

Healthier Communities Select Committee Agenda

Wednesday, 18 March 2020

7.30 pm,

Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: John Bardens (02083149976)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 18 March 2020.

Kim Wright, Chief Executive
Tuesday, 10 March 2020

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

Wednesday, 15 January 2020 at 7.30 pm

PRESENT: Councillors John Muldoon (Chair), Coral Howard (Vice-Chair), Tauseef Anwar, Peter Bernards, Colin Elliott, Aisling Gallagher, Octavia Holland, Olurotimi Ogunbadewa, Jacq Paschoud and Kim Powell.

ALSO PRESENT: Nigel Bowness (Healthwatch Lewisham), Tom Brown (Executive Director for Community Services), Jim Lusby (Director of Strategy and Integrated Care, Lewisham and Greenwich NHS Trust), Dr Jacky McLeod (Clinical Director and Primary Care Lead, Lewisham Clinical Commissioning Group), Ashley O'Shaughnessy (Deputy Director of Primary Care, Lewisham Clinical Commissioning Group), Dr Simon Parton (Chair, Lewisham Local Medical Committee) and Chima Olugh (Primary Care Commissioning Manager, Lewisham CCG).

1. Minutes of the meeting held on 2 December 2019

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

2. Declarations of interest

There were none.

3. Responses from Mayor and Cabinet

There were none.

4. Primary care development

Ashley O'Shaughnessy (Deputy Director of Primary Care, Lewisham CCG) and colleagues introduced the report. The following key points were noted

4.1 Three GP practice mergers have been approved in the past 12 months. Two were linked to retirement. GP retirement is a significant challenge in Lewisham and across the country. Practice mergers can help to provide continuity of service to patients by allowing GPs to stagger their retirement and provide a reduced number of sessions.

4.2 One member of the committee asked whether an equality impact assessment was carried out for the Hilly Fields and Brockley Road GP merger and how patients will be engaged now the merger has been agreed.

4.3 The full business case for the Hilly Fields and Brockley Road GP merger, including an Equality Analysis Screening Tool assessment, was considered by the CCG and is available online. There will be ongoing engagement with patients through the merger, including targeted support for vulnerable patients.

- 4.4 Primary Care Networks (PCNs) in Lewisham are able to access funding to support the recruitment of additional roles in primary care, including physician associates and physiotherapists from 2020. Physician associates are a new kind of healthcare worker within primary care that will provide services, health checks and screening, for example, with the support of GPs and nurses.
- 4.5 The GP Extended Access Service, which provides additional bookable GP appointments from 8am-8pm, continues to deliver and offer an increasing number of appointments. The service has a utilisation rate of 80% against a national target of 75%. The service also has a 16% DNA (“did not attend”) rate, however, which is impacting on its ability to provide more direct patient care.
- 4.6 There are a disproportionate number of DNAs on the weekend, particularly Sundays. The CCG is analysing the data and considering whether there are any specific measures that can be taken, with practices and patients. It has also spoken to Healthwatch Lewisham.
- 4.7 One member of the committee noted that some people might be anxious about being able to get a GP appointment and booking appointments “just in case”. The member suggested that more frequent text message reminders, up to a few hours before the appointment, might help reduce DNAs.
- 4.8 Lewisham CCG continues to work with GP practices to support unregistered vulnerable patients. There was a learning event in 2018 for all practices to raise awareness of the issues people had faced with registration. The CCG has also commissioned the Lewisham Community Education Provider Network (CEPN) to visit all practices to undertake specific training on supporting vulnerable people to access primary care. Cards have been distributed to remind practice staff that people do not need a fixed address or ID to register.
- 4.9 According to *Doctors of the World*, the number of people who tried to register in Lewisham and who were not initially successful has recently reduced from 17% to 7%. Officers expect this rate to reduce further as a result of the ongoing work.
- 4.10 Two errors in the published report were highlighted as follows:

5.5.11 – As of November 2019, 16 Lewisham practices had signed up to the Safe surgeries scheme rather than Safe hubs scheme.

5.5.12 - OHL is also working with DOTW to develop mobile clinics in Lewisham to help vulnerable people to register with a GP and receive immediate care rather than OHL is also working with DOTW to develop 12 mobile clinics in Lewisham to help vulnerable people to register with a GP and receive immediate care.

- 4.11 Lewisham CCG recently carried out a review of the GP patient survey data and other primary care quality indicators and identified a list of GP practices in need of support. One of the main areas of support was to address the issue of getting through on the phone.
- 4.12 The identified practices have all successfully applied for additional resilience funding to support addressing the issues identified. The CCG will monitor the impact by speaking to patients with Healthwatch and continuing to monitor GP patient surveys data.

Resolved: the committee noted the report.

5. NHS charges for overseas visitors

Jim Lusby (Director of Strategy and Integration, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 5.1 Charging patients who are not eligible for free healthcare is a legal requirement and all NHS Trusts and foundation trusts are bound by the Government guidance on this.
- 5.2 Concerns about Lewisham and Greenwich NHS Trust's arrangements for charging patients who are not eligible for free healthcare were first highlighted by staff and local campaigners. The Trust has since suspended the use of Experian and referred itself to the Information Commissioner in regards to issues around patient confidentiality and consent and data protection.
- 5.3 The Trust has also commissioned an independent review of the process it followed and established an independently-chaired oversight panel to review national guidance and current arrangements. The Trust is mindful of the tension between the Trust's processes for charging those not eligible and Lewisham's status as a sanctuary borough.
- 5.4 The committee noted that many people who are very ill will not be economically active and expressed concern about testing for economic activity as part of the process for determining whether a patient is eligible for free healthcare.
- 5.5 The Trust noted that it was not looking to defend the process that was set up but explained that the test for economic activity was used as an initial non-discriminatory test to trigger a number of other lines of enquiry to determine eligibility. The Trust noted that two thirds of the charges identified in 2018/19 had to be claimed back from the CCG because they could not be recovered.
- 5.6 The Trust agreed to respond to the committee in writing to clarify whether NHS charges apply to emergency treatment and those with ongoing appeals

and asylum applications. The Trust also agreed to provide assurance in writing that bailiffs have not been used since the recent concerns came to light.

- 5.7 Representatives of the *Save Lewisham Hospital Campaign* noted that they were pleased that the campaign had been invited to be involved in the review of the Trust's processes. The campaign representatives also noted, however, that while the Trust is legally required to charge patients who are not eligible, Lewisham is a sanctuary borough and the Council should work to explore good policy and practice in other councils.

Resolved: the committee noted the report and agreed to refer its views to the Trust. The committee also agreed to refer its views to Mayor and Cabinet in the following terms:

The committee was concerned to learn of the arrangements that have recently been in place at Lewisham and Greenwich NHS Trust for identifying and charging patients who are not eligible for free healthcare. The committee was particularly concerned to learn about the automatic sharing of data with the credit reference agency, Experian, to check whether patients were economically active in the UK (as part of the process for assessing "ordinary residence"). While the Trust is required by law to charge patients who are not eligible, the committee is concerned about the impact that the Trust's implementation of this policy has on Lewisham's status as a sanctuary borough. The committee therefore asks Mayor and Cabinet to explore good policy and practice in other councils in London and beyond in order to make links and help to create a campaign with those councils.

6. Select Committee work programme

Resolved: the committee agreed the work programme.

7. Referrals to Mayor and Cabinet

The committee agreed to refer its views on item 5 (NHS charges for overseas visitors) to Mayor and Cabinet in the following terms:

The committee was concerned to learn of the arrangements that have recently been in place at Lewisham and Greenwich NHS Trust for identifying and charging patients who are not eligible for free healthcare. The committee was particularly concerned to learn about the automatic sharing of data with the credit reference agency, Experian, to check whether patients were economically active in the UK (as part of the process for assessing "ordinary residence"). While the Trust is required by law to charge patients who are not eligible, the committee is concerned about the impact that the Trust's implementation of this policy has on Lewisham's status as a sanctuary borough. The committee therefore asks Mayor and Cabinet to explore good policy and practice in other councils in London and beyond in order to make links and help to create a campaign with those councils.

The meeting ended at 10.00 pm

Chair:

Date:

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Healthier Communities Select Committee

Declarations of Interest

Date: 18 March 2020

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Chief Executive (Director of Law)

Outline and recommendations

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

1. Summary

1.1. Members must declare any personal interest they have in any item on the agenda. 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.

1.2. Further information on these is provided in the body of this report.

2. Recommendation

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

3. Disclosable pecuniary interests

3.1 These 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; and
 - (b) 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.

4. Other registerable interests

4.1 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.

5. Non registerable interests

- 5.1. 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).

6. Declaration and impact of interest on members' participation

- 6.1. 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**
- 6.2. 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 6.3 below applies.
- 6.3. 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.
- 6.4. 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.
- 6.5. 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.

7. Sensitive information

- 7.1. 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.

8. Exempt categories

- 8.1. 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).

9. Report author and contact

9.1. Kath Nicholson, Director of Law, Kath.Nicholson@lewisham.gov.uk, 0208 31 47648

Councillor John Muldoon
(Chair of the Lewisham Healthier
Communities Select Committee)
Lewisham Civic Suite
London SE6 4RU

10th March 2020

Dear John,

Charges for care for overseas visitors who are not entitled to free NHS care

Thank you for your letter of 21 January 2020 and my apologies for the fact that I was unable to attend the last meeting of the Committee in person. I trust this letter will provide the Committee with further briefing and assurance on the systems in place within Lewisham & Greenwich NHS Trust to implement guidance from the Department of Health and Social Care in this area.

I have set out updates on the action taken by the Trust and on the independently-chaired Panel that we have set up to look in still greater depth at these issues. In summary I believe that our systems and processes meet the expectations of national guidance and do so in a professional manner. There is always more we can do. That being the case we have set ourselves the ambition of doing this in a way that is demonstrably caring, compassionate and in line with the Trust's values. I am particularly mindful of the borough's Sanctuary status as a crucial local factor. I am keen that the work we have put in place increasingly helps shape national thinking on how this policy is developed in the future and am delighted that NHS England has agreed to engage in our local activities.

This letter focuses, therefore, on:

- The Trust's internal processes and the assurance we have sought and received
- Specific issues relating to maternity services
- The Trust's use of Experian
- The independently-chaired Panel convened by the Trust and which you refer to in your letter

Internal systems

As you note in your letter there has been significant interest in the Trust's application of this policy and its use of Experian in particular.

As many of these processes are relatively historic I proactively commissioned an independent and objective assessment of our systems and processes. This was undertaken by our internal auditors, KPMG. I have attached a copy of KPMG's report which identified "significant assurance with minor improvement opportunities".

While it is welcome that we have received this assurance we are in no way complacent and are keen to learn from others and explore better ways of applying what is an emotive policy for a number of staff as well as patients and local people.

Maternity

When the issues around this policy were first brought to my attention during July 2019 our immediate focus was on maternity services, where its impact is felt most acutely. I have always been clear that, while we are



bound by the law and national guidance, there is an absolute need for sensitivity, respect and kindness when dealing with women and families who have been through very distressing experiences.

With this in mind we agreed last summer to:

- Void invoices for women who have experienced an adverse perinatal loss or outcome and
- Adopt a sensitive approach to billing for pregnant women, with a particular focus on the wording of our written communications.

Experian

While you helpfully acknowledged during the Committee's meeting that the Trust has never used Experian for the purpose of credit checks, the fact that we used them at all has clearly caused concern for a number of people. I must emphasise that at no stage has any digital or virtual "footprint" relating to any individual been left and people's anonymity has been preserved. Nevertheless the Trust referred itself to the Information Commissioner's Office in October 2019 to ensure complete transparency and in line with good practice. We have subsequently responded in full to all requests for further information.

As the same time we ceased all use of Experian's services and I can confirm that we are now formally ending the contract.

Panel

As previously noted we moved at the same time to establish an Oversight Panel to review and advise on our current and future approach to the implementation of the policy and guidance on charging of Overseas Visitors. We appointed an independent chair (Mr Peter Gluckman) and have secured a broad range of attendance including local people, all three of our Local Authorities, Healthwatch, the Royal College, and NHS England/ Improvement.

Our primary objective is that the Trust should become an exemplar in the caring and compassionate way in which it approaches this and similar or related issues, undertaking all its activities in a way that is consistent with the aspirations of LB Lewisham in taking on Sanctuary status.

As part of this process we are scheduling a number of visits to other Trusts, including a number in London but also in other cities round the country. We will use the learning from these visits to inform further improvements in our local practice.

The Oversight Panel had its first meeting on Thursday 27 January with virtually full attendance. Feedback from stakeholders has been very positive. I have attached the Panel's Terms of Reference for information and I am very grateful to Tom Brown for agreeing to represent the borough in this forum. I know that Peter would be very interested in the views of members and we will, of course, keep you fully briefed on our progress. The Panel's report is due in the summer.

I hope this all provides the Committee with assurance that we have taken this issue extremely seriously and have put robust measures in place to ensure that the Trust applies national guidance in the most sensitive and professional way possible.

I would, of course, be happy to discuss in more detail.

Yours sincerely



Ben Travis
Chief Executive





Overseas Visitors

Lewisham and Greenwich Trust
Internal Audit 2019-20

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February 2020

DRAFT

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The contacts at KPMG in connection with this report are:

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Status of report

Discussion draft issued	28 November 2019
Management responses received	TBC
Final report issued	TBC
Presented to Audit Committee	

Distribution

To (for action):	CC (for information):
— Peter Carter (Acting Head of Financial Accounts)	— Spencer Prosser (Chief Financial Officer) — Audit and Risk Committee

This report is provided pursuant to the terms of our engagement letter. Nothing in this report constitutes a valuation or legal advice. We have not verified the reliability or accuracy of any information than in the limited circumstances set out in our engagement letter. This report is for the sole benefit of Lewisham and Greenwich NHS Trust. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from Lewisham and Greenwich NHS Trust, even though we may have been aware that others might read this report. This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than Lewisham and Greenwich NHS Trust) for any purpose or in any context. Any party other than Lewisham and Greenwich NHS Trust that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through Lewisham and Greenwich NHS Trust's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than Lewisham and Greenwich NHS Trust. Any disclosure of this report beyond what is permitted under our engagement letter may prejudice substantially our commercial interests. A request for our consent to any such wider disclosure may result in our agreement to these disclosure restrictions being lifted in part. If Lewisham and Greenwich NHS Trust receives a request for disclosure of the product of our work or this report under the Freedom of Information Act 2000 or the Freedom of Information (Scotland) Act 2002, having regard to these actionable disclosure restrictions Lewisham and Greenwich NHS Trust should let us know and should not make a disclosure in response to any such request without first consulting KPMG LLP and taking into account any representations that KPMG LLP might make.



Section one

Executive summary

Conclusion

We provide 'significant assurance with minor improvement opportunities' (**amber green**) over the design and operation of controls relating to the identification and assessment of potential overseas visitors (OVS), which is in line with the management's expectations. Although we found that the process for identifying and assessing potentially chargeable patients is appropriate, the process for receiving payments related to OVS patients can be strengthened.

The OVS policy appropriately reflects DHSC guidance and the Trust utilises supporting NHS toolkits. The OVS team is using the NHS sharing interface system to help identify potential overseas visitors which reduces the risk of omitting potential visitors by removing the reliance on manual review. The Trust has developed a pre-assessment form and standardised interview form to ensure consistency in assessing and documenting findings which helps in identifying chargeable patients.

The Trust has been making use of the Experian service to help identify whether patients are potentially overseas or UK based, however, this service has been on hold since October 2019. The Trust has not historically carried out any cost / benefit analysis of the (paid for) Experian service as the information required to do this is not recorded as a matter of course. We noted that only a small proportion of patients sampled had been identified in this way. Prior to considering whether this service should be reinstated, the Trust should assess available data to make an informed decision.

Trust staff appear to be proactive in terms of identifying patients who are potentially chargeable, with the majority of our sampled patients being identified through ED pre-assessment forms. There was evidence of staff on wards escalating patients to the OVS Team for consideration, demonstrating that staff have an understanding of the OVS process.

We selected a sample of 25 EEA patients and 25 patients identified as overseas non-EEA patients who received treatment since 1 April 2019 across all areas of the Trust and reviewed whether they were identified and assessed appropriately, and correctly categorised for billing. We found that this was supported by sufficient evidence. We also selected a sample of 25 credit notes raised and did not find that any credit notes had been raised inappropriately. Review of non-billed patients did not identify any overseas patients who had received treatment and not been billed.

Despite the positive performance in terms of identifying patients, the Trust could be more proactive in terms of engaging with inpatients to set up payment plans whilst they are in hospital. This could potentially increase the amount of income collected. Of our sample of 25 patients, 71% of the income (£257k) remained uncollected with no insurance, or payment plans in place. Inpatients are likely to be the group of patients with the highest bills, so the team should focus activity in this area. The Trust itself does not engage in any debt collection processes, with these arrangements being outsourced to SBS. We note that poor performance in this area is common across many NHS Trusts, however, it is important that the Trust is pro-active in engaging early with patients in order to set up payment plans, for example.

Although the arrangements post-Brexit are yet to be formalised, we consider that the Trust has robust arrangements in place for identifying non-EEA patients, and therefore these arrangements could be appropriately scaled up if required. Whilst the identification process is adequate the payment process is inadequate and needs to be strengthened.

In conjunction with this internal audit review, the Trust commissioned a separate advisory review outside our internal audit programme of privacy notices and data sharing agreements. Our advisory review identified areas for improvement, including four high priority recommendations relating to: records of processing activity documentation not being in place (resulting in non-compliance with GDPR); the lack of a consistent Privacy Policy (resulting in non-compliance with GDPR); a lack of documented security controls within data sharing agreements (putting the Trust at risk of third parties not having appropriate data security measures); and a lack of processes to identify where data sharing agreements would be required (meaning that there may be areas of the Trust which are sharing data without the requisite agreements). We recommend that the action plans in response to these recommendations are monitored by Audit and Risk Committee.

Background

With growing pressure on NHS finances there is increased scrutiny over Trusts ensuring that patients who are not entitled to free NHS treatment are charged. Rules around entitlement to free NHS treatment are complex. The Trust has been sharing patient details with Experian to assess whether patients had an 'economic footprint' in the UK and therefore had recourse to access free healthcare. It has commissioned a review of processes for identifying overseas patients, how overseas patients are billed and the benefits of using the Experian service.

Section one

Executive summary

Background (cont.)

DHSC has issued guidance on implementing overseas charging regulations and identification and upfront charging of overseas patients. The Trust has a dedicated overseas patients team of six who help determine whether a patient is eligible, whether an exemption applies or is chargeable. In line with DHSC guidance the Trust requires upfront payment from fee paying patients on an elective pathway, and will assess non-elective patients once emergency treatment has been completed. Where patients come from the EU and are not ordinarily resident, the Trust will recover the cost of treatment through the EEA EHIC process.

For EU members and countries where the UK has reciprocal arrangements, the Trust will charge the NHS Commissioner rather than the individual. In 2015 DHSC introduced risk share arrangements, where Trusts charge overseas patients 150% of tariff, of which the NHS Commissioner is liable for 50% of the total charge, meaning even if the patient does not pay the Trust can still recognise 75% income for the patient's treatment. The EHIC scheme aims to compensate providers for the administrative burden of collecting information from EEA patients. Trusts receive 25% in addition to tariff for inputting into the EEA web portal. This review will consider to what extent current arrangements can be 'scaled up' after EU exit.

Experian is not the only source of information available to the Trust to identify overseas patients who are not eligible for free treatment. The Trust make use of iCare to understand whether a patient has a recent NHS number, or has been treated as an overseas patient previously and MESH, a DHSC system which allows for queries of summary care records for patients and assesses the likelihood of that patient being an overseas patient.

Overseas patients who do not pay for their treatment are followed up through the Trust's debt management process as carried out by SBS. This review will not consider the appropriateness or legality of privacy notices, data sharing agreements with Experian, or wider GDPR arrangements.

Objectives

The objectives of our review are shown below.

Objective	Description of work undertaken
Objective One Identification and assessment of overseas patients	We reviewed processes to identify whether a patient is an overseas patient who is required to pay for treatment. We considered how the Trust ensures that potential overseas patients are identified (including EEA patients) and how it identifies which patients are rechargeable as well as considering how these arrangements can be scaled up after Brexit if required. <ul style="list-style-type: none"> We selected a sample of patients identified as overseas patients and reviewed whether they were identified and assessed appropriately, and correctly categorised for billing. We selected a sample of patients identified as UK based and review whether they were identified and assessed appropriately. We considered the effectiveness of controls to identify all potential overseas patients.
Objective Two Billing and debt collection	We reviewed the robustness of processes to raise invoices and collect debts from overseas patients after receiving treatment. This included assessing the process for capturing EEA patients on the EEA web portal and identifying which patients are eligible for reimbursement.
Objective Three Experian benefits	We considered data available to allow the Trust to make an assessment of the benefits gained from using Experian.

Areas of good practice

- ✓ The OVS Department proactively updated its processes for identifying overseas patients to include the MESH toolkit available by NHS which ensure that it effectively captures the chargeability status of patients.
- ✓ The OVS Department has template interview forms to try and ensure a consistent approach to the patients' assessment, and standardised letters to try and ensure that the appropriate information is communicated to chargeable patients.

Section one

Executive summary

Areas of good practice (cont.)

- ✓ There was evidence that patients who have been confirmed as being overseas visitors are flagged on iCare for easier pro-active identification in the future.

Areas for development

- The Trust does not have the resource to visit every patient in hospital. The Trust should make a decision to focus on the highest risk group of patients (inpatients) and focus on these areas. **(Recommendation One)**
- The Trust has not been tracking the costs and benefits of using the Experian service. This should be factored in when the Trust is considering whether to reinstate Experian. **(Recommendation Two)**
- EEA patient identification was not always verified alongside the EHIC card. **(Recommendation Three)**
- The form specifying urgent treatment (for non-EEA patients) was not on file in the majority of cases, although treatment had been marked as urgent. **(Recommendation Four)**
- Implementation of the recommendations from our Data Sharing Agreement review should be tracked by the Audit and Risk Committee to ensure that there is appropriate oversight of these actions. **(Recommendation Five)**

We also raised a low priority recommendation around interview forms being signed.

Recommendations

We summarise below the recommendations raised as a result of our review:

	High	Medium	Low	Total
Made	-	5	1	6
Accepted	TBC	TBC	TBC	TBC

Section two

Recommendations

This section summarises the recommendations that we have identified as a result of this review. We have attached a risk rating to these recommendations as per the following table:

Risk rating for recommendations raised			
<p>1 High priority (one): A significant weakness in the system or process which is putting at serious risk achieving strategic objectives. In particular: significant adverse impact on reputation; non-compliance with key statutory requirements; or substantially raising the likelihood that strategic risks will occur. Require immediate attention.</p>	<p>2 Medium priority (two): A potentially significant or medium level weakness in the system or process which could put at risk achieving strategic objectives. In particular, having the potential for adverse impact on reputation or for raising the likelihood of strategic risks occurring.</p>	<p>3 Low priority (three): Recommendations which could improve the efficiency and/or effectiveness of the system or process but which are not vital to achieving strategic objectives. These are generally issues of good practice that could achieve better outcomes.</p>	
#	Risk	Recommendation	Management response
1	2	<p>Payment plans and inpatient prioritisation</p> <p>Although all of the 25 non-EEA patients sampled had been invoiced, one had a payment plan set up (and one patient had offered a payment plan which had been rejected). Of the 25 patients invoiced: four paid; four were insured; two were eligible for free care; and one was deceased. Of the remaining 12 patients:</p> <ul style="list-style-type: none"> • Eight were in the debt management process; • Three were in the EDR process; and • One was claiming free entitlement with no evidence having been provided. <p>Given that some of the amounts invoiced to non-EEA patients are high, and patients are unlikely to settle a large invoice in full, we recommend that the OVS Team work with as many patients as possible to raise invoices and discuss means of payment (perhaps creating a payment plan) prior to the patient leaving hospital.</p> <p>Discussions with management highlighted that due to resourcing, the OVS department is not always able to visit the patient in hospital prior to treatment or before they are discharged, and that setting up a payment plan may not be possible if the patient does not have the funds. However, if chargeable patients are identified whilst they are still in hospital this would give the Trust the best chance of recovering any monies due for treatment providing the patient has some means to pay.</p> <p>We recommend that the Trust discuss the focus areas for the OVS Team, this should be recorded through the governance structure. We then recommend that the Trust focus on visiting the highest risk patients (who could be identified through the use of Bedboard) to try and maximise the chances of the Trust collecting income.</p>	<p>Accepted</p> <p>[Response]</p> <p>Due date: [DD Month YYYY]</p> <p>Responsible Officer: [Name, Title]</p>

Section two

Recommendations

#	Risk	Recommendation	Management response
2	2	<p>Tracking benefits of Experian</p> <p>We understand from discussions with management that as Experian is one of several ways in which overseas visitors are identified, it is not possible to carry out a regular cost / benefit analysis is carried out over the usage of Experian.</p> <p>The Trust therefore has not been able to have any clear oversight of whether the information received from Experian has a positive impact on the value of income collected from overseas patients.</p> <p>The Trust should take into account that the use of Experian brings an element of objectivity into the identification of overseas patients, however, this should be balanced with the public scrutiny over the use of the Experian service.</p> <p>Given the Trust has not been using Experian since October 2019, we recommend that the Trust set a period (for example, six months) and assess whether the number of overseas patients identified by the Trust drops, together with consideration of the non-financial factors before making a decision on whether to reinstate the use of Experian. This could be reported to the Finance and Performance Committee, and Board, given the public scrutiny over the use of this service.</p>	<p>Accepted</p> <p>[Response]</p> <p>Due date: [DD Month YYYY]</p> <p>Responsible Officer: [Name, Title]</p>
3	2	<p>Patient identification verification</p> <p>Review of files identified that for 7/25 sampled EEA patients there was no evidence that their identification had been verified over and above the production of an EHIC card.</p> <p>This increases the risk that EHIC cards not belonging to the patient are used in order to avoid charging.</p> <p>We recommend that the Overseas Visitors Officers seek to verify the identification of the patient (for example, through review of passport, ID card or other photo identification). Evidence of this should be recorded on the interview form.</p>	<p>Accepted</p> <p>[Response]</p> <p>Due date: [DD Month YYYY]</p> <p>Responsible Officer: [Name, Title]</p>

Section two

Recommendations

#	Risk	Recommendation	Management response
4	2	<p>Recording of urgent treatment</p> <p>There are occasions where non EEA patients receive urgent treatment. The Trust process is that this treatment should be approved as urgent by a clinician other than in the case of maternity, or where care has been paid for in advance.</p> <p>Review of available documentation on patient files highlighted that:</p> <ul style="list-style-type: none"> • Treatment was specified as urgent in 24/25 sampled cases, however, there was no form confirming this signed by a clinician in 16/24 cases. • The urgency of treatment was not specified in 1/25 cases. <p>Given the Trust has no way of clearly identifying that patients are overseas patients proactively prior to urgent treatment being required, we recommend that the Trust should consider whether this is an appropriate process.</p> <p>Where patients are identified proactively, an urgent decision to treat form should be signed and retained in the event the patient is potentially an overseas patient.</p>	<p>Accepted</p> <p>[Response]</p> <p>Due date: [DD Month YYYY]</p> <p>Responsible Officer: [Name, Title]</p>
5	2	<p>DSA review recommendations</p> <p>Following media scrutiny of data sharing arrangements with Experian, the Trust commissioned an advisory review of privacy notices and data sharing agreements. This identified areas for improvement (including four high priority recommendations).</p> <p>We recommend that the Data Sharing Agreement review is shared with Audit and Risk Committee and that implementation of the recommendations is monitored the Committee.</p>	<p>Accepted</p> <p>[Response]</p> <p>Due date: [DD Month YYYY]</p> <p>Responsible Officer: [Name, Title]</p>
6	3	<p>Interview form</p> <p>Testing identified that the interview form was not always signed and dated by the interviewer. This increases the risk that staff are not able to verify when information was provided.</p> <p>To ensure good record keeping, we recommend that staff fully complete all mandatory fields which will help ensure the officer's decision can be easily traced.</p>	<p>Accepted</p> <p>[Response]</p> <p>Due date: [DD Month YYYY]</p> <p>Responsible Officer: [Name, Title]</p>

Appendix one

Identification, assessment and billing

Review of the process for identifying and assessing overseas patients process

Below we set out the process for identifying and assessing overseas patients, the controls the Trust have in place and KPMG commentary on the design of this process. This process is outlined in the “OVS Department Patient to Invoice process Flow chart”. The policy, which was last reviewed in October 2019, separates the process into two sections:

Reactive – the patient is already in the system: arrival at A&E, outpatient appointment, a current inpatient, etc.

Proactive – the patient is identified before they have received treatment

Process	Control	KPMG Commentary
<p>Proactive identification:</p> <p>I. Appointments office email details of patients with new/no NHS number, no GP etc. to OSV office.</p> <p>II. Patient data is sent to Experian for checking. If a low residency score is received, patient is assed through the NHS MESH for checking against NHS spine.</p> <p>III. Pre-attendance forms collected from ED.</p>	<p>1. Patient completes a pre-attendance forms.</p> <p>2. OSV officer contacts patient by phone or sends letter to patient to arrange an appointment date and time.</p>	<ul style="list-style-type: none"> ✓ Staff use the patient’s address, NHS number and GP practice details to determine whether someone is potentially an overseas visitor. ✓ A standardised ‘Record of Interview Form’ ensures all relevant and important information is captured for each patient. ✓ The status for elective patients should be identified before treatment is provided. ✓ The Trust is currently using the MESH toolkit to communicate securely and efficiently with other health organisations. It automatically generates a report with chargeable status information currently available on other NHS applications. This reduces the risk of not identifying potential visitors by removing the reliance on manual review.
<p>Reactive identification:</p> <p>I. Patients arrives in ED and may be admitted to ward</p> <p>II. Patient has outpatient appointment.</p> <p>III. Inpatient has a new or no NHS number, no GP etc.</p> <p>OSV department is contacted by staff on ward or Outpatient clinic.</p>	<p>3. Overseas Officer visits patient on ward or clinic and fills out a ‘Record of Interview Form’.</p>	<ul style="list-style-type: none"> • Experian does not provide a definitive conclusion as to whether a patient is an overseas patient or otherwise. Experian gives a score based on the likelihood of UK residency. The Trust has been using both MESH and Experian (a paid service). No work has been done within the Trust to assess the costs and benefits of using Experian. (Recommendation Two)
<p>The ward or admission team notifies the Overseas Visitors Team about potential overseas patients. This can be done via email, phone or in person.</p> <p>Patients are interviewed by the Overseas Visitors Team and asked to provide documentation to demonstrate their eligibility to free NHS care (including provision of EHIC cards, or eligibility through bilateral agreements).</p>	<p>3. Overseas Officer visits patient on ward or clinic and fills out a ‘Record of Interview Form’.</p>	<ul style="list-style-type: none"> ✓ Ward staff should be aware, through the policy, of their requirement to report potential overseas visitors to the OVS Team who then carry out an assessment of the patient. ✓ The OVS Team use their judgement to follow up on relevant cases based on the information provided. • The OVS Team do not see all patients who have been flagged as potentially chargeable before they receive treatment. (Recommendation One)

Appendix one

Identification, assessment and billing

Process	Control	KPMG Commentary
<p>Assessment</p> <p>The OVS Team will obtain supporting evidence to determine whether a patient is chargeable. If required, the Overseas Officer will interview the patient to understand their nationality, residency status and purpose of visit.</p>	<p>4. The OVS team review the evidence to demonstrate whether the patient is chargeable.</p> <p>5. If an interview occurs, the Record of Interview Form is signed and dated by the Officer.</p>	<ul style="list-style-type: none"> ✓ The record of interview form helps ensure that the patient's chargeable status is determined by reviewing relevant documents to identify their country of residence. ✓ The Officer's decision can be easily traced as it is clearly stated on the form. The Team has access to the policy document which helps ensure consistency when determining the chargeable status of a patient.

Review of billing and credit note process

Below we set out the process for billing overseas patients and the process of raising credit notes to patients when eligibility for free healthcare is subsequently established, the controls the Trust have in place and KPMG commentary on the design of this process.

<p>If the patient is found to be chargeable, and they are identified before/during treatment then the patient is provided with the cost from the DHSC upfront charging tariff and asked to pay full amount in advance. This is payable at the general office/cashiers.</p> <p>If a patient is unable to pay, they are referred back to the clinician to see if the treatment is immediately necessary or can wait until the patient has returned to their country of origin.</p>	<p>6. If the patient is unable to pay and the treatment is deemed to be necessary then a Doctor's advice form is completed by the clinician and kept on patients file.</p> <p>7. Overseas Officer raises an invoice for the total amount due (after treatment and clinical coding).</p> <p>8. Patients from within the EEA with a valid EHIC card are entered in to the DHSC Portal.</p>	<ul style="list-style-type: none"> ✓ This helps ensure that the patient is made aware that they will be liable for charges for their healthcare. ✓ It is particularly important for non EEA patients with unpaid healthcare bills as failure to pay could result in a future immigration sanction under the Home Office rules. ✓ The Trust does not have an ability to prevent patients who need emergency treatment from receiving this. As such, maintaining evidence of the Doctor's advice form is important to show where payment could not be taken, but treatment could not be denied. ✓ Including information on the portal means that the Trust receive the incentive for recording information related to EEA patients from the DHSC. ✓ Non-EEA patients are billed 150% of the tariff as part of national risk share arrangements. ✓ Debt collection is managed by SBS.
<p>If the patient is found to be chargeable after treatment, the patient is invoiced based on the costed treatment. The payment is required immediately, if possible, or a instalment plan will be agreed.</p>		
<p>If the patient does not attend the OSV appointment when identified, or could not provide any documents, the patient is invoiced based on the DHSC treatment tariff until such time when the eligibility of free treatment can be confirmed.</p>	<p>9. Overseas Officer reviews the available evidence to determine whether the patient is eligible for free treatment. If eligibility is confirmed a credit note is issued.</p>	<ul style="list-style-type: none"> ✓ This step ensures that if the patient is eligible for free treatment the patient is reimbursed/not charged. ✓ The patients form is updated so that the reasoning of the decision can be traced.

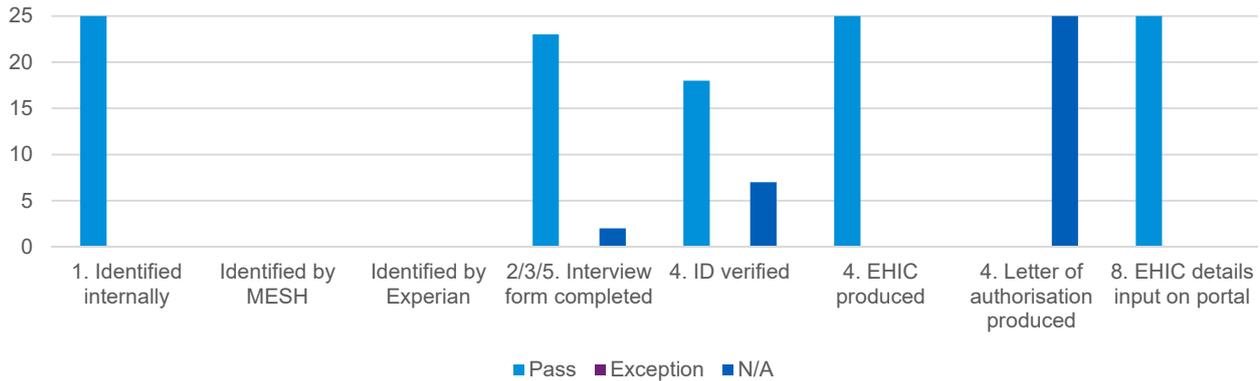
Appendix two

Detailed testing

Summary of findings of operation of controls testing: Identifying and assessing overseas patients

In order to gain assurance that the processes and controls around the identification and assessment of overseas patients are adhered to, we tested a sample of 25 EEA patients, 25 overseas patients and 25 patients who were initially invoiced, but subsequently issued with a credit note. This covered treatment received since 1 April 2019 across all areas of the Trust. We reviewed whether they were identified and assessed appropriately, and correctly categorised for billing.

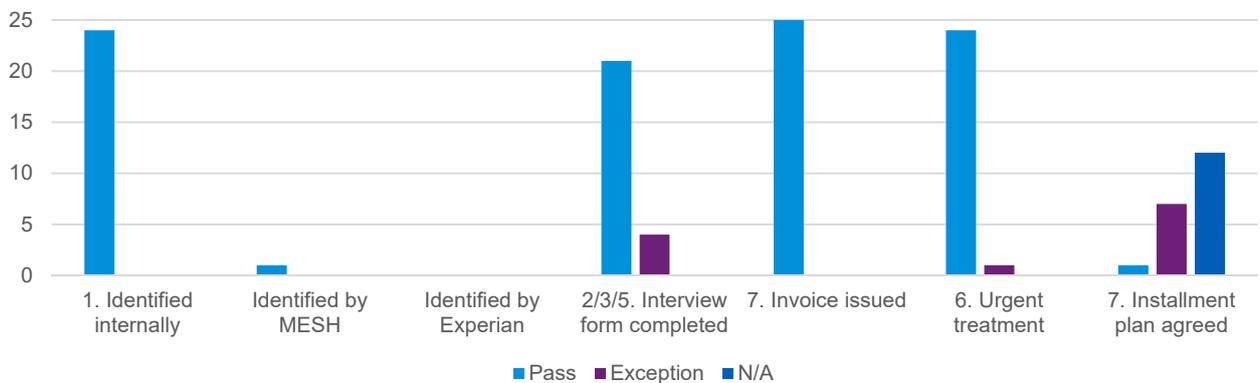
EEA Patients



Operation of controls testing results summary

- ✓ Of the 25 patients reviewed, 21 patients had a completed pre-attendance form and were flagged due to not having an NHS number. The remaining four patients were flagged by members of staff due to having a high NHS number which indicates it was newly allocated to the patient increasing the probability of them being of a non-UK resident.
- ✓ All 25 patients were either interviewed at the time of treatment or sent an invitation to attend an appointment by the Overseas Team.
- ✓ All 25 patients provided sufficient evidence to support their entitlement to free NHS healthcare through an EHC card. The record of interview forms were fully completed and signed by the Overseas Team.
- ✓ Letters of authorisation were not required as no patients were funded through insurance.
- The patient identification was not verified in all cases. **(Recommendation Three)**

Non-EEA Patients



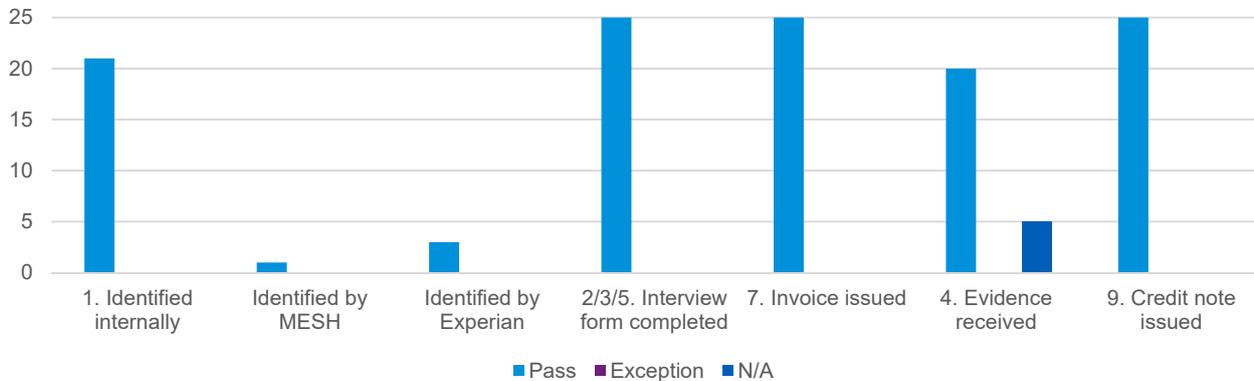
Appendix two

Detailed testing

Operation of controls testing results summary

- ✓ Of the 25 patients reviewed, six had a completed a pre-attendance form which indicated no NHS number and one had been identified through MESH. The remaining 18 were indicated as potentially chargeable by members of staff due to either a high or no NHS number.
- ✓ 21/25 patients were interviewed by the OSV department and found liable for payment. Four patients failed to respond and attend the scheduled interview, however, as the patient's treatment was deemed urgent they were provided with care.
- ✓ 1/25 patients had a credit note raised (totalling £7,672) and 4/25 patients had paid their invoices (totalling £8,535).
- ✓ For all 25 patients tested, an invoice was raised in the name of the patient liable for payment.
- ✓ For all 25 patients tested, there was sufficient evidence to support the Overseas Officer's decision. We reviewed the evidence and in line with the charging regulations we concluded that all 25 patients were correctly categorised for billing.
 - Treatment was not indicated as being urgent for one patient. Treatment was provided and a flag has been raised on the patient's file on iCare. **(Recommendation Four)**
 - Although treatment was classed as urgent for 24 cases, there was no clinical decision to treat form on file signed by a medic for 16 of these cases. **(Recommendation Four)**
 - During our testing we identified that although the interview form was completed, it was not consistently being signed by the interviewer. **(Recommendation Six)**
 - There were no payment plans agreed for 20/25 patients. These patients have been tagged as 'manual collections'. The total amount invoiced to these patients is £359,663.48. **(Recommendation One)**

Patients who were subsequently issued with a credit note



Operation of controls testing results summary

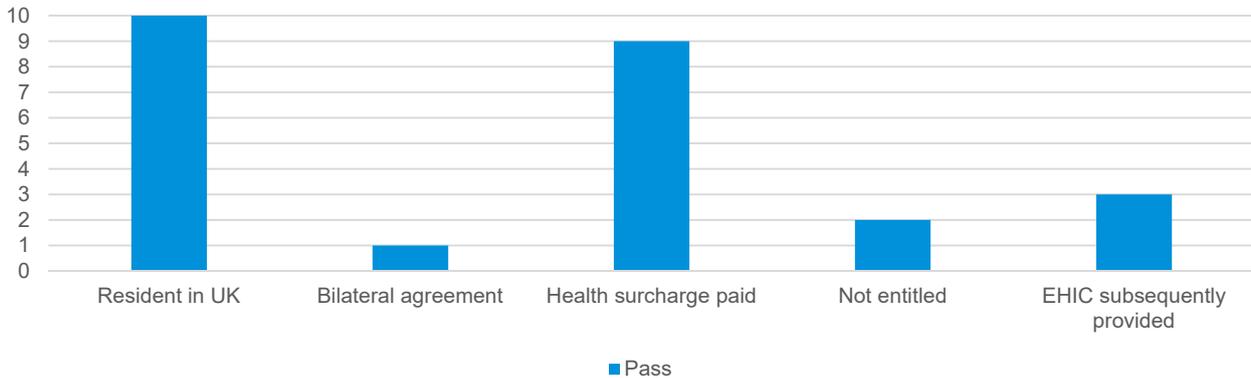
- ✓ The correct steps were followed, per the Trust's process, for all 25 patients sampled who had been issued with a credit note.
- ✓ 11 patients had completed a pre-attendance form which raised evidence for further investigation by the OVS Team. Nine patients were indicated as high risk of non-eligibility by staff due to a high or no NHS number. Three patients were indicated as high risk of non-eligibility by a routine check through Experian which was initiated due to a high NHS number and one patient was identified through the MESH portal.
- ✓ 20 patients were issued with a credit note as evidence was subsequently provided to support their eligibility for free healthcare
- ✓ Five of the credit notes were issued due to previous overcharging, duplicate invoices being issued, or valid insurance claims.
 - During our testing we identified that although the interview form was completed, it was not consistently being signed by the interviewer.

Appendix two

Detailed testing

Patients not billed

We considered a sample of 25 patients who had not been billed, to check whether there were indications that any of these patients did not have eligibility to free healthcare.



Operation of controls testing results summary

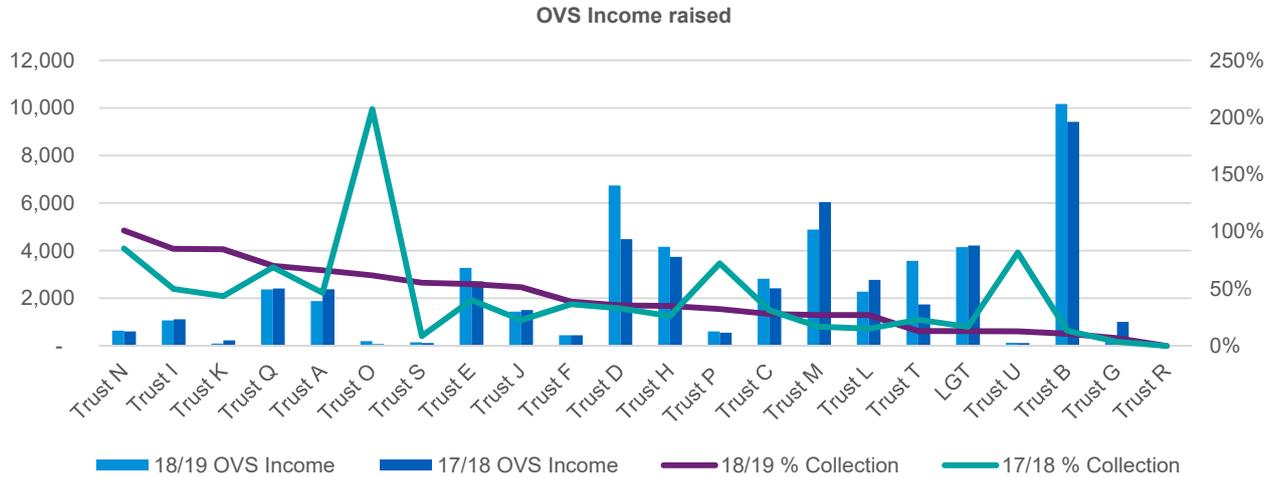
- ✓ 10 patients not billed were identified as being normally resident in the UK and so would be entitled to free healthcare.
- ✓ 1 patient not billed was covered by a bilateral agreement. The patient was verified as being a citizen of the reciprocal country, and therefore was entitled to free healthcare.
- ✓ Nine patients had paid the health surcharge, and we confirmed eligibility to free healthcare to the NHS Spine.
- ✓ Three patients provided an EHIC card, and were eligible for free healthcare. We verified that the EHIC details had been input to the DHSC portal.
- ✓ Two patients were identified as being overseas patients, however, we note that they were informed they were not eligible for free treatment and subsequently left the hospital. We understand from discussion with the OVS Team that flags have been added to iCare for these patients to allow the Trust to identify them more quickly in the future.

Appendix three

Benchmarking

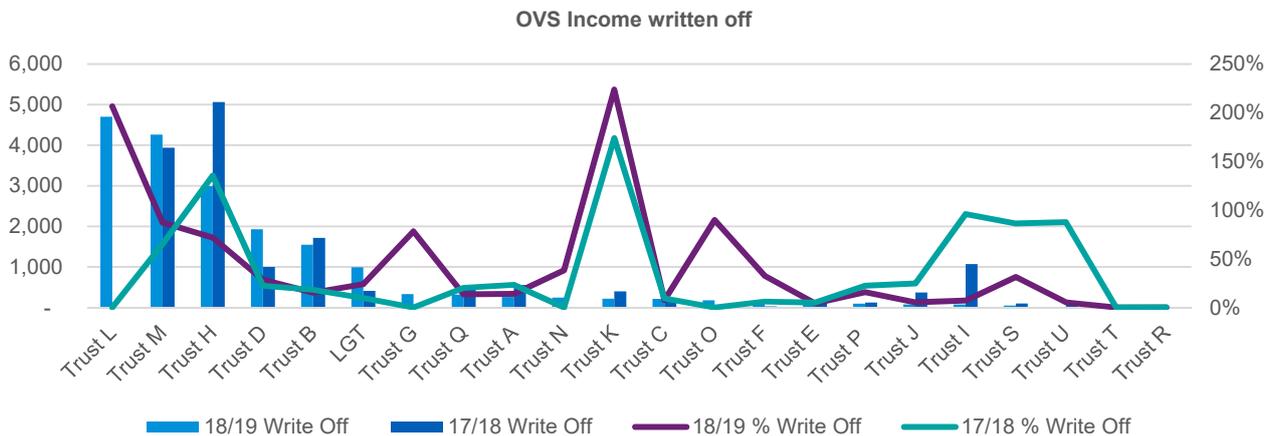
Benchmarking

We completed some benchmarking of trusts in London using available information from the financial statements.



Commentary

- In 2018/19 the Trust had the fourth highest OVS income identified of all Trusts benchmarked, however, as a percentage only 13% of the income raised was collected. This puts the Trust in the bottom quartile of Trusts benchmarked. We understand that the income received in 2018/19 could also relate to previous years, however, there is work to be done within the Trust to try and improve this. **(Recommendation One)**
- ✓ The amount of OVS income identified in both 2017/18 and 2018/19 is fairly stable. This reflects the fact that the Trust has appropriate processes in place to identify overseas patients.



Commentary

- ✓ In 2018/19 the Trust was around the midpoint of Trusts benchmarked in terms of the amount of OVS income written off (as a percentage of the OVS income raised). The Trust wrote off more OVS income in 2018/19 than in 2017/18. We understand that the Trust outsources the debt management process to SBS and has limited control over this.
- ✓ Write offs (in 2018/19 as a percentage of income raised) for Trusts benchmarked raised from nothing to 224% of OVS income raised. This demonstrates that the Trust is not an outlier in this respect. A number of Trusts had large write offs (>50% of income raised).

Appendix four

Staff involvement and documents reviewed

We held discussions with the following staff as part of the scoping and completion of the review:

Name	Job title
Spencer Prosser	Chief Financial Officer
Peter Carter	Acting Head of Financial Accounts
Julia Price	Overseas and Private Patients Supervisor

During our testing, we reviewed the following documents:

- OVS Department Patient to Invoice Process Flow Chart
- Pre-attendance forms and record of interview forms
- Invoices and credit notes issued for our selected sample



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Oversight Panel: Patient Charging

Updated draft for the 2nd Panel meeting: 23 March 2020

Subject to approval at the 2nd meeting of the Panel

Terms of Reference: v.4

The review of the Trust's arrangements for charging those patients not eligible for NHS treatment

1. Background

- 1.1. In Autumn 2019, there was controversy about the Trust's implementation of statutory requirements that related to charging patients not eligible for NHS services. In response, the Trust accepted that the arrangements current at that time needed to change. It established this Panel with a wide membership, reflecting diverse perspectives, and with an independent chair, to consider what new arrangements were needed.
- 1.2. The Trust values are:

We take **responsibility** for our actions

We work as a team to **improve quality**

We **learn**, develop and share knowledge

We **work together** for patients and colleagues

We treat everyone with **respect** and **compassion**

Source: Our road map January 2019 to April 2021, Lewisham and Greenwich NHS Trust 2019

- 1.3. The NHS requires Trusts to charge those patients who are not eligible for free care. Different Trusts have implemented this legal duty in a variety of ways.
- 1.4. The Panel will make sure that its work and resulting recommendations reflect and promote the Trust's values within the legal framework.
- 1.5. The overall aim of the Panel is to make recommendations to the Trust Board that:
 - Achieve national best practice in this area of work and identify what is 'good' in terms of what is clinically safest, and patient focused, while meeting statutory requirements

- Have learned from the Trust’s own experience and the experience of other Trusts
- Arise from an open, candid and inclusive process built on hearing a wide range of perspectives and views, leading to honest conclusions
- Lead to arrangements that fulfil the Trust’s obligations, are compassionate and have duty of care to patients and staff at their centre, achieving clarity for patients and the wider community.

2. Purpose

2.1. The Panel will seek to:

- Identify other Trusts whose experience may be relevant or helpful to LGT in becoming an example of best practice in this area of work
- Agree with the Trust Executive a work programme that will explore and investigate the issues that gave rise to the Panel; while most of the work programme will be undertaken by the Trust itself, there may be elements where members of the Panel can be directly involved or consulted
- Take testimony from patients, staff and relevant people from outside the Trust, so that the Panel’s considerations can include this information and help to develop its recommendations
- Consider the appropriateness of arrangements to identify individuals that may be required to pay for healthcare treatment, including an evaluation of the ongoing risks and benefits associated with the contract in place with Experian
- Obtain assurance on the effectiveness of billing, debt collection arrangements at the Trust for those patients who are not entitled to free care and that these arrangements reflect the Trust’s value of treating everyone with compassion and respect
- Obtain assurance on the adequacy of the arrangements in place to adapt existing systems should the definition of those patients required to fund their own treatment be widened in the event of EU exit
- Review the adequacy of the Trust’s response to concerns recently raised by the ‘Save Lewisham Hospital Campaign’ in relation to the health impact on the whole community of the Trust’s arrangements for implementing the overseas visitors charging policies and invoicing overseas patients, and the adequacy of the Trust’s response to these
- Identify whether there are steps that should be taken to make the Trust’s approach more sensitive when communicating with potentially vulnerable individuals, leading to the Trust demonstrating best practice in this area of work
- Prepare a cost-effectiveness analysis on the cost of current arrangements in relation to income
- Report to the Trust Board its view on the adequacy of arrangements, and make recommendations identified for improvements to existing arrangements that lead to the Trust demonstrating best practice for both patients and staff
- Provide the Trust Board with a clear line of sight to implementation of this policy.

2.2. The Panel will take account throughout its work of the Equalities Act 2010 and the Health and Social Care Act 2012, the impact of current and proposed arrangements on groups with protected characteristics, and the Trust’s Public Sector Equality Duty.

- 2.3. It will be open to the Panel to recommend to the Trust that it commissions research on the health impact on the Lewisham and Greenwich community of the migrant charging policy in deterring people from seeking care, in particular the impact on marginalised people, including people who are poor or destitute, vulnerable people, such as children and those with mental health problems, as well as people who come under protected characteristics, in particular pregnant women.
- 2.4. The Panel will consider the impact of the migrant charging policies on staff, including how the policies impact on their perceived ability to carry out their duties according to their code of professional values.
- 2.5. The Panel will operate within the current legal framework impacting on the Trust and its values but will not be involved in work to change existing law; Panel members who wish to do so can use other channels outside the Panel for that purpose.

3. Membership

3.1. The membership of the Panel shall be:

- Ms. Joy Beishon - Chief Executive, Healthwatch Greenwich
- Mr. Tom Brown - Executive Director, Community Services, London Borough of Lewisham
- Ms. Yolanda Dennehy - Deputy Director for Adult Social Care, London Borough of Bexley
- Ms. Sophie Gayle - Assistant Director, Patient Experience LGT
- Mr. Peter Gluckman - Panel independent chair
- Dr Louise Irvine - Save Lewisham Hospital Campaign
- Ms. Sukhvinder Kaur-Stubbs - Board Vice Chair LGT
- Ms. Jane Keogh - Save Lewisham Hospital Campaign
- Ms. Helen Knowler - Divisional Director of Nursing, Midwifery and Governance LGT
- Ms. Sarah McClinton - Director of Health and Adult Services, Royal Borough of Greenwich
- Professor Neena Modi – Professor of Neonatal Medicine at Imperial college and President of the Royal College of Paediatrics and Child Health
- Ms. Olivia O’Sullivan - Save Lewisham Hospital Campaign
- Dr. Tony O’Sullivan - Save Lewisham Hospital Campaign
- Dr. Mehool Patel - Deputy Medical Director LGT
- Mr. Spencer Prosser - Chief Financial Officer LGT
- Ms. Alessandra Sciarra - Lewisham Refugee and Migrant Network
- Ms. Folake Segun- Chief Executive, Healthwatch Lewisham

3.2. The Panel will also be attended by:

- Mr. Peter Cook - Senior Project Manager, Oversea Visitor Improvement Team, NHS Improvement/NHS England
- Ms. Kate Anderson - LGT Director of Corporate Affairs
- Mr. Jim Lusby - LGT Director of Strategy and Integrated Care
- Ms. Karen Smith - PA Strategy, Minutes taker LGT
- Trust Executive - by invite.

4. Chair

4.1 The Panel will be chaired by an appointed individual who is independent of the Trust Board.

5. Authority

5.1 A quorum for the Panel shall be the Panel Chair and three other Panel members.

5.2 The Panel is accountable to the Trust Board through the LGT Director of Strategy and Integrated Care.

6. Frequency of Meetings / Duration of the panel

6.1 It is proposed that the panel meets roughly bi-monthly for the next six months. Meetings would be attended by those listed above and any further individuals that the panel considers relevant to explore those areas that are being considered.

6.2 The four initially scheduled meetings will take place at Lewisham University Hospital:

- 14:00 to 16:00 Monday 27 January 2020
- 14:00 to 16:00 Monday 23 March 2020
- 14:00 to 16:00 Thursday 14 May 2020
- 14:00 to 16:00 Thursday 11 June 2020

6.3 If required, a fifth meeting may be arranged in early July 2020.

7. Conduct of Meetings

7.1 It is recognised by the Trust that Panel members are deliberately drawn from a wide variety of organisations and perspectives. There will be different but legitimate standpoints.

7.2 All members need to listen with courtesy and respect to other Panel members and advisors, many of whom will have very different views.

7.3 Members will be asked to attend the entire meeting. If they need to leave the meeting early for another appointment, they are requested to consult the Chair.

8. Note of Meetings and circulation of papers

8.1 The Executive Assistant to the Director of Strategy and Integrated Care shall note the key points of discussions at meetings and, once agreed by the Chair, will circulate these to all members as soon as possible after the Panel has met.

8.2 The agenda and papers for the subsequent Panel meeting will be circulated a week before it is due to take place.

9. Reporting Responsibilities

- 9.1 Following each Panel meeting, the Independent Chair of the Panel will report to the Director of Strategy and Integrated Care on the activities of the Panel, and any matters that the Panel determine require escalation to the Trust Management Executive.
- 9.2 The Chair and Director of Strategy and Integrated Care will monitor the work programme between meetings.
- 9.3 In June/July 2020 the Panel will provide a full report on the activities of the panel and any recommendations to the Trust Board. This report will be presented at the Trust's part one (Public Board meeting).

10. The Trust's role and standing among patients and local communities and their elected representatives

- 10.1 An outcome of the Panel's work will be that no one is scared to walk through the door.
- 10.2 Lewisham and Greenwich NHS Trust is a core element in the range of public services in Bexley, Greenwich and Lewisham. Its reputation is one of being community-based. There is great support for the Trust among local populations. The Panel will work to make sure that its recommendations strengthen those links between the Trust, its patients, their carers, local community organisations and advocacy groups, the local authorities, and the populations it serves.
- 10.3 The Panel expects that its work will be considered by and relevant to the Trust in its development of a new strategy, positioning the Trust very much as a community-based provider, with close links to local advocacy, community and voluntary organisations.

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Healthier Communities Select Committee

Report title: Social Care: Report on the Lewisham People's Parliament

Date: 18 March 2020

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: John Bardens, Scrutiny Manager

Outline and recommendations

The purpose of this paper is to provide the committee with a briefing on the outcomes of the Lewisham People's Parliament meeting on social care for people with learning disabilities.

- Members of the Healthier Communities Select Committee are recommended to note the report.

1. Summary

- 1.1. The purpose of this paper is to provide the committee with a briefing on the outcomes of the Lewisham People's Parliament meeting on social care for people with learning disabilities.
- 1.2. The paper seeks to continue the positive working relationship between Lewisham Speaking Up (LSUP) and the Committee and provides an update on what people with learning disabilities think about social care in Lewisham.
- 1.3. The committee last received an update from LSUP in February 2019.

2. Recommendations

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

3. Policy Context

- 3.1. The Council's *Corporate Strategy 2018-2022* outlines the Council's vision to deliver for residents over the next four years and includes the following priority relevant to this item:
 1. ***Delivering and defending: health, social care and support*** - Ensuring everyone receives the health, mental health, social care and support services they need.

4. Financial implications

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

5. Legal implications

- 5.1. There are no direct legal implications arising from the implementation of the recommendations in this report.

6. Equalities implications

- 6.1. 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.
- 6.2. 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.

7. Climate change and environmental implications

- 7.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report.

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8. Crime and disorder implications

- 8.1. There are no direct crime and disorder implications arising from the implementation of the recommendations in this report.

9. Health and wellbeing implications

- 9.1. There are no direct health and wellbeing implications arising from the implementation of the recommendations in this report.

10. Report contact

- 10.1. *John Bardens, Scrutiny Manager, john.bardens@lewisham.gov.uk 020 8314 9976*

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'Social Care'
**Report on the Lewisham People's
Parliament**
13 December 2019



Report on the 'Social Care' Lewisham People's Parliament meeting

13 December 2019

This report gives details of the second Lewisham People's Parliament meeting funded by the Big Lottery Community Fund. The Parliament meeting took place at the St Laurence Community Centre in Catford.

The aim of this Parliament meeting was to ask people with learning disabilities what they think about social care in Lewisham. This is based on:

- A number of issues raised by people with learning disabilities at our People's Parliament elections in September 2019
- The work of Lewisham self-advocates with Learning Disability England and Nesta UK on a social movement for health
- Our experiences of providing 1:1 advocacy to individuals with learning disabilities
- Current affairs around the future of social care in the UK

The Parliament meeting was well timed, as it happened on the morning after the general election. Everyone was waking up to a new government, so it was a good time to ask for opinions on social care.

The meeting was chaired by People's Parliament rep Peter with support from Marsh.



The Parliament meeting

Peter opened the meeting and told everyone what would happen.



The meeting started with talks from two guests. Emer O'Riordan is a psychology student from Kent. She is working on a research project looking at how people with learning disabilities use benefits.

She said that she wants to know what it is like for people with learning disabilities to use benefits. She would like to ask people questions about their experiences of using benefits. Emer asked if anyone wanted to volunteer to be interviewed about their benefits. Emer said she would be at the Parliament meeting all day and that anyone could speak to her about being interviewed. Some people said they would like to be interviewed.



Tom Bird from Lewisham Council spoke about how the council has to look at who runs learning disability services.

Every 4 years the council has to ask different providers to say how they would run a good service. The council has to make sure that they are getting good value for money. Tom talked about it being like a competition.

This is called 'retendering'. There are lots of complicated rules about how it all works. The council has to make sure all the providers who want to run the services are treated equally.

People with learning disabilities can be involved in interviews with the different providers. They can help to choose who gets to run the services, like supported living houses.

Tom said this will start in January 2020 with 12 supported living houses.

After the guest speakers had finished, the chairperson Peter told everyone about what we would be talking about. The subject for the day was social care.

Peter explained that this means the support that people get. Peter said that this was a chance for everyone to tell the new government what they think about social care.

Peter asked everyone to go to the workshop that they had chosen when they signed in for the Parliament meeting. There were 4 workshops:

- What makes good support?
- Not getting enough support
- Paying for your support
- The future of social care

The workshops and what people said

Each of the four workshop groups talked about their different subjects. Each group tried to come up with '4 things we say' and '4 things we want to change'.

After the workshops all the groups came back together and shared what they had said.

Green workshop 'What makes good support?'

This group talked about what good support means to them. The group facilitator also tried to have a discussion about what people thought about social care work being a registered profession. This was a difficult idea for the group to think about, so they didn't really have any views on this subject.

What we say about good support

- Good support is about help to meet people, make friendships and make the right kind of friends
- Good support is about helping you to find work
- Good support about is about people you trust and who let you make the decisions about your life
- Good support is about having help to go out and do the things you like

- Good support is about helping you with your money

What we want to change about support

- More funding to go on trips
- More planning about the things that are important to us
- More support with friendships and social life

Blue workshop 'Not getting enough support'

This group talked about the problems they face from not getting enough support. They talked about how this makes them feel. People in the group said they get less support now than they used to.

They said this stops them doing the things that they want to do. They do not have enough time to do things like ironing or cook proper meals. They find it more difficult to travel longer distances, for example outside of London. There is not enough support for people to go out on their own with support staff.

The group facilitator used objects of reference to help people think about the Care Act. The group looked at the reasons why people might get support under the Care Act. The group talked about whether this was enough support for them to live a good, full life.

There was a feeling that only the most basic needs are met and that things that have a big effect on wellbeing like friendships, relationships, holidays and being part of the community are ignored. People felt that sometimes they do not get the chance to learn new skills or make progress in their lives because they get very little support. Some people do not get any support at all.

What we say about not getting enough support

- There is not enough support to keep a clean and safe house
- There is not enough support to connect all people to their community. People felt that relationships and friendships were not seen as important
- There is not enough time and understanding from services and the council
- There is not enough support with accessibility and people do not always get treated with respect

What we want to change about not getting enough support

- We want 1 hour's support for 1 meal. People felt that there is not enough time for them to cook healthy meals or to learn how to cook for themselves. There are too many microwave ready meals eaten because there are too few hours' support
- Stop cuts to services and support hours. People felt that they are too often forced to rely on family support. This makes people with learning disabilities feel less independent than they would like
- We need holidays and want more choice about holidays
- We want to be supported to have long term goals with graduated support to achieve the goals

Red workshop 'paying for your support'

This group talked about paying towards the support they get, sometimes called care charges. Before the parliament meeting we collected some stories about people who have to pay some money for their support.

The group facilitator read out one of the stories about a man with autism who can't live the lifestyle that he had before. The person doesn't understand about care charges, but he blames the staff for not supporting him in the way they used to do before he had to pay.

The group felt that this kind of example was unfair. They felt that the government does not care about people with learning disabilities. They said they do not understand why the council is demanding people's money.

The group looked at some parts of the council's policy on charging. This says that information will be given to people in a way that is easy to understand. It says that the amount people pay will be looked at every year. It says that people will be sent a new bill every year.

People felt that they didn't get enough information about the charges they have to pay. They do not understand how things are worked out and they feel that charges are not explained properly to them. Several people said that they do not see bills or receipts for their charges.

What we say about 'paying for your support'

- The only time we see a receipt is on the bank statement
- We don't know how it is calculated
- The amount you pay goes up unfairly when benefits increase
- You should have more time to pay if you can't afford it

What we want to change about 'paying for your support'

- We want people to sit with us and talk about our bill
- We want letters and information in easy read format
- We want regular assessment every year
- We want more information about charges and how they are worked out

Black workshop 'the future of social care'

This group talked about what social care means. They talked about it being to support you to live a good life in your home.

The group talked about what might happen with social care in the future. The group spoke about the new government that had been elected the night before the parliament meeting.

The group agreed that this was good time to tell the new government what they thought about social care.

People in the workshop looked at some points made by a group called Social Care Futures. The group talked about some of the ideas that this group has put forward. Some of the ideas were quite hard to understand so not everybody could say what they thought.

What we say about 'the future of social care'

- At the moment vulnerable people are isolated
- Social care is about seeing people's qualities, not just their needs
- We know what good social care looks like and we should be listened to by government
- We want social care to be more creative and to find new ways of doing things

What we want to change about 'the future of social care'

- We want more money put back into social care not just the NHS

- We want people with learning disabilities who used to get support to have support again
- We want social care to be more tailored to people's individual needs
- We want to change the 'story' on social care and not just see people as 'users'. Good social care is good for everyone in society

What will happen next?

This report will be sent out to lots of people, including bosses and councillors in Lewisham. We will send the report to Learning Disability England so that it can be shared around the whole of the country.

The Lewisham People's Parliament reps will ask to talk about the report with:

- Councillors at Lewisham Council
- Bosses at the service providers
- The new Lewisham Disabled People's Commission
- The government Minister for Care Caroline Dinenage

The People's Parliament reps will ask these people what they can do about the things raised in this report.

On the next page you can find out more about who came to the People's parliament meeting and what they thought about it.

If you have any questions about this report please contact Marsh Stitchman, self-advocacy coordinator on 020 8692 1862 or at martin.stitchman@lsup.org.uk

You can find out more about the Lewisham People's Parliament at www.lsup.org.uk

Who came to the Lewisham People's Parliament?

48 people with learning disabilities came to the Parliament meeting.

Total number of people with learning disabilities	48
Gender	
Male	26
Female	22
Disability	
Learning disability	35
Autism	2
Mental Health condition	1
Unknown disability	10
Ethnicity	
Asian	2
Black	8
Mixed	1
White	18
Unknown Ethnicity	19
Age Range	
18 -24	2
25 - 44	14
45 - 64	14
65 -74	1
75+	0
Unknown Age	17
Sexual orientation	
Bisexual	1
Does not wish to disclose	3
Gay	0
Heterosexual	7
Unknown sexual orientation	37

What did people say about the parliament?

We asked people with learning disabilities to rate the parliament by using face stickers. 43 out of 48 people (90%) put up a sticker. This is what they thought about the parliament elections meeting:

Stickers	Number of stickers
Yellow smiley face (good)  =	43
Red sad face (bad)  =	0
Total of all stickers  +  =	43

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Healthier Communities Select Committee

Report title: Delivery of Lewisham Health and Wellbeing Priorities

Date: 18th March 2020

Key decision: No.

Class: Either Part 1

Ward(s) affected: All

Contributors: Dr Catherine Mbema, Director of Public Health, Lewisham Council

Outline and recommendations

This report provides members of the Healthier Communities Select Committee with information on the performance of the agreed Health and Wellbeing Strategic Priorities.

Members of the Committee are recommended to note performance as measured by the health and care indicators set out in the attached dashboard at Appendix A.

Timeline of engagement and decision-making

1. Summary

- 1.1. This report provides members of the Healthier Communities Select Committee with information on the performance of the agreed Health and Wellbeing Strategic Priorities.

2. Recommendations

- 2.1. Members of the Committee are recommended to note performance as measured by the health and care indicators set out in the attached dashboard at Appendix A.

3. Policy Context

- 3.1. The Health and Social Care Act 2012 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs). Lewisham's Health and Wellbeing Strategy was published in 2013. The strategy was refreshed in 2015.

4. Background

- 4.1. Nine priorities were identified for the Health and Wellbeing Strategy in 2013, which are monitored through a Performance Dashboard, presented to the Health and Wellbeing Board. In the 2015 strategy refresh the priority outcomes were retained, but three priority actions were identified in order to focus and accelerate effort in delivering the outcomes. To select the most pertinent indicators for the dashboard the Director of Public Health has worked alongside colleagues within Adult Social Care, Children's Services and the Clinical Commissioning Group (CCG) to produce a dashboard which would assist in monitoring health and wellbeing improvements across Lewisham and the effectiveness of the integrated adult care programme.
- 4.2. The dashboard is based on metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Better Care Fund Frameworks. These metrics have been

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selected to assist members in their assessment of the impact and success of the plans and activities in relation to the Health and Wellbeing Strategy. The dashboard also includes a number of overarching indicators on health and wellbeing.

- 4.3. The Health and Wellbeing Board agreed in 2018 to focus work on answering key questions. Taking action to address Black, Asian and Minority Ethnic (BAME) health inequalities in the borough was selected as a focus area, including inequalities in outcomes for cancer, mental health and obesity.

5. Health and Wellbeing Strategy Priority Updates

5.1. Overarching Indicators of Health and Wellbeing

The latest data for premature mortality (under 75 years) from cardiovascular disease in Lewisham demonstrates an increase in the Lewisham rate, which is now significantly higher than the England rate. This bucks the almost constant downwards trend since 2000. Work to improve the uptake and effectiveness of the NHS Health Check programme in Lewisham, reduce the prevalence of obesity and smoking; in addition to optimising participation in the National Diabetes Prevention Programme are all contributory factors to the trajectory of this indicator. Effective treatment of cardiovascular disease also plays a role performance on this indicator.

The proportion of all babies that have a low birth weight in Lewisham has increased, and is once again significantly higher than England. Local and national work to reduce the prevalence of smoking in pregnancy, improve antenatal maternal health and reduce pregnancy related complications are important contributory factors for performance in this indicator.

Male life expectancy in Lewisham is similar to the England average, and female life expectancy continues to be significantly higher than the England average.

5.2. Priority Objective 1: Achieving a Healthy Weight

Lewisham is now significantly lower than the national average for adult excess weight (overweight and obesity). Regarding excess weight in children, reception year performance has increased compared to the previous year, however does remain lower than England and the 2016/17 level. For Year 6 children there was an overall reduction in excess weight for the second year in a row and obesity has also decreased. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results. Continued efforts to implement a whole system approach to tackling obesity locally will be important contributor to the trajectory of these indicators.

The latest data on Maternal excess weight shows an improvement, yet almost half of pregnant women are overweight at their booking midwife appointment. This increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity.

Lewisham breastfeeding rates at 6-8 weeks continue to exceed target, with rates amongst the highest in England. Continued high rates of breastfeeding prevalence is supported by achieving full UNICEF Baby Friendly accreditation in both the Health Visiting and Maternity services locally.

5.3. Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

To date, performance on breast and bowel cancer screening continues to be significantly

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below the national average, being 68.5% and 48.8% respectively. Cervical cancer screening data for women aged 25-49, shows a slight increase for 2019 compared to 2018, however uptake is still significantly below the national average.

Public Health, in partnership with the CCG, are working with MacMillan and Cancer Research UK to improve public awareness of the early signs and symptoms of cancer and cancer screening programmes. At South East London level, Public Health is also providing input to address inequalities in Cancer screening and long term outcomes across the sector. Bowel Cancer Screening is now included in the Lewisham GP Personal Medical Services (PMS) contract to incentivise increasing uptake of their eligible registered patients.

Under 75 mortality from all cancers has improved and is now similar to the national average. Early diagnosis of cancer has decreased, however this data is classified as experimental by the Office for National Statistics and will be replaced by a different indicator in future years.

5.4. Priority Objective 3: Improving Immunisation Uptake

The most recent data on over 65 flu immunisation uptake has seen a drop in uptake to 64.5% and remains below the England average and the national target (75%). Work with GPs, communications teams of health and social care partners in the borough and voluntary and community sector partners is underway to improve uptake for the 2019/20 flu season.

The HPV vaccine uptake rate has improved to almost the target level of 80% and is similar to the national average.

Uptake of the second dose of measles, mumps and rubella vaccine has remained stable and above the London average but needs to improve to achieve herd immunity. Continued partnership working across South London to improve uptake is critical to preventing cases and clusters of measles across the sector.

5.5. Priority Objective 4: Reducing Alcohol Harm

Alcohol related admissions have seen a slight increase since the last reporting period but continue to be significantly below the England average. Lewisham has high performing substance misuse treatment services, but further partnership work is required to optimise the management of long term conditions among those who misuse alcohol in the borough.

5.6. Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

Smoking prevalence has increased slightly but remains in-line with London and England. The self-report rate for smoking quitters per 100,000 population has increased and is outperforming London and England.

Smoking status at time of delivery has increased marginally but remains significantly below the national average. A whole systems stop smoking training programme was delivered to Lewisham and Greenwich Trust maternity and health visiting staff in 2018, in addition to issuing carbon monoxide (CO) monitors to all community midwives, to enable more effective referral of pregnant smokers to stop smoking services.

5.7. Priority Objective 6: Improving mental health and wellbeing

Prevalence of Serious Mental Health Conditions has remained stable but is still significantly higher than the England average. Prevalence is similar to neighbouring boroughs. Prevalence of depression has increased slightly, yet remains significantly lower than the national average. Improving Access to Physiological Therapies performance service data continues to improve.

BAME mental health is an area that the Health and Wellbeing Board is focussing on.

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Work has taken place to co-produce an action plan with community partners to address existing inequalities in cancer, mental health and obesity outcomes for BAME communities. A Joint Strategic Needs Assessment (JSNA) has also recently been completed looking specifically at mental health.

5.8. Priority Objective 7: Improving Sexual Health

The rate of chlamydia diagnoses per 100,000 young people aged 15-24 years has increased and remains above the national average. This performance should be seen in context of the proportion of young people now screened for chlamydia. In 2018, 28.7% of people aged 15-24 were screened, in 2015 it was 50.3% of the same population. The legal abortion rate has increased and remains significantly higher than the London and England average. Teenage conceptions have decreased and are in-line with England.

People presenting with HIV at a late stage of infection has increased but remains in-line with the national average. Lewisham are currently working with the Elton John Aids Foundation to increase HIV testing both in hospital and primary care; in addition to implementing the Lambeth, Southwark and Lewisham sexual health strategy (launched this year), which identifies 'Living Well with HIV' as one of its priority areas.

5.9. Priority 8 (Delaying and reducing the need for long term care and support) & Priority 9 (Reducing the number of emergency admissions for people with long-term conditions)

Within Lewisham's wider integration framework, health and care partners have continued to focus on these priority areas. The Better Care Fund metrics remain the overarching measures by which progress and performance against these priority areas has been measured. The four national metrics are:

- Non elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care (DTC)

These metrics continue to be monitored by health and care partners, both by individual organisations and jointly through the BCF.

6. Future Health and Wellbeing Priority Areas and Approaches

6.1. In addition to the existing priorities outlined above, the following are emerging priority areas and approaches for improving health and wellbeing in the borough:

- Addressing Black, Asian and Minority Ethnic (BAME) health inequalities

This has become an area of focus for the Health and Wellbeing Board. Indicators to monitor progress on tackling these health inequalities are to be decided alongside the development of a specific action plan for this work.

- Taking action to address poor Air Quality

Corporate responsibility for improving air quality will be moving to Public Health this year, providing further scope to involve health partners in efforts to improve air quality in the borough through initiatives such as Clean Air Hospitals, in addition to linking this work to action to address other wider determinants of health.

- Taking a 'Health in all Policies' approach to improving health and wellbeing in Lewisham

The focus of this year's Annual Public Health Report for Lewisham is on 'Health in all Policies'. The report explores how work to improve health and wellbeing can be embedded in local policy across the borough and showcases examples of good practice already underway in Lewisham.

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- Development of a new Health and Wellbeing Strategy

The Health and Wellbeing Board have recently agreed to develop a new Health and Wellbeing Strategy. The performance on the existing indicators will feed into the development of the new strategy.

7. Financial implications

- 7.1. There are no specific financial implications arising from this report. A range of activity designed to improve performance against these indicators is funded from the Public Health budget using the ring fenced Public Health Grant; alongside actions taken by statutory and community partners who are represented on the Health and Wellbeing Board.

8. Legal implications

- 8.1. The statutory requirement to have a Health and Wellbeing Strategy is set out above.

9. Equalities implications

- 9.1. Specific work to address inequalities for Black, Asian and Minority Ethnic communities in Lewisham is being progressed through the Health and Wellbeing Board.

10. Climate change and environmental implications

- 10.1. There are no specific climate change or environmental implications of this report.

11. Crime and disorder implications

- 11.1. There are no specific crime and disorder implications of this report.

12. Health and wellbeing implications

- 12.1. The dashboard monitors progress in improving health and wellbeing for Lewisham residents.

13. Background papers

- 13.1. Appendix A – Health and Wellbeing indicator dashboard

14. Report author and contact

- 14.1. Dr Catherine Mbema, Catherine.mbema@lewisham.gov.uk

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Appendix A - Health and Wellbeing Board Performance Metrics - March 2020

Updated indicators are in bold	Frequency	Latest Period of Availability	Previous Available Period (Lewisham)	Latest Available Period (Lewisham)	London	England	England Benchmark	Direction from Previous Period	Data Source
Overarching Indicators									
1a) Life Expectancy at Birth (Male)(yrs)	Annual	2016-2018	79.0	79.2	80.7	79.6	similar	↑	ONS
1b) Life Expectancy at Birth (Female)(yrs)	Annual	2016-2018	83.7	83.8	84.5	83.2	sig higher	↑	ONS
2) Under 75 mortality rate from CVD (DSR)	Annual	2016-2018	80.7	86.0	70.5	71.7	sig higher	↑	PHOF 4.04i
3) Low Birth Weight of all babies (%)	Annual	2017	7.3	8.1	7.7	7.4	sig higher	↑	P00455/CHIMAT Profile
Priority Objective 1: Achieving a Healthy Weight									
4) Excess weight in Adults (%)	Annual	2017/18	57.8	55.6	55.9	62.0	sig lower	↓	PHOF C16
5a) Excess weight in Children - Reception Year (%)	Annual	2018/19	17.6	21.3	21.8	22.6	similar	↑	PHOF 2.06i
5b) Excess Weight in Children - Year 6 (%)	Annual	2018/19	37.9	37.3	37.9	34.3	sig higher	↓	PHOF 2.06ii
6) Maternal Excess Weight at <13 weeks gestation(%)	Quarterly	Q2 2019/20	50.5	45.6	-	-	-	↓	Lewisham & Greenwich Trust Data
7) Breastfeeding Prevalence 6-8 weeks (%)	Quarterly	Q2 2019/20	78.7	79.5	-	48.1	sig higher	↑	NHS ENGLAND
Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years									
8a) Cancer screening coverage - breast cancer (%)	Annual	2019	69.3	68.5	67.3	74.5	sig lower	↓	PHOF C24a
8b) Cancer screening coverage - cervical cancer (women aged 25 to 49) (%)	Annual	2019	66.2	66.7	61.5*	69.8*	sig lower	↓	PHOF C24b
8c) Cancer screening coverage - bowel cancer (%)	Annual	2019	47	48.8	51.5	60.1	sig lower	↑	PHOF C24d
9) Early diagnosis of cancer (%)	Annual	2017	52.4	47.0	52.7	52.2	-	↓	PHOF 2.19 – experimental statistics
10) Conversion of Two Week Wait Referrals to Cancer Diagnosis (%)	Annual	2018/19	4.5*	4.0*	-	7.1*	sig lower	↓	PHE Fingertips Cancer Services Portal
11) Under 75 mortality from all cancers (DSR)	Annual	2016-18	146.7	134.0	120.1	132.3	similar	↓	NHSIC - P00381/ PHOF E05a
Priority Objective 3: Improving Immunisation Uptake									
12) Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age (%)	Quarterly	Q2 2019/20	85.1	86.7	75.5	86.3	similar	↑	COVER Programme
13) HPV Vaccine Update (All Doses) %	Annual	2018/19	84.6	80.6	88.0	83.7	sig lower	↓	Immform
14) Uptake of Influenza vaccine in persons 65+ years of age %	Annual	2018/19	68.1	64.5	65.4	72.0	sig lower	↓	PHOF D06a
Priority Objective 4: Reducing Alcohol Harm									
15) Alcohol related admissions (ASR per 100,000 pop)	Annual	2018/19	537	547	556	664	sig lower	↑	PHOF 2.18
Priority Objective 5 : Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking									
16) Smoking Prevalence in adults (18+) - current smokers (APS)(%)	Annual	2018	15.5	16.7	13.9	14.4	similar	↑	PHOF 2.14
17) 4 week smoking quitters (crude rate per 100,000)	Annual	2018/19	2,329	2,344	1,960	1,894	sig higher	↑	Smoking Quitters
18) Smoking status at time of delivery (%)	Annual	2018/19	5.4	5.7*	5.0	10.8	sig lower	↑	PHE Tobacco Profiles
Priority Objective 6: Improving Mental Health and Wellbeing									
19) Prevalence of Serious Mental Illness (%)	Annual	2018/19	1.33	1.34	1.12	0.96	sig high	↔	Quality Outcomes Framework
20) Prevalence of Depression 18+ (%)	Annual	2018/19	8.2	8.8	7.7	10.7	sig lower	↑	Quality Outcomes Framework
21) Improving Access to Physiological Therapies (IAPT) referrals entering treatment (%)	Annual	2018/19	16.9	18.1	17.3	17.7	similar	↑	SLaM
22) Proportion of those accessing IAPT who moved to recovery (%)	Annual	2018/19	52.9	51.8	51.0	52.0	similar	↑	SLaM
Priority Objective 7: Improving Sexual Health									
23) Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24 (crude rate)	Annual	2018	2,627	3,248	2,610	1,975	sig higher	↑	PHOF 3.02i/3.02ii (NCSP & CTAD)
24) People presenting with HIV at a late stage of infection (%)	Annual	2016-2018	40.5	44.3	37.1	42.5	similar	↑	PHOF 3.04
25) Legal Abortion rate for all ages (crude rate per 1000 women aged 15-44 yrs)	Annual	2018	23.1	24.3	21.1	17.5	sig high	↑	ONS Abortion Stats
26) Teenage conceptions (Rate per 1,000 15-17 Yr olds)	Annual	2017	22.1	20.8	16.4	17.8	similar	↓	PHOF 2.04
Better Care Fund Metrics									
27) The proportion of those aged 65+ who received reablement services after hospital discharge	Annual	2017/18	2.3	4.0	3.8	2.9	-	↑	Better Care Fund, NHS England
28) Residential Admissions Rate (per 100,000 65+ population)	Annual	2017/18	687.4	541.2	406.2	585.6	-	↓	Better Care Fund, NHS England
29) Average daily rate of delayed transfers of care (per 100,000 population aged 18+)	Annual	2017/18	7.3	5.7	-	12.4	-	↓	Better Care Fund, NHS England
30) Non-Elective Admissions (per 100,000 population)	Annual	2017/18	-	-	-	-	-	-	Better Care Fund, NHS England

Key

sig high - significantly higher than England; sig low - significantly lower than England
 similar - statistically similar to England
 DSR - Directly Standardised Rates
 ASR - Age Standardised Rates
 ISR - Indirectly standardised Rates
 PHOF - Public Health Outcome Framework

	Latest period highlighted
	Statistically Better than England
	Statistically Similar to England
	Statistically Worse than England
	Blank where no statistical comparison could be made

Arrows Indicate up or down performance of current year /qtr from previous yr/qtr

Public Health Outcomes Framework (PHOF)
 Public Health England Sexual Health Profiles
 NHS Indicator Portal (NHSIC) by Health and Social Care Information Centre (HSCIC)
 Quality and Outcomes Framework (QOF) by HSCIC
 Adult and Social Care Outcomes Framework (ASCOF)
 NHS Better Care Better Value Indicators
 NHS Comparators by HSCIC

Links to Source with their abbreviations

<http://www.phoutcomes.info/>
<http://www.phoutcomes.info/profile/sexualhealth>
<https://www.indicators.ic.nhs.uk/webview/>
<http://www.hscic.gov.uk/qof>
<http://ascf.hscic.gov.uk/>
<http://www.productivity.nhs.uk/>
<https://www.nhscomparators.nhs.uk/NHSComparators/HomePage.aspx>

* Data Quality Issue has been reported with this indicator, interpret with caution

Appendix A - Health and Wellbeing Board Performance Metrics - March 2020

Updated indicators are in bold	Frequency	Latest Period of Availability	Previous Available Period (Lewisham)	Latest Available Period (Lewisham)	London	England	England Benchmark	Direction from Previous Period	Data Source
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Healthier Communities Select Committee

Report title: Adult Learning Lewisham – annual report

Date: 18 March 2020

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Service Manager, Adult Learning Lewisham

Outline and recommendations

This report provides an update to the Healthier Communities Select Committee on the adult learning service offered by Adult Learning Lewisham (ALL) from January to December 2019.

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

Timeline of engagement and decision-making

A report from Adult Learning Lewisham is presented annually to the Healthier Communities Select Committee as part of the scrutiny and governance processes within ALL.

1. Summary

- 1.1. This report outlines the context within which Lewisham's adult education service operates, and gives details of the performance of the service in 2019, including its self-assessment grades for Leadership and Management, the Quality of Teaching, Learning and Assessment, Outcomes for Learners, and for Safeguarding, Personal Development and Behaviour.

2. Recommendations

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

3. Policy Context

- 3.1. Adult Learning Lewisham (ALL) is funded as a local authority adult education service, and until July 2019 received Department for Education funding through its Employment & Skills Funding Agency. From August 2019, as part of the devolution of skills to mayoral combined authorities, ALL receives its funding from the Greater London Authority and contributes to the GLA's Skills For Londoners strategy.
- 3.2. ALL contributes to Lewisham Council's priorities in the following areas (see also section 5.5 below): in Delivering and defending health, social care and support; in creating an Open Lewisham; in Giving children and young people the best start in life; and in Building an inclusive economy.

4. Background

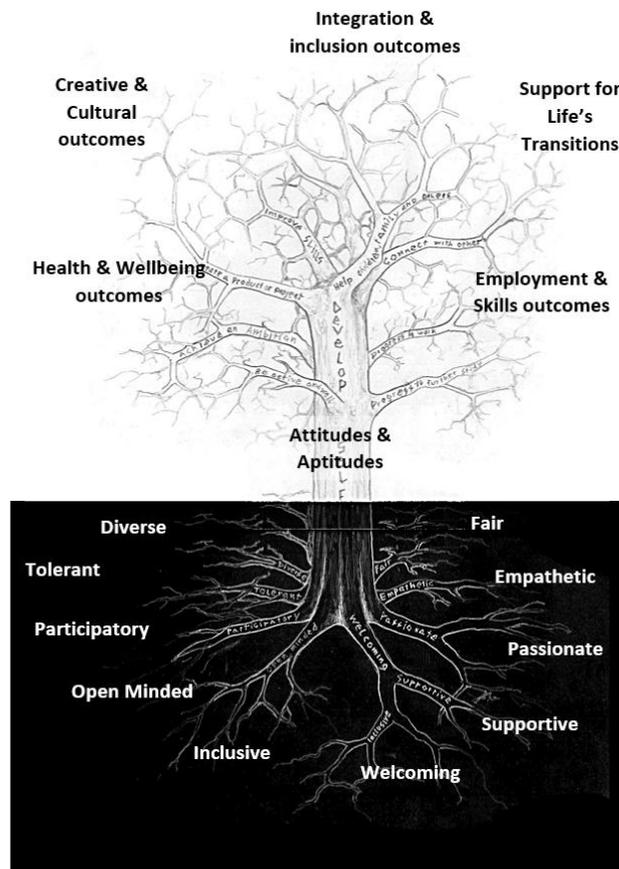
- 4.1. Adult Learning Lewisham is Lewisham Council's adult education service, delivering courses across the borough in order to meet the needs of learners, to inspire them and so enable them to fulfil their potential and flourish. The mission of the service is that *ALL Together We Flourish*, in other words that learners should be able to live well, fare well and do well as a direct result of engaging with the service. So the service sees flourishing as a lifelong goal, and ALL helps learners to develop skills which will help them throughout their life, to progress in employment, to maintain health and wellbeing, to be integrated into Lewisham's communities, to be supported through life's transitions, and to play a role in shaping Lewisham's and London's culture.
- 4.2. The ethos underpinning ALL's mission is represented through its Tree of Values (figure below), which has evolved through discussions with staff and learners, as well as philosophical discussion at think tanks. The roots of the tree represent the ethos of ALL, incorporating the fundamental values: of democracy (*participatory*), rule of law (*fair*), freedom of expression (*open minded*), tolerance and respect (*diverse, inclusive*)

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and *tolerant*). Added to these are ALL's own values of being *passionate*, *supportive*, *welcoming* and *empathetic*. The branches of the tree represent the outcomes that learners can aspire to achieve. These outcomes falls into six distinct types, reflecting the outcomes framework in section 5.5 below.



- 4.3. ALL receives a Department for Education grant of £3.3 million and currently employs approximately over 200 staff, 130 of whom are part-time tutors. Through its 'Pound Plus' policy, the service has been able to generate income of approximately £600,000, the majority of this is through fee income that is invested back into the adult learning service. ALL is still able to offer over 1,000 courses across ten different curriculum departments located in three bespoke education centres, as well as in community venues, across the borough. There are nearly 4000 learners enrolled on courses, and almost 9,000 enrolments (each learner enrolling on just over two courses on average). As a council service Adult Learning Lewisham has a very high face-to-face interaction with residents and learners – around 270,000 'interaction hours' per year in total, making it a powerful civic vehicle for change and impact.
- 4.4. ALL continues to improve as a service: it has been inspected by Ofsted twice since 2014 and was graded 2, Good, on both occasions. The service was also re-evaluated and inspected for the Matrix standard for information, advice and guidance, and successfully retained this standard in 2019. In 2019, as part of its self-assessment process, ALL graded its quality of teaching and learning as outstanding for the first time, based on the evidence of classroom visits and the achievement of learners. The infographic below captures the strong performance of the service in 2018-19.

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5. ALL Self Assessment for 2018-19

- 5.1. ALL assesses itself annually against the framework provided by Ofsted, which in 2018-19 was the Common Inspection Framework, and for 2019-20 will be the Education Inspection Framework. Section 5 outlines the performance of ALL using the themes of the CIF, which are: Leadership and Management; the Quality of Teaching, Learning and Assessment; Outcomes for Learners; and Behaviour, Personal Development and Safeguarding.

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Leadership and Management for the service are self-assessed as good.

- 5.2. Leaders and managers have continued the very high ambitions and expectations for what ALL will achieve, as confirmed by Ofsted in their 2017 inspection. Strategic planning of ALL is highly effective. Business planning clearly lays out ALL’s priorities, and it has a strategy that enables ALL to work with other services to meet community need across the borough. Plans demonstrate a very good understanding of local and national priorities and suitably acknowledge the need to respond flexibly to change in areas such as funding.
- 5.3. Leaders and managers ensure that the curriculum offered meets the diverse needs of individuals who are seeking to develop their skills to enhance their employment prospects or improve the quality of their life. The curriculum is very effectively designed, meets borough, learner and sector priorities in parallel with our funding. A broad and extensive range of learning opportunities have also been developed on a full fee basis to ensure learning continues to take place outside of government funding. This has enabled the service to re-invest the income to provide learning opportunities in ESOL ICT, Employability and English and Maths support classes that otherwise would not be funded.
- 5.4. Financial planning for the service is strong, and is enabled by detailed forecasts based on curriculum plans and real time updates. Data collection, checking and management is very good – providing accurate, reliable and robust data. The service is financially sound and is investing significantly in its infrastructure and resources including improving the external and interior environment. There are significant income pressures that the service is facing through reduced fee income due to changes in fee-concessions in ESOL and reduced rental income. Through its Governance Group ALL has a plan in place to address these income pressures along with the support of Lewisham council.
- 5.5. The service has developed a successful network of partnerships, locally, regionally and nationally. At a regional level ALL helped to establish the new network of the 12 central London boroughs: Lifelong Learning London Central. ALL has also been a core contributor to the GLA’s devolution process, giving feedback on the Skills for Londoners Framework, providing a rationale for adult learning that extends it beyond productivity and employment, ensuring that adult education was included in the GLA’s new Social Prescribing strategy, and winning the argument for recognition of ACL’s contribution to well-being, creativity enrichment and cost-savings to councils. At a local and borough level ALL contributes to a range of corporate priorities, outlined below and is a partner within several key cross-council strategic plans including the Work & Skills Strategy, the Mental Health and Wellbeing Strategy, the recommendations of the Poverty Commission.

LBL Corporate Priorities	ALL working in partnership with LBL services
Delivering and defending health, social care and support	Social Prescribing – ALL are now an integral part of the social prescribing strategy, to ensure advice and guidance for residents, and provide referrals to courses, reducing pressure on public health services
	IAPT – ALL have co-located and worked in partnership with SLAM through its Work Well project and now through IAPT to deliver employment outcomes for adults managing mental ill health
Open	Sanctuary Borough Programme – ALL are working with the Mayor’s team as the key delivery partners for ESOL skills and family learning for families

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LBL Corporate Priorities	ALL working in partnership with LBL services
Lewisham	arriving in Lewisham through the Syrian Vulnerable Person Resettlement Programme
Giving Children and young people the best start in life.	Working with the Young Mayor's Team ALL have drawn on their outcomes framework to help develop a Curriculum For Life, in partnership with schools and the college this will help ensure better outcomes from education for young people and young adults
	Family Learning Programme – ALL deliver in schools in the most deprived areas of Lewisham, working with families and parents to develop skills, and provide support for children, to help people take the next steps.
Building an inclusive local economy	Lewisham Deal – ALL chair the Employment, Advice & Guidance group agreed in the Lewisham Deal and following the Poverty Commission, working with the other five Lewisham anchor institutions to provide better advice for residents.
	Lewisham Strategic Partnership, and South Lewisham Working Group – ALL have conducted a major piece of research over the past four years, to establish the causes of persistent poverty in the south of the borough. ALL have established, with Lewisham College, CYP, and Economic Development a strategic partnership to ensure that there are opportunities across the borough, especially in the south, for progression through a 'Skills Highway' into work, better employment and higher skills.
	Culture and Community Development – ALL contributing to the London borough of culture bid, and the Rage Against the Machine festival, as well as building networks of learners selling their work across the borough.

- 5.6. At a national level the outcomes framework (section 5.5) that ALL has been developing over the past two years has been recommended for a national pilot through the LEAFA network, with the support of the Learning and Work Institute. The Local Government Association are also using ALL's framework as part of their national briefing document, being sent to all local authorities in 2020.

The quality of teaching, learning and assessment is self-assessed as outstanding

- 5.7. Managers have maintained the very high quality of teaching, learning and assessment. They have put in place a range of support for tutors, which have led to improvements in teachers' skills to the direct benefit of learners. Peer support is also used extensively as well as joint observations to improve feedback and the sharing of good practice across curriculum areas.
- 5.8. ALL's scheme for observing teaching and learning is rigorous and feedback to tutors following observations is detailed and evaluative. It focuses very well on the quality of learning and what the tutor needs to improve. Arrangements to moderate observers' judgements are effective and confirm that assessment of teaching standards is very accurate. ALL has developed and encouraged an outstanding system of sharing throughout the curriculum which has engaged and promoted effective communication, harnessing and improving team collaboration. However curriculum areas are at different stages of this process.

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- 5.9. The Pre-Course Assessment process is comprehensive and is undertaken by professional staff and are effective in establishing skill levels. This enables learners to be enrolled onto the right course at the right level. All learner enquiries are dealt with quickly by highly experienced Business Resources Team staff. There is expert advice and guidance from curriculum areas to assist learners in their enquiries. Tutors and staff set high standards for learners. Across all curriculum areas there is a dedicated, thoughtful and well planned approach to teaching, learning and the learner experience overall. They demand high quality work and respectful behaviour and expect learners to work collaboratively together to solve problems and evaluate their own and each other's learning.
- 5.10. Courses offer a differentiated, varied and ambitious range of skills that clearly meet and exceed learners' needs and interests - they consistently produce work to a very high and professional standard. The resources are of a very high quality and used effectively to support learning throughout. Learners are enthusiastic and engaged and are highly motivated with the respect between learners and tutors being exemplary.
- 5.11. Tutors are qualified, passionate, experienced subject specialists who update their CPD through regular training. They draw on a wide range of delivery and assessment methods, to inspire and challenge learners to meet different needs. They are highly motivated and enthusiastic and offer learners a caring and supportive learning environment which they value highly. Tutors' high expectations ensure that learners are well motivated, fully engaged in learning and the great majority are appropriately challenged. Tutors are skilful at using everyday opportunities to develop learners' good understanding of the diverse communities in which they live and work. They use the diversity of learners within classes to explore learners' perceptions and celebrate difference. Learners across the curriculum areas are also provided with enrichment opportunities that extend their learning
- 5.12. Learners' ongoing assessment is good. Tutors assess learners' performance well during lessons, including the use of good individual discussion. Learners are clear about their own progress and generally have a good understanding of what they need to do to improve. Tutors regularly assess learners' work and give enthusiastic and encouraging feedback which motivates learners. Teachers use homework well to support learners to increase their confidence in using the newly learned skills.

Outcomes for learners are self-assessed as outstanding

- 5.13. Overall success rates are outstanding at 92.3% which is the highest the service has ever achieved. Success rates in qualification-based Education and Training (E&T) courses are now outstanding at Level 2 at 90.6% and therefore addresses one of the areas for improvement at the last inspection. GCSE English and Maths was introduced in 2014/15. GCSE headline success rates for English (90.4%) and Mathematics (93.8%) are very good. The headline success rates for English and Maths are now 78.3% and 91.6% respectively.
- 5.14. Significant progress has been made in narrowing achievement gaps in key areas of gender, disability and widening participation. The success rate overall for Gender-Male/female is 90.5% and 92.8% White British/Non White British 94.9%% and 90.6% and Learning Difficulty/No Learning difficulty at 90% and 92.8% respectively. There are therefore no significant achievement gaps in GLA funded programmes.
- 5.15. The organisation has developed a robust, evidence-based, Outcomes Framework that measure a range of outcomes for learners, and which links to the vision for ALL, its individual learning plans and metrics for measuring progression. The purpose of this framework is to capture the outcomes and value of interventions, particularly those related to educational and cultural interventions. The framework is being piloted

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nationally throughout 2020 and is being used to inform the Local Government Association briefing to councils across the country. These outcomes fall into six categories (figure 4. below):.

Figure 4. The six types of outcomes of adult learning

Outcome-type 1 – Attitudes, Aptitudes, Confidence

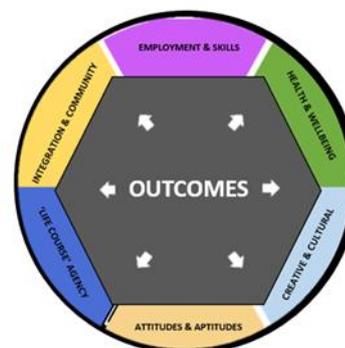
Outcome-type 2 – Health & Wellbeing

Outcome-type 3 – Integration & Inclusion

Outcome-type 4 – Employment & Skills

Outcome-type 5 – Creativity & Culture

Outcome-type 6 – Skills for life's transitions



- 5.16. Programmes and curricula are responsive to local and national priorities and planned to maximise accessibility for learners. Marketing is effective in using a variety of channels to reach wider audience. Extensive provision in foundation English, mathematics and English for speakers of other languages caters well for the needs of many residents. Full fee classes provide an innovative way of maintaining provision for learners who wish to continue their studies for extended periods, freeing resources to support provision elsewhere and links with the Pound Plus ethos of encouraging learners who can afford to pay- to pay. This enables ALL to deliver courses to the hard to reach learners and those who cannot afford to pay for their courses.
- 5.17. Learners make very good progress on their courses. They often achieve outstanding standards in their work. Learners develop their skills well and often apply them in their employment, with their families and in the community. ALL E&T learners are tracked for their destination after the end of the course. 80 learners, funded through the E&T budget have progressed in employment, further training, independent living or voluntary work.
- 5.18. Learners are well motivated, enjoy their studies and often attain their personal learning goals, as evidenced through our analysis of learners' Individual Learning Plans. Our analysis of student satisfaction survey indicates that learners enjoy their studies and feel safe and well supported. They value the benefits of studying alongside others and are proud of their achievements. Learners' punctuality is very good and attendance is now good although more work is required to raise attendance levels even higher. It is ALL's priority to continue to improve attendance and punctuality and tutors are now much clearer on their essential role in bringing this about.

Safeguarding, personal development & behaviour are self-assessed as good

- 5.19. A robust safeguarding policy is in place, together with a safeguarding team who responds quickly and effectively to resolve issues or concerns. Safeguarding training is mandatory, completion is recorded and monitored. Safe recruitment practices are in place via effective and timely DBS processing. Information on how to report concerns is displayed throughout each centre and learners are confident in reporting any concerns. Learners can also access information about safeguarding via Adult Learning Lewisham's VLE (Moodle), there is also a fast link to report safeguarding concerns. In

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September 2017 ALL launched its 'Keeping Everyone Safe, Every Day' campaign to continue to raise the profile of safeguarding across the service. 100% of all staff completed Prevent training, and a service wide Safeguarding and Prevent training refresh whilst completed in March 2018 will be refreshed in 2020, this will also include GDPR and Equalities and Diversity training.

- 5.20. Learners through a comprehensive induction procedure are involved in discussions on Safeguarding, Prevent, e-safety and health and safety (including health and safety relating to placements and off site classes), this equips them with the necessary skills/knowledge to stay safe. The learner induction has a strong emphasis on attendance, respectful behaviour and learners' commitment to equality and diversity, course goals and study.
- 5.21. ALL's promotion of equality and diversity is good. ALL acts effectively to widen participation in learning. Over eighty percent of ALL's learners now come from areas of high deprivation (see figure 9 above). It increasingly offers provision at centres in the most deprived areas of the borough, effectively engages residents unfamiliar with adult learning, and provides essential training in the computer skills residents need when searching for jobs or claiming state benefits
- 5.22. Learners value their education and attend consistently, they engage with coursework and set challenging personal goals, to achieve course outcomes. The personal development and welfare of the learners are good. There are no significant behavioural problems from learners, and generally there is a friendly relationship which is reinforced by learners often enrolled on many of the same courses. A very high number of learners complete their courses.
- 5.23. Tutors promote equality and diversity well in teaching, learning and assessment. ALL has developed an ethos of strong social inclusion and increased awareness of diversity. Tutors successfully encourage strong mutual support in very diverse groups of learners. Learners' behaviour is managed well in lessons, leading to a relaxed atmosphere and enhanced learner enjoyment. In many lessons, tutors use diversity-related materials well.

6. Financial implications

- 6.1. As mentioned in 5.4 above, funding in real terms continues to be reduced and additional costs (including an increase in national insurance, pensions contributions and a nationally agreed pay settlement) has meant that ALL has had to adjust its expenditure (and curriculum provision) to accommodate these budgetary pressures. A separate paper is being written to outline the financial implications of these budgetary pressures on the service.
- 6.2. The service has been funded by a new funding body, the Greater London Authority, since August 2019, and the service will monitor closely the financial impact that this might have on its provision of courses for residents.

7. Legal implications

- 7.1. It is one of the roles of the Select Committee to review policy within its terms of reference. It can make enquiries and investigate options for future direction in policy development. Additionally the Committee can require the Executive Members or Executive Directors to attend before it to explain amongst other things the extent to which actions taken implement Council policy and provide evidence of the same.
- 7.2. The power for local authorities to provide an adult education service for adults is a

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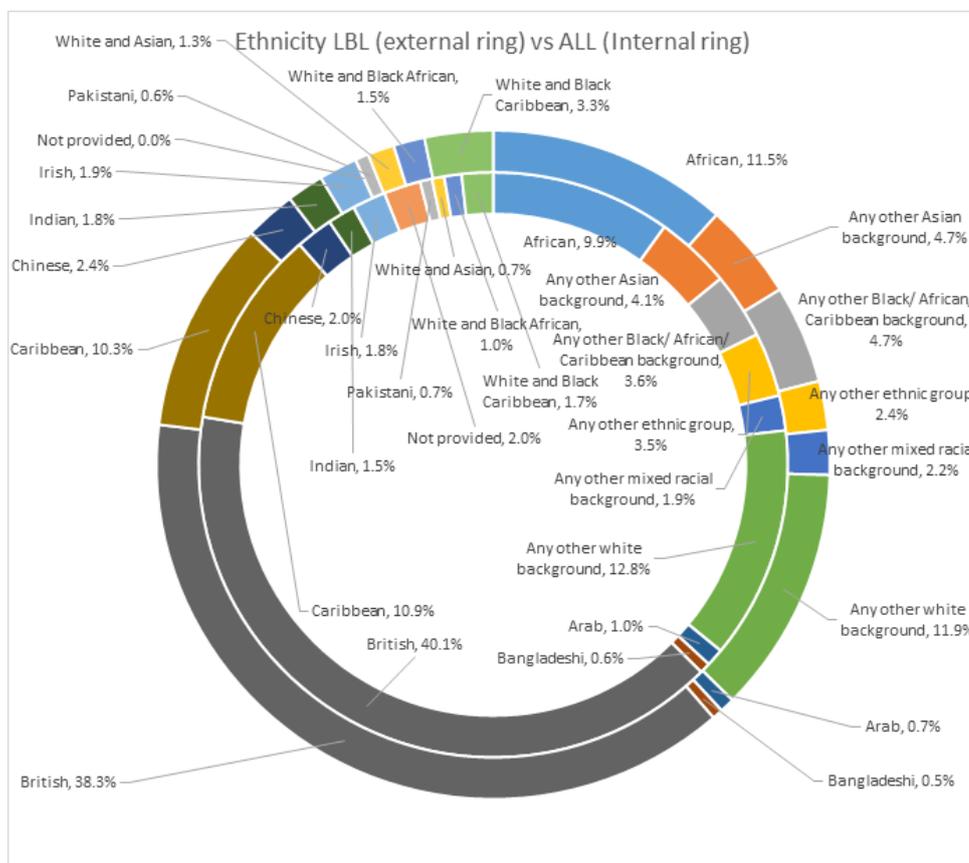
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discretionary one. This discretion should be exercised reasonably in the sense that only relevant matters should be taken into account and irrelevant considerations ignored.

8. Equalities implications

8.1. Almost four thousand learners enrolled on courses within Adult Learning Lewisham in 2018-19, with most learners enrolling on at least two courses meaning that we have nearly 9000 enrolments over the year. Of these learners 20% are male and 80% are female. Over 40% of learners are new to Adult Learning Lewisham. Learners come from across the age range of adults, with nearly a quarter of ALL learners aged 35-44, and over a third of learners aged 55 or older. Learners who are managing mental ill health, or have declared a learning or physical disability, now make up 18% of enrolments which reflects the success of two of our specialist curriculum areas (Supported Learning and Mindlift). Almost two thirds of ALL learners (60%) are from non-white British ethnic groups, which is on par with Lewisham residents as a whole (61%) – see graph below. Finally, participation in ALL by people from areas of high multiple deprivation (measured by IMD 2015) remain high, with 72% of our enrolments coming from the most deprived half of LSOAs.



9. Climate change and environmental implications

9.1. There are no climate change or environmental implications arising from this report

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10. Crime and disorder implications

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

11. Health and wellbeing implications

11.1. ALL contributes to health and wellbeing of the borough in multiple ways. In the broadest sense of wellbeing (as lifelong flourishing) it is the mission of ALL to ensure that together we flourish. Through all the courses available at ALL, the service aims to promote outcomes (see section 5.15) that will give residents the best opportunity for them to flourish and be well. Through the specific health courses ALL focuses on physical health and mental wellbeing for learners on those course. And through the partnership with the social prescribing team ALL aims to guide residents to the best service (which may include a course at ALL) to help them towards wellbeing.

12. Social Value implications

12.1. There are no social value implications arising from this report

13. Background papers

13.1. A.L.L. Self Assessment Report 2019,
<http://assets/sites/Education/CEL/celsmt/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FEducation%2FCEL%2Fcelsmt%2FShared%20Documents%2FCURRICULUM%20AND%20LEARNING%2FSARs%2FSAR%202018%2D2019%2FDRAFT%20SW%20SAR&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>

14. Glossary

14.1. *See below*

Term	Definition
ACL	Adult Community Learning
AEB	Adult Education Budget
ALL	Adult Learning Lewisham
CPD	Continuous Professional Development
DfE	Department for Education
E&T	Employment & Training courses (a funding strand)
ESFA	Education & Skills Funding Agency
ESOL	English for Speakers of Other Languages
FE	Further Education
GLA	Greater London Authority

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Term	Definition
IMD	Index of Multiple Deprivation
JSA	Job Seekers Allowance
LBL	London Borough of Lewisham
LEAFAEA	Local Education Authority Forum for the Education of Adults
Mindlift	ALL's supported learning programme for adults with a learning difficulty or disability
NVQ	National Vocation Qualification
Ofsted	Office for Standards in Education

15. Report author and contact

15.1. Gerald Jones, gerald.jones@lewisham.gov.uk, 020 83148691

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Healthier Communities Select Committee

Report title: Select Committee work programme report

Date: 18 March 2020

Key decision: No.

Class: Part 1

Ward(s) affected: Not applicable

Contributors: John Bardens, Scrutiny Manager

Outline and recommendations

To advise members of the completed work programme for 2019/20 and to propose draft priority themes for the committee's work programme for 2020/21.

The Committee is asked to:

- note the completed work programme attached at **appendix A**
- review the issues covered over the course of 2019/20
- review forthcoming key decisions set out in **appendix B**
- consider priority themes for the 2020/21 work programme
- note the draft work programme for 2020/21 attached at **appendix C**

Timeline of engagement and decision-making

- Healthier Communities Select Committee (HCSC) work programme 2019/20 agreed by committee on 4th April 2019
- HCSC work programme 2019/20 agreed by Business Panel on 7th May 2019
- HCSC work programme 2019/20 reviewed at committee meetings 14th May 2019; 25th June 2019; 3rd September 2019; 8th October 2019; 2nd December 2019; 30th January; and 12th March.

1. Summary

- 1.1. Each select committee is required to agree a work programme for submission to the Business Panel at the beginning of the municipal year. As this is the last meeting of the Healthier Communities Select Committee in 2019/20 members are being asked to put forward suggestions for the 2020/21 work programme. Please note, however, that the 2020/21 work programme will not be formally agreed until the first meeting of 2020/21.

2. Recommendations

- 2.1. The Committee is asked to:
- note the completed work programme attached at **appendix A**
 - review the issues covered over the course of 2019/20
 - review forthcoming key decisions set out in **appendix B**
 - consider priority themes for the 2020/21 work programme
 - note the draft work programme for 2020/21 attached at **appendix C**

3. Prioritising and planning for 2020/21

- 3.1. Five committee meetings will be scheduled for the 2020/21 municipal year. A draft work programme will be put forward at the first meeting taking into account key local issues and the committee's previous work. At this meeting members are asked to review the committee's work over 2019/20 and consider priority themes for 2020/21.
- 3.2. Work programme suggestions should be considered against the committee's terms of reference and the prioritisation chart set out below, and be achievable in terms of the meeting time available. The Committee should give consideration to issues of importance to Local Assemblies and decisions due to be made by Mayor and Cabinet. Items within the work programme should also be linked to the priorities of the Council's Corporate Strategy for 2018-2022 (set out below):

Open Lewisham - Lewisham is a welcoming place of safety for all, where we celebrate the diversity that strengthens us.

Tackling the housing crisis - Everyone has a decent home that is secure and affordable.

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.

Building an inclusive local economy - Everyone can access high-quality job opportunities, with decent pay and security in our thriving and inclusive local economy.

Delivering and defending: health, social care and support - Ensuring everyone receives the health, mental health, social care and support services they need.

Making Lewisham greener - Everyone enjoys our green spaces, and benefits from a healthy environment as we work to protect and improve our local environment.

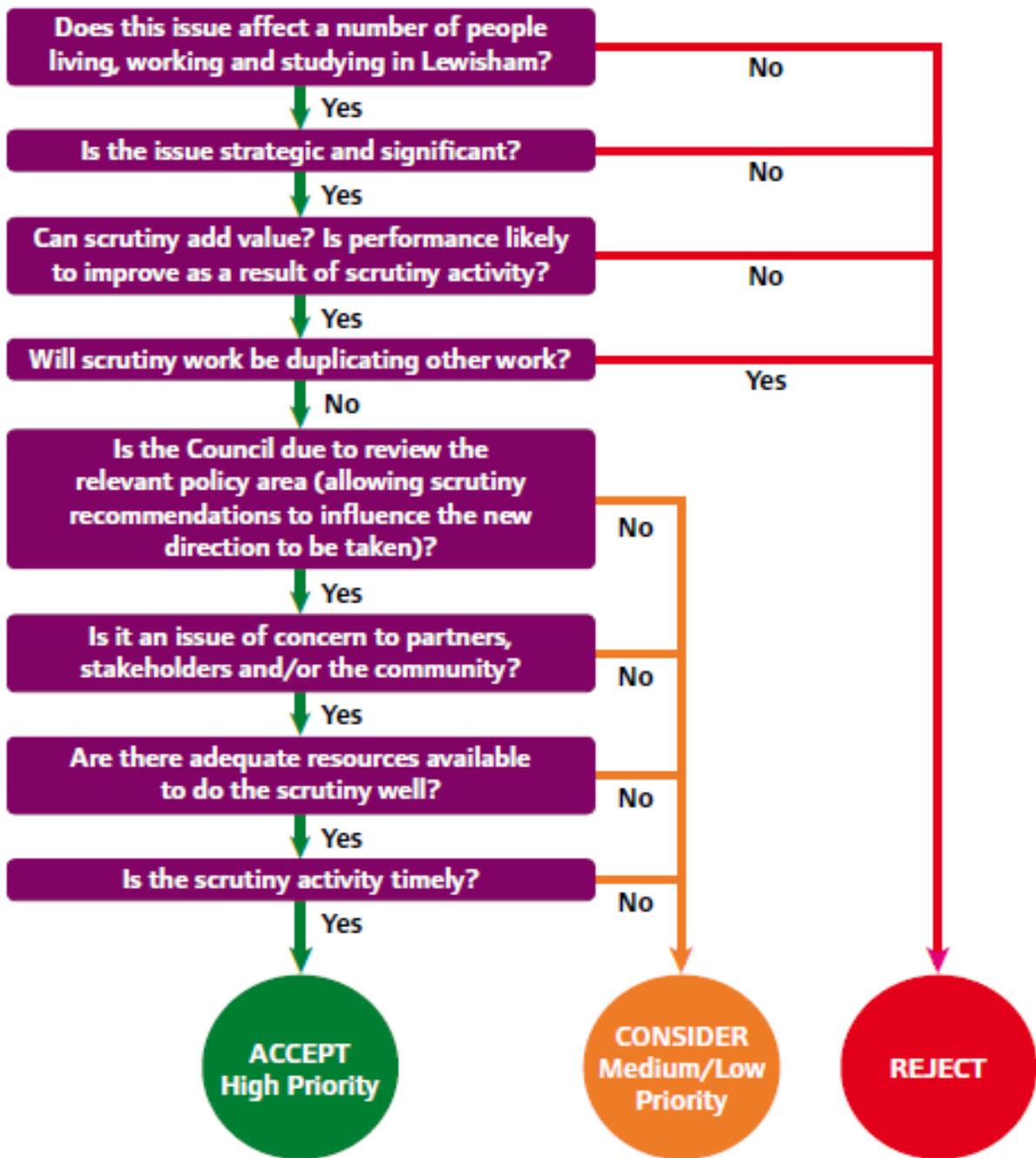
Building safer communities - Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.

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Scrutiny work programme – prioritisation process



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4. Healthier Communities Select Committee terms of reference

- 4.1. The Council's constitution sets out the Committee's powers as defined by the terms of reference (set out below). The Committee should familiarise itself with the terms of reference and consider its remit when selecting items for scrutiny.
- 4.2. The Committee is also required to review proposals for substantial changes in services and decide whether or not consultation is required in the instance that those changes will have a significant impact on local people.

Healthier Communities Select Committee terms of reference:

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

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

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

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

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

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

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

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

(i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to: people with learning difficulties; people with physical disabilities; mental health services; the provision of health services by those other than the Council; provision for elderly people; the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations; lifelong learning of those aged 19 years or more (excluding schools and school related services); Community Education Lewisham; other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over.

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

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

5. Financial implications

5.1. There are no direct financial implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme will have financial implications and these will need to be considered as part of the reports on those items

6. Legal implications

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

7. Equalities implications

7.1. 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.

7.2. 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.

7.3. 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.

8. Climate change and environmental implications

8.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme may have climate change implications and these will need to be considered as part of the reports on those items.

9. Crime and disorder implications

9.1. There are no direct crime and disorder implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme may have crime and disorder implications and these will need to be considered as part of the reports on those items.

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10. Health and wellbeing implications

- 10.1. There are no direct health and wellbeing implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme may have health and wellbeing implications and these will need to be considered as part of the reports on those items.

11. Report author and contact

- 11.1. If you have any questions about this report please contact: John Bardens, 020 8314 9976 john.bardens@lewisham.gov.uk.

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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								
Adult safeguarding annual report	Performance monitoring	High	Dec								
Lewisham hospital winter pressures	Performance monitoring	High	Dec								
Primary Care Changes	Standard item	High	Jan								
NHS charges for overseas visitors	Standard item	High	Jan								
Lewisham People's Parliament	Standard item	High	Mar								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	Mar								
Adult Learning Lewisham annual report	Performance monitoring	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 March 2020 - June 2020

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 0208 3149327, 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
October 2019	Renewal of Social Care software systems	12/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2019	Renewal of revenue and benefits software systems	12/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2019	NHS Commissioning Arrangements in Lewisham	12/02/20 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
October 2019	Budget Update	12/02/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
October 2019	Highway Contract Tendering strategy for 2021 award	12/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration &		

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
			Environment and Councillor Brenda Dacres, Cabinet Member for Safer Communities		
October 2019	State of the Highways Infrastructure and Update on Asset Management Strategy	12/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Safer Communities		
December 2019	Community Wealth Building and Inclusive Growth Strategy Update	12/02/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Joe Dromey, Cabinet Member for Culture, Jobs and Skills (job share)		
December 2019	Community Energy Fund grant awards	12/02/20 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Jonathan Slater, Cabinet Member for Community Sector		
January 2020	Lewisham's Admission Arrangements 2021/22	12/02/20 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
October 2019	Budget 2020-21	26/02/20 Council	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
January 2020	Priorities for 2020	26/02/20 Council	Kim Wright, Chief Executive and Mayor Damien Egan, Mayor		
February 2020	Local Government Boundary Review 2nd Stage Submission	26/02/20 Council	Kath Nicholson, Director of Law and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
November 2019	Approach to Boroughwide pot of Neighbourhood Community Infrastructure Levy	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Safer Communities		
December 2019	Future Provision of Home Care	11/03/20 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		
June 2019	Call-in Disposal of former Wide Horizon Sites in Wales & Kent'	11/03/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer 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		
October 2019	Precision Manufactured Housing (PMH) Procurement Process Outcome and Decision	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Preferred Tender for Travel and Transport Programme	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Safer Communities		
October 2019	Old Town Hall works - permission to tender	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
October 2019	Lewisham Climate Emergency Action Plan	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
October 2019	Private Sector Housing Borough-wide Licensing	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration &		

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
			Environment and Councillor Paul Bell, Cabinet Member for Housing		
January 2020	Oracle Cloud contract extension and hyper-care support	11/03/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2019	Renewal of Oracle Licensing arrangements	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
January 2020	Archive solution for HR and Payroll system	17/03/20 Overview and Scrutiny Business Panel	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
December 2019	Corporate Energy Contract Strategy	11/03/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
December 2019	Post consultation	11/03/20	Kevin Sheehan,		

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
	recommendation of additions of new buildings to Local List	Mayor and Cabinet	Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
December 2019	Approval of the draft Lewisham Local Plan for public consultation	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
May 2019	Performance Monitoring	11/03/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
February 2020	Building for Lewisham Former St Philip Neri School Acquisition	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
February 2020	Appropriation of the former Mayow Road Warehouse	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
February 2020	Permission to Tender Broadway Theatre Works	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Housing, Regeneration & Environment and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		
February 2020	GLA Small Sites Small Builders Grant	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
February 2020	TenEmBee Sports Club lease	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		
February 2020	Acquisition of Morton House	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
February 2020	Making of Instrument of Government Aspire London Federation and Local Authority Governor Nomination	11/03/20 Mayor and Cabinet	Pauline Maddison, Interim Executive Director Children and Young People and Councillor Chris Barnham, Cabinet		

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
			Member for School Performance and Children's Services		
February 2020	School Meals Contract Extension	11/03/20 Mayor and Cabinet	Pauline Maddison, Interim Executive Director Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
February 2020	Supported Housing Contract Extensions 2020	17/03/20 Executive Director for Community Services	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
February 2020	Contract Award Interpreting, Translation and Transcription Services	17/03/20 Overview and Scrutiny Business Panel	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
February 2020	Adoption of Deptford High Street Conservation Area Appraisal, boundary changes and introduction of an Article 4 Direction errata	25/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
January 2020	Settlement on outstanding litigation case regarding non-payment of an affordable	25/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration &		

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
	housing contribution at 99 Plough Way Parts 1 & 2		Environment and Mayor Damien Egan, Mayor		
February 2020	SELCHP Extension parts 1 & 2	25/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
October 2019	Contract Award for Stage 2 of Greenvale School Expansion Project	25/03/20 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
January 2020	Parks and Open Spaces Strategy 2020-2025	25/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
February 2020	Public Health Neighbourhood Grants - Neighbourhood Community Development Partnerships	25/03/20 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		

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
January 2020	Annual Lettings Plan	25/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	PLACE/Ladywell parts 1 & 2	25/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
February 2020	Contract extension of current day services for older adults	25/03/20 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 2020	Education Strategy	25/03/20 Mayor and Cabinet	Pauline Maddison, Interim Executive Director Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
February 2020	SEND Strategy 2020-2023	25/03/20 Mayor and Cabinet	Pauline Maddison, Interim Executive Director		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
February 2020	Smarter Technology Phase 2 Project Equipment Rollout	25/03/20 Mayor and Cabinet	Richard Hawkes and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
February 2020	Renewal of Pension Administration IT System	25/03/20 Mayor and Cabinet	Ian Andrews, IT Procurement and Supplier Manager and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
February 2020	Single Equality framework 2020-24	25/03/20 Mayor and Cabinet	Paul Aladenika, Service Group Manager, Policy Development and Analytical Insight and Councillor Jonathan Slater, Cabinet Member for Community Sector		
February 2020	Award of M&E Contract	25/03/20 Mayor and Cabinet	Chris Damri, SGM Asset Strategy and Technical Support and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
February 2020	Award of Building Fabric Contract	25/03/20 Mayor and Cabinet	Chris Damri, SGM Asset Strategy and Technical Support and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
February 2020	Award of London Borough of Culture Programme Delivery Partner	25/03/20 Mayor and Cabinet	Liz Dart, Head of Culture and Community Development and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		
February 2020	Rough Sleeping Initiative STA	25/03/20 Mayor and Cabinet	Sarah Miran, Commissioning Manager and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
February 2020	Future of Targeted Provision'	25/03/20 Mayor and Cabinet	David McCollum, Joint Commissioner – Early Intervention and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
December 2019	Friendship Agreement Pokhara	01/04/20 Council	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees &		

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
			Accountability		
December 2019	Approval of the draft Lewisham Local Plan for public consultation	01/04/20 Council	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
February 2020	Annual Pay Statement	01/04/20 Council	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
November 2019	Approval to appoint operator for concessions contract at the lake, Beckenham Place Park	29/04/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
November 2019	Corporate Equalities Scheme	29/04/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Jonathan Slater, Cabinet Member for Community Sector		
February 2020	Occupational Health Procurement	06/05/20 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		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
December 2019	Local Plan New Cross Gate SPD and Surrey Canal SPD	06/05/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
October 2019	Mayow Road Supported Living Service Parts 1 & 2	06/05/20 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 2020	Approval to proceed with Procurement - Digitisation of Records - Council Wide	06/05/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
February 2020	Dry recycling award report	06/05/20 Mayor and Cabinet	Wendy Nicholas, Strategic Waste and Environment Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
February 2020	SELCHP Extension parts 1 & 2	06/05/20 Mayor and Cabinet	Wendy Nicholas, Strategic Waste and Environment Manager and Councillor Sophie McGeevor, Cabinet Member for Environment		

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
			and Transport		
December 2019	Achilles Street Estate Land Assembly Parts 1 & 2	03/06/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Adoption of the Catford Regeneration Masterplan Framework	03/06/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
February 2020	Revised Statement of Licensing Policy	15/07/20 Council	Tom Brown, Executive Director for Community Services and Councillor Eva Stamirowski		

FORWARD PLAN – KEY DECISIONS

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

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Healthier Communities Select Committee work programme 2020/21 - draft priority themes

Item	Type	Priority	Delivery	20-May	01-Sep	03-Nov	13-Jan	25-Feb
Budget cuts proposals	Standard item	High	Sep					
Confirmation of Chair and Vice Chair	Constitutional req	High	May					
Work programme 2019-20	Constitutional req	High	May					
Mental health	Standard item	High	May					
Adult social care	Performance monitoring	High	Sep					
Older adults' day services update	Performance monitoring	High	Sep					
Health and social care workforce	Standard item	High	Nov					
Migrant charging update	Standard item	High	Nov					
Primary care access	Performance monitoring	High	Jan					
Health and wellbeing priorities	Performance monitoring	High	Feb					
Leisure centres	Performance monitoring	High	Feb					

	Item completed
	Item on-going
	Proposed timeframe

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