disagreed with the proposed change, and 16 respondents either disagreed or strongly disagreed with proposed change 3.
- 8.23. Those people who responded to the questionnaire who disagreed with this proposed change cited reasons including concerns that the service would not be able to meet cultural needs and may have a negative impact on mental health.

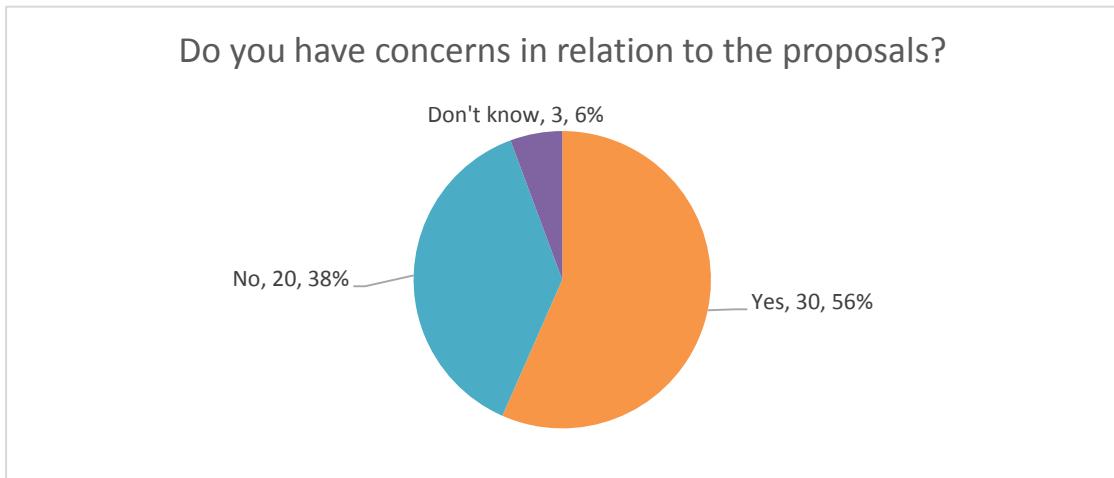
- 8.24. Others who disagreed with Proposed Change 3 in the questionnaire responses cited personal reasons that they would prefer not to move day service from Cedar or Cinnamon Court. This was also raised at consultation meetings at both Cedar and Cinnamon Court, and the impact was highlighted in particular for those people who currently attend a day service on the site where they live in Extra Care Accommodation.
- 8.25. Some service users at Cedar Court expressed concerns at consultation meetings that they may not be accepted by service users at the Calabash Centre, because they are not BAME.
- 8.26. The majority of service users at The Calabash Centre, who are directly affected by this proposed change, did not raise concerns about the commissioned day service offer expanding to provide services for people from other backgrounds.
- 8.27. The Lewisham Pensioners Forum strongly disagreed with this proposal saying that the loss of the BAME- specific service offer is valued by the community and that the proposals may lead to increased social isolation for BAME older people.
- 8.28. **Responses to Question: Will any of these changes affect you or your family?**



- 8.29. Of the 55 questionnaire respondents, 20 people said that the proposed changes would have a Major effect on them, 8 people said the proposed changes would have a Moderate effect on them, and 22 people said the proposed changes would have No effect on them.
- 8.30. The questionnaire then provided an opportunity for people to describe the effects on them or their family members as free text. The main themes which were described were:
- People not wanting to move from existing services at Cedar Court
 - Transport
 - Concern that cultural needs won't be met

- Concern that day service may not be available for their family members if capacity is reduced through the changes

8.31. Responses to the question: Do you have concerns in relation to the proposals?



- 8.32. Comments, questions and concerns were invited from respondents in the free text boxes of the questionnaire. This allows for more qualitative information to add context to the quantitative 'yes/no' of the consultation questions. These comments have been summarised for each proposal in the tables below, alongside specific comments raised in consultation meetings with service users, their families and other key stakeholders.
- 8.33. Comments and questions about Proposed Change 1: To re-commission older adult day services currently provided at Cedar Court, Cinnamon Court and the Calabash Centre into a service offer at a single location.

Comment/question	Officer Response
Will there be enough day services for the future	There has been a decline in use of building-based day services over the last ten years. Whilst there is a growing older population in Lewisham who may be eligible for care and support from Adult Social Care, the numbers of people choosing to access traditional building-based day services continues to reduce.
It's all about cuts	The proposals would realise savings to the Council. However, the proposal would also ensure a sustainable and high quality commissioned day service offer in the future. By bringing together three services in one, there is an opportunity to pool resources and improve the activities offer and level of support available.
Lewisham states that it is a dementia friendly borough, I'm concerned about consistency.	Lewisham is working towards becoming a dementia friendly borough. This means that the Council is committed to empowering people with dementia to have good wellbeing and to take part in a life, society and a home environment that is meaningful. The Council is committed to improving services for people with dementia, including day services. We will work with individuals and their families to minimise disruption as much as possible for them should the proposals be taken forward.

8.34. Comments on Proposed Change 2, That the older adults' day service location would be the Calabash Centre, George Lane.

Comment/question	Officer Response
Will there be enough staff at the service at the Calabash Centre?	The level of staffing required at the service will reflect the staffing ratios of the existing services. The proposal includes provision for some additional staff resource to support increased need related to personal care support.
Will there be staff from all the day services in the single service.	Specific legislation called TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply to existing staff working in the services. However this is dependent on a number of factors and will only be determined when any decision has been made about the changes to the service.
Is there enough space at the Calabash Centre for the proposed number of people	The size of the proposed single service is no greater than the original service commissioned at the Calabash Centre 5 years ago. The centre is a large space with a number of different rooms and spaces which can comfortably accommodate the number of people proposed to attend the commissioned day service

Will the environment still be calm with all the extra people?	The size of the proposed single service is no greater than the original service commissioned at the Calabash Centre 5 years ago. Council officers are currently exploring how the space can be further improved to support 'zoning' for different activities including a quiet area.
Will the services be blind friendly?	The day service will be person-centred and support will be provided to meet individual needs. Should specific staff training be required and/or changes to the environment to support people with visual impairment to access the centre then this could be arranged.
Carers look forward to free time while a relative is at the Day Centre.	The day service will continue to offer support to older people and support carers to have a break from their caring responsibilities/.

Comment/question	Officer Response
The travel time will be too long.	Officers have been working with the current transport provider for Calabash to model new journeys. What has this shown? Apart from those people attending day centre who also live at the Extra Care location there is no change? A small number of people will have journeys between 10 and 15 minutes longer?
Is it not possible to have the service at Cedar Court?	The Council is proposing the Calabash Centre as it owns the building. Housing 21 own Cedar Court and Cinnamon Court. The Council would not have long-term control over access to that space or what it would be charged for rental and services.
A change in location may be confusing or distressing for people	The Council will work closely with service users, their families and friends, and service staff to support people through the change process.
Some service users have had to move services already in the last four years and will struggle to cope with another move, especially the older service users.	Council officers understand that this will be another change for some people should the proposals be agreed. As in other change programmes, the Council will nominate specific staff to work with individual people and their families to look at how individuals might be supported to manage any change.
I can't afford to pay for transport. Will transport be free?	Transport will continue to be arranged based on eligibility as is currently the case.
Can my personal care time be changed so that I am ready to leave to travel to new service?	Where necessary, individual care and support plans will be updated to accommodate any impact that a change in the day service people attend might have.

Comment/question	Officer Response
Will there be meals available?	Lunch time meals and snack options will be available at a similar cost to those currently available at all the current centres. There will be food to be available for a wider range of dietary requirements. Meal options will also reflect cultural preferences.
If the day service not on the Extra Care site then we can't go down later or go back to our room for a rest after lunch.	Officers note that the provision of day services in the same location as the Extra Care service has offered increased flexibility for those people accessing both. However, it is also an expectation that people attend the day service for the day as this is the assessed need.

- 8.35. Comments on Proposed Change 3: That there will no longer be a standalone BAME-Specific service offer, but the service will support older adults from all backgrounds

Comment	Officer Response
The service at the Calabash is able to support people to reminisce and share with a peer group who come from similar backgrounds to them	The new service would continue to support people with reminiscence activities which are relevant to them and their cultural background. The single service will continue to have a high proportion of people from African-Caribbean countries attending it.
It's important that staff are familiar with and able to understand people's cultural backgrounds.	Equalities Training will be provided by the service to all staff to ensure sensitivity and awareness of people's cultural backgrounds and heritage and how these can be supported in how the service is delivered. Specific standards and requirements will be set and monitored.
People need to have access to materials (pictures/videos/radio) and events which show the positive impact black people have had on the world.	The Council recognises the importance of environments that reflect culture and heritage positively. Materials which reflect the service users' culture and history will continue to be available and will be monitored in the service specification. Officers will liaise with other partners such as the Elders groups to strengthen this criterion in the service specification.
Activities need to enable people to express themselves.	The service specification will be developed with service users, their families/friends and partners/stakeholders to ensure that a range of activities are delivered which reflect the preferences and needs of service users and which enable people to express themselves.
There would not be a space dedicated to black people.	There are a number of services currently operating out of the Calabash Centre, including a Learning Disability Services and other third sector groups. The centre is already inclusive and not a building specifically available to and

	used by black people. However, officers recognise the significance of the Calabash building and its history to the Lewisham African Caribbean population. Discussions with the Active Elders groups and the Lewisham Pensioners Forum have highlighted opportunities to explore improving access and availability to that community.
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Other suggestions for improvements to day services for older adults

- 8.36. Throughout the consultation period, service users and their families have provided feedback on the activities which they enjoy and that they would like to be incorporated into any day service activity programme. Should the proposals be agreed, then there would be a further opportunity for coproduction of the service specification including the activities programmes with service users, families and stakeholders/ partners.

9. Recommendations and proposed mitigation

- 9.1. The outcomes of the consultation are mixed, with some specific groups notably current users and families at Cedar Court and the Lewisham Pensioners Forum have strongly held positions on (a) location of any single service and (b) not having a specifically commissioned BAME day service respectively. However, there is also a generally acknowledged view that the Council needs to get best value from its resources and cannot pay for services that are not used.
- 9.2. Officers have given additional consideration through the consultation period to the option to retain 3 services by giving everybody a direct payment for their existing day service. Officers have modelled what this might actually mean is available in practice based on current usage in terms of budget available. The below table shows the total income which the provider would receive based on 19/20 prices and the average number of places used per day at each of the centres. It also reflects the direct staff capacity that this might fund.

Centre	Ave number of places	Cost per day	Total income per annum based on average number	Costs of space used	Cost of overheads (12% of contract cost)	What staffing can support with remaining funding (based on 35 hr week and ave. costs across providers)

Cedar Court	12	£45.12	£135,360	Notional £4,000 per month, total £48,000 per annum	£16,243	1 x FTE coordinator, 2.7 x FTE support worker
Cinnamon Court	7	£45.12	£78,960	Notional £4,000 per month, total £48,000 per annum	£9,475	0.8 x FTE coordinator
The Calabash Centre	15	£45.09	£169,088	Actual £10,000 per month, £120,000 per annum		1 x FTE Coordinator, 1.4 x support worker

- 9.3. This modelling demonstrates that when the access and services costs are subtracted from the available budget, the balance available to pay for the management and delivery of care is potentially risky and unsafe. The usual ratio for staff at the commissioned day services is 1:4 staff to service users on any day. There are additional cover requirements for annual leave and training and sickness and other absences.
- 9.4. Officers have talked to Housing 21 through the consultation period about whether they would consider developing a service accessed by individuals through direct payments. They have advised that they are not considering such a service development at this time.
- 9.5. Officers would recommend that Mayor and Cabinet agree the proposal put forward in the paper of 5th June 2019 that the three existing commissioned services at Cedar Court, Cinnamon Court and Calabash Centre be commissioned as a single service operating from the Calabash Centre. This service would be inclusive and person-centred, and reflect Lewisham's diversity by providing all service users with opportunities to celebrate their cultural heritage but with a proactive approach to protecting and celebrating the culture and heritage of the African Caribbean population.
- 9.6. Commissioning one service in a single-location, will assist with maintaining provision of a broader number and range of activities as well as better provision of personal care related services. It will support a safe level of service delivery plus an enhanced level of staffing to better support personal care.
- 9.7. It is proposed that 30 older adult day service places are commissioned as a block contract at the Calabash Centre, five days a week, from 9.30am -

4.30pm. The total estimated value of this contract is £403,000, which includes an additional sum to enable personal care to be provided through the service. The Council will retain an option to purchase additional places on a spot-purchase basis to ensure that it could meet fluctuations in demand.

- 9.8. Commissioning older adult day services in this way would have a positive impact on service users, as they will be able to receive personal care support during the day and continue to access day services should their needs change.

Change process

- 9.9. Throughout the consultation process, service users and their families have raised concerns about how the proposed changes may affect people with dementia and other cognitive impairment. Approximately 15% of all service users attending older adult day services have mental health or memory/cognition listed as their primary support reason, however, a higher proportion of people attending the services are affected by dementia but have another primary support need. As such, it is important that should the recommendations in this report be agreed, that the changes are communicated clearly with service users and that they are supported appropriately to adapt to the change.
- 9.10. To minimise the potential negative impact to individuals moving from services at Cedar Court and Cinnamon Court, named social care staff will be assigned to supporting service users with planning for the transition in a personalised way.
- 9.11. Officers will work closely with existing providers as part of this personalised approach to ensure that people are able to continue to attend services at the same days and times and that they have access to at least the same range and level of activities..
- 9.12. Service users from Cedar Court and Cinnamon Court, and their families will continue to be given opportunities to visit the Calabash Centre through the transition period to get to know the environment and each other. It is proposed that service users from all services will also be invited to take part in workshops to develop the service specification for the new service.
- 9.13. Officers will establish a user/ family/ stakeholder/ partner group to support the development of the service specification and advise on and review the change management process.
- 9.14. Service users affected by these proposals may also wish to consider the wider range of community-based activities which are available in and around Lewisham, which are referenced in detail in the Day Service Report to Mayor and Cabinet on 5th June 2019.
- 9.15. The Council works closely with the voluntary and community sector and grant funds a range of organisations and activities which work with older people to

reduce their social isolation, and improve their health and wellbeing. Examples of grant-funded activities which people may wish to attend, with a personal assistant are: Age exchange, Meet me at the Albany, Stanstead Lodge Seniors Club. Support planners can help people to consider other options available on an individual basis.

- 9.16. Service users may wish to consider alternative day services, which they can access using a direct payment. These include Deptford Mission, Deptford, which operate 11-3pm three days a week, and Bromley and Lewisham Mindcare, Beckenham, which is open all day 5 days a week.

Requirements for Service Specification

- 9.17. Should the proposals be agreed, there would be a further period of engagement with service users from all services, their families, and other stakeholders/ partners as part of developing the specification for the service.
- 9.18. The service will continue to operate Monday-Friday 9am-4.30pm.
- 9.19. The service will be able to provide care and support for people with significant personal care needs, including double-handed personal care needs.
- 9.20. In response to the feedback from the consultation there are other key elements which need to be included within the specification to ensure that the service can meet the needs of existing and future service users. These are listed in the table below.

Requirement for the specification	Comment
Diverse service staff to reflect Lewisham's diversity	The law does not allow specific targets to be set in a specification. However, the specification will set out the need to consider genuine occupational exemptions should there be a need to recruit staff. Staff characteristics in comparison with service user characteristics will be reviewed as part of contract monitoring to assess the degree to which they 'match'.
Service meets the needs of the service users (and gets regular feedback from service users and family/carers)	The specification will require the establishment of a family/carers forum will be established to provide feedback to the service as to what is working well and what is not working well and needs to change. A 'lay visitor/ experts by experience' approach will also be developed for the monitoring of the service to ensure that the Councils (and the provider's) commitment to cultural and heritage sensitivities are being met Service user satisfaction surveys will include equality monitoring data to ensure that the service meets the needs of all users.

Requirement for the specification	Comment
Service users should have choice of meaningful activities to participate in.	At least two choices of activity per session required. Activity programmes should be reviewed regularly with service users.
Materials used by the service will reflect the diversity of Lewisham's older population	The service will be monitored to ensure that materials used reflect Lewisham's diverse older population (photos, pictures, news, music).
Culturally specific and reminiscence activities should be available	The activities programme will include specific reminiscence activities that reflect the history and backgrounds of specific service users, as well as other culturally specific activities.
Culturally relevant events	Key festivals and religious and historic events which will be celebrated will be agreed with the service user steering group, and will reflect the cultural heritage of service users.
Culturally appropriate meal choices	An African-Caribbean meal choice should be made available for purchase every day.
Clarity on the expectations of centre users	Officers will reference and include a 3 way partnership agreement between the Council, the day service provider and the users of the building confirming access agreements and arrangements.
Improved accessibility and use of the Calabash Centre in particular for non day service specific activities to African Caribbean communities	While not a specific service requirement, the consultation has highlighted the allegiance and history of the Calabash building with the Lewisham African Caribbean community. In discussion with both the Active Elders groups and the Lewisham Pensioners Forum it is clear that there is potential for improved access to the building for events and social occasions that officers will include in a specification

Transport and travel assistance

- 9.21. Service users and their families expressed the need for transport and travel assistance to be provided to service users, should the commissioned older adult day service offer be consolidated at the Calabash Centre.
- 9.22. The Council will apply its Transport and Travel Assistance Policy on a case by case basis to assess whether or not an individual is eligible for travel assistance. It is expected that everyone who is currently eligible for travel assistance will remain eligible for travel assistance and that people not currently travelling because they also live in the Extra Care services at Cedar Court and Cinnamon Court are likely to be eligible.

Transport to and from the Calabash Centre is currently provided by Voluntary Services Lewisham (VSL) who have modelled the routes for a combined service which they would need to run should they need to provide transport for service users from Cedar Court and Cinnamon Court should the proposals in this report be agreed. VSL have confirmed that they would be able to provide transport to get everyone from their homes to a day service with a maximum journey time of 1 hour. Average journey times currently for people attending Cedar Court and Cinnamon Court are between 30 and 45 minutes.

Ensure the Active Elders groups continue to be able to use the Calabash Centre

- 9.23. The African Caribbean and Asian Active Elders Groups are vibrant social groups which provide a range of activities for independent older people. Both groups have used space at the Calabash Centre for many years providing a valuable opportunity for people from these communities to get together and represent a key part of the Council's preventative strategy.
- 9.24. Despite this, in meetings with officers, the groups expressed concern about the vulnerability of their position in their ongoing use of the Calabash Centre. As mentioned above, officers will develop a formal collaboration agreement between the Council, the care and support provider and the Active Elder Groups. This will help to provide greater clarity for all parties about how the centre is used by the different groups and how they work together.
- 9.25. The Active Elders groups are voluntary and volunteer run organisations which receive a nominal subscription fee from their members which fund their activities. Their use of the Calabash building is subsidised by the Council. In their meetings with officers, they signposted that they would like to expand membership and offer a wider range of events and activities. Officers who met with the Active Elders Groups have undertaken to liaise with those officer who support volunteer/ third sector organisations to explore whether there are ways the Council can support them with this objective.
- 9.26. Council officers have invited both groups to be involved in developing the specification for the commissioned day services, and the plans for improvements to the centre. As part of the specification development process, officers will also be talking to the groups about opportunities to expand shared activities with the commissioned day service and to be part of the quality monitoring process for the commissioned service.

Invest in the facilities at the Calabash Centre

- 9.27. Officers have been exploring options for making improvements to the Calabash Centre to make it more comfortable and accessible for people who attend the centre. The improvements also need to consider how the other organisations who use the building use the space, and their specific requirements. This includes the learning disability service, New Beginnings, which operates out of the Calabash Centre at present, as well as the Active Elders Groups.
- 9.28. Occupational therapists have visited the centre and met with staff and service users to find out what works well and what could be improved at the centre.

- 9.29. Initial ideas for improvements to the Calabash Centre include:
- Garden re-surfacing and planting
 - New furniture
 - Modernisation of bathrooms to improve accessibility.
 - Installation of a ceiling track hoist to support with personal care
 - Re-purposing rooms to improve use of the space
- 9.30. An initial bid has been made to the Council's Capital programme Board for this purpose. If the proposals are agreed, further feasibility work will be carried out over the next few months which will include further dialogue with service users about their priorities for improvements. Officers will then develop a final proposal for the improvements and finalise a bid for funding to the Board.
- 10. Staffing and Possible TUPE Implications**
- 10.1. Should the recommendations in this report be agreed, and a single service is agreed, then TUPE may apply for staff employed across the three services affected by this change.
- 10.2. There are 13 permanent members of staff employed across all three services. 6 members of staff are employed by Hestia at the Calabash Centre, 2 members of staff are employed by Housing 21 at Cinnamon Court, and 4 members of staff are employed by Housing21 at Cedar Court.
- 10.3. In total there are 8 support workers/day care assistants, 4 coordinators/managers and 1 Chef who may be eligible for TUPE.
- 10.4. Until the commissioning and procurement process has been completed, it cannot be confirmed what staffing establishment and structure for the new service may be required.
- 10.5. This will be proposed by the provider through the tender process and agreed by the Council. The TUPE 'due diligence' discussions will be the responsibility of the receiving provider.
- 11. Next steps and timescales**
- 11.1. Should the recommendations at Section 2 be agreed, then officers will write to all service users and their families to inform them of the outcome of the consultation and provide them with named workers from Adult Social Care who are able to support them with any individual queries or assessments which may be required.
- 11.2. An operational project group will be established to manage the implementation of the proposals. The project plan will include a social work assessment work stream, a communications work stream, a commissioning work stream and a buildings improvement work stream.

- 11.3. Representation will be sought from service users, their families and key stakeholder groups to be involved in the development of the service specification. This will be managed through a series of workshops so that people can fully participate.
- 11.4. They will also be invited to be involved in plans for the centre improvement works.
- 11.5. A schedule of visits to the Calabash Centre will be put in place for service users from Cedar Court and Cinnamon Court to visit the Calabash Centre so that they can become more familiar with the environment. These visit will also incorporate planned shared activities so that service users from across the three services get to know each other.
- 11.6. Officers will also write to the current providers and other stakeholders to advise them of the changes and indicative timeframes for the procurement and new service start.
- 11.7. Officers have considered options for delivering the day service at the Calabash Centre. Given the nature of the services the three options considered were: insourcing, the Council itself setting up a company, or procuring a service provider. The option which is recommended is to re-procure the older adults day service from a provider at the Calabash Centre via a competitive process. This option was favoured as it minimises the costs of delivering the services whilst ensuring the quality required for the service. An options appraisal can be found at Appendix 3 of this report.
- 11.8. The proposed procurement route is an open tender. The estimated contract value for 5 years (3 years plus a 2 year optional extension) is £1,687,500 (based on 30 places at £45 per day, 5 days a week, 50 week year). This is above the OJEU Threshold for Light Touch procurement. In accordance with the Council's Standard Procedure Rules the Contract will need to be awarded by Mayor and Cabinet.
- 11.9. The tender pack would include: Invitation to Tender, Service Specification, Pricing Schedule, Code of Conduct.
- 11.10. It is proposed that the Council adopts the standard 50:00, price: quality waiting. Officers will ensure that there is a clear scoring mechanism which will deliver the minimum quality required.
- 11.11. The Council will require tenderers to submit method statements relating to Social Value. Possible activity which would demonstrate social value in this contract would be to appoint an apprentice and/or provide other skills and employment training to people interested in working in Health and Social Care.
- 11.12. Officers will explore whether there are opportunities for service users, their families and key stakeholder partners to be involved in the commissioning process.

- 11.13. Advise the Procurement Team so that they are aware of the Procurement and the Timetable for publishing documentation on the London Tenders Portal and Contract Finder.
- 11.14. Indicative timeframes are set out below:

Date	Activity
Early November – mid-December	Develop service specification with input from service users.
Early November – mid-December	Develop procurement documentation.
6th January – 10th February	Tender period
10th February -	Tender closes
10 th Feb- 9 th March	Evaluate tenders and clarification meetings
End March	Contract award
1 st April – 30 th June 2020	Contract Mobilisation
1 st July 2020	Contract start

12. Financial Implications

- 12.1. The current annual cost for Older Adults Day Services is £1,038,293 based on 2019/20 prices. The total value of the three commissioned service contracts, which are the subject of this report, is £552,533 in 2019/20.

Service	Ave. cost per person per day		Number of contracted places	Total Cost of Service per annum	
	18/19	19/20		18/19	19/20
H21 at Cedar Ct	£43.93	£45.12	12	£131,790	£135,360
H21 at Cinnamon Ct	£43.93	£45.12	12	£131,790	£135,360
Hestia at Calabash	£43.90	£45.09	25	£274,375	£281,813
In-house provider at Ladywell Dementia	£80.96	£80.96	24	£485,760	£485,760
Total			73	£1,023,715	£1,038,293

- 12.2. The current void costs at the Calabash Service, Cedar and Cinnamon Court is approximately £169,000 per annum, based on 15 void places at £45 per day, 5 days a week, 50 weeks a year. The proposals seek to eliminate this cost by reducing overall capacity to align with current usage.

- 12.3. However an investment in a new single service would be required to allow for additional requirements in new spec. This cost of additional staffing at key times is estimated at £30,000 p.a.
- 12.4. The overall potential impact of the proposals is therefore a budget reduction of approximately £139,000. Should the proposals be implemented then the budget for commissioned Older Adults Day Services would be reduced to £413,533 p.a. (and overall budget for Older Adult Day Services would be £899,293 p.a.)
- 12.5. There may be costs associated with TUPE and/or redundancy of staff for which the Council may have some liability. Full information will be provided when final recommendations are brought back to Mayor and Cabinet following the consultation period.

13. Legal Implications

- 13.1. Services to adults are provided according to the statutory framework provided by the Care Act and associated guidance. Changes to service provision to individuals can only be carried out after re assessment of need, changes to service configuration overall, after full and proper consultation with those affected or likely to be affected, or having an interest in the proposals, with sufficient time and opportunity being provided for proper consideration and response. What are often referred to as the Cabinet Office Principles set out that there is no one framework for consultation (although there has been Judicial comment on frameworks which have been challenged), but there must be consultation at a point when the proposals are at a formative stage, provide sufficient information and reasons for any proposal to allow for intelligent and informed consideration, and allow adequate time for consideration and response.
- 13.2. In making proposals for service changes, a Local Authority has an overall duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness(S3 LGA99), and also to consult for the purpose of deciding how to fulfil the duty.
- 13.3. The Council has a public sector equality duty (the equality duty or the duty - The Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 13.4. In summary, 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.

- 13.5. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and Cabinet must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 13.6. The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.
- 13.7. The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

14. Crime and disorder implications

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

15. Equalities implications

- 15.1. An Initial Equalities Analysis Assessment was carried out and identified that the proposals would have a neutral impact on the protected characteristic of Race because whilst part of the proposal is to no longer separately commission a BAME-specific service, the new service would be commissioned to work with people in a person-centred way to ensure that their cultural needs are met.
- 15.2. The majority of the people who currently use the service commissioned at the Calabash Centre are African Caribbean. A large number of African-Caribbean people now also access other older adult day services and opportunities, which was not the case when the Calabash Service was originally specified.
- 15.3. Throughout the consultation the majority of service users from the Calabash Centre were in agreement with the proposals, on the basis that they will continue

to have access to the range of activities and cultural events which they enjoy, socialise with people from similar backgrounds to themselves (and others) and are able to access an African-Caribbean meal choice.

15.4. The improvements to the service offer generally will help to offset any potential negative impact and officers are exploring ways to mitigate any possible negative impact through the use of personalised care plans which reflect people's culture and ethnicity. This will be considered through the Consultation.

15.5. The changes will primarily affect older people with a disability, as they are the primary users of this service. The possible negative impact of the change is that people may have to travel further to a single service offer, however, the negative impact would be mitigated by the provision of travel assistance in line with the Council's Travel Assistance Policy. The improved service offer which will be able to support people with higher care and support needs is likely to also positively benefit the protected characteristics of Disability and Age.

16. Environmental implications

16.1. There are no environmental implications arising from this report.

Background Documents and Report Originator

Title	Date	File Location	Contact Officer
Recommissioning Culturally Specific Day Services for Older Adults	12th February 2014	Link	Heather Hughes
Remodelling Lewisham Council's Day Service Offer and Associated Transport including Evening Club Provision	11th February 2015	Link	Heather Hughes
Recommissioning of Building Based Day Services for Older Adults	10th May HCSC	Link	Laura Harper
Recommissioning of Building Based Day Services for Older Adults	5th June 2019	Link	Laura Harper

If you have any queries relating to this report please contact Laura Harper on 0208 314 6096

Appendix 1 – Costs and Current Usage data

Table 1 - Service Costs

Service	Ave. cost per person per day		Number of contracted places	Total Cost of Service per annum	
	18/19	19/20		18/19	19/20
H21 at Cedar Ct	£43.93	£45.12	12	£131,790	£135,360
H21 at Cinnamon Ct	£43.93	£45.12	12	£131,790	£135,360
Hestia at Calabash	£43.90	£45.09	25	£274,375	£281,813
In-house provider at Ladywell Dementia	£80.96	N/A	24	£485,760	N/A
Total			73	£1,023,715	

Table 2 – Service usage as at 31 March 2019

Service	5 days	4 days	3 days	2 days	1 day	Total no of days	Total no of users
Cedar Court			6	13	15	59	34
Cinnamon Court	1	3	5	5	4	46	18
Calabash	4	2	7	12	13	86	38
Ladywell Dementia	2	2	10	21	12	102	47
TOTAL	7	7	28	51	44	293	137

Table 3–Analysis of Usage

Service name	Hestia Service at the Calabash Centre		Housing 21 Service at Cedar Court		Housing 21 Service at Cinnamon Court		In-House Dementia Service at Ladywell	
Period	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Commissioned Days	25	25	12	12	12	12	24	24
Ave number per day on register	23	17	12 (+8)	12(+2)	12	10	19	18
Ave number per day attendance	18	15	12 (+2)	12	9	7	15	16
Ave percentage of people on register	91%	68%	163%	120%	100%	83%	77%	75%
Ave percentage of people attending	73%	60%	121%	100%	75%	58%	63%	66%
Spare capacity based on usage	7	10	0	0	3	5	9	8

Appendix 2 – Pen portraits of service users in commissioned/directly managed services

Anonymised pen portrait of person supported at Lewisham in-house dementia service

Mr R is an 85 year old man who attends Ladywell Dementia Day Service 5 days a week. Mr R lives with his daughter (also his main carer), and other family members live nearby and visit regularly. Mr R was diagnosed in dementia in 2013 and the disease has progressed over the years causing many changes in his presenting behaviour. Mr R has severe memory loss and is no longer able to communicate effectively. He requires prompting and constant supervision as he has little insight into his care needs and risks. He can be aggressive and become distressed easily. At times he refuses care.

Mr R started attending Ladywell 1 day a week in 2014 and has increased to 5 days a week gradually over time due to increasing needs. Mr R used to attend the Calabash service, but his needs could no longer be met there and he needs additional support around wandering and managing his aggressive behaviour. Mr R also has arthritis which can cause severe pain and cannot access the first floor of his home. OT have assessed and have recommended a downstairs bathroom is installed.

Mr R attends the day service to socialise as he is no longer able to access the community safely due to the advanced behavioural symptoms of his dementia. The day service also enables his main carer to have a break from their caring role. In addition to attending the day service Mr R receives 28 hours domiciliary care support in the morning, evening and at bed time. In order to access the day service, the Council provides transport.

Anonymised Pen Portrait of person supported at Cinnamon Court

Ms A is a 90 year old woman. She lives alone and her family live in another part of London. They provide support at weekends and do shopping and other domestic tasks for Ms A. Ms A primary needs are physical, though she does experience confusion from time to time, which is linked to some of the medication which she takes for pain relief.

Ms A is a full time wheelchair user and requires double-handed support with a hoist for personal care. In addition to attending day care, she also receives 21 hrs double-handed domiciliary care support a week, and has a package of telecare through linkline in case of an emergency.

Due to her mobility difficulties, Ms A is unable to access the community. Ms A attends Cinnamon Court day service 2 days a week where she enjoys socialising and participating in organised activities.

Anonymised Pen Portrait of person attending Cedar Court

Mr T is a 78 year old man who lives with his wife, who is his main carer, in a single storey bungalow. His daughter lives nearby and helps with domestic tasks. Mr T has had a diagnosis of dementia since 2016 and is also diagnosed with COPD and diabetes. Mr T uses a frame to mobilise indoors and uses a wheelchair outdoors due to mobility issues.

Mr T attends Cedar Court day service 3 days a week to enable him to socialise as it is difficult for him to access the community due to his mobility difficulties. Over the past year his wife has reported an increase in the frequency of Mr T's confused episodes which can leave Mr T agitated. In addition to this Mr T receives support with personal care of 10.5 hrs a week to minimise self-neglect. His diabetes is monitored by the district nurse as he is at high-risk of pressure ulcers. Mr T is rarely left alone, and has linkline telecare installed in his home. The 3 days which Mr T attends the day service enable Mr T's wife to take a break from her caring role and to attend to her own wellbeing.

Anonymised Pen Portrait of person attending Calabash Centre

Mrs L is an 80 year old woman who lives with her daughter and adult grandchild. Her daughter is her main carer and provides support at home with dressing, washing, preparing meals and all domestic tasks.

Mrs L was recently diagnosed with dementia, but has been attending the day service since she had a stroke in 2014 which left her speech and mobility affected. She is able to mobilise independently over short distances but is not able to access the community independently. She attends the centre 2 days a week to help reduce the risk of socialisation whilst her family are at work. She enjoys the art and exercise activities in particular. Over recent years she has started to experienced memory loss and disorientation to time, place and people, which prompted a referral to the memory clinic and her dementia diagnosis.

Mrs L does not currently have any package of support other than Linkline, as her care is managed by her daughter and her grandchild.

Appendix 3 - Historic Service Usage

Cedar Court							
Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Number of contracted places	30	30	20	30	30	12	12
Ave number people on register each day	24	20	15	18	18	17	14
Ave number of people attending each day	18	15	12	14	14	14	12

Cinnamon Court							
Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Number of contracted places	30	20	20	20	20	12	12
Ave number people on register each day	19	18	15	13	13	12	10
Ave number of people attending each day	16	14	12	10	11	9	7

Calabash (formerly St Mauritius)							
Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Number of contracted places	30	51	51	25	25	25	25
Ave number people on register each day	29	45	30	24	23	18	17
Ave number of people attending each day	22	36	27	21	20	13	15

Ladywell Dementia							
Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Number of contracted places	19	19	21*	24	24	24	24
Ave number people on register each day	19	18	18	21	22	19	18
Ave number of people attending each day	16	16	14	18	19	15	16

*The capacity changed from 19 to 24 on 01/10/14

Appendix 4 - Consultation Chronology

Date	Time	Location	Description	Approximate attending/engaging with consultation
14 th May 2019	7.30pm	The Civic Suite, Catford	Healthier Communities Select Committee	n/a
5 th June 2019	6.30pm	The Civic Suite, Catford	Mayor and Cabinet	n/a
6 th June 2019		Website	Consultation launched on website	
11 th June 2019	n/a	Post	Letters to service users and their families	120 people
7 th June-14 th June 2019	n/a	E-mail	Letters out to stakeholder organisations	10 organisations
Monday 24 th June 2019	11am-12pm	The Calabash Centre	Meeting	15
Monday 1 st July 2019	5pm-7pm	The Civic Suite, Catford	Drop-in meeting	4
Tuesday 2 nd July 2019	11am-12pm	Cedar Court	Meeting	20
Tuesday 2 nd July 2019	2pm-3pm	Cinnamon Court	Meeting	8
Wednesday 3 rd July 2019	2pm-3pm	The Calabash Centre	Meeting	15
Tuesday 9 th July 2019	10.30-11.30	Cinnamon Court	Meeting	12
Tuesday 9 th July 2019	2-3pm	Cedar Court	Meeting	15
Friday 12 th July 2019	11.30-12.30	Cinnamon Court	Meeting	10
Wednesday 17 th July 2019	5-7pm	The Civic Suite, Catford	Drop-in meeting	
24 th July 2019	10-2pm	The Civic Suite, Catford	Attendance at third party event – Pensioner's Forum day	60 at talk 8 spoke to officer afterward
25 th July 2019	12.30-1pm	The Civic Suite, Catford	Positive Ageing Council Steering Group	25
26 th July 2019	11-12pm	The Calabash Centre	Meeting with Asian Elders Group	15 people

31 st July 2019	3pm-4.30pm	The Civic Suite	Meeting with Lewisham Pensioners Forum representatives	2 representatives
1 st August 2019	11am-12pm	The Calabash Centre	Meeting with Active Elders Group	30
22 nd August 2019	N/A	Post	Letters out to service users and their families	120 people
30 th August	10-3pm	The Calabash Centre	Advocacy "surgery"	15
2 nd September 2019	10-3pm	Cedar Court	Advocacy "surgery"	15
4 th September	10-3pm	Cinnamon Court	Advocacy "surgery"	12
Various dates between 30 th August and 13 th September 2019	Various times	All services	Advocacy by appointment	TBC
2nd September 2019	11am-1pm	Dementia Hub	Meeting with people in early stages of dementia	10
9 th September 2019	10am-12pm	The Calabash Centre	Cedar Court visit to the Calabash Centre	8 visitors plus all regular attendees
10 th September 2019	1pm-2pm	The Civic Suite	Meeting with Lewisham Pensioners Forum representatives	2 representatives
11 th September 2019	10am-12pm	The Calabash Centre	Cinnamon Court visit to the Calabash Centre	11 visitors plus all regular attendees

Appendix 5 - Correspondence Summary

Date	Contact type	Summary
13/06/19	Telephone	Phone call to service user relative to ask for postal address and to explain the proposals. Comment that their relative would benefit from getting out to a different centre and that there wasn't a lot of activity at the centre they currently attend. Highlighted the need for transport for their relative to attend a service offsite. Questionnaire subsequently sent via post.
13/06/19	Telephone	Phone call to ask service user relative for more contact details and to explain the proposals. Questionnaire subsequently sent via email.
13/06/19	E-mail	E-mail from Healthwatch who commented that the consultation process is extensive and well thought out. Healthwatch also agreed that the link to the consultation would be placed on their website and in their next e-bulletin.
14/06/19	Telephone	Phone call to service user relative to ask for postal address and to explain the proposals. Relative commented that their loved one would have to travel further. Officer responded that there may be ways to lessen the impact of this through careful route planning. Service user relative also commented that the decision will have already been made and that there is little point of consultation. Reassurance given that no decision has been made and that it won't be made until October, after the consultation closes in September.
16/06/19	E-mail	E-mail from service user highlighting that some service users in older adults' day services had been part of previous changes to services and had moved to Cedar Court from the Ladywell Centre 4 years ago. Concerns raised that long-established friendships were broken up as a result of these changes. Further concerns raised that now service users with dementia would be split from service users without dementia and this would have a negative effect on their wellbeing and that these comments would not be listened to. Response explaining that officers worked with people affected by earlier changes to support people to identify their friends and move as groups where possible. Response also clarified that the

		proposal is that all current service users from Cedar court would move to a new service at the Calabash Centre. This proposed change does not seek to move anyone with dementia to specialist services, and the service proposed at the Calabash Centre would be able to support people with dementia in much the same way they are supported currently at Cedar Court. There may be some people who need an assessment because their circumstances have changed and this which may lead to them being offered different services to meet their needs.
27/06/19	E-mail	E-mail requesting the paper version of the consultation paper. E-mail response with copy of consultation paper.
05/07/19	E-mail	E-mail requesting additional formats of consultation document: Large Print, Easy-to-read version, Audio version. All versions were made available within 2 weeks.
11/07/19	E-mail	Email: “In today's society, it is important for the Caribbean elderly to have a sense of belonging. A community where they are culturally acceptable. Often one is discriminated against in one's old age for being black and not understanding and accepting cultural differences as well as celebrating them. Although I'm all about diversity, to what extent should we then lose ourselves? Please keep the Calabash open. Keep the social group together. Please do not isolate as they will lose the will to live.”
12/07/19	Letter	Letter from Lewisham Pensioner's Forum to the Mayor of Lewisham to express deep concern about the proposals to not have a stand-alone BAME service offer and to raise concerns about the potential for increased social isolation. The response from the Mayor set out the rationale behind the proposals and invited Lewisham Pensioners Forum to take part in the consultation.
19/07/19	E-mail	“I think this is outrageous and would welcome the opportunity to table why I think this is not in the interest of the minorities. “
08/07/19	E-mail	E-mail with completed questionnaire. Responded with thanks.
09/07/19	E-mail	E-mail with completed questionnaire. Responded with thanks.

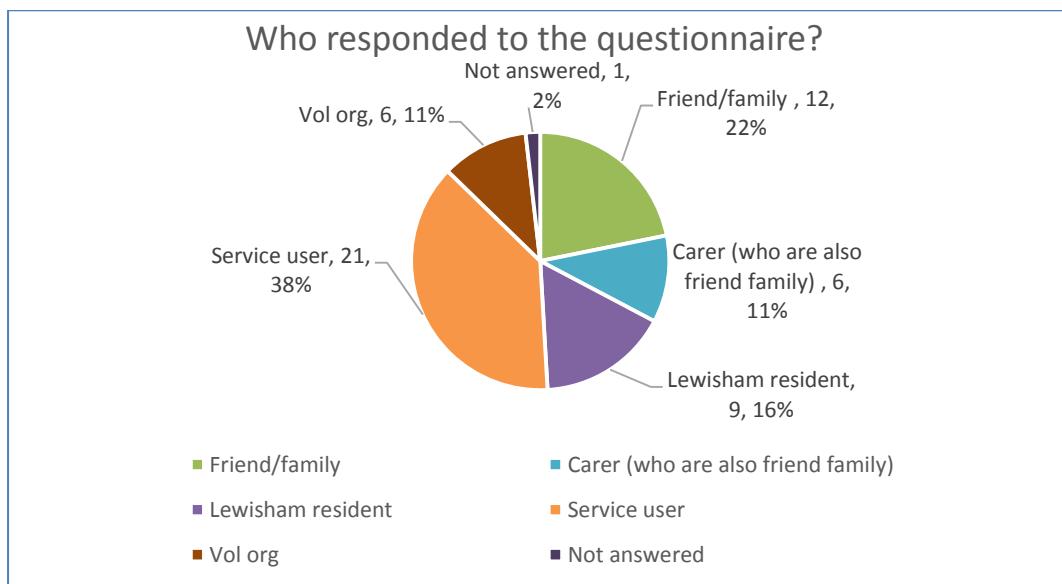
Appendix 6 - Consultation Questionnaire Responses

Who responded to the consultation questionnaire?

Respondent	Number
Friend/family	12
Carer (who are also friend family)	6
Lewisham resident	9
Service user	21
Vol org	6
Not answered	1
Grand Total	55

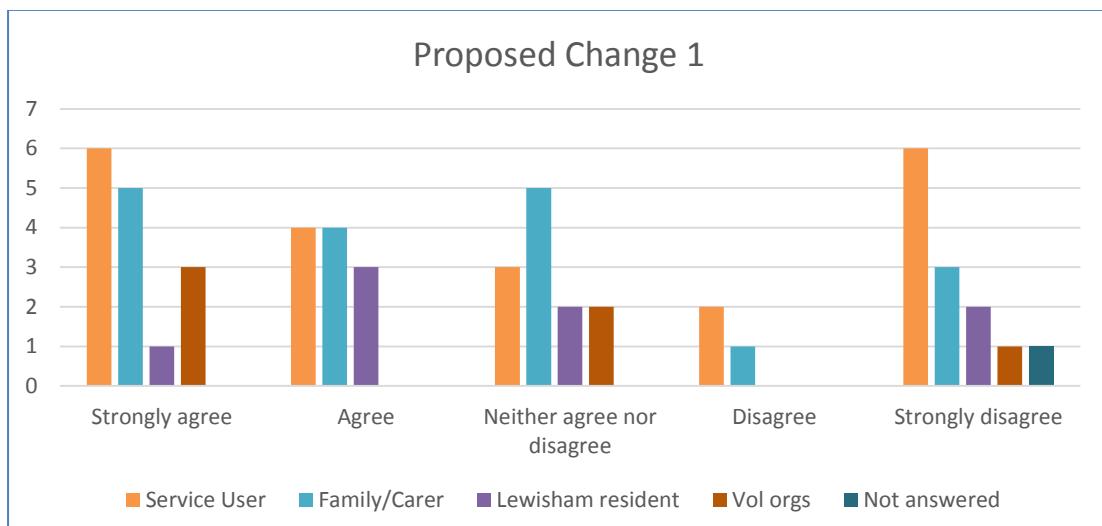
Overall 55 people completed the consultation questionnaire. 40 people submitted hard copy responses and 15 people completed the questionnaire online.

The largest group of respondents were service users. The second largest group of respondents was family/friends of service users. Responses from carers are counted separately in this graph, though it is recognised that they are also friends and family. In the further analysis these categories are grouped.



Proposed change 1

The below charts show the breakdown of responses for Proposed Change 1, combining three services into one. The first chart and table show responses broken down by how the respondent describes themselves. The second chart and table show the breakdown between those people who responded online and those who responded with a hard copy questionnaire.



Breakdown of responses to Proposed Change 1	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	TOTAL
Service User	6	4	3	2	6	21
Family/Carer	5	4	5	1	3	18
Lewisham resident	1	3	2	0	3	9
Vol orgs	3	0	2	0	1	6
Not answered	0	0	0	0	1	1
TOTAL	15	11	12	3	14	55

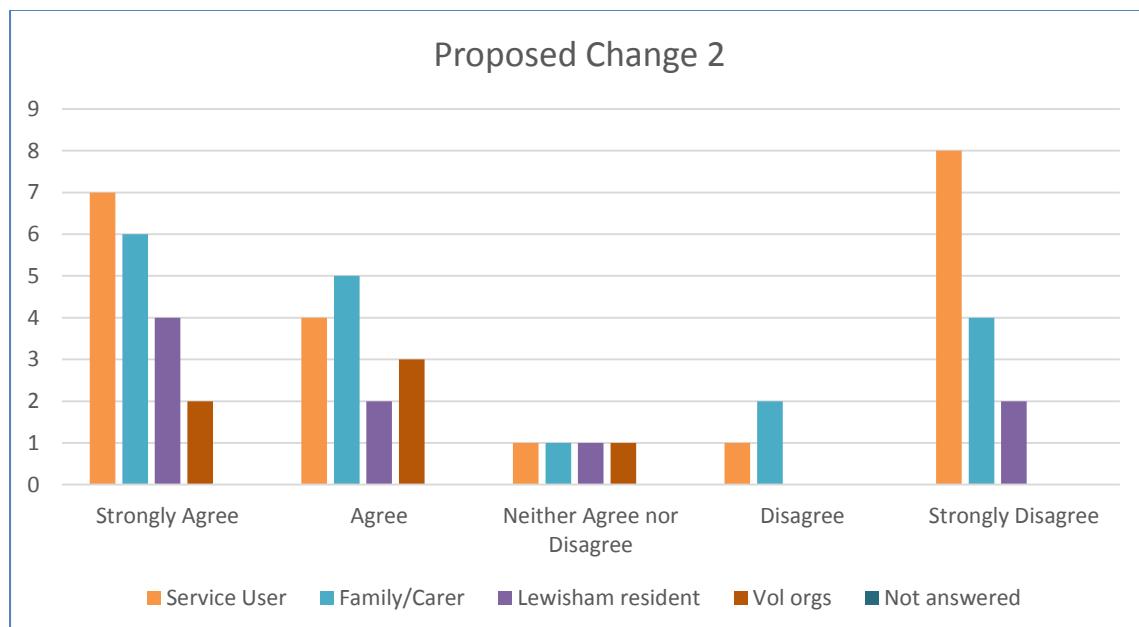
The data shows that views on the proposals were mixed. An equal number of service users strongly agreed (n=6) with the proposals as strongly disagreed (n=6) with them.

Overall more service users and carers agreed or strongly agreed with the proposals than disagreed or strongly disagreed with them. A small number of Lewisham residents who do not use the services or have a family or friend who uses them currently disagreed with the proposals. Other Lewisham residents either strongly agreed, agreed or neither agreed or disagreed with Proposed Change 1.

Proposed change 2

The below charts show the breakdown of responses for Proposed Change 2, that the location proposed for the new service is the Calabash Centre. The first chart shows the breakdown of agreement/disagreement with the proposal based on how the respondent describes themselves.

The 8 service users who strongly disagreed with the proposals were all service users from Cedar Court who specifically would like to continue to receive services at Cedar Court and were against their proposed move to the Calabash Centre. These questionnaires were submitted at the consultation meeting before the supported visit to the Calabash Centre took place.



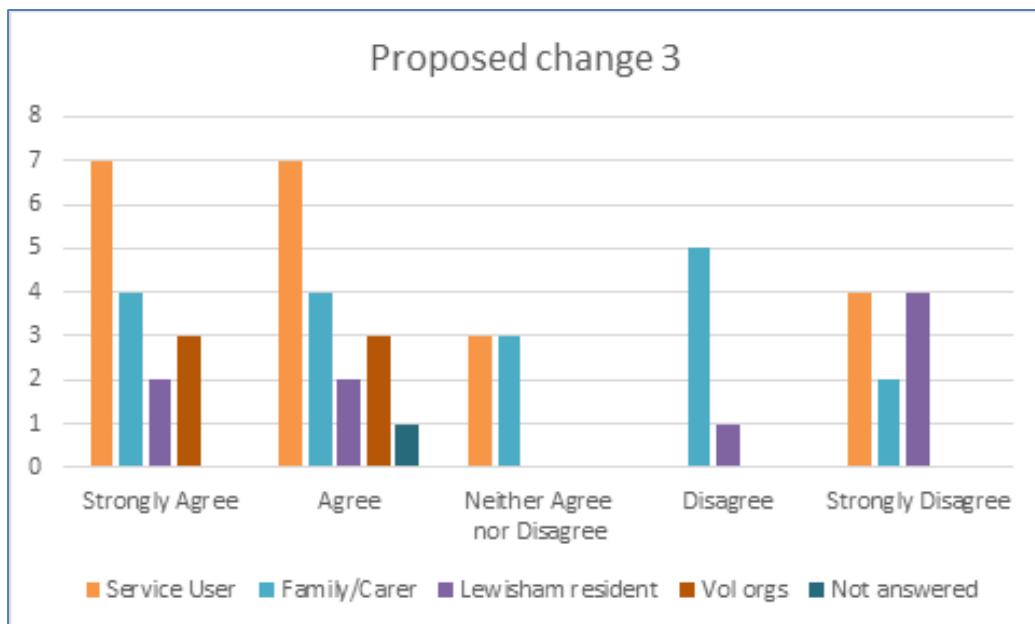
Change 2	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not answered	TOTAL
Service User	7	4	1	1	8	0	21
Family/Carer	6	5	1	2	4	0	18
Lewisham resident	4	2	1	0	2	0	9
Vol orgs	2	3	1	0	0	0	6
Not answered	0	0	0	0	0	1*	0
TOTAL	19	14	4	3	14	1	55

*this individual is not included in the proposed change 2 chart to ensure clarity around the responses

Proposed Change 3

The below charts show the breakdown of responses for Proposed Change 3, that this would mean there would be no BAME-specific day service

The first chart shows the breakdown in responses based on how the respondent describes themselves. Higher numbers of service users either strongly agreed (n=7) or agreed (n=7) with the proposed change compared to service users who disagreed (n=0) or strongly disagreed (n=4) with the proposed change. Families and carers had mixed views about this proposed change with 8 family members or carers strongly agreeing or agreeing with the proposals compared to 7 disagreeing or strongly disagreeing with the proposals.

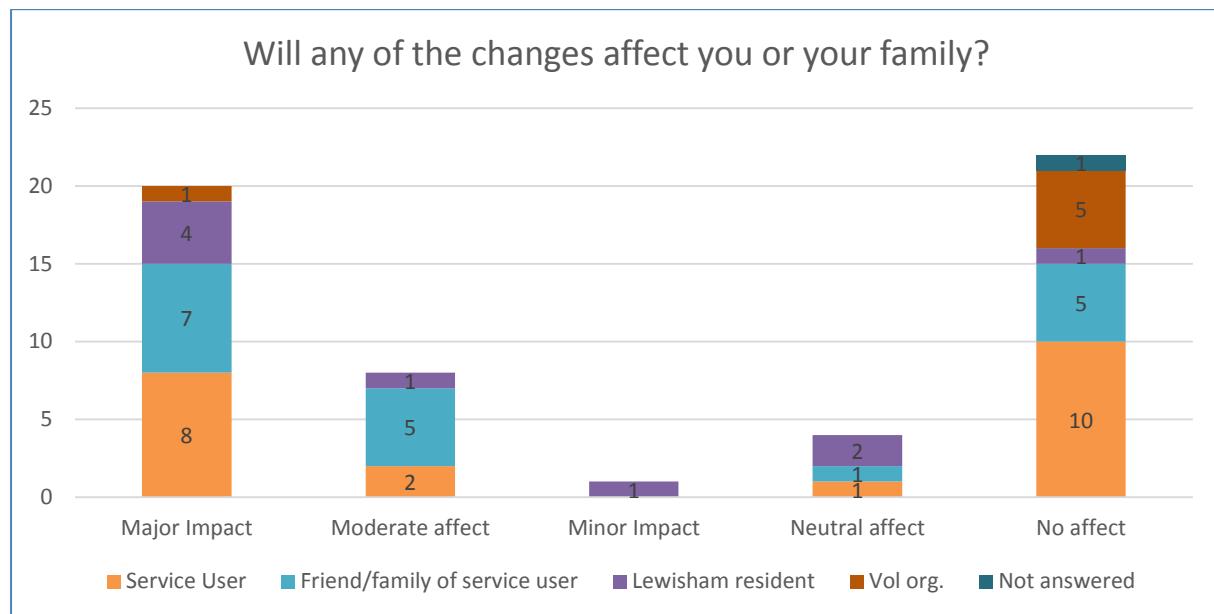


	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	TOTAL
Service User	7	7	3	0	4	21
Family/Carer	4	4	3	5	2	18
Lewisham resident	2	2	0	1	4	9
Vol orgs	3	3	0	0	0	6
Not answered		1	0	0	0	1
TOTAL	16	17	6	6	10	0

Will any of the changes affect you or your family?

The below charts show whether the proposed changes will affect the responder or their family.

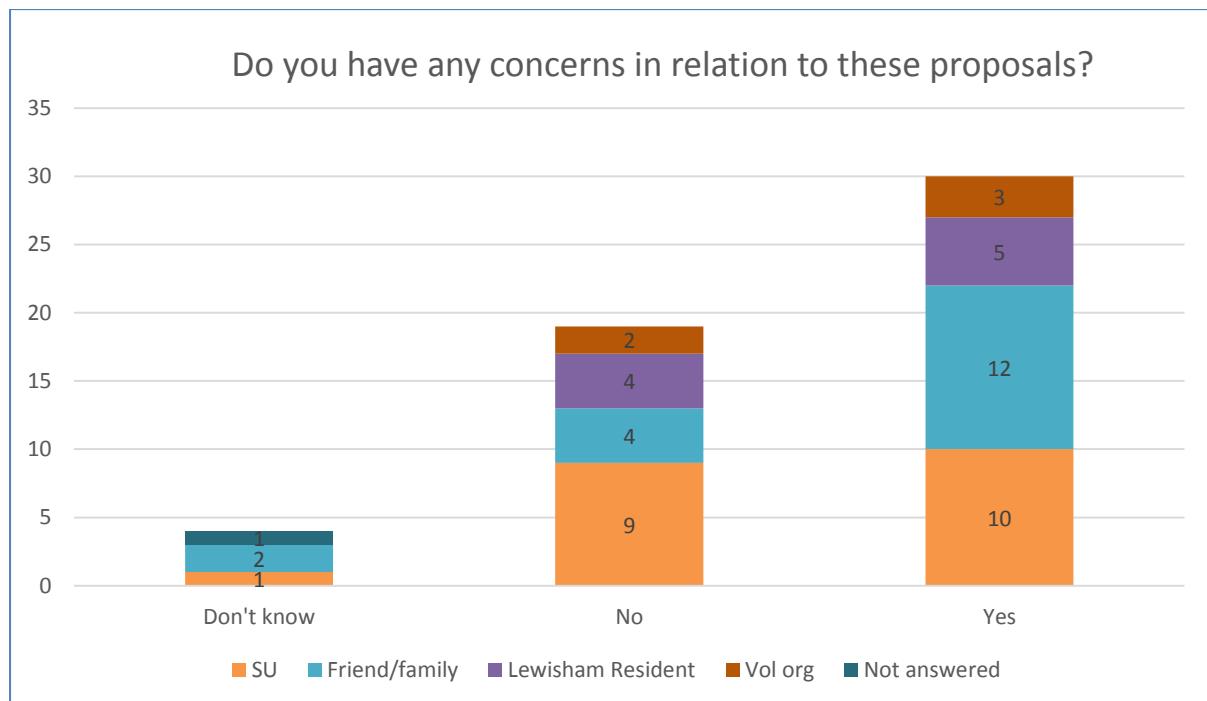
More respondents to the consultation stated that the changes would have no effect on themselves or their family (n=22) compared to having a major impact (n=20). Eight out of twenty one service users stated that there would be a major impact on themselves and their families. Ten stated there would be no effect. Nine of the service users who stated that the changes would not affect them currently attend services at the Calabash Centre.



	Major effect	Moderate effect	Minor effect	Neutral effect	No effect	TOTAL
Service user	8	2		1	10	21
Friend/family of service user	7	5		1	5	18
Lewisham resident	4	1	1	2	1	9
Vol. org	1	0	0	0	5	6
Not answered	0	0	0	0	1	1
TOTAL	20	8	1	4	22	55

Do you have any concerns in relation to these proposals?

The below charts show whether respondents are concerned by the proposals. Of the fifty five respondents, thirty had concerns about the proposals. Twenty two of these were service users (n=10) and family members or carers (n=12). Nineteen respondents had no concerns about the proposals.



	Don't know	No	Yes	No response	TOTAL
SU	1	9	10	1	20
Friend/family	2	4	12	0	18
Lewisham Resident	0	4	5	0	9
Vol org	0	2	3	1	5
Not answered	1	0	0	0	1
TOTAL	4	19	30	2	55

Appendix 7 – Options Appraisal for delivery of service

1. Officers have carried out an options appraisal on possible delivery options for a single day service for older adults. The options which were considered were: Commercial contractor, In-house, Wholly Owned Contractor. The option to make use of a shared service was not considered as there was no relevant local shared service.
2. The options appraisal was undertaken using a standard framework, drawn from a model designed by the Association of Public Sector Excellence to allow Local Authorities to explicitly consider insourcing of services, which assesses various options and appraises these using both qualitative and quantitative metrics. The qualitative considerations for each operating model were: the risks associated with service delivery, the barriers to entry into the marketplace (high start-up costs or other obstacles that prevent new competitors from easily entering an industry), the responsiveness and control achievable, and the commercial potential. The quantitative assessment looked at the potential and likely estimated cost of service delivery under each model. When combined the qualitative and quantitative measures provide an indication of the overall value for money and ranking of each option. Given the nature of the services the three options considered were: insourcing, placing a contract with an external provider, and the Council itself either setting up or procuring a service provider.
3. It is to be noted however that this model has not been previously used by the Council and that as with all models it is a desk top exercise which attempts to predict an outcome for each scenario. As such there is potential for the actual results to differ from those anticipated, and there is further the inherent risk that the modelling itself is not reliable.
4. Please see table below which summarises the options appraisal for service delivery models:

Delivery option	Surety of Service Delivery 10%	Barriers to entry into marketplace 10%	Responsiveness and Control 10%	Commercial potential 10%	Cost 60%	TOTAL (out of 100%)
<i>Commercial contractor</i>	7	7	7	5	60	86
<i>In house</i>	7	6	8	6	48.79	75.79
<i>Wholly owned contractor</i>	7	5	7	7	48.79	74.79

5. Commercial Contractor Model – In this scenario the Council commissions the service from a third party. This is the current delivery model for services at Cedar Court, Cinnamon Court and the Calabash Centre. On this basis the commercial contractor model scored high on surety of service delivery as the service has been delivered consistently to a high standard in the commissioned service arrangements. Commissioned services are contract monitored and receive quality assurance visits to ensure that they are working well. Barriers to entry into the marketplace were low as there is an existing local provider market for day services. On this basis the commissioned service model also scored high in this area. The Commercial Contractor scored high on price as it costs

approximately £100,000 below the alternative options to commission services. The appraisal model scored the Commercial Contractor as the most favourable delivery route for the general older adults' day service.

6. In-house service model – In this scenario the Council would bring the service in-house with direct management arrangements. The benefit of the in-house service option would be greater responsiveness and control over how the service is delivered. The in-house service option scored high in this area. It should be noted that the Council currently has limited management infrastructure for the delivery of day services, and continues to prioritise the direct delivery of specialist services like the Dementia day service at Ladywell, and the Intensive Support Resource Service and Challenging needs service for people with a learning disability. In order to take on the management of another service additional management capacity would be required and this could have a negative impact on the surety of delivery of the service and act as a barrier to entry into marketplace. This is reflected in the options appraisal scores given to the in-house service for these areas. The costs of the in-house service option would be approximately £100,000 more per annum than the proposed contracted service option.
7. Wholly owned Contractor Model - In this scenario the Council would need to create a new wholly owned company which would manage the day-to-day operations of the day service. The Council as sole owner of the company would retain responsibility and accountability for its actions. As such the scores given to this option for Surety and Delivery were high, and similarly the scores for responsiveness and control were high, though not as high as in the in-house scenario as there would be less direct control. The costs are assumed to be the same as the in-house service model, though there may be additional costs associated with contract monitoring the wholly owned contractor model. The barriers to the marketplace are high as this would likely be a new company which would need to establish new structures and ways of working, as well as recruiting and training staff. This option does however have some commercial potential, which remains untested, and has therefore been scored higher than the in-house option and the commercial contractor option in this area.
8. It is not recommended to in-source this service at this time as the Commercial Contractor scores higher in the option appraisal than the In-house Option and the Wholly Owned Contractor Model.

Equalities Analysis Assessment

Review of Older Adults Day Services

Laura Harper
Joint Commissioner
Joint Commissioning Team,
Community Services & Lewisham Clinical Commissioning Group
April 2019

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1. Summary

This document is the Equalities Analysis Assessment of the proposed changes to Older Adults Day Services. It considers how the proposed changes might affect different groups in society differently and assesses whether these effects are positive or negative. It also outlines the activity that the Council will take to ensure that equal opportunities are promoted and that no group is disproportionately discriminated against.

The assessment has found that the proposal to re-commission all older adults day services as a single service offer from a single location does not unlawfully discriminate against any group based on the protected characteristics. It is noted that the proposals will affect older people with disabilities more than any other group, as the majority of service users are older and have some level of disability. People will be supported to engage in consultation and their support needs will be taken into consideration through this process. Assessment of individual needs will be carried out to ensure that the proposed single service will meet people's individual care and support needs. The proposal not to re-commission a stand alone BME service will impact on people from BME backgrounds more than others, however, it is proposed that the single service offer will be able to deliver personalised services which meet individual cultural and ethnic needs and preferences. Overall the assessment found there would be a neutral impact on equalities.

2. Introduction

Lewisham Council is committed to supporting all of its citizens to live full lives and maintain their health, wellbeing and independence. This includes older adults with disabilities and with social care needs. Where an individual is eligible for support from the Council, it will be from the perspective of empowering people and where appropriate their families or carers, to take decisions and make choices as to how their needs can best be met, calling upon their own resources, those of the Council and its providers, and those available in the local community.

This review looks at Day Activities and Day Services which are available for older adults with care and support needs who are eligible under the Care Act 2014. Outcomes which can be supported by day services include, but aren't limited to:

- Developing and maintaining family or other personal relationships
- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs

Adult Social Care currently provides building-based day care, Monday to Friday, at four services across the Borough: Calabash, Cinnamon Court, Cedar Court and Ladywell Dementia Day Service. The proposals are:

1. To re-commission all older adults day services as a single service at a single location
2. That this service will not be BME-Specific, but will support people from all backgrounds

The proposed changes to day services would be underpinned by the principles of the Care Act 2014 to ensure that it complies with current legislation. The Act's principles of promoting independence, offering choice; and considering the most appropriate, cost effective and least restrictive options for meeting people's needs are at the core of the proposed changes.

3. What is an Equalities Analysis Assessment

An Equalities Analysis Assessment (EAA) is the process of systematically analysing a proposed or existing policy, strategy or service to identify what effect, or likely effect, will follow from its implementation for different groups in the community. Assessments should consider the effect of a service on Race, Gender, Disability, Age, Sexual Orientation, Religion/Belief, Pregnancy and Maternity, Marriage and Civil Partnership, and Gender Reassignment. In addition, EAAs consider whether proposals might contravene human rights. By conducting an EAA, organisations can

consider what good practice could be shared or what measures might need to be taken to address any adverse impact.

Lewisham's diversity is one of its strengths and the Council is committed to supporting an inclusive and cohesive local community. EAAs support this intention, by identifying how the Council's services can actively promote equal opportunities and avoid direct and indirect discrimination.

4. Scope and structure of the EIA

This document considers the equalities impact of the proposed changes to Older Adults Day Care only. It draws upon information to assess what effect the recommendations will have on the people currently accessing these services, and the wider population of people aged over 65 in Lewisham who may have Care Act eligible needs in the future.

The EIA provides the answers to the following questions:

1. Could the proposed changes affect some groups in society differently?
2. Will the proposed changes disproportionately affect some groups more than others?
3. Will the proposed revisions promote equal opportunities?

5. Equalities Context

National context

The Equality Act 2010 provides cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all. It aims to deliver a simple and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

On 5 April 2011 the new public sector Equality Duty came into force. The Equality Duty replaces the three previous duties on race, disability and gender, bringing them together into a single duty, and extends it to cover age, sexual orientation, religion or belief, pregnancy and maternity, and gender reassignment. The aim of the Duty is for public bodies to consider the needs of all individuals in their day to day work, in developing policy, in delivering services, and in relation to their own employees.

This EIA has been undertaken in line with the Council's legal duties in relation to equality and as such has assessed the potential impact across the nine quality protected characteristics.

The Human Rights Act came into effect in the UK in October 2000. It means that people in the UK can take cases about their human rights as defined in the European convention on Human Rights to a UK court. At least 11 Articles of the European Convention on Human Rights have implications for the provision of public services and functions. This EIA assesses whether the proposed recommendations are in line with duties established by this Act.

Local context

The Lewisham Values which are set out in *Lewisham Council Corporate Plan 2018-22* are:

- We put service to the public first
- We respect all people and all communities
- We invest in employees
- We are open, honest and fair in all we do

These inform the corporate priorities, which are also set out in the same document and demonstrate the Council commitment to a fair and inclusive society:

1. Open Lewisham – Lewisham is a welcoming place of safety for all, where we celebrate the diversity that strengthens us.
2. Tackling the housing crisis – Everyone has a decent home that is secure and affordable.
3. Giving children and young people the best start in life – Every child has access to an outstanding and inspiring education, and is given the support they need to keep them safe, well, and able to achieve their full potential.
4. Building an inclusive local economy – Everyone can access high-quality job opportunities, with decent pay and security in our thriving and inclusive local economy.
5. Delivering and defending: health, social care and support – Ensuring everyone receives the health, mental health, social care and support services they need.
6. Making Lewisham greener – Everyone enjoys our green spaces, and benefits from a healthy environment as we work to protect and improve our local environment
7. Building safer communities – Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.

The Comprehensive Equalities Scheme (CES) is Lewisham Council's equality policy. It sets out the Council's commitment to meeting the Equality Duty. The five objectives of the policy are to:

1. Tackle victimisation, discrimination and harassment.
2. Improve access to services
3. Close the gap in outcomes for all residents
4. Increase mutual understanding and respect within and between communities
5. Increase citizen participation and engagement

8. Policy Context

There have been a number of government documents which set out the pathway of 'Personalisation' within adult social care as a way of meeting people's needs so that eligible service users have both greater flexibility about the service they receive and greater control over how they are delivered.

For example: 'Putting People First' (2007); 'Transforming Social Care' [LAC (DH) 2008]; 'Caring for Our Future: reforming care and support' (2012)). These policy and guidance documents have promoted the provision of Direct Payments whereby eligible adults are given an assessed sum as cash to purchase their own service and the local authority's role, rather than being one of a direct provider of services, becomes one more focused on market development and shaping.

The Care Act 2014 (The Act) is the most substantial piece of legislation relating to adult social care to be implemented since 1948. It has taken previous legislation, common law decisions and other good practice guidance and consolidated them. The Care Act places a wide emphasis on prevention, the provision of advice and information, changes to eligibility, funding reform and market shaping and commissioning. This final aspect of the Act also emphasises the use of personal budgets and direct payments; and requires the Council to promote appropriate service supply across the provider market and assure quality and diversity to support the welfare of adults in the community. It also requires the Council to engage with providers and local communities when redesigning services and planning for the future.

9. Equalities Assessment of the proposed changes to Older Adults Day Services

Disability

Impact: Neutral

Data summary for disability

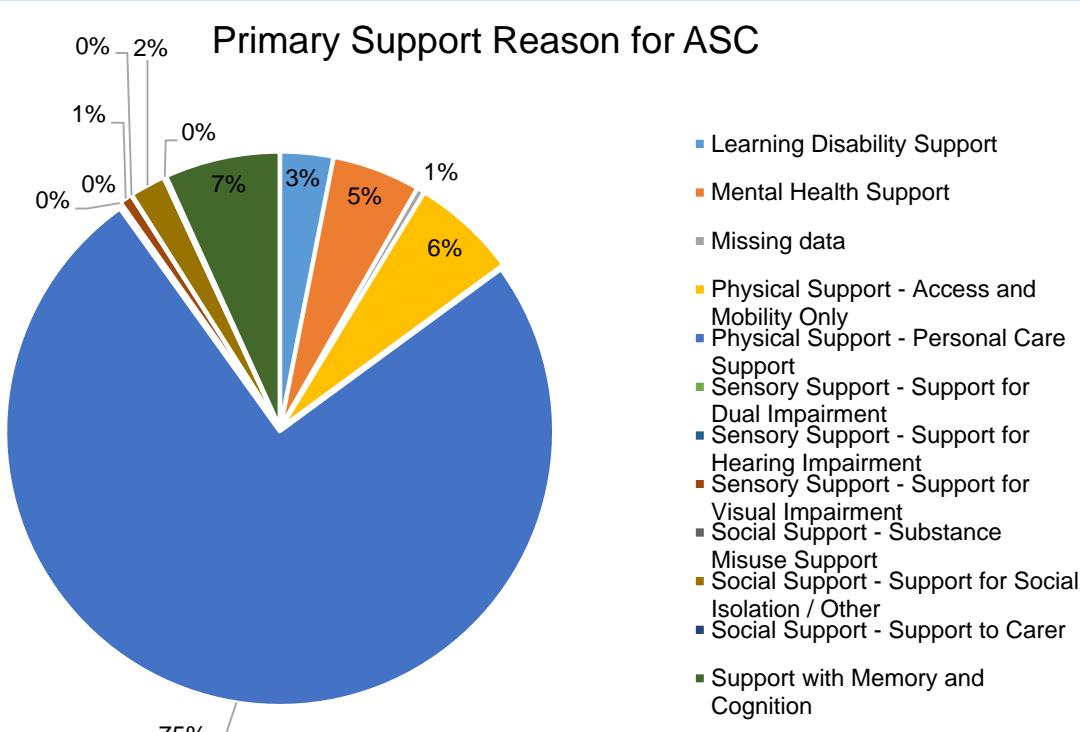
According to the 2011 Census (All Ages):

7.1% (19,523) Lewisham residents indicated that their day-to-day activities were limited a lot, and 7.3% (20,212) indicated that their day-to-day activities were limited a little;

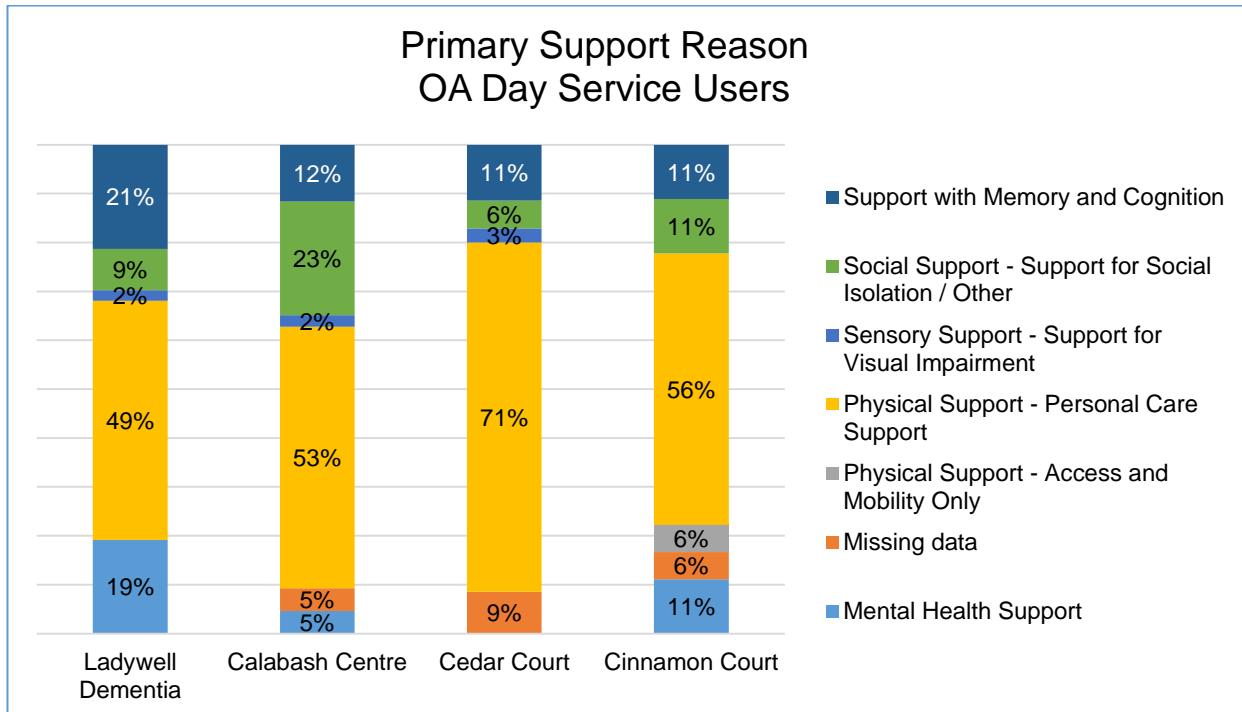
5.3% (14,318) Lewisham residents indicated that they are in bad health or very bad health;

8.1% (22,521) Lewisham residents provide some form of unpaid care. Over 5,000 Lewisham residents provide 50+ hours of unpaid care per week.

Service users affected by the proposals will have some form of disability as they are currently being supported by Adult Social Care. The Care Act 2014 defines a person as being eligible for care and support if they are unable to achieve daily activities which will significantly impact on their well-being. The below chart sets out the Primary Support Reason given on LAS for all people aged over 65 who are in receipt of Adult Social Care Services.



Day services specifically support people's care and support needs resulting from disability. As a consequence the proposed changes will significantly impact people with a disability more than people without a disability. As we don't routinely ask service users whether they consider themselves to have a disability and/or the nature of their disability, then closest proxy is the Primary Support reason listed on Lewisham's Adult Social Care System, LAS. Older Adult Day Services mostly support people with a primary support need of Physical Support- Personal Care Support.



The proposed recommendation to combine the three general older adults day services which are currently commissioned across three locations at the Calabash Centre, Cinnamon Court, and Cedar Court will primarily affect people with a primary support reason of physical support – personal care support, who are the majority of service users across all services.

Part of the proposal is to review the service specification to ensure that the proposed single service can meet higher levels of care and support needs, including advanced personal care needs and support with taking medication. This may have a positive impact on service users and the wider population of older adults who may require building based day services in the future to meet these needs.

All service users will need to be Assessed to better understand their specific individual needs and how these may be affected by the proposed changes. Once the proposals have been agreed these assessments will be used by support planners working in conjunction with service users to identify suitable alternative ways to meet their needs. Care Act eligible needs will continue to be met, mitigating the impact of the proposed changes on those who are most vulnerable.

Sexual Orientation

Impact: No Impact

Data summary for sexual orientation

There are no accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population either in Lewisham, London or Britain as a whole.

The Greater London Authority based its Sexual Orientation Equality Scheme on an estimate that the lesbian and gay population comprises roughly 10% of the total population.

At the 2011 census 2% of over 16 year olds were cohabiting with someone of the same sex or were in a civil partnership, this is higher than both the England and London averages (0.9 % and 1.4% respectively).

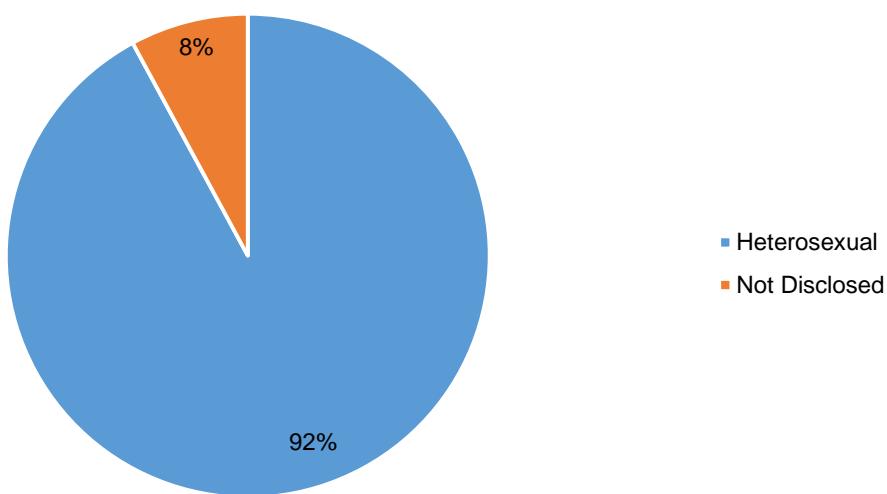
The 2015 Annual Resident Survey, a question on sexual orientation found that 3% of respondents identified as lesbian or gay.

Sexual orientation is not very well recorded in social care records, with 76% of records not having orientation noted for adults over 65. This makes it difficult to consider the full implications that the recommended changes would have on this protected characteristic.

There is limited data about Sexual Orientation for service users who attend older adults day services. Of the 36 service users who have a recorded sexual orientation, 92 (no.=33) are recorded as heterosexual, and 8% (no=3) Not disclosed.

A change of service may have a negative impact on the protected characteristic of sexual orientation if, for instance, someone feels less able to disclose their sexuality to a new group of staff members or other service users following the proposed change. However, based on the information we have on service users it does not appear that there will be anybody directly affected at this time, as such it has been assessed as having no impact. The service will be required to provide equalities and diversity training for staff and to ensure that all service users are treated with respect by staff and other service users.

Sexuality
OA Day Service Users



Race

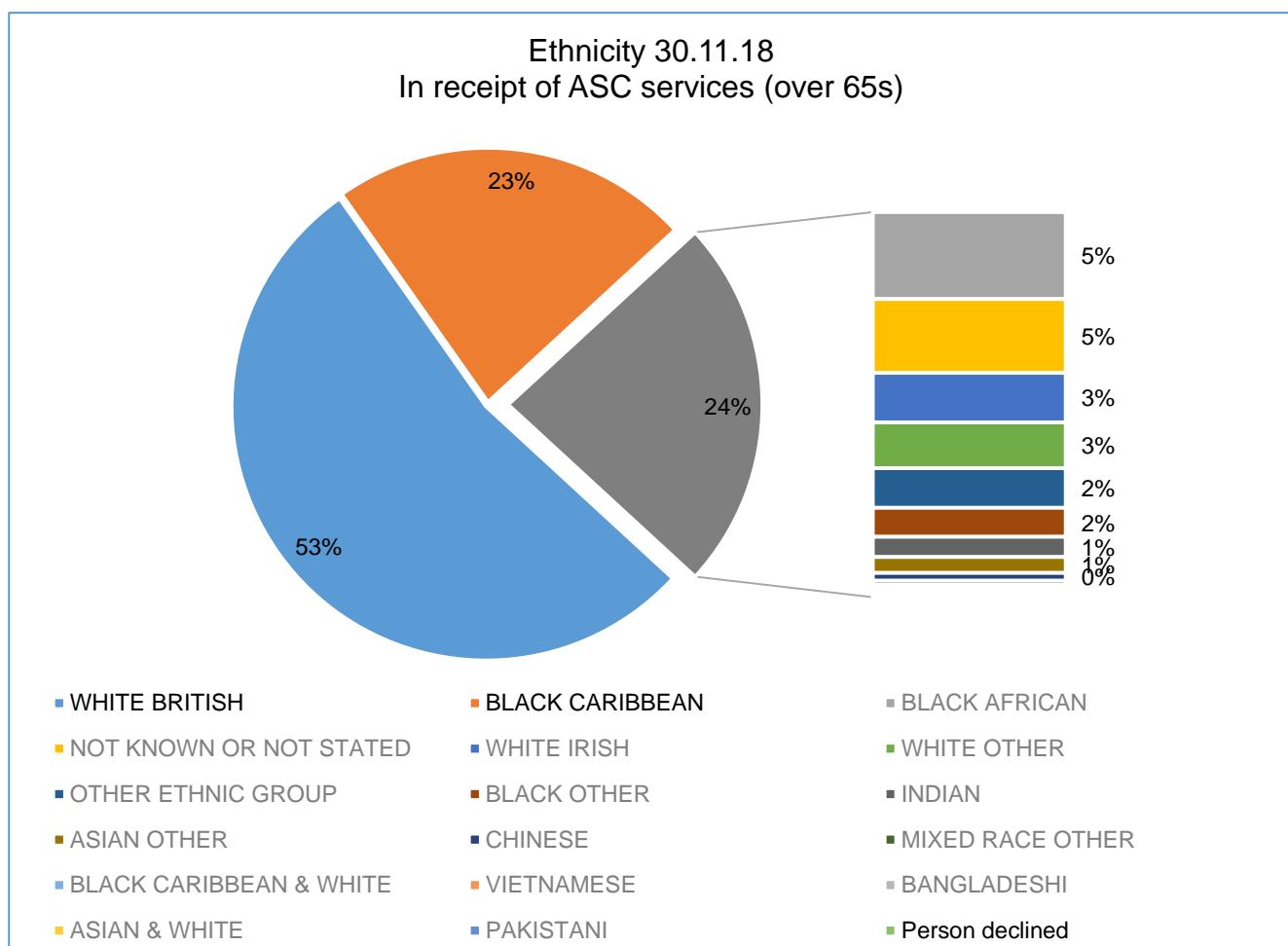
Impact: Neutral

Data summary for Race

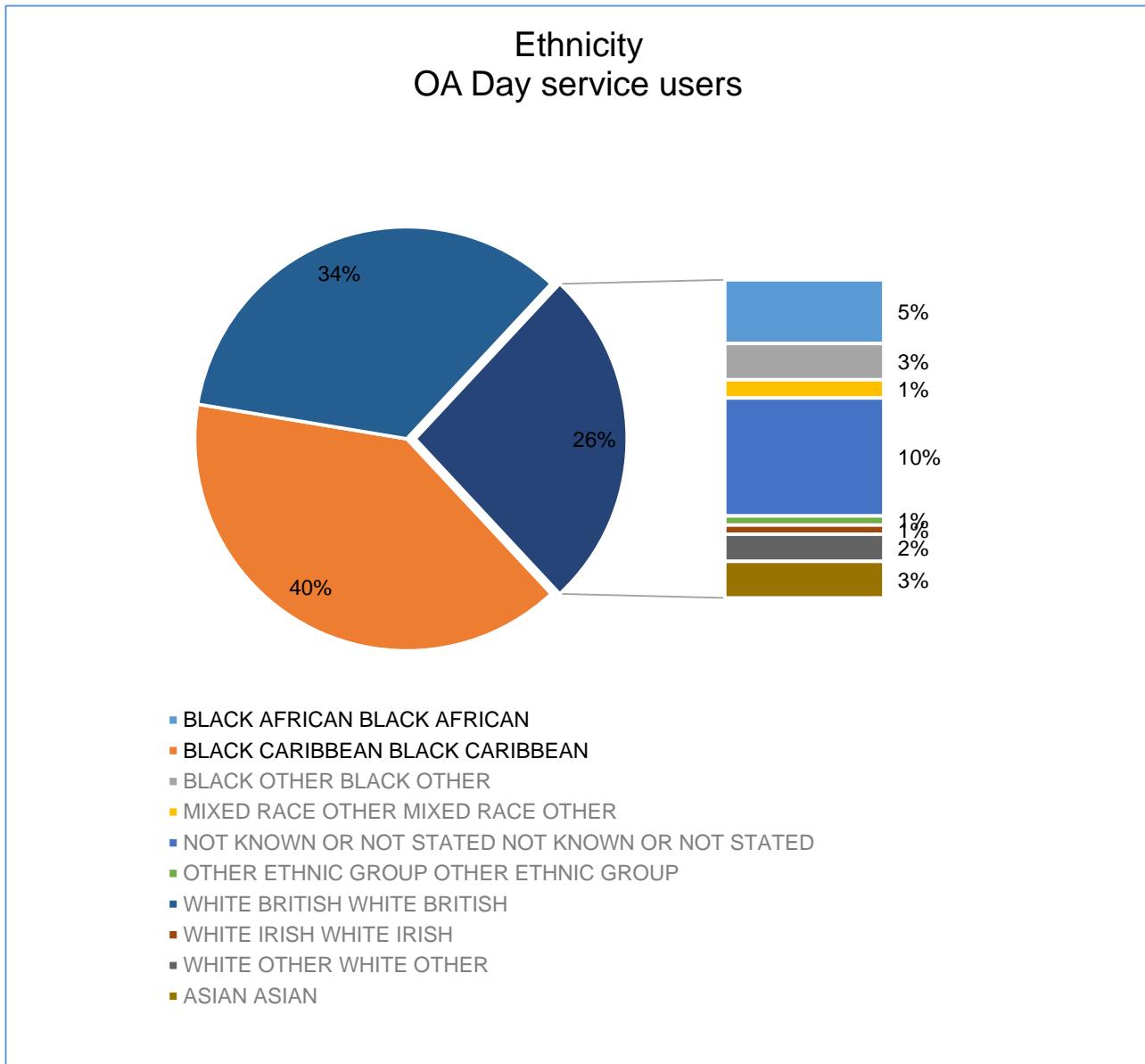
According to Census data from 2011, 53.6% (147, 686) of all Lewisham residents are white (White British, White Irish and White European). Currently people from a Black Caribbean, Black African and Black other ethnic background represent 27.2% (74,942) of the population.

The over 65s population (26,135) is less diverse than Lewisham's overall population. The proportion of over 65s who are White British is 65% (16,996), those from White Irish, White European and White Other backgrounds is 10% (2,499). The proportion of the over 65s population who are from a Black Caribbean background is 13% (3,528 people), whilst those from Black African and Black other ethnic background is 4% (1,170). There are much smaller numbers of people from other ethnic backgrounds, with the next largest group reported in the Census as being Asian Other at 2% of the over 65s population (490).

The below chart shows the ethnicity of all over-65s in receipt of ASC Services. This includes those in Residential and Nursing Care which is Council-funded. Relative to Lewisham's wider over 65s population there are higher proportions of people from Black Caribbean, Black African and Black Other in receipt of Adult Social Care Packages, and lower proportions of White British, White Irish and White Other Populations.



The below chart shows the ethnicity of Service users in Older Adult's Day Services. Compared to the general over-65s population in Lewisham and the population of older adults in receipt of services from ASC, there is a higher proportion of people from Black Caribbean, Black African and Black Other ethnic backgrounds in day services. There is a lower proportion of people from White British, White Irish and White Other backgrounds in day services, compared to the proportions of people from these backgrounds who are in receipt of ASC Services.

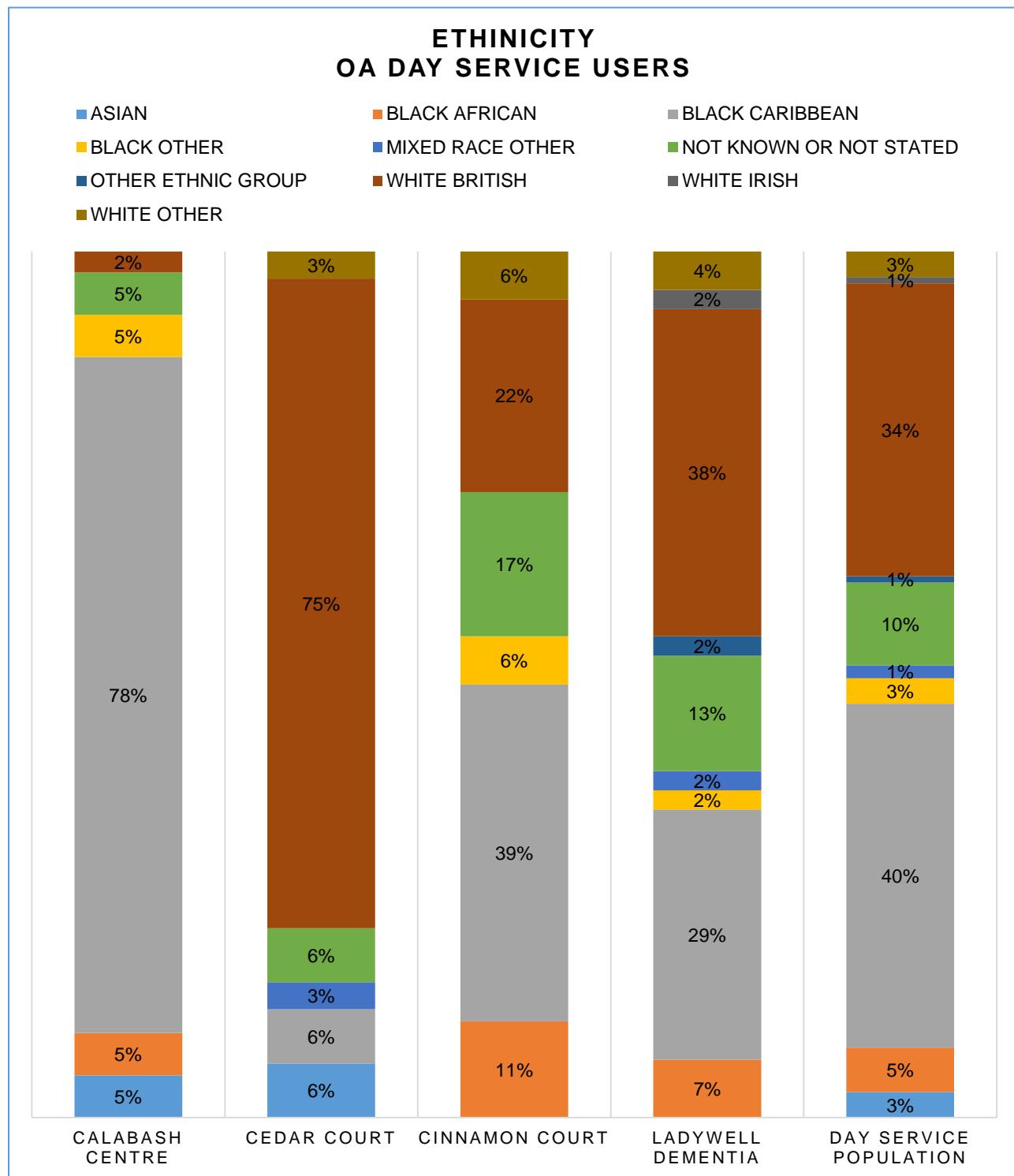


The ethnic breakdown of service users varies across the different day services. As expected, the BME-specific day service at the Calabash Centre has the highest proportion of Black Caribbean Service Users with 76% of service users from this ethnic background.

Other older adult day services have a higher proportion of White British Service Users, and a higher proportion of service users from other ethnic backgrounds which is expected as these are not culturally specific. The demographic make up of these services is broadly aligned to the overall proportions of people from different ethnic groups in receipt of ASC Services.

The proposals include the recommendation to combine all three general older adults day services into one single service offer, and to not re-commission a specific separate BME day service offer. This will affect people who currently attend the BME- specific day service at the Calabash. This service was originally commissioned as an African-Caribbean Day Service and aimed to meet specific cultural and dietary needs of this group. Now there are large numbers of people from Afro-caribbean backgrounds accessing other older adults day services.

The proposal is that the single service offer would be able to provide an activities programme and provide meal choices which will reflect the preferences and cultural needs of service users. There are also opportunities to work with the Active Elders group to support culturally relevant activities to mitigate any possible negative impact.



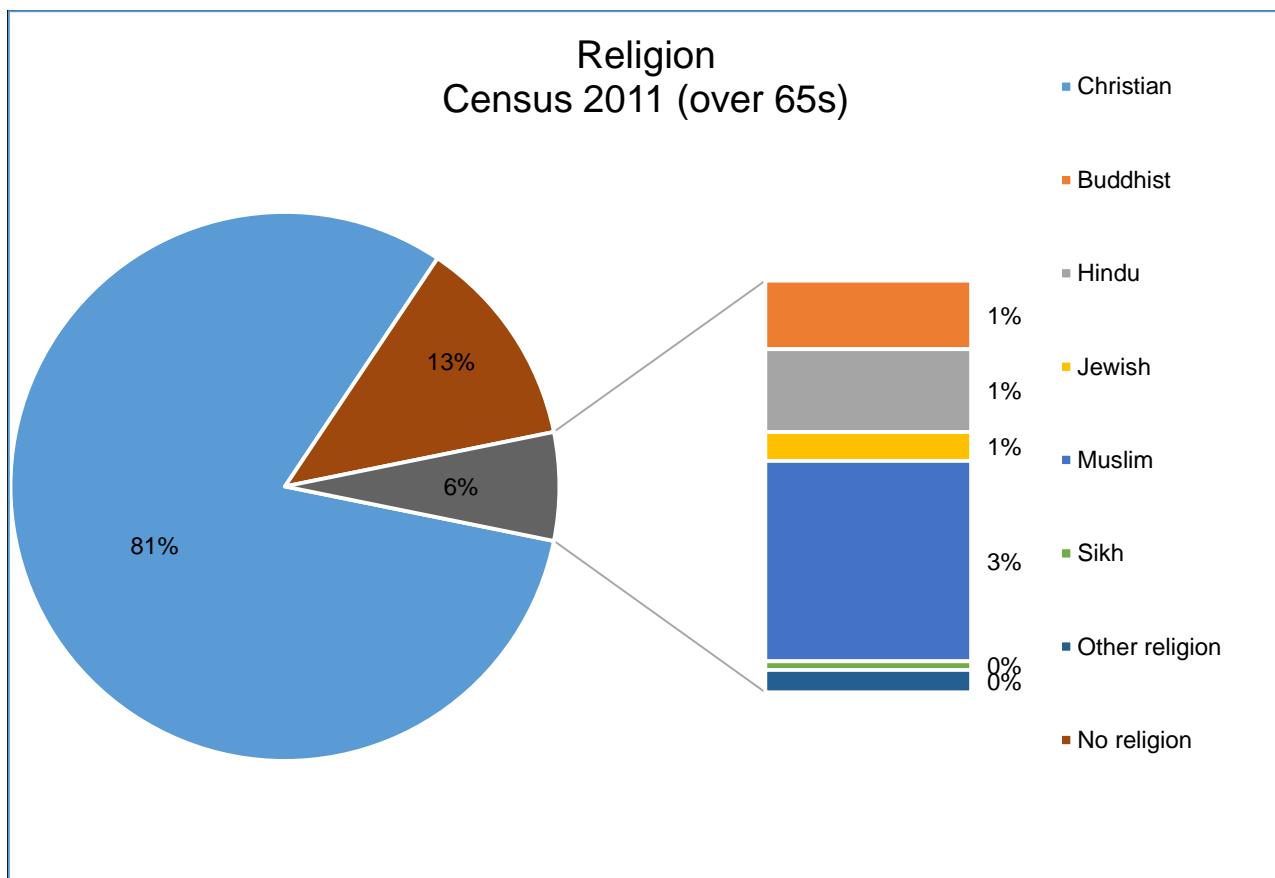
Religion or belief

Impact: No Impact

Data summary for religion or belief

The most up to date information on religion or belief in Lewisham is from the Census of 2011. This revealed that nearly 64% of Lewisham residents described themselves as having a faith or religion, whilst around 27% of residents described themselves as having no faith or religion.

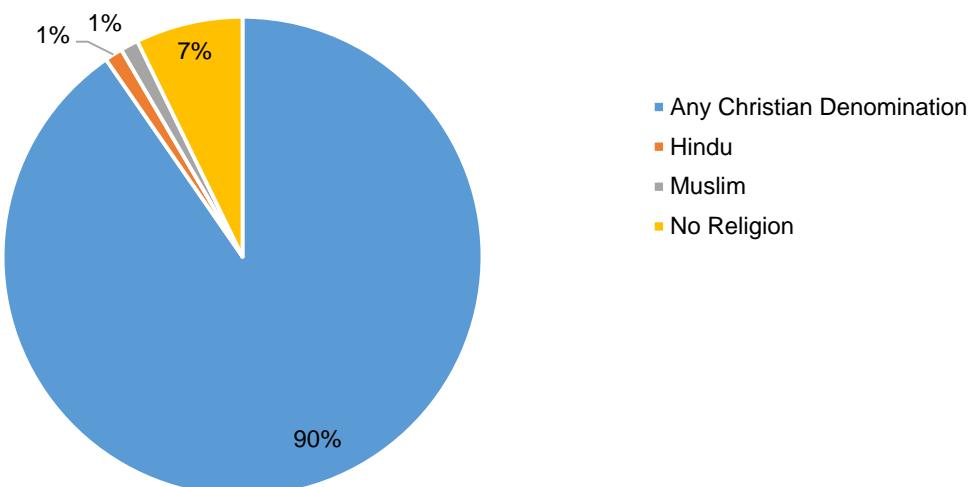
Amongst those residents that described themselves as having a faith or religion some 52.8% identified their faith as Christian, whilst 6.4% described themselves as Muslim. Of other religions, Hindus represent 2.4% of the population, whilst Buddhists represent just over 1.3% of the population.



Please note that 10% of respondents had no religion recorded and were therefore excluded.

The majority (81%) of people aged 65 and over in receipt of Adult Social Care Services in Lewisham who have a recorded religion identify as Christian. The next biggest recorded group is those who have No Religion (13%). There are relatively small proportions of people who belong to other religions, 1% of people are Buddhist, 1% are Hindu, 1% are Jewish and 1% are Muslim.

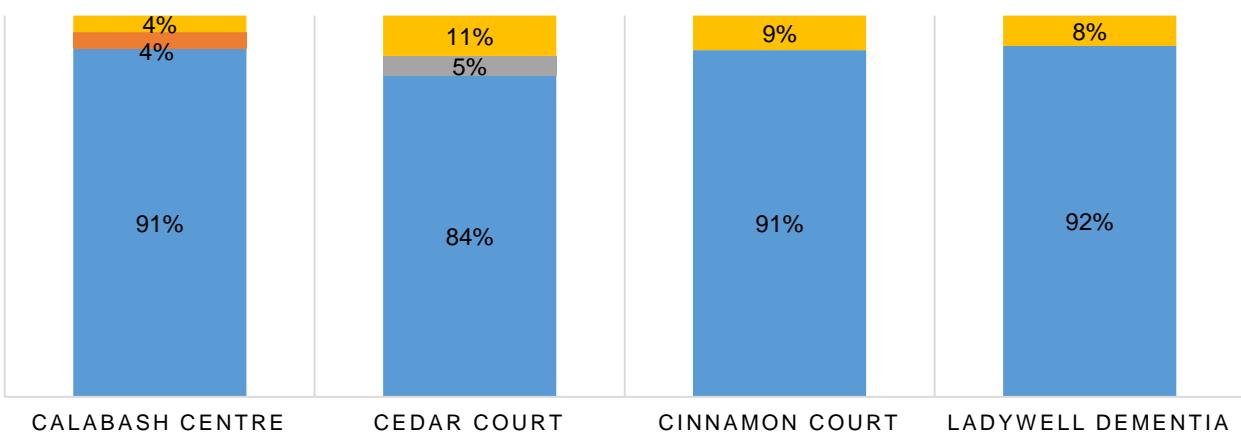
Religion OA Day Service Users



Please note that Religion was not recorded for 55 of the 150 service users attending Older Adult's Day Services, and this data was therefore excluded. The majority (88%) are Christian, 1% are Hindu and 1% are Muslim.

RELIGION OA DAY SERVICES

■ Any Christian Denomination ■ HINDU ■ ISLAM ■ NO RELIGION



80 out of 136 service users in a day service have a religion. 66/136 are not known and were excluded from the analysis.

The majority of people attending older adult day services with a recorded religion are Christian. The next largest proportion of people recorded have "no religion". There are a small number of Hindu service users at the Calabash and a small number of Muslim service users at Cinammon Court. There is variation across the different schemes, but in reality the numbers of service users with a recorded religion are so small that this is not likely to be a significant difference.

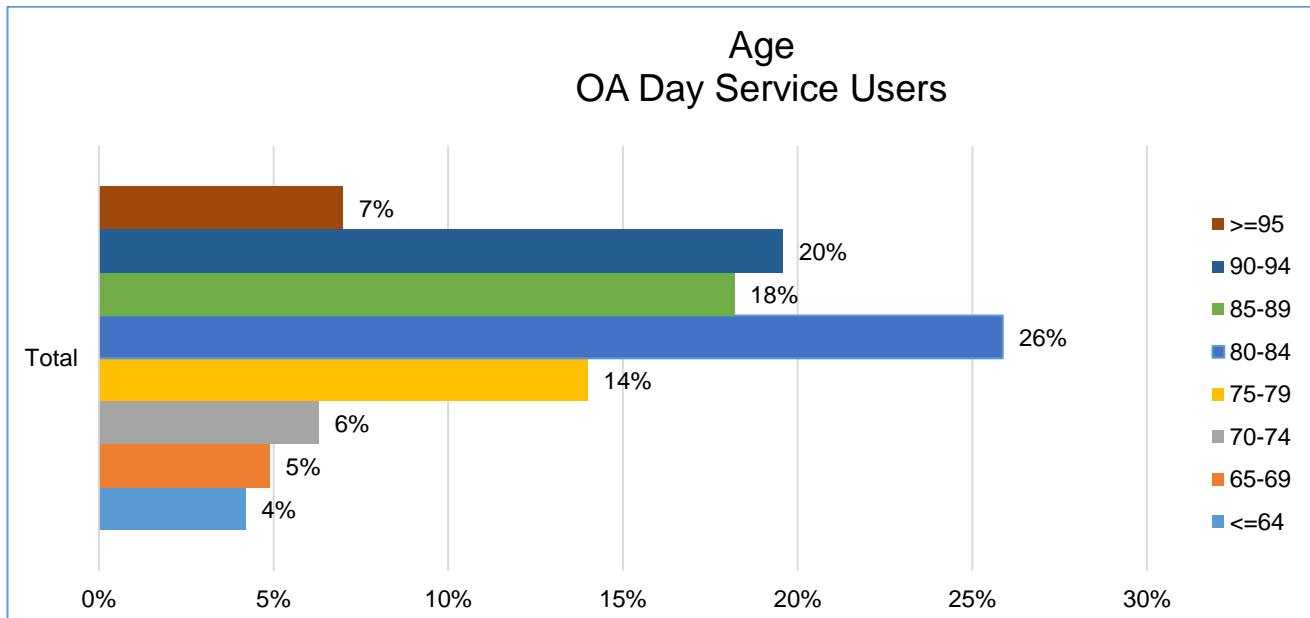
The proposals do not affect the protected characteristic of Religion, as people will continue to be supported in line with their individual assessments and support plans, which will take into consideration any religious requirements.

Age

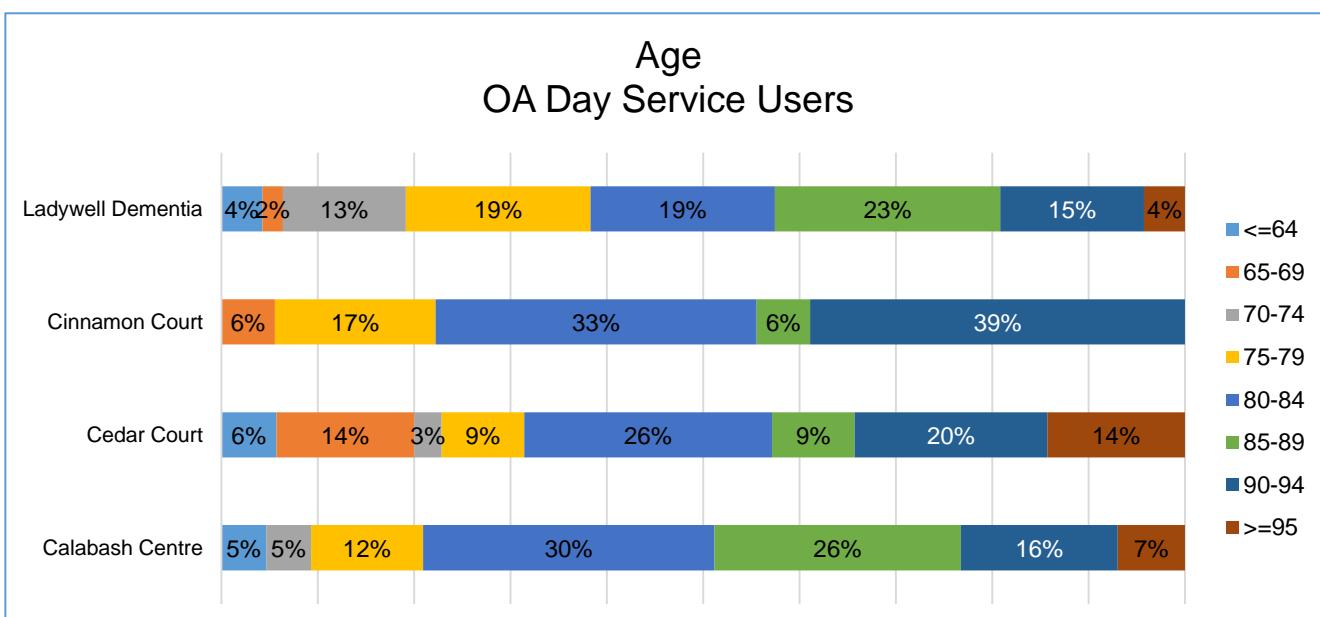
Impact: No Impact

Data summary for age

The 2011 Census identified some 70,100 Lewisham residents aged between 0-19 (25% of the population), whilst some 179,800 residents are aged between 20-64 (65% of the population). By contrast there are some 26,200 older people aged 65 and over (9.5%).



The Age distribution for Service Users at Older Adult's Day service is shown below. 67% of Service Users are aged 80 and over. 24% are aged 90 and over. Only 40% of service users are aged 79 and under, and only 9% are aged under 69. Due to the nature of the service provided, all proposals are likely to affect older people more than younger people.



There is variation in the age profile across the different services. Cedar Court day service has both the largest proportion of people aged under 65 (6%) and the highest proportion of people

aged over 95 (14%) attending. The most represented age group across all services is 80-8 year olds, which make up between 19% of the service users at Ladywelll and 30% at Calabash.

The proposals do not seek to differentiate the service available based on age and therefore it has not been assessed at having an impact on the protected characteristic of Age.

Sex

Impact: Slight Positive

Data summary for sex

According to the 2011 Census there are 135,000 (49%) males living in Lewisham and 140,900 (51%) females; however, by 2030 it is forecast that the number of males would have surpassed that of females (158,500 men to 157,100 women).

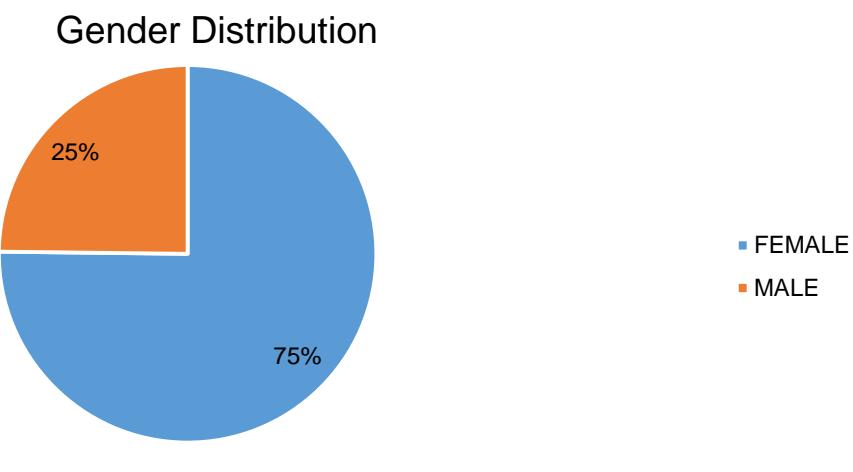
The Census found that of the 25,622 over 65s living in Lewisham there are 10,916 (43%) males and 14,706 (57%) females.

Of all adults who are aged 65+ in receipt of Adult Social Care Services, there are more female services users (1365, 66%) than male service users (704,34%).

Females are overrepresented in the cohort of Older Adult Day Service Users, when compared with the wider over 65s population and the whole population of over 65s who are in receipt of care. There are 110 Female services (75%) and 33 Male Service Users (25%).

No service users have indicated that they are transgender and/or transitioning between genders.

The proposal to re-commission a single service, rather than three services at Calabash Centre, Cedar Court and Cinnamon Court, will mean that there would be an opportunity for men who currently attend services with a high proportion of women to socialise with more men. There is also an opportunity for the provider of the new service to plan activities around the needs and preferences of this group. The proposals therefore are assessed as having a slight positive impact on Sex.



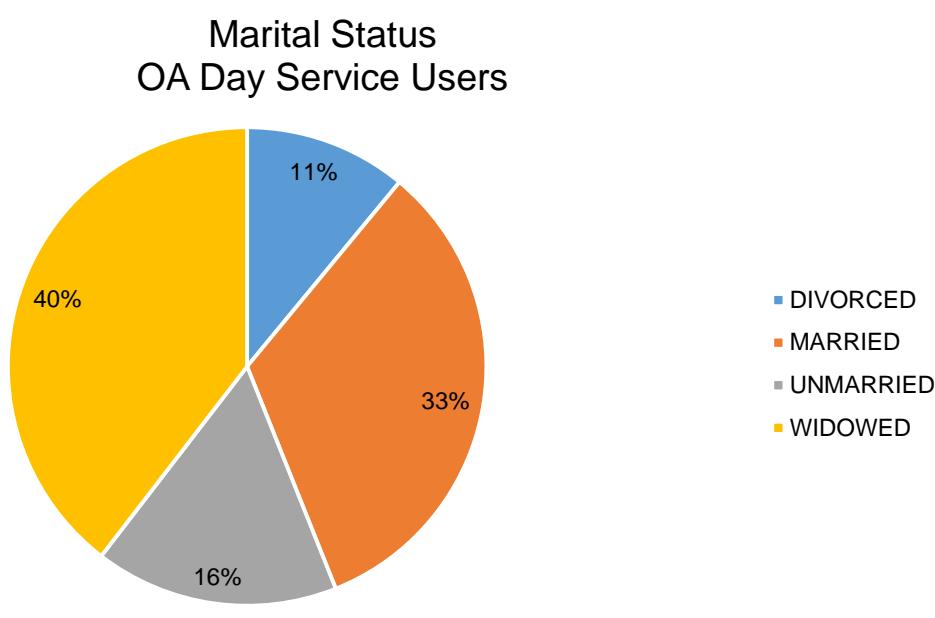
Gender	Calabash Centre	Cedar Court	Cinnamon Court	Ladywell Dementia	Grand Total
FEMALE	68%	76%	83%	78%	75%
MALE	32%	24%	17%	22%	25%
Grand Total	100%	100%	100%	100%	100%

Marriage or Civil Partnership

Impact: No Impact

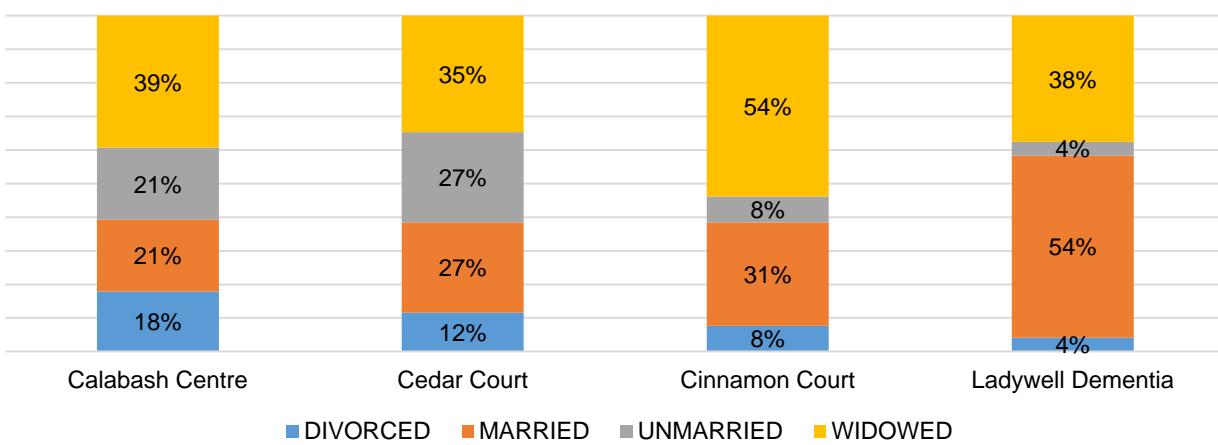
Data summary for marriage and civil partnership

In 2011 about half of Lewisham residents over 16 have never been married or in a civil partnership. This is higher than England as a whole. A third of over 16s in Lewisham are currently married or in a civil partnership (0.5% in civil partnership). 17% of residents (aged 16 and over) have been married or in a civil partnership but are now separated, divorced or widowed.



52 of the 143 service users of older adult day services have no information recorded for Marital Status. They have been excluded from the analysis. Of the service users with recorded information for Marital Status, 40% are widowed, 33% are married, 16% are unmarried and 11% are divorced.

Marital Status Day Service Users (over 65s)



Of the people we hold data on, there are a higher proportion of married people at Ladywell Dementia, 54%, compared with the proportion of married people at the commissioned schemes, which is between 21% and 31%. There is a higher proportion of divorced people at Calabash Centre than at other services, 18% compared to between 4% and 12% at other services. There is a higher proportion of widowed people at Cinnamon Court than other services, 54% compared to 35%-54%.

The proposals will not have any impact on the protected characteristic of Marriage.

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The Future of LGT Pathology Services

Update to Lewisham Healthier Communities Select Committee

8 October 2019

1. Introduction

- (1.1) LGT last briefed the Committee on this issue in October 2018. Since that time, the Trust has been working with Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust to establish an NHS pathology network in line with the NHS Improvement (NHSI) mandate published in Summer 2017.
- (1.2) The Trust is working towards implementation of the new network during 2020/21. Simultaneously, the reprocurement of Pathology services in South East London (SEL) continues to progress, with contract award anticipated in December 2019.
- (1.3) While we have not yet reached the point of business case approval, good progress is being made. The emphasis over the next couple of months will move increasingly towards strong local partnership working. This will be crucial if the system is to realise the full benefits and opportunities that working in a network will bring. All three Trust Boards will receive the Outline Business Case at their meetings in November.

2. Background and Current Service Provision across SEL

- (2.1) In Summer 2017, following a review of national pathology service provision, NHSI mandated the establishment of 29 pathology networks across England, each to be run as a hub and spoke model. All trusts were advised of the pathology network within which their service was expected to be located, with LGT identified as sitting within the SEL network, along with Guy's and St Thomas' Foundation Trust (GSTT) and Kings College Hospital (KCH) as providers of pathology services.
- (2.2) Within SEL different models currently exist for the provision of pathology services. LGT provides an in-house NHS provided service, including to local primary care (GPs) and to Oxleas Foundation Trust, whilst other providers in the sector (GSTT, KCH and SLAM) all outsource their pathology services to a Joint Venture partnership called Viapath, jointly owned by GSTT and KCH with Serco as a private sector partner. The Viapath contract expires in 2020.

3. SEL Procurement and LGT Position

- (3.1) In July 2018, SEL Trust Boards considered a paper from the SEL Pathology Programme Board, seeking approval to the issue an OJEU notice, which would launch the procurement process jointly across all participating SEL Trusts for the provision of pathology services.
- (3.2) The LGT Board considered its position at its meeting at the end of July, at which time it seemed likely that no NHS based bid would come forward. Based on this, the LGT Board determined that it should not be named specifically in the OJEU notice in order to

enable its executive team to pursue the possibility of developing an NHS network model with an alternative NHS pathology provider.

- (3.3) In September 2018, following exploratory discussions with neighbouring NHS trusts, namely Barts Health NHS Trust and South West London Pathology¹, the Board agreed that LGT should develop an NHS option with a neighbouring NHS provider.
- (3.4) Since that point a major programme of activity has been developed between the three Trusts, focusing on the opportunities flowing from ever more effective utilisation of technology, innovation and the benefits of working at scale.

4. Maintaining Local Clinical Pathways

- (4.1) In taking this decision, the Board recognised the close clinical links between LGT and the other trusts in SEL, especially the role of GSTT and KCH as specialist (“tertiary”) referral centres for patients (particularly when tests for cancer are needed). The Trust has continued to work with STP partners and the SEL Pathology Programme Board to ensure that these clinical links are not negatively affected by joining a pathology network outside SEL. When rapid patient diagnosis of pathology samples is needed (for example, for haemato-oncology), we will continue to refer samples to the local tertiary centre in SEL.
- (4.2) In the same way we are committed to maintaining established clinical pathways between our Trust and SEL tertiary centres, we are also keen to continue providing GPs in Lewisham, Greenwich and Bexley with pathology services as their established local NHS provider. Currently, however, this local GP ‘direct access’ activity is included in the SEL procurement. The STP view is that this contract will be awarded at an SEL-level on behalf of the six SEL CCG’s, which are working towards merging into one CCG by April 2020.
- (4.3) The GP direct access activity represents 49% of the total pathology activity undertaken by LGT and is thus critical to the viability of the Trust’s services. Given the risk that loss of this activity poses to local service provision and pathways, the Trust is understandably keen to retain this activity and is seeking clarity on how the decision will be taken.
- (4.4) In July 2019, LGT was advised that the decision would be based on a ‘best value’ comparison of a standard range of tests to be undertaken around December 2019. LGT has thus been working to ensure it has a price per test for comparison within this timeline.

5. Conclusion

- (5.1) In this context, it is important that all decisions on the future commissioning of local pathology services take consideration of local views, continue to support established local clinical pathways between primary and secondary care, and ensure best value for local people.

¹ South West London Pathology is a partnership formed from the St Georges University Hospitals Foundation Trust, Kingston Hospital Foundation Trust and Croydon Health Services NHS Trust

- (5.2) The local system will continue to work in close partnership to ensure that local people receive a pathology service that is of high quality. A further update can be provided to Committee members following Trust Board discussions during November.

Jim Lusby
Director of Strategy and Integrated Care
Lewisham and Greenwich NHS Trust

October 2019

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Meeting: Joint Health Overview and Scrutiny Committee

Location: Greenwich Council, Woolwich Town Hall

Date: Monday 22nd July 2019

Title: Update on Commissioning of Pathology and Diagnostic Services

Presenter: Julie Lowe and Tom Henderson

Summary:

In September 2017 all south east London provider Trusts and Clinical Commissioning Groups (CCGs) formed a Pathology Programme board to drive transformation of pathology services by developing a network model to deliver pathology tests and results.

The development of a network was in response to NHS Improvement's ask of all hospital trusts in England to create pathology networks to drive efficiency and reduce variation. In addition, Guy's and St Thomas' NHS Foundation and Kings College Hospital NHS Foundation Trusts' current contract with their pathology provider, Viapath, was due to end in September 2020 and a new provider needed to be sought, under a new network model.

In August 2018 the programme launched a procurement to find a pathology provider able to deliver a high quality and efficient network model for the participating organisations: Guy's and St Thomas NHS Foundation Trust, Kings College Hospital NHS Foundation Trust, Oxleas Foundation Trust, South London and Maudsley NHS Foundation Trust and the six South East London CCGs.

The south east London JHOSC was updated on the progress of the programme and the launch of the procurement in September 2018.

Lewisham and Greenwich NHS Trust did not join the network procurement and are developing alternative network arrangements outside of south east London.

This paper provides an update to all stakeholders on the progress of the procurement of a provider to deliver the network model and the expected timescales for contract award.

Action Required

Members are asked to note the update on the progress made in developing the south east London pathology network.

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South East London Pathology Programme Update

1. Scope and Purpose

The purpose of this report is to provide an update on the procurement of the South East London (SEL) Pathology service to those with an interest in this programme. This update will cover the following areas:

- A description of the changes to the strategic context and the scope of the procurement since the Strategic Outline Case (SOC)
- A high-level overview of the progress of the procurement
- An update on the Trust Board approval process
- An update on the approach to CCG decision-making

2. Updates to the Strategic Context and Scope of the Procurement

As described in the SOC presented to Trusts' Boards in January / February 2018, the SEL Pathology programme is part of a national programme overseen by NHS Improvement (NHSI) to improve quality, reduce variation and improve efficiency of pathology services. NHSI's model identified 29 potential pathology networks nationally. For SEL the NHSI pathology hub and spoke network aligned directly with the SEL STP footprint. The SOC recommended the development of a new STP specification to deliver the required pathology hub and spoke model, and the launch of a competitive dialogue procurement process to award this contract to a pathology provider or partnership.

Based on the recommendation in the SOC the Trusts agreed to proceed with a competitive dialogue procurement, with authority delegated to the SEL Pathology Programme Board, subject to approval by Trust Boards at four Gateway stages:

- Gateway 1: Trust Mandate to take forward procurement (approval of SOC)
- Gateway 2: Trust Mandate to launch formal tender process
- Gateway 3: Trust Mandate to issue the request for Best and Final Offers (through approval of an Outline Business Case, OBC)
- Gateway 4: Trust Mandate to award contract (through approval of a Full Business Case, FBC).

To ensure appropriate consideration and transparent evaluation of potential options for the new service, the Programme Board agreed that all options would be evaluated against the same criteria and go through the same single procurement and business case process. Therefore, the Programme Board proceeded with the development of a specification for the new SEL STP Pathology service and designed a procurement programme that could accommodate the range of potential options to deliver this specification. The SEL Pathology Programme Board presented the recommendation to Trust Boards in July 2018 (Gateway 2) to:

- Launch the procurement under a single "Lot" structure and timetable agreed by the SEL Pathology Programme Board
- Reserve the option to de-scope services during the dialogue process and introduce a multilateral decision-making process with all participating Trusts through the SEL Pathology Board

The Boards of GSTT and KCH approved these recommendations and confirmed their involvement in the procurement process as Core Contracting Authorities. The Board of Lewisham and Greenwich NHS Trust (LGT) confirmed that LGT would not be part of the formal procurement. However, given LGT's close clinical links with GSTT and KCH as tertiary referral centres for LGT patients (particularly patients on a cancer pathway), the Board of LGT confirmed its intention to include these specialist volumes in the SEL pathology service procurement.

The OJEU notice for the procurement of the new SEL STP Pathology network service was launched on 15th August 2018 (based on a 15-year contract term). Prior to publication of the tender, several other organisations expressed an interest in joining the procurement process, and were named in the OJEU notice.

2.1 NHS England Genomics Testing Services

In parallel with the work to define the SEL pathology service, a national procurement programme has been running to award contracts for 7 NHS Genomic Centralised Laboratory Hubs, that will deliver core and specialised genetics testing services for populations of 3.1 to 6.9 million patients. GSTT leads the consortium that was awarded the contract for the London South Genomics Hub, with Viapath named prime sub-contractor as the current incumbent supplier delivering the majority of high-volume work and reporting.

GSTT has agreed with NHS England that any new provider of the SEL pathology service would take on the responsibility for the NHS Genomic Testing Services contract for the London South lot. Therefore, the OJEU notice highlighted the potential requirement for the pathology provider to act as a sub-contractor to support the London South Genomics Consortium.

3. Update on Progress of the Procurement Process

Following issue of the OJEU notice in August 2018, standard selection questionnaires (SQs) were provided to prospective bidders that expressed an interest in the procurement. Subsequently, based on the evaluation of the responses to those questionnaires, at the end of October 2018 the three highest scoring bidders were invited to respond to the specification. This specification included detailed requirements for a set of KCH and GSTT "Ultra-Specialist Services", that the Trusts had highlighted as requiring different treatment within the contract due to specific factors (e.g. close integration with clinical services).

The short-listed bidders submitted Initial Bids in mid-December 2018. Following a period of review, the first phase of dialogue took place with the short-listed bidders to discuss the bidders' proposals. Subsequently, bidders submitted Revised Initial Bids on 1st March 2019, which were evaluated against the agreed evaluation criteria.

All three bidders have been invited to submit Detailed Bids for the second dialogue phase, where the bidders' proposed operating models, commercial models and proposed pricing will be discussed in more detail. Following an evaluation of updated proposals developed following this dialogue, a final short-list of bidders will be invited to submit Best and Final Offers (subject to approval by Trust Boards at Gateway 3, as outlined below).

The Programme Board is currently engaging with regulators (including HMRC, DHSC, the Competition and Markets Authority and NHSI) to manage any regulatory requirements for the subsequent contract award.

4. Overview of the Trust Board Approvals Process

As highlighted above, at the SOC stage in January / February 2018, the Trusts approved a 4-stage gateway process for the development of the Outline Business Case (OBC) and Full Business Case (FBC) for the new SEL Pathology service. At Gateway 2 (in July 2018) GSTT and KCH approved the launch of the procurement process.

At Gateway 3, an OBC that describes the financial, commercial and operating models developed through the procurement process, as well as the plan to manage the implementation of the new contract, will be presented to the Trusts' Boards for approval. The OBC will also provide indicative pricing for the Direct Access Pathology (DAP) service, to support the CCGs' decision-making on contracting for this service.

Approval of the OBC by the Trusts' Boards at Gateway 3 will provide the mandate to issue the request for Best and Final Offers to short-listed bidders. Following evaluation of these Best and Final Offers, an FBC will be presented to the Trusts' Boards at Gateway 4 to approve award of the contract for the new SEL Pathology service to the preferred supplier. This will initiate a period of transition, where the selected supplier will prepare to start delivery of the new contract for the SEL STP pathology service from the Service Commencement date of 1st October 2020.

5. An Update on CCG Decision-Making for Direct Access Pathology Volumes

The 6 SEL CCGs were each individually named in the OJEU notice launched in August 2018, as contracting parties. This offers the opportunity for each CCG to either hold a contract directly with the chosen provider, or through Trusts. In the Invitation to Participate in Dialogue released in October 2018, bidders were asked to provide prices against both contracting options.

The recommended pathology service model, contractual model and price developed through the dialogue process will allow each CCG to decide on the contractual arrangement that best delivers value for money and meets GP and CCG commissioner needs. The timing of CCG decision-making will be aligned with the availability of the appropriate information from the procurement programme to support these decisions.

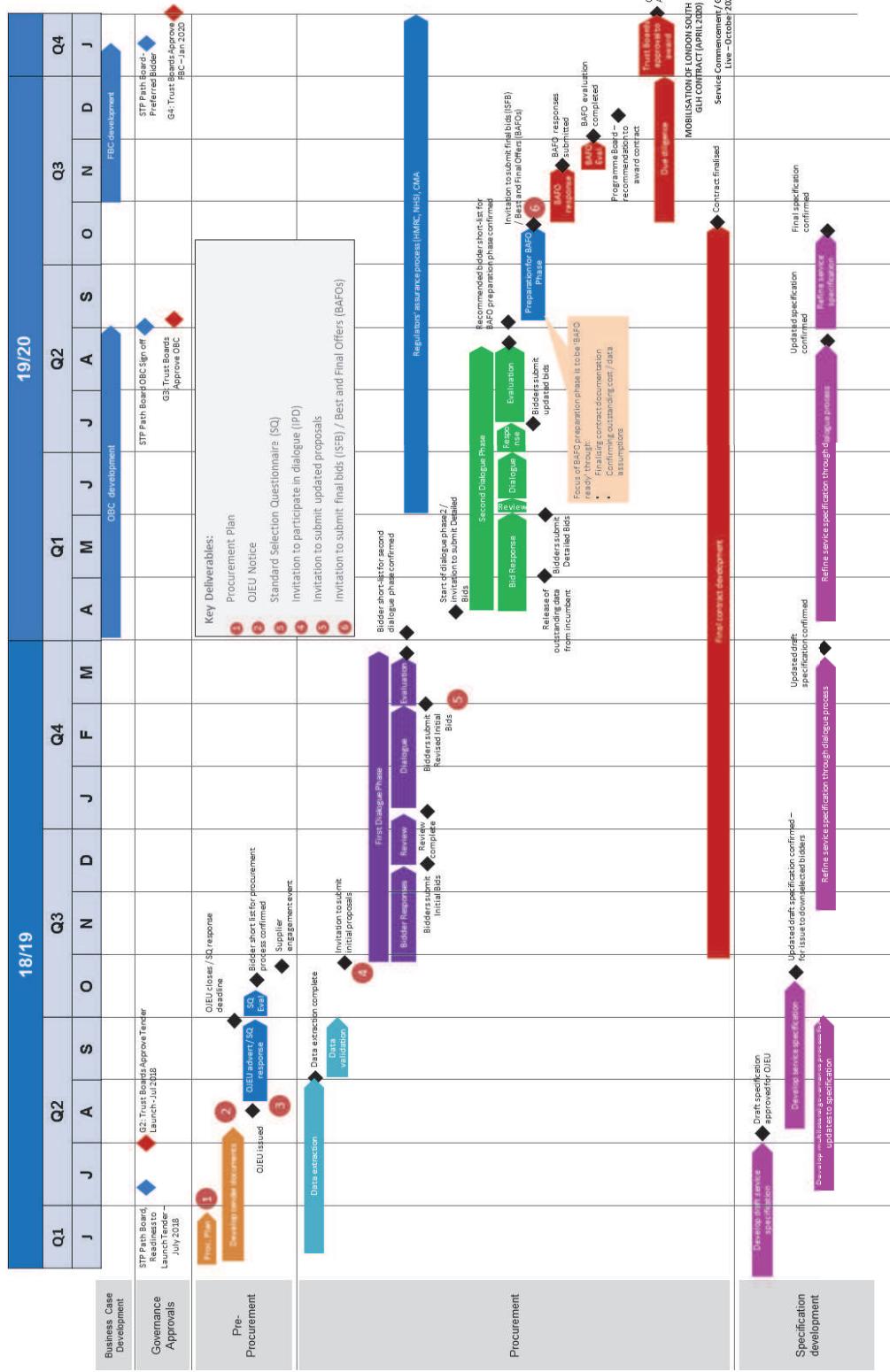
The programme will continue to actively engage with the CCGs and Primary Care in the second dialogue phase, to provide visibility on the emerging offer for Direct Access Pathology.

6. Programme Plan and Key Decisions

The high-level plan for the SEL Pathology Programme is included in Appendix 1. Subject to this timeline, the forward plan of key decisions to complete the award of the contract for the new SEL pathology service is outlined below:

Key decision	Planned Date
Confirmation of bidders to invite to Best and Final Offer stage (based on evaluation of Updated Detailed Bids at the end of Dialogue Phase 2)	05/09/2019
Approval of Outline Business Case (OBC) by Trusts' Boards to approve: <ul style="list-style-type: none"> • Issue of request for Best and Final Offers to final short-listed bidders • Final service specification 	September 2019
CCGs' preferred contracting arrangements for Direct Access Pathology	September 2019
Programme Board confirmation of preferred supplier for the SEL pathology contract (based on evaluation of Best and Final Offer responses)	13/12/2019
Approval to award the contract to the preferred supplier (through Trusts' Boards approval of the Final Business Case)	31/01/2020

Appendix 1 – High Level Plan for the SEL Pathology Programme



A partnership of providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark with NHS England

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Agenda Item 7

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	South East London CCG System Reform		
Contributors	South East London Commissioning Alliance Martin Wilkinson, Managing Director, Lewisham CCG	Item No.	7
Class	Part 1	Date: 8 October 2019	
Strategic Context	The report provides an update on proposals to establish a single Clinical Commissioning Group for south east London		

1. Purpose

This report provides members of the Healthier Communities Select Committee with an update on the proposed merger of Lewisham, Lambeth, Southwark, Greenwich, Bromley and Bexley Clinical Commissioning Groups (CCGs) to form a single CCG for south east London. The paper outlines:

- Context for the merger proposals
- Case for change for merger
- Process followed to date in support of this application
- Key features of the proposed new CCG
- Operating model and governance of the proposed new CCG
- Process through which the capacity and capability of the new CCG will be secured
- Arrangements for the ongoing assessment of risks, mitigations and benefits

2. Recommendation

Members of the committee are recommended to:

- Note the proposals to establish a South East London Clinical Commissioning Group

3. Policy Context

The NHS Long Term Plan

Our proposals for merger form part of south east London's (SEL's) response to the Long Term Plan for the NHS in England published in January 2019. The Long Term Plan clearly outlined the importance of orientating commissioning and provider working around populations at a Neighbourhood (circa 50k), Place (circa 150 to 450k) and systems (over 1m) and this mirrors the arrangements

outlined by the SEL Integrated Care System (ICS) for a ‘system of systems’ approach where neighbourhoods are understood to be organised and coterminous within the boroughs in which they sit, where our natural ‘Places’ are our six boroughs and our system is, on a long standing and well evidenced basis, south east London.

The Long Term Plan goes on to outline the future of CCGs in England and states, in the context of ICS development, which the plan mandates:

“Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.” (pg. 29 LTP Chapter 1)

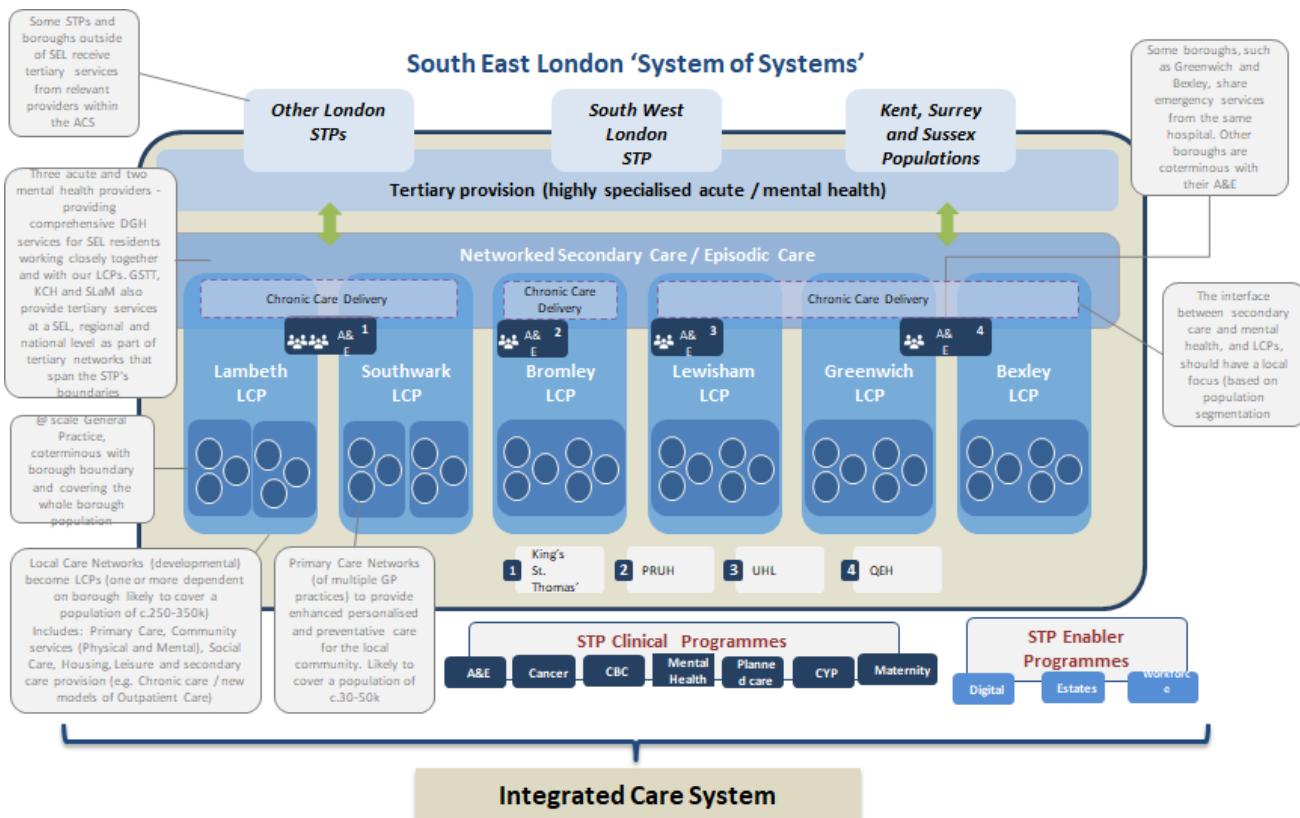
The creation of a SEL CCG allows for the simultaneous and coordinated commissioning of all three population scales which is critical due to the interdependence of our system (given patient flows) in terms of quality, performance and financial sustainability. It also supports the changes to the commissioning function outlined by the Long Term plan, noting that in SEL we had already, as part of the CCG Alliance and STP work as an Aspirant ICS, recognised the need to make changes to our system in advance of that.

CCGs of whatever size will remain sovereign commissioning bodies in their own right and their statutory duties to their residents remain unchanged by merger.

A CCG for SEL will be coterminous with the footprint of the SEL ICS and the six local authorities in SEL.

As both a collective of CCGs, Sustainability & Transformation Partnership (STP) partners and now ICS partners we have outlined the requirement for a ‘system of systems’ approach to the future commissioning and delivery of services in SEL, and supporting improved sustainability and health outcomes. That ‘system of systems’ map is provided in figure 1.

Figure 1: South east London ‘system of systems’ map



It is critical that the merger proposals for the CCG do more than aggregate a statutory body across a bigger footprint. The coterminosity of the new CCG and the ICS is important in overall terms, but critically so in terms of our ability to differentiate the scale of commissioning activity, including deepening the local focus of health and care commissioning at borough level with local authorities, whilst enhancing our ability to join up decision making when care pathways extend beyond that borough.

4. Case for change

Our application for merger is made in support of our ambition to secure more integrated, high quality and sustainable services for SEL’s residents and in response to the NHS Long Term Plan (January 2019). The ‘case for change’ was agreed by CCG Governing Bodies in May 2019.

It responds to the policy context in which we operate, in addition to the very immediate challenges faced by SEL in terms of quality and variation of outcomes, performance and finance.

Objectives

Through the creation of a single SEL CCG we are seeking to create a commissioning system that:

- Locates and coordinates decision making for the populations we serve and the services we commission at the scale at which they are best planned and delivered

- Brings about a greater integration of health and social care commissioning around the wider needs and wellbeing of our population and the whole person
- Fundamentally shifts the interaction between providers and between commissioners and providers towards collaboration and collective responsibility for patient outcomes, service delivery and living within available resources

We will be changing our commissioning arrangements alongside the establishment of provider and commissioner alliances in each borough (Local Care Partnerships) and at SEL level as the platform for our developing ICS.

Case for change

In May 2019, the CCG Governing Bodies concluded a process of testing a case for change that has underpinned our subsequent work to describe and make arrangements for a new commissioning body. The case for change was based upon creating a new commissioning approach that would derive:

- Responsive population-based commissioning at very local (neighbourhood), borough, and system (SEL) place levels that those diverse communities require - simultaneously through the redesign of commissioning functions and planning and co-ordination of a single commissioning authority.
- A different approach to commissioning - that gives greater focus to system strategy, planning and oversight; greater integration of health and social care commissioning; and enables alliances of providers to take 'traditional commissioning roles' in service design, responding to populations of similar geography or need.
- The ability to derive solutions at the required scale and pace, to the quality, performance and financial challenges that cannot be resolved by our current organisations working in isolation.
- The requisite capacity and different capability required to commission services for our populations going forward within a reduced management cost envelope and in line with the above objectives.

In addition, we recognised the clear need to take control and secure the very local design of our new commissioning system at the earliest opportunity, recognising the need to:

- Go beyond a simple aggregation of our organisations and design a CCG that empowers commissioning focus at every tier of our multi-layered system.
- Take urgent action in recognition that the quality, performance and financial challenges we face are long standing and we know now require a more coherent commissioning response beyond the collaborative actions of separate commissioning organisations currently in place.

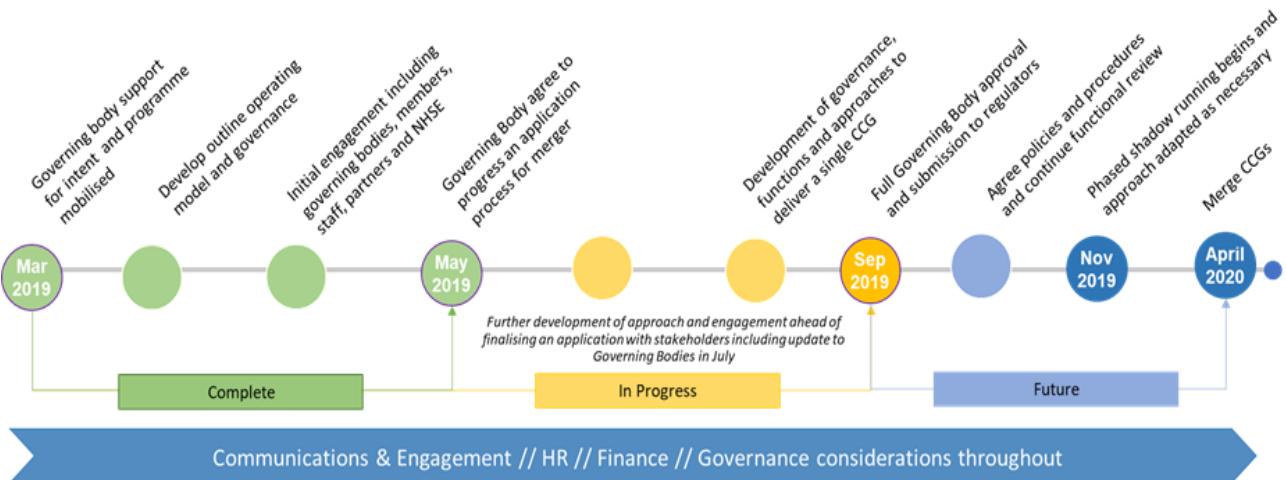
- Ensure that the required reduction of management costs in SEL is underpinned by a planned redesign of our approach to ensure their achievement retains the requisite capacity and capability, rather than a simple reduction in resource.

5. Delivery

In SEL the CCGs have set up a ‘CCG System Reform’ process to take forward the merger proposals, including the establishment of a governance structure to deliver both ‘pre’ and ‘post’ application activities.

The summary process for the reform programme is provided in figure 2.

Figure 2: Summary Process



Pre-application and application

The vast majority of reform programme work between March and August 2019 has been focused upon engagement to shape a new CCG design, taking due account of views expressed.

Following initial engagement with stakeholders and consideration of the NHS Long Term Plan in February and March, the CCG Governing Bodies agreed to submit an expression of interest for merger to the Regional Director for NHSE&I in April 2019.

In May 2019, Governing Bodies agreed a case for change for the merger of the CCGs in SEL and approved the continuation of development and engagement on proposals to merger and on the specific design of that new body and how it would work.

During September 2019, our proposed merger application was considered and approved by Lewisham CCG’s Governing Body. The GP practice membership in Lewisham also agreed a new constitution for a SEL CCG and the dissolution of the current CCG from 1 April 2019.

There has also been agreement from all of the other five CCG Governing Bodies and the memberships of Bexley, Bromley, Greenwich and Southwark

CCGs, with further work with members in Lambeth to clarify some local outstanding concerns.

An application was made to NHSE&I on 30 September 2019, which is now subject to an assurance process by our regulator over October and either an approval, conditional approval or rejection in early November 2019.

Post-application

Should our merger application be successful then the focus will be on implementation processes including possible shadow running where appropriate. Major programmes of work will relate to:

- Structure design, engagement and consultation with staff, followed by implementation
- Population of the shadow Governing Body membership so that the leadership group can begin to oversee transition more directly
- Full preparation of organisational ‘handover and closure’ including staff transfer to the new body where that will relate to TUPE, employment liabilities, policies and procedures, ledgers etc.
- Establishment of Borough Based Boards with agreement upon both the level of formality of joint arrangements to be established at ‘Place’ from 1 April 2020 in each borough, recognising that these arrangements will develop over time.
- Ongoing communication and engagement with stakeholders upon the implementation of these changes.

Engagement

The proposals outlined are the product of an extensive period of engagement with the full range of stakeholders and partners across SEL. Our communications and engagement plan outlined our approach in detail and we have implemented it in full with over 120 meetings alongside other communications conducted with residents/ population, member practices, NHS providers, Local Medical Committees, Healthwatch, local government leadership, Health and Wellbeing boards, Overview and Scrutiny Committees, the wider ICS partnership, other London STPs and NHS regulators.

The purpose of this engagement was to shape our proposals, to ensure a full awareness of them and their implications, and to ensure we have demonstrably taken account of views expressed.

Our approach to engagement has been shaped by the following:

- The need to engage across six boroughs and so we have ensured that we have undertaken this process both in individual boroughs but also by bringing the six boroughs together to have shared discussions in some instances.
- The wide range and number of stakeholders and partners to engage with, which has required us to utilise small and large scale face to face

meetings, attend existing meetings (e.g. Health and Wellbeing Boards), and produce written briefings and updates

- The fact that the act of merger does not involve any changes to services

6. A single CCG - key features

The proposed CCG remains co-terminous with the six boroughs. In response to the case for change above and taking account of views expressed in our engagement processes, we have designed and agreed a merger proposal that formalises arrangements for SEL commissioning at scale, whilst establishing 'Place' or Borough Based Boards that will take delegated authority for planning and delivering more localised change (see Appendix One – Outline Governance Arrangements).

The main features of our merged CCG proposal:

- **Coherence** - A single and coherent approach to commissioning for the entirety of our population organised through a single commissioning authority that is clinically led by our Governing Body, connected to and led by our membership through a Council of Members.
- **Clinically led** - A clinical leadership approach that retains the best features of a clinically led organisation as a CCG but recognises the broader clinical leadership offered by developments such as Primary Care Networks (PCNs), our ICS clinical programmes and our Local Care Partnership (LCP) leadership teams.
- **Responsive** - Prime committees that secure both the safe and effective commissioning of services in line with our statutory duties right across SEL, and place delegated authority to enable decision making at the most appropriate scale, through Borough Based Boards in the case of the commissioning of community based care with a greater integration of health and social care commissioning.
- **ICS ready** - A clear interaction and shift towards collaboration between commissioners and providers, and between providers by organising commissioning arrangements alongside emergent commissioner and provider Alliances at SEL and borough level, referred to as Local Care Partnerships (LCPs) at the borough level.
- **Affordable** - An operating model that will reorganise our management resource to support our delivery whilst living within our management cost allowance through the removal of duplication, inefficiencies, and the concentration of expertise.

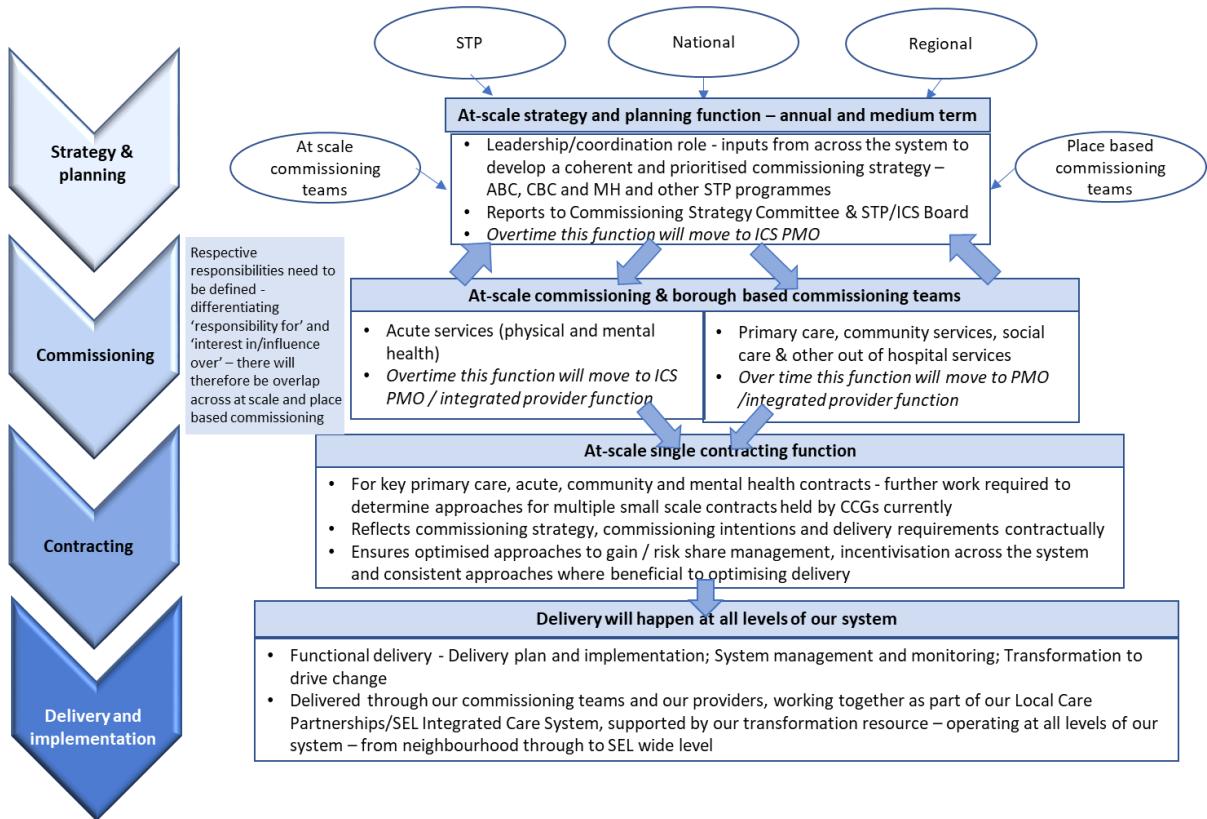
Operating model

Decision making

The merger proposal establishes a commissioning operating model that is reflective of our 'system of systems' and the need for a multi-layered response at each tier of the system. Planning and commissioning (for all areas) would be

led and coordinated at SEL level by the Governing Body supported by its local (borough) and SEL committees. Annual commissioning plans will include engagement with and be recommended for support by the Council of members. Figure 3 outlines the commissioning process within the new CCG:

Figure 3: Commissioning processes within the new SEL CCG



Borough teams will have an interest in and influence upon all SEL commissioning including generation of local priorities with local member practices and clinicians to feed into SEL wide plans. This will either be organised and developed through Borough Based Boards or through the coming together, with equal representation, of clinicians and managers in SEL fora.

Within the model:

- The Specialised / Acute planning and commissioning function will be undertaken once across SEL with associated responsibility, authority and budget
- The responsibility, authority and budget related to Primary/ community / out of hospital services will be delegated to Borough Based arrangements (including a Borough Based Director and a Borough Based Board) who sit on the Governing Body
- In all cases, budget and other financial information will be transparently shared across SEL and boroughs
- Primary Care strategy development, planning and commissioning intention creation will be undertaken at borough level

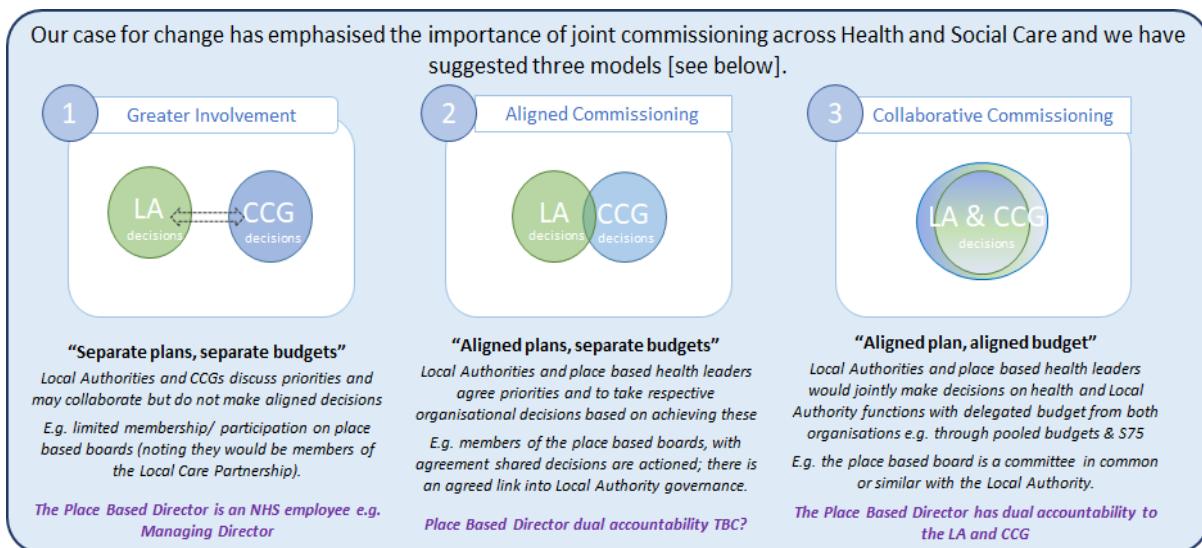
- Should boroughs wish to undertake further delegated responsibilities, a set of criteria has been agreed (and can be found in the ‘Outline Governance Arrangements’ document – Appendix two) and against which such proposals would be considered by the SEL CCG Governing Body.

Borough Based Boards

A key feature of this model is the ability to commission local and in particular community-based care services at borough level. Our proposals create the opportunity and expectation that that will be undertaken in the best interest of residents if it is increasingly a joint or integrated commissioning board across health and care in partnership between the SEL CCG and the Local Authority for that borough.

To that end the proposal makes clear that each local authority has the opportunity to agree with the CCG both the level of formality, with which they would like to operate a shared arrangement, drawing upon one of the three models outlined in figure four. This application formalises that opportunity only and between 30 September 2019 and 1 April 2020 there will be opportunity to make further agreements within each borough as to the local start point and the trajectory for change.

Figure 4: Three models for shared commissioning arrangements



In addition to these arrangements it is the clear expectation that in each borough the LCP will directly interact with commissioners on the Borough Based Board (and for many of the commissioners, they will already be a part of those Commissioner / Provider relationships).

It is envisaged that this will be conducted via formal meetings, likely in two parts, - the Borough Based Board and then together with the LCP Board.

Governance

The Outline Governance Arrangements document (Appendix One) in support of this application provides full details of SEL's proposals. These establish a Council of Members allowing the membership a clear forum for engagement but also importantly to participate in the decision making of the CCG within its mandate as well as hold the Governing Body to account for delivery against it; a Governing Body that is both compliant with statutory requirements and contains equal representation from each of the six boroughs; and a series of prime committees including Audit, Remuneration, Integrated Governance and Performance, Commissioning Strategy, Primary Care Commissioning Committees, and the six Borough Based Boards (also prime committees).

The Terms of Reference for the Audit, Remuneration and Primary Care Commissioning committees will be contained within the draft Constitution document. In the case of Borough Based Boards it is important to note that their final composition will be reflective of the formality of joint arrangements and leadership in each borough. However, in order to ensure safe and effective governance arrangements it will be the case that minimum voting membership of the Borough Based Board will be established, and this is detailed in Appendix One.

Constitution

The draft constitution prepared for the new organisation required the approval of the CCGs' membership, according to the requirements of their current constitutions for those decisions reserved to them accordingly. It is important to note that the document is draft and that some elements of the constitution are not yet fully agreed. Those areas that remain outstanding do not relate to the proposed decision-making or governance of the CCG, as it relates to commissioning patient care, but rather to mechanisms for voting in future upon matters reserved to the membership, where a consensus cannot be reached. NHSE&I guidance requires provision of a plan for the constitution as part of the merger application.

Clinical leadership

The new CCG will continue to be a clinically led membership organisation. It will however operate in a new operating environment where clinical and professional leadership will change.

The current proposals establish a Council of Members for the CCG providing a vehicle through which practices can participate in decision-making appropriately and hold their Governing Body to account. That Council of Members will have borough-based divisions for the purposes of local clinical engagement, each chaired by an independent (of the Governing Body and borough-based boards) local GP. In addition, we have ensured that clinical leaders are included from all boroughs, equally, on SEL decision making groups, including the Governing Body. We intend to perpetuate our clinical associate type arrangements albeit they will change over time.

Our CCG arrangements are set in a context of change as we move toward ICS ways of working and so our merged CCG will also sit in the context of a changing landscape including PCN and LCP development right across SEL,

offering new and different forms of clinical leadership and input. As such we will need to develop further proposals for this area post application and ahead of April 2020, acknowledging that changes will also continue to be made after that date.

Management resources

The section that follows provides details upon the process by which the new CCG's management structures will be populated, noting our clear assessment that current Alliance management structures provide a firm platform from which to build a single CCG's management support, with the changes outlined below, but that it does require change in order to improve or optimise our approach whilst ensuring it is affordable.

In May 2019, the Governing Bodies approved the overall Operating Model for management structures and that is provided within the Outline Governance Arrangements document. It sets an expectation that the SEL CCG and all its parts will work as 'one team' and will need excellent interfaces, underpinned by significant organisational development (for which a final outline organisational development strategy will be prepared as part of the final application). It is also aimed at and designed to ensure that proposals stay within the management cost envelope, which is significantly less than received currently. This, alongside improved effectiveness, is achieved in part through a number of functions being performed by teams that are either single SEL teams working with and on behalf of each borough or SEL teams with 'embedded' resource, physically working in each borough. The model then includes functions that will work as fully borough-based teams.

Executive leadership

The following Executive team structure is proposed for the CCG (for which the portfolios and responsibilities are outlined in the Outline Governance Arrangements document – Appendix One):

- **An Accountable Officer** – the single CCG will require a single AO and from the 1 October 2019 all six CCGs will share the same AO. This will be a CCG Governing Body voting member.
- **A Chief Financial Officer** – the single CCG will require a single CFO and pending the outcome of consultation and implementation of current proposals, the six CCGs will share a single CFO, and this will be confirmed in advance of application and be enacted in November 2019. This will be a CCG Governing Body voting member
- **Six 'Place' Based Directors** – the operating model for the CCG describes leadership positions for each borough. At this point we can confirm that as a minimum there will be one appointed Place Based Director with dual accountability to the CCG AO and Local Authority CEO (Lambeth) and five Directors with borough leadership responsibility for aspects of NHS commissioning and working as part of agreed joint arrangements with the respective Local Authorities. All six will work with and through a Borough Based Board. It is anticipated that 'Lambeth' type arrangements might be adopted in other boroughs either

in advance of 1 April 2020 or post-merger. They will be voting members of the CCG Governing Body.

- **A Chief Nurse** – This new executive director role will be created and will have responsibility for Nursing, Quality, Safeguarding and other related requirements that should be exercised by an Executive Director, once for the CCG, in line with statutory requirements.
- **A Chief Operating Officer** – This post will be responsible for overall leadership of corporate, governance, assurance, communications and engagement, and business support functions. The post will ensure the effective leadership and co-ordination of the CCG across its multi-layered SEL and borough structures.
- **An Executive Director of Commissioning and Planning** – providing leadership and coordination of the CCG's commissioning strategy and planning process (working with SEL wide and borough-based teams plus ICS partners) and leadership of specialised/ acute commissioning and wider contracting functions.

The team above represents a near equivalent 'head-count' of executive directors as offered by current Alliance arrangements, with the addition of the Chief Nurse post. When taken together this team satisfies the requirements of the CCG as a statutory body, abides by and is well placed to lead the proposed CCG Operating model.

7. Securing capacity and capability

Over the next six months the system reform programme will lead, on behalf of the CCGs, a process for design, consultation and implementation of full CCG structures for April 2020.

To date, an initial phase of staff engagement on a number of functions has been conducted which included discussions with over 200 staff. The approach was agreed in July 2019.

This approach excludes finance structures, the primary care contracting team that will be a 'lift and shift' from current SEL wide arrangements; primary care support teams in each borough (that will be maintained as part of wider borough transformation teams in most cases); or Medicines Optimisation Teams in each borough. The latter two areas represent clear commitments made to member practices during the engagement phase. Finally, it will not relate to the current Our Healthier South East London (or ICS) team, the consideration of which will be taken forward as an ICS wide engagement aligned to our Wave three ICS development programme.

8. Responding to engagement

These proposals have taken due account of the programme of engagement activities, the issues raised and the changes to our proposals made as a result.

In general terms the proposal for merger has received a high level of support from stakeholders and partners. This is particularly true of the arrangements that allow a single commissioning authority to appropriately address the full

pathway of care received by residents through commissioning more effectively across SEL, whilst ensuring a more integrated health and care approach to commissioning in each borough.

In terms of support, all 17 ICS partners are signatories of the SEL Wave Three ICS application in May 2019, which proposed merger. In addition, each of the NHS Providers and the ICS have provided written letters of support for the proposal to merge.

Each local authority in SEL is actively engaging in preparations for the implementation of Borough Based Boards.

Engagement with local residents and patient groups has been positive, noting some express a concern as to whether the new CCG would lose local borough connectivity, responsiveness and the ability to take account of the views of local people. The establishment of Borough Based Boards and arrangements we have established or committed to locally (in boroughs), in terms of maintaining local partnerships and engagement, alongside further explanation of the statutory requirements of a CCG, irrespective of size, have sought to address those concerns.

The Healthwatch organisations across SEL have expressed their support and have agreed the recruitment of additional resource with the CCGs to allow them to operate effectively at borough and SEL levels.

Finally, in the case of member practices, support has been expressed for merger. Concerns have, however, been shared around the governance arrangements within the constitution (in relation to Governing Body composition, voting and the Council of Members arrangements) and the availability of resources in local CCG support teams to general practice. Our proposals have taken clear steps to address those areas.

Our widespread engagement has provided invaluable feedback. As a result, we have been able to make concrete proposals that demonstrably respond to potential issues and concerns raised by stakeholders.

9. Understanding impact, risks and benefits

Importantly, the act of merger does not involve or require changes to service provision for residents. Instead our merger proposals create a safe and effective commissioning system capable of discharging its statutory duties.

In the London context we have been careful to recognise the clear need to remain locally responsive and connected to residents in the very diverse communities we serve and ensure that relationship is not negatively impacted upon; so we have:

- Ensured an equal voice on our Governing Body and committees for each borough in our SEL arrangements
- Developed Borough Based Boards with delegated authority to secure this focus. We have ensured that we will perpetuate all local CCG interactions with borough partnership and related arrangements

(Health and Wellbeing Boards, Safeguarding, Overview and Scrutiny arrangements) to ensure effective CCG input to these wider processes and arrangements

- Retained local commissioning and leadership teams and enhanced their ability to interact with local authority commissioners and other local partnerships
- Maintained borough based clinical engagement with members and the wider system and resources to allow for full engagement of local people

Clearly, the act of merger may have significant impact upon our staff and as such we have undertaken work to ensure we take the requisite steps to mitigate any risks.

Going forward it will be important that we have an approach to track the benefits of the changes we are making and the benefits realisation approach is outlined below and will be followed by the new CCG:

- **Economic benefit** – financial improvement, releasing cash, increased income and better use of funds
- **Effectiveness benefit** – Doing things better or to a higher standard
- **Efficiency benefit** – Doing more for the same or the same for less
- **People benefit** – A benefit that although it has an economic, efficiency or effectiveness reason has a direct benefit to our people
- **System benefit** – A benefit that although it has an economic, efficiency or effectiveness reason has a direct benefit on our systems

Whilst merger, in and of itself, does not have an impact in terms of service change, and because we have taken steps to ensure both local responsiveness and future ICS alignment, we clearly expect to realise the opportunities and benefits highlighted by our case for change over time.

Risks and mitigations

Risk and impact assessment upon proposals for merger have been understood in two ways – those risks to successful implementation of merger and the risks / impact of establishing a merged and single CCG for SEL, alongside mitigation plans and they will be continued to be monitored over time.

10. Financial implications

CCG Management Cost Allowance

In November 2018 all CCG Accountable Officers (AOs) were asked to make plans, with their Governing Bodies, to secure a 20% reduction in management costs by 1 April 2020. The funding associated with that reduction (£4.7m for SEL) would then be transferred to commissioning of front-line services.

It is important to note that SEL have taken steps to minimise their management costs in the past and as such do not currently spend the full management cost allowance. As a result, the challenge reduced in financial terms but is increased in implementation terms because many efficiencies have already been achieved.

SEL CCGs plan to achieve this reduction to time and at the required level but a significant element of it will be reliant upon our ability to reduce any waste and duplication and make efficiency gains through the merger of our organisation. A failure to realise these opportunities through merger will of necessity, result in a straightforward reduction in management capacity.

11. Legal implications

The CCG merger proposals follow the requirements of the 2006 NHS Act, as amended by the 2012 Health and Social Care Act, and the National Health Service (Clinical Commissioning Groups) Regulations 2012.

12. Crime and Disorder Implications

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

13. Equalities Implications

The strengthened commissioning system and working at scale will support greater impact and effectiveness in meeting the health inequality and public sector equality duties.

The CCG merger application to NHS England included an equalities analysis that assessed the potential equality, human rights, social value and health inequality impacts of the proposals, and to demonstrate compliance with the Public Sector Equality Duty (PSED).

Any organisational change impacting on staff will follow best practice and include an equality impact assessment.

14. Environmental Implications

There are no environmental implications arising from this report.

Background Documents

The Long-Term Plan for the NHS can be found at
<https://www.longtermplan.nhs.uk/>

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NHS South East London CCG Outline Governance Arrangements

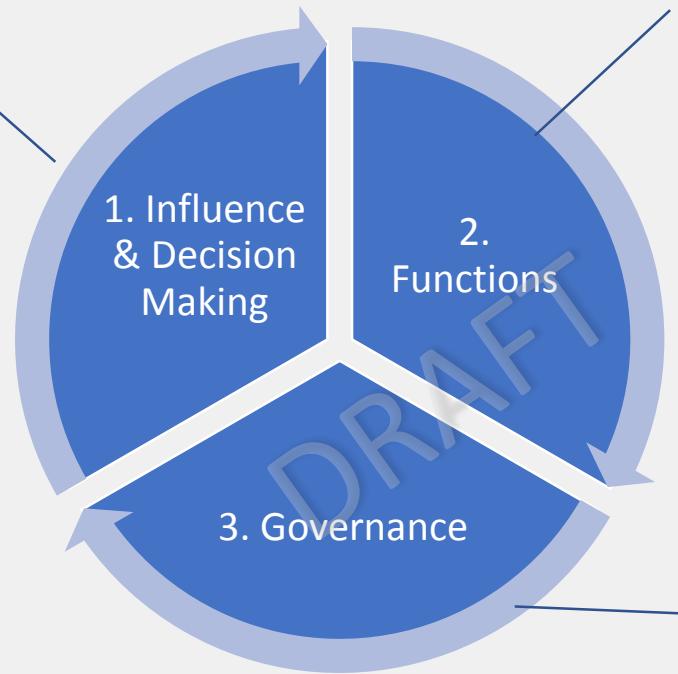
The purpose of this document is to outline the proposed governance arrangements of NHS South East London CCG and includes:

- Influence & Decision Making arrangements
- Joint Commissioning Arrangements with the Local Authorities
- Functional analysis included the agreed operating model and executive leadership team
- Governance

Three Interdependent Elements of Design

There are three interdependent elements of the design which need to be considered in parallel:

Where will responsibility, decision making and budgets sit and critically how will every part of the new SEL CCG influence that?



What are the functions and teams required at each level to shape and deliver the outlined responsibilities?

What governance is required to appropriately deliver and oversee responsibilities?

There is an overarching need to ensure that our future approaches support strong engagement with other partners, and move us positively towards our ICS ambitions

1. Responsibilities, Influence and Decision Making across our commissioning system

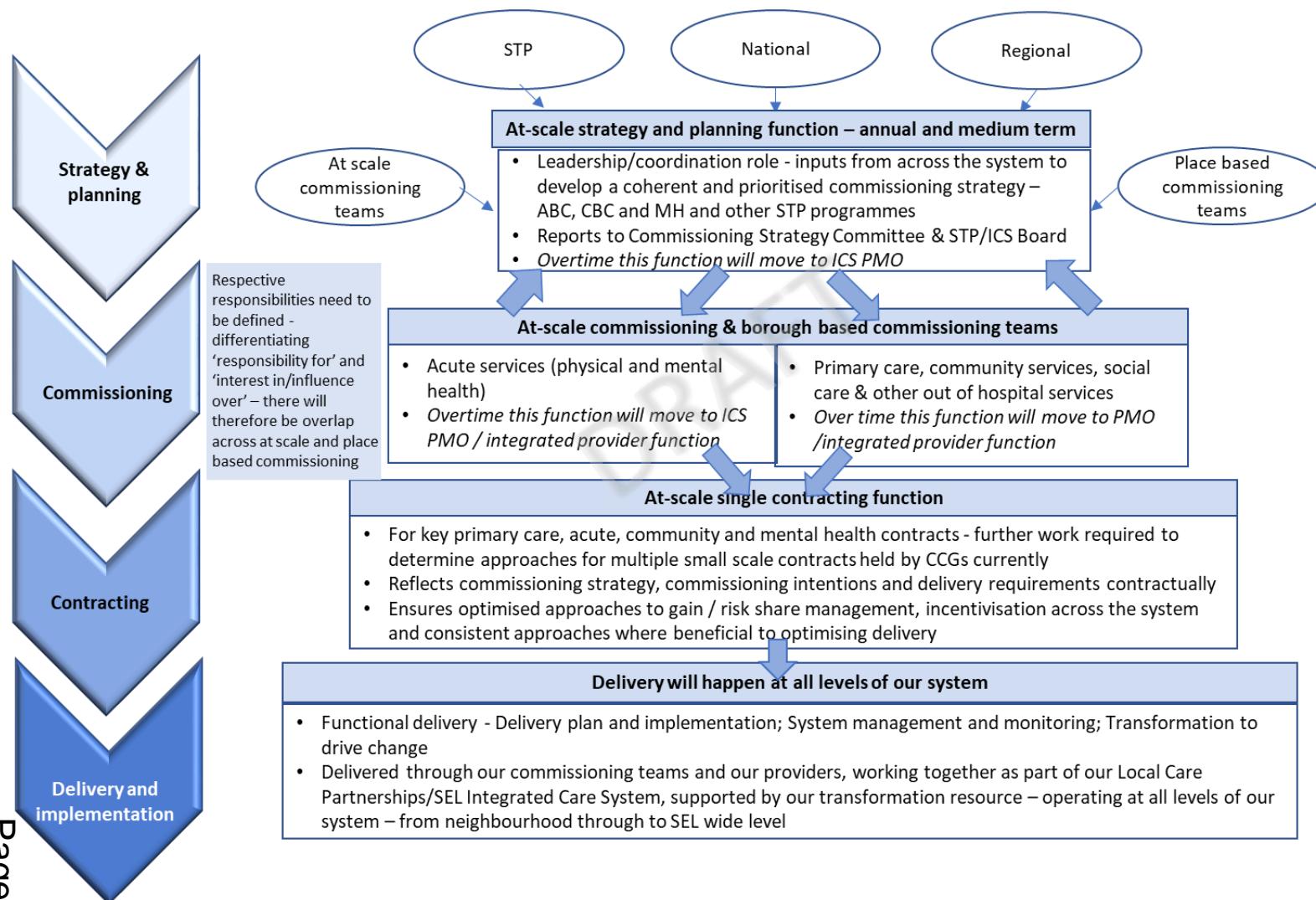
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1. Responsibilities, Influence and Decision Making across our commissioning system - Key messages

1. 'Where' things happen in this commissioning operating model should be reflective of our 'System of systems' and the need for a multi-layered response (*see next slide for the model supported to date*)
2. Planning and commissioning (for all areas) would be led and coordinated at SEL level by the Governing Body supported by its local (borough) and SEL committees
3. Annual commissioning plans will include engagement with, and be recommended for support to the council of members. The council of members would have representation from all six boroughs
4. Borough teams will have an interest in and influence all south east London commissioning including generation of local priorities with local members and clinicians to feed into SEL wide plans.
5. Specialised / Acute planning and commissioning will be undertaken once across SEL with associated responsibility, authority and budget
6. The responsibility, authority and budget related to Primary/ community / out of hospital services will be delegated to boroughs from the Governing Body
7. In all cases, budget and other financial information will be transparently communicated to SEL and boroughs
8. Primary Care strategy development, planning and commissioning intention creation will be undertaken at borough level.
9. Should boroughs wish to undertake further delegated responsibilities, a set of criteria has been agreed (see App 1) and applications can be considered by the SEL Governing Body once appointed
10. The level and formality of joint arrangements in Borough Based Boards will be a matter for (existing) CCG and Local Authority decision before April 2020

Summary of Proposed Model - Responsibilities, Influence and Decision Making

The below is a high level summary of the proposed approach for a collaborative strategy and planning process, and associated decision making in the new SEL CCG

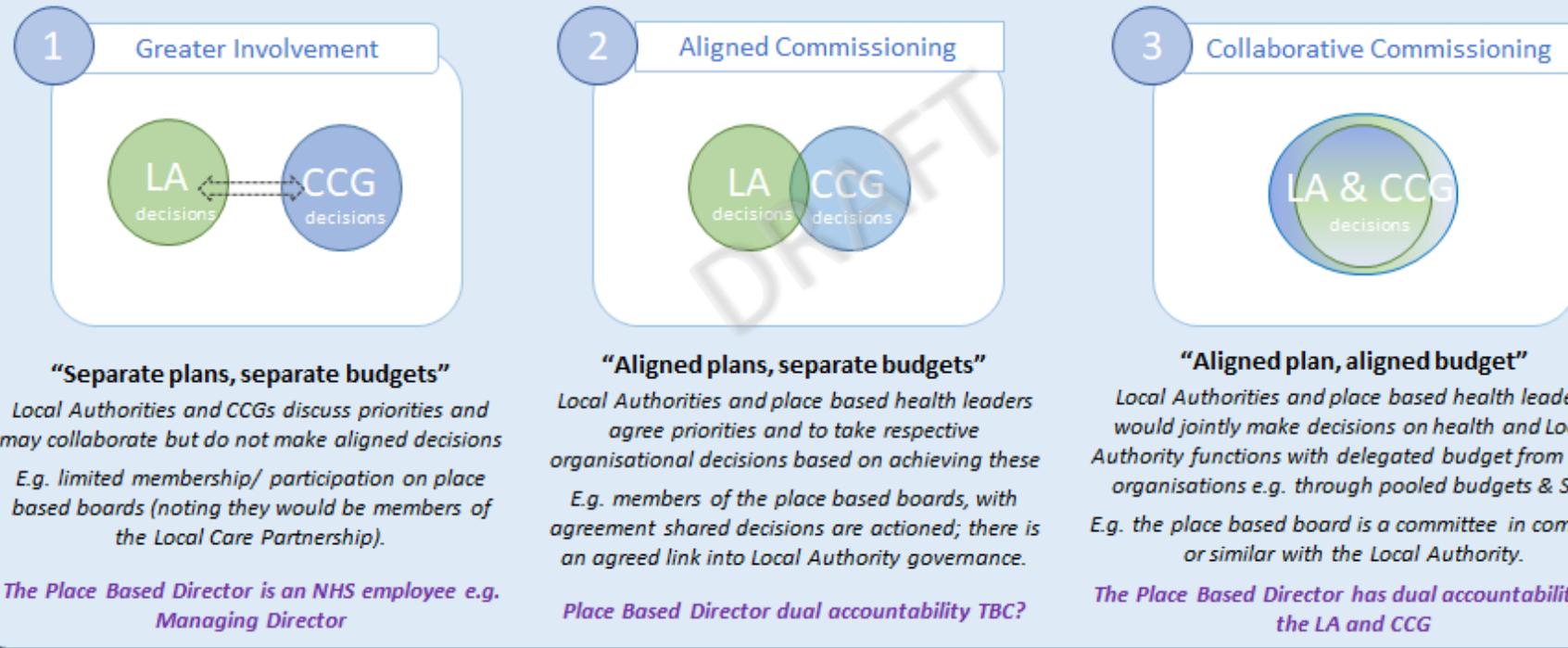


To note there have been discussions about where boroughs want to undertake further delegation (see Appendix 1)

Joint Commissioning Arrangements with the Local Authority

Our case for change has emphasised the importance of joint commissioning across health and social care and consequently three models have been proposed, and agreed:

Our case for change has emphasised the importance of joint commissioning across Health and Social Care and we have suggested three models [see below].



2. Functional Analysis

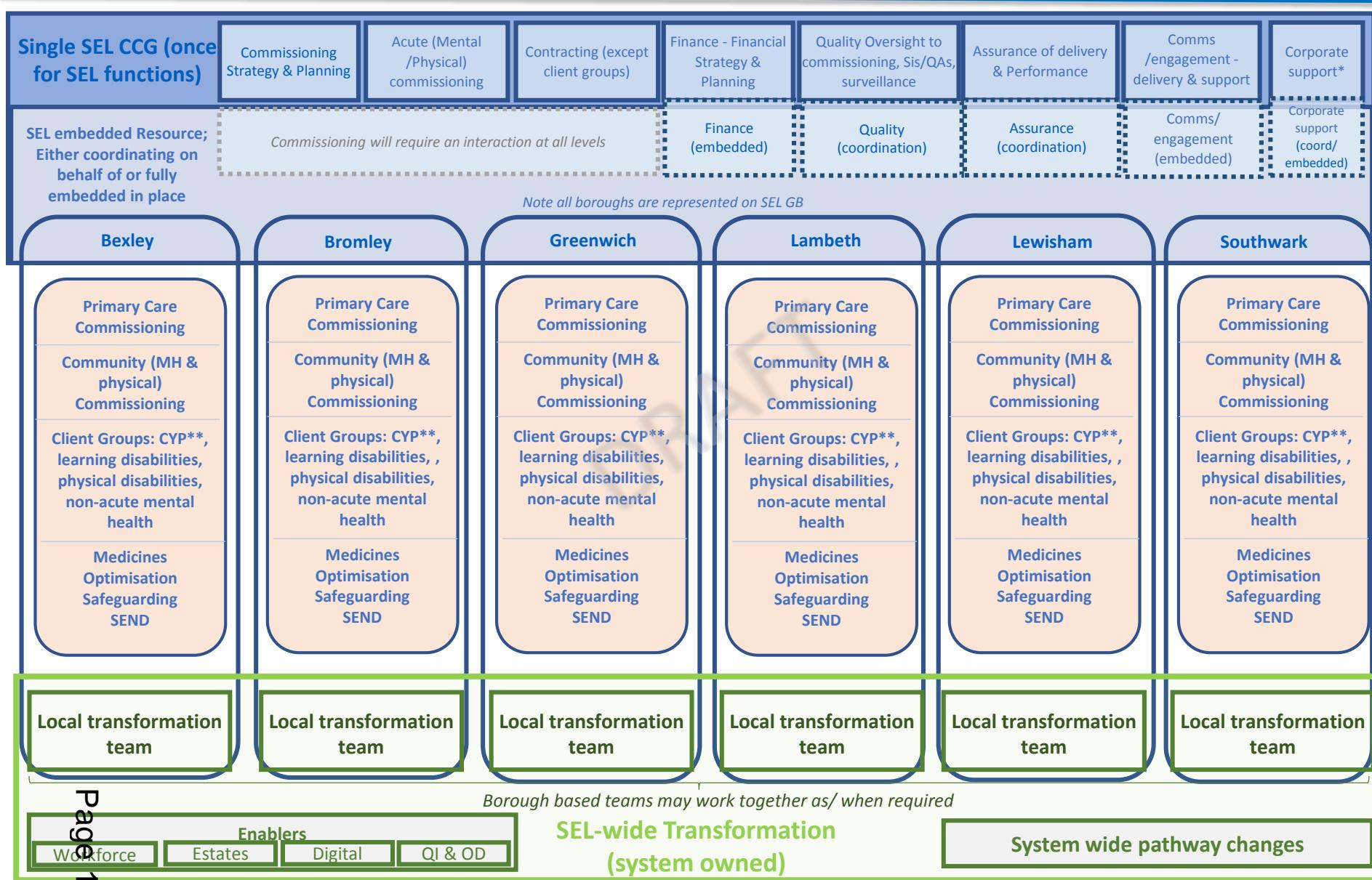
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2. Functional Analysis - Key messages

1. Need for a robust structure to deliver upon the arrangements being proposed for responsibilities, influence and decision-making (including delegation to place based boards)
2. Expectation that SEL CCG and all its parts will work as ‘one team’ and will need excellent interfaces, underpinned by significant organisational development
3. Need to ensure that proposals stay within the management cost envelope, which is significantly less than received currently, and enables us to invest in the skills and capabilities we need to achieve ICS
4. Functions in ‘blue’ (on the next slide) in the proposed model will be performed by teams that are either single SEL teams working with and on behalf of each borough or SEL teams with ‘embedded’ resource – physically working in each borough
5. Functions in ‘Salmon’ (on the next slide) in the proposed model will work as fully borough based teams
6. Boroughs are working with local partners on integration and joint transformation priorities and how this will work from 1st April 2020 and this will be developed alongside this programme
7. Primary Care Support, Medicines Optimisation practice support and GP IT, if right for the borough, will remain available to local practices as they are now
8. Many aspects of commissioning and contracting are already provided by single SEL teams today (e.g. Primary Care Contracting) and this will not change. Greenwich, Bexley and Bromley community services are the only main providers not already contracted for by a single team.

2. Summary of Proposed Model - Functions


South East London Commissioning Alliance
 Partnership of Clinical Commissioning Groups

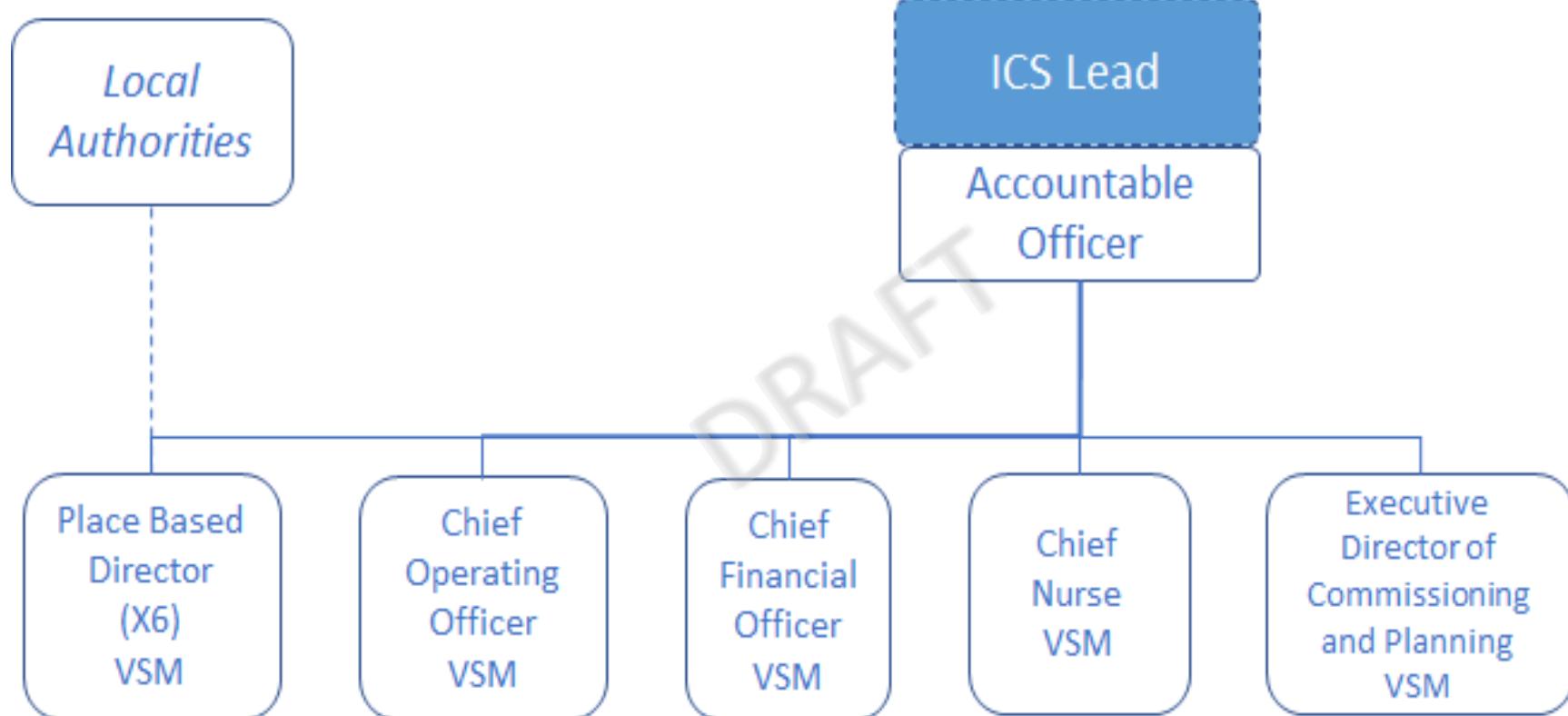


To note: Further discussion required on Quality, BI, CHC & Medicines Management

*Includes: Governance, FOI, IG, Complaints, E&D, Data Warehousing, Procurement, OD, HR & payroll, GP and Corp IT (excluding Bexley and Bromley) /// **Non acute elements (maternity included in acute).

2. Executive Leadership Team

The agreed Executive leadership team is as follows:



2. Structure Design – Guiding Principles (1 of 2)

- **Better outcomes and experience for patients** - a prevailing priority; however, it is important when considering the allocation of capacity over a multi-layered organisation. Allocative decisions must keep the population at its heart as often resource deployed at SEL level will achieve better outcomes for residents than if it were deployed at borough level (and the reverse), equally there may be considerations around different ‘places’ in SEL that are not homogenous.
- **Statutory requirements of a CCG are fulfilled effectively** - As a single statutory body, there will have to be sufficient centralised resource to undertake that safely and effectively and it must be adequately resourced. A CCG is not an ICS. Until such time as those self-regulatory and collective accountability features outlined by the ICS maturity matrix are achieved and recognised as such by regulators, the Improvement Assessment Framework requirements and its successors must be adhered to.
- **Value for money and efficiency** - that structures should take all possible opportunities to remove waste, minimise non-value adding processes and avoid duplication. This should apply to non-pay as much as it does to pay and should take full advantage of any procurement opportunities to drive efficiency from commissioning support services.
- **Clinical Leadership** - As a clinically led organisation resources should be made available to support effective clinical leadership. This investment should pay due regard to the national establishment of Primary Care Networks and our ICS’s development of Local Care Partnerships and provider alliances that could and should provide different opportunities for clinical leadership and the resourcing of it. The NHS Long Term Plan is clear on the future of CCGs as smaller, strategic bodies and points to the movement of system and clinical leadership to ICS partners. This is in part the rationale for CCG management cost reduction and its reinvestment in the ‘Provider side’.

2. Structure Design – Guiding Principles (2 of 2)

- **Transition to an ICS** - any new structure will need to reflect our ambitions to become an ICS. Whilst regulation has not changed, there is a very clear and stated direction of travel which means we should be moving away from transacting for activity and towards shared responsibility for the cost and the care provided to the population of SEL. This is unlikely to have resulted in a meaningful change to requirements on 1 April 2020 but must certainly feature in longer range thinking.
- **The balance of capability and capacity across the new CCG** - to perform effectively the new SEL CCG must not lose the capability to support effective commissioning and transformation at local level and must significantly build its capability and capacity to do so at SEL level, for which it currently devotes less than 25% of its resources dependent on definition. CCGs will be key enablers of change and must be co-investors in transformation activities. However, co-investment must be a principle alongside other ICS partners as experience has shown a significant correlation between ‘ownership’ and ‘funding’ of such teams and functions.
- **Affordability** - The CCG will need to demonstrate the 20% reduction in expenditure as per the national requirement upon it. It will also be unable to deploy programme costs for any given year beyond that which is available to it when taking into account expenditure of patient care.

3. What governance will we need to support this?

..At a South East London and Place Based level

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3. The single Governing Body composition - Key Messages

1. 26 voting members with a GP majority
2. Voting membership includes 13 GPs (12 borough GPs and 1 chair with a casting vote), 1 registered nurse, 1 secondary care doctor (15 clinicians in total), 3 lay members and 8 Executive members
3. These clinical representatives form part of the Governing Body making decisions for south east London, and would also work closely with the membership and other clinical leaders in each borough (including those on the LCP board, PCN Clinical Directors, and OHSEL clinical leads)
4. The GP majority would be secured by the casting vote of the chair

3. The single governing body composition

The proposed Governing Body membership is:

Board	Type	Member	Voting	Total per type
Governing Body	Clinical	SEL Chair X 1	Yes + Casting	13 GP votes + casting vote (provides GP majority) 15 Clinical votes
		GP Lead X 12	Yes	
		Secondary Care Dr X 1	Yes	
		Registered Nurse X 1	Yes	
	Lay	Lay Member X 3	Yes	3
	Exec	Accountable Officer X 1	Yes	8
		Chief Financial Officer X 1	Yes	
		Place Based Directors X 6	Yes	
Total voting				26

Note that in addition to the above the Chief Nurse would be in attendance as would other South East London CCG executives as required

3. South east London Prime Committees - Key messages

1. Prime and sub-committees are provided on the following slide
2. All south east London committees will have equal representation from each of the six boroughs
3. The Primary Care Commissioning Committee will receive recommendations from borough based boards and focus on appropriate contractual actions required to undertake strategies agreed through Borough based boards
4. A core CCG membership for Borough based boards has been agreed which includes a lay member (see slide 16). However, the exact composition will be determined by the (current) CCG and the Local Authority depending upon the level of joint arrangements that they decide upon - reflecting collaborative working on social care, public health etc
5. The Borough based board must be chaired by a voting member of the SEL Governing Body, preferably one of the two borough GPs, (determined by that borough) and membership must contain the GB voting members from that borough
6. It is proposed that Healthwatch and the LMC are also ‘in attendance’ at these boards in every borough
7. Boroughs also each have a Local Care Partnership board which has further clinical and professional representation from across the local system. They will meet alongside the Borough based board (with a part 1 / 2 as appropriate)

3. Summary of Proposed Model – SEL CCG Prime Committees

Proposed prime and subcommittee structure:

Once for SEL CCG Prime Committees

Audit

All audit responsibilities across SEL CCG

Auditor Panel

Remuneration & Nominations (All

CCG non A4C remuneration (full/part funded staff) where required

The prime committees above would comply with all nationally mandated requirements and provide the appropriate governance to effectively run the SEL CCG

Commissioning Strategy Committee

To oversee planning and commissioning (across SEL and in each of the places) and link with full STOP/ICS strategy

Finance and Investment Committee

Safeguarding

Quality and Safety Sub Committee

Information Governance

Performance Committee

Medicines Optimisation Committee

Integrated Governance & Performance

Oversees all performance, quality and finance indicators as agreed at a National, Regional, SEL level (sub committees and place based boards provide information)

Primary Care Commissioning Committee

A single committee for the purposes of signing off / agreeing contractual changes. Strategy and decisions about primary and community services would be developed in boroughs

Place Based Boards (X6)

Accountability for delegated functions and local delivery as well as helping to shape the priorities and work across SEL

Borough (place) based boards are a critical part of our new system and will represent prime committees of the SEL CCG governing body. They will bring together the CCG in the borough and the local authority. It is increasingly considered that Borough based boards will be a part two of local care partnership boards that will also include providers, including primary care network leads

3. Borough (place) Based Boards - Key messages

- It is proposed that these prime committees should be referred to as Borough Based Boards (BBB) with the following core membership:
 - Borough Based Director
 - The two GPs from the SEL Governing Body
 - One lay member
 - Director of Public Health (non-voting for CCG matters)
 - Healthwatch (non-voting)
 - LMC (non-voting)

NB: the Executive membership of the board is potentially dependant on staff in boroughs

- The Local Authority membership will be determined in line with the level of formality of arrangement and afforded status and decision-making rights (on LA budgets or any formal joint agreements) commensurate with those arrangements
- Officers (CCG or LA, embedded or local) will be agreed between the local leadership and the CCG Accountable Officer to ensure the effective running of the BBB
- Clinical leadership will also be present in the provider focussed Local Care Partnership Boards that will sit alongside these BBBs.
- It is proposed that a GP voting member of the SEL CCG GB must chair or co-chair (with the local authority if that reflects the formality of joint arrangements). Co-chairing would not be expected where there is no similar delegation of LA funds to the BBB.
where there is no similar delegation of LA funds to the BBB.
- It is proposed that the (CCG) Chair of the Borough Based Board will have a casting vote

3. Council of Members (CoM) - Key messages

- A single Council of Members will be established, across south east London, from 1 April 2020 that will allow for:
 - Members to hold the single SEL CCG Governing Body to account and take decisions on matters reserved to the membership as outlined in the scheme of reservation and delegation
 - Members to be held to account for ensuring their contribution to the commissioning development of the CCG
- Each borough will establish a Membership Division of the Council of Members which will each have an independent chair
- Each member practice will appoint a practice representative (and a deputy)
- The practice representatives will represent their member practice's views, act on behalf of their member practice in matters relating to the CCG and vote on the Council of Members on matters relating to the CCG, reserved in the constitution to the members
- Engagement with membership will continue to take place locally in boroughs, as it does now, and all matters related to votes will be discussed at these fora
- There will be a single Council of Members meeting that takes place at least annually and more likely bi-annually with all SEL practice representatives (i.e. an all member conference)
- At least 50% of all south east London practice representatives will be required to be present / vote (electronically) in order for the Council of Members to be deemed as quorate
- Voting will take place once across south east London

Appendix 1a – Further detail on delegation

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1. Proposed initial delegation to place (1/2)

Proposed delegation (this would be 'stage 1')	The give - delegated borough/place based responsibilities	The get - system commitments to support borough place based delivery
<p>Responsible for: Input to, interest in and influence over the SEL wide planning and commissioning process, including developing consolidated Place Based proposals and priorities – decision making input secured through through full participation in SEL wide processes and through the SEL CCG Governing Body.</p> <p>Community/out of hospital services planning and commissioning – with agreed authority and budget - working to deliver agreed commissioning intentions across national, London and local priorities, to a 'minimum expectation, satisfied everywhere' model.</p> <p>Interest in and influence over: Specialised/acute planning & commissioning.</p>	<p>Delegated authority and autonomy for the planning and commissioning of out of hospital care services – primary care, community, social care, voluntary sector - to secure an out of hospital care offer that meets local and agreed SEL requirements/deliverables.</p> <p>A delegated NHS budget covering NHS primary care, community and voluntary sector services.</p> <p>Delegated authority and autonomy to run a Place Based Board to govern and oversee borough based planning, commissioning and delivery.</p> <p>Delegated authority and autonomy to work with in borough Local Care Partnership and Primary Care Networks to secure local delivery.</p> <p>Delegated authority and autonomy to determine, with other local stakeholders, the utilisation of place based transformation resource, to secure agreed delivery commitments.</p>	<p>Transparent and inclusive process through which planning and commissioning priorities are identified and agreed – each borough as an equal partner in the decision making process.</p> <p>Transparent process through which budgets are set and agreed - to enable boroughs to track current to proposed spend transparently. Resulting annual/multi year budgets to be determined on the basis of a fair allocation of resource distributed in line with an agreed SEL investment strategy (inclusive of a commitment to increase investment in community/out of hospital care services) - each borough as an equal partner in the decision making process.</p> <p>Full access to and participation in:</p> <ul style="list-style-type: none"> • SEL wide risk management approaches in line with collectively agreed approaches to managing financial and other risk. • Acute and specialised commissioning arrangements – to ensure local priorities are reflected in place and that delivery benefits are shared proportionately across boroughs.

1. Proposed initial delegation to place (2/2)

Some boroughs expressed a desire to secure a **greater level of delegation over and above the proposed core** delegated responsibility for the planning and commissioning of out of hospital services and arrangements to secure an interest in and influence over acute / specialised planning and commissioning and SEL wide planning and commissioning.

Below is a high level proposed criteria by which further delegation would be considered and assessed post application

Proposed assessment criteria	Description - Proposals will need to demonstrate
Strategic fit	<ul style="list-style-type: none"> A strategic fit to our stage 2 ICS operating model A clear step towards the delivery of this operating model
Stakeholder support	<ul style="list-style-type: none"> Support from local stakeholders on the Local Care Partnership/Place Based Board Support from the relevant/impacted acute sector provider(s) Support from other impacted boroughs (those with a shared interest in the relevant acute provider(s)) Support from the SEL CCG Governing Body and each of its six constituent 'Places'.
SEL alignment	<ul style="list-style-type: none"> How the borough will ensure alignment with and joined up approaches to issues that span more than one borough with regards the acute planning and commissioning function How the borough will guarantee the delivery of our core acute offer for the SEL population regardless of borough of residence
Benefits realisation	<ul style="list-style-type: none"> The benefits to be realised from a delegation to borough approach for acute planning and commissioning, with an expectation that benefits realised are demonstrably better than those derived from a consolidated planning and commissioning approach, applied from the perspective of the individual borough and wider system, to include: <ul style="list-style-type: none"> Pathway improvement and delivery Performance improvement and sustainability Networked acute delivery Financial risk management

Healthwatch Lewisham response to proposed changes to south east London Clinical Commissioning Groups -

October 2019

To deliver the NHS Long Term Plan, the vision in south east London is of a ‘system of systems’ with an Integrated Care System (ICS) across geographical and health and social care boundaries. To enable this to happen a merger of the six existing south east London Clinical Commissioning Groups (CCGs) is proposed, alongside the creation of a Borough Based Board in each borough. This merger is to take effect on 1 April 2020.

Healthwatch Lewisham (HWL) welcomes the opportunity to comment on the proposed changes to South East London CCGs.

As a local Healthwatch, we are the independent champion for local people’s voices in health and care services in Lewisham. Our work ensures that local people’s views and experiences are known to decision makers. “Through public engagement we form opinions on service standards and whether provision could be improved. Using our local knowledge, we can make recommendations to ensure that patient experience directly influences the work of local health and care services.”. We are an integral part of the regulatory framework for NHS services and have a crucial role in scrutinising the quality of services and the gaps in provision for local people. We may also make recommendations to Healthwatch England or the CQC to conduct reviews or investigations.

We are committed to seeing that new CCG arrangements uphold and build on the successes of public engagement to date. We, therefore, welcome the proposal that Healthwatch Lewisham will sit on the Borough Based Board.

We also welcome the ongoing commitment to engagement with local Healthwatch and the proposed funding by the South East London Commissioning Alliance to provide strategic liaison between the six south east London Healthwatch and the proposed South East London CCG. (SEL CCG)

Managed and hosted by local Healthwatch, an independent representative will sit on the Governing Body of SEL CCG.

.

Both of these positions will be valuable in bringing the views and experiences of patients and the public into decision making and help to improve transparency and accountability, especially for the new CCG. Together they reflect a commitment to the importance of the role of Healthwatch and the public and patient voice.

We acknowledge the engagement and communications work carried out by Lewisham CCG as part of the proposed changes. Active and good engagement and communications at the regional and local level will need to be adequately resourced throughout the merger process and in the future. It is essential that local people have clear accessible information that allows them to understand what has changed and what, in practical terms, these changes mean for them.

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Healthwatch Lewisham is delivered by Community Waves a Registered Charity (1159132) and Company Limited by Guarantee (9044348). Community Waves is a voluntary and community organisation that builds bridges between local people and decision makers by using effective engagement and involvement to impact on community wellbeing and development.

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13 September 2019

Damien Egan
Mayor of Lewisham
Damien.egan@lewisham.gov.uk

By email only

Dear Damien

Proposed Changes to NHS Commissioning in South East London

Thank you for your letter of 9 September. I was able to circulate it to the members of my Governing Body in advance of our consideration of these proposals at our meeting that was held yesterday in public.

The outcome of our meeting was that we agreed unanimously to submit an application to NHS England to merge the six CCGs in south east London. This is also subject to agreement of our GP membership of the constitution of the new CCG.

We had a full discussion that encompassed the many areas raised in your letter. These, along with other submissions and also questions from the public were given careful consideration.

We were able to confirm that the proposed changes do not affect any service provision, and that 'the right to veto' provisions mean that any major service changes would require the unanimous support of all clinical members of the new Governing Body, while it was recognised that there is a high degree of patient care that takes place across borough boundaries.

There will be equal representation of all boroughs on the Governing Body which will be through two elected GP representative members and through the Borough Based Director (that may be a joint appointment with the local authority). For locally commissioned services, there are defined delegations to the Borough Based Board that will be responsible for primary, community and out of hospital services. The need to give due prominence and resource to engagement and involvement with our local population was confirmed.

Our ambitions to tackle health inequalities and to improve the health of our population and the quality of local services are central to these proposals, and I look forward to working with you and your colleagues as we develop our partnerships in Lewisham.

Yours sincerely



Dr Faruk Majid
Chair, NHS Lewisham CCG

cc:

Andrew Bland NHS Lewisham CCG, Accountable Officer
Martin Wilkinson NHS Lewisham CCG, Managing Director



Damien Egan
Mayor of Lewisham

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9 September 2019

Dear Faruk

Proposed changes to NHS commissioning in South East London

I am writing regarding the proposed changes to the NHS commissioning reorganisation plans in South East London (SEL) and specifically the plans to integrate the 6 separate Clinical Commissioning Groups into a single SEL CCG. I understand that NHS Lewisham CCG will vote on this matter shortly.

While I understand that efforts to engage with Lewisham residents and clinicians have been undertaken locally, the Council continues to have concerns about the impact of this proposed merger and I wanted CCG board members to be fully aware of these concerns before any vote is taken.

While we welcome any move to reduce the risk of privatisation within the NHS, the Sustainability and Transformation Partnership has no legal standing. While building cooperation among NHS providers and working in partnership with local government is broadly welcomed, this should not be used as a way to centralise services in a way that means our residents have less choice of NHS provision and less local provision.

Despite the proposal to develop local integrated commissioning arrangements including a Borough Based Board, many decisions, including acute hospital commissioning decision, will be taken on a SEL basis. The Council is concerned that this could lead to a reduction in both local influence on the shape of these services, and could lead to a reduction in services provided locally in the borough.

I am also keen for formal reassurances that the CCG has confidence that the proposed arrangements, with a balance between centrally commissioned services and locally commissioned services, will work in practice and that we will not end up with all decisions being made centrally, the Lewisham voice not being heard and residents and indeed professionals not having confidence in the safety and effectiveness of the local clinical system.

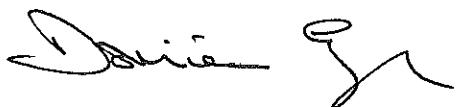
Although the proposed merger will continue to ensure that there is a clinical majority on the SEL CCG Governing Body, there will be a much reduced Lewisham GP voice and I remain unconvinced that the needs of our population will be as well understood by other, non-Lewisham, clinicians. The plans also propose only a single Director of Public Health supporting work across six very different boroughs – reducing the local expertise available. Therefore I would seek assurances that the proposed SEL CCG

has plans in place to ensure that the new Governing Body has a good understanding of the health needs of our Lewisham population, understands the specific challenges and health inequalities in Lewisham and are motivated to support local efforts to address these.

I very much appreciate that in the current economic environment, when funding for public services has been cut substantially since 2010, the NHS is struggling to meet rising demand. However, Lewisham Council cannot accept any reduction in provision that may adversely impact on the healthcare of residents in Lewisham, or further add to the existing health inequalities in our borough.

I would ask that you both note my comments and share this letter with members of the CCG Governing Body in advance of any vote to change the existing structure.

Yours sincerely,



Damien Egan
Mayor of Lewisham

Agenda Item 8

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Title	Public Health Grant Overview		
Key Decision	No		Item No. 8
Ward	Borough Wide		
Contributors	Catherine Mbema – Interim Director of Public Health		
Class	Part 1	Date: 8 th October 2019	

1. Purpose

1.1 The purpose of this report is to provide members of the Healthier Communities Select Committee with an overview of public health grant spend and the cuts made to the grant to date.

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to:

2.1 Note the content of the report and direct as required any further analysis or commentary.

3. Policy Context

3.1 The Health and Well Being Strategy 2012/22 has been developed by Lewisham's Health and Wellbeing Board (HWB) and sets out the improvements and changes that the board, in partnership with others, will focus on to achieve the board's vision of achieving a healthier and happier future for all. The strategy lays out 9 priorities:

- achieving a healthy weight
- increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
- improving immunisation uptake
- reducing alcohol harm
- preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- improving mental health and wellbeing
- improving sexual health
- delaying and reducing the need for long term care and support.
- reducing the number of emergency admissions for people with long-term conditions.

3.2 Lewisham's Children and Young People's Strategic Partnership vision is: "Together with families, we will improve the lives and life chances of the children and young people in Lewisham". This is achieved through a focus upon closing the gaps in outcomes achieved by our children and young people and agreement to ensure that children's and families' needs are prevented from escalating and are instead lowered. The ideal is for all children and young people to require only universal services and where further support is needed this should be identified and provided as early as possible.

4. Background

4.1 The Health and Social Care Act (2012) transferred the bulk of Public Health functions to local authorities. The Council is responsible for delivering Public Health outcomes through commissioning and building partnerships within the borough, region and city.

4.2 In the Spending Review and Autumn Statement 2015 the government announced an in-year cut to the ring-fenced Public Health grant, with further cuts for each subsequent year to 2019/20. In Lewisham the grant for 2019/20 is £23,683,000 and the total cuts in the grant to date total £3,985,000.

4.3 The Public Health grant cut for 2019/20 was £642,000. This cut was achieved through reductions in a number of areas including a £196,000 reduction in the health visiting budget. For 2019/20, discussions with Lewisham and Greenwich Trust (the provider of the Health Visiting service) have meant that this cut has been achieved without impacting upon the health visiting service. Negotiations with Lewisham and Greenwich Trust are progressing to agree how services will continue to be delivered within the reduced budget for 2020/21 onwards and these will be brought to this meeting once proposals have been confirmed.

4.4 In the most recent one-year Spending Round 2019, the government announced that the Public Health Grant will increase in line with inflation for 2020/21 so at this point we are not expecting to have to make any further cuts in Public Health services, though until full details of the Local Government settlement are received, this cannot be confirmed.

5. Corporate realignments

5.1 In 2015/16 cost pressures on the council led to the decision to assign £3,122,000 of the public health grant to other council budgets for which there is demonstrable public health benefit.

5.2 The council's overall financial position led further re-alignments of the public health grant of £557,000 for 2016/17, and £1,443,000 for 2017/18. By 2017/18 this meant a total re-allocation of £5,122,000.

5.3 The resulting areas of spend from these realignments are outlined in Table 1 below:

Table 1: Corporate realignments

Re-allocation	Amount (£)	Description
Transport planning, policy & strategy	£100,000	The Council's work on transport planning, policy and strategy fundamentally underpins all our efforts to improve the transport network, including increasing the number of journeys made by foot or cycle, improving air quality, and reducing death and injuries on the roads. Most notably this is through the development and delivery of the Local Implementation Plan (LIP) which encompasses, for example, the Cycle Strategy, the draft Electric Vehicle Charging Strategy, and the draft Road Danger Reduction Strategy, all of which have been developed (to varying degrees) during 2017/18.
Road safety education & safe routes	£100,000	Our traffic management budgets are generally used to ensure the safe and free passage of both vehicular and pedestrian traffic on the highway, which contributes to a safe environment that is conducive to cycling and walking. This includes, for example, a programme of minor traffic measures that is prioritised in the basis of road safety and the pedestrian environment. Similarly, our ongoing work with school crossing patrols continues to enable children and parents to embed safe, active and sustainable travel behaviours in their daily lives, contributing to many positive outcomes that are extremely relevant to public health.
Children and Young People (including children's centres, CAMHS and children's safeguarding)	£1,713,000	Provision of services to ensure that vulnerable children are safe and protected and their welfare promoted, including access to health services to ensure that milestones are being met and address the impact of trauma and neglect, including regular assessments to ensure milestones are met and developmental and cognitive delay is identified and additional support and advice is provided to mitigate long term impact.
Asylum seekers	£50,000	Ensuring assessment of need is undertaken, including that medical and therapeutic needs are identified as a result of historic neglect and trauma, ensuring that culturally appropriate provision is in place and accessed and monitoring in place of the impact through a range of multi-agency arrangements.
Mental health support	£300,000	Lewisham mindcare provides community based support for adults with a MH problems, providing support with benefits and housing and supporting people back into employment. The MH crisis line also provides support to those in MH crisis helping to avoid a MH admission.
Social support, information and early intervention	£850,000	Interventions that maintain quality of life through reducing social isolation and loneliness. Community connections, Meet me at the Albany and Commissioned day care – reduces social isolation, builds friendship groups, engages people in their local communities. All work with health professionals to support people with diet and nutrition.

Homelessness, housing welfare and benefits advice	£745,000	Maintaining households including families with children in temporary accommodation. The family service is geared towards preventing homelessness in the first instance and deploys a wide range of measures to assist people to remain in their own home, or to find suitable alternative accommodation, in the first instance as this is known to have preferential health and social outcomes for households. Through this focus on preventative work at the earliest opportunity, the Council has delivered almost 600 prevention or relief actions in 17/18, and a 17% drop in the number of households that have been accepted as homeless compared to 16/17.
Leisure - recreation and sport	£600,000	Provision of sport and physical activity services including free swimming for over 65s, which contribute to achieving public outcomes to reduce levels of excess weight and improve mental wellbeing in the borough.
Violence against women and girls (VAWG)	£400,000	<p>This supports the provision of the council's services to support victims of Violence against Women and Girls.</p> <p>It is estimated that 2.1million people suffer from domestic abuse each year. Costing the UK economy £66billion annually and making the cost for a single victim of abuse £34,017 (in physically and emotional harm, lost economic output, victims service, police costs etc.)</p> <p>Abuse has significant impacts on the physical and mental health of victims and children in abusive families. Physical health impacts include; attendance at A&E, short term injuries and longer term physical health consequences. Abuse often leaves victims with reproductive consequences, sexually transmitted infections and pregnancy complications.</p> <p>Abuse has significant psychological impacts. For example, rates of attempted suicide, self-harm and PTSD is higher amongst abusive victims. Between 30%-60% of psychiatric inpatients have experienced domestic abuse.</p> <p>The Home Office estimate that the cost of domestic abuse to health services is £23 billion.</p>
Food & safety and environmental protection	£264,000	This supports the work of the environmental health service to monitor food hygiene and food standards, undertake premises inspections and make infectious disease notifications, which are all vital in protecting public health.

6. Public Health Grant – grant reductions and corporate realignments to date

6.1 In total since 15/16, the combination of corporate realignments and central government cuts this has led to a reduction in spending of £9.09m to date, which broken down by year of cut/realignment is as follows:

Financial Year	Cut/Realignment
Pre-16/17	£2,565,000
16/17	£557,000
17/18	£4,433,876
18/19	£888,535
19/20	£642,000
Total	£9,086,411

7. Public Health Grant – areas of spend

7.1 The remaining public health grant in Lewisham has four main areas of service spend: children and young people (CYP); substance misuse; sexual health and other preventative services. The respective amounts of spend on each of these four areas in 2018/19 is outlined in Table 2 and the annual impact of cuts/realignments on the respective areas of service spend is outlined in Table 3.

Table 2: Public Health Grant spend 2018/19

Service Area	Grant Spend (£)	% Service spend
Children and Young People (CYP)	7,479,124	38%
Substance Misuse	4,225,100	22%
Sexual Health	5,594,296	28%
Other preventative services	2,347,600	12%
Total	19,646,120	

Table 3: Cut as a proportion of service area spend

	CYP	Substance Misuse	Sexual Health	Other preventative services	Total
Pre-16/17	1%	9%	5%	29%	11%
16/17	0%	1%	0%	14%	2%
17/18	21%	12%	11%	45%	19%
18/19	2%	2%	9%	9%	5%
19/20	3%	3%	4%	4%	3%

7.2 The grant spend on **children and young people** comprises of spend on the School Age Health Service, Health Visiting Service and contribution to the Young People's Health and Wellbeing Service in Lewisham.

- 7.3 The Health Visiting Service lead on delivery of the National Healthy Child Programme (HCP), delivering a universal home visiting service to all families from pregnancy up until the child is 5 years old, with targeted support offered to more vulnerable families including MECSH, a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health. The Health Visiting Service also deliver the Family Nurse Partnership (FNP) an evidence based support programme for first time young parents aged 22 and under until the child reaches the age of two. The Service is also leading on development of Baby and Toddler Hubs. The School Age Health Service offers safeguarding, immunisation and health assessment and planning to school age children in Lewisham
- 7.4 The Young People's Health and Wellbeing Service (YPHWBS) is delivered by Compass in partnership with Kooth Online Counselling service and ChatHealth (which is a mobile texting support service). The YPHWBS multi-disciplinary team works with young people aged 10-19, (up to 25 with evidenced additional needs) and offers advice, brief intervention and relevant support to any young person in Lewisham needing help or advice with emotional wellbeing, sexual health or substance misuse. YPHWBs is integrated which means that no matter the reason a young person approaches for support, they will have access to the sexual health, substance misuse and emotional wellbeing elements of the service should they be required. Compass also support delivery of the Universal School Safety Programme (USSP) to year 7 students.
- 7.5 The grant spend on **substance misuse** comprises of spend on contracts for the main substance misuse services delivered by Change, Grow, Live (CGL) and Blenheim CDP. Both provide a range of interventions targeted at patients and family members suffering from substance misuse.
- 7.6 CGL run the complex needs service within the borough that assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessment for an appropriate treatment which could include pharmacological therapies for opiate dependence and commencement of dose titration within 24 hours of presentation. Blenheim CDP deliver the primary care recovery service (PCRS) which works in partnership with GPs. The contract for PCRS provides a recovery-orientated model offering support, advice and treatment options for people living in Lewisham whose drug and/or alcohol use is stable enough for them to receive services via General Practice. The service is delivered in partnership with GPs and pharmacists and includes opioid substitute therapy, nurse led community detoxification and a range of other psycho-social recovery interventions.
- 7.7 The substance misuse spend also contains payments for a wide range of associated activity paid for under cost and volume contracts including costs for prescriptions required to reduce illicit drug use, residential medical detoxification and residential rehabilitation (dependent on provision but c.5-10k per admission), the supervision of the consumption of methadone as a controlled drug, the exchange and disposal of used and dirty needles.

7.8 The grant spend on **sexual health** comprises of: payment for Lewisham residents accessing sexual and reproductive health services under the integrated sexual health tariff and the London e-service including a range of testing and treatment for sexually transmitted infections alongside a wide offer of contraceptive interventions; provision of contraception in pharmacy and long acting reversible contraception in primary care; contribution to the joint commissioning of HIV prevention services by all of the 33 London councils, aiming to increase the frequency of HIV testing, promote consistent condom use and promote the adoption of safer sexual behaviours; and sexual health promotion services. This is a demand driven service and the Council cannot limit the numbers of people who can access sexual health services.

7.9 The grant spend on **other preventative services** comprises of spend on the Lewisham Stop Smoking Service, NHS Health Checks Programme, Weight management and physical activity services, public health staffing, the Neighbourhood Community Development Partnerships (NCDPs), Child Death Overview Panel support and contribution to the Maternity Voices Partnership (MVP).

8. Financial Implications

8.1 There are no specific financial implications arising from this report.

9. Legal Implications

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

10. Crime and Disorder Implications

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

11. Equalities Implications

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

12. Environmental Implications

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

13. Conclusion

13.1 This paper provides an overview of the Public Health Grant spend and cuts made to the grant to date.

Agenda Item 9

Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	9
Class	Part 1 (open)	8 October 2019	

1. Purpose

- 1.1 To advise members of the committee's work programme for the 2019/20 municipal year and to agree the agenda items for the next meeting.

2. Summary

- 2.1 The committee drew up a draft work programme at the beginning of the municipal year for submission to the Business Panel for consideration.
- 2.2 The Business Panel will consider the proposed work programmes of each committee on 7 May 2019 to agree a co-ordinated overview and scrutiny work programme.
- 2.3 The work programme can, however, be reviewed at each select committee meeting to take account of changing priorities.

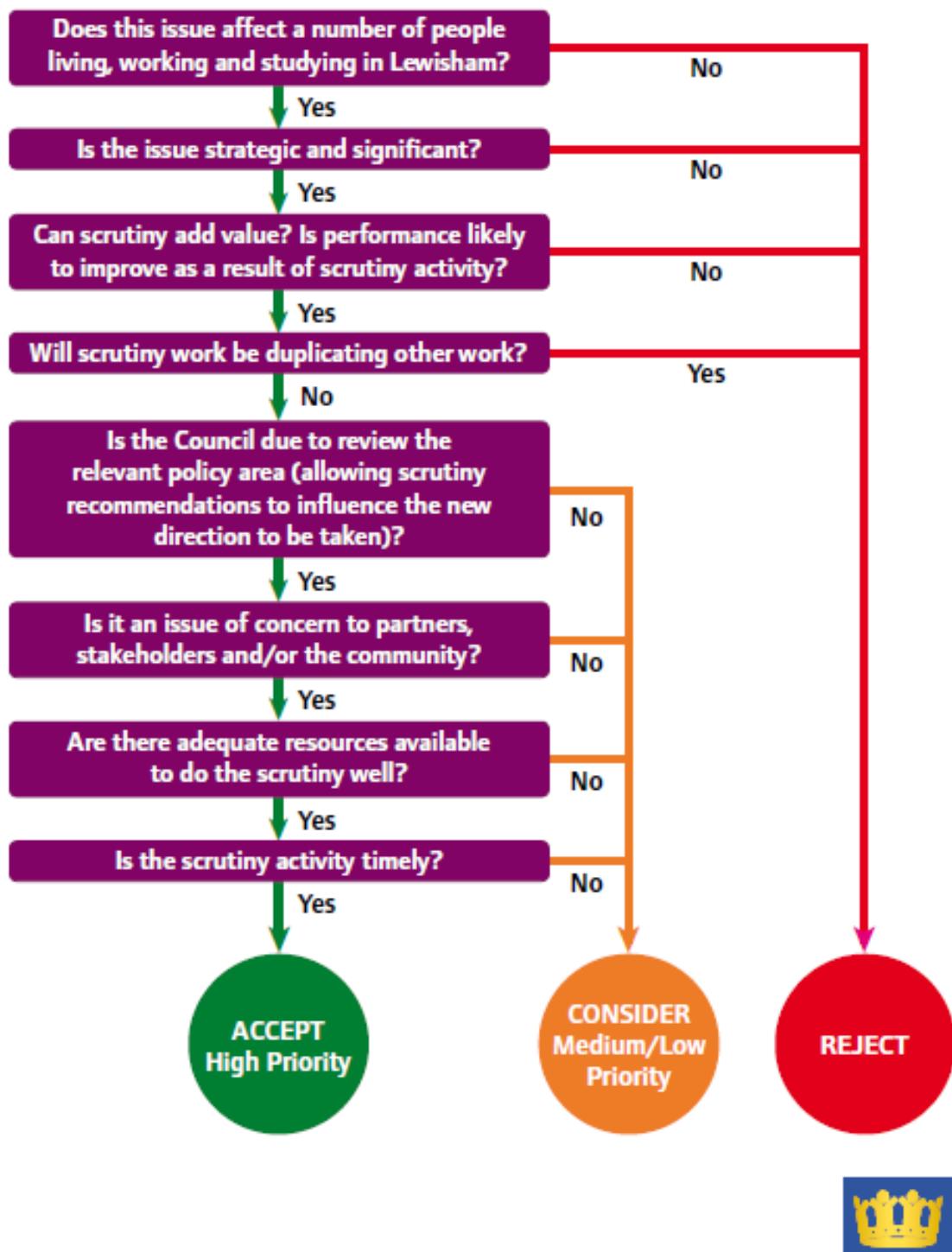
3. Recommendations

- 3.1 The Committee is asked to:
 - consider the work programme attached at **Appendix B** – and discuss any issues arising from the programme
 - consider the items scheduled for the next meeting – and specify the information the committee requires to achieve its desired outcomes
 - review the forthcoming key decisions set out in **Appendix C** – and consider any items for further scrutiny

4. The work programme

- 4.1 The work programme for 2019/20 was agreed at the 4 April meeting.
- 4.2 Members are asked to consider if any urgent issues have arisen that require scrutiny and if any items should be removed from the work programme.
- 4.3 Any additional items should be considered against the prioritisation process before being added to the work programme (see flow chart below).
- 4.4 The committee's work programme needs to be achievable in terms of the meeting time available. If the committee agrees to add additional items, members will also need to consider which lower-priority items should be removed to create sufficient capacity.

Scrutiny work programme – prioritisation process



- 4.5 Items within the committee's work programme should be linked to the priorities of the Council's Corporate Strategy.
- 4.6 The Council's Corporate Strategy for 2018-2022 was approved at full council in February 2019.
- 4.7 The strategic priorities of the [Corporate Strategy for 2018-2022](#) are:
 1. ***Open Lewisham*** - Lewisham is a welcoming place of safety for all, where we celebrate the diversity that strengthens us.
 2. ***Tackling the housing crisis*** - Everyone has a decent home that is secure and affordable.
 3. ***Giving children and young people the best start in life*** - Every child has access to an outstanding and inspiring education, and is given the support they need to keep them safe, well and able to achieve their full potential.
 4. ***Building an inclusive local economy*** - Everyone can access high-quality job opportunities, with decent pay and security in our thriving and inclusive local economy.
 5. ***Delivering and defending: health, social care and support*** - Ensuring everyone receives the health, mental health, social care and support services they need.
 6. ***Making Lewisham greener*** - Everyone enjoys our green spaces, and benefits from a healthy environment as we work to protect and improve our local environment.
 7. ***Building safer communities*** - Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.

5. The next meeting

- 5.1 The following items are scheduled for the next meeting on 2 December 2019.
- 5.2 The committee is asked to specify the information and analysis it requires for each item, based on the outcomes it would like to achieve, so that officers are clear about what information they need to provide.

Agenda item	Review type	Relevant Corporate Priority	Priority
Primary care changes	Standard item	<i>Delivering and defending: health, social care and support</i>	High
Adult safeguarding annual report and strategy	Standard item	<i>Delivering and defending: health, social care and support</i>	High
Lewisham hospital systems resilience (winter pressures)	Standard item	<i>Delivering and defending: health, social care and support</i>	High

6. Referrals

- 6.1 Below is a tracker of the referrals the committee has made in this municipal year:

Referral title	Date of referral	Date considered by Mayor & Cabinet	Response due at committee
BAME mental health inequalities	14 May 2019	5 June 2019	3 September
Older adults day activities and services consultation	14 May 2019	5 June 2019	n/a

7. Information items

7.1 Some potential work programme items might be low priority and may only require a briefing report for information to be produced for the committee to note and will not need to be considered at a formal committee meeting.

7.2 Below is a tracker of the information items received by the committee:

Item	Date received
Stakeholder letter in response to CQC report on The Queens Road Partnership	1 May 2019
King's College NHS Foundation Trust CQC inspection report (and Lewisham CCG response)	13 June 2019
Lewisham and Greenwich NHS Trust quality account 2018-19	17 June 2019
Healthwatch Lewisham 2018/19 Annual Report	4 July 2019
Lewisham CCG, Review of the primary care Interpreting and Translation Service across Lambeth, Southwark and Lewisham	8 July 2019
Healthwatch Lewisham, <i>Assessing Complaints Information GP Websites</i>	10 July 2019
South London and Maudsley NHS Foundation Trust CQC inspection report	31 July 2019
State of Adult Social Care in London 2019 - London Councils	28 August 2019
Healthwatch Lewisham's engagement on the NHS Long Term Plan	4 September 2019

8. Financial Implications

There are no financial implications arising from this report.

9. Legal Implications

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

10. Equalities Implications

- 10.1 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.
- 10.2 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.
- 10.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

11. Date of next meeting

The date of the next meeting is Monday 2 December 2019.

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Healthier Communities Select Committee work programme 2019/20

Item	Type	Priority	Delivery	04-Apr	14-May	25-Jun	03-Sep	08-Oct	02-Dec	15-Jan	18-Mar
Budget cuts proposals	Standard item	High	Sep								
Confirmation of Chair and Vice Chair	Constitutional req	High	Apr								
Leisure centre contracts	Performance monitoring	High	Apr								
Work programme 2019-20	Constitutional req	High	Apr								
BAME mental health access	Standard item	High	May								
South London and Maudsley NHS Foundation Trust quality account	Performance monitoring	High	May								
Older Adults Day Activities and Day Services	Standard item	High	May								
Leisure centre contracts	Performance monitoring	High	May								
Mental Health Alliance	Standard item	High	Jun								
Lewisham and Greenwich NHS Trust (LGT) CQC inspection	Performance monitoring	High	Jun								
Primary care CQC inspections update	Performance monitoring	High	Jun								
Early help review	Information item	High	Jun								
Asset-based approach to adult social care	Standard item	High	Sep								
Public health grant cuts	Standard item	High	Oct								
CCG system reform	Standard item	High	Oct								
Pathology services update	Standard item	High	Oct								
Primary Care Changes	Standard item	High	Dec								
Adult safeguarding annual report	Performance monitoring	High	Dec								
Lewisham hospital winter pressures	Performance monitoring	High	Dec								
Adult Learning Lewisham annual report	Performance monitoring	High	Jan								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	Jan								
Lewisham People's Parliament	Standard item	High	Mar								

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

Meetings			
1)	Thu 4th April 2019	5)	Tue 8th October 2019
2)	Tue 14th May 2019	6)	Mon 2nd December 2019
3)	Tue 25th June 2019	7)	Wed 15th January 2020
4)	Tue 3rd Sept 2019	8)	Wed 18th March 2020

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FORWARD PLAN OF KEY DECISIONS

Forward Plan September 2019 - December 2019

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
April 2019	Future options for the Parks Service	18/09/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (job share)		
May 2019	New Cross Area Framework + Station Opportunity Study Supplementary Planning Document	18/09/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
May 2019	Approval for Single Tender action for Counter Fraud Hub	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
May 2019	Performance Monitoring	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
June 2019	Future of Youth Services	18/09/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		

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
April 2019	Additions to List of Locally Listed Buildings	18/09/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
June 2019	Disposal of Downham Business Enterprise Centre	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Mayor Damien Egan, Mayor		
April 2019	Award of Contract Tier 4 Substance Misuse Framework	18/09/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
April 2019	Anti-Idling Enforcement	18/09/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
June 2019	Adopting a Residents Charter for Lewisham	18/09/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
August 2019	CRPL Appointment of Non-Executive Director	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources 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
August 2019	HMO Article 4 Direction Confirmation	18/09/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
August 2019	Award of Contract for Tier 4 Substance Misuse Framework	18/09/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
August 2019	Alteration of SEN provision at Deptford Green School	18/09/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
August 2019	Approval to Award Tender for Management Development Programmes	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2019	Learning Disability Framework - Extension of Contracts	18/09/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Health and Adult Social Care		
August 2019	Cleaning Contract Extension	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2019	Security Contract Extension	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2019	Annual Renewal Microsoft Enterprise License	18/09/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
August 2019	Future of Dek Hub workspace	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Joe Dromey, Cabinet Member for Culture, Jobs and Skills (job share)		
August 2019	Achilles Street Landlord Offer for Estate Regeneration Ballot Parts 1 & 2	18/09/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
August 2019	Oracle Cloud Update	18/09/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
August 2019	Permission to Tender Violence against Women and Girls (VAWG) Service	18/09/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
August 2019	Mental Health Accommodation Based Support Service permission to tender	18/09/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
August 2019	Request for Extension and Variation of Family Support Contract	01/10/19 Overview and Scrutiny Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
May 2019	Statement of Accounts	02/10/19 Council	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Finance and Resources		
August 2019	Consultation: Proposal to Transfer Management of 5 Community Centres to Lewisham Homes	10/10/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Jonathan Slater, Cabinet Member for Community Sector		
June 2019	Disposal of Horton Kirby Centre	10/10/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Mayor Damien Egan, Mayor		
June 2019	Disposal of Bryn Coedwig Outdoor Education Centre Alberllefeni Machynlleth	10/10/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Mayor Damien Egan, Mayor		
June 2019	Disposal of Tyn y Berth Centre, Corris, Machynlleth	10/10/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Mayor Damien Egan, Mayor		
August 2019	CCTV Monitoring Contract	10/10/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
August 2019	LIP annual spending submission for 2020/21	10/10/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			for Environment and Transport (job share)		
August 2019	Permission to Tender Obesity Services	10/10/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
August 2019	Domiciliary Care Provision	10/10/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
February 2019	Insurance Renewal	30/10/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
April 2019	Contract Award Tier 2/3 Drug Services/Shared Care	20/11/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
August 2018	Lewisham Strategic Heat Network Business Case	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan,		

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