

Overview and Scrutiny



Healthier Communities Select Committee Agenda

Wednesday, 23 September 2020
7.30 pm, Virtual Meeting via Microsoft Teams

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, 23 September 2020.

Kim Wright, Chief Executive
Tuesday, 15 September 2020

Councillor John Muldoon (Chair)	
Councillor Coral Howard (Vice-Chair)	
Councillor Kim Powell	
Councillor Leo Gibbons	
Councillor Sue Hordijkenko	
Councillor Alan Smith	
Councillor Bill Brown (ex-Officio)	
Councillor Sophie Davis (ex-Officio)	



Healthier Communities Select Committee

Confirmation of Chair & Vice Chair of the Healthier Communities Select Committee

Date: 23 September 2020

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Scrutiny Manager

Outline and recommendations

Further to the Annual General Meeting of Council on 15 July 2020, this report informs the Select Committee of the appointment of a Chair and Vice Chair of the Healthier Communities Select Committee.

- To Confirm the election of Councillor John Muldoon as Chair of the Healthier Communities Select Committee.
- To Confirm the election of Councillor Coral Howard as Vice Chair of the Healthier Communities Select Committee.

1 Summary

1.1. On 15 July 2020, the Annual General Meeting of the Council considered a report setting out an allocation of seats on committees to political groups on the Council in compliance with the requirements of the Local Government and Housing Act 1989.

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

2. Recommendation

2.1. The Select Committee is recommended to:

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

3. **Policy Context**

3.1. The strategic priorities of the Council's [Corporate Strategy for 2018-2022](#) are:

[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.

4. **Financial implications**

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

5. **Legal implications**

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

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 recommendation in this report.

8. **Crime and disorder implications**

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

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9. **Health and wellbeing implications**

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

10. **Background papers**

10.1. [Agenda for Lewisham Council AGM – 15 July 2020](#)

11. **Report contact**

11.1. John Bardens, Scrutiny Manager, john.bardens@lewisham.gov.uk 020 8314 9976

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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

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 no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- 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. Suki Binjal, Director of Law, Governance and HR, 0208 31 47648



Mayor and Cabinet

Response to Comments made at the Healthier Communities Select Committee – 2 December 2019.

Date: 16 September 2020

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Martin Crow - Business Manager Lewisham Safeguarding Adults Board

Outline and recommendations

The report sets out the response to the comments made at the Healthier Communities Select Committee on 2 December 2019, where the Lewisham Safeguarding Adults Board's Annual Report 2018-19 was being presented by the Board Chair:

1.8 The committee asked about the distribution of information explaining who to get in touch with if you have an adult safeguarding concern. It was noted that this information should be available in every public location in Lewisham, as well as information about the different types of abuse and neglect.

1. Summary

- 1.1. Further to the request made by the Council's Healthier Communities Select Committee for a response to their question regarding public information, Officers have set out the responses required at Section 3 of this report.

2. Recommendations

- 2.1 Mayor and Cabinet are asked to support the Lewisham Safeguarding Adults Board (LSAB) in improving the profile of adult safeguarding related issues in the Borough, helping to engage local communities and remove barriers to reporting abuse.

3. Officer Response

- 3.1. LSAB published a Communication and Engagement Strategy in July 2019 (see below) which outlines all of the methodologies that are, and will be used to communicate with members of the public. This did not include the use of posters as we were waiting for clarity on the go live for the adult Multi-Agency Safeguarding Hub (MaSH), as this may change the relevant contact information that a member of the public would use to report abuse to the Local Authority.

- 3.2. The LSAB Annual Report for 2019-20 provides feedback on progress on the delivery of this strategy (see below - page 3).
- 3.3. The LSAB Communication and Engagement Strategy is currently being revised and will now include the use of information posters as a methodology, to be used in key public buildings (where this can be managed/monitored). The use of posters was initially delayed due to the uncertainty regarding the MaSH as outlined, and then due to COVID-19 as all public buildings have been closed over the last six months. We will now aim to have posters in relevant and key public buildings such as libraries, leisure centres, customer service hubs and community centres by the end of 2020.

4. Background papers

- 4.1. LSAB Communication and Engagement Strategy (July 2019).



LSAB CE Strategy
2019-20.pdf

- 4.2. LSAB Annual Report 2019-20.



Annual Report
2019.20 Final.pdf

5. Glossary

- 5.1. See **Section 7 – “Glossary” in the guidance** for more information.

Term	Definition
Multi-Agency Safeguarding Hub (MaSH)	<p>This is a new team that is being created that will be hosted by the Local Authority, but also include practitioners from the Police and South London and Maudsley NHS Trust (SLaM).</p> <p>This team will help triage the adult Safeguarding Concerns that are submitted to the Local Authority, whilst overseeing all of the Safeguarding Enquiries conducted in the Borough.</p>

6. Report author and contact

- 6.1. **Martin Crow – Business Manager Lewisham Safeguarding Adults Board**
- 6.2. Martin.crow@lewisham.gov.uk 07771594879

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Housing Select Committee

Financial stabilisation - budget update and medium term plan

Date: 15 September 2020

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Acting Chief Finance Officer

Outline and recommendations

The purpose of this report is to offer for consideration by Scrutiny the appended report to enable their comments to be taken by Mayor & Cabinet (M&C) when receiving the report on budget stabilisation and medium term financial plan on the 7 October 2020, as part of the preparation of a balanced budget for 2021/22 and future years.

Scrutiny committees are asked to review and comment on these proposals and recommendations and that their feedback is referred on by Public Accounts Committee for Mayor & Cabinet as follows:

On the 7 October 2020 Mayor and Cabinet will then be recommended to:

- Note the current in-year financial challenges of the Covid-19 impact of £60m with a funding gap of up to £20m and service overspending of £17m faced by the Council and the management actions being taken to mitigate these;
- Note the 2021/22 to 2024/25 Medium Term Financial Strategy (MTFS) and approach being taken to identify cuts proposals to meet the estimated budget gap of at least £40m; and
- Note the timetable for bringing forward cuts proposals and building the 2021/22 budget to Full Council in February 2021.

Timeline of engagement and decision-making

26 February 2020 – Budget report to Council

10 June 2020 – Council's response to Covid-19 – financial update report to Mayor & Cabinet (M&C)

9 July 2020 – First 2020/21 financial monitoring report to M&C

1. EXECUTIVE SUMMARY

1.1. The purpose of the appended report is twofold:

- To set out the current in-year financial position for 2020/21 and the management actions being taken to mitigate the financial pressures arising; and
- To set out the medium term financial position for the Council over the next four years and the assumptions on which it is based, as well as the likely levels of cuts which will be required.

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- 1.2. Scrutiny committees are asked to review and comment on these proposals and recommendations and that their feedback is referred on by Public Accounts Committee for Mayor & Cabinet on the 7 October 2020.
- 1.3. The timetable to deliver the Budget for 2021/22 is as set out below.

Month	Key Stage
September / October 2020	Medium term financial planning and monitoring. Chancellor's Autumn Budget
November / December 2020	Draft Officer cuts proposals presented for scrutiny and decision Provisional Local Government Finance Settlement
January 2021	Council Tax Base agreed by Council Draft Council Budget for 2021/22 prepared
February 2021	Greater London Authority sets their Precept for 2021/22 Council approves Budget & Council Tax for 2021/22

2. RECOMMENDATIONS

- 2.1. Scrutiny committees are asked to review and comment on these proposals and recommendations and that their feedback is referred on by Public Accounts Committee for Mayor & Cabinet as follows:
- 2.2. On the 7 October 2020 Mayor and Cabinet will then be recommended to:
 - Note the current in-year financial challenges of the Covid-19 impact of £60m with a funding gap of up to £20m and service overspending of £17m faced by the Council and the management actions being taken to mitigate these;
 - Note the 2021/22 to 2024/25 Medium Term Financial Strategy (MTFS) and approach being taken to identify cuts proposals to meet the estimated budget gap of at least £40m; and
 - Note the timetable for bringing forward cuts proposals and building the 2021/22 budget to Full Council in February 2021.

3. POLICY CONTEXT

- 3.1. The Council's 2018 to 2022 Corporate Strategy identifies seven corporate priorities and four core values which are the driving force behind what we do as an organisation. It sets out a vision for Lewisham and the priority outcomes that organisations, communities and individuals can work towards to make this vision a reality.
- 3.2. In taking action to minimise the current in-year financial pressures which have arisen, in setting out the Council's Budget Strategy, in engaging our residents, service users and employees, and in deciding on the future shape, scale and quality of services, we will be driven by the Council's four core values:
 - We put service to the public first.
 - We respect all people and all communities.
 - We invest in employees.

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- We are open, honest and fair in all we do.

3.3. These core values align with the Council's seven corporate priorities namely:

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

4. FINANCIAL STABILISATION – BUDGET UPDATE AND MEDIUM TERM FINANCIAL PLAN REPORT

4.1. The appended Financial Stabilisation – Budget Update report will be presented to scrutiny in September before coming before M&C and Council in October. The specific dates are:

9 Sept	Safer Stronger
15 Sept	Housing
	Sustainable Development
21 Sept	CYP
23 Sept	Healthier Communities
24 Sept	PAC
7 Oct	M&C agree in-year financial stabilisation report
28 Oct	Council receive report

4.2. It is this report which Scrutiny are asked to consider and to pass any comments on to Public Accounts Select Committee for referral to Mayor and Cabinet. Following the Financial Stabilisation Report the Cuts report will be developed which will contain the specific proposals to implement the future year changes and will then be presented to Members in November before coming to M&C in December. The specific dates are:

11 Nov	Healthier Communities
12 Nov	Sustainable Development
18 Nov	Housing
26 Nov	CYP
1 Dec	Safer Stronger
3 Dec	PAC
9 Dec	M&C make decision on cuts to take forward to the Budget

4.3. The cuts from above, along with the Comprehensive Spending Review / Autumn Budget from the Chancellor (Oct/Nov) and provisional Local Government Finance Settlement in December, Council Tax base report and London precept plans in

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January will then be used to build the Council's Budget report for reporting to Public Accounts, M&C and onto Council for adoption on the 24 February.

5. FINANCIAL IMPLICATIONS

- 5.1. This report and the appended report are concerned with the Council's medium term financial strategy and as such, the financial implications are contained within the body of the appended report.

6. LEGAL IMPLICATIONS

- 6.1. The purpose of the appended report is to develop a medium term approach in support of better service and financial planning and an update of in-year financial pressures. Members are reminded that the legal requirements are centred on annual budget production, and that indicative decisions made for future years are not binding.
- 6.2. The Local Government Act 2000 and subsequent regulations and guidance says that it is the responsibility of the full Council to set Lewisham's budget, including all of its components and any plan or strategy for the control of the Council's capital expenditure. Regulations provide that it is for the Executive to have overall responsibility for preparing the draft budget for submission to the full Council to consider. Once the budget has been set, it is for the Mayor & Cabinet to make decisions in accordance with the statutory policy framework and the budgetary framework set by the Council.
- 6.3. Where there are proposals for a reduction to a service which the Council is either under a statutory duty to provide, or which it is providing in the exercise of its discretionary powers and there is a legitimate expectation that it will consult, then consultation with all service users will be required before any decision to implement the proposed saving is taken. The outcome of such consultation must be reported to the Mayor. Where the proposed savings will have an impact upon staff, then the Council will have to consult the staff affected and their representatives in compliance with all employment legislative requirements and the Council's own employment policies.

7. EQUALITIES IMPLICATIONS

- 7.1. The Council has a public sector equality duty (the equality duty or the duty - The Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 7.2. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision

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and the circumstances in which it is made. This is a matter for Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and Cabinet must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

- 7.3. The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.
- 7.4. The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

8. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

- 8.1. There are no environmental implications directly arising from the report.

9. CRIME AND DISORDER IMPLICATIONS

- 9.1. There are no crime and disorder implications directly arising from the report.

10. HEALTH AND WELLBEING IMPLICATIONS

- 10.1. There are no health and wellbeing implications directly arising from the report.

11. BACKGROUND PAPERS

- 11.1. Budget Report 2020/21 – Full Council 26 February 2020
<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=138&MId=5649>
- 11.2. Financial Results 2019/20 – Mayor & Cabinet
<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=139&MId=6014>
- 11.3. Financial Forecasts Period 2 – Mayor & Cabinet 9 July 2020
<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=139&MId=6014>

12. GLOSSARY

- 12.1. See appended report for the full glossary of terms used.

13. REPORT AUTHOR AND CONTACT

- 13.1. For more information please contact David Austin, Acting Chief Finance Officer, 1st Floor Laurence House, 020 8314 9114, David.Austin@lewisham.gov.uk.
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Mayor and Cabinet

Financial stabilisation - budget update and medium term plan

Date: 16 September 2020

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Acting Chief Finance Officer

DRAFT

Outline and recommendations

The purpose of this report is twofold:

- To set out the current in-year financial position for 2020/21 and the management actions being taken to mitigate the financial pressures arising; and
- To set out the medium term financial position for the Council over the next four years and the assumptions on which it is based, as well as the likely levels of cuts which will be required.

Mayor and Cabinet are recommended to:

- Note the current in-year financial challenges of the Covid-19 impact of £60m with a funding gap of up to £20m and service overspending of £17m faced by the Council and the management actions being taken to mitigate these;
- Note the 2021/22 to 2024/25 Medium Term Financial Strategy (MTFS) and approach being taken to identify cuts proposals to meet the estimated budget gap of at least £40m; and
- Note the timetable for bringing forward cuts proposals and building the 2021/22 budget to Full Council in February 2021.

Timeline of engagement and decision-making

26 February 2020 – Budget report to Council

10 June 2020 – Council's response to Covid-19 – financial update report to Mayor & Cabinet (M&C)

9 July 2020 – First 2020/21 financial monitoring report to M&C

1. EXECUTIVE SUMMARY

- 1.1. The Council is required to annually set a balanced budget and prepare a sustainable medium term financial plan. However, the current unprecedented levels of

economic and fiscal uncertainty means that this is even more challenging than previous years. This on top of a decade of austerity which the Council successfully navigated.

- 1.2. The onset of the Covid-19 pandemic will drive the country into recession and according to a report by the Organisation for Economic Cooperation and Development (OECD), Britain's economy is likely to suffer the worst damage from the COVID-19 crisis of any country in the developed world, with a slump in the UK's national income of 11.5% during 2020 forecast.
- 1.3. However, whilst the possible scale of the economic downturn can be estimated, there is little clarity on what this will mean for local government funding. In the immediate term the current level of Covid-19 funding from government is insufficient to cover the costs and lost income experienced by local government, and it is unclear whether more funding will be made available to meet these costs.
- 1.4. It remains the Government's intention to implement new funding baselines for all local authorities. The new baselines being based on its review of local needs and resources (the Fair Funding Review) and a review of business rates. The last time the 'needs based assessment' was updated was for the 2013/14 settlement. However, due to the pandemic, the Government has announced that these changes will be further delayed.
- 1.5. In consequence, the Council is setting its medium term financial plan in the midst of a global pandemic and without any clarity or certainty on the funding which it can expect to receive from government in future years.
- 1.6. Further announcements with regards to Covid-19 funding, an autumn Budget by the Chancellor, clarity on the outcomes of the comprehensive spending review and a provisional local government finance settlement will all be key announcements expected later in the year which will hopefully reduce the levels of economic and financial uncertainty facing the Council.
- 1.7. Alongside unprecedented levels of economic and fiscal uncertainty the Council is also facing extraordinary in-year financial pressures due mainly to the need to ensure that throughout the Covid-19 pandemic the Council continues to protect its residents and maintain front line critical services. This has resulted in an estimated Covid-19 impact of £60m with a funding gap of up to £20m and service overspending of £17m.
- 1.8. The current levels of government funding are not sufficient to meet these pressures and there is uncertainty over whether any further funding will come forward. The Council continues to press government to stand behind its pledge to do 'whatever it takes' to support local government.
- 1.9. In the meantime, in accordance with the Council's budget policy framework and financial regulations in the Constitution, measures have been taken to seek to limit the financial pressures within the current financial year. These actions will reduce the in-year overspend by almost £5.5m. Unless the Council can preserve cash within the year these pressures will need to be met from reserves.
- 1.10. In light of the extreme uncertainty surrounding government funding and the extraordinary in-year pressures it is incredibly challenging to set a medium term financial plan. The assumptions which this is based on will need to be tested and reviewed in light of future funding announcements and general economic forecasts. The assumptions that officers have based the Medium Term Financial Strategy (MTFS) on are set out in this report and produce a current base case of an assumed budget gap of £55m over the four year period of 2021/22 to 2024/25, with over £40m required in the first three years.

- 1.11. While the scale of the challenge is no greater than in previous years, it follows on a decade when £190m has already been cut from budgets, there is uncertainty regarding the long term impact of Covid-19 on the community, the economy, and the Council, and there remain significant risks on the horizon from the global economy and the impact of Brexit through to the funding of public services including local government in the UK. Preparing for these further cuts against this backdrop will be a very significant and challenging task for the Council.
- 1.12. For the future budget gap, officers have started work on identifying possible cuts proposals to meet the 2021/22 budget gap forecast in this MTFs of £24m. Sessions of the Senior Leadership Team (SLT) have taken place in the period June to July to work collaboratively and identify cross-cutting proposal that can be implemented in future years. A number of themes have come from these which are being developed.
- 1.13. These themes have been reviewed by the Executive Management Team (EMT) who are scrutinising the budget to capture possible reductions to in-year spending and will lead SLT in the work to develop draft officer proposals for cuts to be put to Members for scrutiny and decision in the autumn. All services are part of this process.
- 1.14. The timetable to deliver the Budget for 2021/22 is as set out below.

Month	Key Stage
September / October 2020	Medium term financial planning and monitoring. Chancellor's Autumn Budget
November / December 2020	Draft Officer cuts proposals presented for scrutiny and decision Provisional Local Government Finance Settlement
January 2021	Council Tax Base agreed by Council Draft Council Budget for 2021/22 prepared
February 2021	Greater London Authority sets their Precept for 2021/22 Council approves Budget & Council Tax for 2021/22

2. RECOMMENDATIONS

- 2.1. Mayor and Cabinet are recommended to:
- 2.2. Note the current in-year financial challenges of the Covid-19 impact of £60m with a funding gap of up to £20m and service overspending of £17m faced by the Council and the management actions being taken to mitigate these;
- 2.3. Note the 2021/22 to 2024/25 Medium Term Financial Strategy and approach being taken to identify cuts proposals to meet the estimated budget gap of at least £40m; and

- 2.4. Note the timetable for bringing forward cuts proposals and building the 2021/22 budget to Full Council in February 2021.

3. POLICY CONTEXT

3.1. The Council's 2018 to 2022 Corporate Strategy identifies seven corporate priorities and four core values which are the driving force behind what we do as an organisation. It sets out a vision for Lewisham and the priority outcomes that organisations, communities and individuals can work towards to make this vision a reality.

3.2. In taking action to minimise the current in-year financial pressures which have arisen, in setting out the Council's Budget Strategy, in engaging our residents, service users and employees, and in deciding on the future shape, scale and quality of services, we will be driven by the Council's four core values:

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

3.3. These core values align with the Council's seven corporate priorities namely:

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 & 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.

4. STRUCTURE OF THE REPORT

4.1. The Report is structured as follows:

1. Executive Summary
2. Recommendations
3. Policy Context
4. Structure of the report

Strategic Review

5. Introduction
6. Economic Context
7. Budget Update
8. In-year Financial Pressures Update

Medium Term Financial Strategy

9. Introduction
10. Resource Envelope
11. Revenue Expenditure Assumptions
12. General Fund Budget Gap
13. Addressing the Budget Gap

Summary and Implications

14. Timetable
15. Conclusion
16. Financial Implications
17. Legal Implications
18. Equalities Implications
19. Climate Change and Environmental Implications
20. Crime & Disorder Implications
21. Health and Wellbeing Implications
22. Background Papers
23. Glossary
24. Report Author

STRATEGIC REVIEW

5. INTRODUCTION

- 5.1. The Medium Term Financial Strategy (MTFS) represents the start of the Council's

formal budget process, which concludes with the setting of the overall Budget each year. The Budget Report for 2021/22 will be presented to Mayor and Cabinet and full Council in February 2021.

- 5.2. This report sets out the scope of the Council's financial planning which includes: the General Fund; Housing Revenue Account; the Dedicated Schools Grant, other funding streams, and the Capital Programme.
- 5.3. This report also crucially sets out the impact of the extraordinary measures being undertaken by the Council to address the challenges of the Covid-19 pandemic and overspending in some service areas following a decade of austerity, and the resultant cost pressures arising in-year. It sets out the level of these pressures, the extent of government support towards this, and the actions taken by the Council to seek to mitigate the in-year pressures to ensure that, consistent with the Council's budget policy framework and financial regulations in the Constitution, wherever possible the impact of this is limited to the current financial year.
- 5.4. The key objectives of the 2021/22 to 2024/25 Strategy are to:
 - plan the Council's finances over a four year period to take account of local improvement priorities and national priorities;
 - ensure that the Council's corporate priorities continue to drive its financial strategy and resource allocation;
 - assist the alignment of business and financial planning processes;
 - ensure that the plan takes account of: stakeholder and partner consultation; external drivers; capital investment; budget risk assessments; and expected developments in services;
 - ensure that the MTFs is linked to other internal strategies and plans; and
 - ensure that the final agreed budget reflects all these considerations.
- 5.5. Over the last ten years, the Council has undertaken a major budget reduction programme to manage the difficult financial challenge it has been faced with, implementing £190m of budget cuts in that time.
- 5.6. The financial outlook for the Council and the public sector as a whole remains extremely challenging, severely exacerbated by the Covid-19 pandemic. In the continuing absence of a future spending review or local government finance settlement from government and knowing that the economy is in recession, which will impact disproportionately on areas with higher inequality, it is expected that the Council's finances will remain under continued severe financial strain in the coming years. Faced with higher costs, more demands, and lower anticipated income the Council needs to prepare to make further cuts to services in order to be able to set a balanced budget for 2021/22 in line with its statutory obligation to do so.
- 5.7. The announcement of the new local government funding arrangements were deferred again in the 2020 Budget and the assumption is the current principles of the 2016-2020 approach to local government will continue, at least for one more year. The funding changes were expected to include the main local government grant, the Revenue Support Grant (RSG), being phased out, changes to the business rates regime and associated fair funding assumptions, additional responsibilities transferred to local authorities, the rolling-in of some specific grants, changes to school funding (formula and paid direct to schools), the continuing impact of the move to Universal Credit, and further health and social care integration. All of these therefore remain unresolved and uncertain at the current time.

- 5.8. In 2019/20, the government changed the business rates pooling from a 100% retention to a 75% retention pilot pool, the inflation assumptions to Consumer Price Index (CPI) from Retail Price Index (RPI), and withdrew the no detriment guarantee. London continued the pool for 2020/21 for a further year but with the impact of Covid-19 the Council should expect to receive less benefit from the pool in 2020/21.
- 5.9. The focus of the MTFs is the Council's General Fund budget. Whilst it is very important, particularly at a time of prolonged financial constraint, to identify ways in which all services can be delivered more effectively across traditional organisational and financial boundaries, the nature of the current continuing financial austerity regime is such that most of the budget reductions have to come from Council's General Fund services. Having a sound General Fund MTFs and a strategy for responding to the challenges it presents is an essential pre-requisite to ensuring effective responses from all of the services the Council directs and influences.

6. THE ECONOMIC CONTEXT

National

- 6.1. In his spring 2020 budget, the Chancellor of the Exchequer made a number of announcements in relation to the economic condition, forecasts and the government's policies. For example; the Chancellor gave strong signals that he will loosen the purse strings while retaining the existing fiscal rules, which require him to set a balanced revenue (current) budget whilst giving scope to significantly increase capital investment (up to 3% of GDP).
- 6.2. The increases in revenue spending proposed in the Budget will add a further 0.9% of GDP to the budget deficit on average over the next 5 years, and add £125bn to the public sector net debt by 2024-25. Capital investment will increase by a further £175bn over the next 5 years, taking public sector net investment up to 3% of GDP, the maximum allowed under the government's fiscal rules. Low interest rates have given the government scope to increase its borrowing for investment.
- 6.3. Further spring budget announcements included:
- £2.5 billion to be spent on fixing potholes;
 - Increasing the National Insurance Contribution thresholds from £8,632 to £9,500, saving a typical employee around £104 a year from April;
 - £300m additional funding to improve air quality;
 - £400 million to tackle rough sleeping;
 - Funding to build 200,000 new affordable homes with a 12.2 billion investment.
- 6.4. However, Covid-19 then happened and the Chancellor issued a summer statement released in July which was accompanied by the Office of Budget Responsibility (OBR) releasing an updated fiscal responsibility report. This presented an updated account of the enormous changes that have taken place since then, and the severe global economic impact of the Covid-19 pandemic. Some of the key announcements from these were as follows.
- The Office for National Statistics (ONS) estimates that Gross Domestic Product (GDP) in April was around 25% below the level recorded in February with a likely in-year borrowing requirement of now over £300bn.

- Economies across the world are experiencing the economic effects of COVID-19. The International Monetary Fund (IMF) estimates that the global economy will contract by 4.9% in 2020, having previously expected growth of 3.3% in its January forecast.
 - World Bank analysis suggests this will be the deepest global recession since the Second World War and the broadest collapse in per capita incomes since at least 1870.
 - The OBR is forecasting that unemployment will peak in Q1 2021 and then persist into the following year, albeit at lower and reducing rates. For local government, the implication of increased, and sustained unemployment, is that it will lead to much higher levels of claims for Council Tax Support (CTS).
 - The Consumer Price Index (CPI) is now reducing in the near term, partly because of a reduction in energy and utility bills. It has fallen from 1.8% in 2019 down to 0.8% in 2020 and only returns to 2% in 2023.
 - In March 2020, the OBR was forecasting that the budget deficit would be 2.2% of GDP by 2024-25. In July both the “central” and “downside” scenarios, the budget deficit is forecast to still be as high as 4.6% or 6.8% respectively in 2024-25. A deficit of 2% or under is sustainable – but the higher levels forecast by the OBR are not.
- 6.5. All of the above Office of Budget Responsibility (OBR) forecasts were made against the backdrop of the initial economic shock of the Covid-19 pandemic, but with continued uncertainty as to what the duration of the pandemic and any further spike in infection rates and consequent restrictions imposed both in the UK and globally, it is incredibly difficult to forecast the full impact and extent of the recession, and therefore local government finance.
- 6.6. Critically, the UK's debt is now worth more than its economy after the government borrowed a record amount in May. The £55.2bn figure was nine times higher than in May last year and the highest since records began in 1993 and it sent total government debt surging to £1.95trn. Income from tax, National Insurance and VAT all dived in May amid the coronavirus lockdown as spending on support measures soared. Since then the level of government borrowing has risen above £2trn, albeit on lower interest rates and with inflationary pressures stalled.
- 6.7. Britain's economy is likely to suffer the worst damage from the COVID-19 crisis of any country in the developed world, according to a report by the Organisation for Economic Cooperation and Development (OECD). It stated that a slump in the UK's national income of 11.5% during 2020 will outstrip the falls in France, Italy, Spain, Germany and the US.
- 6.8. Also according to the OECD, Britain, which is forecast to post an increase in unemployment to around 9%, could make its situation more difficult if it failed to secure a lasting agreement with the EU on trade and access to the single market;. “The failure to conclude a trade deal with the European Union by the end of 2020 or put in place alternative arrangements would have a strongly negative effect on trade and jobs”.

Local Government

Local Government funding reform

- 6.9. It remains the Government's intention to implement new funding baselines for all local authorities. The new baselines being based on its review of local needs and

resources (the Fair Funding Review), the introduction of 75% business rates retention and resetting business rate baselines. The last time the 'needs based assessment' was updated was for the 2013-14 settlement.

- 6.10. However, due to the pandemic, the Government has announced that:
- the review of relative needs and resource and the introduction of 75% business rates retention would no longer be implemented in April 2021 as planned;
 - the revaluation of business rates, due to take place in April 2021, will no longer take place;
 - the review of business rates will continue and it is assumed this will report back in autumn 2020.

Spending Review

- 6.11. The main strategic funding decisions of central government as they relate to local government are normally made at each Spending Review; although these have been supplemented at subsequent annual Local Government Finance Settlements.
- 6.12. The 2019 Spending Review was reduced in scope due to uncertainty over Brexit and covered one-year only (2020-21). It is still unclear whether there will be a multi-year CSR in 2020 or indeed an Autumn budget. The absence of any detail about all of the major funding streams creates huge financial uncertainty for the Council. Early visibility of local government funding would help local government plan and make effective decisions.
- 6.13. Alongside local authority spending power cuts of over 25% in real terms since 2010-11, local authorities are facing more demands (Lewisham's population has grown by 30,000 or 10% in the past decade) and cost pressures with no reduction in their statutory obligations to provide services. Local spending is becoming more narrowly focused on social care even with some council tax increases that are restricted to use only for adult social care. At the same time, while seeking to be more commercial income can be uncertain from other revenue sources, such as business rates growth, the New Homes Bonus, and fees and charges (e.g. parking and commercial waste). This income volatility is a significant element of the impact of Covid-19 for the Council with economy effectively paused for four months and no clear timeline for recovery and future growth at this time.
- 6.14. Pending the 2020 financial settlement for local authorities, likely to be as late as December, certainty about future funding disappears. This is compounded by not knowing whether local authorities will receive a number of the one year only grants for 2020/21 again, including those for any continuing impacts of Covid-19, nor whether there will be flexibility to raise council tax by more than 1.99% without triggering a referendum, recognising this is a regressive tax.

7. BUDGET UPDATE

2019/20 Financial Accounts

- 7.1. The Council's draft final accounts for 2019/20 have been prepared and have been submitted to the Council's external auditor, Grant Thornton. The draft accounts will be reviewed by the Audit Panel on 30 September 2020. The Council's final 2019/20 Directorate revenue outturn position was a Directorate overspend of approximately £6m.

- 7.2. The Housing Revenue Account (HRA) spent to budget after transfers to reserves as at 31 March 2020. It continues to hold significant reserves on an annual basis, mainly to ensure that there are sufficient resources available to fund the current 30 year business plan. This aims to continue to invest in decent homes and to significantly increase the supply of housing in the borough over the medium to long term. After transfers to and from reserves the HRA balance at the end of the year, including earmarked reserves, now stands at £107.8m (£113.6m as at 31 March 2019).
- 7.3. The final budget distribution of the Dedicated Schools Grant (DSG) for 2019/20 was £258.8m (net of academy recoupment). The cumulative revenue balances for schools at year-end, including external funds, amounted to £23.5m. However, it should be noted that there were 11 schools with licensed deficit budgets at the year end, totalling £3.8m. There are also eight schools with local authority loans with a total balance of £2.2m, four of which have licensed deficit budgets. Overall the net position for schools has reduced from £21.6m to £19.3m. All schools with deficits have a budget recovery plan and work will continue this year to ensure that plans are delivered and the future position is sustainable.
- 7.4. The Capital Programme spend as at 31 March 2020 was £121.2m. This represents 72% of the revised budget of £169.1m.

2020/21 Budget

- 7.5. The 2020/21 budget was approved by Council on the 26 February 2020. The overall budget position for the Council is a net General Fund Budget Requirement of £248.7m. This included £19m of ongoing budget growth funded to reset service baselines in-line with anticipated spend. It was expected that this would enable services to better live within their budgets and reduce the level of in-year overspending noted in recent years. This remains work in progress.

2020/21 General Fund Revenue Budget Monitoring

- 7.6. Officers continue to undertake regular revenue budget monitoring in 2020/21. The first revenue budget monitoring was presented to Mayor & Cabinet on the 9 July 2020. The impact of Covid-19 pandemic has meant that there is increased monitoring of costs and pressures, as well as monthly returns to Ministry of Housing Communities and Local Government (MHCLG). Section 8 specifically discusses the impact of Covid-19 on the Council's finances, whilst this section considers the wider financial position for 2020/21.

Council-wide Financial Position

- 7.7. The forecasts against the directorates' general fund revenue budgets are shown in Table 1. In summary, a forecast year-end gross overspend of £49.8m is being reported as at the end of June 2020, where £32.6m is considered Covid-19 related and the balance of £17.2m are classified as service directorate pressures. In addition to the directorate Covid-19 pressures of £32.6m, there is approximately £20m of collection fund losses also being reported to government. The pressures are alleviated in part by additional government funding which is being received to provide some financial support to councils to undertake additional activities in recognition of the unplanned costs which have been incurred in responding to Covid-19. The

amount received by Lewisham to date, or due for imminent arrival for such purposes, totals £25.7m. Once applied to the gross spend projections, this has the effect of reducing the overall pressure down to £24.1m. It should be noted that this still leaves unfunded Covid-19 related pressures of £6.9 for these services, as well as loss of collection fund income which will have to be written back over the next three years. This is set out in the following tables.

- 7.8. As the government continues to consider the easing of lockdown restrictions in the United Kingdom, the full impact and economic fallout of the coronavirus pandemic remains unclear. Therefore, officers are only able to estimate the likely impact on the Council's financial position in 2020/21. The current modelling that the council has undertaken reflects a spectrum of potential financial impacts due to this uncertainty.

Table 1 – Overall Directorate Position for 2020/21

Directorate	Gross budgeted spend 2020/21	Gross budgeted income 2020/21	Net budget 2020/21	Forecast Outturn 2020/21 As at end of June 2020	Forecast Variance Over/ (Under) Spend June 2020	Covid-19 Related Variance June 2020	Non Covid-19 Service Variance June 2020
	1	2	3 (1+2)	4	5 (4-3)	6	7 (5-6)
	£m	£m	£m	£m	£m	£m	£m
Children & Young People - CYP (1)	159.7	(102.2)	57.5	79.9	22.4	10.1	12.3
Community Services – COM	179.1	(90.5)	88.6	98.9	10.3	9.5	0.8
Housing, Regeneration and Environment – HPRP (2)	126.2	(90.3)	35.9	47.2	11.3	7.8	3.5
Chief Executive and Corporate Resources – CE/CR	64.3	(26.9)	37.4	43.2	5.8	5.2	0.6
Directorate Totals	529.3	(309.9)	219.4	269.2	49.8	32.6	17.2

(1) – gross figures exclude £180m Dedicated Schools' Grant expenditure and matching grant income

(2) – gross figures exclude approximately £213m of matching income and expenditure for housing benefits.

- 7.9. The level of support received from government to date has not been sufficient and additional funding is urgently needed. It will be essential that government recognises that local authorities like Lewisham will be at the heart of the pandemic recovery and appropriate financial support is vital to all of those across the borough who rely on Council services at this time.
- 7.10. In the meantime the Council is required to ensure that it manages within the statutory framework of a balanced budget. This will mean drawing on reserves for any overspending in-year, whether from the impact of Covid or other service pressures. The Council's reserves are limited and can only be spent once. Action is therefore required now to reduce the call on reserves and secure the Council on a sustainable financial footing. This is consistent with and reflected in the Council's Constitution in respect of good financial governance. The financial regulations (section K) of the Constitution, in particular section 3.3, set out that Executive Directors and Budget holders are expected to lead on this.
- 7.11. Given the scale of the in-year pressures, action is being taken now with a range of measures identified. The Executive Management Team (EMT) working with Directors as the Senior Leadership Team (SLT) are taking action to ensure that the overspend is reduced to mitigate the likely need to draw down from reserves in 2020/21.
- 7.12. While the Council continues to operate with the priority on the response to Covid and maintaining critical services, some recovery and return of other services to be fully operational is enabling actions to be taken by services to address in-year budget pressures. These actions include but are not limited to:
- holding vacancies where possible and stronger controls on agency recruitment;
 - ensuring costs are fully recharged and income collected;
 - reviewing contractual commitments and pricing for the remainder of the year; and
 - recognising where activity will be less than expected this year so costs are lower.
- 7.13. The table below shows the anticipated impact of these in-year spend reduction measures by directorate. Once delivered these are expected to reduce the non-Covid service variance of £17.2m noted above to £11.8m with management action continuing to reduce this further where possible. These actions and their impact on spending will continue to be reported as part of the quarterly financial monitoring to Mayor & Cabinet (M&C).

Table 2 – Overall Directorate in-year spend reduction for 2020/21

Directorate	Net budget £m	In-year reduction £m
CYP	57.5	1.7
COM	88.6	2.3
HRPR	35.9	1.0
CE / CR	37.4	0.4
TOTAL	219.4	5.4

- 7.14. These items are once off in nature and are not considered to be permanent budget reductions, but simply cost saving measures instigated during the year to manage down the overspend. Sections twelve and thirteen set out the likely general fund budget gap over the medium term, and the process to be undertaken to identify savings to ensure that the Council can set a financially sustainable medium term financial plan.

Housing Revenue Account Monitoring

- 7.15. The Housing Revenue Account (HRA) is a statutory account which sets the Landlord costs and income for the housing stock. The forecast position for the Housing Revenue Account is to spend to budget for 2020/21.
- 7.16. The HRA now operates with a 30 year business plan which allows the housing strategy to be updated and implements long term planning on resources and asset maintenance. The plan contains a long-term assessment of the need for investment in assets, such as Decent Homes and other cyclical maintenance requirements, as well as forecasts on income streams such as rents, in line with rent restructuring, and future developments.
- 7.17. The plan also recognises certain risks. For example; the impact of government policy changes in respect of types of tenancy, rent levels, right to buy, and treatment of voids. Recently the main challenge for the HRA has been to bring forward development of new homes given the pressure on available social housing stock. There may now also be costs for the refurbishment of buildings depending on the lessons learnt from the Grenfell tower fire in June 2017.

Dedicated Schools Grant

- 7.18. The Dedicated Schools Grant (DSG) is currently projected to overspend by £2.6m at the end of the financial year. There are five schools with loans totalling £1.4m.
- 7.19. The Dedicated Schools Grant (DSG) set by the Department for Education (DfE) for 2020/21 is now confirmed at £264.251m. This figure is after the DfE recoupment for Academy Schools and the adjustment for the inter-borough use of high needs places, although this could change during the year to reflect updated pupil numbers (and the finalisation of the Early Years Block).

Redundancy and cost pressures

- 7.20. Under the current Lewisham Schools Scheme of Delegation redundancy costs are met by the school. These costs arise from schools implementing management action to reduce staffing in order to balance their budgets.
- 7.21. Across London, authorities are reporting pressure on their DSG high needs block spending which, if not managed, adds to DSG pressures or, worse, becomes a further pressure for the General Fund for services that it is not intended to meet.

Deficit Recovery Plans

- 7.22. Historically like most Local Authorities Lewisham operated a system to provide schools with a loan to cover budget deficits. Regulations supporting this process have now changed. This means that in addition to potential redundancy costs, the Local Authority could incur liabilities arising from School Deficits.

Capital Programme

- 7.23. The Capital Programme spend as at 31 May 2020 is £4.4m, which is 2% of the 2020/21 of the proposed revised capital budget of £210.9m. At this point last year, 16% of the revised budget had been spent, with the final outturn being 72% (£121.2m) of the revised budget of £169.1m. This reflects the delays arising on schemes paused due to Covid-19.
- 7.24. The estimated resources available and the budgeted expenditure within the 2020/21 to 2022/23 Committed Capital Programme are set out in Table 3 below:

Table 3: Capital Programme Resources and Forecast Expenditure 2020/21 to 2022/23

	2020/21 £m	2021/22 £m	2022/23 £m	Total £m
SCHEMES				
General Fund	58.1	27.6	8.6	94.3
HRA	136.3	196.1	132.8	465.2
	194.4	223.7	141.4	559.5
RESOURCES				
Prudential Borrowing	108.5	139.6	79.9	328
Grants & Contributions	36.4	42.5	29	107.9
General (capital receipt, reserves, revenue)	49.5	41.6	23.5	123.6
	194.4	223.7	141.4	559.5

- 7.25. The 2020/21 to 2022/23 Capital Programme totals £559.5m and brings together all capital projects across the Council. It sets out the key priorities for the Council over the next three years and is the subject of regular review.
- 7.26. The financial uncertainty prevailing for revenue spend as discussed above extends to cover capital spending. This places increased reliance on the Council's capacity to identify programmes that can be funded through grant or can be afforded through long term borrowing. For this reason, any new projects or programmes will need to clearly demonstrate a sound business case for investment.

8. IN-YEAR FINANCIAL PRESSURES UPDATE – COVID-19

- 8.1. The financial position demonstrates the impact of the very severe financial constraints which have been imposed on Council services with the cuts made year on year, despite the increasing demand to deliver services to the borough's residents, compounded by the Covid-19 pandemic and the Council's response to ensure that critical services continue to be delivered to its residents and those most vulnerable within society.

- 8.2. All local authorities are under significant financial strain following the outbreak of the coronavirus with business rates, council tax and income levels from fees and charges all falling significantly. Without extra funding from government then it may not be possible for local authorities to balance their budgets whilst providing a full emergency response and adequately maintaining essential services. The latest Institute for Fiscal Studies (IFS) report for the Local Government Association (LGA) identifies the current government funding for local authorities to respond to the impact of Covid-19 leaves a gap of £2bn which is not covered from available reserves.
- 8.3. Maintaining Council income was always important to ensure these critical services can continue, but the cost of coronavirus in Lewisham is estimated to be £59.8m this year and rising and the response continues and in anticipation of the risk of a serious second wave over the winter.
- 8.4. The Council has taken measures to support both businesses and residents who are facing financial hardship as a result of the Covid-19 pandemic. The table below provides an overall summary of the additional resources which have been received by the Council to date to help with this support.

Table 4: Government Funding for Covid-19

Funding Description	Lewisham's Allocation £m
Section 31 – Infection Control Grant	1.624
Section 31 – Test, Track and Contain Grant	2.267
Section 31 – Food and Essential Supplies	0.401
Covid-19 LA Support Grant (Tranches 1 and 2)	17.961
Covid-19 LA Support Grant – (Tranche 3)	3.194
Reopening High Street Safely Fund	0.272
Reclaim for costs from the Health Sector	TBC
Claim for lost income to be offset by government grant	TBC
Sub-Total – for service costs	25.719
<i>COVID-19 Hardship Fund</i>	3.241
<i>Nursery Discount – Local Share</i>	0.905
<i>Expanded Retail Discount – Local Share</i>	29.511
<i>Business Support Grant (Small business grant fund and Retail, Leisure and Hospitality Fund)</i>	47.000
<i>Discretionary business grants (up to 5% of business support grant)</i>	TBC
Sub-Total – for businesses and citizens	80.657
Grand Total	105.975

8.5. In March, the government announced a hardship grant would be provided to local authorities in response to Covid-19 to provide council tax relief to vulnerable people and households. Lewisham received £3.2m of hardship funding and has made these funds available to individual Council Tax payers through two routes:

- Grants aligned to the Council Tax Reduction Scheme
- Emergency support for residents.

8.6. The first is an additional grant of £150 per working age claimant of the Council's Council Tax Reduction Scheme (CTRS). On 8 June, 16,300 households' accounts were credited with £150. Any remaining balance of this funding is being used to support additional hardship claims for those in crisis via the local support scheme, where no other assistance is available. As at 29 July 2020, 197 applications have been received, of which 117 payments have been distributed and 78 applications have been unsuccessful.

Businesses

8.7. Central government has turned to local authorities to deliver a number of new schemes aimed at supported local businesses who have been impacted by Covid-19.

8.8. For businesses, support measures include extended business rates relief for 2020/21, grants to small businesses and those in the retail, hospitality, and leisure sectors, and a grant to support Small and Medium Enterprises (SMEs) – those with less than 50 employees – not covered by the initial grant arrangements.

8.9. The Council has received £47m to distribute in grants of £10k or £25k to small business within certain rateable values and/or in the retail, hospitality, and leisure sectors. At 29 July 2020, the Council had assessed all those who have applied and disbursed 3,032 grants of the 3,375 businesses eligible and over £38.4m. There are no cases pending assessment. Work continues to actively reach out to those remaining businesses who may be eligible, but have yet to apply and a discretionary award scheme has been in operation during the June and July.

Council Services

8.10. The Council received £18m from its share of the £3.2bn of government emergency Covid-19 funding. A further (third tranche) of funding was announced on 17 July 2020. Lewisham's share of this £500m of newly announced resources is £3.2m. The Council has also received £1.6m and £2.2m by way of grants for 'infection control' and 'test, track and contain', respectively. Furthermore, an allocation of £300k was received as Lewisham's share of the 're-opening the high street safely' fund, and £0.4m for essential food and supplies, to effectively support the shielding programme. This brings the overall total of known funding for these council services to £25.7m.

8.11. The government has also indicated that local authorities will be given more time (i.e. three rather than one year) to either collect or absorb the impact of some tax pressures (business rates and council tax) arising in 20/21 through the Collection Fund. That some compensation will be available for the loss of certain income up to

75% after allowing for a 5% loss but the specifics have yet to be confirmed. And, that it continues to review the pressures on services, not least as the country faces the winter season and possible second wave(s) of the pandemic.

9. MEDIUM TERM FINANCIAL STRATEGY (MTFS)

INTRODUCTION

- 9.1. The MTFS takes a forward view of the likely financial position of the Council over the next four years. This strategy does not seek to duplicate or replace any of the Council's other policies and strategies.
- 9.2. The financial strategy has produced a model with financial forecasts that aim to deliver the Council's priorities and identifies the constraints of the significant financial challenges it faces.
- 9.3. The MTFS projects:
 - a. the resource envelope the Council's General Fund must operate within in future years;
 - b. service and other spending pressures and the main factors that may affect these; and
 - c. the General Fund Funding gap which is the difference between the resource envelope and the spending projections.
- 9.4. As the level of uncertainty regarding funding is currently very high for the years 2021/22 to 2024/25, the strategy has again modelled three indicative scenarios, the optimistic case, the **main** case, and the pessimistic case. The main case is assumed to be the most likely expected to happen. These scenarios are formulated on a number of local and national assumptions made based on the information available. These are discussed below for the main case and summarised in Appendix 1.

10. RESOURCE ENVELOPE

- 10.1. The resource envelope set out in this section of the report consists of the following elements:
 - The 'Settlement Funding Assessment' (SFA) which is the total of retained business rate income and business rate top-up.
 - Council Tax income.

Settlement Funding Assessment (SFA)

- 10.2. Local authorities receive funding from the government via the Settlement Funding Assessment (SFA). This previously consisted of a share of local Business Rates and a Revenue Support Grant (RSG).
- 10.3. This financial year, Lewisham continues to be part of the London Business Rates

pool, trialling the 75% Business Rates retention for a further year. The 2020/21 SFA is entirely paid from Business Rates, the RSG having been 'rolled in'.

- 10.4. The government offered any Council that wished to take it up a four-year funding settlement to 2019-20 which provided funding certainty and stability.
- 10.5. The government is now carrying out a Fair Funding Review which was intended to be for 2020 onwards, which is basically a review of the way the government distributes financial resources to local authorities. A number of consultations have taken place but there is limited information on the outcome of the review, which means local authorities currently have no indication as to what their 2020/21 funding levels will be. The 2019 Spending Review was reduced in scope due to uncertainty over Brexit and covered one-year only (2020-21). It is still unclear whether there will be a Spending Review in 2020 and, if there is, what period it will cover. The absence of any detail about all of the major funding streams creates huge financial uncertainty. Early visibility of local government funding would help local government plan and make effective decisions.
- 10.6. This makes forecasting future budget requirements wholly dependent on presumptions without any framework or guidance on what the new local authority funding regime and amounts may be. As a result, rather than try and predict a new model, this MTFS extends the assumptions of the previous (2016 to 2020) four year funding approach, which was extended a further year to 2021. The table below shows the forecast SFA over the next four years.

Table 5: Make-up of Lewisham's 2020/21 and Estimated Settlement Funding Assessment, 2020/21 to 2021/22 to 2024/25

Settlement Assessment	Funding	2020/21 Actual	2021/22 Forecast	2022/23 Forecast	2023/24 Forecast	2024/25 Forecast
		£m	£m	£m	£m	£m
Retained Business Rates		28.00				
Business Rate Top-up		95.15				
Baseline Funding Level (BFL)			118.39	115.68	109.20	104.72
Total SFA		123.15	118.39	115.68	109.20	104.72

Business rates income

- 10.7. In 2018/19, the government devolved 100% of Business Rates to local authorities via the pilot pool. In 2019/20, the level of devolved Business Rates was changed to 75%. In London, this will be shared between Local Authorities and the GLA. This means LAs will retain 48% of Business Rates and the GLA 27%. The RSG has been

'rolled-in' at this stage thereby phasing it out.

- 10.8. Changes to Business Rates retention were intended to be fiscally neutral by allowing the main local government grant (e.g. Revenue Support Grant) to be phased out and additional responsibilities devolved to local authorities or regions, matching the additional funding from business rates.
- 10.9. The government has confirmed that 75% Business Rates Retention arrangements will not now be implemented from April 2021 as intended. The forecast assumes the reforms and the business rates reset will be implemented from 2022-23. This has not been confirmed. For this reason, any assumptions beyond 2020 at this stage are officer assumptions, pending confirmation from government on funding allocations.

The Fair Funding Review

- 10.10. Central government funding for local authorities is based on an assessment of relative needs and resources. The overarching methodology that determines how much funding each authority receives annually was introduced over ten years ago and has not been updated since funding baselines were set at the start of the 50 per cent business rates retention scheme in 2013/14.
- 10.11. The government is therefore undertaking the Fair Funding Review to update the needs formula and set new funding baselines, intended to be for the start of the new 75% business rates retention scheme, from April 2020, which is now assumed to be the start of 2022/23.
- 10.12. The government is proposing to simplify the funding formula based on a small number of key cost drivers such as population, deprivation, rurality/density, and area costs. The government has so far undertaken two consultation exercises. The consultation identified key areas that require a more detailed assessment of needs such as adult social care, children's services, highways and public transport, waste collection and disposal. Last year, due to the impact of the Brexit negotiations on most of the government's major business decisions, this was deferred and the government issued instead a one year funding settlement and move the Fair Funding Review start to April 2021. It is still unclear whether there will be a Spending Review in 2020 and, if there is, what period it will cover.

Council Tax income

- 10.13. In considering savings proposals and the level of Council Tax, Members make political judgements balancing these with their specific legal responsibilities to set a balanced budget and their general responsibilities to stewardship of the Council's finances over the medium term.
- 10.14. For 2020/21, the government extended the 2.99% referendum trigger for another year. The Social Care Precept is in addition to this. The Social Care precept introduced by the government from 2016/17 to 2019/20 ended last year. The long awaited government proposals for the sustainable long-term funding of adult social care services has still not been published and it is unclear whether the governments

solution to the longer term funding of social care will include additional ASC precepts.

- 10.15. As these measures ended in 2019/20, the assumptions for increase in Council Tax in future years are focused on the local decisions to be made by the Council, limiting any increase to 1.99% (the referendum threshold).
- 10.16. Council Tax income is also affected by growth in the number of properties in the borough, the rate of Council Tax collection, as well as decisions about the level of Council Tax.
- 10.17. In 2020/21, Council Tax was raised by 4.99% in total, i.e. a 2.99% core increase and the 2% social care precept increase as set out above. This generated additional funding of £4.6m.
- 10.18. For 2020/21, the MTFs main case assumes a 1.99% increase in core Council Tax and 1.99% in each year thereafter. This reflects the assumption that the Council will apply the maximum increase allowed without a referendum in 2021/22 and beyond. In addition, the MTFs assumes a 0.75% average increase in the Council Tax base for the four year budget period, based on Planning Service's housing trajectory. In total over the period this will add approximately £14m to the Council Tax income base over the four year period to 2024/25.
- 10.19. Forecast Council Tax income from 2021/22 to 2024/25 is set out in Table 6 using the assumptions in Appendix 1. The amounts collected here are after allowing for the cost of the Council Tax Reduction Scheme and any uncollected debts.

Table 6: Council Tax Income Future Year Projections

	2021/22 projection	2022/23 projection	2023/24 projection	2024/25 projection
	£m	£m	£m	£m
Optimistic	119.54	123.80	128.84	133.38
Main	118.29	122.52	127.53	132.02
Pessimistic	115.80	119.97	124.28	129.37

11. REVENUE EXPENDITURE ASSUMPTIONS

- 11.1. In addition to the reduction in the level of resources available over the next four years, the Council faces a number of budget pressures which will add to the overall revenue expenditure, including ongoing pressures from the Covid-19 pandemic. This section of the report considers the effect such pressures will have on the future years' revenue expenditure.

Pay

- 11.2. A pay award of 2% was agreed by the Greater London Provincial Council for 2019/20, with a better than 2% increase for lower paid staff also agreed. The current offer for 2020/21 is 2.75% but this has yet to be agreed. However, in light of the expected

recession the main model has assumed a 2% pay award for 2021/22 and assumed that pay awards will remain at 2% in future years.

General price inflation assumptions

- 11.3. General price inflation is calculated on non-pay expenditure on General Fund services (excluding internal recharges and housing benefit payments). A proportion of this expenditure is contractual with indices linked to inflation but in many cases the Council is in a position to re-negotiate increases. For the purposes of these projections, it is assumed that all prices go up generally by inflation, which in 2021/20 has been estimated at 1.5%, rising to 2% by 2024/25.

General fees and charges assumptions

- 11.4. The Council's approach in the past has been to expect fees and charges it makes to rise in line with inflation unless there is a specific decision to increase them by more or less. In some cases, this will be outside the control of the Council (for example, where charge rates are set by statute). However, for the purposes of these projections of spending, it is assumed that on average fees and charges in aggregate will increase by inflation.

Further budget pressures and risks

- 11.5. Forecasting the impact of demand changes is the most difficult aspect of the MTFs. But the MTFs needs to make allowance for the potential impact of these through the allocation of an amount for risks and pressures. The key challenges that impact on the demand for Council services are as follows:
- **Population growth** – this particularly affects people-based services such as adult and children's social care. But it also affects general demand for universal services such as leisure and cultural services and school places;
 - **Ageing population** – this affects care for the very elderly but also impacts on care for younger adults and children with disabilities who are living longer as a result of improvements in medical care. It also has a direct impact on the funding the Council needs to provide for the London-wide concessionary fares scheme;
 - **Household growth** – this impacts on General Fund property-based services such as refuse collection and waste disposal; highways, footpaths and street lighting; and more school places and additional health and care needs.
 - **Impact of government policy** – improvements in economic well-being and reduction in crime should potentially mean less demand for Council services. However, the shortage of housing, the impact of welfare changes, and policy toward people with No Recourse to Public Funds are all having a major impact on social needs within the borough. With deep and long lasting implications for the level and impact of poverty as set out in the 2019 United Nations report on the impact of austerity in the UK since 2010.
 - **Impact of reducing preventative services** – reductions in budgets for preventative services such as early years, the youth service and aspects of adult social care provision are likely to affect demand for more acute services including

children at risk, children involved in crime, adults with drug and alcohol problems, adults in residential accommodation and so on; and

- **Regulations and standards** – as the national negotiations progress to withdraw the UK from the European Union institutions, with new responsibilities for local government through anticipated funding changes, and as councils respond to recent community incidents standards and ways of working are expected to change.
- 11.6. The Council is pro-actively trying to address these demand pressures and seeks to ensure, wherever possible, that the changes it has to make to services reduce rather than increase demand
- 11.7. Other pressures, such as the cost of transition of children with disabilities into adult services or when specific grants are reduced or withdrawn, are assumed to be managed within service budgets.
- 11.8. To enable the Council to recognise these pressures and risks in a flexible way as they come to bear, the MTFs includes an annual provision of £6.5m corporately for growth from demand and other unavoidable pressures in the budget. The model assumes this will continue for future years.

Specific grant assumptions

- 11.9. The following assumptions have been made in the projections on specific grants which fund services. The general point is that within the Council's devolved budget management arrangements the funding position is noted and it is for the service to ensure that their spending is managed within the available grant. The main specific grants include:
- **Public Health** – this grant is £24.8m in 2020/21, an increase of £1m from 2019/20. Any future year changes to the public health budgets once announced will need to be the subject of further officer proposals to ensure expenditure on services matches the available grant
 - **Better Care Fund (BCF)** – this funding increased to £23.3 in 2020/21. The Council receives approximately £8.9m of this funding to support Council led services.
 - **Improved Better Care Fund (iBCF)** – In 2020/21, the iBCF increases to £14.5m. This is intended to fund adult social care activity. Plans for its use, which have not yet been finalised, will also require the agreement of the local Clinical Commissioning Group (CCG). The grant is likely to be spent in substantially the same way as in 2019/20 with the increase being used to fund the balance in fee increases plus transition and other demographic pressures.
 - **Other grants** – the Council receives a number of other grants. Pending a full financial settlement for local government these have increased in recent years, in number and scale, and therefore post a greater risk to the Council's budget as they are only annual. These include recent s31 grants which supplement business rates, and social care and special education needs grants as well as some other relatively small or directly related to specific projects. A number of the smaller ones come from the Greater London Authority; for example, funding we receive from the

London Mayor's Office for Policing and Crime (MOPAC) to support crime reduction work. Any changes to these grants will have to be met with an equivalent reduction in service spend to ensure it will have a neutral impact on the Council's overall budget gap.

Other Income and Expenditure Items

- 11.10. There are other income and expenditure items in the Council's budget which are mainly non-service specific. These consist of the following elements:

Capital financing charges

- 11.11. Capital financing costs include all revenue costs relating to the Council's outstanding borrowing which comprises repayment of principal and interest charges. It also includes provision for capital spending which is charged directly to revenue and repayment of historic debt in respect of the former Inner London Education Authority. These costs are offset by principal and interest repayments from the Catford Regeneration Partnership Limited, Lewisham Homes, and interest on the Council's investment balances.
- 11.12. The main factors that affect the forecasting of capital financing costs are the level of borrowing for capital purposes, the level of the Council's cash balances, and interest rates. The MTFS assumes that capital spending will be funded either from grant, capital receipts, capital reserves, be charged direct to revenue or borrowing.
- 11.13. Changes to interest rates should not affect borrowing costs as the Council borrows long term (typically 30 plus years) at fixed rates. It also assumes that cash balances remain at their current level in the immediate future. If interest rates rise the Council receives more interest on balances invested. However, the projections have not built in any assumptions about changes to interest rates as their scale is likely to be limited and the timing remains uncertain.

Levies

- 11.14. These cover the London Pension Fund Authority, the Environment Agency and Lee Valley. It is assumed these will stay at similar levels for future years.

Added years pension costs

- 11.15. In the past, staff who retired early were awarded additional assumed years in the Pension Fund with the additional cost being charged to the General Fund. Although added years stopped being awarded some years ago, the Council has an on-going commitment for those staff who were awarded added years in the past.

Other known future years' budget adjustments

- 11.16. There are further adjustments that are included within the budget projections for future years, funded from the £6.5m provision stated in para 11.8 above:

- **Concessionary fares** – the cost of concessionary fares to the Council changes each year to reflect increases in population entitled to concessionary fares, increases in fares themselves, and changes to the basis for allocation of costs between boroughs. The projections now assume a 2% decrease for 2021/22, a further 1% decrease in 2022/23 and then a 0% change for the remaining two year period.
- **Highways and footways maintenance** – the 2014/15 budget report included a proposal to switch highways and footways maintenance funding from capital to revenue in order to avoid the build-up of prudential borrowing charges. To fund this, it was agreed that £0.35m growth would be provided each year in the revenue budget together with funding that would be released within the capital financing charges budget as a result of prudential borrowing no longer being required.
- **Under 18's travel** – as part of the emergency funding deal for TfL, it is being proposed that free travel for 11-17 year-olds is removed. This is assumed to create a £0.5m pressure in 2020/21.
- **Pension Fund Contributions** – It is anticipated that due to the McCloud judgement (the Court of Appeal's ruling that Government's 2015 public sector pension reforms unlawfully treated existing public sectors differently based upon members' age on the 1 April 2012), it is anticipated that additional contributions will be required into the Council's pension fund in coming years. It is assumed that up to a further £1m per annum will be needed for the next three years.
- **IT infrastructure** – there is the need to ensure that the Council is able to continue to invest at pace in IT infrastructure and digital solutions. Some of this has arisen due to the significant channel shift required to move Council services on line and the increased levels of home and remote working due to Covid-19. It is assumed that £1m will be needed in 2021/22.
- **Service investments** – these range across a number of areas and are being monitored as the Council's recovery and transition planning from Covid 19 develops. They include: cost of market changes in areas such as social care and leisure services, demand for housing and temporary accommodation in particular, need to develop stronger economy and partnership relationships across the Borough, and other changes to government policy and funding.

New Homes Bonus

- 11.17. The New Homes Bonus (NHB) is a grant paid for a fixed period, currently four years, by central government to local councils for increasing the number of homes in use. Growth in the number of properties in Lewisham in line with the London Housing plan has funded the New Homes Bonus.
- 11.18. The Government has announced that the scheme will not continue its current form with legacy payments for previous growth only, which run off in 2022/23. The Government has not consulted on any replacement scheme.
- 11.19. Over the past few years part of the NHB has been used to bridge the budget gap as a temporary measure. This has only moved the gap forward, not eliminated it. The ceasing of this funding stream will mean the Council will need to address the previous

year's unachieved savings in the very near future to avoid a greater draw on reserves.

12. GENERAL FUND BUDGET GAP

- 12.1. Using the medium term resource envelope and revenue expenditure projections stated above the resulting overall forecast position for the authority is shown in Table 7 below:

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Table 7: Summary of Projected Financial Position

	Optimistic Case				Main Case				Pessimistic Case			
	2021/22	2022/23	2023/24	2024/25	2021/22	2022/23	2023/24	2024/25	2021/22	2022/23	2023/24	2024/25
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bus Rates Baseline Funding Level	119.535	123.800	128.841	133.376	118.392	115.680	109.203	104.723	118.392	110.080	104.723	101.139
BR S31 Grant and Pool Growth	3.800	0.000	0.000	0.000	3.800	0.000	0.000	0.000	3.800	0.000	0.000	0.000
BR Collection Fund	(1.000)	(1.000)	(1.000)	0.000	(4.000)	(4.000)	(4.000)	(1.000)	(4.000)	(4.000)	(4.000)	(1.000)
Ctax	119.535	123.800	128.841	133.376	118.290	122.524	127.526	132.015	115.800	119.971	124.278	129.367
Ctax Collection Fund	(0.800)	0.200	1.200	1.200	(1.800)	(0.800)	0.200	1.200	(2.800)	(1.800)	(0.800)	0.200
Total Resources	241.830	242.372	242.813	243.868	234.682	233.404	232.929	236.938	231.192	224.251	224.202	229.706
Total Revenue Expenditure	259.122	252.636	253.408	254.219	259.122	245.488	244.439	244.336	259.122	241.997	235.287	235.608
Budget Gap	17.292	10.264	10.595	10.352	24.440	12.084	11.510	7.398	27.930	17.746	11.085	5.902
Approved Savings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Additional Annual Savings Required	17.292	10.264	10.595	10.352	24.440	12.084	11.510	7.398	27.930	17.746	11.085	5.902
Cumulative Savings Required	17.292	27.556	38.151	48.502	24.440	36.524	48.034	55.432	27.930	45.676	56.762	62.664

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- 12.2. Taking the main case scenario as the expected position, the MTFS shows the annual measures required to bridge the budget gap from 2021/22 to 2024/25 as £24.440m, £12.084m, £11.510m, and £7.398m, respectively in each year. A total of £55m over the four years to 2024/25. This is a substantial budget gap for the Council, especially as savings agreed to date have totalled £190m and the financial monitoring in 2020/21 is identifying difficulty and delay in implementing agreed savings as a contributory cause to the reported overspend position, plus the as yet unknown impact of Covid-19 on future years.
- 12.3. The optimistic case scenario has been modelled to show the effect that positive changes in the assumptions will have on the overall budget gap. Here the cumulative budget gap to 2024/25 reduces by approximately £7m to £48.5m. This is based on lower predicted cuts to baseline funding and higher increase in the Council Tax base.
- 12.4. The pessimistic case scenario is the most unlikely scenario projected. The cumulative budget gap to 2024/25 increases by approximately £7m to £63m. This scenario demonstrates the difficulty the Council could potentially face if the very worst happens and the funding cuts are higher and Council Tax base and collection rates are lower than expected, and the future years impact of Covid-19 collection fund do not have support from government.
- 12.5. The next section of this report looks at how the Council continues to address the gap in order to produce a balance budget.

13. ADDRESSING THE BUDGET GAP

- 13.1. Officers are reviewing and challenging in-year on the existing pressures carried over from 2019/20, the in-year overspend, and Covid-19 impact. These are identified and discussed more fully in the Covid financial report and financial monitoring reported to Mayor & Cabinet in June and July respectively. This report updates on the further actions being undertaken in-year to reduce these pressures further, as discussed in section 7 above.
- 13.2. Through its Covid work the Council has agreed five principles to guide the required transformation and recovery work which will be fundamental to setting the Council's budget of a sustainable base going forward. They are:
- Tackling widening social, economic, and health inequalities;
 - Protecting and empowering our most vulnerable residents;
 - Ensuring the Council's continued resilience, stability, and sustainability;
 - Enabling residents to make the most of Lewisham the place; and
 - Collaborating and working together with our communities and partners across the Borough.
- 13.3. In respect of the future budget gap, officers have started work on identifying possible cuts proposals to meet the 2021/22 budget gap forecast in this MTFS of £24m and for future years where change will take longer to implement but decisions on direction of travel will be needed now to prepare. Sessions of the Senior Leadership Team (SLT), comprising the Chief Executive, Executive Directors and Directors, have taken place in the period June to July, working collaboratively to

identify cross-cutting efficiencies and savings that can be implemented in future years. A number of themes have come from these which continue to be developed further.

- 13.4. These themes have been reviewed by the Executive Management Team (EMT) who are also leading on scrutinising the budget to capture possible reductions to in-year spending. They will lead SLT in the work to develop the detailed draft officer proposals for cuts to be put to Members for scrutiny and decision in the autumn. All services are part of this process.
- 13.5. The objective is to identify cuts in a manner that will support the Council's recovery from Covid and transition to delivering future services within the available financial resources on a secure and sustainable basis.
- 13.6. The approach to making the next round of necessary budget cuts is through cross-service collaboration to present ideas around a set of emerging themes intended to focus on solutions and service configuration challenges that first and foremost support the external needs of the community and partners in line with the Council's corporate priorities. This will help avoid the risk of prioritising silo or internal considerations if done solely through management hierarchies. The other reason for doing this collaboratively is to ensure fairness and challenge against the Council's strategic priorities. Cutting over £40m, given most services (some 70% of services whether insourced or delivered under contract or with partners) are people based, will mean job losses.
- 13.7. The themes are discussed below and continue to be refined to ensure that where there is overlap the risk of duplication can be tracked and worked through to identify the best route for delivery. The next steps are for EMT to lead SLT, with the support of the change networks in the Council, to develop draft officer proposals. These will be presented to Members in November for scrutiny in line with the time table set out below. The table below set out where the main impact and options are expected to come from. The context, budget details and description of service that form part of the Directorates are set out on the Council's website – in particular the budget book at: <https://lewisham.gov.uk/documents?query=budget%20book&sort=score>

Table 8: Overview of themes to target >£40m of budget cuts by 2023/24.

Identify future service spending cuts in line with MTFS >£40m required	COM £m	CYP £m	HRPR £m	CS £m	CE £m
Joint working - partners and internally	✓	✓			✓
Productivity (staffing) from new ways of working	✓	✓	✓	✓	✓
Service reconfiguration	✓	✓	✓	✓	✓
Reduce overspending to relieve pressure on MTFS		✓	✓	✓	
Release of assets to reduce running costs	✓	✓	✓	✓	

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Identify future service spending cuts in line with MTFS >£40m required and risk	COM £m	CYP £m	HRPR £m	CS £m	CE £m
Changes to traded services – to de-risk / accept more risk		✓	✓	✓	
Better demand management	✓	✓	✓		
Reduce scope and scale of service offering	✓	✓	✓	✓	
Income / Commercialisation	✓	✓	✓	✓	✓
Contract management	✓	✓	✓	✓	

Joint working - partners and internally

- 13.8. The Council continues to listen and consult with its partners to understand how the impacts of Covid 19 and the resulting economic and community changes are driving different needs and expectations for Council services. This work is being led by the Chief Executive directorate with one of the main partners being Health services at this time. The intention here is to identify opportunities at less cost with our partners to deliver shared outcomes.

Productivity (staffing) from new ways of working

- 13.9. Over the past three years the Council has been on a significant journey to improve the availability, flexibility and security of its technology infrastructure. This was further given a boost with the rapid and successful move at the start of the Covid 19 response to getting all staff online and able to work remotely and across different services. The investments to make these changes were also about seeking to streamline decision making and automate more transactional work to make processes more efficient and capture a productivity gain. The theme will focus on how these benefits are being tracked and where necessary identify where fewer resources are now needed.

Service reconfiguration

- 13.10. In addition to the productivity point above, there will be opportunities to change how the Council engages with customers and delivers services. For example; our front door services are largely operating online and via the call centre with appointments available where necessary. There are also opportunities, through better collaborative working, to review how different services serving the same customers might better come together to do this. In addition to external customers this theme will also look at the relationships and role of corporate functions supporting frontline delivery.

Reduce overspending to relieve pressure on MTFS

- 13.11. There are currently three recurring areas where services are overspending, even after their base budgets have been corrected for. These are children social care,

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environment services, and technology & digital services. A clear focus to support these budget holders to manage their spend and identify service changes necessary to enable them to do so is the focus of this theme. This theme will cut across the others but given the urgency of doing this work to avoid adding further pressure to the already significant cuts needed it is prioritised separately.

Release of assets to reduce running costs and risk

- 13.12. As well as looking at the revenue budget considerations, it is important that the Council also reviews its assets and capital programmes to maximise efficiencies where possible. With changing ways of working and different service delivery mechanisms the Council may not require the same asset base. From this work there could be running cost savings and there may be some one-off receipts that could be used to support longer term transformation plans which take longer to realise. These changes need to be balanced with the need for the majority of the cuts currently anticipated next year.

Release of trading services or growth of them – to de-risk / accept more risk

- 13.13. The Council currently runs a number of traded services. The most significant being services to schools, the environmental services for commercial and garden waste, and bereavement services. The Council does not have to be in these business areas as fully as it currently is with options to change how much they support or contribute to core service delivery. As well as linking to the commercial discussion (i.e. cost recovery), there will be questions of strategic policy fit and risk that continued delivery of these services can be assessed against.

Better demand management

- 13.14. As much as the Council has a significant number of statutory services to deliver it also has discretion about how it does so. This enables services to ensure the value for money of provision within the overarching responsibility for stewardship of the public pound. Aligned with this, preventative work can lead to better outcomes for less cost in the long run compared to the need for crisis intervention. For the larger services, in particular adult and children social care but also environment services when considering levels of waste, how this translates into demand management around when users are engaged with the support they are offered has a the potential for promoting greater independence and significant budget impacts.

Reduce scope and scale of service offering

- 13.15. As well as seeking to do the same for less, with cuts of over £40m it is inevitable that some services may have to be reduced or stopped. These may be revisited at a future date, funding permitting, but within the anticipated financial resources for the Council in the near term there is not the funding to maintain current levels of service. This work stream will look to services to see if they can be reduced or stopped and assess the impact of doing so, mindful in particular of cost shunts to other services. This will include assessment of any discretionary services, offered over and above statutory requirements.

Income / Commercialisation

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13.16. The Council has been championing the development of greater commercial understanding and rigour in its service offering. This has been around achieving greater social value as well as financial return from engaging in such activities. This work will continue through this theme to assess the culture and approach to considering risk and reward in the Council's commercial dealings and collection of debt. It will also review how sales, fees and charges are set relative to benchmarks and assess market potential to ensure rates are set at the optimum level in line with the Council's priorities.

Contract management

13.17. The Council has a number of key commercial partners, some significant contracts for key line of service delivery and systems, and uses a large number of smaller local contractors for a variety of work. In total spending over £200m annually with third parties. This theme will review how these contracts are being managed to identify opportunities to improve performance and also to plan further in advance how they may be retendered to ensure the Council has the most opportunity (time and choice) to improve value for money from these service areas.

Risk Management

13.18. In planning to address the budget to bring it into balance for next year and maintain a sustainable footing in terms of reserves there are a number of risks. These include, but there will be others:

- Costs (whether spend or lost income) of maintaining or bringing back services under new conditions with social distancing and the flexibility to adapt if there are further local lockdowns or cost of supplier failure;
- Transitioning out of or resetting priorities to recognise where the balance of risks and pressures has shifted; for example cost of social care, Council's role is providing shielding and support, and need to tackle homelessness;
- Addressing the consequences of an economic recession as it impacts the community and in turn the Council; for example fewer businesses trading reduces Business Rates base, households facing unemployment and eviction reduce Council Tax collection, working practices and climate change response reduce parking income.
- Responding to the impacts, potentially requiring additional cuts or taxes to be raised at short notice, from government announcements on future financing for local government both Covid related but also more generally (e.g. CSR, FFR, Business Rates, Precepts, Grants etc.).
- Managing the HRA and DSG with partners to ensure any financial risks they are facing are managed there and do not blow back onto the General Fund; e.g. housing development costs from the HRA or school deficits or high needs costs from the DSG.

13.19. As noted at the beginning of this report the Council is facing three immediate pressures on the budget. They are; 1) Covid 19 impacts of up to £20m; 2) service overspending of £17m (reduced to under £12m with in-year actions); and 3) the anticipated future years gap of at least £40m. Where these pressures are not covered by either additional income (from the government or traded services) or reduced costs (from less service spending) in-year or delivery of cuts to balance the

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budget in future years, the impact will have to be borne by corporate provisions and reserves. In addition, these reserves are required to sustain the effective operation of the Council, to meet its long term commitments, and as mitigation against the risks noted above. At the 31 March 2020 the Council held £20m of general reserves and £150m of earmarked reserves.

- 13.20. The impact of Covid 19 will likely consume much or all of the general reserves, reducing the Council's flexibility to respond to further economic shocks unless or until these are replenished. Any service overspending in-year will be a draw on the Council's earmarked reserves, reducing its capacity to invest in and support future priorities. Finally, any shortfall in identifying the cuts to meet the MTFS will also have to be met from reserves to be able to set a balanced budget.
- 13.21. While the Council holds sufficient reserves to cover these pressures at this time, their use on maintaining unsustainable levels of service at a time of heightened operating risk, instead of delivering the necessary cuts would significantly reduce the Council's financial resilience and increase the scale and difficulty of making the cuts next year. The Council needs to work on addressing these budget pressures in full now to ensure it continues to deliver on the financial control and prudence it has demonstrated to date.
- 13.22. Using these themes, Officers will now develop specific draft cut proposals for Members to scrutinise and M&C to decide on as part of building the 2021/22 Budget. These individual proposals, as well as identifying the financial changes, will need to include any necessary public consultations required, timelines for internal changes consistent with the Council's policies for managing change, and detailed consideration of other relevant implications, for example legal and equalities. The covering cuts report will then analyse these implications in the round to support Members assessment of the options and their impact on the Borough as a whole as well as individually.

14. TIMETABLE

- 14.1. The Financial Stabilisation – Budget Update report will be presented to scrutiny in September before coming before M&C and Council in October. The specific dates are:

9 Sept	Safer Stronger
15 Sept	Housing
	Sustainable Development
21 Sept	CYP
23 Sept	Healthier Communities
24 Sept	PAC
7 Oct	M&C agree in-year financial stabilisation report
28 Oct	Council receive report

- 14.2. The Cuts report which will contain the specific proposals to implement the future year changes discussed above will then be presented to Members in November before coming to M&C in December. The specific dates are:

11 Nov	Healthier Communities
12 Nov	Sustainable Development
8 Nov	Housing

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26 Nov	CYP
1 Dec	Safer Stronger
3 Dec	PAC
9 Dec	M&C make decision on cuts to take forward to the Budget

- 14.3. The cuts from above, along with the Comprehensive Spending Review / Autumn Budget from the Chancellor (Oct/Nov) and provisional Local Government Finance Settlement in December, Council Tax base report and London precept plans in January will then be used to build the Council's Budget report for reporting to Public Accounts, M&C and onto Council for adoption on the 24 February.

SUMMARY AND IMPLICATIONS

15. CONCLUSION

- 15.1. The Medium Term Financial Strategy sets out initial estimates based on very uncertain assumptions for the funding of local government to prudently anticipate the scale of financial challenge the Council will face over the medium term to 2024/25. It presents the outturn for 2019/20, summarises the current financial position for 2020/21 and the unprecedented pressures due to Covid-19 and the necessary actions taken in year to manage these pressures, and looks forward to 2021/22 and later years.
- 15.2. The next stages in the development of the financial strategy will be further refinement of the Council's longer term forecasting in light of the next Spending Round, Local Government Finance Settlement, and clarity on the government's policy agenda as it impacts local government. This, in turn, will inform the Council's development of the saving proposals required to balance the Council's budget and timing of these.
- 15.3. The MTFS identifies that the Council may have to make up to £55m of cuts over the next four years, including the £24m for 2021/22. Given the high level of uncertainty and risk of making cuts which may then have to be reversed if the assumptions used are wrong, the recommended focus now is to bring forward the £24m of proposals for 2021/22 to support the budget for that year. And keep a watching brief on plans for the future years, returning to Mayor & Cabinet as more detail is known and in good time to make further difficult decisions if necessary.
- 15.4. Local authorities have largely acknowledged that deep changes are required if they are to continue to deliver positive outcomes for their citizens. What is not yet clear is how authorities can continue to make this happen in practice if funding levels are cut further or what services local government may be responsible for in future, and how services may need to transform and change to support the borough and its residents post Covid-19.

16. FINANCIAL IMPLICATIONS

- 16.1. This report is concerned with the Council's medium term financial strategy and as such, the financial implications are contained within the body of the report.

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17. LEGAL IMPLICATIONS

- 17.1. The purpose of this report is to develop a medium term approach in support of better service and financial planning and an update of in-year financial pressures. Members are reminded that the legal requirements are centred on annual budget production, and that indicative decisions made for future years are not binding.
- 17.2. The Local Government Act 2000 and subsequent regulations and guidance says that it is the responsibility of the full Council to set Lewisham's budget, including all of its components and any plan or strategy for the control of the Council's capital expenditure. Regulations provide that it is for the Executive to have overall responsibility for preparing the draft budget for submission to the full Council to consider. Once the budget has been set, it is for the Mayor & Cabinet to make decisions in accordance with the statutory policy framework and the budgetary framework set by the Council.
- 17.3. Where there are proposals for a reduction to a service which the Council is either under a statutory duty to provide, or which it is providing in the exercise of its discretionary powers and there is a legitimate expectation that it will consult, then consultation with all service users will be required before any decision to implement the proposed saving is taken. The outcome of such consultation must be reported to the Mayor. Where the proposed savings will have an impact upon staff, then the Council will have to consult the staff affected and their representatives in compliance with all employment legislative requirements and the Council's own employment policies.

18. EQUALITIES IMPLICATIONS

- 18.1. The Council has a public sector equality duty (the equality duty or the duty - The Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 18.2. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and Cabinet must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of

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the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

- 18.3. The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.
- 18.4. The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

19. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

- 19.1. There are no environmental implications directly arising from the report.

20. CRIME AND DISORDER IMPLICATIONS

- 20.1. There are no crime and disorder implications directly arising from the report.

21. HEALTH AND WELLBEING IMPLICATIONS

- 21.1. There are no health and wellbeing implications directly arising from the report.

22. BACKGROUND PAPERS

- 22.1. Budget Report 2020/21 – Full Council 26 February 2020
<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=138&MId=5649>
- 22.2. Financial Results 2019/20 – Mayor & Cabinet
<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=139&MId=6014>
- 22.3. Financial Forecasts Period 2 – Mayor & Cabinet 9 July 2020
<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=139&MId=6014>

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23. GLOSSARY

Term	Definition
Actuarial Valuation	An independent report of the financial position of the Pension Fund carried out by an actuary every three years. The actuary reviews the Pension Fund assets and liabilities as at the date of the valuation and makes recommendations such as, employer's contribution rates and deficit recovery period, to the Council.
Baseline Funding Level	The amount of a local authority's start-up funding allocation which is provided through the local share of the estimated business rates aggregate (England) at the outset of the scheme as forecast by the government. It forms the baseline against which tariffs and top-ups are calculated.
Budget Requirement	The Council's revenue budget on general fund services after deducting funding streams such as fees and charges and any funding from reserves. (Excluding Council Tax, RSG and Business Rates)
Business Rates Baseline	The business rates baseline is equal to the amount of business rates generated locally in a specific year.
Capital Expenditure	Spend on assets that have a lasting value, for example, land, buildings and large items of equipment such as vehicles. This can also include indirect expenditure in the form of grants or loans to other persons or bodies.
Capital Programme	The Council's plan of future spending on capital projects such as buying land, buildings, vehicles and equipment.
Capital Receipts	These are proceeds from the disposal of land or other assets and can be used to finance new capital expenditure but cannot be used to finance revenue expenditure.
Capping	This is the power under which the government may limit the maximum level of local authority spending or increases in the level of spending year on year, which it considers excessive. It is a tool used by the government to restrain increases in Council Tax. The Council Tax cap, currently 2%, means that any local authority in England wanting to raise Council Tax by more than 2% in 2015/16 must consult the public in a referendum, Councils losing a referendum would have to revert to a lower increase in their bills.
CIPFA	The Chartered Institute of Public Finance and Accountancy are one of the UK accountancy institutes. Uniquely, CIPFA specialise in the public sector. Consequently CIPFA holds the responsibility for setting accounting standards for local government.

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Term	Definition
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Collection fund	A statutory account maintained by the Council recording the amounts collected from Council Tax and Business Rates and from which it pays the precept to the Greater London Authority.
Collection Fund surplus (or deficit)	If the Council collects more or less than it expected at the start of the financial year, the surplus or deficit is shared with the major precepting authority, in Lewisham's case this is the GLA, in proportion to the respective Council Taxes. These surpluses or deficits have to be returned to the Council taxpayer in the following year through lower or higher Council taxes. If, for example, the number of properties or the allowance for discounts, exemptions or appeals vary from those used in the Council Tax base, a surplus or deficit will arise. The Council generally achieves a surplus, which is shared with the GLA.
Contingency	This is money set-aside centrally in the Council's base budget to meet the cost of unforeseen items of expenditure, such as higher than expected inflation or new responsibilities.
Council Tax Base	The Council Tax base for a Council is used in the calculation of Council Tax and is equal to the number of Band D equivalent properties. To work this out, the Council counts the number of properties in each band and works out an equivalent number of Band D equivalent properties. The band proportions are expressed in ninths and are specified in the Local Government Finance Act 1992. They are: A 6/9, B 7/9, C 8/9, D 9/9, E 11/9, F 13/9, G 15/9 and H 18/9, so that Band A is six ninths of the 'standard' Band D, and so on.
CPI and RPI	The main inflation rate used in the UK is the CPI (Consumer Price Index), the Chancellor of the Exchequer bases the UK inflation target on the CPI. The CPI inflation target is currently set at 2%. The CPI differs from the RPI (Retail Price Index) in that CPI excludes housing costs. Also used is RPIX, which is a variation on RPI, one that removes mortgage interest payments.
Dedicated schools grant (DSG)	This is the ring-fenced specific grant that provides most of the government's funding for schools. This is distributed to schools by the Council using a formula agreed by the schools forum.
Financial Regulations	These are a written code of procedures set by a local authority, which provide a framework for the proper financial management of the authority. They cover rules

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Term	Definition
	for accounting and audit procedures, and set out administrative controls over the authorisation of payments, etc.
Financial Year	The local authority financial year commences on 1st April and finishes on the following 31 March.
General Fund	This is the main revenue fund of the local authority, day-to-day spending on services is met from the fund. Spending on the provision of housing however, must be charged to the separate Housing Revenue Account (HRA).
Gross Domestic Product (GDP)	GDP is defined as the value of all goods and services produced within the overall economy.
Gross Expenditure	The total cost of providing the Council's services, before deducting income from government grants, or fees and charges for services.
Housing Revenue Account (HRA)	A separate account of expenditure and income on housing that Lewisham must keep. The account is kept ring-fenced from other Council activities. The government introduced a new funding regime for social housing within the HRA from April 2012.
Individual authority business rates baseline	This is derived by apportioning the billing authority business rates baseline between billing and major precepting authorities on the basis of major precepting authority shares.
Levies	A levy is an amount of money a local authority is compelled to collect (and include in its budget) on behalf of another organisation. Lewisham is required to pay levies to a number of bodies such as the London Pensions Fund Authority.
Local share	This is the percentage share of locally collected business rates that will be retained by local government, currently 50%.
Net Expenditure	This is gross expenditure less services income, but before deduction of government grant.
New Homes Bonus	Under this scheme Councils receive a new homes bonus (NHB) per each new property built in the borough for the first six years following completion. Payments are based on match funding the Council Tax raised on each property with an additional amount for affordable homes. It is paid in the form of an un-ringfenced grant.

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Term	Definition
Prudential Borrowing	Set of rules governing local authority borrowing for funding capital projects under a professional code of practice developed by CIPFA to ensure the Council's capital investment plans are affordable, prudent and sustainable.
Revenue Expenditure	The day-to-day running expenses on services provided by Council.
Revenue Support Grant (RSG)	All authorities receive Revenue Support Grant from central government in addition to its baseline funding level under the local government finance system. An authority's Revenue Support Grant amount plus its baseline funding level together comprises its Settlement Funding Assessment.
Section 151 officer	Legally Councils must appoint under section 151 of the Local Government Act 1972 a named chief finance officer to give them financial advice, in Lewisham's case this is the post of the Executive Director for Resources and Regeneration.
Settlement Funding Assessment (SFA)	A Local Authority's share of the local government spending control total which comprises its Revenue Support Grant for the year in question and its baseline funding level.
Specific Grants	As the name suggests funding through a specific grant is provided for a specific purpose and cannot be spent on anything else e.g. The Dedicated Schools Grant (DSG) for schools.

24. REPORT AUTHOR AND CONTACT

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APPENDIX 1 – SUMMARY OF MTFs ASSUMPTIONS

RESOURCE ENVELOPE			
	Main case	Pessimistic case	Optimistic Case
Notional Revenue Support Grant	<ul style="list-style-type: none"> □ 2021/22 and 2022/23 0% change to 2020/21 levels, thereafter 20% reduction assumed each year 	<ul style="list-style-type: none"> □ 2021/22 0% change to 2020/21 levels, thereafter 20% reduction assumed each year 	<ul style="list-style-type: none"> □ 2021/22 and 2022/23 0% change to 2020/21 levels, thereafter 20% reduction assumed each year
Business Rates	<ul style="list-style-type: none"> □ 5% real terms decrease in 2021/22, then 3% decrease in 2022/23, 1% decrease in 2023/24 and then 0% change in 2024/25 on the rateable value base and top-up □ £3.8m S31 grant in 2021/22 only 	<ul style="list-style-type: none"> □ 5% real terms decrease in 2021/22, then 3% decrease in 2022/23, 1% decrease in 2023/24 and then 0% change in 2024/25 on the rateable value base and top-up □ £3.8m S31 grant in 2021/22 only 	<ul style="list-style-type: none"> □ 3% real terms decrease in 2021/22, then 1% decrease in 2022/23, and then 0% change in 2023/24 and 2024/25 on the rateable value base and top-up □ £3.8m S31 grant in 2021/22 only
Council Tax income	<ul style="list-style-type: none"> □ From 2021/22 1.99% change in Council Tax level (No Social Care precept) □ % increase each year in Council Tax base from 2021/22 onwards is: 0%, 0.5%, 1% and 1.5% □ CT collection rate each year from 2021/22 onwards is: 95%, 96%, 97% and 97% □ CTRS changes increase the cost of the scheme by the following each year from 2021/22: £3m, £2m, £1m, £0m 	<ul style="list-style-type: none"> □ From 2021/22 1.99% change in Council Tax level (No Social Care precept) □ % increase each year in Council Tax base from 2021/22 onwards is: 0%, 0.5%, 0.5% and 1% □ CT collection rate each year from 2021/22 onwards is: 93%, 94%, 95% and 96% □ CTRS changes increase the cost of the scheme by the following each year from 2021/22: £4m, £3m, £2m, and £1m 	<ul style="list-style-type: none"> □ From 2021/22 1.99% change in Council Tax level (No Social Care precept) □ % increase each year in Council Tax base from 2021/22 onwards is: 0%, 0.5%, 1% and 1.5% □ CT collection rate each year from 2021/22 onwards is: 96%, 97%, 98% and 98% □ CTRS changes increase the cost of the scheme by the following each year from 2021/22: £2m, £1m, £0m, £0m
Surpluses/deficits on Collection Fund	<ul style="list-style-type: none"> □ The Covid-19 shortfall to be collected over 3 years is assumed to be from 2021/22: 	<ul style="list-style-type: none"> □ The Covid-19 shortfall to be collected over 3 years is assumed to be from 2021/22: 	<ul style="list-style-type: none"> □ The Covid-19 shortfall to be collected over 3 years is assumed to be from 2021/22:

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	£4m, £4m, £4m, and £1m	£4m, £4m, £4m, and £1m	£1m, £1m, £1m, and £0m
EXPENDITURE			
	Main case	Pessimistic case	Optimistic Case
Pay awards	<input type="checkbox"/> 2% in 2021/22 and 2% each year afterwards	<input type="checkbox"/> 2% in 2021/22 and 2% each year afterwards	<input type="checkbox"/> 2% in 2021/22 and 2% each year afterwards
General price inflation (incl. fees and charges)	<input type="checkbox"/> % increase each year in non-pay budgets from 2021/22 is: 1.5%, 1.75%, 1.75% and 2%	<input type="checkbox"/> % increase each year in non-pay budgets from 2021/22 is: 1.5%, 1.75%, 1.75% and 2%	<input type="checkbox"/> % increase each year in non-pay budgets from 2021/22 is: 1.5%, 1.75%, 1.75% and 2%
Pressures and risks	<input type="checkbox"/> £6.5m growth each year	<input type="checkbox"/> £6.5m growth each year	<input type="checkbox"/> £6.5m growth each year
New legislation	<input type="checkbox"/> Nothing allowed	<input type="checkbox"/> Nothing allowed	<input type="checkbox"/> Nothing allowed
NB the MTFs assumes that any overspending is addressed in-year or met from reserves			

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Healthier Communities Select Committee

Report title: Lewisham Health & Care Partners System Recovery Plan

Date: 23 September 2020

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: John Bardens, Scrutiny Manager

Outline and recommendations

The purpose of the attached reports is to provide the Healthier Communities Select Committee with a comprehensive update on Lewisham health and care partners' COVID-19 system recovery plan.

- Members of the Healthier Communities Select Committee are recommended to review and comment on the content and priorities of the recovery plan.

1. Summary

- 1.1. The purpose of this paper is to provide the Healthier Communities Select Committee with a comprehensive update on Lewisham health and care partners' COVID-19 system recovery plan.
- 1.2. Attached to this covering report are three appendices: the Mayor and Cabinet covering paper for the recovery plan; the summary of the plan; and the full plan.
- 1.3. The recovery plan outlines the plans for recovery and stabilisation of health and care across the borough; details the learning to date and the impact of Covid-19 on the population and the system; and sets out the priorities for the next 18 months.

2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to review and comment on the content and priorities of the recovery plan.

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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Mayor and Cabinet

Lewisham Health & Care Partners System Recovery Plan

Date:

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Tom Brown, Executive Director, Community Services, LBL/Sarah Wainer, Director of System Transformation

Outline and recommendations

Attached to this covering report is an executive summary of Lewisham Health and Care Partners recovery plan and the plan itself. The recovery plan sets out the current context for health and care in Lewisham and the partners involved in its delivery; outlines the plans for the recovery and stabilisation of health and care across the borough; provides information and data on our local population; details the learning to date and the impact of Covid-19 on both the population and the system. The plan sets out the priorities and activity on which health and care partners will focus over the next 18 months.

This plan sits alongside other recovery plans and is an important element of wider Council recovery planning and the South East London Integrated Care System (ICS) Recovery Plan.

The plan to date has been developed through a task and finish group with representation from each of the LHCP members and has been discussed with a number of key stakeholder groups. The recovery plan, and the delivery plans that are being developed to underpin it, will continue to be revised in light of new data and following further engagement with the public and other key stakeholders.

Mayor and Cabinet are asked to:

- Note the content and priorities as set out in the Lewisham Health and Care Partners System Recovery Plan.
- Note the significant risk of the potential for increased pressures due to winter and also any further spike in Covid-19 cases. The Plan sets out the action to be taken in the event of a second wave.
- Note that the planned activity against each priority will be dependent on the resources that are available. The finance sections of the plan outline the financial challenges that all parts of the system are facing.

Timeline of engagement and decision-making

The first draft of the Lewisham Health and Care Partnership recovery plan was submitted to South East London Clinical Commissioning Group/Integrated Care System on the 17 July 2020. The next iteration of the plan is being submitted to Lewisham's Mayor and Cabinet on 16 September 2020, Borough Based Board on 22 September, and SEL CCG end of September 2020.

The plan provides details of those stakeholder groups with whom the plan has already been discussed. The pack also includes a summary of the outcomes of Healthwatch survey with the local population on their experience of Covid-19 and next steps for further communication and engagement.

The plan is intended to cover an 18 month period initially and will be regularly reviewed to ensure that operational plans and proposed activity appropriately underpin the priorities set out in the plan and that resources have been identified to achieve delivery.

1. Summary

- 1.1. The health and care recovery plan is set out in the attached presentation. The plan outlines the key data and information that have been taken into account in the development of the plan and sets out the priorities on which the system will focus over the next 18 months.
- 1.2. The recovery plan, and the delivery plans that are being developed to underpin it, will continue to be revised in light of new data and following further engagement with the public and other key stakeholders.

2. Recommendations

- 2.1. Mayor and Cabinet are asked to:
 - Note the content including the priorities set out in the Lewisham Health and Care Partners System Recovery Plan.
 - Note the significant risk of the potential for increased pressures due to winter and also any further spike in Covid-19 cases. The Plan sets out the action to be taken in the event of a second wave.
 - Note that the proposed activity against each priority will be dependent on the resources that are available. The financial sections of the plan outline the financial challenges that all parts of the system are facing.

3. Policy Context

- 3.1. The Health and Social Care Act 2012 established Health and Wellbeing Boards and places a duty upon them to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessment.
- 3.2. The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- 3.3. In developing the health and care recovery plan, partners have been mindful of the

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requirements of the NHS Long Term Plan, the development of Winter Plans for 20/21, and the NHS requirements as set out in the Third Phase of the NHS Response to COVID19.

- 3.4. In addition, earlier this year, the Health and Wellbeing Board agreed to the development of a new strategy for the period 2021-26. In developing a new strategy, Lewisham will consider the wider contributory factors to health and wellbeing such as housing, education and employment. It will also seek to encourage individuals to take greater control and responsibility for their own health and care and reflect the need to address health inequalities, particularly in Black, Asian and Minority Ethnic (BAME) groups. The recovery plan will support the delivery of the new strategy.

4. Background

- 4.1. For many years, Lewisham has had a strong history of partnership working. Health and social care commissioners and providers across the system continue to work towards achieving a sustainable and accessible health and care system which supports people of all ages to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed.
- 4.2. The local plans and priorities of Lewisham Health and Care Partners (LHCP) will continue to focus on the development of integrated care arrangements for community based care which provide access to person-centred, pro-active and cost-effective care, when it is needed. In meeting this aim, LHCP remains committed to managing resources effectively to reduce inequalities, improve outcomes and deliver value and improvements to the public and the health and care system.
- 4.3. The plan acknowledges in particular that the impact of Covid-19 on Lewisham's diverse population has hit some communities disproportionately hard and LHCP will continue to review and address inequalities and disparities in risks and outcomes, with a specific focus on the BAME population.
- 4.4. Over the next 18 months, partners across the system will be implementing this and other recovery plans. The recovery plan outlines how, in responding to Covid-19, the borough was able to call on strong local leadership and work collaboratively and flexibly to deliver existing services differently and to establish new services. The recovery plan sets out how partners will seek to build on the good practice and learning that was evident over this period.
- 4.5. Prior to Covid-19, at both national and local level, it was recognised that health and care systems were facing significant financial challenges and an increasing demand for services. As the plan recognises, the unprecedented nature of Covid-19 put huge demands on our workforce and services. As well as supporting staff with their own wellbeing, partners also recognise the need to manage safety and risk, capacity and flow of our services, and to support with both existing and new long-term conditions and care needs. This will continue to put pressure on our limited resources.

5. Financial implications

- 5.1. Although there are no specific financial implications arising from this report, it is important to note that delivery against the recovery priorities is dependent on adequate resources being made available and being identified in partners' own financial plans. Challenges to budgets and future resourcing are summarised in the plan.

6. Legal implications

As set out in the report, after Mayor and Cabinet have considered the plan it is to be

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further considered by the Borough Based Board of South East London Clinical Commissioning Group (SEL CCG – on which the Council has non-voting representation); and by SEL CCG itself. Any decisions which are for the Council to make in relation to the plan can only be made in accordance with the Council's own governance approach.

Any changes to services or provision which arise from implementation of the plan will need to be carried out in line with statutory regulations and guidance, and having followed the Council's own governance procedures including the Council's Constitution including any applicable requirements for consideration by Mayor and Cabinet, and for consultation if appropriate.

7. Equalities implications

The plan sets out in detail the impact that Covid-19 has had on different population groups in the borough. The plan outlines the current analysis that is being undertaken to understand the impact in more detail and the action that will be taken to reduce health inequalities across the borough. As the recovery plan highlights, the full extent of the impact on the population of Lewisham and the inequalities that are created or exacerbated, will only begin to emerge over the coming months and years.

8. Climate change and environmental implications

8.1. There are no specific climate change and environmental implications arising from this report

9. Crime and disorder implications

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

10. Health and wellbeing implications

10.1. The recovery plan sets out in detail the health and wellbeing implications of Covid-19 and the action that health and care partners are taking to address these.

11. Background papers

11.1. Attachment 1 – The Executive Summary

11.2. Attachment 2 – The LHCP recovery plan

12. Report author and contact

13.1 If there are any queries about this report then please email Sarah Wainer at sarah.wainer@nhs.net

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COVID-19: Lewisham system recovery plan summary

25 August 2020
Lewisham Health and Care
Partners



working together

DRAFT



1. Context and introduction

This document sets out our plans for the next 18 months. It includes how we will:

- **protect local people** and the key workers that support them by mitigating and managing any further waves of COVID-19, learning from our experiences since March of this year.
- **re-start key services and manage existing and new need for support** arising from the lock down period.
- **work with local communities to “build back better”** and ensure everyone in Lewisham can live safely and well.

The impact of COVID-19 on Lewisham has left scars which must be acknowledged and healed. We are proud of the diversity of our borough but we know that COVID-19 has disproportionately harmed those from Black, Asian and Minority Ethnic (BAME) communities, older people, those living in the most deprived areas of the borough and in care homes. It has highlighted existing inequalities and too often made these worse.

Right now men in Crofton Park ward can expect to live for 6 years longer than those in New Cross ward, and women in Perry Vale ward can be expected to live 8.5 years more than women in New Cross ward. Cardiovascular and respiratory disease, diabetes, obesity in adults and children, smoking, and asthma are all made worse by, and in turn contribute to, inequalities in our society and the risks from COVID-19.

There have been 1340 confirmed cases of COVID-19 in Lewisham residents (to 31 August) and 293 deaths associated with COVID-19 in Lewisham (to 14 August). As well as the tragic toll of the disease, the lockdown has affected both mental health and wider determinants of health and wellbeing, including access to vital services, our local economy, and the education of our children and young people. The full extent of this impact on the population of Lewisham and the inequalities that are created or exacerbated will only begin to emerge over the coming months and years.

In Lewisham we have a strong history of working together and through our Lewisham Health & Care Partnership the response to COVID-19 has shown the value of these relationships and of the joint response of our health and care services, with our voluntary and community sector, and with the communities we serve.

Our ambition for our recovery is to create a strong, sustainable and accessible health and care system which supports people of all ages: to maintain and improve their physical and mental wellbeing, to live independently and well, and to provide access to high quality care whenever they need it. To achieve this we need to deliver care in our communities which is proactive, joined up, cost-effective, and helps to prevent ill-health and promote wellbeing. And we need to tackle the wider causes of inequality.

2. Delivering together

Lewisham Health and Care Partners (LHCP) includes:

- Lewisham & Greenwich NHS Trust (LGT)
- London Borough of Lewisham (LBL)
- NHS South East London Clinical Commissioning Group (CCG)
- One Health Lewisham (Pan-Lewisham GP Federation)
- Primary Care Network Leads & Lewisham's Local Medical Committee
- South London and Maudsley NHS Foundation Trust (SLaM)

Discussions are taking place to secure strategic input from the voluntary and community sector given the important role of the VCSE in maintaining and improving health and wellbeing.

Alongside Lewisham's integrated health and care commissioning arrangements, the borough has two alliance leadership groups for Care at Home and Mental Health.

- **The Care at Home Alliance Leadership Group** brings together local health and care organisations to work together to establish proactive, accessible and coordinated community based care in order to achieve better health and wellbeing outcomes for adults.
- **The Mental Health Alliance Leadership Group** seeks to provide working age adults with a personalised approach to their treatment, care and support needs, based on the identification of assets and strengths, and facilitating the achievement of personal goals. The group's remit is being expanded to include Children's Mental Health and Older Adult Mental Health.

Our LHCP Executive Board provides shared leadership, helping to set strategic direction and oversee the changes required for better health and care across Lewisham. The Council and CCG are seeking to further strengthen shared commissioning arrangements for health and care services as part of ensuring our work is integrated around local people, communities, and our borough as a whole.



working together

Our recovery plan reflects a number of key priorities for 2020-21.

Alongside our work on preventing and managing any future outbreaks of Covid-19, protecting and empowering our most vulnerable residents and building on learning since March, we will continue to work together to join-up community based care at a neighbourhood level, including in areas such as prevention, early intervention, care at home and end of life care.

Informed by local experiences, we will develop the links between our neighbourhoods and our hospitals, helping to keep people living safely, independent and well, and to regain their independence after a hospital stay.

These plans sit within the context of and support broader Lewisham Council recovery planning, including restoring essential social care and wider council services, and the linked priorities of promoting community development and resilience; a local economic recovery that is inclusive and sustainable; tackling widening social, economic and health inequalities; supporting cultural recovery, including the Borough of Culture 2022; delivering a Green recovery, with decisive action on the climate emergency; and one that creates educational opportunities and promotes the achievements of all our young people.

3. Our Recovery Plan – a summary of our key priorities

COVID-19 has highlighted the importance of working together to accelerate our existing efforts to tackle inequalities and improve health and wellbeing in Lewisham, whilst also responding to the learning since March 2020. All of this we will need to do whilst continuing to safeguard local people and staff against any future wave of infection. The following table sets out our key priorities for recovery and for engaging with local communities over the next 18 months.

Addressing Inequalities

addressing inequalities and disparities in risks and outcomes, including a specific focus on our BAME communities and staff.

<p>Care Homes</p> <p>supporting care homes locally including co-ordinated support and safeguarding of all residents and staff</p>	<p>Prevention</p> <p>restarting services reduced or put on hold during lockdown with a focus on addressing inequalities</p>	<p>Planned Care</p> <p>including proactive immunisations, cancer screening, Long Term Conditions support and management, postnatal and health checks</p>	<p>Building Community Resilience</p> <p>recognising individual strength, knowledge and skills to ensure people have more control and a greater voice</p>	<p>Children, Young People & Families</p> <p>catch-up immunisations, screening and weight management, mental health support and support to schools</p> <p>Implementation of the i-Thrive model across early help and emotional health services to develop a common language and enable better access to services, creating improved family resilience</p>
<p>Frailty</p> <p>understanding and mapping mild, moderate and severe frailty, links to other conditions, and how best to provide more responsive care</p>	<p>Diabetes</p> <p>including patients with undiagnosed diabetes, at risk of developing diabetes and with gestational diabetes</p>	<p>Respiratory</p> <p>integrated respiratory community hubs, review of Lung Education Exercise Programme (LEEP), and implementation of multi-disciplinary working for respiratory patients</p>	<p>Mental Health</p> <p>Front Door & Rapid Crisis Response, Community Support, Rehabilitation & Complex Care, including addressing inequalities and improving outcomes for BAME communities</p>	

Safeguarding our communities and those who support them

mitigating and managing the risks of a “second surge” of Covid-19 in Lewisham, including Test and Trace, Shielding, “Covid-19 Secure” services

4. Addressing inequalities

We recognise that plans are only as good as the engagement that sits around them and the practical steps we take next.

- **As part of our response planning we have considered the recent Public Health England review of disparities in risks and outcomes for COVID-19.** The analysis has looked into effects of age, sex, deprivation, region and ethnicity, but it does not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.
- **Continuing to improve the management of long-term conditions in Lewisham is a key priority for our partnership, as (working with VCSE colleagues) is addressing the broader socio-economic determinants of health and wellbeing.** These include inequalities exacerbated by the effects of the COVID-19 outbreak.
- **Birmingham City Council and Lewisham Council are launching ground-breaking work into the health inequalities of African & Caribbean communities.** The programme, which will conclude in December 2021, consists of a series of reviews which aim to explore in-depth the inequalities experienced by these ethnic groups and their drivers. The review topics include: children and young people, mental health and wellbeing and chronic health, amongst others. The aim is to find approaches to break the decades of inequality in sustainable ways that will lead to better futures for local citizens.
- **In March 2020, the Health and Wellbeing Board agreed to the development of a new strategy for the period 2021-26.** In developing a new strategy, Lewisham will consider the wider contributory factors to health and wellbeing such as housing, education and employment. It will also seek to encourage individuals to take greater control and responsibility for their own health and care and reflect the need to address health inequalities, particularly in Black, Asian and Minority Ethnic (BAME) groups.

A full communications and engagement plan is being developed with partners to support the borough's recovery plans.

This includes:

- **Reflecting on what we know** from previous engagement work.
- **Understanding further what we have learned** from people's experiences of receiving care during the pandemic and the impact this has had on them.
- **Identifying and addressing gaps in our knowledge** and understanding.
- **Considering how this will shape our recovery planning** and delivery going forward.
- **Working collaboratively across our partnership** in a coordinated way for the good of all of our residents.

Given the disproportionate effect that COVID-19 has had on older people and those from the BAME community – alongside the disproportionate impact on men, lower paid workers, people with long term conditions, people with learning disability and/or autism and people with mental health needs – we will engage proactively and work with people from these communities and groups to understand the impact across our borough.

This information will inform how recovery planning can address these issues, as well as supporting how people can help shape our plans. It will build on pre-pandemic work to address health inequalities including the 2018 BAME Mental Health Summit and the BAME mental health insight co-production work which followed.

5. Safeguarding our communities and those who support them

A cross-sector COVID-19 Health Protection Board has been established to oversee our Local Outbreak Control Plan.

In Lewisham our partnership response to COVID-19 was swift with emergency structures put in place quickly, supported by coordinated communications across partners and with the local population.

In planning to mitigate and manage any second wave, we will explicitly build on the accomplishments and the lessons of the first, including:

- **Continue with robust infection control practices** including supporting secondary school reopening in September.
- **Target services to those most in need quickly** using population health data. This information continues to be built on and refined.
- **Continue with collaboration between health and care providers** to ensure that those most in need receive relevant care and support.
- **Enable access to key services through use of digital for consultations and patient support and providing safe face-to-face services** supported by PPE, training and effective use of sites.
- **Consultant Connect provides access for GPs to specialist input** reducing the need for patients to be seen at the hospital.
- **Support for staff to work remotely where possible.** Laptops and telephone solutions are in place and continue to be supported.
- **Extra critical care capacity available as required** to support any second wave and winter plans.
- **The 2nd COVID Centre which was set up for the first wave of COVID** to be reinstated if needed.
- **The Infrastructure to support shielded people will be maintained** to allow the service to restart in the event of a second peak. A shadow team of volunteers are “on call” for swift redeployment.
- **Ensure effective mental health services are available** including co-producing support on offer with local BAME groups.

Key aspects of Lewisham’s response to Covid-19 to-date include:

Harnessing local knowledge and data: Lewisham population health data system was used to identify vulnerable people quickly and offer support via the shielding team and Lewisham Local.

Improving capacity in our hospitals: Working jointly to support people leaving hospital and improve A&E performance.

Supporting people at home: Ensuring Home care providers were able to flex care provision easily. Home-based swab tests and self-monitoring to avoid potentially risky contact during lockdown.

Volunteering: Over 2,000 people mobilised to support the most vulnerable in our community with practical and emotional support.

New technologies: Laptops were issued to GPs and other staff to enable remote working with a further 1,000 from DfE provided to children & young people.

Testing: Staff testing co-ordinated jointly by the Council and CCG, including key workers in primary care, pharmacies and care homes.

COVID Centres: 2 COVID Centres rapidly established in the north and south of Lewisham, to manage patients with suspected COVID.

Personal Protective Equipment: Distribution of PPE locally to GPs, council staff, Care Homes and Domiciliary Care agencies.

Infection Prevention & Control: providing advice and support to care homes, mental health settings and supported housing providers as well as schools and early years.

Mental Health: Triage in Emergency Department extended 24 / 7.

Service changes and additional support: delivery of food parcels to shielded and vulnerable families and provision of safe temporary accommodation.

6. Enabling local priorities



Improving capacity and managing future demand

We are working with partners across South East London to model demand and capacity in order to help support the recovery of routine services and ensure we are able to manage any potential second wave.



Workforce

Our priorities are valuing and investing in our people and working collaboratively to improve working lives, workloads and wellbeing. This includes supporting staff physical and mental health and wellbeing, clear risk assessments and support for BAME staff, and building multi-disciplinary teams to enable integrated working including the development of broader workforce and volunteering models.



Digital

We will build on progress during Covid-19 in using digital technologies to improve access and health outcomes, including in our ability to securely share information and data and match services to needs, whilst ensuring that we continue to provide an inclusive set of services which support our overall goal of tackling inequality and do not create new barriers to accessing care.



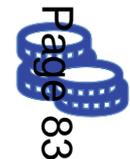
Care Homes sector support

The vulnerability of the local care homes market especially in light of the impact of COVID-19 remains a major concern, voluntary closures are likely. Lewisham will work proactively to support vulnerable care homes and ensure the safety of residents.



Estates

We aim to utilise existing estates more intensively to support a wide range of community-based health and care services, as well as providing flexible and adaptable spaces to support health and wellbeing. We are committed to releasing inappropriate estate where possible, withdrawing from property which is at the end of its useful life, and from leasehold property where public freehold estate is available, to maximise available funding to the frontline.



Finance

While the overall implications of the funding regime for 2020/21 are unclear at this point, it is clear that we face a very challenging financial position across both the health and care sector. We continue to be committed to pooling and delegating budgets to support better integrated, person-centred care but will need to be realistic around the resources required to support delivery of this plan, and the increased costs of sustaining and restoring key services due to Covid-19.

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COVID-19: Lewisham system recovery plan



working together

Lewisham Health and Care
Partnership

DRAFT
as at 7th September 2020



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1. INTRODUCTION AND CONTEXT

1. Executive Summary

Following the initial emergency response to the COVID pandemic, all health and care systems are developing borough-level COVID 'recovery' plans as part of wider system and Council plans for recovery. This Lewisham health and care system plan forms the Health and Wellbeing workstream of Lewisham Council's recovery plan. It also forms part of the South East London CCG's COVID recovery plan, which will incorporate plans covering health and care in Lewisham, Lambeth, Southwark, Greenwich, Bexley and Bromley.

This document sets out our plans for the next 18 months. It includes how we will:

- **protect local people** and the key workers that support them by mitigating and managing any further waves of COVID-19, learning from our experiences since March of this year.
- **re-start key services and manage existing and new need for support** arising from the lock down period.
- **work with local communities to "build back better"** and ensure everyone in Lewisham can live safely and well.

The impact of COVID-19 on Lewisham has left scars which must be acknowledged and healed. We are proud of the diversity of our borough but we know that COVID-19 has disproportionately harmed those from Black, Asian and Minority Ethnic (BAME) communities, older people, those living in the most deprived areas of the borough and in care homes. It has highlighted existing inequalities and too often made these worse.

There have been 1340 confirmed cases of COVID-19 in Lewisham residents (to 31 August) and 293 deaths associated with COVID-19 in Lewisham (to 14 August). As well as the tragic toll of the disease, the lockdown has affected both mental health and wider determinants of health and wellbeing, including access to vital services, our local economy, and the education of our children and young people. The full extent of this impact on the population of Lewisham and the inequalities that are created or exacerbated will only begin to emerge over the coming months and years.

Our ambition for our recovery is to create a strong, sustainable and accessible health and care system which supports people of all ages: to maintain and improve their physical and mental wellbeing, to live independently and well, and to provide access to high quality care whenever they need it. To achieve this we need to deliver care in our communities which is proactive, joined up, cost-effective, and helps to prevent ill-health and promote wellbeing. And we need to tackle the wider causes of inequality.

1. Context – the Lewisham Health and Care System

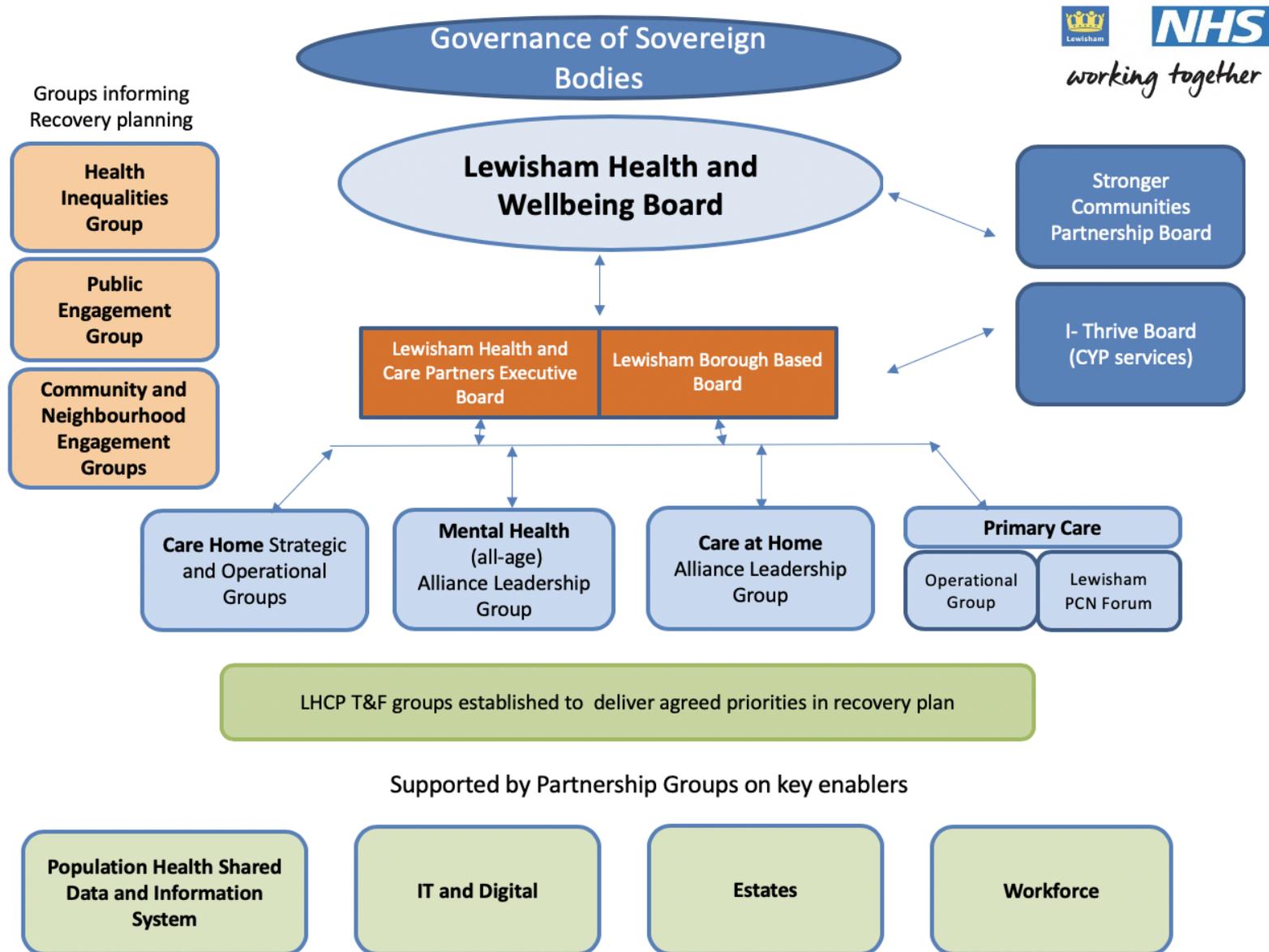
In Lewisham, health and care is delivered and supported by a range of organisations and partners across the Borough.

Lewisham has a strong history of partnership working. Our response to COVID-19 has shown the value of these relationships and of the joint working of our health and care services, with our voluntary and community sector, and with the communities we serve.

These established relationships have meant that we were able to identify activity to meet risks quickly and mobilise resources effectively, sometimes within a matter of days, minimising the impact which may have otherwise been a great deal worse.



1. Context – Lewisham Health and Care Boards



1. Context – Lewisham Health and Care Partners (LHCP)



working together

Lewisham Health and Care Partners (LHCP) include Lewisham and Greenwich NHS Trust (LGT); London Borough of Lewisham (LBL); NHS South East London Clinical Commissioning Group (CCG); One Health Lewisham (Pan-Lewisham GP Federation); South London and Maudsley NHS Foundation Trust (SLaM); Primary Care Network Leads and Lewisham's Local Medical Committee. Discussions are taking place to secure strategic input from the voluntary and community sector given the important role of the VCSE in maintaining and improving health and wellbeing.

The Partners meet regularly at the LHCP Executive Board to provide shared system wide leadership, set the strategic direction for integration and transformation and oversee the changes required for health and care across Lewisham. Lewisham's existing joint commissioning arrangements for children and adults are governed by section 75 agreements. The Local Authority and CCG are seeking to further strengthen these commissioning arrangements as part of the place based system and governance.

Alongside Lewisham's integrated commissioning arrangements, the borough has two alliance leadership groups for Care at Home and Mental Health. The former brings together local health and care organisations to develop integrated provider arrangements to deliver care and support for adults in their own homes, improving the co-ordination, quality and accessibility of that care and support. Similarly, the Mental Health Alliance Leadership Group seeks to provide working age adults with a personalised approach to their treatment, care and support needs, based on the identification of assets and strengths, and facilitating the achievement of personal goals. The group's remit will be expanded to include Children's Mental Health and Older Adult Mental Health.

Lewisham's Health and Care Partners report into the borough's statutory Health and Wellbeing Board. Alongside a requirement to publish joint health and wellbeing strategies, the Board is also required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing health and wellbeing.

2. POPULATION HEALTH

2. Population health: context #1 - population

Lewisham has a population of more than **305,800 people**

Lewisham is **densely populated** and has the 6th highest rate of household overcrowding in London. Nearly 10% of households in the borough are classed as overcrowded.

The borough has a **relatively young population profile**.

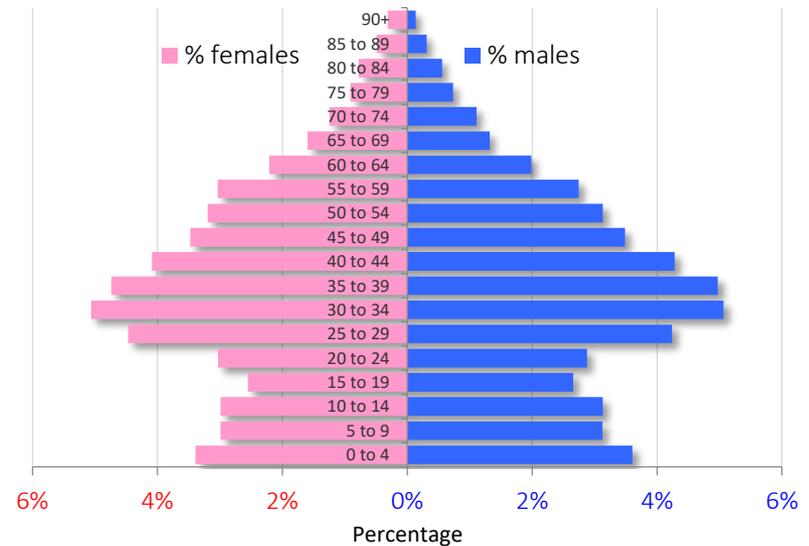
Residents aged 0-19 make up nearly 25% of the total population
About 70% of the borough's population is of working age (16-64)
Whilst older residents, aged 65+, make up about 10%

Lewisham has an **ethnically diverse population**.

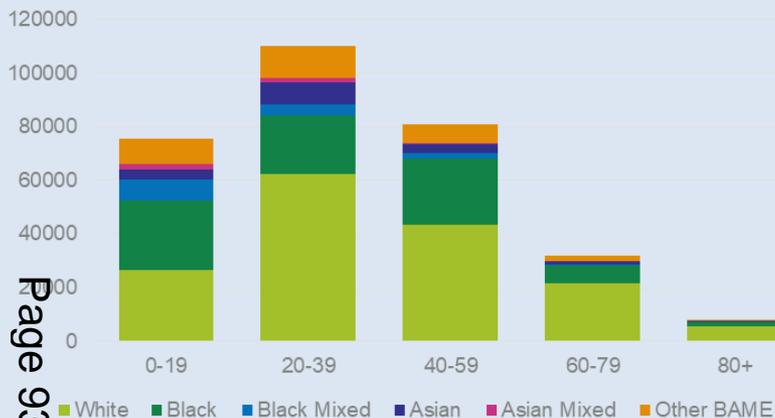
46% of the total population are of BAME heritage

This differs with age. **Over 65% of Lewisham residents age 0-19 are from BAME heritage.**

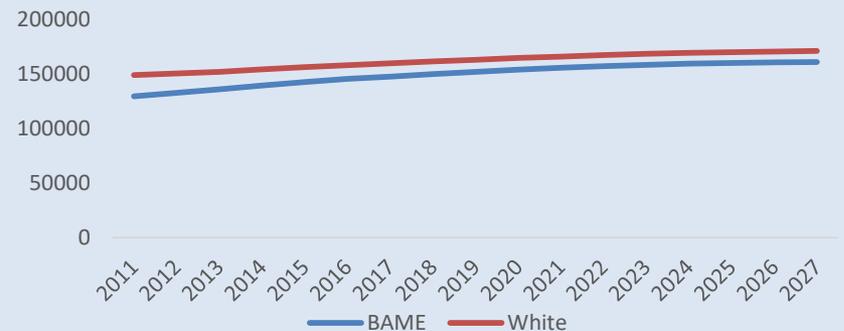
Population pyramid: annual percentage of females and males in Lewisham by 5 year age band, 2020



Lewisham ethnicity distribution by age group



Ethnicity projections for Lewisham by 2027



2. Population health: context #2 – health risks

Life Expectancy	There are big variations in life expectancy throughout the borough: men in Crofton Park ward can expect to live for 6 years longer than those in New Cross ward, and women in Perry Vale ward can be expected to live 8.5 years more than women in New Cross ward.
Cardiovascular and respiratory diseases	The rate of premature death from cardiovascular and respiratory diseases in Lewisham are higher than the average for London and England.
Smoking and Obesity (adults)	Smoking and obesity contribute significantly to premature mortality and morbidity in Lewisham. These health risks are also strongly linked with poor COVID-19 outcomes. Lewisham has a higher proportion of smokers and higher levels of adult obesity than most areas in London.
Diabetes	Diabetes is also a known risk factor for COVID-19 outcomes. Nearly 1 in 10 people in Lewisham are estimated to have diabetes (T1 & T2, including those currently undiagnosed). 58% of our population with type 2 diabetes are estimated to be of ethnic minority origin .
Obesity (children)	The prevalence of obesity in Yr 6 children in Lewisham is above the England average. Obese children may be at risk of more severe symptoms of COVID-19 should they catch the disease, although further research into the link between obesity in children and COVID-19 outcomes is required.
Asthma (children)	The rate of hospital admissions for asthma in children aged 18 and under is significantly higher than the average for London and England. Children with severe or poorly managed asthma may be at risk of more severe complications as a result of COVID-19 infection.
Low Income Households	Nearly a quarter of Lewisham's children (23%) live in low income households and over 12,000 children claim free school meals (as at 28 August 2020). There is a known link between deprivation and the risk of COVID-19 infection.

Further information and analysis on the link between health status, comorbidities and the impact of COVID-19 on the Lewisham population can be found on slide 15

2. Population health: impact of COVID-19 – direct impact on health

Number of cases	There have been 1340 confirmed cases of COVID-19 in Lewisham residents (up to 31 st August).
Number of deaths	There have been 293 deaths associated with COVID-19 in Lewisham (up to 14 th August).
Demographic analysis of deaths registered in Lewisham up to 16 th July confirms that mortality from COVID-19 impacts population groups in Lewisham disproportionately, matching some of the patterns that have been identified nationally and internationally:	
Mortality	Men and women aged 50 and above have an increased risk of mortality. The gender difference in mortality risk increases with age with the rate of death considerably higher in males aged 80+ than females.
BAME	Lewisham residents born in the Americas & the Caribbean or the Middle East & Asia have a significantly higher death rate than people born in either the UK or Europe.
Deprivation	The updated analysis shows no significant difference in the rate of death from COVID-19 between those living in the most deprived areas of Lewisham compared to those living in the least deprived areas
Care Homes	22% of deaths from COVID-19 were to residents who normally live in care homes.
This analysis has been updated to incorporate COVID-19 associated deaths registered in the latter part of the initial wave of the outbreak, the analysis now include all deaths associated with COVID-19, in Lewisham residents, registered in Lewisham (from 20th March to 16th July).	
Lewisham Public Health Team are creating a demographic profile of the entire cohort of residents who were diagnosed with COVID-19. Partners in SEL ICS & Kings Health Partnership are working on more granular analysis of the cohort of people in Lewisham who received hospital treatment for COVID-19. This analysis will include a breakdown by ethnicity, previous health status/risk factors. This analysis is due for completion in September 2020.	

2. Population health: impact of COVID-19 - inequalities and the wider determinants of health

- **As well as the direct impacts of the disease on physical health, the lockdown imposed as a result of COVID-19 has also had an impact on mental health and the wider determinants of health** such as socio-economic factors and education and developmental impacts for children and young people.
- **The full extent of this impact on the population of Lewisham and the inequalities that are created or exacerbated, will only begin to emerge** over the coming months and years.
- **Lewisham is working in partnership with public health teams across South East London and colleagues in Kings Health Partnership** on an in depth analysis of COVID-19 needs and inequalities across SEL. An evidence review of interventions known to effectively tackle the inequalities identified is also being undertaken. This will provide a detailed profile of the holistic impact of COVID-19 on each borough and a menu of options for each borough, to incorporate into their recovery plan, that will transform the health and inequalities of their population over the next 3 – 5 years.
- **Birmingham City Council and Lewisham Council are launching ground-breaking work into the health inequalities of African & Caribbean communities.** The programme, which will conclude in Dec 2021, consists of a series of reviews which aim to explore in-depth the inequalities experienced by these ethnic groups and their drivers. The review topics include; children and young people, mental health and wellbeing and chronic health, amongst others. The aim is to find approaches to break the decades of inequality in sustainable ways that will lead to better futures for local citizens.

The following slide highlights some of the early indicators of the wider impact of COVID-19 on our population.

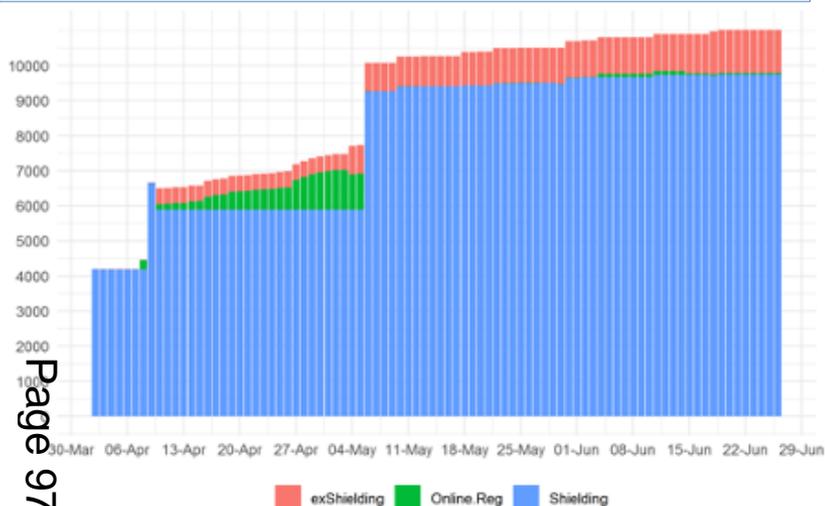
2. Population health: impact of COVID-19 - inequalities and the wider determinants of health #1

- **Lewisham's claimant count is now 19,300** (August 2020), up from 12,800 (April 2020) and 8,400 (March 2020) pre-lockdown.
- **Government data reveals that 36,200 jobs within Lewisham were furloughed** (43.2% of all in-borough jobs).

Table: Lewisham Shielding list over time

The increase in number of shielders in May was due to the second release of central data by NHS digital.

The additional 3,000 vulnerable people identified locally are not shown in this table.



- **Lewisham has seen a significant increase in food insecurity in the months since the onset of COVID-19.** More than 12,100 requests for food have been made and more than 11,100 food packages have been delivered (as of 28 August 2020).
- **Children and Young People: As of the 2020 Spring Census (16 January 2020) there were 6,856 children and young people claiming Free School Meals.** As at 30 August 2020 there are more than 12,000 children and young people registered for Free School Meals. This means that a significantly higher number of Lewisham CYP have access to food through their schools supporting those families affected by unemployment or loss of earnings.
- **Almost 10,000 people were shielding in Lewisham and being supported by the Shielding Team** - the geographic spread of shielders broadly follows patterns of deprivation. The Community Hub (Lewisham Local) delivered support to over 15,000 people. The majority of support provided was food packages (See Case study 3, slide 22).
- **A wider cohort of approximately 3,000 vulnerable people and not known to services were identified using population and Council data.** This group were then prioritised for a welfare call and referred to other support if required.

2. Population health: Health and Wellbeing Strategy

Lewisham will ensure that its new Health and Wellbeing strategy addresses the impact of COVID-19 and that actions are prioritised within short, medium, and long-term plans.

In March 2020, the Health and Wellbeing Board agreed to the development of a new strategy for the period 2021-26. In developing a new strategy, Lewisham will consider the wider contributory factors to health and wellbeing such as housing, education and employment. It will also seek to encourage individuals to take greater control and responsibility for their own health and care and reflect the need to address health inequalities, particularly in Black, Asian and Minority Ethnic (BAME) groups.

Alongside addressing the impact of COVID-19, the strategy will continue to focus on the following:

- **Quality of Life** – too many people live with preventable ill health or die too early in Lewisham. Health inequalities persist and the wider contributory factors to a person's quality of life and overall wellbeing require focused attention to enable all people in Lewisham to live well for longer.
- **Quality of Health, Care and Support** – People's experience of health, care and support is variable and could be improved. The system needs to evolve from a provider-focused one. The individual needs to be empowered to be in control of their own health and wellbeing through accessible information and local support, available closer to home.
- **Sustainability** – there are increasing levels of demand - population growth, age, complexity of need – and the financial resources are limited. The local health and wellbeing system must be forward looking and adaptable to such competing pressures.

Demand for services has been disrupted by COVID-19. It will take time to understand fully what this means in terms of impact on our local system. However, as part of our response planning we have considered the recent Public Health England review of disparities in risks and outcomes for COVID-19 – please see the following slide for details.

Managing Population Health & Tackling Inequalities - Addressing the impact of COVID-19

As part of our response planning we have considered the recent Public Health England review of disparities in risks and outcomes for COVID-19. The PHE analysis has looked into effects of age, sex, deprivation, region and ethnicity, but it does not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences. Continuing to improve the holistic management of long-term conditions in Lewisham is a key priority for our partnership, as (working with VCSE colleagues) is addressing the broader socio-economic determinants of health and wellbeing, including inequalities exacerbated by the effects of the COVID-19 outbreak. However, as an area with a diverse population and a diverse workforce, we recognise our shared responsibility to address emerging disparities in risks and outcomes specifically in our immediate and future plans

	Age and Gender	Deprivation	Ethnicity	Occupation	Health Factors/Co-morbidities
Risk Factors	<ul style="list-style-type: none"> Those 80 or over were seventy times more likely to die than those under 40 Males had a statistically significantly higher rate of death (9.9 deaths per 100,000) compared to females 	<p>COVID-19 has had a proportionally higher impact in the most deprived areas when compared to all deaths. Some groups are particularly at high risk</p> <ul style="list-style-type: none"> Migrants Those with Nil recourse to public funds Homeless Children and Young people (impact of education) 	<p>The risk of dying is higher for those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups</p>	<ul style="list-style-type: none"> Caring occupations including social care and nursing auxiliaries and assistants Those employed driving private and public vehicles including taxi and minicab drivers and chauffeurs Security guards and related occupations; including those in care homes 	<ul style="list-style-type: none"> Hypertension Cardiovascular diseases Diabetes mellitus Obesity Smoking COPD Chronic kidney disease
Potential Impact on Lewisham Population	<ul style="list-style-type: none"> Lewisham has a relatively young population with less than 5% of residents aged 80 + About 700 older clients are in nursing and residential settings, COVID-19 has caused, or been attributed to 22% of all deaths occurring in care homes in Lewisham since March 2020 The proportion of males:females in the population is relatively evenly balanced (49.5% : 50.5% respectively). However the proportion of men in the older age group is much smaller. Of those aged 80+ in Lewisham, only 39% are male. 	<ul style="list-style-type: none"> In Lewisham 25% of the population live in the most deprived area in London, with none living in the least deprived area Lewisham is the seventh most deprived of all London boroughs Children live in low income households and over 12,000 children claim free school meals There are more than 2,300 families living in Temporary Accommodation and over 150 rough sleepers in Lewisham Nearly one in five Lewisham residents hold a foreign passport (this provides an indication of the proportion of migrants within the population) The council have 62 active cases involving people with nil recourse to public funds 	<ul style="list-style-type: none"> 46% of Lewisham population are of BAME heritage As a proportion, people of BAME heritage (Men and Women) represent 53% of all those employed in the 'Human Health and Social Work sector' in Lewisham Approximately of 54% of Women employed in the 'Human Health and Social work' sector are also of BAME heritage 	<ul style="list-style-type: none"> Lewisham residents are working in sectors that are more likely to be exposed to risk of COVID-19 infection It is estimated that more than 60% of Lewisham residents of working age are employed in "public-facing" roles 18% of Lewisham residents work in the "Human Health & Social Work" sector (compared to 10% in London) 	<ul style="list-style-type: none"> High levels of smoking and obesity and rates of premature death from cardiovascular and respiratory diseases Nearly 10% of people in Lewisham are estimated to have diabetes (T1 & T2, including those currently undiagnosed) High proportion of population with type 2 diabetes are estimated to be of ethnic minority origin
Areas to be reflected within delivery plans	<ul style="list-style-type: none"> Integrated support to our vulnerable and frail population Agree risk stratification process to identify the cohort of people who would respond most effectively to anticipatory care or integrated care following an acute admission Support to CYP and families specifically around MH and emotional wellbeing 	<ul style="list-style-type: none"> Working with partners to address wider determinants of health and wellbeing including housing, education, employment Review of Health and Wellbeing Strategy to reflect wider contributory factors to health and wellbeing 	<ul style="list-style-type: none"> Understand and address health inequalities for BAME and other vulnerable residents as exacerbated by COVID-19 Action plan in place to support the work agreed in 2019 and updated in March 2020 	<ul style="list-style-type: none"> Shared programme to develop health and care workforce, especially BAME staff Establish a new partnership relationship with local Domiciliary care providers Care Home support and implementation 	<ul style="list-style-type: none"> Continued investment in prevention to support population health and wellbeing Improved LTC self management and care Continued focus on: Mental Health, Respiratory, Diabetes, and Frailty Cross borough work on Cancer

3. COVID-19

WHAT CHANGED?

3. COVID 19 - key developments timeline summary

The situation changed extremely quickly and locally staff and residents responded equally swiftly. Below is a timeline of some of the activity during the early stages of the pandemic.

- 16th March • Staff with underlying conditions or caring responsibilities advised to work from home; Council partners with Lewisham Local (Community volunteer-led hub) established a process to support Lewisham’s vulnerable residents
- 17th March • Staff asked to self-isolate if they or family members showing any symptoms of COVID
- 20th March • Schools closed. They continued to provide care and schooling to vulnerable children, or children of key workers.
- 23rd March • COVID helpline and email address launched for Lewisham residents; Critical service areas identified and prioritised; Govt. announced stringent measures to prevent further spread.
- 27th March • First delivery of PPE; Emergency distribution hub established; Additional PPE sourced by local staff for care homes and home care agencies
- 31st March • Staff redeployed to most urgent service areas
- 1st April • Over 120 staff signed up to internal volunteering programme
- 3rd April • COVID centres (Hot Hubs) opened
- 2nd May • 1st Mobile Testing Unit in place

Throughout NHS guidance was implemented locally to change the way services were delivered with ‘hot’ and ‘cold’ sites, infection control measures, technology solutions for virtual service provision, and to stand down non-critical services, while increasing capacity for critical services.

3. COVID-19 – how did we respond? #1

Strong local leadership	The response to COVID-19 was swift and effective, emergency leadership structures were put in place quickly, supported by coordinated communications across partners and with the local population
Use of data	The existing Lewisham population health data system, and other health data was used to identify additional potentially vulnerable people among local residents quickly, and offer support through the shielding team and Lewisham Local (see case study). It also enabled staff to analyse the emerging trends on a day to day basis to provide care for the expected COVID-recovery patients needing further support.
Patient behaviour	<p><i>Risks:</i> Attendances at general practice and at A&E and for elective surgery decreased sharply. The outcome of this is a high risk in terms of unmet need and likely exacerbation of conditions for our local population. Lewisham Health and Care Partners are increasing communications to encourage people to attend services. Individual services such as child immunisations are boosting capacity in order to mitigate this impact of COVID.</p> <p><i>Opportunity:</i> The decrease in emergency attendances together with the redesign of a hospital ‘flow centre’ helped to get people quickly out of hospital (<i>see case study</i>). We were also able to make some progress with internal changes in our emergency departments. This has meant that we have seen a significant improvement in achieving the 4-hour target for patients to be seen in ED. We now need to sustain this to cope with any future waves, and with winter pressures.</p>
Community Health Services	Community health services continued to provide a similar level of caseload, but with a different emphasis, providing home-based swab tests, while other patients started to self-monitor (e.g. blood glucose levels) to avoid face to face contact.
A volunteer force	A volunteer force of over 2,000 people was mobilised quickly to support the most vulnerable in our community with practical and emotional support. Social prescribing link workers played a key role in supporting vulnerable people through the COVID crisis, providing holistic wellbeing support and signposting to critical services. They will continue to support people through recovery using a proactive approach to identifying people
Digital First	<p>Laptops were issued to General Practice and to other staff to enable remote working where possible, and reduce face to face contact while continuing to deliver healthcare services. A further 1,000 laptops were distributed to children and young people (provided by DfE) after it was recognised that some local families were being disadvantaged by the move to digital for healthcare and education. New technology was introduced to support remote assessments and reviews for users of social care services in the community and in care homes.</p> <p>Care leavers: Through the local Independent Visitor Service contact with care leavers has significantly improved during the pandemic. Changes in social work practice has provided increased flexibility, offered at a convenient time through the use of digital tools, this approach has been welcomed by our young people who have previously been difficult to engage.</p> <p>As we go forward we will look in depth at how the use of technology impacts on those who don't have digital access, particularly how it affects those in temporary accommodation, those without access to broadband, and those who lack physical or mental dexterity.</p>

3. COVID-19 – how did we respond? #2

Testing	Staff Testing for COVID-19 has been co-ordinated jointly with the Council and CCG, initially to provide access to antigen testing for key workers in primary care, pharmacy and care homes, and then connecting with the south east London team as the programme has been rolled out for instance with blanket testing in care homes. An initiative during June and July has seen antibody testing provided to staff in the CCG, primary care, pharmacy and care homes, with phlebotomy carried out by One Health Lewisham and laboratory analysis by LGT.
Local Outbreak Management	A cross-sector COVID-19 Health Protection Board has been established to oversee the implementation of Lewisham’s COVID-19 Local Outbreak Control Plan. Plans for the management of COVID-19 outbreaks in a range of health and non-healthcare settings have been agreed, these include pathways to increase testing capacity and mutual aid agreements to support contact tracing for outbreaks in complex settings.
Establishment of COVID Centres	2 COVID Centres were rapidly established in the north and south of Lewisham, to manage patients with suspected COVID.
Personal Protective Equipment	Distribution of PPE locally to GPs was coordinated by the GP Federation, staff in the Council and CCG coordinated supplies of PPE to Care Homes and Domiciliary Care agencies until the national supply of PPE became effectively mobilised.
Referrals to Children’s Mental Health Services reduced	Referrals to front line services such as MASH, CAMHS, Athena (for domestic abuse) and the Young People’s Health and Wellbeing Service have reduced during the pandemic, largely due to reduced face to face contact with key referral sources such as primary care (GPs) and schools. CAMHS referrals have dropped by 50% during COVID-19 (approx. 130 referrals a month in 19/20, compared to 65 per month in 20/21). It is not known whether there is an increase in need and the full impact is unlikely to be recognised, however the use of the crisis line has increased. <i>(see case study)</i>
Infection Prevention and Control in non-healthcare settings	The Public Health Team have become the central point of contact for enquiries relating to COVID-19 infection prevention and control guidance in non-healthcare settings. The team have worked across sectors providing advice and support to care homes, mental health settings and supported housing providers as well as schools and early years settings.
Mental Health in ED	Emergency Department walk-in triage was extended to 24/7. As a result of this initiative 36% of patients were diverted from a bay in majors and did not require a full psychiatric assessment.
Service changes and additional support	<p>The SEND travel assistance programme has been able to assist with the delivery of food parcels to shielded / vulnerable families.</p> <p>A task force was established quickly to risk assess all supported housing and provide COVID-safe accommodation for symptomatic people. Dormitory-based night shelters were closed and 210 rough sleepers accommodated safely in self-contained accommodation such as student housing.</p>

3. COVID 19 – impact on services

Demand on services changed during COVID for some service types. Below are highlights of some of the changes in health and care service delivery.

- **Community health services** continued with adjustments in place to ensure people continued to receive support.
- **Referrals to MASH** and adult safeguarding board reduced. CAMHS referrals reduced by 50% during COVID. There is likely to be significant unmet need coming out of COVID.
- **Domestic Abuse:** teams increased publicity in supermarkets and pharmacies to reach people who rarely left their homes.
- Use of the **Children and Young People’s mental health** crisis line increased. (See case study 4)
- **IAPT** services moved from 70% face to face, to 70% virtual.
- **ED Mental Health** liaison expanded their triage function to 24/7 which resulted in 36% of patients being diverted from a bay in majors and not requiring a full psychiatric assessment.
- **COVID Centres** had 601 patients booked in between 9/4-29/5.
- Over 85% of **Primary Care appointments** were delivered virtually.

- **Social Care information and Advice** line contacts reduced by a third and as a consequence demand for social care assessments also reduced.
- Building-based **Day Care services** have been suspended and support and activities have been provided in people’s homes.
- **Continuing HealthCare** assessments and checklists were suspended.
- Long Term Placement numbers dropped by 20%.
- **College placements** for young adults with a disability ceased, so more care at home was provided.
- **Domiciliary care** packages reduced in the early days of COVID by 14 %. Providers continued to be paid on planned activity to ensure they could flex quickly to meet demand if needed.
- **A&E attendance** reduced significantly. Attendance is now rising to pre-COVID levels again.

TABLE: Primary care appointments
source: SEL PCN SITREP Dashboard wc 0405

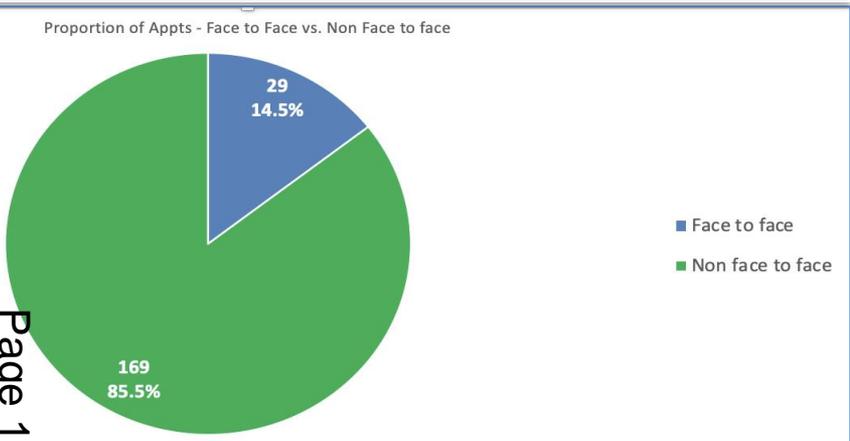
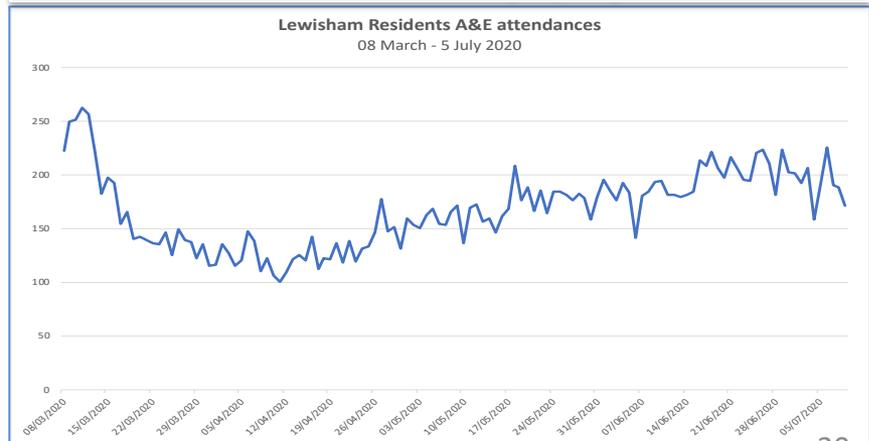


TABLE: Lewisham Residents A&E attendances
Source: LGT COVID19 Borough Reporting



3. COVID-19 - case studies 1 & 2

Case study 1 – COVID Centres

GPs across Lewisham working in partnership with One Health Lewisham came together to redesign two medical centres into COVID-19 community assessment centres, more commonly referred to as Hot Hubs, for caring solely for patients with suspected COVID-19.

This reconfiguration went from a design on paper to implementation within a matter of weeks. This was something that primary care had never had to do before and embodied the strong sense of working together to best support patients.

Patient access and staff safety was managed through effective new remote capabilities set up for Practices, including system VPN access and Remote working activities such as phone and video triage. If the clinician determined that a patient with suspected COVID-19 symptoms still needed to see a GP face-to-face, then they would be referred to a COVID centre for a rapid assessment that same day.

To help facilitate the movement of patients to and from the COVID centre (or Hospital), a group of local black cab drivers were enlisted to undertake the transport duties. PPE was supplied and cabs were modified to ensure safety for driver and passengers along with the cabbies being taught to ‘deep-clean’ their vehicle between journeys.

The centres used effective triaging, PPE and robust cleaning resources in a safe way to ensure patients and primary care teams were protected and the risk of spreading the disease was minimised.

The work identified key areas of learning:

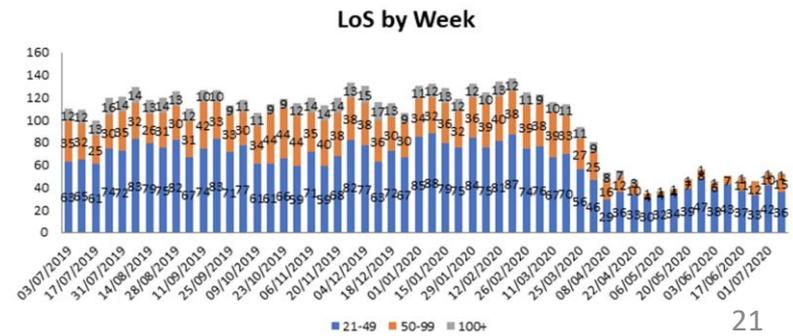
- The need for fast **decision-making**. Decisions had to be made often in the space of a day, considering all the options.
- Understanding the demand for the service - **data** was collected and interpreted quickly to ensure demand did not outstrip provision.
- The importance of effective **staff communication**: as events and services developed rapidly, **One Health Lewisham** began publishing regular news-updates to keep all primary care colleagues informed, updated, engaged and confident in the new systems and procedures.
- Bringing the **community** together – Working collaboratively with support from the community hugely contributed to the success of the COVID centres. This was apparent at **One Health Lewisham**, where healthcare colleagues worked together to effectively run the clinic and the community donated money and scrubs - for example through '[For the Love of Scrubs](#)'. Members of the community also volunteered at the new centre.

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Case study 2 – Hospital Flow Centre

- Pre-COVID the hospital had on average over 100 stranded patients with over 21days length of stay. By bringing in additional staff and focusing on purely medical reasons for inpatient stay, the flow centre was able to dramatically reduce stranded patients over the COVID period.
- Reasons to stay in hospital were restricted to medical reasons, such as
 - ✓ Physiology - NEWS2 >= 3 (unless AF &/or COPD)
 - ✓ Therapy - oxygen therapy/ NIV (Treatment)
 - ✓ Therapy - intravenous fluids
 - ✓ Therapy - i.v. medication > b.d.
 - ✓ Iatrogenic - lower limb surgery within 48hrs
 - ✓ Iatrogenic - thorax-abdominal/pelvic surgery with 72 hrs
 - ✓ Iatrogenic - an invasive procedure within 24hrs
 - ✓ Function - Diminished level of consciousness where recovery realistic
 - ✓ Function - Acute impairment in excess of home/community care provision
 - ✓ Function - Last hours of life

The trust the public and families showed in our judgement was magnified through public opinion of the NHS during the crisis and this helped public acceptance of the need for patients to leave hospital quickly. The flow process is now being redefined and redesigned to work more closely with social care and therapies.



3. COVID-19 - case study 3 – Lewisham Local

Community Hub (“Lewisham Local”) to support the most vulnerable

Lewisham’s response to COVID-19 included the swift mobilisation of a community response. This response was formed of two key elements: a shielding team to identify those most at risk and a Community Hub to deliver support.

Given that people who are shielding have serious underlying health conditions placing them at very high risk of severe illness, the role of the Council’s shielding function and the delivery of food and other essential welfare services provided by the Community Hub has been critical in maintaining the health and wellbeing of residents.

The Community Hub was established in mid-March to identify and address additional support needs arising from the COVID-19 crisis.

The Hub is a partnership between the Council and four key delivery partners, Lewisham Local, Lewisham and Southwark Age UK, Voluntary Services Lewisham and the Food Bank. Many other local voluntary and community services support this delivery. The service works closely with the social prescribers based in primary care.

Clear links have been seen between areas of deprivation and use of the community hub (“Lewisham Local”) service.

In addition to the PHE-identified ‘shielding’ population, a wider cohort of approx. 3,000 vulnerable people who are over 70, living alone and not known to services were identified and prioritised for an initial welfare call and where appropriate referral onto other services using the Lewisham Population Health and Council data systems.

To 28 August, 5,299 individual adults had been referred to the community hub and an estimated 15,000 people had been helped including children and other adults within the households.

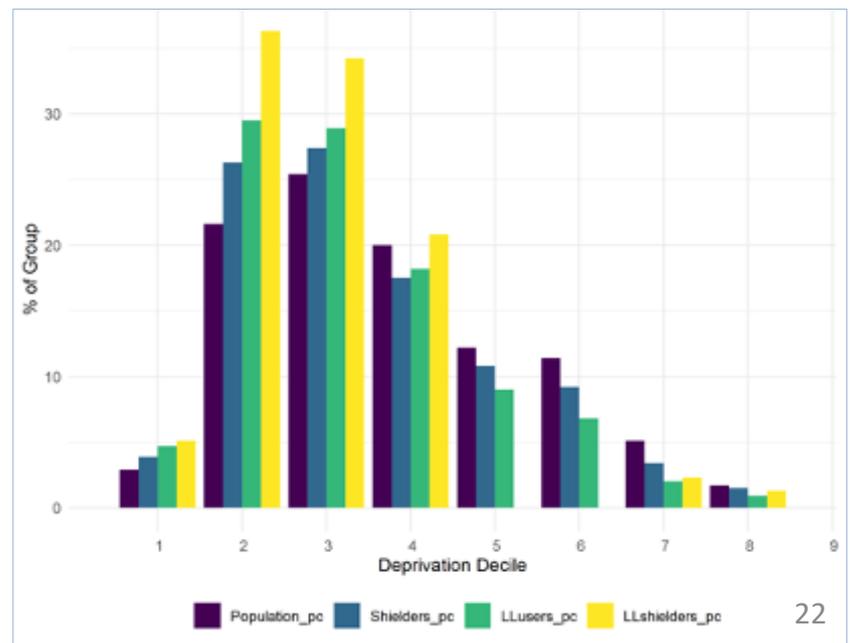
14,058 help request referrals were made to Lewisham Local:

- o 11,574 food requests
- o 1,391 befriending requests
- o 493 practical assistance requests
- o 600 food bank walk-ins

2,470 - Total volunteers were registered with hub partners.

Lewisham already has high levels of food insecurity with estimates suggesting that up to one in four (24%) adults and one in six (17%) parents have children living in low or very low food security. The co-ordination of food provision and delivery by the Hub has played a critical role in mitigating the negative impact of food insecurity and poor malnutrition on some of the most vulnerable residents.

Table: Comparison of users of Lewisham Local (Community Hub) and Shielders with general population by deprivation



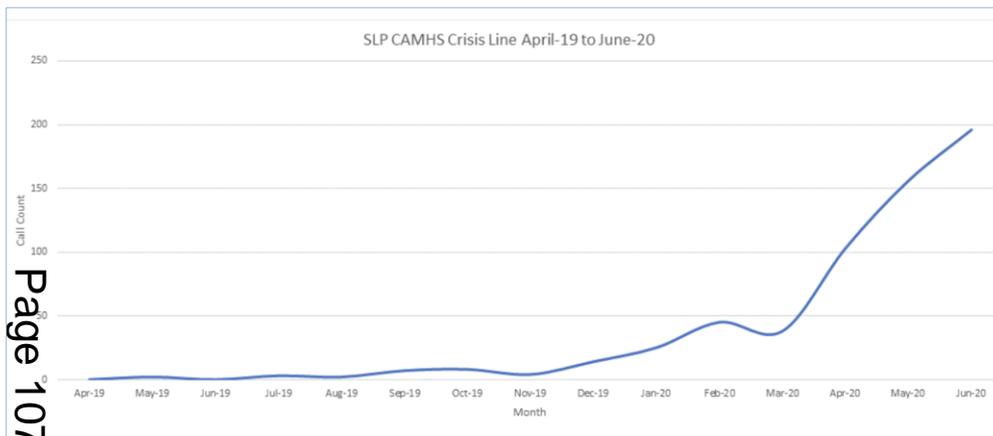
3. COVID-19 - case study 4 – Children and young people’s mental health

(1) Crisis Mental Health line

In March 2020 NHS E/I requested every area provide a 24/7, single point of access for urgent mental health support available to the public as a priority during the Covid-19 pandemic. A South London wide CYP crisis line for all CYP was launched on 30th March '20, Monday to Friday 5pm-10pm and weekends (incl. bank holidays) 9am - 9pm. By May 2020 the opening hours were extended to 11pm, 7 days a week, to deal with additional demand.

The line can be accessed by phone by children and young people from anywhere during these times. It is always staffed by two CYP mental health practitioners from nursing, occupational therapy, and psychology backgrounds, as well as a support worker, all of whom have extensive CAMHS expertise.

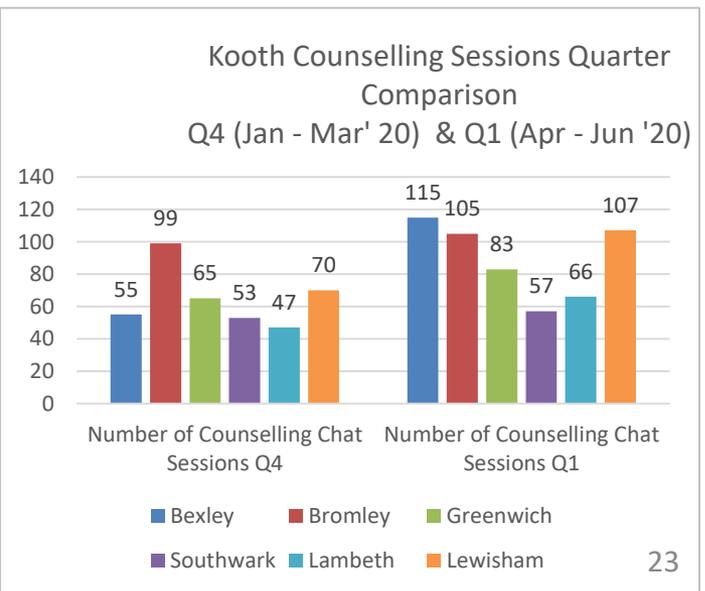
The new CYP crisis line service was communicated widely to professionals and CYP and families. Soft communications went out to the public. As awareness of the line and Covid-19 issues continue, numbers are expected to increase.



(2) Online counselling

Kooth.com is an online counselling service, offering free and confidential sessions and forums to young people aged 10 – 19 and up to 25 years of age (for targeted groups), across the six SE London boroughs. It is a well-established service.

During March-July '20 the service did not see any significant change in referrals. This may be due to the lack of interface between CYP and schools or GPs. However, the service did see an increase in counselling sessions delivered between Jan-Mar '20 and Apr-Jun '20 for those CYP already registered with the service.



3. Working together: learning from COVID-19 first wave

There is learning to be taken from our experience of the pandemic first wave, and we are working with residents and staff to recognise where things have worked well and not so well for them. Below are some initial highlights from organisational perspectives.

Strong local leadership	<p>The local GOLD/SILVER command emergency planning structures were put in place quickly and supported place-based system coordinated communication, data gathering, operational planning and delivery, and key decision-making. Although roles and structures needed some clarification initially, particularly in light of the new CCG SEL structural changes, this was quickly resolved.</p>
Organisational behaviours and culture	<p>During the pandemic providers worked collaboratively with willingness and flexibility to deliver existing services differently, and to move quickly to establish new services. These behaviours were the result of an absolute commitment to the ‘common good’, and enabled by the removal of financial and bureaucratic constraints. Organisational silo working almost disappeared overnight. Access to digital means (such as MS teams) have made interagency meetings more accessible and easier to plan, especially where a range of agencies are required to attend. Partner agencies have successfully attended statutory social care meetings in a virtual capacity. We will build on the good relationships and behaviours which came out of our joint response to COVID-19 and continue to operate virtually where this is beneficial to joint working.</p>
Collaborative working across provider organisations	<p>Joint working with other partners across SEL (acute) and the independent/private sector (acute and MH) ensured that patients most in need were able to receive support.</p>
Additional funding and removal of organisational requirements	<p>Additional funding and quick decision-making enabled enhanced services to be established in days. The acceptance of common sense decisions over fully developed business cases and requirement for multiple sign-offs led to quick implementation and flexibility, some of which may prove to have been wrong, but much of which was extremely effective, for example, the addition of therapy staff in the hospital ‘flow centre’ which enabled much quicker discharges to take place.</p>
Removal of national regulation	<p>The removal of some regulations, such as patient choice on care homes, has meant that hospital length of stay was able to reduce to manageable levels. (see case study)</p>
Digital first	<p>COVID-19 prompted an incredibly fast and widespread move to use of digital solutions to reduce face to face contact where possible and continue to deliver services safely. This change was remarkable in its adoption across primary, secondary and acute services. Some Mental Health services moved from 70% face to face interaction, to 70% digital (IAPT). During Mar-June, Primary Care in Lewisham have moved to 85% of appointments delivered virtually. Safeguarding boards developed and delivered a range of online training to the large number of new volunteers. However, this move to digital has disadvantaged some people and we are working with local people to understand how to mitigate this.</p>
Voluntary sector and volunteers	<p>Voluntary organisations in Lewisham collaborated in an unprecedented way to serve residents, particularly those who are most vulnerable to the health, social and economic impacts of coronavirus. A volunteer force of over 2,000 people was mobilised quickly to support the most vulnerable in our community with practical and emotional support.</p>
Staff and residents responded well to change at pace	<p>Staff and residents responded well to change at pace with a common goal and shared purpose. Staff have shown resilience and resourcefulness, understanding that the priority lies with serving patients and residents more than ever at this time. Staff have positively and quickly developed virtual ways of communicating across the organisation and beyond to support critical services. The need to respond quickly meant that a culture of empowering and encouraging new ideas and contributions and working in a positive and constructive way arose. Staff were able to deliver flexibly and quickly, feeling supported in their decisions and actions.</p>

4. PLANNING FOR RECOVERY

PROTECT, RE-START AND BUILD BACK BETTER

4. Protect: Protecting residents from a 2nd wave

A cross-sector COVID-19 Health Protection Board has been established to oversee our Local Outbreak Control Plan.

In Lewisham our partnership response to COVID-19 was swift with emergency structures put in place quickly, supported by coordinated communications across partners and with the local population.

In planning to mitigate and manage any second wave, we will explicitly build on the accomplishments and the lessons of the first, including:

- **Continue with existing robust infection control practices** which are now embedded in all aspects of activity, including educational establishments in readiness for secondary school reopening in September.
- **Target services to those most in need** quickly, using population health data. This information continues to be built on and refined.
- **Continue with collaboration between health and care providers** which was developed during the first wave of COVID-19 and build on this to ensure that those most in need receive relevant care and support.
- **Enable safe access to key services through use of digital for consultations and patient support and providing safe face-to-face services** supported by PPE, training and effective use of sites including designated shielding and isolation areas.
- **Consultant Connect provides access for GPs to specialist input** reducing the need for patients to be seen at the hospital. The number of specialist conditions offered by this service has increased exponentially in the last few months.
- **Support for staff to work remotely where possible.** Laptops and telephone solutions are in place and continue to be supported.
- **Extra critical care capacity available as required** to support any second wave and winter plans.
- **The 2nd COVID Centre which was set up for the first wave of COVID** to be reinstated if needed.
- **The infrastructure to support shielded people will be maintained** to allow the service to restart in the event of a second peak. A shadow team of volunteers are “on call” for swift redeployment.
- **Ensure effective mental health services are available** including co-producing support on offer with local BAME groups.
- **Improving the support available in the community** to prevent unnecessary hospital attendances and improving the discharge process for those leaving hospital will be a priority to ensure that hospitals have capacity for those needing acute treatment.

Winter plans

The recovery plan is being aligned with winter plans, including a strong focus on increasing the uptake of flu vaccinations, planning for increased staffing levels, and extra PPE to ensure care homes in particular are well supported.

Services will continue to provide digital access, and segregated areas with strong infection control processes in place where face to face hospital or surgery appointments are needed.

4. Re-start: Re-starting key services

In line with the NHS England letter of 31st July setting out requirements for re-starting NHS services, and as part of our recovery plan, system partners are working to re-start services which were stood down or reduced due to COVID. This includes:

- **Restoring full operation for all cancer services** including a focus on unmet need and health inequalities, and managing demand, reducing the number of patients waiting for diagnostics and/or treatment
- **Recovering the maximum elective activity** possible between now and winter, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals Ensuring overnight electives and outpatient/daycase procedures get back on track. MRI/CT and endoscopy procedures to be back to last year's levels by October. Achieving good performance on outpatient and follow up appointments
- **Reviewing Learning Disability day opportunities** to ensure people's needs are being met
- **Social care assessments** to be carried out on all patients who were discharged as urgent hospital discharges during the height of the pandemic to ensure their care is appropriate to their need
- **Resuming NHS Continuing Healthcare** assessments from 1 September 2020
- **Restoring activity to usual levels where clinically appropriate in primary care and community services**, including offering face to face, remote triage and video, online and telephone consultations
- **Addressing the backlog** of childhood immunisations and cervical screening
- **Re-starting medication reviews** in care homes and in support of GP practices
- **Expanding and improving mental health services** and services for people with a learning disability and/or autism
- **Reducing the number of children, young people and adults within a specialist inpatient setting**
- **Practices should ensure that everybody with a Learning Disability** is identified on their register and receives an annual health check and has screening and flu vaccinations arranged
- **Expanding Mental Health Services** to meet Long Term Plan priorities

Tackling fundamental challenges including support for our staff, action on inequalities and prevention:

- **Recognising the crucial role that health and care staff have played** in managing the response to COVID
- **Keeping staff safe, healthy and well** and offering staff flexible working.
- **Addressing systemic inequality** that is experienced by some of our staff, including BAME staff.
- **Increasing the scale and pace of progress of reducing health inequalities**, and regularly assessing progress.

4. Build Back Better: our priorities #1

LHCP have identified a number of key priorities for 20-21 and beyond which are reflected in our recovery plan. Whilst many of these build on pre-existing priorities, some have an increased focus as the result of learning from COVID-19 as set out below.

COVID-recovery plans will be aligned with Winter planning including for 2nd wave of COVID-19. This will include a focus on flu vaccination uptake, particularly for those most at risk, including older people, BAME and those with co-morbidities.

Inequalities

- **Addressing inequalities has always been emphasised throughout LHCP's work.** However issues around inequalities and disparities have come into stark focus both as a result of the emergence of an understanding of populations most likely to suffer from COVID-19, the profile of deprivation being linked to higher numbers of BAME people, and the rising racial tensions following the killing of George Floyd in the USA in May.
- **We will continue to review and address inequalities and disparities in risks and outcomes,** with a specific focus on the BAME population. For example the case management approach taken by the shielding team and community hub has rightly delivered to proportionately more people from BAME backgrounds, reflecting local racial inequalities. The shielding service has been overwhelmingly positively received and some residents reported it as 'life changing'. This model will be reviewed to see how it can be adapted for future use.
- **In addition, priorities have been developed to support the BAME workforce,** including mentoring, career enhancement opportunities and practical support

Care Homes

- **Care homes reported issues early on in the COVID response, with the focus nationally being primarily on acute care.** We have built on existing systems to support care homes locally including primary care coordinated support through the local GP Federation, and through LIMOS (Lewisham Integrated Medicines Optimisation Service). A workplan is in place to safeguard care home residents and staff from COVID, and a comprehensive action plan has been developed.
- **The vulnerability of the local market especially in light of the impact of COVID remains a major concern,** voluntary closures are likely. Lewisham will work proactively to support vulnerable care homes and ensure the safety of residents.
- **A strategic oversight group has been established to track delivery of further actions to strengthen the support to the care market.** One action is to secure additional local infection prevention and control resources by October 2020.

Prevention

Many of our prevention services such as sexual health, substance misuse, Health Visitor, NHS health checks and immunisations were reduced or put on hold during COVID. A priority will be to get these back up and running particularly with a focus on addressing inequalities as part of their delivery.

4. Build Back Better : our priorities #2

Planned Care

- **Following the reduction or stopping of some services during the peak of COVID-19**, LHCP are rightly eager to ensure that planned care restarts as soon as is safe and practicable.
- **Cancer screening programmes are now re-starting**, with patients now actively being invited for cervical screening other programmes to follow such as bowel and breast.
- **Bowel sample testing did not stop during COVID-19.**
- **There are about 5,500 outstanding Endoscopy appointments across SEL**, a proactive plan has been put in place to re-start this, with the expectation that the backlog will be cleared in 6-8 weeks.
- **In primary care, priorities are to refocus on proactive planned care including immunisations**, cancer screening, LTC management, postnatal checks, SMI/LD/NHS Health checks.
- **Implementation of RAS and the rollout of DXS systems also continue to be priorities** for Primary Care going forward.
- **Establish community services for dermatology, cardiac diagnostics and anti-coagulant initiation** to improve access to these services and reduce health inequalities.

Building Community Resilience

- **We will adopt an asset based approach to our service delivery ensuring that we focus on an individual's strengths, knowledge and skills.** This aims to give individuals more control and a greater voice in the development of their care and support plan in order to achieve improved health and care outcomes.
- **We will ensure that the learning from the BAME MH Health inequalities pilots is used to co-produce interventions** that make efficient use of digital access, face to face support, mutual aid, peer support and other approaches that improve community resilience leading to increased levels of self care and self management.
- **The burden on unpaid carers during COVID lockdown has been exacerbated, and work during September is taking place to identify new carers**, and offer them carer assessments and support.

Children, Young People and Families

- **A programme of catch-up immunisations has been put in place and screening and weight management programmes will commence in September.** Referrals to MASH, CAMHS, Domestic Abuse and YP Mental Health and Wellbeing services reduced during COVID-19, but calls to the CYP Mental Health crisis line increased exponentially.
- **The Mental Health Support Teams in Schools are directly supporting Lewisham schools during lockdown** and helping young people and families prepare for the return to school in September.

4. Build Back Better : our priorities #3

LHCP will also use the learning from COVID-19 to review workplans for the areas set out below which were identified pre-COVID as priorities for system transformation and reprioritise activity as necessary. LHCP will continue to work together to deliver integrated community based care at a neighbourhood level continuing its work on prevention, early intervention, care at home and end of life care. It will also continue to develop an effective interface and pathways between community based care and secondary provision particularly for admission avoidance and hospital discharge. The partnership will continue to reflect on the learning and practices that have developed following COVID-19 and incorporate this into future developments.

FRAILTY

A dashboard for Frailty was in development to stratify the local population into cohorts of mild, moderate and severe and map against other conditions, service and IMD information. This will continue to be used to provide more responsive anticipatory care. We will review the activity that we identified to address the Right Care Frailty recommendations and reprioritise where necessary.

MENTAL HEALTH

The Mental Health Leadership Group will continue to focus on transforming Front Door & Rapid Crisis Response ; Community Support; and Rehabilitation & Complex Care. In particular there will be a continued focus on addressing inequalities and improving outcomes, particularly for BAME communities. The group will now also focus on the mental health of CYP and Older Adults.

RESPIRATORY

Priority actions include commissioning integrated respiratory community hubs, review of Lung Education Exercise Programme (LEEP), and delivery of multi-disciplinary team working with primary care, community and social care for Respiratory patients. Current plans are being reviewed in light of emerging data and evidence from COVID-19 and plans amended accordingly.

DIABETES

Following an analysis of the data, pre-COVID the following areas of focus were identified :

- Patients with undiagnosed diabetics
- Patients at risk of developing diabetes
- Patients that had gestational diabetes with no 3 and/or 15 month check
- Patients not in range for 1, 2 or all 3 of the treatment targets

Given the impact of COVID 19 on this cohort of patients, the partnership group will review formerly agreed proposals for change to see if where activity needs to be re-prioritised or enhanced.

CHILDREN AND YOUNG PEOPLE

Implementation of the i-Thrive model across early help and emotional health services remains a priority for 20/21, this approach aims to develop a common language and enable access to services, creating improved family resilience.

4. Build Back Better : wider Council priorities

A number of wider council priorities will be supporting the delivery of the health and care specific priorities set out earlier. The Council's own recovery plan will focus on the Council and the Borough respectively and will be underpinned by the following anchoring principles:

- Tackling widening social, economic and health inequalities
- Protecting and empowering our most vulnerable residents
- Ensuring the Council's continued resilience, stability and sustainability
- Enabling residents to make the most of Lewisham the place
- Collaborating and working together with our communities and partnership across the borough

Recovery will be staggered over three phases:

1. Easing Lockdown : Spring/Summer
2. Transition : Autumn/Winter
3. Reinvention : Autumn/Winter onwards

Phase One

- The immediate focus of recovery is managing a coordinated easing of lockdown to ensure Council services remain safe for residents and for staff.
- To date, the Council has focused on implementing robust and consistent social distancing measures in Council sites that are still in use, and to provide practical and wellbeing support for staff. A review has been carried out of non-critical services to assess capacity, anticipated impact on demand and working arrangements as lockdown eases. Active Council buildings have undergone a thorough risk assessment and adaptation to ensure that critical workers who are sometimes or always required in the office can work in a safe environment, compliant with government guidance.
- The Council is also focused on ensuring that both critical and non-critical services that have been running at a reduced operation during lockdown are gradually and safely reopened where it is appropriate to following a thorough COVID-specific risk assessment and in accordance with the aims and principles of our recovery approach.

Phase Two

- The Council has conducted an internal, interim review of the response to COVID-19 so far and identified a number of lessons learned which will inform and shape ongoing recovery development as well as inform its response to future waves of COVID-19.
- Phase Two will build on and embed the lessons learned from response. There will also need to be an extensive borough-wide impact assessment with residents, members, partners and local businesses in order to build an evidence base to inform policy and decision making.
- This phase will focus on inequalities, analysing the various impacts of COVID-19 on those with protected characteristics to ensure that Council services and local partnerships are working to shared objectives and are fit to tackle inequalities in a post-COVID Lewisham.
- Phase Two will also focus on stabilising the Council's finances and service delivery for the short term, while beginning to plan for the longer term sustainability and stability of the organisation.

Phase Three

- The findings from the assessment and consultation stages of Phase Two will inform a longer term phase of service redesign according to the anchoring principles as set out above.

4. Build Back Better: engagement with partners and residents

Experience of COVID

Healthwatch Lewisham undertook a survey to understand the impact of COVID-19 on the local population. The findings are taken from a total of 1,030 responses from the public. 95% of responses were made online, but phone and written responses were also encouraged.

Accessing Services: There remains a considerable reluctance by residents to access services because of the fear of catching COVID-19 or not wanting to be a burden on the NHS. 20% of respondents had been unaware that their GP practice was open during lockdown.

Digital services: Residents were predominantly happy with their experience of using GP services and the availability of phone consultations. They had positive experiences with phone consultations finding them to be “quick” and “informative”. However, respondents strongly feel there is a continued need for face to face appointments. It was felt that the main limitation of using a tablet, computer or smartphone is the digital exclusion for those who cannot use or afford to use the technology. Services need to ensure that there is still equity of access for residents who cannot engage with the digital offer.

Information: Respondents felt the best sources to keep themselves safe were the daily national briefings, news and the NHS and government websites. The 4 main topics which respondents wanted to receive further information and guidance around were COVID-19 testing, mental health self-help tips, dental services, and any changes to local healthcare services they access.

Impact of COVID: The COVID-19 outbreak and lockdown has had a substantial emotional impact on residents, with residents’ experiencing issues such as bereavement, financial worries, isolation and anxiety. There is greater need for a wide provision of mental health support services to be included in services’ recovery plans.

Next steps: Patients felt that up to date coronavirus figures, the availability of a vaccine, clear information from services about infection control measures and provision of PPE for staff would encourage them to access services.

Next steps

A communications and engagement plan has been developed with partners to support the borough’s recovery plans. This includes:

- Reflecting on what we know from previous engagement work
- Understanding further what partners have learned from people’s experiences of receiving care during the pandemic and the impact this has had on them
- Identifying gaps in knowledge and implementing plans to address this
- Considering how this intelligence will inform our recovery planning going forward
- Working collaboratively across partners in a coordinated way, using our collective engagement resources for the good of our residents

Given the disproportionate effect that COVID-19 has had on older people and those from the BAME community – alongside the disproportionate impact it has had on men, lower paid workers, people with long term conditions, people with learning disability and/or autism and people with mental health needs – we will engage proactively and work with people from these communities and groups in particular to understand the impact that the virus has had in Lewisham. This information will inform how recovery planning can address these issues, as well as supporting how people can help shape our plans. It will build on pre-pandemic work to address health inequalities including the 2018 BAME Mental Health Summit and the BAME mental health insight co-production work which followed.

We are mapping intelligence gathered by partner organisations such as local authorities, acute, community and mental health trusts, Healthwatch organisations and voluntary and community sector organisations. This insight is informing our plans and engagement activity around recovery planning.

Over the coming months we are building on the conversations that have taken place to date with partners including elected members and the Lewisham Public Reference Group.

Robust engagement and clear communications are vital to ensure our plans are well informed and that all local stakeholders including patients are aware of their required roles to support its success. These can be coordinated at local, SEL and national levels and build on a better understanding of what’s worked well from the Healthwatch survey.

4. Build Back Better: engagement with partners and residents

Responding to mental health needs

Mental health summit

In June 2020 we took part in a mental health summit organised by South London and Maudsley NHS Foundation Trust and attended (virtually) by over 1,000 people including staff from partner organisations and a significant number of service users and residents. All partners agreed to the following six actions:

Six actions we will take on COVID-19 mental health prevention

1. To create a mental health prevention taskforce that will have representatives from across organisations and boroughs and that will oversee a twelve-month prevention programme.
2. To develop a programme of mental health community capacity building across South London – which will work with schools, faith and community groups to stay well. Making sure we reach out and listen to as many communities as possible across our four boroughs, including those for whom English is not a first language to help shape this work.
3. To create a package of digital mental wellbeing courses for all residents across South London through the South London and Maudsley NHS Foundation Trust Recovery College
4. To support and share the South East London Free Your Mind mental health campaign with all our residents and communities
5. To work together on tracking the levels of psychological distress in our communities as a result of COVID-19
6. To host a Mental Health Prevention follow-up summit in October to report back on progress and further challenges as a result of COVID-19. Using the priorities you have shared with us today, and from our listening campaign with local communities, we will publish our shared action and implementation plan in full.

Free Your Mind campaign

22 June – 22 August 2020

www.nhsfreeyourmind.co.uk

#FREEYOURMIND

We developed the **Free Your Mind** mental health and wellbeing awareness campaign to reach and engage with south east London residents during COVID-19, informing them of the digital resources and services available to them and give them a nudge to think about their mental wellbeing.



5. PLANNING FOR RECOVERY

INFRASTRUCTURE

5. Planning for Recovery: infrastructure #1

Whole system demand and capacity planning

- **During the COVID-19 pandemic the SEL system has worked collaboratively** to understand and plan for expected demand.
- **We are now building from this work to develop a SEL demand and capacity model**, that will support both scenario planning related to recovery and a potential second wave, plus future strategic and operational planning across our system.
- **Our demand and capacity modelling will be utilised to underpin our service strategies and plans** and will help us identify, understand and address capacity gaps in a consistent and systematic way.
- **This will include securing plans to address gaps**, inclusive of an agreed approach to demonstrably maximising productivity and efficiency and pathway transformation opportunities and a collaborative utilisation of available resource on a system rather than organisational basis, to secure our objective of equity of access and outcome.

Market fragility and development

- **The vulnerability of the local care homes market especially in light of the impact of COVID-19 remains a major concern**, voluntary closures are likely. Lewisham will work proactively to support vulnerable care homes and ensure the safety of residents.

Workforce

- **COVID has fostered greater collaboration and flexibility in how we utilise our existing work force** within and across organisations, successfully integrated new entrants and returners to the workforce and enabled highly effective sharing of services such as staff testing.
- **Our priorities of valuing and investing in our people and working collaboratively to improve working lives, workloads and wellbeing are more critical than ever.** Our workforce plans include a focus on:
 - **Staff health and wellbeing** as we recover from the pandemic – with a specific focus on the psychological impact of the pandemic and ensuring embedded safety and learning cultures.
 - **At risk and vulnerable staff**, including clear risk assessments and support for BAME staff
 - **Optimising innovative workforce models** that support flexibility and resilience across staff groups - multi disciplinary team working, integrated workforce development and fellowship/employer models that embed integrated working in the delivery of care, development of non clinical workforce and volunteer models.
 - **A refreshed workforce strategy** that builds from our LTP response and incorporates learning from Covid and the workforce implications of our planning for recovery. This will include a re-appraisal of supply pipeline risks and growth programmes risks spanning this year and next.

5. Planning for Recovery: infrastructure #2

Digital

- **Our objective is a digital strategy that drives our population health management and care pathway transformation**, maximising the opportunities offered by digital. **Our strategy will include understanding and mitigating the digital barriers experienced by some user groups and ensuring that alternatives are in place.**
- **The COVID pandemic has seen a rapid digitalisation** – we are committed to building from this to secure our LTP objective of securing ubiquitous access to digital care services.
- **Our objective is a virtual by default model** - converting primary care and outpatients to virtual wherever appropriate, securing digitally augmented integrated primary and unscheduled care pathways, extending digital solutions to a wider range of care pathways, including mental health, diagnostics, care home support and self care approaches
- **This will be underpinned by work to secure collaboration and system leadership for digital transformation** and accelerating digital maturity, enhanced capacity and capability to support system transformation, agreed long term funding, interoperability, and access to patient records and data services to deploy Population Health Management solutions to identify the areas of greatest health need and match services to meet them whilst also supporting our wider pathway transformation objectives.

Estates

- **LHCP partners aim to utilise existing estates more intensively to support a wide range of community-based health and care services, as well as providing flexible and adaptable spaces to support health and wellbeing.** LHCP is also committed to releasing inappropriate estate where possible, withdrawing from property which is at the end of its useful life, and from leasehold property where public freehold estate is available. These project priorities are articulated in more detail in the STP London and South East Estate Strategy and in provider (SLaM, LGT and NHS Property Services) plans. Health and Care estate development will also form part of the One Public Estate plans.
- **To support current health and care estate development, a number of potential funding sources have already been made available to various Lewisham projects**, including NHS England's Estate & Technology Transformation Fund (ETTF), Department of Health Wave 4 fund, One Public Estate funding and funding contributions from CIL and S106. Further funding will be required as progress is made on estate development in Lewisham
- **Capacity in general in buildings has been reduced by the need to incorporate infection control approaches.** SLaM report a reduction of 10% capacity in bed based provision. However, many other services have moved to incorporate digital consultations, reducing footfall at buildings and this is likely to continue. Zoning for infection control and triage needs to be reviewed in preparation for winter and a possible 2nd wave of COVID. Consideration will be given to how services can adapt to reflect the changed need for building bases.
- **Workforce considerations will include virtual working where possible, protection of at-risk groups, infection control and PPE.**

6. PLANNING FOR RECOVERY

FINANCE

6. Planning for Recovery: finance #1

Financial context pre-COVID

- Pre COVID ICS partners across the NHS and local authorities had been working to establish agreed financial plans for 2020/21.
- These plans included significant savings programmes for the year, including the assumed impact of our pathway transformation and productivity improvement programmes, required to support the delivery of 2020/21 budgets and financial targets.
- The plans also included a number of agreed investments, including targeted NHS investment in our out of hospital care system across primary care, community and mental health services, alongside investment in acute services to support underlying demand and improvements in access. For local authorities plans reflected the very significant pressure that social care and other budgets have been under for a number of years.
- Our plans included a continued commitment to pooled and delegated budgets across health and care to support integrated out of hospital service provision and to incentivise the development of integrated models of care, risk and gain share approaches.

Financial context - COVID

- The pandemic resulted in significant changes to the funding and payments regime for months 1-4 of 2020/21. Block payments to cover core costs were implemented nationally, alongside mechanisms to recover additional covid related costs. As part of these new arrangements discharge costs were borne by the NHS on behalf of the system.
- Guidance is now expected for the rest of 2020/21 and as a system we will work to implement the national guidance with a key priority of providing financial certainty and stability across the system and to ensuring agreed system approaches to the management of risks or funding shortfalls. This will ensure that we are able to secure best value from available resource and support a funding approach that puts the needs and care of our residents at its centre.

20/21 and 21/22 financial plans

While the overall implications of the funding regime for 2020/21 are unclear at this point it is clear that we face a very challenging financial position across both the health and care sector:

- We have experienced an increased year to date run rate associated with managing the pandemic – this means that in underlying terms we are spending more money than we expect to have available to us on a recurrent basis
- Our 2020/21 plans are on hold or delayed – resulting in efficiency programmes and the expected return on investment also being delayed during this year, meaning a bigger resulting financial challenge to address going forward
- Recovery will require investment in some areas and/or result in increased inefficiencies – to meet national / regional requirements (critical care, infection prevention and control), meet increased demand (mental health, waiting list backlogs) or to support on going delivery of benefits seen in the pandemic response (discharge, hubs for vulnerable people) – we will need to understand these requirements and reflect them in our financial plans.

6. Planning for Recovery: finance #2

Key Local Issues / Challenges

There are a number of key local issues / challenges which need to be addressed as part of the local borough based recovery plan and these include:

- **Hospital Discharge Scheme** – this has been put in place since mid March to allow early facilitated discharge of residents and avoidance of admission to acute settings during the pandemic with no assessments being undertaken, both financial or CHC. This arrangement is underpinned by the existing Section 75 agreement plus the addition of a new schedule which will be signed by both parties. When this scheme ends, in terms of recovery, there will need to be an agreed plan across health and social care for assessing all clients within the required timeframe.
- **Out of Hospital Schemes / Other Transformation Schemes** – Lewisham is working on a number of transformation schemes, in particular to ensure more clients are treated in the community at home. The challenge around delivery of any of these schemes will be the need to work as a system to deliver the changes without any additional finances. The out of hospital agenda including our care homes has become vitally important during the COVID crisis. As a borough, if investment funds became available, we will align any funding with our priority schemes.

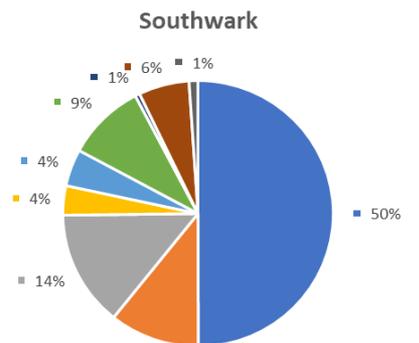
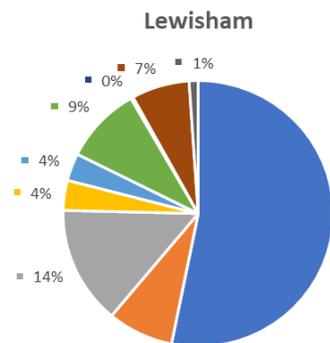
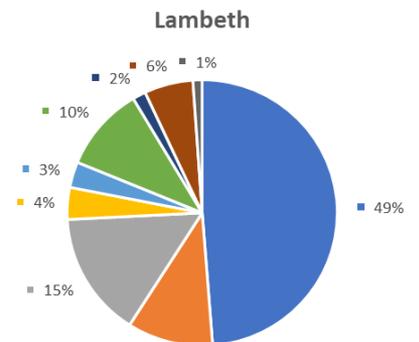
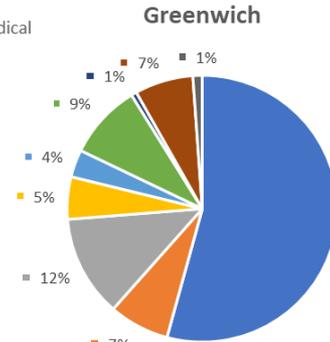
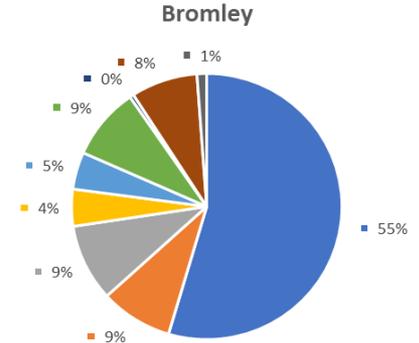
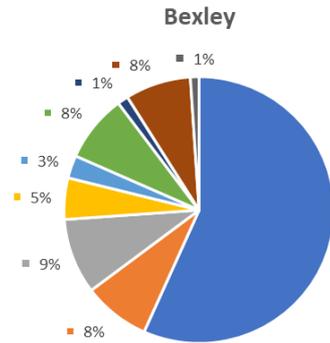
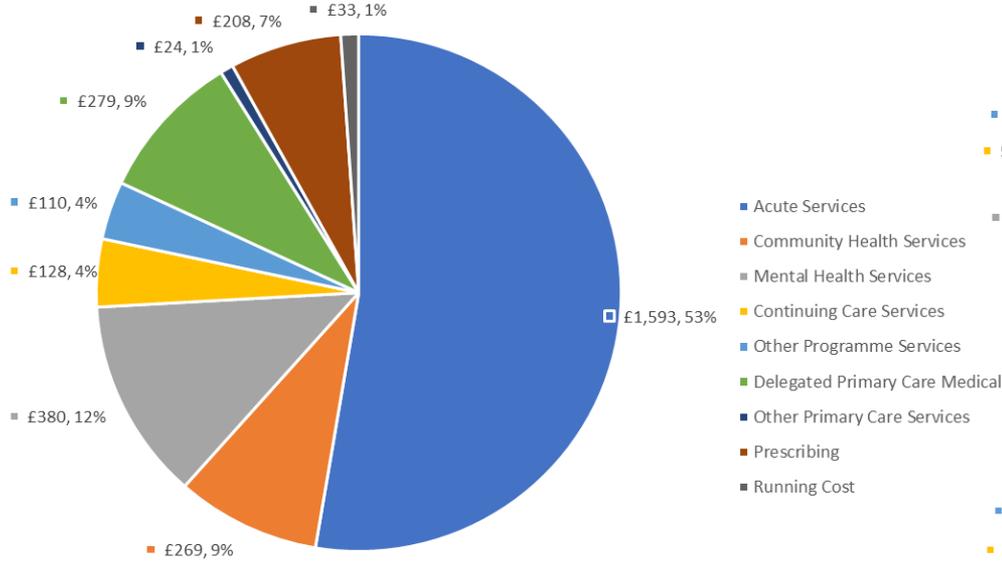
20/21 and 21/22 financial plans

NHS – the chart below summarised the planned allocation of resource/investment by area related to CCG commissioned services, which reflected increased investment agreed across the system and which was aligned to the national Long Term Plan funding uplifts. The chart excludes non CCG sources of funding for SEL providers, noting these are significant for areas like specialised services.

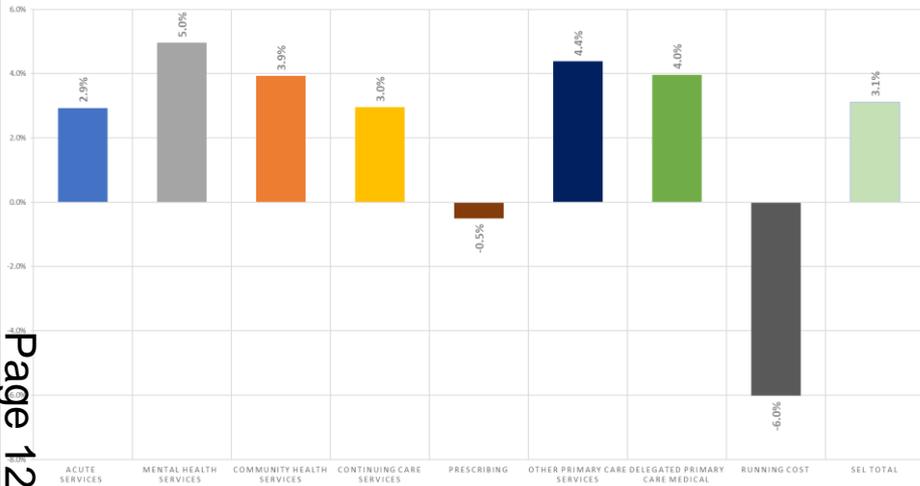
- The chart below is provided to illustrate our planned investment for 2020/21, to support expected demand and to support our service and investment priorities for the year.
 - The COVID impact we have seen year to date, the financial implications of our recovery plans for the rest of the year plus the NHS funding regime for months 5-12 will result in a balance of spend/investment that differs to that planned
- It will however be important to understand these differences as we plan for the future and reassess our investment priorities whilst seeking to remain true to the overall objective set out in our Long Term Plan response of shifting investment to community based care and from treatment to prevention.

6. Planning for Recovery: finance #3

SEL - Planned Spend by Area 2020/21, £'m



2020/21 SEL CCG INVESTMENT BY SERVICE AREA: UPLIFT FROM 2019/20 RECURRENT OUTTURN



6. Planning for Recovery: finance #4

Principles

Whilst recognising the financial uncertainty that we are currently operating under we are committed as a system to managing our financial challenges and future investments in line with the following principled approach:

- Commitment to our existing strategic investment plan – differentiated by area of investment to support agreed strategic priorities and the development of community based care.
- Recognition that we will need to transition back towards our existing strategic plan as in the short term (20/21 and 21/22) there will be additional recovery priorities that we will need to fund
- Commitment to work collaboratively and with collective responsibility across system partners to ensure that we make ends meet over this period
- Commitment to securing demonstrable best value and to maximising available efficiencies to secure the lowest possible run rate - at organisation and system level
- Commitment to ensuring that the recovery commitments we make are cost neutral overall e.g. they can be managed within the total resource available to the system, recognising that this may require stringent prioritisation
- Commitment to ensuring that there are no adverse consequences of our recovery (and wider) actions - where there is either an intended or unintended consequence by organisation we will collectively work to mitigate the risk for that organisation

Funding recovery

- We will need to review our recovery commitments for the remainder of 2020/21 in the context of the national funding approach and the above principles, with a focus on ensuring that we can fund prioritised recovery commitments whilst also seeking to reduce our run rate wherever possible.
- For 2021/22 we will need to adopt a systematic approach to our financial planning that also reflects our principles, takes due account of our pre COVID strategic investment plans and our identified recovery priorities. We are developing a planned approach for doing so and will develop this further over the coming weeks as national guidance and our own recovery implementation plans provide greater certainty in terms of the ask and available resources. Our work will include a collective review of:
 - The investments and savings that we had planned for 2020/21 - to determine those that remain important (strategically or as a vital component of our planned recovery) and those that we would deprioritise as not feasible/no longer a priority in the current circumstances - this will give us a *'carry forward' proposition* as a first step
 - Our original 2021/22 LTP commitments, our recovery commitments and requirements and the scope for new savings for 2021/22 - this will give us a *'new requirement' proposition* as a second step

6. Planning for Recovery: finance #5

- An assessment of the carry forward and new funding requirements against available resource and in the context of our pre COVID investment strategy.
- The development of options for managing the expected gap between aspiration and available resource to support an agreed within borough and system wide prioritisation to enable us to set plans that match available resources.

Ensuring our financial planning and investment approaches support integrated delivery and optimised utilisation of available resource

- As a system we are clear that we need to move away from the pre COVID funding regime if we are to support our objectives of downstream strategic investment shifts, the development of our prevention and community based care offer, integrated service delivery underpinned by genuinely pooled budgets, system approaches to risk and gain share to incentivise innovation and financial sustainability plus collective responsibility for managing the system finances. This will include our Long Term Plan commitment to move away from the Payment by Results funding model.
- There are a number of key pathways or service areas that we will need to work through to determine approaches that best meet these objectives.
 - Doing so will secure a system proof of concept in terms of demonstrating our principles and ensuring a collective agreement on the way forward for these areas that embed the benefits seen during the pandemic whilst also providing a sustainable funding approach for recovery/the future.
 - Potential areas that we will consider are: discharge, Continuing Health Care, community services 2 hour rapid response/48 hour discharge models, shielding/vulnerable hubs, urgent and emergency new access models and digital by default. All will require agreed resourcing and resourcing shifts, alongside securing appropriate system incentives and risk/gain share approaches, to secure a sustainable financial delivery model

6. Planning for Recovery: finance Local Authority

The Council's finances have been severely affected by the ongoing pandemic. The cost of the Council's response to COVID-19, after government funding confirmed to date, is £25m: £15m on the tax base and £10m on lost income and additional expenditure. The ongoing impact of economic recession (including Brexit) is still to be determined but it is anticipated that demand for benefit will increase going forwards. The Council's current Medium Term Financial Strategy estimates a shortfall of more than £40m over the next three years.

The key challenges that impact on the demand for Council services are as follows:

- **Population growth** – particularly affecting people-based services such as adult and children's social care;
- **Ageing population** – affecting care for the very elderly but also impacting on care for younger adults and children with disabilities who are living longer as a result of improvements in medical care;
- **Impact of reducing preventative services** – reductions in budgets for preventative services such as early years, the youth service and aspects of adult social care provision are likely to affect demand for more acute services;
- **Impact of government policy** including children at risk, children involved in crime, adults with drug and alcohol problems, adults in residential accommodation and so on;
- **Household growth;**
- **Regulations and standards**

Officers are assessing the scale and nature of the challenge, identifying opportunities to capture positives from the crisis, and considering how these options may contribute to future cuts. This work is ongoing and includes reviewing progress with agreed cuts of £16.6m, the impact of COVID-19 on service delivery and budgets, and the continuing need for £19.0m of service pressures funded in 20/21.

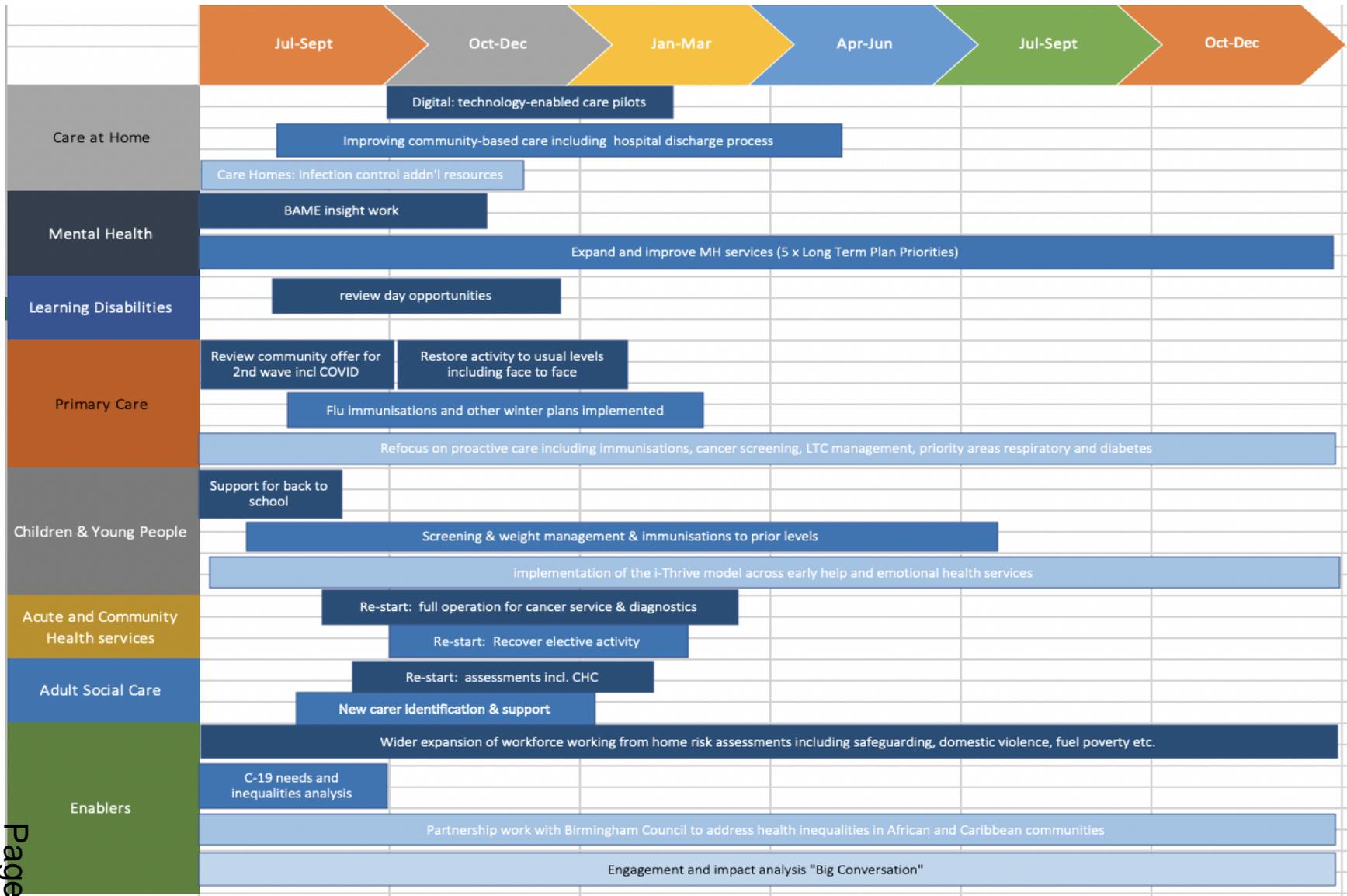
The Council priority will always be to protect the most vulnerable people in our communities and this period has brought considerable challenges for many of our residents and businesses. Although funding received by government to date has gone some way in alleviating the financial pressures being experienced, this still leaves a significant budget gap. While the Council has sufficient reserves to meet these financial commitments at present, without further investment the Council will be faced with some difficult choices.

Officers are intending to bring forward a financial stabilisation report with a budget update and medium term plan in the autumn.

7. DELIVERY

HIGH LEVEL MILESTONES

7. How will we deliver this: milestones for delivery



APPENDICES

SUPPLEMENTARY INFORMATION

APPENDIX: Input to development - Stakeholder groups

July

- Lewisham Health and Care Recovery Task & Finish Group – 8th
- Lewisham Health and Care Recovery Task & Finish Group – 15th
- Care at Home Group – 16th
- Mental Health Alliance Leadership Group – 27th
- Primary Care Operational Group - 30th

Aug

- GP Divisional Members Meeting – 3rd
- Healthwatch meeting with primary care - 6th
- Care at Home Provider Alliance Leadership Group – 13th
- LBL Executive Management Team – 14th
- Health and Social Care Leaders Forum – 14th
- Mental Health Alliance Leadership Group – 24th
- Joint Borough Based Board and Lewisham Health and Care Partners Executive Board – 25th

Sept

- Lewisham Public Engagement Forum – TBC
- Council EMT – 2nd
- Health and Wellbeing Board – 3rd
- Early Help and Prevention Board – 9th
- Mayor and Cabinet – 16th
- Patient Reference Group – 18th
- Mental Health Alliance Leadership Group – 21st
- Joint Borough Based Board and Lewisham Health and Care Partners Executive Board – 22nd
- Healthier Communities Select Committee - 23rd
- Primary Care Operational Group – 24th

APPENDIX: Partnership structure – board details

Group	Remit
Lewisham Health and Wellbeing Board	The role of the Health and Wellbeing Board is to carry out statutory functions set out under the Health and Social Care Act 2012. These functions include: promoting collaborative working amongst the various agencies whose role it is to advance health and wellbeing in the borough. As part of this the Board oversees the development of joint strategic needs assessments and informs the development of strategy. The Board also offers its opinion on how effectively the Council is performing its functions with regard to promoting health and wellbeing in the borough.
COVID-19 Health Protection Board	The COVID-19 Health Protection Board will report to HWBB to ensure that services can continue to operate as normally as possible, see link for outbreak plan https://lewisham.gov.uk/my-services/coronavirus-covid-19/health/the-lewisham-covid19-outbreak-prevention-and-control-plan
Lewisham Health and Care Partners Executive Board	This board provides system oversight and delivery of Lewisham’s vision for health and care and sets the priorities for system transformation. This board works closely with the Lewisham Borough Based Board which is made up of CCG and Council commissioners.
Lewisham Borough Based Board	Borough (place) based boards (BBB) are prime committees of the SEL CCG governing body, bringing together the CCG in the borough and the local authority. The BBB is accountable for delegated functions and local delivery as well as helping to shape the priorities and work across SEL.
I-Thrive (CYP) Board	The iThrive Board brings together agencies in Lewisham to improve outcomes for children, young people and their families.
Stronger Communities Partnership Board	This board provides a partnership forum to develop joint actions between the local authority and statutory partners and the Voluntary and Community Sector.
Care at Home Alliance Leadership Group	This group is responsible for the development and implementation of integrated health and care (except MH) for adults in their own homes.
Mental Health Alliance Leadership Group	The group oversees the development and implementation of integrated provider arrangements to improve outcomes for people and which enables individuals and their families to take control of their recovery, wellbeing and overall life
Care Home Strategic Group	This group supports the partnership work with Lewisham Care Homes and their vulnerable residents and ensures delivery of the associated action plan.
The Lewisham Health inequalities group	This group provides oversight of the development of the health inequalities action on behalf of the Health and Wellbeing Board.
Lewisham Public Reference Group	Working closely with the CCG, the PRG members act as a mediating voice between the public and the CCG. They do this by meeting regularly and giving their opinion and views to make valuable contributions to help shape health services for people in Lewisham.

APPENDIX: LHCP – ways of working

The Lewisham Health and Care Partner Executive Board have agreed some key principles, behaviours and approaches which underpin their work

Principles

We have agreed to work together in good faith and will operate in accordance with the following principles to achieve our vision:

- **Equal voice** and status around the table irrespective of organisational size.
- **Openness and transparency** in relation to the sharing of information and data.
- **Fair and proportionate** distribution of risk and reward in relation to new ways of working.
- **Consideration** of the needs of the health and care system when taking decisions in our own organisations .

Shared behaviours

We are committed to working together to achieve our vision and will adopt the following behaviours:

- **Collaborative and constructive:** Partners will support the development of a whole system approach by engaging in collaborative and constructive dialogue.
- **Consensual:** Partners will seek to achieve consensus so far as is possible when making recommendations and taking decisions, while respecting each other's views and statutory accountabilities.
- **Supportive:** Partners commit to a supportive approach, sharing learning and expertise and thereby maximising transformation resources.

Shared Approaches

We will ensure our work:

- **Is population based** – ensuring that the health and care needs of the whole population are met.
- **Expands and strengthens primary and community care** – providing most care at home or near to people's homes.
- **Promotes health and wellbeing** – providing easy access to information and advice and the support, activities and opportunities available in neighbourhoods to improve and maintain health and wellbeing.
- **Provides a co-ordinated response to the specific needs of the individual** – providing holistic, personalised and integrated care that gives individuals control of their care, enabling them to be independent and make informed choices.
- **Is developed in partnership with patients, service users, carers and wider communities** – involving them in the design and development of services and pathways, listening to their experiences and seeking their feedback at an early stage.
- **Takes a whole system approach** - ensuring it contributes to the overall safety, sustainability and provision of high quality care; managing effectively our shared resource and delivering value to the whole system.
- **Is evidence based and outcome focused** – using the evidence available across health, social care and public health, taking account of patient and user experience, to identify and adopt best practice, develop new ways of working and identify and address inequalities.
- Actively and energetically seeks to **identify and rectify inequalities.**
- **Builds up from communities** to boroughs to sub-region, with integration at neighbourhood and primary care network levels.

APPENDIX: Evidence base for the impact of COVID-19

Those experiencing deprivation are more at risk from covid-19.

A PHE review of disparities in covid has found that after age the greatest risk factor for dying with covid-19 was among those living in more socioeconomically deprived areas [PHE: Covid-19 Disparities in Risks and Outcomes](#).

People facing the greatest deprivation are experiencing a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. [The Health Foundation: Will COVID-19 be a watershed moment for health inequalities?](#)

Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. [Public Health England: Beyond the data: Understanding the impact of COVID-19 on BAME groups](#).

ONS data shows the risk of a COVID-19-related death for males and females of Black ethnicity is 1.9 times more likely than those of White ethnicity. [ONS: Covid related Deaths by Ethnic Group, England and Wales \(March-April 2020\)](#).

Men working in the lowest skilled occupations had the highest rate of death involving COVID-19.

Among men, a number of occupations were found to have raised rates of death involving COVID-19, including taxi drivers and chauffeurs, bus and coach drivers, chefs and sales and retail assistants.

Men and women working in social care, including care workers and home carers, had significantly raised rates of death however health care workers were not found to have higher rates of death involving COVID-19. [ONS "Coronavirus \(COVID-19\) related deaths by occupation, England and Wales"](#).

The largest disparity in deaths and outcomes found was by age.

People who were 80 or older were seventy times more likely to die than those under 40. COVID-19 diagnosis rates increased with age for both males and females and these disparities exist after taking ethnicity, deprivation and region into account. [PHE: Covid-19 Disparities in Risks and Outcomes](#).

Smoking is associated with increased severity of disease and death in COVID-19 patients. [WHO: Smoking & Covid 19](#).

Compared to former and never smokers, current smokers were at greater risk of severe complications and higher mortality rate. [PLOS ONE: Prevalence, Severity and Mortality associated with COPD and Smoking in patients with COVID-19](#). Smoking is known to impair the immune system and increase risk of respiratory tract infections all of which increase the risk of contraction and death. [The Lancet: Tobacco smoking and COVID-19 infection](#).

Smoking was considered an additional risk factor for those with severe mental illness due to the high numbers in this population group. [JAMA: Addressing the COVID-19 Pandemic in Populations With Serious Mental Illness](#).

People experiencing homelessness are vulnerable to infection and severe disease. [Medrxiv: COVID-19 and homelessness in England: a modelling study of the COVID-19 pandemic among people experiencing homelessness](#).

Homeless population are at risk from multiple health conditions and access to health services has worsened for this group due to constraints of lockdown and the need to socially distance. [Groundswell: Monitoring the Impact of Covid](#). Additionally those placed in emergency housing are at greatest risk due to overcrowding, small spaces and sharing facilities with strangers. [KCL: The coronavirus response shows we can solve the UK's housing crisis](#).

Those with substance use disorders are vulnerable to contract the infection due to existing health conditions and high risk behaviours.

SUD is associated with a range of health issues such as cardio-respiratory emerging evidence suggests this could heighten their risk for COVID-19 which can be further exacerbated by high risk behavior such as sharing of cigarettes, alcohol and needles increasing the chance of outbreak in this community. [NCBI: Covid 19 and Addiction](#).

People and places with the lowest incomes are the most vulnerable to job loss and employment impacts.

Employment has been impacted heavily by lockdown measures, particularly for those in lower socioeconomic positions, research shows that nearly 50 percent of all the jobs at risk are in occupations earning less than £10 per hour. [McKinsey & Company: COVID-19 in the United Kingdom: Assessing jobs at risk and the impact on people and places](#)
Unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity an increase due to economic impacts from covid-19 could further impact population health and health inequalities. [PHE: Health Matters: Health and Work.](#)

School closures may widen existing educational inequalities. [The Health Foundation: Emerging evidence on health inequalities and COVID-19: May 2020](#)

School closures in the UK are more likely to negatively impact those from lower socioeconomic background with pupils from better-off families spending longer on home learning and having better access to more individualised resources. [Institute for Fiscal Studies: Learning during the lockdown: real-time data on children's experiences during home learning.](#)
We may also see these closure having a negative impact on nutrition for children, as many families rely on free school meals as source of this. [UNESCO: Adverse consequences of school closures.](#)

Lockdown has forced people to spend more time at home in environments sometimes unsuitable to their health.

Housing conditions are the worst for Britain's 5.5 million private rented sector households, those in rented accommodation are more likely to be younger and in lower socioeconomic positions.
Additionally evidence suggests small homes can impact health in many ways through lack of access to green space and exercise space as well as lack of light and ventilation. The increased time spent in homes unsuitable for health could be having an increased impact on population health, particularly for the more deprived. [SMF: Homes, health, and COVID-19: how poor housing adds to the hardship of the coronavirus crisis](#) & [UCL: Coronavirus pandemic puts the spotlight on poor housing quality in England.](#)

UK domestic abuse charities have reported a 25% increase in calls made to its helpline since lockdown. [NCBI: The socio-economic implications of the coronavirus pandemic \(COVID-19\): A review](#)

Domestic abuse services have experienced challenges in providing support within the current government guidelines with many forced to reduce or withdraw support that they are able to offer women and children – largely due to staff shortages and challenges in adapting to remote delivery. [Women's Aid: The Impact of Covid-19 on Domestic Abuse Support.](#)
This is further impacted by an increase in pressure on associated risk factors such as unemployment and financial security with added stress potentially causing an increase in drinking at home; a risk factor in domestic violence. [NCBI: An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives](#)

Increase in stress, anxiety and fear during the crisis will impact individual's mental health.

Many of the impacts from the pandemic won't be physical but will be economic or social. The increase in risk is likely to be impacted by factors including socioeconomic inequalities, poverty, debt, unemployment, food insecurity, social isolation, physical distancing, and physical inactivity, all of which would also be expected to increase the risk of relapse in individuals with a mental disorder. [The Lancet: Addressing the public mental health challenge of COVID-19.](#) & [Mental Health Foundation: The COVID-19 pandemic, financial inequality and mental health.](#)
Furthermore the inequality in the fallout from covid-19 means that the mental health consequences may also be unequally felt, impacting the most deprived and further entrenching the inequalities of mental health. [Mental Health Foundation: The COVID-19 pandemic, financial inequality and mental health.](#)

APPENDICES

SYSTEM PLANS

Lewisham Primary Care Recovery Plan #1

- The following areas have been identified as priorities for the local primary care recovery plan and will be linked to other national and local recovery plans.*

Priority area	Description	Considerations
<i>Planned care</i>	<p><i>Need to ensure community and acute services pathways including outpatient referrals (especially cancer 2WW) and diagnostics are fully functioning so patients are appropriately managed and that pressure does not fall back on primary care – this may involve new models of service delivery i.e. virtual clinics, telephone/video appointments, patient initiated follow ups.</i></p> <p><i>Also need to take advantage of the current situation to accelerate the national/London/SEL ICS vision for community based care, with services moving into the community. This will both support pressures on acute services (i.e. long waiting lists) and respond to public feedback in regard to anxieties about accessing hospital services.</i></p>	<p><i>Will need close working with community/acute providers on this</i></p> <p><i>This will include joint work with neighbouring boroughs where appropriate.</i></p> <p><i>There is an opportunity to build on initiatives already underway e.g. PCN first contact physio service, dermatology/diabetes PCN pilots</i></p> <p><i>Need to ensure sufficient resources follow any work moved into the community.</i></p>
<i>Proactive care</i>	<p><i>Refocus on proactive care including immunisations, cancer screening, LTC management, postnatal checks, SMI/LD/NHS Health checks, diabetes prevention etc</i></p> <p><i>We will need to consider a preventative and early intervention model of service (including virtual models) which empowers and builds the capacity of local services and communities to support people earlier around existing and new needs we expect to emerge – we will need to consider what proactive care interventions we might want to end / amplify / let go / re-start and which population cohorts and pathways we want to prioritise.</i></p> <p><i>We will need to have specific focus on our Care Home residents and patients who have been shielding.</i></p>	<p><i>There is likely to be an increased need for benefits and employment support as well as people dealing with trauma and need for crisis prevention – will need to consider the on going role of local social prescribing resource to help support these needs.</i></p> <p><i>Working with our PCNs, practices, federation and wider stakeholders we will need to consider the implications of the PCN DES Care Homes and Anticipatory Care specifications to support maximum impact.</i></p>

Lewisham Primary Care Recovery Plan #2

Priority area	Description	Considerations
<i>Covid community management</i>	<p><i>Need clear plans for the on-going community offer for suspected COVID cases and those who are discharged from specialist care.</i></p> <p><i>This will need to include the future of COVID Centres and approach to dealing with a potential 2nd wave of COVID, including adequate funding, PPE and access to estates.</i></p>	<p><i>Any support with demand modelling would greatly enhance ability for local planning.</i></p> <p><i>Need to consider the on going impact on GPEA capacity if we continue to divert resource to support COVID centres- with current funding streams it is not possible to provide both COVID centres and a full GPEA service.</i></p> <p><i>Need to link with acute/community respiratory services to ensure a joined up and complementary approach.</i></p>
<i>Winter planning</i>	<p><i>Need to ensure robust plans in place to manage winter pressures and potential overlap with suspected COVID cases.</i></p> <p><i>This will include a specific focus on an enhanced flu campaign – an initial flu plan has been drafted and is currently being peer reviewed across SEL.</i></p>	<p><i>Need to ensure whole system approach to this for maximum impact.</i></p>
<i>Urgent and emergency care</i>	<p><i>Need to consider primary care input to support inappropriate demand at front door of A&E including the co-located GPEA service and interfaces with NHS 111 to ensure only patients requiring emergency care are seen at ED.</i></p> <p><i>Need to consider interface between OHL GP home visiting service and CARRS and how these all relate to the wider community based care developments. Also need to be clear on function of ACU going forward and how primary care best make use of this.</i></p>	<p><i>Agreement on a SEL position on management of unregistered patients presenting at A&E/NHS 111 would be useful.</i></p> <p><i>Need to progress the integration of Digital First and Digital by Default models in the UCC and GPEA to support patient flows and redirection of patients to the most appropriate setting.</i></p>
<i>Evaluation and iteration</i>	<p><i>Impact of interventions need to be continually monitored and evaluated and then iterated as required.</i></p> <p><i>Through clinical effectiveness models, there needs to be focus and support for ongoing Quality Improvement (QI) in primary care.</i></p>	<p><i>Evaluation and Quality Improvement in primary care could be supported at a SEL level.</i></p>

Lewisham Primary Care enablers

Priority area	Description	Considerations
Communications and engagement	<p><i>Robust engagement and clear communications will be vital to ensure the plan is well informed and that all local stakeholders (including patients) are aware of their required roles to support its success.</i></p> <p><i>Need to build on work already undertaken by local Healthwatch especially in addressing misconceptions/concerns that patients have about access to primary care services.</i></p>	<p><i>Communications could be best coordinated at both a borough and SEL level for consistency and maximum impact.</i></p> <p><i>It is essential that communications does not become purely top-down. An effective strategy needs to include bottom up development of ideas – for example through Communities of Practice/networks of primary care nurses & GPs, informing colleagues across SEL of what is being achieved locally to share best practice.</i></p>
Workforce	<p><i>Need to ensure a continued focus on the health and wellbeing of primary care staff (including mental health) to support on going service delivery in challenging circumstances.</i></p> <p><i>Specific focus to be given to risk assessment for BAME staff.</i></p> <p><i>Work will continue on our local primary care WRES action plan as informed by the primary care WRES survey undertaken in 2019.</i></p>	<p><i>Need to consider what role the local CEPN Training Hub can best play to support training in new ways of working and also recruitment and retention.</i></p> <p><i>Also need to consider any opportunities that staff engaged through the PCN ARR scheme may be able to play in recovery and beyond. Social PCN prescribers have already made a significant contribution and now need to maximise impact of clinical pharmacists and also new first contact physio roles to support recovery efforts.</i></p>
Estates	<p><i>Will need to consider any enhancements/developments to primary care estate to support new ways of working. This could include adaptations to support social distancing/IPC (i.e. Perspex screens at reception, hot and cold zoning of premises, hub working) but also the design of any new developments to take into account the shift to digital access.</i></p>	<p><i>Coordination of approach across SEL would be beneficial to ensure consistency.</i></p> <p><i>Increased remote working in primary care and community services can free up estate for use by PCN ARRS and GP Federation staff (it is projected that there will be approx 90-110 additional staff by 2023)</i></p>
Finance	<p><i>Will need to consider options to resource the delivery of the plan both in terms of local resource that can be redirected/refocussed and also any available external funding at a SEL level and wider.</i></p>	<p><i>Would be helpful if the SEL central team could map any potential external funding sources to support local planning i.e. GP Forward view, PCN development, ETTF, improvement grant, ICT capital, COVID funds</i></p>
Contracts / incentives	<p><i>Will need to consider how any local/national contracts and incentives can best support delivery of the plan i.e. PCN DES / QOF / PMS premium.</i></p>	<p><i>Need absolute clarity on expectations for delivery of national schemes and the level of local discretion available.</i></p>

Lewisham Primary Care enablers

Priority area. We need to	Description	Considerations
<p>Digital</p>	<ul style="list-style-type: none"> • <i>IT & Innovation will form a significant part of the framework for the Recovery Plan and integrated working as a concept. Digital First and Digital by Default should be at the heart of our plans and of our future primary care service offer .</i> • <i>We need to maximise and build upon the current momentum with shift to digital services both from patients and practices (i.e. remote working / telephone, electronic and video consultations / SMS) to support improvements in access and efficiency.</i> • <i>However, need to ensure no patient groups are disadvantaged through digital exclusion and the benefits of face to face consultations not lost.</i> • <i>Support the integration of clinical systems e.g. for virtual clinics / MDTs and ensure appropriate technical support to those systems.</i> • <i>Ensure practices have access to the right hardware/software solutions to best support their patients and work efficiently (i.e. webcams, multimedia monitors, iBoards, DXS, WIFI, DOCMAN, SMS, telephony, practice websites)</i> • <i>Support patients to seamlessly register with GP practices digitally</i> • <i>Continue the digitisation of patient records to improve efficiency, reduce bureaucracy and maximise available estate</i> • <i>Continue support and focus for our local online consultation programme through the Ask NHS GP APP and widening the suite of tools available to all practices to include systems such as eConsult/AccurX (video and SMS) based on patient and practice requirements – also to support rapid integration with the national NHS APP to enhance patient experience and mitigate against potential confusion with multiple systems/access points</i> • <i>Ensure best long term use of the digital tools made available to primary care in response to COVID – i.e. laptops, RAS tokens, UC telephony</i> 	<p><i>We would support continued coordination of the digital work stream at a SEL level with local autonomy in light of individual borough positions – this has worked well to date.</i></p> <p><i>A local borough ICT group is being formed asap with all health and care partners to support a joined up approach to this. A joined up approach is essential to developing, funding and delivering gold standard IT solutions across Lewisham and the wider SEL footprint.</i></p> <p><i>Building on the initial work undertaken with Healthwatch, we will need to engage with patients to establish their appetite for digital interactions and identify and try and mitigate any “digital exclusion” issues. This could include establishing a non-digital point of access for digitally excluded patients – i.e. an “analogue hub”</i></p>

Lewisham Primary Care leadership

- ***The newly reformed Lewisham Primary Care Operational Group (PCOG) has taken on the role of the local “primary care recovery cell”. This group is already part of established governance structures and its membership includes many of the key stakeholders who will contribute to the development and delivery of the primary care recovery plan (i.e. public health, LMC, Healthwatch, SEL Primary Care Team). The group formally meets on a regular monthly basis but it is envisaged that much work will be undertaken via email correspondence due to the required timescales involved.***
- ***The Borough Based Board (BBB) and Lewisham Health and Care Partners groups will act as the local oversight mechanism for the primary care recovery plan and to ensure alignment with wider community recovery plans. The Primary Care Operational Group reports directly to the Borough Based Board.***
- ***The Lewisham PCN Forum will be used to ensure engagement and leadership from a primary care provider perspective – this forum has representation from all 6 Lewisham PCNs, the borough wide Lewisham GP Federation and the Lewisham LMC. There will also be PCN/OHL engagement at the Lewisham Health and Care Partners (LHCP) group.***
- ***The Lewisham LMC will also be engaged separately through the now monthly liaison meetings.***
- **As highlighted, the strategic Lewisham IT Group will:**
 - **Coordinate a joined up approach** to digital strategy across the borough
 - **Assess which technology platforms** we should aim to end / amplify / let go / re-start in the longer term in line with new models of care
 - **Develop solutions** to digital / system connectivity issues
- ***Creation of sub groups / Task and Finish (T&F) Groups will be considered to ensure specific work streams are progressed and outcomes delivered. A joint T&F group with LGT and primary care is already being convened to consider specific interface issues related to both planned and unplanned care.***

The local membership is to be engaged and a local membership meeting took place in August.

Lewisham Council Recovery Plan summary

The overarching strategic aims of recovery are:

- To be prepared and resilient for further COVID-19 demands
- To work to secure the Council's financial stability
- To reinvent and refocus service delivery in order to better serve residents' needs
- To maintain a more agile way of working
- To retain and embed streamlined processes and stop practices that don't add value
- To aim higher and deliver better outcomes for our residents
- To understand and respond to direct and indirect impacts of COVID-19 on our communities, services, local economy and the Council
- To strengthen and embed our connection with residents in order to support sustainable renewal, based on local strengths and identified needs
- To lobby for, influence and shape any new national standards and statutory duties
- To work in partnership to develop an ambitious long term vision for Lewisham the place
- To harness community spirit, strengthening community networks and promoting culture

Key focus of the borough's recovery will be on:

- **Community Development and Resilience** - harness community spirit and capture goodwill, creativity and innovation.
- **Inclusive Economic Recovery** - support and promote a sustainable and thriving local economy and place
- **Health and Wellbeing** – tackling health inequalities and promoting good public health and wellbeing
- **Cultural Recovery** – Borough of Culture will be delivered in 2022 increased emphasis on tackling inequality and being strengthened by our diversity
- **Green Recovery** – continuing to take action on the climate emergency
- **Education and achievement (our young people)** – to work across the system, promoting the mental health and wellbeing of children and young people.

A focus on tackling racial inequalities will be woven through every element of our recovery. The Mayor, as leader of the borough, will take a lead on ensuring that recovery activity is coordinated and designed to effect long term and sustainable change for Black and minority ethnic communities in the borough.

Wider System Plans: Acute Care

Key changes made as part of COVID response:

- Routine elective surgery and routine diagnostic activity was stood down across all providers for around 13 weeks – backlogs have therefore increased significantly. Additional infection prevention and control measures were introduced including COVID protected pathways, additional PPE for staff and patients and additional cleaning / air changes between patients.
- Digital by default, in particular the use of telephone/video for outpatient appointments.
- Significant surge capacity for critical care opened, including the use of theatres and recovery areas, with very successful networked approaches to critical care provision across the three SEL providers.

Key elements of recovery plan:

- **Restarting activity** via a phased approach, with additional precautions in place, such as patients isolating before admission, to ensure patient and staff safety.
- **Redesigning services**, in line with infection prevention and control guidelines – e.g. spacing in Emergency Departments – and in response to evaluation of new ways of working introduced in the response phase. Key initiatives include:
 - Urgent and Emergency pathway transformation schemes driven through the system wide Help Us Help You programmes, including Same Day Emergency Care
 - Building from the rapid expansion of virtual by default models during the pandemic to drive our outpatient transformation programme at pace and scale.
- **Establishing a programme of work** to be progressed via the Acute Provider Collaborative, including:
 - **Elective surgery** – orthopaedics, urology and ophthalmology as initial priorities, to be followed by ENT, general surgery and gynaecology.
 - **Specialised services** – critical care as a top priority.
 - **Clinical support** – pathology (GSTT/KCH only) and endoscopy as initial priorities, to be followed by radiology/imaging and pharmacy.

Borough interfaces

- Ensuring **effective and timely access to swabbing** for patients ahead of admission.
- Three **diagnostic community hubs** will be established in SEL by April 2023. Locations are to be determined but likely to include Queen Mary's Sidcup with plans to develop from April 2021.
- **Maintaining discharge arrangements** to ensure that patients do not spend longer than necessary in hospital.
- **Supporting virtual by default** access to acute services and referral support to primary care e.g. using Consultant Connect.

Ways of working:

- To ensure the safe and effective recovery of clinical services post COVID-19 and to address the ongoing variation within the acute system in terms of access and outcome, SEL's three acute providers have formed an Acute Provider Collaborative (APC), a mutually beneficial model of collaboration between the three Trust Boards, enabled through transparent governance and decision making.
- To support delivery the APC will continue to work in collaboration with other organisations / partnerships across SEL via both informal discussions, borough partnerships and ICS arrangements, for example through the SEL ICS Recovery Leadership Group.

Wider System Plans: Adult Community Health services

Key changes made as part of COVID response:

- Radical restructuring of community services to shift resources to frontline admission avoidance/early discharge/multiagency flow processes via single point of contact – integrated discharge processes, palliative care end of life policies and procedures
- Introduction of virtual clinics across community services and step up of digital approach
- Introduction of borough-based demand and capacity modelling to inform workforce plans and specific service developments (eg, intermediate care).
- Weekly cross-community provider meetings to share good practice, jointly problem solve and take sector approach where sensible to do so

Key elements of recovery plan:

- The priorities for adult community services are:
 - Address health inequalities focusing on shielded and vulnerable people
 - Keep people at home (including admission avoidance)
 - Support discharge home quickly and safely
 - Focus on the last years of life (including supporting care homes)
- SEL is an early accelerator site for 2 hour rapid response and 2 day reablement and we will be implementing our plans to secure this as part of recovery
- These priorities will be enabled through: a digital first approach; building the workforce (including taking a cross-provider approach to workforce development); measuring progress (including community, social and acute care indicators); and responding to ongoing COVID infections.

Borough specific aspects of recovery plans

- Community services a key element of borough plans with embedded joint local working across primary care, community, social care and mental health
- Developing borough-based integrated delivery plans for each of the four priorities
- Taking a borough approach to the modelling/forecasting of demand and capacity, based on acute, community and social care activity.
- Developing local plans for the support of care homes

Ways of working:

The priorities will be:

- Delivered in partnership with primary and social care, hospices and the voluntary sector
- Informed by proactive engagement with referrers, patients and families
- Led by clinicians, with advice from social care professionals
- Underpinned by the principles of 'Home First' and 'Right Care, Right Time, Right Place'
- Informed by population data and demand and capacity modelling.

Mechanisms to support these ways of working include: an agreed core offer for SEL residents for community services to support the delivery of equal access and equal outcomes; multiagency steering group for each priority, chaired by providers; multiagency dashboard to measure progress across sectors; joint working across the four community providers including active working towards a SEL formal community provider collaborative; cross provider approach to workforce development (staff passport in first instance) and shared use of some services (eg, intermediate care beds) to enable infection control and specialisation; shared learning (eg, roll out of: GSTT @Home service; Bromley Healthcare's e-scheduling, etc.).

Wider System Plans: Mental Health

Key changes made as part of COVID response:

- Fully operationalised pre-admission testing for all people, regardless of age, requiring non-elective care
- Fast-tracked discharges to free up ward capacity for use by tertiary Acute partners to support system surge
- New and innovative all-age Crisis Assessment Centres opened to alleviate pressure on Acute emergency departments and provide a targeted mental offer in a calm environment. Working to develop and strengthen this model with acute partners to deliver a best in class 'mind and body' offer
- Routine MH elective care continued throughout our Covid-19 response due to service type (therapies) and the ability to mobilise technology at pace to support staff and service users to access the necessary technology for meaningful digital contact. 70%+ of all elective community contacts (in the main IAPT services) are now via on-line virtual or telephone consultation
- Increased Home Treatment Team service capacity to support patients post-discharge
- 24 hour all age Crisis Lines established including a dedicated out of hours specialist CAMHS line

Key elements of recovery plan:

- Maximising system resources to keep our communities safe, well and thriving
- Improving our front door and crisis offer for mental health
- Delivering a best in class integrated offer across Housing, Welfare, Education and Employment opportunities
- Delivering our Primary Care Network Offer for Mental Health ambitions (a population health based system with multidisciplinary support wrapped around the individual based on their needs)
- Reducing health inequalities across our communities
- Pharmacy and prescribing with a focus on supporting individuals in our communities experiencing psychosis or schizophrenia

Any borough specific aspects of recovery plans

- In taking forward the work of Black Thrive and Lambeth Alliance, commenced pre—Covid-19, Lambeth is focussing on a review of ethnicity data to support further our understanding of the impact on BAME communities. There will be shared learning here for other Boroughs
- Data sharing across partners in Lewisham is supporting the build of a population health model that is delivering results in reducing waiting times and referrals to secondary care, underpinned by rapid decision making

Ways of working:

- There was an SEL System Summit on 2 June jointly hosted between NHS and Local Authority partners to address how we can work together to protect our communities' mental health as result of Covid-19. This supports our planning for targeted and culturally appropriate support services / offers as a system recognising the disproportionate impact of Covid-19 on our BAME communities
- The South London Partnership is already sharing resources to deliver a three provider collaborative approach across Mental Health provision in South London. working closely with ICS partners. As a recognised best practice model this offers us the opportunity to deliver our existing plans at greater pace to improve patient care whilst supporting our staff in the best way possible.

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Healthier Communities Select Committee

Report title: Leisure Contract Management

Date: 23/09/20

Class: Part 1

Ward(s) affected: All

Contributors: Director of Communities, Partnerships and Leisure

Outline and recommendations

On 12 August 2020, Mayor and Cabinet agreed the transfer of the management of leisure facilities from Fusion Lifestyle to GLL. The final details of the contract was delegated to the Executive Director of Community Services on the advice of the Director of Law, Governance and HR.

The purpose of the report is to provide the Healthier Communities Select Committee with a progress report on the transfer of services from Fusion Lifestyle Ltd. to Greenwich Leisure Limited Ltd. ("GLL") and to provide reassurances that a suitable performance framework will be in place.

1. Summary

- 1.1. On 12 August 2020, Mayor and Cabinet agreed the transfer of the management of leisure facilities from Fusion Lifestyle Ltd. to Greenwich Leisure Limited Ltd. ("GLL"). The final details of the contract was delegated to the Executive Director of Community Services on the advice of the Director of Law, Governance and HR.
- 1.2. Officers have been negotiating the orderly exit of Fusion, transfer of services to GLL including the terms and conditions of the contract between Lewisham Council and GLL.
- 1.3. An assessment of the centres is being undertaken to provide an understanding of their readiness to open in line with new restrictions and forecasted income. An update will be provided by mid-September with a phased reopening of the centres in the autumn will be advised.
- 1.4. The Downham Health and Leisure Centre is not part of these negotiations. Having agreed terms with the operator it partially reopened on 27th July with the pool opening on 10th August.

2. Recommendations

- 2.1. It is recommended that Healthier Communities Select Committee notes the report.

3. Policy Context

- 3.1. There are a number of existing strategies where the leisure facilities make a positive contribution. In addition the Council is in the process of developing a Physical Activity Strategy with the aim of pulling together all the relevant strands and capturing them in one overarching strategy that puts the health and wellbeing of Lewisham residents at the forefront of provision.
- 3.2. Corporate Strategy 2018 – 2022. The characteristics of the Borough are clearly set out with a growing and diverse population including some areas of very high deprivation and child poverty. Healthy lifestyles and the availability of local leisure centres are key to delivering three of the key priorities namely: Giving children and young people the best start in life; Building an inclusive local economy and delivering and defending: health, social care and support. Furthermore there is opportunity within wider priorities to encourage physical activity in the active environment. Partnership working is a key tool identified to deliver against these priorities. It is clear that leisure services can play a major role in the delivery of the Corporate Strategy priorities.
- 3.3. The Lewisham Local Plan - The Lewisham Local Plan will be a comprehensive plan for the whole borough setting out the proposed plans for new homes and associated infrastructure covering a 15-year period from 2018–33. It first went out to consultation in 2015 and the updated version is about to go out to consultation again in 2019. It will undoubtedly be an important document to help inform the need for future built facilities (including the active environment) and services (impacted by a growing population and potential changes to the demographic profile of the Borough).
- 3.4. Lewisham Whole Systems Obesity Action Plan 2019 – 21. The Council's whole systems approach to obesity has three overarching aims:
 - Promote an environment that supports healthy weight and wellbeing as the norm, making healthier options the easiest choice for our residents to eat well and have active lifestyles;

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- Supporting our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health; and
 - Tackle the weight issues of those who are already overweight and obese.
- 3.5. Physical activity and the physical environment play key roles in the plan which is very positive and there are targets designed to assess progress linked to getting people more physically active, increasing active travel and using outdoor space for exercise.
- 3.6. Local authorities have a statutory duty to secure sufficient educational and recreational leisure time activities and facilities for young people aged 13 to 19, and those with learning difficulties to age 24, to improve their well-being, as defined in Subsection 13 of Section 507B of the Education Act 1996 (amended 2006). This particularly important relating to the provision of swimming pools which are not readily provided via the private sector.

4. Background

- 4.1 On 20 March 2020, the Government announced the temporary closure of all gyms and leisure centres as part of its COVID-19 response to stop the spread of infection. Leisure providers are currently not eligible for most announced support packages.
- 4.2 Leisure trusts are most at risk because they are charities, societies or community interest companies (with a public benefit asset lock) and as such do not distribute profits. Currently leisure providers are exempt from most COVID-19 emergency support funding, because:
- the Procurement Policy Notes 02/201 (PPN 02/20) on supplier relief do not account for the income arrangements between councils and providers
 - leisure providers are unable to secure loan finance, either through the government backed scheme or commercially, due to judgement of viability being assessed and judged on historical profitable financial records rather than on future financial projections, tight contractual and operating margins and, for trusts, their reinvestment of surpluses into the community model
 - the majority have a rateable value above £51,000 so are not eligible to receive the retail, hospitality and leisure grants
 - they are not eligible for Sport England's emergency response funds which are targeted at grassroots community organisations and are unable to be used to address financial impact on council service provision
 - trusts are not eligible for the Government's £750 million for frontline charities, as they are not deemed 'small' nor 'delivering frontline services'.
- 4.3 On the 25 July 2020, the Government permitted the re-opening of leisure centres that complied with the 'Guidance for people who work in grassroots sport and gym/leisure facilities' therefore gaining COVID Secure status.
- 4.4 Due to the increased expenditure required to obtain and maintain COVID Secure status and the reduced income due to the same, the leisure sector has re-opened slowly with some local authority's facilities having full or partial closure of the leisure centres within their authority.
- 4.5 At the time of writing, officers are aware that the Department of Digital, Culture, Media and Sport ("DCMS") has submitted a bid to the Treasury for a significant additional package designed specifically to support local authorities in covering the increased costs incurred in maintaining public leisure services and funding the net costs of leisure operators during the imminent remobilisation and business recovery phases. It is

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anticipated that the outcome of this bid for additional support will be known soon.

5. GLL Contract Management

- 5.1. GLL will be awarded a two year contract with the option to extend for a further three years subject to the Council's approval.
- 5.2. The leisure services contract will provided for the operation of eight facilities:
 - The Bridge Leisure Centre (including the Lewisham Indoor Bowls Centre) in Sydenham
 - The Bellingham Leisure and Lifestyle Centre in Bellingham (managed by the Council on behalf of a charity, the Bellingham Community Project)
 - Forest Hill Pools (Forest Hill)
 - Ladywell Arena (Catford)
 - Glass Mill Leisure Centre (Lewisham)
 - Wavelengths Leisure Centre (Deptford)
 - Warren Avenue playing fields (Bromley)
- 5.3. GLL currently operate in over half of London's Boroughs including Lambeth, Greenwich and Croydon. They have recently taken over the Croydon contract from Fusion and have already increased memberships across the sites considerably. They also have significant experience of TUPE and mobilising contracts within short timeframes.
- 5.4. It is acknowledged that the impact of COVID on the leisure market is unknown and typically it would take 18 months to two years to re-stabilise a poorly performing contract. However, while the impact of COVID is unprecedented GLL have experience of turning round contracts after having been managed by Fusion Lifestyle. This short term contract provides GLL with an opportunity to demonstrate their ability to deliver quality leisure services in the borough.
- 5.5. The financial projections undertaken as part of the service mobilisation work indicates that their operation of the leisure facilities and services through the remainder of financial year 2020/21 and 2021/22 will result in a net loss that will need to be met by the Council.
- 5.6. Council officers will undertake formal reviews, on a monthly basis, to assess the level of that financial and operational performance. Furthermore, senior officers will undertake quarterly performance reviews with GLL senior management with officers reporting to Mayor and Cabinet on an annual basis. Officers will report to Healthier Communities Select Committee annually and more frequently on request.
- 5.7. The Council have been working with FMG as specialist leisure consultancy who are also retained by Sport England to provide support for local authorities. FMG have confirmed that, whilst presenting significant challenges to local authorities across the UK, financial risk being held by the Council is the predominant approach by which local authorities are enabling the reopening of public leisure facilities where those facilities are managed by leisure operators.
- 5.8. Given the performance challenges experienced in recent years, as reported to Committee on 4th April 2019 and 14th May 20109 (Part 2 confidential item), it is imperative that measures are in place to provide confidence that the new leisure management arrangements ensure confidence in the operational performance.

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- 5.9. GLL are one of the largest leisure operators in the UK and have experience of taking over failing contracts and turning them round. It is vital that trust is gained and nurtured the beginning of a partnership and willingness to provide services residents deserve.
- 5.10. In more practical terms the terms and conditions of the contract will have provisions that will provide the parameters for performance with remedies when this is not met including for example the Payment Mechanism. However, as noted in this report it is in GLL's interest that they perform favourably to ensure that contract extensions are considered
- 5.11. Further measures both the Council and GLL will utilise to measure success will be:
- Increased visits
 - Increased memberships and swim school
 - Increased satisfaction through customer surveys and other measures
 - Decrease in complaints
- 5.12. All the above will be used to inform the performance of GLL and will be reported on a monthly, quarterly or annual basis. The resources required to support this work are being considered following the creation of the new Communities, Partnerships and Leisure Division within the Council in recent months.
- 5.13. In addition a new Sport and Physical Activity Strategy is in development that will set a range of wider health and wellbeing outcomes for leisure services across the Borough.
- 5.14. Officers are acutely aware of the need to provide a quality leisure service in Lewisham to build confidence in the provision and ensure that wider equalities and health and wellbeing outcomes are met.
- 5.15. Given the nature of the new contracting framework it will be much easier for officers to insist on a range of measures but this investment will need to be balanced with the need to promote financial sustainability across the provision in the medium to long term.

6. Financial Implications

- 7.1 As set out in the body of the report.

7. Legal implications

- 7.1. The Council has a public sector equality duty (under the Equality Act 2010 (the Act)). It covers nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 7.2 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 7.3 The duty is a "have regard duty", and the weight to be attached to it is a matter for the decision maker, bearing in mind the issues of relevance and proportionality. It is not an

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absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

- 7.4 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>.
- 7.5 The Equality and Human Rights Commission (EHRC) has issued guides for public authorities in England giving advice on the equality duty. The ‘Essential’ guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

8. Equalities implications

- 8.1. Lewisham Council is current developing a new Physical Activity strategy which the leisure services detailed in this report will be a key part. As part of the strategy development, a vision, priorities and key outcomes will be established to set the strategic direction for the service over the coming years. Whilst these have not yet been confirmed at this stage, they are likely to centre around the areas of:
- Increasing physical activity levels and reducing inactivity with the aim of reducing the burden on the NHS, particularly in deprived areas and within the BAME community;
- 8.2. AND using physical activity to:
- promote health, wellbeing and happiness;
 - tackle deprivation;
 - reduce crime and anti-social behaviour;
 - develop the economy, jobs and skills;
 - support the voluntary & community sector.
- 8.3. A number of specific target outcomes and associated KPIs will be identified to establish how the strategy will be measured and monitored, with an action plan identifying specific actions for implementation.

9. Climate change and environmental implications

- 9.1. Leisure Centres, especially swimming pools, consume high levels of energy. Officers will work with GLL to utilise techniques they have demonstrated in other boroughs to reduce overall energy consumption and the carbon footprint of services.

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10. Crime and disorder implications

- 10.1. Leisure Services play a significant role providing positive activities for young people, reducing the chances of them being involved in anti-social behaviour or criminal activity. They are a key provision in the Local Authorities Public Health Approach to violence reduction.

11. Health and wellbeing implications

- 11.1. There is a wealth of evidence to highlight that the benefits of an active lifestyle are far reaching and impact positively on people's lives across the life course. Those who play sport and are active are healthier, happier and more likely to be successful in academic and professional life.
- 11.2. We know that the benefits of an active lifestyle are far reaching and impact positively on people's lives. The weight of the national evidence base regarding the risks and costs of inactivity is compelling:
- Physical inactivity directly contributes to one in six deaths in the UK, the same number as smoking;
 - Physical inactivity is the fourth largest cause of disease and disability in the UK;
 - Physical inactivity leads to around 37,000 premature deaths a year;
 - Evidence highlights that active people are less likely to suffer from heart disease, stroke, cancer, diabetes and may consequently live 5 years longer.
- 11.3. Physical inactivity poses a serious and growing danger to society; it damages health, economy and the environment and limits the educational attainment and future lives of children.'
- 11.4. It is estimated by Public Health England that the cost of physical inactivity is £7.4 billion per year.

12. Social Value implications

N/A

13. Background papers

HCSC 4th April 2019 – Leisure contracts (Item 5)

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MId=5505&Ver=4>

HCSC 14th May 2019 – Leisure centre performance (Item 10)

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MId=5580&Ver=4>

14. Glossary

Term	Definition

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Term	Definition

15. Report author and contact

15.1. James Lee, james.lee@lewisham.gov.uk, 020 8314 8465

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Healthier Communities Select Committee

Report title: Select Committee work programme report

Date: 23rd September 2020

Key decision: No.

Class: Part 1

Ward(s) affected: Not applicable

Contributors: John Bardens, Scrutiny Manager

Outline and recommendations

To ask members to discuss the committee's priorities for the 2020/21 municipal year and to agree an annual work programme.

The Committee is asked to:

- Consider the themes set out in the draft work programme at **appendix E**.
- Discuss the committee's priorities and agree a work programme for 2020/21.
- Consider opportunities for public engagement throughout the work programme.

Timeline of engagement and decision-making

The meeting dates below were agreed at the Council AGM on 15th July 2020:

- Wednesday 23rd September 2020
- Wednesday 11th November 2020
- Wednesday 13th January 2021
- Thursday 25th February 2021

1. Summary

- 1.1. This report asks members to discuss and agree priorities for the committee's work programme for the year ahead and describes the process for approval by the business panel and ongoing monitoring by the committee.

2. Recommendations

- 2.1. The Committee is asked to:
- Consider the themes set out in the draft work programme at **appendix E**.
 - Discuss the committee's priorities and agree a work programme for 2020-21.
 - Consider opportunities for public engagement throughout the work programme.

3. The role of the select committee

- 3.1. The role of the Healthier Communities Select Committee is to monitor the provision of health services in Lewisham. This includes adult social care and public health.
- 3.2. The committee fulfils the council's statutory health scrutiny functions and is responsible for holding NHS and council decision-makers to account. This includes scrutinising the work of the Health and Wellbeing Board and the delivery of the Lewisham Health and Wellbeing Strategy.
- 3.3. The committee works closely with Lewisham Healthwatch, the consumer champion for health and social care, which has non-voting representation on the committee.
- 3.4. The Committee's full terms of reference are set out in **appendix A**.

4. Agreeing the committee's work programme

- 4.1. A draft work programme is attached at appendix E. It currently includes suggestions made by last year's committee; suggestions from council officers; and issues arising as a result of previous scrutiny (further detail is set out in sections below).
- 4.2. It is for the committee, however, to set its own work programme and agree any other priority issues it would like to include – the committee does not have to look into everything officers, the public or other members suggest.
- 4.3. When deciding on issues to include in the work programme, the committee should consider the key services and programmes within the committee's remit and the criteria for selecting and prioritising topics (see flowchart below).
- 4.4. The committee should also take into account upcoming Mayor & Cabinet decisions (appendix D) and avoid duplicating the work of any agreed task and finish groups (TFGs).
- 4.5. Items within the work programme should also be linked to the priorities of the Council's Corporate Strategy for 2018-2022 (appendix B):
- 4.6. The committee is recommended to schedule **two substantive items per meeting**, leaving space available for Mayor & Cabinet responses and other urgent business as the need arises throughout the year.
- 4.7. Taking into account the provisional work programme attached at Appendix E, there is capacity for *one further item* to be added to the programme in *January*.
- 4.8. Provision is made for meetings to last for up to 2.5 hours, but the committee should aim to **manage its business within 2 hours**. In exceptional cases the committee may decide to suspend standing orders and extend the meeting for a further 30 minutes to

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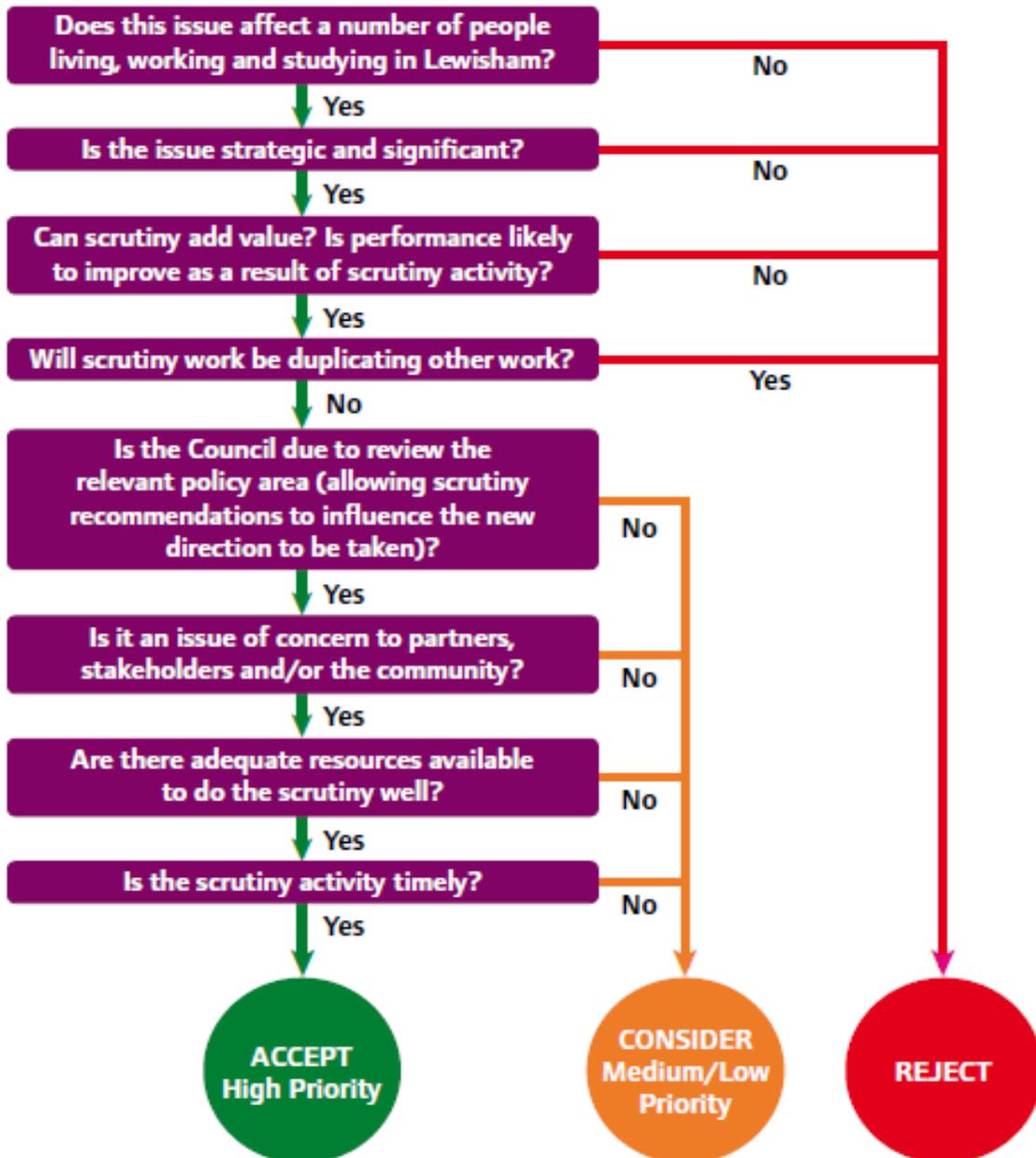
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conclude any urgent business.

- 4.9. The committee should specify the information it would like for each item to ensure that officer reports and other evidence meets its needs. This should be done under the work programme item at every meeting.

Scrutiny work programme – prioritisation process



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- 4.10. There is no provision at committee for the discussion of information items (reports to note). If required, they will be circulated to members by email with questions put to the report author for a written response.
- 4.11. Some of the regular reports that fall under the committee's remit, which are usually presented as reports to note and therefore likely to be circulated by email in the first instance, include:
- South London and Maudsley NHS Trust (SLaM) quality account
 - Lewisham and Greenwich NHS Trust (LGT) quality account
 - Lewisham Adult Safeguarding Board (LASB) annual report
 - Adult Learning Lewisham (ALL) annual report
 - Annual public health report
 - Healthwatch annual report
- 4.12. It's the Chair's responsibility to keep abreast of other developments within the committee's remit and escalate any issues that require action by the committee to the work programme as appropriate.
- 4.13. Suggestions from officers in view of forthcoming developments
- 4.14. **Financial stabilisation - budget update and medium term plan (23rd September)** – a monitoring update and medium term financial planning report to show how officers are managing the current challenges and uncertainties.
- 4.15. **Borough recovery plan (23rd September)** – a comprehensive update from Lewisham Health and Care Partners outlining the plans for the recovery and stabilisation of health and care across the borough, including the action to be taken in the event of any further spikes in Covid-19 cases.
- 4.16. Some of the specific issues that members have previously raised in discussions about health and care recovery include:
- the wellbeing of people with learning disability
 - winter planning, including flu vaccinations for the most vulnerable
 - secondary care recovery and backlogs
 - the long term public health impacts of Covid-19 and the changes in people's lifestyles, including working closer to home
 - local outbreak control plans and our capacity for testing
 - the impact of the abolition of PHE
 - ethnic inequalities among the over 50s
 - Care homes and the care market
- 4.17. **Budget cut proposals (11th November)** – the council continues to identify areas from which it will deliver significant budget reductions in order to agree a balanced budget, as required by legislation. A paper outlining budget cuts/proposals will be available to be considered by each select committee in the November/December round of meetings. The main budget report will then go to Public Accounts on 2nd February 2021 and the Chairs of Select Committees will be invited.
- 4.18. Last year ([September 2019](#)) the committee considered cuts relating to managing demand for social care by using an asset-based approach. The proposals followed on from similar made the previous year ([October 2018](#)) when the committee referred its views to the Public Account Committee expressing concerns about the increase in demand on the voluntary sector as a result of this approach.
- 4.19. **Care homes and market stability (suggested timeframe – 13th January)** – the disproportionate impact of Covid-19 on care homes has been well documented

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nationally. According to the Health Foundation, outbreaks in care homes were driven by multiple factors, including staff unwittingly transmitting the virus, and infections picked up during hospital stays. The stability of the care market is also a longstanding national issue, with notable examples of providers facing financial difficulties, and the vulnerability of the local care homes market remains a major concern, especially in light of the impact of Covid-19, with voluntary closures likely. Given the increased risks facing the sector since Covid-19 the committee may want to scrutinise local plans to provide support.

- 4.20. **Health and care workforce (suggested timeframe – 25th February)** – Covid-19 is putting unprecedented pressure on people working in health and social care. Even before the pandemic, staffing was the single biggest challenge for the NHS and social care in England, and updated projections from the Health Foundation ([May 2020](#)) show that the NHS and social care continue to face growing staffing shortfalls. Given the significance of this issue nationally the committee may want to scrutinise local plans.
- 4.21. **Living with disabilities post Covid-19 (timeframe – tbc)** – before Covid-19 the committee was due to receive a report from local disability group, [Lewisham Speaking Up](#), on the social care experiences of people with learning disability in the borough. The report was published with the [March](#) meeting papers prior to the meeting being cancelled. Given the disproportionate impact of Covid-19 on vulnerable groups, such as those with learning disability, the committee may want to hear more about people's experiences during Covid and local plans going forward.
- 4.22. Issues arising as a result of previous scrutiny
- 4.23. **Older adults day services** – the committee considered proposals for the recommissioning of building-based day services for older adults at its meeting in [October 2019](#) and referred to Mayor and Cabinet its concerns regarding increased travel times; the equality impact assessment; and service user wellbeing. The committee received a response to its referral at its meeting in [December 2019](#) and requested an update in six months. However, as all procurement activity was stopped due to Covid, the changes have not yet been made and the committee would need to receive any update at a future date.
- 4.24. **Migrant charging** – the committee sent a letter to Lewisham and Greenwich NHS Trust in January 2020 outlining its concerns about the Trust's reported use of Experian to check patients' eligibility for free healthcare. The Trust's response was published with the papers for the [March](#) meeting, which was cancelled. The response included details of an independently chaired oversight panel being set up to review the Trust's practice in this area. The oversight panel was due to publish its report in the summer but has been unable to complete its work due to Covid-19. The committee may want to receive an update on the outcome of the work of the oversight panel once it has concluded.
- 4.25. **BAME health inequalities** – the committee scrutinised the council's work on BAME mental health inequalities at its meeting in [May 2019](#). The committee referred its views to Mayor and Cabinet expressing concerns about progress and requesting a timeline with proposed actions. The committee also held a joint meeting with CYP select committee where concerns were expressed about CAMHS data. The committee received a response from M&C in [December 2019](#) and agreed to receive a further update on this area of work in six months. Since then and the outbreak of the Covid-19 health inequalities have received significant national attention and in May 2020 the council announced that it was establishing a research partnership with Birmingham City Council to review health inequalities within Black African and Caribbean communities: [Birmingham and Lewisham African & Caribbean Health Inequalities Review](#) (BLACHIR). The programme is due to conclude in December 2021. The committee may want to receive an update on the work of this review at an appropriate time.

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5. Different types of scrutiny

- 5.1. It's important to think early on about the most effective way to scrutinise each item on the work programme. Some issues may only require an initial briefing for information, some may require site visits and public engagement, and others may require detailed questioning at a formal committee meeting and input from stakeholders
- 5.2. The *Effective Scrutiny Guidelines* at **appendix C** sets out 5 key principles to take into account when carrying out scrutiny: *Prioritise; Be independent; Work Collectively; Engage; make SMART recommendations*. This will help the committee decide on the most appropriate approach for the issue at hand.
- 5.3. Members should also note the comments in the [Local Democracy Review](#) about how scrutiny can be even more effective, participative and open. Suggestions included:
 - Focusing on fewer issues more closely linked to council priorities
 - More engagement with the public outside of formal meetings
 - Individual scrutiny members leading on defined topic areas
 - Contributing to new policy proposals at an early stage
- 5.4. Some of the most common scrutiny methods are described below, but members are encouraged to try new ways of gathering evidence and engaging the public.
- 5.5. “Standard items”
- 5.6. The majority of work programme items tend to be “standard items”, where scrutiny is carried out as part of a single meeting with members:
 - agreeing in advance the information and analysis needed
 - receiving an officer report presenting the relevant information
 - gathering additional evidence from activity outside of meetings
 - asking questions of the presenting officers or expert guests
 - agreeing recommendations to Mayor and Cabinet and partners.
- 5.7. Policy development
- 5.8. When the council is due to renew a policy the committee may be asked to consider the options available and officer recommendations before a decision by Mayor and Cabinet. Select committees should be engaged at an early enough stage to be able to influence and contribute to the new policy.
- 5.9. Performance monitoring
- 5.10. Scrutiny can request a wide range of performance information to examine the effectiveness of council services. This includes monitoring data on key performance indicators and outcomes and assessing the delivery of particular programme or projects against set targets or timescales.
- 5.11. Task and Finish Groups
- 5.12. For issues that require more extensive evidence gathering, members may put forward a proposal for a Task and Finish Group (TFG). The Overview & Scrutiny Committee will agree which TFGs should be established, their membership, terms of reference and duration. TFGs are independent of select committees and make recommendations directly to Mayor & Cabinet.
- 5.13. Information items
- 5.14. Some low-priority items may only require a briefing report to be circulated to committee members by email, with questions put to the report author for written response. There is no provision for discussion of information items at committee meetings.

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6. Approval and ongoing monitoring of the work programme

- 6.1. Each select committee is required to submit its work programme to the Overview and Scrutiny Business Panel for approval. This is to ensure a coordinated overview and scrutiny work programme across select committees that avoids duplication of effort and supports effective scrutiny. The Business Panel will meet on 21st September 2020.
- 6.2. The committee's work programme can be reviewed at each meeting to allow urgent items to be added and lower priority issues to be removed. Any potential items should be considered against the priority criteria outlined earlier in this report. If a high-priority item is included, a lower-priority item should be removed. The committee's work programme must be achievable in the time available.

7. Financial implications

- 7.1. 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

8. Legal implications

- 8.1. 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.

9. Equalities implications

- 9.1. 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.
- 9.2. 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.
- 9.3. 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.

10. Climate change and environmental implications

- 10.1. 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.

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11. Crime and disorder implications

- 11.1. 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.

12. Health and wellbeing implications

- 12.1. 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.

13. Report author and contact

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

14. Appendices

Appendix A – [Committee terms of reference](#) (see below)

Appendix B – [Council corporate priorities](#) (see below)

Appendix C – Effective scrutiny principles (see attached)

Appendix D – Notice of forthcoming executive decisions (see attached)

Appendix E – Draft work programme (see attached)

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Appendix A

The following roles are common to all select committees:

(a) General functions

- To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions
- To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function
- To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents
- The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

(b) Policy development

- To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate
- To conduct research, community and/or other consultation in the analysis of policy options available to the Council
- To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

- To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time
- To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas
- To question members of the Executive or appropriate committees and executive directors personally about decisions
- To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented
- To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance
- To question and gather evidence from any person outside the Council (with their consent)
- To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

- To promote and put into effect closer links between overview and scrutiny members and the local community
- To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people
- To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.
- To keep the Council's local ward assemblies under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local

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people can be enhanced

- To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary
- To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters).

(e) Finance

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

(f) Work programme

- As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.
- The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

Healthier Communities has specific responsibilities for the following:

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. 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.

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- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee .
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to: people with learning difficulties; people with physical disabilities; mental health services; the provision of health services by those other than the Council; provision for elderly people; the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations; lifelong learning of those aged 19 years or more (excluding schools and school related services); Community Education Lewisham; other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over.
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

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

Appendix B

Council corporate priorities 2018-2022

Items within the work programme should 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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Effective Scrutiny Guidelines

1. Prioritise

It is more effective to look at one or two key issues per meeting in an in-depth way, than skim the surface of everything falling within the committee's remit. Try to focus on issues of concern to the community and/or matters that are linked to corporate priorities. Only add items to the work programme if you are certain your consideration of the matter will make a real and tangible difference.

2. Be independent

Scrutiny is led by Scrutiny Members. You are in charge of the work programme and, for every item, you should specify what evidence you require and what information you would like to see in any officer reports that are prepared. You should not be whipped by your political party or unduly influenced by the Cabinet or senior officers.

3. Work collectively

If you collectively agree in advance what you want to achieve in relation to each item under consideration, including what the key lines of enquiry should be, you can work as a team to question witnesses and ensure that all the required evidence is gathered. Scrutiny is impartial and the scrutiny process should be free from political point scoring and not used to further party political objectives.

4. Engage

Involving residents helps scrutiny access a wider range of ideas and knowledge, listen to a broader range of voices and better understand the opinions of residents and service users. Engagement helps ensure that recommendations result in residents' wants and needs being more effectively met.

5. Make SMART evidence-based recommendations

Scrutiny has the most impact when its recommendations are based on solid, triangulated evidence – where a variety of sources of evidence point to a change in practice that will positively alter outcomes. Recommendations are more powerful if they are:

- Specific (simple, sensible, significant).
- Measurable (meaningful, motivating).
- Achievable (agreed, attainable).
- Relevant (reasonable, realistic and resourced, results-based).
- Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).

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FORWARD PLAN OF KEY DECISIONS

Forward Plan September 2020 - December 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
June 2020	Catford Regeneration Programme Approval of Phase 1	16/09/20 Mayor and Cabinet	Sandra Plummer, Senior Project Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
October 2019	Adoption of the Catford Regeneration Masterplan Framework	16/09/20 Mayor and Cabinet	Paul Moore, Interim Director for Regeneration and Place and Councillor Paul Bell, Cabinet Member for Housing & Planning		
June 2020	Options appraisal of the security contract	16/09/20 Mayor and Cabinet	Chris Damri, SGM Asset Strategy and Technical Support and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
June 2020	Procurement strategy and possible appointment new purchasing body for one or more corporate utility contracts	16/09/20 Mayor and Cabinet	Martin O'Brien, Climate Resilience Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
June 2020	Review of Statement of Community Involvement during Covid-19 Pandemic	16/09/20 Mayor and Cabinet	Christopher Dale, Development Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
June 2020	Declaration of Grove Park Nature Reserve LNR.	16/09/20 Mayor and Cabinet	Nick Pond, Parks and Open Space Contracts and Service Development		

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
			Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
August 2020	Health & Care Recovery Plan	16/09/20 Mayor and Cabinet	Dr Catherine Mbema, Director of Public Health and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
August 2020	Approval of the Lewisham Homes Business Plan	16/09/20 Mayor and Cabinet	Michael Moncrieff, Housing Policy & Partnerships Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2020	Request for s106 monies to support the delivery of affordable homes at Sydenham Hill - Mais House	16/09/20 Mayor and Cabinet	David Syme, Strategic Planning Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2020	Small Sites Small Builders GLA Funding - Second Submission	16/09/20 Mayor and Cabinet	James Ringwood, Housing Delivery Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2020	Approval of the lease arrangements for Abbotshall	16/09/20 Mayor and Cabinet	Andy Thomas, Cultural Development Manager		

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
	Road Playing Fields		and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		
September 2020	Pan London temporary arrangements for the provision of mortuary facilities and mortality management	16/09/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
June 2020	Sydenham Park Foot Bridge - Single Tender Action	29/09/20 Overview and Scrutiny Business Panel	Gillian Redrup, Senior Engineer and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
June 2020	Contract to refurbish premises at 43 and 45 Bromley Road	29/09/20 Overview and Scrutiny Business Panel	Adam Platts, Project Manager and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		
February 2020	Award of London Borough of Culture Programme Delivery Partner	29/09/20 Overview and Scrutiny Business Panel	Liz Dart, Head of Culture and Community Development and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		
June 2020	Conversion of 77 Amersham Road and 114-116 Manor Avenue to temporary housing	07/10/20 Mayor and Cabinet	James Masini, Regeneration and New Supply Manager and		

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			Councillor Paul Bell, Cabinet Member for Housing & Planning		
February 2020	Approval to proceed with Procurement - Digitisation of Records - Council Wide	07/10/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
June 2020	Former Ladywell Leisure Centre - Update	07/10/20 Mayor and Cabinet	Karen Barke, Head of Strategic Development and Councillor Paul Bell, Cabinet Member for Housing & Planning		
February 2020	Renewal of Pension Administration IT System	07/10/20 Mayor and Cabinet	Ian Andrews, IT Procurement and Supplier Manager and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2019	Contract Award for Stage 2 of Greenvale School Expansion Project	07/10/20 Mayor and Cabinet	Pinaki Ghoshal, Executive Director for Children & Young People and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		
June 2020	Amending Lewisham Homes Articles of Association	07/10/20 Mayor and Cabinet	Michael Moncrieff, Housing Policy &		

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			Partnerships Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
December 2019	Additions of new buildings to Local List St Lukes Church	07/10/20 Mayor and Cabinet	Joanna Ecclestone, Senior Conservation Officer and Mayor Damien Egan, Mayor		
April 2020	Sanctuary Strategy	07/10/20 Mayor and Cabinet	Paul Aladenika, Service Group Manager, Policy Development and Analytical Insight and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
June 2020	School meal provision	07/10/20 Mayor and Cabinet	Fiona Gavin, Senior Contracts Officer and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		
June 2020	School kitchen equipment maintenance contract	07/10/20 Mayor and Cabinet	Fiona Gavin, Senior Contracts Officer and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		
August 2020	Article 4 Direction in Deptford	07/10/20	Joanna Ecclestone,		

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	High Street Conservation Area	Mayor and Cabinet	Senior Conservation Officer and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2020	Besson Street update'	07/10/20 Mayor and Cabinet	Monique Wallace, Planning Manager, Strategic Housing and Councillor Paul Bell, Cabinet Member for Housing & Planning		
September 2020	100 in 100 Apprenticeship Training provision	07/10/20 Mayor and Cabinet	Charlotte Rowley, Apprenticeship Coordinator and Councillor Joe Dromey, Cabinet Member for Culture, Jobs and Skills (job share)		
September 2020	Financial Monitoring	07/10/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
September 2020	Leisure Management Arrangements parts 1 & 2	07/10/20 Mayor and Cabinet	James Lee, Director of Strategy, Partnerships and Improvement, Director of Culture and Community Development (jobshare) and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		

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December 2019	Approval of the draft Lewisham Local Plan for public consultation	28/10/20 Council	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
April 2020	Approval of the Local Development Scheme (Update)	28/10/20 Council	David Syme, Strategic Planning Manager and Mayor Damien Egan, Mayor		
June 2020	Extension of Resurfacing and Footways Contract	28/10/20 Mayor and Cabinet	Tom Henry, Engineering Manager, Transport Division and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
June 2020	Highway term Contract tender award	28/10/20 Mayor and Cabinet	Tom Henry, Engineering Manager, Transport Division and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
April 2020	Revised Statement of Licensing Policy	11/11/20 Mayor and Cabinet	Lisa Hooper, Crime, Enforcement & Regulation Manager and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		
April 2020	Adoption of the Homelessness	11/11/20	Michael Moncrieff,		

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	and Rough Sleeping Strategy	Mayor and Cabinet	Housing Policy & Partnerships Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
April 2020	Adoption of the Housing Strategy 2020-26	11/11/20 Mayor and Cabinet	Michael Moncrieff, Housing Policy & Partnerships Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
April 2020	Refugee Resettlement Support Service Contract Award	11/11/20 Mayor and Cabinet	Madeleine Jeffery, Director of Housing and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
September 2020	Catford Regeneration Partnership Ltd Business Plan 2020-21	11/11/20 Mayor and Cabinet	Kplom Lotsu, SGM Capital Programmes and Mayor Damien Egan, Mayor		
September 2020	Building for Lewisham Package A s105 & demolition budget approval	11/11/20 Mayor and Cabinet	Karen Barke, Head of Strategic Development and Councillor Paul Bell, Cabinet Member for Housing & Planning		
September 2020	SELCHP extension report	11/11/20 Mayor and Cabinet	Wendy Nicholas, Strategic Waste and Environment Manager and Councillor Sophie McGeevor, Cabinet		

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			Member for Environment and Transport		
February 2020	Revised Statement of Licensing Policy	25/11/20 Council	Lisa Hooper, Crime, Enforcement & Regulation Manager and Councillor Eva Stamirowski		
October 2019	Mayow Road Supported Living Service Parts 1 & 2	09/12/20 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		
November 2019	Approval to appoint operator for concessions contract at the lake, Beckenham Place Park	13/01/21 Mayor and Cabinet	Gavin Plaskitt, Programme Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
June 2020	Climate emergency action plan update	03/02/21 Mayor and Cabinet	Martin O'Brien, Climate Resilience Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport		
August 2020	Occupational Health EAP contract	10/03/21 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

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Healthier Communities Select Committee work programme 2020/21 - draft

Item	Type	Priority	Delivery	23-Sep	11-Nov	13-Jan	25-Feb
Confirmation of Chair and Vice Chair	Constitutional req	High	Sep				
Work programme 2020-21	Constitutional req	High	Sep				
Financial stabilisation - budget update and medium term plan	Standard item	High	Sep				
Lewisham system recovery plan	Standard item	High	Sep				
Leisure centres performance management	Standard item	High	Sep				
Safeguarding referral	M&C response	High	Sep				
Budget cuts proposals	Standard item	High	Nov				
The scope of the Birmingham and Lewisham African & Caribbean Health Inequalities Review	Standard item	High	Nov				
Care homes and market stability	Standard item	High	Jan				
<i>TBC</i>	Standard item	High	Jan				
Health and social care workforce	Standard item	High	Feb				
Health and wellbeing priorities	Standard item	High	Feb				

Information reports, briefings and visits	Type	Priority	Delivery				
Lewisham Adult Safeguarding Board (LASB) annual report	Performance monitoring	CP5	Sep				
Lewisham and Greenwich NHS Trust (LGT) quality account	Performance monitoring	CP5					
South London and Maudsley NHS Trust (SLaM) quality account	Performance monitoring	CP5					
Adult Learning Lewisham (ALL) annual report	Performance monitoring	CP5					
Annual public health report	Performance monitoring	CP5					

	Item completed
	Item on-going
	Proposed timeframe

Meetings		Despatch	
Wed	23-Sep	Tue	15-Sep
Wed	11-Nov	Tue	03-Nov
Wed	13-Jan	Tue	05-Jan
Thurs	25-Feb	Wed	17-Feb

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