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Healthier Communities Select Committee Agenda

Wednesday, 8 September 2021
7.30 pm, Council Chamber, Civic Suite - the public are welcome to observe via the Council's website at https://lewisham.public-i.tv/core/portal/home
Civic Suite
Catford, SE6 4RU

For more information contact: John Bardens (02083149976)

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

Part 1

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 8 September 2021.

Kim Wright, Chief Executive
Tuesday, 31 August 2021

Members Councillor John Muldoon (Chair) Councillor Coral Howard (Vice-Chair) Councillor Sophie Davis Councillor Carl Handley Councillor Samantha Latouche Councillor Lionel Openshaw Councillor Paul Maslin (ex-Officio) Councillor Octavia Holland (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Monday, 21 June 2021 at 7.30 pm

PRESENT: Councillors John Muldoon (Chair), Coral Howard (Vice-Chair), Carl Handley, Samantha Latouche and Lionel Openshaw.

ALSO PRESENT: Tom Brown (Executive Director for Community Services), Kenneth Gregory (Joint Commissioning Lead, Adult Mental Health), Donna Hayward-Sussex (Service Director, South London and Maudsley NHS Foundation Trust), Dr Simon Parton (Chair, Lewisham Local Medical Committee), Ben Travis (Chief Executive, Lewisham and Greenwich NHS Trust), Dr Catherine Mbema (Director of Public Health), Sarah Wainer (Director of System Transformation), Councillor Chris Best (Cabinet Member for Health and Adult Social Care), Nigel Bowness (Healthwatch Lewisham), Corinne Moocarme (Joint Commissioning Lead, Community Support and Care, Community Services) and Councillor Jacq Paschoud.

1. Confirmation of Chair and Vice Chair

Resolved: that Councillor John Muldoon be confirmed as the Chair and Councillor Coral Howard be confirmed as the Vice-Chair of the Select Committee.

2. Minutes of the meeting held on 25 February 2021

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

3. Declarations of interest

There were no interests declared.

4. Responses from Mayor and Cabinet

There were none.

5. Lewisham system recovery

Before inviting officers to introduce the item the Chair noted the committee's thanks to council officers, NHS staff, the voluntary sector, and everyone else who has been involved, for their tireless work during the Covid pandemic to support those in need.

Sarah Wainer (Director of System Transformation) introduced the item by outlining the current position of the health and care recovery plan and noting that a full review of the plan is in progress and due to be completed by the end of July.

Ben Travis (Chief Executive, LGT) then gave a presentation on the recent experience and current situation at Lewisham and Greenwich NHS Trust.

5.1 It was noted that at the peak of the first wave of the pandemic there were around 300 Covid positive patients across the trust's two sites (University Hospital Lewisham and Queen Elizabeth Hospital). At the peak of the second wave there were almost 500 Covid positive patients across the sites.

5.2 These pressures created significant challenges around bed capacity, oxygen, and workforce in particular, with many colleagues needing to self-isolate or getting Covid themselves. Non-urgent service were also stood down and staff redeployed to deal with the unprecedented levels of pressure.

5.3 Mortality in the first wave (of those patients admitted to a bed) was 29.5% overall. In the second wave this reduced to 18.5% reflecting the work the whole system put into getting to grips with Covid.

5.4 The trust is staying vigilant about the likely possibility of a third wave in the late summer but is not expecting a similar experience to the first or second waves.

5.5 There are currently around 2,500 people that have been waiting more than a year for treatment. This is a significant challenge for the trust and a rigorous clinical prioritisation process has been agreed across southeast London to provide timely treatment to those most at risk.

5.6 Extra clinics are also being provided and some of the longest waiting patients are being moved to nearby trusts if they have shorter waiting times. There are plans to write to everyone on the waiting list to give them a realistic idea of when they will receive their treatments.

5.7 More virtual appointments are being made available, but the majority of patients are still being seen face to face. Around 25-30% of appointments are currently virtual.

5.8 It was also noted that emergency attendance at UHL (and across London) has increased significantly since January, but that more people are now being seen within the four-hour target. Lewisham and Greenwich Trust is currently seeing more patients within the four-hour target than any other trust in London.

5.9 The Trust has recently moved to an online booking system for blood testing services. This was intended to support infection prevention measures but has also presented operational challenges and caused frustration for some residents. The trust is improving the platform and the process for urgent requests but also noted that there has been a 40% increase in requests since April.

5.10 All of the trust's services are now back up and running and visitor restrictions are being gradually reduced. There are also now clinics in place for patients suffering from long Covid.

5.11 The trust worked with private hospitals during the first and second waves to carry out urgent elective work but they are also now keen to return to providing their own clinics.

5.12 The trust is now working closely with Guy's and St Thomas' and King's College Hospital Trusts to set up clinical network covering the biggest specialities. This includes establishing surgical hubs for high volume but low complexity work. However, given the challenges with workforce in particular, it is likely to take 2-3 years to return to the pre-Covid position.

5.13 The trust is confident that it will be able to continue with elective work during a third wave.

5.14 One of the key learning points from the first and second waves is that more needs to be done around redeployment of staff to help staff get to know their new environment and new colleagues.

5.15 In response to questions from the committee, it was noted that from now on the 'designated setting' for people being discharged from hospital but unable to return to a care home (because of their Covid status) will be Eltham Community Hospital.

Donna Hayward-Sussex (Service Director, South London and Maudsley NHS Foundation Trust) provided an overview of the experience of mental health services on behalf of the mental health alliance.

5.16 Mental health referral rates increased significantly during the second wave, both through primary care and emergency crisis presentations.

5.17 The most significant increase has been in people presenting with symptoms of depression and anxiety. Worryingly there have been increases in presentations of psychosis.

5.18 There has also been a significant increase in the number of people approaching mental health services for the first time. In one month 50% of those presenting at the emergency department were previously unknown to mental health services.

5.19 The 'front door' services, primary care, IAPT, and early intervention are all being fully staffed to address the need coming through.

5.20 The trust also wants to be able offer first appointments very quickly, within days rather than weeks, to quickly establish what type of support is most appropriate.

5.21 The trust is cautious about a potential third wave and would only consider closing services again as a last resort.

5.22 The trust is also developing a self-referral/advice line for people and professionals to approach the trust for help directly. The aim is for this to be in place by September.

Kenny Gregory (Joint Commissioning Lead, Adult Mental Health) informed the committee of two projects that have been commissioned to address health inequalities among black and African-Caribbean communities.

5.23 One is a research project into the experiences of black and African-Caribbean communities using mental health services to understand what can be done to improve experiences and outcomes. The findings of this work are due to be considered by the mental health alliance in July.

5.24 The second project is a series of emotional wellbeing and personal resilience workshops. The first one was aimed at community members and the second at staff affected by the pandemic. The workshops are intended to be safe spaces for people to talk about their concerns.

Simon Parton (Local Medical Committee, Chair; Primacy Care Network Forum, Chair) gave a brief overview of the current position in primary care.

5.25 Primary care is facing a significant increase in demand at the same time as dealing with a stretched workforce. Colleagues are working hard to support the workforce.

5.26 Primary care has moved at pace to a remote monitoring/consultation model using video calls and various online platforms, but continues to provide face-to-face appointment for those that need it.

5.27 Lewisham is one of the only boroughs in southeast London to have an active and effective community long-Covid service.

5.28 The main challenges going forward are reactivating proactive care, that which is above and beyond core services, and ensuring that primary care is accessible to all. This is an opportunity for primary care to learn and develop and to work with the community to coproduce models and approaches that work for patients; prioritise groups; encourage use of resources like pharmacies; and encourage self-care where appropriate.

5.29 In response to questions from the committee it was noted that staff in GP practices are familiar with the new blood testing booking system. A lot of time has also been spent letting patients know how it works. The possibility of an online as opposed to phone booking system is being explored.

Dr Catherine Mbema (Director of Public Health) provided an overview of the scale of the pandemic in Lewisham and the ongoing work of the public health team.

5.30 As of 11th June 2021 there had been 22,000 cases of Covid-19 in Lewisham, since February 2020. As of 4th June 2021 there had been 602 deaths due to Covid-19 in Lewisham.

5.31 The public health team has developed and put in place a local outbreak management plan which covers a range of activity from testing and contact tracing to outbreak response and support for the vaccination programme.

5.32 The public health team are working with the community and southeast London CCG to ensure the vaccine roll-out is as effective as possible and addresses any longstanding inequalities.

5.33 The local outbreak plan is underpinned by the analysis of timely data and insight from 170 Covid-19 community champions.

5.34 The committee stressed that as well as the serious health impacts of the Covid-19 virus the pandemic has also led to secondary issues such as food insecurity.

5.35 The public health team are supporting a number of initiatives in relation to food insecurity. This includes the Covid-19 food network and the surplus food hub. A food poverty summit is also planned for the autumn.

Resolved: the committee thanked the officers for their presentations; noted the information presented; and agreed to receive an update in 6 months.

6. Select Committee work programme

Resolved: The committee agreed its work programme for the year ahead for submission to Overview and Scrutiny Business Panel on 20 July.

The meeting ended at 9.30 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 not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

6.2. Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph 6.3 below applies.

6.3. Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

6.4. If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

6.5. Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

7. Sensitive information

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

8. Exempt categories

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

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)

(b) School meals, school transport and travelling expenses; if you are a parent or

guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor

(c) Statutory sick pay; if you are in receipt

(d) Allowances, payment or indemnity for members

(e) Ceremonial honours for members

(f) Setting Council Tax or precept (subject to arrears exception).

9. Report author and contact

9.1. Stephen Gerrard, Director of Law and Governance, 0208 31 47648

Healthier Communities Select Committee

Report title: Migrant charging update

Date: 8 September 2021

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Assistant Chief Executive (Scrutiny Manager)

Outline and recommendations

The purpose of this paper is to provide the Healthier Communities Select Committee with a comprehensive update on on Lewisham and Greenwich NHS Trust's review of its arrangements for charging those patients not eligible for free NHS treatment and care.

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

Timeline of engagement and decision-making

15 January 2020 – Committee considers initial report on migrant charging and formally refers its views to the Trust and to Mayor & Cabinet.

18 March 2020 – The Trust responds outlining the actions its taking, which includes setting up an independently-chaired oversight panel to review practice.

July 2021 – The final report and recommendations of the panel produced (appendix B).

8 September 2021 – Committee to consider the panel's findings and recommendations.

1. Summary

1.1. The purpose of this paper is to provide the Healthier Communities Select Committee with a comprehensive update on Lewisham and Greenwich NHS Trust's review of its arrangements for charging those patients not eligible for free NHS treatment and care.

1.2. In January 2020 the committee wrote to the Trust outlining its concerns about the Trust's reported use of Experian to check patients' eligibility for free healthcare (**appendix A**). In response to the concerns raised by the committee and others the Trust established an independently-chaired oversight panel to review its practices. The panel produced its final report in July 2021 (**appendix B**), which has been provided to the committee for its consideration this evening.

2. Recommendations

2.1. Members of the Healthier Communities Select Committee are recommended to consider the findings of the report.

3. Policy Context

3.1. The Council's *Corporate Strategy 2018-2022* outlines the Council's vision to deliver for residents over the next four years and includes the following priority relevant to this item:

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

4. Financial implications

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

5. Legal implications

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

6. Equalities implications

6.1. Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

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

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

7. Climate change and environmental implications

7.1. There are no direct climate change or environmental implications arising from the

implementation of the recommendations in this report.

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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21 January 2020

Dear Ben

Re: Migrant charging at Lewisham and Greenwich NHS Trust

At its meeting on Wednesday 15 January 2020, the *Healthier Communities Select Committee* received a report on the Trust's recently-suspended arrangements for identifying and charging patients who are not "ordinarily resident" in the UK and therefore not eligible for free healthcare. Following the committee's questioning of the Trust's Director of Strategy and Integrated Care, Jim Lusby, the committee agreed to follow up in writing to reiterate its concerns about the Trust's processes and to state its expectations for the independently-chaired oversight panel established in response to the concerns raised.

As noted at the meeting, the committee was concerned to learn, from an article in the *Health Service Journal*, of the practice that had been in place at the Trust for assessing patients' eligibility for free healthcare (see *Revealed: Mass use of credit check frim to find NHS patients to charge*, 30 September). The committee was particularly concerned 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"). Given that many people who are very ill will not be economically active, and that over one million UK adults do not have a bank account, the committee deeply disagrees that assessing economic activity is a useful metric for determining whether a patient is ordinarily resident in the UK and therefore eligible for free healthcare. The committee is also unconvinced that patients were given adequate notice about the process and the way that their information was being used, as required under GDPR.

The committee acknowledges that the Trust has commissioned an independent review of the processes it followed and established an independently-chaired oversight panel to look at national guidance and review current arrangements. The committee hopes that these measures are successful and urges the Trust to publish the procedure to give evidence to the oversight panel so that it can take evidence from all stakeholder groups, particularly those who have been affected by the processes that were in place.

The committee requests a response from the Trust providing an explanation of the processes *now* in place for the checking patients' eligibility for free healthcare and reassurance about evidence-gathering processes for the oversight panel.

Yours sincerely

Councillor John Muldoon, Chair of the Healthier Communities Select Committee

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Lewisham and Greenwich NHS Trust

Oversight Panel: Patient Charging

Report to the Trust Board of the Panel's work from January 2020 to June 2021
The review of the Trust's arrangements for charging those patients not eligible for free NHS treatment and care

Patients who are not eligible for free NHS care are charged under national legislation. In 2019, following local and national criticism of the Trust's approach to charging patients, the Trust established the Panel to find the best way to implement national policies whilst fulfilling the Trust's values of compassion and respect for all its patients. The Panel was established with an aim to support the Trust to make sure that all patients needing treatment and who are not eligible for free NHS services feel able to approach the Trust to provide their care.

1) Panel Chair's summary and timeline of events: 2013 to June 2021

a. Putting patients at the heart of the NHS is an often-stated aim of national government and local NHS organisations. All NHS trusts have a legal duty to identify patients who are not eligible for free NHS care and to charge them for that care. At the same time, clinical and non-clinical staff aim to make sure that patients who attend their Trust – or who need to attend for care – can access care and treatment. A tension exists between the legal requirement to charge non eligible patients whilst keeping their health care needs at the centre of the caring relationship. That tension can and does affect patients, clinical staff, and members of the Overseas Visitors Teams. However, all clinical staff have a professional duty to place the best interests of their patients first and foremost. These potentially conflicting obligations can place staff in moral dilemmas if handled inappropriately. It is the responsibility of every NHS Trust to live within legal and financial regulations while recognising the professional responsibilities of their staff. Similarly, the panel recognised its duty to have both these positions clearly understood in all its work.

b. Access to free NHS care is based on being ordinarily resident and with the legal right to remain in the UK. Immigration law states that a person must be lawfully settled in the UK and have Indefinite Leave to Remain (ILR) to be 'ordinarily resident'. 'Ordinarily resident' is different from other terms denoting residence in a place such as 'permanent residence', 'usual residence' or 'habitual residence'. A British citizen living abroad, although they have Right of Abode and will always be lawfully in the UK, also has to be settled in the UK, which can sometimes be an issue when they find they are not entitled to free NHS care. Some groups who are not ordinarily resident will receive free NHS care, such as asylum seekers and illegal residents who have been trafficked. This definition means that person whose legal status is unclear or may be under review, is called an 'overseas visitor', whether they have been in the UK for a few hours or for many years. This legal definition can cause surprise and confusion at times, creating tension between the patient and the NHS Trust concerned

c. Following concerns reported within the local and national media in the autumn of 2019 (Health Service Journal, The Guardian and The South London Press), Lewisham and Greenwich NHS Trust ('the Trust') agreed to review the way it had implemented national policy on charging at its two hospitals: Lewisham University Hospital and Queen Elizabeth Hospital. It established the panel to consider the issue further and to make recommendations for improvement.

d. As the independent panel chair, I was determined that the panel reflected the wide range of views on charging: medical, midwifery, and nursing staff; Board level and senior management; the national lead for this topic; the three local authorities whose residents mainly receive care from the Trust; the statutory Healthwatch organisations representing patient experience; external organisations opposed to any charging; and an internationally recognised leading clinician to make sure that as a non-clinical chair, I did not miss any clinical aspects. Every one of these people, whether from the Trust or an external organisation, has contributed candidly and constructively to the panel's work. I thank them all for their commitment, well thought out ideas, reflective comments, and their support to me.

e. I greatly appreciate that the Trust has been open to all my suggestions as to the panel's membership and its role. The work has been testing for all. The issue of charging raises strong views. For some, national policy is justified for the NHS to charge non-eligible patients, while for others it offends their clinical, professional, or ethical motivation. The panel has held up a mirror to the way national policy is implemented at local level by the Trust. Such a process is not comfortable for any organisation. However, the positive approach of the Trust to the panel has meant that already improvements are being made to processes, information to patients and training.

f. I would also like to thank especially Lisa Bunting and Karen Smith, whose help, often under the pressure of short deadlines, made sure that elegantly produced agendas and papers have always been available for the panel, and that managing large meetings using digital platforms, was both smooth and enabled all panel members to be fully involved in the work.

g. The Trust commands widespread local support. The charging controversy in 2019 adversely affected the relationship with parts of the community and local organisations. I hope sincerely that the panel's work will mean that no no-one is scared to walk through the doors of the two hospitals and that every patient and their family can approach with confidence. If this work has been successful, the Trust will be better able to demonstrate how it is able to fulfil its legal obligations while caring for all its patients with compassion and respect and to have a basis for strengthened engagement with those communities most affected by charging;

the wider population; local advocacy and voluntary associations; and the three local authorities of London Borough of Bexley, Royal Borough of Greenwich, and London Borough of Lewisham.

h. The main section of this report is written by the Trust to reflect the work of the panel, why it was established, how it was conducted, and the Trust's response to it. The recommendations are from the panel and for the Trust Board to consider. This report does not end the work of the Trust. It provides a platform for further development of its approach to charging non-eligible patients and to become an example of best practice in this controversial area of its work which is so vital for patients and the populations of Bexley, Greenwich, and Lewisham. Whilst there is still work to be done, I wish this outward facing local NHS organisation well for the future.

i. Care and treatment of patients is central to all that the Trust does. Making sure that patients experience this focus requires constant attention, not only what is happening today and, in the future, but also reflecting on past activity where the Trust identifies areas where it can strengthen and improve its services. Criticism in 2019 of how the Trust implemented national legislation to charge patients not entitled to free NHS care, led to setting up a panel to review is policy and procedures. The intention was to find a way that enabled the Trust to fulfil its legal obligations while treating all its patients, with compassion and respect and amending any previous approaches that thwarted that intention.

j. The three-part timeline below captures the background, context, initial concerns, subsequent criticism, and the Trust's open and active response. Having established the panel, the Trust has remained open throughout to the panels' suggestions in the way that it was run, including wide representation of diverse viewpoints and organisations.

i) Timeline (contract with Experian) to 31 December 2019 (establishment of panel)

- 2013: The Trust agrees a contract with Experian, to assess whether any patients might not be eligible for free NHS care and as a result potentially subject to charging
- April 2018: Save Lewisham Hospital Campaign (SLHC) met with the Trust's Chief Executive Officer at regular meeting
- 11 December 2018: Save Lewisham Hospital Campaign (SLHC) received Freedom of Information (FOI) reply from the Trust about maternity services.
- 05 April 2019: SLHC met with LGT's CEO at a regular meeting and raised issue of charging undocumented patients for NHS care and maternity details from media coverage and FOI replies
- April 2019 Senior midwife's survey of maternity patients charged for care and potential impact on their access to services and their outcomes, was presented to the Trust Management Executive Group (TMEG)
- 13 May 2019: Meeting between SLHC, the Director of Midwifery, Senior Midwife, Overseas Visitors Team Manager, and the then Deputy Finance Officer (DFO) to discuss maternity services, during which the contract with Experian was explained by the DFO.
- 16 June and July 2019: SLHC wrote to the Trust with a wide range of questions about its concerns about the Experian contract to the Trust's Chief Executive this document became known as 'The Q&A'.
- 26 July 2019: Trust CEO wrote to SLHC with answers to SLHC questions, some in full and others in part
- August 2019: SLHC produced an updated list of questions to the Trust covering the Experian contract and wider issues of charging patients not eligible for free NHS care
- September 2019: Press coverage (Health Service Journal, The Guardian and local press) was primarily about data governance and issues and NHS Improvement extending the Experian pilot at LGT to eight other trusts.
- September 2019: Media coverage (The Guardian and HSJ) of NHS Improvement's approach to eight NHS Trusts to consider a contract with Experian based on the partnership between the Trust and Experian
- 30 September 2019: Trust CEO decides to establish panel with an independent chair to review Trust's contract with Experian and explore the wider approach to implementation of national policy in relation to charging patients, and that it would answer outstanding questions raised by SLHC.
- Autumn 2019: Despite widespread public support for the Trust, concerns arise about damage to its reputation in sections of the community following criticism from Lewisham Council, local

organisations, and media about the Trust's approach, including heavy use of debt collecting agencies in comparison with other trusts

- October 2019: Trust recognises data protection issues and refers itself to the Information Commissioner's Office for possible breach of General Data Protection Regulation (GDPR) under the Data Protection Act 2018
- October 2019: Trust suspends and then ceases contract with Experian
- November 2019: Membership of Oversight Panel: Overseas Charging agreed with an independent chair
- November 2019: Trust commissions KPMG consultancy to review its adherence to national requirements in its approach to charging and use of patient information
- November and December 2019: Panel members briefed, and first meeting arranged for 27 January 2020

ii) Timeline from 1st Panel meeting 27 January 2020 to 31 December 2020, including relaunch of panel 25 November 2020

- January 2020: KPMG reports that generally the Trust's approach to the technicalities of charging non-eligible patients is robust, reaching an assurance conclusion of 'significant assurance with minor improvement opportunities. In particular, these opportunities related to how information was used. This report was received but not discussed by the Panel.
- 15 January 2020: Lewisham Council's Healthier Communities Select Committee (the Council's Overview and Scrutiny Committee) critical of the Trust's approach to charging but acknowledges establishment of the panel as a positive development
- 27 January 2020: First panel meeting that received the KPMG report and also discussed wider areas of concern and professional tensions; it agrees a work plan to be completed with a report and recommendations to the Trust Board by July 2020: enthusiasm for the project is evident and momentum achieved
- 23 March 2020: COVID-19 First of three national lockdowns in place and panel's work put on hold
- April - October 2020: Work continued but impacted by national lockdowns
- 30 July 2020: Following a referral by the Information Commissioner's Office in 2019, the National Data Guardian (NDG) for Health and Social Care Annual Report 2019 - 2020 criticises the use of Experian as part of a potential NHS Improvement pilot of eight NHS Trusts and separately, criticises LGT, the NDG noted that the national pilot and LGT had by then all ceased the work with Experian. A copy of the wording in this report is provided at Appendix 8 to this report.
- 25 November 2020: Relaunch of the panel at its second meeting.

iii) Timeline: From 01 January 2021 (3rd national lockdown) to report to Trust Board 29 June 2021

- January 2021: Panel's work was again put on hold during the third national lockdown but Staff Workshop and Patient Listening interviews planned, information gathering continued, and potential recommendations identified from all the work already covered by the panel
- 25 February 2021: Despite the great COVID-19 pressure on the Trust, it restarted the panel's work - by MS Teams - with the intention of completing it by end of May 2021
- March to June 2021 (inclusive) the panel met monthly - by MS Teams - drawing together already gathered information, and further evidence and testimony collected from patients, staff, other Trusts, the three local authorities and Healthwatch organisations in Bexley, Greenwich and Lewisham, community associations, and local, regional (London) and national advocacy and charities, and the wide experience of all the Panel members
- 20 May 2021: Panel saw the first draft of report combining Trust authorship and the panel's recommendations; panel' work extended to the end of June 2021
- 29 June 2021: Report goes to Part 1 (public part) of the Trust Board.

Peter Gluckman
Independent Chair
Oversight Panel: Overseas Charging
June 2021

Oversight Panel: Patient Charging

Part 2 Report to the Trust Board of the panel's work from January 2020 to June 2021
Review of the Trust's arrangements for charging those patients not eligible for free NHS treatment

1) Overview of this report

1.1 Following concerns raised regarding its approach to charging patients not eligible for free NHS care, the Trust established an 'Oversight Panel: Patient Charging' in January 2020 with a wide membership - reflecting the diverse perspectives on issues of patient charging held by stakeholders, and an independent chair. The overriding purpose of this panel was to consider how the Trust's arrangements could be enhanced and developed and, where necessary, changed, to be more compassionate whilst remaining within the legal and financial framework.

1.2 Over the course of the past eighteen months the Panel has received independent assurances that the Trust's application of the current framework for patient charging is in line with legislative guidance. However, the Panel's work has also highlighted to management a number of instances where the Trust's past approach to implementation of its legal duties to charge patients has not been delivered in the most empathetic or compassionate way. As is demonstrated by some of the case studies shown at Appendix 7 to this report, the Trust's approach may have resulted in patients feeling uncomfortable, scared or unable to seek timely treatment and/or choosing to go to other hospitals for their care.

1.3 **The Trust sincerely regrets, and apologises for, any instances where patients were not treated with compassion, or in a manner consistent with the values of Trust.**

1.4 The panel has made recommendations grouped around key themes as identified in section five of this report. In a number of cases recommendations have been implemented during the course of the panel's work, but where actions remain outstanding the Trust will ensure their delivery within the timescales confirmed.

1.5 The Trust recognises that the ethical, financial and clinical tensions identified during the panel's work (for patients, Trust staff and clinicians), and which arise from the current legislative approach to charging, are unlikely to be fully resolved without radical redesign of the current patient charging framework. However, the Trust is committed to developing the work of the panel, driving improvements in its interaction with those patients not eligible for free NHS services, and building on the foundations established by the panel for strengthened relationships with patients, community groups, Local Authorities and advocacy and community organisations.

1.6 Over the past year, the Covid pandemic has brought issues of health inequalities into sharp focus and to the forefront of the national healthcare agendas. Addressing heath inequalities for groups of patients that are unable to access free NHS services, a disproportionate percentage of whom will also be from minority ethnic and economically disadvantaged backgrounds, would likely provide an effective way to address some of the wider health inequalities that have been escalated by the COVID pandemic. As addressing health inequalities is given greater priority and focus, the Trust is committed to sharing the learning and leading practice arising from the Panel's work at both a local and national level.

2) Background to the Panel's work

2.1 In September 2019 the Trust received a query from the Health Service Journal (HSJ) requesting information on a contract between the Trust and credit reference agency Experian for the provision of checks on all Trust patients who are booked for non-emergency treatment. The Trust confirmed that it had an agreement in place with Experian for several years, for the provision of information regarding the footprint of individuals in the UK, by running checks on data to confirm residency. This arrangement was known to, and supported by, NHS Improvement. Upon review of its approach the Trust sought specialist guidance from KPMG in October 2019, and this confirmed that the Trust's Privacy Notice and disclosures on its website had been insufficient to demonstrate full compliance with the Data Protection Act (DPA) 2018. Following this, further support was requested from KPMG (as the Trust's Internal audit provider) to improve and confirm appropriateness of the Trust's Privacy Notice, and to review and improve the process for the set-up of future data sharing agreements.

2.2 The publicity surrounding Experian had brought into focus existing concerns previously raised by staff groups (in particular maternity staff) in April 2019 and the Save Lewisham Hospital Campaign group in spring 2019 regarding the Trust's implementation of statutory requirements that related to charging patients not eligible for NHS services. Throughout the autumn of 2019, these concerns were further amplified by local campaign groups, Public criticism voiced at Lewisham Healthier Communities Select Committee, and concerns voiced within both local and national media. The concerns raised were often supported by financial data confirming amounts invoiced by the Trust to those patients not eligible for free NHS treatment, and the presentation of several case studies which demonstrated the experience of patients who had felt scared, and consequently unable, to seek treatment at the Trust.

2.3 Given the nature of the claims being made the Trust accepted the need to immediately suspend the contract in place with Experian and review its processes for patient charging to confirm that these processes were in line with national policy. Following an independent audit of processes, the Trust received assurance that the design and operation of its processes was appropriate and compliant with the relevant legal and DH guidance. However, given the lack of evidence to demonstrate the benefit of the arrangement in place with Experian the Trust then formally terminated the suspended contract with Experian. The Trust also referred itself (October 2019) to the Information Commissioner's Office (ICO), to review whether there had been any breaches of GDPR. The ICO made an onward referral to the National Data Guardian for Health and Social Care that also referred to a potential similar national pilot for eight other Trusts. Neither the ICO nor NDG have commented specifically to LGT. However, the NDG's annual report (July 2020), criticised the sharing of patient data in the way that had taken place before the Trust's contract with Experian was ended (October 2019) and noted that the national pilot had not gone ahead given the concerns raised about GDPR.

2.4 Given the wide range of public concerns that had emerged in relation to a lack of compassion and empathy shown by some Trust staff in their interactions with overseas patients, the Trust identified the need to seek advice and guidance on how changes could be made to the Trust's approach to overseas patient charging. The Trust's ambition was to ensure that the approach of Trust staff in communicating with those patients not eligible for free NHS services was as empathetic, compassionate and supportive to patients as possible, whilst ensuring national policy requirements for patient charging continued to be met.

2.5 The Oversight Panel: Patient Charging was established in January 2020 with a wide membership - reflecting the diverse perspectives on issues of patient charging held by stakeholders, and an independent chair. The overriding purpose of this panel was to consider how the Trust's arrangements could be enhanced and developed and, where necessary, changed.

2.6 The panel's terms of reference are attached at Appendix 1.

3) Approach of the Panel

3.1 The panel with its wide-ranging membership, was assembled with an intention to make recommendations to the Trust Board that enabled it to:

- Achieve national best practice in this area of work and identify what is 'good';
- Learn from the Trust's own experience and the experience of other trusts;
- Allow, through an open, candid and inclusive process, the hearing a wide range of perspectives and views on patient charging arrangements; and
- Fulfil obligations and the Trust's intention to develop arrangements for patient charging that are effective, compassionate, have duty of care to patients and staff at their centre and have processes which are clear for patients and the wider community.

3.2 Over the past 18 months, the work of the panel has been inevitably disrupted by the COVID-19 pandemic. Despite this reality, the panel has been able to meet on seven occasions and has enabled a series of fruitful discussions between stakeholders to inform the development of the Trust's overall approach to patient charging. Since January 2020 the Trust has delivered the greater part of its agreed workplan.

3.3 This workplan (the latest version is provided at Appendix 2), was developed as a framework for the Oversight panel to ensure robust, thorough and timely consideration of its approach on the topic of patient charging, and to clearly define the scope, remit and boundaries of the Oversight panel's work. Initially it was anticipated that the work of the panel would have been completed over 6-12 months during 2020, however the outbreak of the COVID-19 pandemic necessitated an extension to this timeframe. The final meeting of the Trust's Oversight Panel: Patient Charging took place on 21 June 2021, although it is likely that stakeholders on the panel will remain linked through informal networking arrangements following this date. As a result of the work performed as set out in the agreed workplan, the panel has ensured a clear forum for the Trust to discuss and develop its

approach to overseas charging in line with best practice for both patients and staff. Over the past 18 months the panel has:

3.3.1 ***Engaged with trusts nationally to understand their approach to patient charging and to consider how the Trust's approach to patient charging could be enhanced.*** As a result of these conversations the Trust has made several enhancements to its processes recognising the sensitivity and vulnerability of certain patient groups. To facilitate the development of the Trust's approach the overseas charging team has undertaken in-house training and awareness sessions focusing on recognising when someone is destitute or suffering from domestic abuse or sexual abuse. The team are now equipped with a range of skills and techniques that enable them to be sensitive to the challenges of patients who may be considered vulnerable, and there is greater recognition of circumstances when it may be inappropriate to pursue charging arrangements. The training developed over the past 18 months is now reflected in internal training documentation, procedures guidance and forms part of the overseas patient charging team's quarterly refresher training. Training is also currently being prepared for clinical teams to ensure a consistent patient experience. A positive and welcome development is the engagement of a patient advocacy organisation in training, an approach that will be built on and strengthened over the coming months.

3.3.2 ***Ensured the Trust has considered its processes for patient charging through an equality's lens.*** All patients are now asked the same baseline questions to avoid profiling and or other forms of discrimination.

3.3.3 ***Made recommendations to the Trust, through panel representation about specific services, as to how the Trust could develop its approach to ensure compliance with its duties under equalities legislation and support the London Borough of Lewisham to achieve its objectives as a 'Sanctuary Borough'.*** To achieve this aim, panel members have engaged with a wide variety of patients, staff and stakeholders to understand their views and concerns relation to patient charging. During this work, the panel has collated case study examples of the experience of several patients not eligible for free NHS care at LGT in order that their perspective on their treatment could be understood by the Trust to inform its future approach. The variety of feedback received has been used to develop a friendlier, more welcoming, and consistent approach to communicating with patients not eligible for free NHS care with a view to improving the patients' understanding of the overseas policy, exemptions but crucially encouraging them to receive treatment regardless of their residency status. As a result of this aspect of the review:

3.3.3.1 All original non eligible patient charging related processes were reviewed step by step. Updates to processes were made in line with the latest DHSC guidance, as well as feedback from the variety of stakeholders. Flow charts and complete desk procedures confirming the revisions to the Trust's approach have been created to establish best practice and to support training.

3.3.3.2 As noted above, the overseas visitors team received in-house training on all overseas processes – and are no longer reliant on a single subject matter expert. This will ensure a more consistent experience for the patient and reduces the risk of patients being incorrectly charged. Following particular discussions with the patient advocacy organisation 'Maternity Action' in the course of this review, bespoke training sessions have been arranged with the Overseas Team to ensure that communication with pregnant women is welcoming and encourages them to continue to receive treatment regardless of their chargeable status. Following the first training session, the material will be presented by Maternity Action to matrons, all midwife teams, and clinicians.

3.3.3.3 A full review and audit were conducted to consider Legal Recoveries and Collection ('LRC') cases to ensure patients were only being pursued for payment in appropriate circumstances. The Trust now has two in-house leads who monitor LRC cases. All cases are reviewed monthly to ensure they are following procedures and sensitivity guidelines. The Trust's agreement with LRC has been updated to ensure appropriate clearance is provided by the Trust in advance of any direct instances of patient contact, and LRC will not now send bailiffs out to patients without explicit Trust approval. The overseas visitor team has a weekly meeting with the Trust Head of Working Capital to approve or reject any LRC request, and this explicitly considers whether the Trust has established whether a patient is destitute. Following discussions with Barts Health NHS Trust, the Trust is considering increasing its own in-house debt collection team in order to reduce the reliance on external debt collectors. Barts Health have confirmed that they have identified this approach has enabled improved patient experience (as the in-house team is trained to communicate more sensitively and empathetically). Arrangements

are in place to routinely review all cases for which charges are made as well as the overall levels of income recovered and written off by the Trust. A schedule demonstrating this is provided at Appendix 3.

3.3.3.4 Trust communications - -including letters, leaflets and posters have being updated to be more informative and welcoming to those patients not eligible for NHS patient care. There is also increased promotion of, and signposting to, charities and patient support groups. Finally, all documentation is being made available in a wider number of languages reflecting local populations served by the Trust. The views of Patients and representative organisations have been actively sought by the Trust when updating outdated patient-facing literature.

3.3.3.5 To ensure a consistent understanding of the overseas visitor processes across the Trust, the Trust intranet site has been updated - with details on the overseas policies and is available for all staff to view. Work is also underway to develop the Trust's external website to help patients understand the Trust's overseas policy and direct them to appropriate patient treatment and support services.

3.3.4 ***Understood through the representation of the Senior Project Manager, Overseas Visitor Improvement Team NHSE/I on the panel developments and planned future changes in approach set nationally by the DH for charging patients not eligible for free NHS services*.** This has enabled the Trust to consider implications of planned changes (e.g. EU exit) at an early opportunity and has facilitated a direct dialogue between the campaign groups and stakeholders represented on the panel with the representative of NHSE/I who has attended panel meetings to allow the sharing of differing stakeholder views and perspectives in an open, honest and constructively challenging manner. These discussions between panel stakeholders have helped enable the Trust to engage in a productive dialogue with the concerns recently raised by the 'Save Lewisham Hospital Campaign' in relation to the adequacy of the Trust's arrangements for invoicing patients not eligible for free NHS care and the adequacy of the Trust's response to these.

3.3.5 ***Noted that the Trust had received assurances on the robustness of processes in place to recharge overseas patients in accordance with government policy from KPMG LLP (as the Trust's Internal auditors).*** The panel noted that the review performed by KPMG received an assurance rating of 'significant assurance with minor improvement observations' and provided assurance on the effectiveness of billing, debt collection arrangements at the Trust for those patients who are not entitled to free care. However, the scope of the KPMG report did not deal with wider issues around charging and which the Trust required the panel to address through its terms of reference (Appendix 1). Some members of the Panel raised the issue of whether the legal duties on the Trust in relation to charging could be justified and that national regulations raise ethical and moral dilemmas for many staff. The panel chair noted that it was a ministerial issue and advised that while it is legitimate for members of the panel as individuals or campaigning organisations to advocate changes in law, this was not something the panel would be doing. Meanwhile, the Trust needed to work with staff to address any distress and adverse reaction that might arise. It was agreed to note the discussion in the report to the Trust Board.

4) Closing conclusions

4.1 Throughout its work, the Panel has made recommendations to the Trust for Management consideration. These are detailed in the following section of this report and are grouped within the following key themes:

- General arrangements and processes;
- Patient experience and outcomes;
- The Trust's relationship with the wider community;
- Finance department and escalation of any blockages for rapid resolution;
- Consideration of destitution and review of cases;
- Communications; and
- Training.

4.2 With the report's focus on: strengthening links with local communities; taking full account of patients' experiences, access and outcomes; new processes and protocols in the Finance Department already underway and planned; understanding the impact of destitution on patients; internal and external communications; and better training for clinical and non-clinical staff, the Trust's believes it can demonstrate its values are rightly focused on delivering services in a way that supports all patients within the legislative framework within which it is required to operate. Despite this, the Trust is aware that however well it manages to implement national requirements on charging, there will always be controversy and tensions arising for individual patients and clinical and nonclinical staff, including the Overseas Visitors Team, who must manage this tension. It is hoped

that full implementation of the recommendations in this report provide a much firmer basis on which to manage that reality.

4.3 The Trust has always been widely supported and valued by local people throughout the three boroughs. It has a long and proud history of serving those populations. Whilst the issue of charging arises for a minority of patients, it can have a material impact on those who are subject to these regulations. During the course of the past 18 months, the panel has received evidence of a number of occasions when the Trust's approach to individual patients that were not eligible for free NHS treatment, has not treated individuals with appropriate levels of compassion and respect and consequently has fallen short of the standards the Trust Board would aspire to achieve. This evidence has been presented in a variety of forms, including, but not limited to:

- A Q&A document to which all panel members can contributed which has been maintained from June 2019 onwards – see Appendix 6 for the questions raised
- The Panel Chair's meetings with advocacy organisations January to March 2020
- The Panel Chair's meetings with Cabinet members of L. B. Lewisham and senior officers of the three local authorities December 2019 to March 2020
- Discussions with three other NHS Trusts and FTs March 2020 and March 2021
- Patients' testimonials provided and interviews conducted between April and May 2021 – full reports are available, but examples capturing the experience pf patients are included at Appendix 7.
- The Staff Workshop held in May 2021 – a summary of the workshop is at Appendix 9, and a full report is available on request
- Experiences of the Panel members – throughout

4.4 Given the evidence received, the Trust recognises that the past implementation of its legal duty to charge patients not eligible for free NHS care may have led to some patients not feeling comfortable in seeking treatment, choosing to go to other hospitals for care, and in some cases may have delayed patients approaching the Trust for treatment. The Trust has revised processes to ensure a more rapid recognition of destitution (through development of training for clinicians and the overseas team) and resolution of appeals and complaints, with an escalation to the Trust's Chief Financial Officer. Through the work of the panel, the Trust has learned from the experience of individuals and is taking action to ensure its approach is as compassionate and empathetic as possible, as set out in Section five of this report.

4.5 As identified earlier in this report in section 1.3, the Trust would like to apologise for any instances where patients were not treated with compassion, or in a manner consistent with the values of Trust.

4.6 Through the work of the panel, the Trust has openly considered all aspects of its former approach to implementation of national policy and has learned from that work, including the experience of patients, staff, local associations, charities, and its statutory partners across the three boroughs. The Trust it is committed to ensuring the future experience of all patients not eligible for free NHS treatment is positive, all such patients are treated with respect and dignity, and all patients are provided with appropriate and helpful guidance in respect of their individual circumstances. The panel has made recommendations grouped across seven themes to management as identified in section five below. In many cases these recommendations have now been implemented, but where actions remain outstanding the Trust is committed to their implementation within the timescales confirmed.

4.7 The Trust is aware of, and welcomes, the considerable interest in this report beyond the Board: local patients and communities most affected by charging, the three local authorities, Healthwatch, advocacy and charitable organisations representing migrants, refugees and asylum seekers, other NHS organisations, and sections of the media. Alongside increasing focus on issues of health inequalities exacerbated by the COVID pandemic across national and local organisations, the Trust is committed to further build on the work of the panel to drive improvements in the Trust's interactions with those patients not eligible for free NHS services and to build on the foundations established by the panel for strengthened relationships with patients, community groups, Local Authorities and advocacy and community organisations. As part of its approach the Trust has agreed to share and promote the learning and leading practice arising from the Panel's work at both a local and national level.

4.8 Whilst, following delivery of the agreed work plan, formal meetings of the Overseas Panel for Patient Charging will now be stood down, the Trust is committed to continued improvements in its approach to patient charging. This will be delivered through delivery of agreed recommendations monitoring by a nominated Committee of the Board on an annual basis and continued engagement with panel stakeholders through more informal channels. Management is committed to ensuring the recent improvement to Trust processes enabled by the panel's focus can be sustained and further enhanced to reflect and promote leading practice.

4.9 Finally, the Trust is very appreciative of the efforts made by Panel members and, the endeavours of the Panel's Chair: Peter Gluckman, to sustain momentum and focus on patient charging arrangements throughout a global pandemic. It is hoped that the constructive dialogue during and between panel meetings and subsequent improvements made by the Trust as a result of the panel's work have delivered, and will continue to deliver, improved experience of the Trust's services for those patients not entitled to free NHS treatment in the future.

5) Panel Recommendations

5.1 As referenced above, the panel has made its recommendations to the Trust Board grouped within the following seven key themes:

- General arrangements and processes;
- Patient experience and outcomes;
- The Trust's relationship with the wider community;
- Finance department and escalation of any blockages for rapid resolution;
- Consideration of destitution and review of cases;
- Communications; and
- Training.

5.2 These recommendations, which impact a wide range of activities, policies, procedures and documents in clinical and non-clinical areas, should be viewed in the context of the following:

- The Trust is committed to improving processes. A number of the recommendations made by the Panel over the course of the past 18 months have now been fully implemented (Recommendations 15, 16, 17, 19, 21, 22, 34 and 35).
- The national regulations are complex and change over time – e.g. changes to UK immigration law and changes to UK charging guidance following EU exit.
- It is recognised that there is scope to improve local practice within the current legislative framework
- It is particularly important to understand patients' experiences
- LGT wishes to live according to its values and within the financial and legal framework and that it will keep up to date with changes in national guidance and their potential impact on vulnerable patients. Although there is widespread public support for the Trust, the panel intends that its recommendations help the Trust to repair any damage to its reputation among some patients, communities, and partner organisations
- This report will be fully available to the public as within published papers for the Trust's Public Board meeting in June 2021.

General recommendations

Recommendation	Management response and action
1. Equalities and Health Inequalities Impact Assessment (EHIA): The Board to consider whether and how an EHIA on patients and communities with protected characteristics, plus the two groups added by OHSEL (Our Healthier South East London) of carers and the economically and socially disadvantaged, would be needed for the new Trust charging policy and processes when they are finalised.	**Recommendation accepted:** The Trust routinely performs EIAs for all papers presented to the Trust Board and its Committees. A full EIA is completed for any Trust policy. This process has been in place for several years. The Trust will consider its approach to Health Inequality/ Patient Outcome assessments in line with relevant examples of leading NHS practice. By September 2021
2. The Trust to offer a presentation of this report at the three Health Overview and Scrutiny Committees of LB. Bexley, RB Greenwich, and LB Lewisham - or going to a joint HOSC if preferred by the boroughs concerned – with an offer of an annual update on progress if wanted by the boroughs.	**Recommendation accepted:** The Trust will provide a copy of the report to all key stakeholders. By 31st July 2021
3. The Trust Board to identify one of its committees to keep under review what has been completed by the Panel and its report to the Trust Board (29 June 2021), and what will be taken forward by the Trust from recommendations made to the Board. This will include KPI's wherever possible and relevant to enable progress to be monitored by the committee of the Trust Board.	**Recommendation accepted:** The Trust proposes to share an annual update to a Trust Board Committee including KPIs to monitor progress on each recommendation and would be willing to share that update with statutory and Third Sector partners and organisations. The Trust is also happy to receive suggestions from its partners as those KPIs they would consider helpful to see. Ongoing
4. The Trust to publish its new policy setting out its approach to charging patients to guide staff, patients, and advocacy organisations.	**Recommendation accepted:** National guidance will be shared on the trust website. By 31 July 2021

5. The Trust to set out its plans to communicate the findings of the panel's review and information about overseas charging internally, including the use of the CEO's weekly webinar.	**Recommendation accepted:** The findings of the review and information about overseas charging will be provided to staff through the updated training arrangements in place. By 31st July 2021
6. The Trust to consider how it communicates proactively the finding of the review to other NHS Trusts and FTs, NHS Providers, professional associations, and the Academy of Royal Medical Colleges e.g. by a covering letter from the Trust Chair or Chief Executive that draws attention to the recommendations in the report.	**Recommendation accepted:** This report will be available on the Trust's website as it is being presented to the Part One Board meeting in June 2021. By 26th June 2021. The report and its recommendations will be sent by the Trust to NHS Providers, and will be shared with local stakeholder organisations and other organisations agreed with the Independent Panel Chair.

Recommendations relating to patient experience and outcomes

Recommendation	Management response and action
7. Staff to be aware of the vulnerable situations that patients can be in when presenting at services and that contact with or referrals to local authority social services will be relevant for some patients.	**Recommendation accepted:** This is covered in the Overseas Visitors' Team and frontline staff training, using leaflets, training events and cascading information
8. The Trust to assess regularly how the way in which national policy is implemented impacts on the relationship between the Trust and its patients and how to make that relationship as positive and as compassionate as possible within the legal framework e.g. through complaints monitoring, surveys, Healthwatch and advocacy groups' experience, and monitoring media coverage. Particular attention should be given to women affected by charging who may be at higher risk of poor maternal health outcomes.	**Recommendation accepted:** The Trust is committed to reflect on and to learn from the recommendations made by the Panel and to implementing the charging policy in the most compassionate and empathetic way. Ongoing
9. The Trust to be aware through its embedded management processes, the Finance and Performance Committee oversight, and case studies from advocacy groups, that some women may delay or avoid maternity care and that its policies and processes minimise that position and that there may be consequent impact on midwives' ability to deliver high quality care.	**Noted** Risks that women may delay or avoid treatment will be recognised in training provided to staff. Ongoing

Recommendations relating to the Trust's relationship with the wider community

Recommendation	Management response and action
10. The Trust takes this report to and then constructively engages with the wider community, three local authorities and being aware that London Borough of Lewisham is a Borough of Sanctuary, three Healthwatch organisations, places of worship, certain schools and community, voluntary and advocacy organisations.	**Recommendation accepted:** As above in Recommendation 2, the Trust will provide a copy of this report to all panel members and will proactively share with key local stakeholder organisations. By 31st June 2021
11. The Trust identifies how it can be effectively networked on a partnership basis both beyond the Trust's walls with local information, advocacy and community organisations and inviting those bodies to the Trust and having a designated lead for this function. . This work can be dovetailed into the Trust's wider approach to and plans for public engagement.	**Recommendation accepted:** The Trust is committed to engaging constructively with community and advocacy organisations where this is possible. The Trust is also identifying ways in which it can direct patients to local information, advocacy, and community organisations in its patient communications. Ongoing
12. While welcoming the Trust's recognition of the potential for community and advocacy organisations to assist patients, the Trust to appreciate that the Third Sector is underfunded and cannot take on everyone who might need help and that the best way to help affected patients is for the Trust to use all its relevant resources to get it right first time. The Trust could also consider commissioning an advocacy partner to provide legal advice to affected patients.	**Noted** The Trust notes this observation and is committed to reflect on the recommendations made by the Panel and to implementing the charging policy in the most compassionate and empathetic way.

Finance department and escalation of any blockages for rapid resolution

Recommendation	Management response and action
13. The Trust to identify an escalation mechanism under the management of a senior finance officer to break deadlocks between the Trust and a patient or advocacy group and to whom the OVT can refer unresolved cases, and to publicise that mechanism through good communication with advocacy partners	**Recommendation already in place:** The point of escalation in the event of any unresolved or contested issues is the Trust's Chief Financial Officer.
14. The Trust to reduce decision making time to alleviate unnecessary stress and uncertainty so that delays are minimised in considering requests that NHS debt be written off or requests are made to apply the Regulation 9 violence exemptions.	**Recommendation implemented:** The Trust monitors all significant outstanding non-NHS patient debt through an established monthly process. The Trust is committed to ensuring that all queries are resolved on a timely basis.
15. The Trust to ensure it follows NHS charging guidance case of destitution or genuine lack of access to funds. Trust policy and procedures to notify destitute and undocumented women through posters, leaflets, briefed clinical staff and the OVT, that the NHS Trust can write off an outstanding debt and using its discretion, to avoid wherever possible referring to debt collection agencies and use of bailiffs.	**Recommendation implemented:** This recommendation is already in place as part of the vulnerable patients' policy developed during the panels work.
16. The new policy to include appropriate safeguarding links are in place when dealing with undocumented and destitute women.	**Recommendation implemented:** The Trust has mandatory safeguarding training in place for all staff and enhanced training for front line staff coming into contact with patients (including both clinical and non-clinical staff) likely to be treating undocumented and destitute women. Compliance with all levels of safeguarding training is monitored on a monthly basis.
17. The Trust has an agreed protocol as part of Trust policy when a patient receives registration by Home Office (HO) as a refugee or asylum seeker during treatment or while awaiting treatment, so that: charging can cease for that patient; the patient does not have to keep repeating their story and possibly experience re-traumatisation; and not to repeat completed Home Office procedures.	**Recommendation implemented:** This is already in place within the existing overseas team processes.
18. The Trust to inform patients how to access advice about NHS charges through the revised leaflets, letters, and staff trained to explain regulations and associated support	**Recommendation accepted:** Guidance to signpost patients to the overseas team and support groups is being developed and will be included on all relevant documents, leaflet, poster and the website By 31st July 2021
19. Trust to make sure that any data sharing of patient information with the DHSC, Home Office and other statutory organisations, is entirely consistent with GDPR requirements.	**Recommendation implemented:** The Trust already follows DHSC guidance on the sharing of patient data with statutory organisations.

Consideration of eligibility for NHS services, destitution and review of cases

Recommendation	Management response and action
20. The Trust should review its current Patient Access form, specifically giving consideration to the guidance issued in 2014 by the Department of Health and Social Care (DHSC) (https://www.gov.uk/government/publications/forms-for-nhs-staff-nhs-visitor-and-migrant-health-charging) that the current form in place at the Trust excludes reference to treating patients not likely to leave the UK in the next 6 months.	**Recommendation accepted** The Trust will review the current 'Undertaking to provide treatment form' and confirm, if applicable, any rationale for deviation from the national template produced by the DH in 2014.
21. The Trust needs to be clear about who is truly exempt and who would be invoiced but not pursued for payment. This should form part of its new policies and processes which must include what to do when destitution is identified. The Trust should be able to reach rapid conclusions about patients unable to pay.	**Recommendation implemented:** This is in place already, per Recommendation 33, part of vulnerable patients' policy.
22. While the Trust must follow national guidance, its staff may find it useful to have available criteria for destitution and some national charities have come forward with such criteria. An example is attached as Appendix 5 but there may be others which the Trust finds useful.	**Recommendation implemented**: The Trust will continue to follow DHSC guidance. Whilst the overall approach to follow DHSC guidance on destitution is unchanged, policy documentation has been updated to be more clearly documented, and the approach is now integrated within training for the Overseas charging team and front line training for staff and clinicians. The OVT will continue to monitor patients based on individual circumstances.
23. Trust staff to understand significance of a patient receiving support from local authority under s.17 of Children's Act 1989, as it means the patient is destitute; possible evidence would	**Recommendation accepted:** This will be covered in the overseas and frontline staff training. By 31st July 2021

Recommendation	Management response and action
be receiving food parcels from a foodbank or a letter from a charity.	
24. Trust processes to be clear as to what action OVT should take about referral to NHS Shared Business Service (SBS) if a patient is destitute.	**Recommendation accepted:** Policy and process notes held by the Trust to be reviewed and reconfirmed. By 31st July 2021

Communications

Recommendation	Management response and action
25. The Trust to inform patients and staff of the existence of exemptions charging regulations and processes and signposting advocacy support groups including in patient-facing literature and design handy credit card sized items for patients and staff.	**Recommendation accepted:** As in Recommendation 15 above process this is in progress for all relevant documents, leaflet, poster and the website. By 31st July 2021
26. The Trust to produce a statement that captures in an easy format document as to what has changed in relation to charging so that members of the public can see quickly those positive changes.	**Recommendation not accepted:** Whilst the Trust is not planning to develop the statement as recommended by the panel, the Trust is committed to the learning enabled by the work of the panel and has reflected on its processes. It is also the ambition of the Trust that the constructive engagement with local campaign, advocacy and support groups will continue once the work of the Panel is complete.
27. The Trust to clarify that the exemption for specified types of violence (Para 7.5 of the guidance on the charging regulations) relates to treatment or services needed to treat conditions caused by that violence but potentially then to charge for treatment unrelated to the violence.	**Recommendation accepted:** There are many caveats to the exemptions and signposting patients towards the OSV team maybe the most appropriate response to this recommendation. The OVT are fully sighted on latest guidance and best placed to support patients. Patient communication materials to be updated by 31st July 2021
28. The Trust to consider how to brief clinical staff given their turnover, using induction sessions and a clinician's guide on the Trust intranet with summarised regulations. In addition, having clinical champions with a basic understanding of the regulations for patient charging so that they are a reliable source of basic advice, with referral to the OVT for specialist expertise.	**Recommendation accepted:** Front-line clinicians and non-clinical staff will receive regular training including refresher sessions and clinical champions will receive additional support. Key guidance notes will be made available on the intranet. By 31st July 2021
29. One of the weekly CEO webinars for staff used to communicate to all staff about the national charging regulations and the Trust's updated approach to ensuring compassionate and respectful care within that framework.	**Recommendation accepted:** The Trust will raise this in a webinar prior to rolling out training- This should give context to what the Trust is trying to achieve. By 31st July 2021
30. Trust to recognise that fear of charging may deter some patients, making it clear that there are exemptions and ability to agree repayment plans.	**Recommendation accepted:** As above in Recommendations 15 and 24, this recognition is covered in patient-facing literature and OSV and front-line staff training to recognise exemptions and raise awareness of affordable repayment plans. By 31st July 2021
31. Patients e.g., in maternity service, need to understand that their care is not affected if they are charged for care.	**Recommendation accepted:** As above, in Recommendations 15 and 24, this recognition is covered in patient-facing literature and staff training with additional support made available for particularly vulnerable patients i.e. in maternity. By 31st July 2021

Training

Recommendation	Management response and action
32. The Trust should ensure the patient and staff experiences captured through the panel's work are embedded within future training programmes to ensure clinical and non-clinical staff, including reception and relevant administrative groups, are aware of how patients have been affected and can highlight the learning which can be taken from these accounts. Staff need a solution as some struggle in clinical practice with respect to charging including making sure that patients know and access their health rights with respect to care.	**Recommendation accepted:** Reflections on the patient experiences captured through the panel's work will be covered in the overseas and frontline staff training and vulnerable patient guidance. By 31st July 2021
33. Staff to have knowledge of destitution and the understanding of section 17 of the Children's Act 1989 embedded within future training programmes to ensure staff are aware of how patients are affected.	**Recommendation accepted:** Reflections on the patient experiences captured through the panel's work will be covered in the overseas and frontline staff training and vulnerable patient guidance. By 31st July 2021

34. Staff need to be aware of safeguarding duties and referral routes in the Trust and Social Services, with knowledge embedded within future training programmes.	**Recommendation implemented:** The Trust has mandatory safeguarding training in place for all staff and enhanced training for front line staff which confirms all duties and referral routes. Compliance with all levels of safeguarding training is monitored on a monthly basis.
35. Clinical staff to be aware of who is being charged as it may affect the patient's wellbeing, clinical care and be a barrier to accessing care or result in DNA's.	**Recommendation implemented:** An 'iCare flag' is in place to enable identification of chargeable patients. It should be noted that this would not impact any clinical decisions regarding urgent or emergency treatment.
36. GPs or other primary care practitioners may know of but not communicate to LGT crucial aspects in the care of a patient e.g. partner's coercive control or domestic violence.	**Noted:** This recommendation will be noted by the Trust in discussions with partners but would be better directed to the CCG and local GPs.
37. Trust to ensure good access to interpreting services so that patients understand and can be reassured, with effective staff knowledge of these services and proactively informing patients about them..	**Recommendation implemented:** The Trust uses Language Line to arrange a face to face or telephone service for patients. Over the past 12 months, in response to patient experience feedback and following a successful pilot in the Trust's maternity division, the Trust has been introducing virtual translation services to all areas. This virtual translation service enables real-time access to 'skype' based translation services for any patient at any time of day. The Trust is fully aware of safeguarding guidance in terms of who should be called on to act as interpreters for potentially vulnerable patients. By 31st July 2021
38. Trust to consider not only E-learning and mandatory training, but also localised training, local induction sessions in certain disciplines, bespoke sessions with teams and with multi-disciplinary teams.	**Recommendation Accepted:** This will be covered in the Trusts training program. By 31st July 2021
39. When considering training, Trust to think about how to create a supportive first conversation with patient, including reception and relevant administrative staff. This might include takeaway literature, translation service, advocacy, signposting, including clinician who understands the clinical situation of the patient, with access to the OVT officer for expertise on the rules.	**Recommendation Accepted:** This will be covered in the Trust's training program. By 31st July 2021

Appendix 1: Terms of Reference

Lewisham and Greenwich NHS Trust

Oversight Panel: Patient Charging

Panel report to the Trust Board 29 June 2021

Terms of Reference: v.9: updated May 2021

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

Updated following the 6th Panel meeting (20 May 2021), the suspension of its work in March 2020 and January 2021 due to COVID-19, and the many relevant changes and developments

1. Background

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

1.2. The initial programme was to complete the Panel's work by July 2020. The COVID-19 pandemic, the national lockdown (March 2020), and the impact of the pandemic on the Trust, led to a suspension of the Panel's work for two periods: March to October 2020 and December 2020 and January 2021. With the Panel's relaunch in November 2020, the programme is to complete its work with a report to the Trust Board 29 June 2021.

1.3. The Trust values are:

We take **responsibility** for our actions
We work as a team to **improve quality**
We **learn,** develop and share knowledge
We **work together** for patients and colleagues
We treat everyone wish **respec**t and **compassion**
Source: Our road map January 2019 to April 2021, Lewisham and Greenwich NHS Trust 2019

1.4. The Department of Health and Social Care has national regulations that require NHS Trusts to charge those patients who are not eligible for free care. Different Trusts have implemented this legal requirement in a variety of ways.

1.5. The Panel will make sure that its work and resulting recommendations reflect and promote the Trust's values of respect and compassion within this legal framework.

1.6. The overall aim of the Panel is to make recommendations to the Trust Board that:

- Meet statutory requirements while achieving national best practice in this area of work and identifying what is 'good' in terms of what is clinically safest, and patient focused
- Have learned from the Trust's own experience and the experience of other Trusts
- Arise from an open, candid, and inclusive process built on hearing a wide range of perspectives and views, leading to honest conclusions
- Lead to arrangements that fulfil the Trust's obligations, are compassionate and have duty of care to patients and staff at their centre, achieving clarity for patients and the wider community.

2. Purpose

2.1. The Panel will seek to:

- Identify other Trusts whose experience may be relevant or helpful to LGT in becoming an example of best practice in this area of work
- Agree with the Trust Executive a work programme that will explore and investigate the issues that gave rise to the Panel; while most of the work programme will be undertaken by the Trust itself, there may be elements where members of the Panel can be directly involved or consulted
- Take testimony from patients, staff, and relevant people from outside the Trust, so that the Panel's considerations can include this information and help to develop its recommendations

- Consider the appropriateness of arrangements to identify individuals that may be required to pay for healthcare treatment, including an assessment of the risks and benefits associated with the contract that was in place with Experian
- Obtain assurance on the effectiveness of billing, debt collection arrangements at the Trust for those patients who are not entitled to free care and that these arrangements reflect the Trust's value of treating everyone with compassion and respect
- Obtain assurance on the adequacy of the arrangements in place to adapt existing systems should the definition of those patients required to fund their own treatment be widened because of the United Kingdom's exit from the European Union.
- Review the adequacy of the Trust's response to concerns recently raised by the 'Save Lewisham Hospital Campaign' in relation to the health impact on the whole community of the Trust's arrangements for implementing the overseas visitors charging policies and invoicing overseas patients, and the adequacy of the Trust's response to these
- Identify whether there are steps that should be taken to make the Trust's approach more sensitive when communicating with potentially vulnerable individuals, leading to the Trust demonstrating best practice in this area of work
- Prepare a cost-effectiveness analysis on the cost of current arrangements in relation to income
- Report to the Trust Board its view on the adequacy of arrangements, and make recommendations identified for improvements to existing arrangements that lead to the Trust demonstrating best practice for both patients and staff
- Provide the Trust Board with a clear line of sight to implementation of this policy.

2.2. The Panel will take account throughout its work of the:

- Equalities Act 2010 Health
- Health and Social Care Act 2012
- Impact of current and proposed arrangements on groups with protected characteristics
- Trust's Public Sector Equality Duty
- Recommendations in the Windrush lessons learned review by Wendy Williams Home Office 19 July 2018 and updated 31 March 2020.

2.3. It will be open to the Panel to recommend to the Trust that it commissions research on the health impact on the Bexley, Lewisham, and Greenwich community of the migrant charging policy in deterring people from seeking care, in particular the impact on marginalised people, including people who are poor or destitute, vulnerable people, such as children and those with mental health problems, as well as people who come under protected characteristics, in particular pregnant women.

2.4. The Panel will consider the impact of the migrant charging policies on staff, including how the policies impact on their perceived ability to carry out their duties according to their code of professional values.

2.5. The Panel will operate within the current legal framework impacting on the Trust and its values but will not be involved in work to change existing law; Panel members who wish to do so can use other channels outside the Panel for that purpose.

3. Membership

3.1. The membership of the Panel: shall be:

- Ms. Joy Beishon - Chief Executive, Healthwatch Greenwich – replacing Folake Segun
- Mr. Tom Brown - Executive Director, Community Services, London Borough of Lewisham
- *Note: (Mr. Brown represented Ms. Sarah McClinton - Director of Health and Adult Services, Royal Borough of Greenwich*
- Ms. Yolanda Dennehy - Deputy Director for Adult Social Care, London Borough of Bexley
- Ms. Sophie Gayle - Assistant Director, Patient Experience LGT
- Mr. Peter Gluckman - Panel independent chair
- Dr Louise Irvine - Save Lewisham Hospital Campaign
- Ms. Sukhvinder Kaur-Stubbs - Board Vice Chair LGT
- Ms. Jane Keogh - Save Lewisham Hospital Campaign
- Ms. Helen Knower - Divisional Director of Nursing, Midwifery and Governance LGT
- Ms. Hera Lorandos – Campaigns and Communications Officer, Lewisham Refugee and Migrant Network *(new member Ms. Lorandos replaces the previous LRMN representative, Alessandra Sciarra)*
- Ms. Sarah McClinton - Director of Health and Adult Services, Royal Borough of Greenwich *(represented by Mr. Tom Brown, Executive Director, Community Services, London Borough of Lewisham)*
- Professor Neena Modi – Professor of Neonatal Medicine at Imperial college and past President of the Royal College of Paediatrics and Child Health – external clinical advisor
- Ms. Olivia O'Sullivan - Save Lewisham Hospital Campaign
- Dr. Tony O'Sullivan - Save Lewisham Hospital Campaign

- Dr. Mehool Patel - Deputy Medical Director LGT
- Mr. Spencer Prosser - Chief Financial Officer LGT
- Ms. Sophie Russell – Consultant Midwife Complex Care, LGT *(new member)*
- Mr. Mathew Shaw, Operations Manager, Lewisham Healthwatch

3.2. The Panel will also be advised and attended by:

- Ms. Kate Anderson - LGT Director of Corporate Affairs
- Mr. Peter Cook - Senior Project Manager, Oversea Visitor Improvement Team, NHS Improvement/NHS England
- Mr. David Cooper – Deputy Director Finance, LGT
- Mr. Zahid Karim – Associate Director of Finance
- Mr. Jim Lusby - LGT Director of Strategy and Integrated Care
- Ms. Karen Smith - PA Strategy, Minute taker LGT
- Mr. Ben Travis - LGT Chief Executive - by invite.

3.3 Panel reports and information will also be sent to:

- Ms. Lucy Bayley - Support Officer to Sarah McClinton, Director of Health & Adults Services, Royal Borough of Greenwich
- Ms. Lisa Bunting - PA to Trust Chair & Director of Corporate Affairs, LGT
- Ms. Dee Carlin - Head of Joint Commissioning, Lewisham *(representing Mr. Tom Brown if he is unable to attend)*
- Ms. Jessica Daley - Executive Support to Sarah McClinton, Director of Health and Adult Services, Royal Borough of Greenwich,
- Mr. David Knevett - Finance Department, LGT
- Ms. Emma Dennien - Executive Support, Royal Borough of Greenwich
- Ms. Deborah Miller - PA to Yolanda Dennehy - Deputy Director for Adult Social Care, London Borough of Bexley
- Ms. Leonie Reeves - PA to Tom Brown Executive Director, Community Services, London Borough of Lewisham
- Mr. Stuart Rowbotham – Director of Adult Social Care and Health, London Borough of Bexley
- Ms. Surbhi Shah – PA to Professor Neena Modi, Professor of Neonatal Medicine at Imperial college

4. Chair

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

5. Authority

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

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

6. Frequency of Meetings / Duration of the panel

6.1 It is proposed that the panel meets roughly monthly until it has completed its work. At the relaunch of the Panel at its 2nd meeting (25 November 2020), the ambition was to finish by the end of the financial year 2020/21, or as soon as possible thereafter. However, due to the second wave of COVID-19, the 3rd meeting (27 January 2021) was cancelled with an additional meeting scheduled 20 May 2021. The revised completion date of the Panel's work is the Trust Board meeting scheduled for 29 June 2021.

6.2 Meetings would be attended by those listed above and any further individuals that the panel considers relevant to explore those areas that are being considered.

6.2 The scheduled meetings of the panel will take place in compliance with COVID-19 regulations either at Lewisham University Hospital or by MS Teams:

1) 14:00 to 16:00 Monday 27 January 2020
2) 15:00 to 16:30 Wednesday 25 November 2020
3) *10:30 to 12 noon Wednesday 27 January 2021 - cancelled*
3) 14:00 to 15:30 Thursday 25 February 2021
4) 09:00 to 10:30 Wednesday 24 March 2021
5) 14:340 to 16:00 Wednesday 21 April 2021
6) 09:00 to 10:30 Thursday 20 May 2021
7) 10:00 to 11:00 Monday 21 June 2021 (discussion on Panel report)

7. Conduct of Meetings

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

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

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

8. Note of Meetings and circulation of papers

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

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

9. Reporting Responsibilities

9.1 Following each Panel meeting, the Independent Chair of the Panel will report to the Director of Strategy and Integrated Care on the activities of the Panel, and any matters that the Panel determine require escalation to the Trust Management Executive.

9.2 The Chair and Director of Strategy and Integrated Care will monitor the work programme between meetings.

9.3 It is intended that on 29 June 2021, the Panel will provide a full report on the activities of the panel and any recommendations to the Trust Board. This report will be presented at the Trust's part one (Public Board meeting).

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

10.1 An outcome of the Panel's work will be that no one is scared to walk through the door.

10.2 Lewisham and Greenwich NHS Trust is a core element in the range of public services in Bexley, Greenwich and Lewisham. Its reputation is one of being community-based. There is great support for the Trust among local populations. The Panel will work to make sure that its recommendations strengthen those links between the Trust, its patients, their carers, local community organisations and advocacy groups, the local authorities, and the populations it serves.

10.3 The Panel expects that its work will be considered by and relevant to the Trust in its development of a new strategy, positioning the Trust very much as a community-based provider, with close links to local advocacy, community and voluntary organisations.

10.4 The Panel intends that its work will contribute to the further strengthening of the vital relationships between the Trust and the London Borough of Bexley, London Borough of Lewisham, and Royal Borough of Greenwich, for the benefit of all local people, patients, service users and staff of all partnership organisations

Oversight Panel: Overseas Charging
Trust Board meeting – 29 June 2021
Work programme: Draft v.9 – Updated
The overall aim is to conclude the work with a report to the Trust Board by the end of June 2021

Appendix 2

Date	Activity	Comment, if any
November/December 2019	Initial discussions; draft ToR; series of 1-2-1 meetings between chair and all Panel members, Trust CEO and key other contacts.	
January 2020 **1st Panel meeting: 27/01/2020**	• 22 & 23/01/2020 Chair met the Trust's two teams responsible for charging. • Further 1-2-1 meetings, chair, and Panel members. • 20/01/2020: Agenda, papers, ToR and draft work programme to Panel. • *(N.B. Presentation on this area of work by Director of Strategy and Integrated Care to L. B. Lewisham Overview and Scrutiny Committee 15/01/2020)* • 30/01/2020: Liaised with Sophie Gayle, A/D Patient Experience, Trust's Communications Team on • their work to prepare new information on charging.	To note that with a CQC inspection took place in February 2020 and that the Trust was preparing for that process at the same time. • Sophie Gayle agreed to join Panel.
February 2020	(NB. CQC scheduled visit took place in February 2020). • 05/02/2020: Amended ToR in the light of Panel members' comments at 1st meeting - as agreed. • 05/02/2020 Amended draft work programme in the light of Panel members' comments at 1st meeting - as agreed. • Took advice and identified other Trusts worth visiting with respect to Panel's work • Preparation for and writing up visits and noting any potential for Panel recommendations. • Took testimony and evidence from patients, Trust staff, and relevant organisations.	05/02/2020: Contacted Panel Advisor Peter Cook NHSI/E for the following list: 1. Bart's Hospital NHST (Nicola Bacon) 2. Chelsea & Westminster NHS FT 3. Guy's & St Thomas's NHS FT 4. Homerton Hospital NHST 5. King's College Hospital NHS FT 6. Imperial College Healthcare NHST 7. Royal Free Hospital NHS FT 8. Sheffield Teaching Hospitals NHST *Plus* 9. Some Panel members requested a visit to Royal Liverpool and Broadgreen University Hospital NHST Note of Chelsea and Westminster NHS FT meeting: ENC. 8 on 2nd Panel meeting agenda *All other visits were then cancelled by those Trusts because of COVID-19.*
March 2020 02 March 2020 10 March 2020	• Chair met Migrants Organise and Medact • First visit and writing up of visit to Chelsea and Westminster NHS FT and potential for Panel recommendations • Arranged all the other visits to Trusts	
18 March -23 March 2020	*Panel suspended due to COVID-19*	*National lockdown (23 March 2020) and pandemic's impact on LGT*
March to September 2020	• Regular communication between Panel chair, Trust executive and Chair of SLHC • Updating of documents • Development of Q & A relating to patient charging.	Panel chair's meetings took place with the Trust by MS Team and with SLHC Chair by Zoom

Date	Activity	Comment, if any
03 September 2020	• Letter from Trust to all existing and new Panel members confirming Trust's commitment to this work.	ENC. 9 on 2nd Panel meeting agenda ENC. 1 on 2nd Panel meeting agenda
September to mid November 2020	• Chair contacted all previous members of Panel to check they still wished to be involved with the Panel • Identified Panel members who have left for other posts, found new representatives, and 'met' them on the internet • Held range of briefing conversations to catch up on latest position of the Trust and organisations represented on Panel • Identified relevant case studies relating to UHL and QEH.	Chair's meetings and briefings took place by MS Team and Zoom. Updated list of Panel members and advisors are in the Terms of Reference v5: ENC.5 on 2nd Panel meeting agenda 25 November 2020
November 2020 **25 November 2020 - 2nd Panel meeting** - In effect the relaunching of the Panel's work after the gap caused by COVID-19		• The Panel were reminded to make sure that they considered if there were any specific equalities implications arising so far. • Trust Executive will keep in touch with national developments and guidance as these occur and report to the Panel as required. • The Panel was briefed by the national lead on charging on developments over the past year. The Panel approved the: • The updated Terms of Reference v.5. • The updated work plan v.6 And noted: • The chair's actions January to November 2020 • The integrated Q & A report and how the Trust will respond
December 2020 and January 2021 *3rd Panel meeting 27 January 2021 was cancelled due to COVID-19*	Some areas of the Panel's work could be progressed alongside the impact on the Trust from patients with COVID-19.	• Trust Executive kept in touch with national developments and guidance as these occurred and will report to the Panel as required. • Plans for the staff workshop and patient listening event were progressed through working groups made up of Panel members. • Work on the Q&A report continued.
February 2021 **3rd Panel meeting** **14:00 to 15:30 Thursday 25 February 2021**	• Progress and take plan for staff workshop to Panel meeting • Progress and take plan for patient listening interviews to Panel meeting • Update on the Q&A report • New OVS processes being developed by Finance Department • Early adoption of some conclusions from the Panel's work by the Trust	• Trust Executive will keep in touch with national developments and guidance as these occur and report to the Panel as required.
March 2021 **4th Panel meeting** **09:00 to 10:30 Wednesday 24 March 2021**	• Update from national lead on impact on charging regulations of UK leaving EU • Discussions to agree completion of Panel's work and writing first draft of the Panel's report • Draft updated Q&A report • Update agenda and content for both the Staff Workshop and Patient Listening interviews	• Trust Executive will keep in touch with national developments and guidance as these occur and report to the Panel as required. • Agree to identify how the Trust responded to patients who could not afford treatment in terms of access to clinical support.

Date	Activity	Comment, if any
April 2021 **5th Panel meeting** **14:340 to 16:00 Wednesday 21 April 2021**	• Potential interviews with up to 10 patients with experience of being charged for care by the Trust: event to be coordinated by LRMN, Healthwatch Greenwich and Healthwatch Lewisham • Consideration between 21 April 2021 (5th) meetings, whether an Equalities Impact Assessment (EIA) might be needed on potential recommendations • Considering testimony and evidence from patients, and relevant organisations, including some case histories of patients treated by the Trust who were not eligible for free NHS care. • 1st draft of Panel report – structure and outline of report.	• Initial consideration of testimonials submitted by five advocacy organizations about patients charged by the Trust Update on Patient Listening interviews • Update on staff workshop 07 May 2021 • Update on Q&A report
May 2021 **6thq Panel meeting** **09:00 to 10:30 Thursday 20 May 2021**	• 6th Panel to consider 1st full draft of report • Contact with other Trusts for advice and experience • Submit any draft(s) of report and recommendations to scrutiny by Trust's legal advisers. • To identify if any patients were caught up like Windrush individuals. who were deemed not to have rights when in fact they did have such rights. • Possibility: To include recommendation in relation to Experian. • Considerations of how the Trust can view local community organisations as a resource for information, advocacy and promoting the Trust's work • Consideration of recommendations that might be made to inform local community and patients' organisations of any potential changes • To answer the question: Is the Trust effectively networked with local information and advocacy organisations • May 2021 might be the time to see if any groups with protected characteristics under the Equality Act 2010 have been disproportionately affected. • Identify, if possible, ethnic breakdown of maternity patient who are charge	
June 2021	• Papers distributed to Board Members 23 June 2021 • Trust Board meeting to receive final report and recommendations from the Oversight Panel: Overseas Charging 29 June 2021 • Updated Q&A report placed on Trust website.	

Potential Trust to visit- All by MS Team	CEO & contact(s)	CEO & contact
1. Bart's Hospital NHST (Nicola Bacon)	Ms. Alwen Williams -West Smithfield, London EC1A 7BE	Prof. Tim Orchard The Bays, South Wharf Road St . Mary's Hospital, W2 1NY
2. Chelsea & Westminster NHS FT - visit took place 10 March 2020 with: • Peter Gluckman • Dr Tony O'Sullivan	Lesley Watts • -369 Fulham Road, SW10 9NH We met: • Paul Goodrich, MD for private care and overseas • Tina Lucas, OVM for Trust - on and off for 20 years • Veer Parman, Finance business manager • Virginia Massaro Chief Finance Officer, who had to leave early because of urgent COVID-19 meeting.	Ms. Kate Slemeck Pond Street NW3 2QG
3. Guy's & St Thomas's NHS FT	Dr Ian Abbs CE & CMO -Great Maze Pond SE1 9RT 0207 188 7188	Ms. Kirsten Major Northern General Hospital Herries Road, Sheffield S5 7AU 0114 243 4343
4. Homerton Hospital NHST	Ms. Tracey Fletcher -Homerton Row London E9 6SR	Mr. Steve Warburton -Prescot Street, Liverpool L7 8XP
5. King's College Hospital NHS FT	Dr Clive Kay -Denmark Hill SE5 9RS	Mr. Julian Hartley St. James University Hospital Beckett Street, Leeds, West Yorkshire, LS9 7TF 0113 2433144

Appendix 3: Details of income recovered and written off by the Trust in relation to patients not eligible for NHS treatment

OSV and OSM charges April 2016 to April 2020						
Financial Year	2020	2019	2018	2017	2016	Comments
Income	£000	£000	£000	£000	£000	
OSV Patients Care income	3,048	4,148	4,216	2,030	1,407	Invoiced raised to patients
50% Bad Debt Provision	(1,524)	(2,074)	(2,108)	(1,015)	(704)	CCG cover 50% of lost income
Reduced BDP on recovery of cash	360	264	352	232	304	
Income	1,884	2,338	2,460	1,247	1,007	
Cost						
Experian	(28)	(30)	(44)	(14)	(30)	Final payment made 19/20
LRC	(118)	(59)	(42)	(57)	(59)	Cost varies on a case by case basis
Legal	0	0	0	0	0	
OSV Team	(218)	(281)	(249)	(212)	(213)	Staff cost
Total Cost	(364)	(370)	(335)	(283)	(302)	
Net Income	1,520	1,968	2,125	964	705	
% of total income after expenses	50%	47%	50%	47%	50%	
Memo Note - Bad Debt Written Off	*(1,337)*	*(994)*	*(408)*	*(312)*	*(330)*	For debt which is older than 3 years, 50% is covered
Memo Note - Patient Income Received	720	528	703	464	607	Actual cash received and report to NHSI
Memo Note - Patient Income Received	*41*	*15*	*13*	*13*	*10*	Actual cash received for EHICs and reported to NHSI

Appendix 4: Panel meetings and membership

The panel has met six times and has had the following membership

Panel member		January 2020	November 2020	February 2021	March 2021	April 2021	May 2021
Peter Gluckman	Panel independent chair	✓	✓	✓	✓	✓	✓
Sukhvinder Kaur Stubbs	LGT Board Vice Chair	✓	✗	✓	✓	✓	✗
Spencer Prosser	Chief Financial Officer	✓	✓	✓	✓	✓	✓
Peter Cook –	Senior Project Manager, Oversea Visitor Improvement Team, NHS Improvement/NHS England	✓	✓	✓	✓	✓	✗
Jim Lusby	Chief Strategy and Infrastructure Officer	✓	✓	✓	✗	✓	✓
Kate Anderson	Director of Corporate Affairs	✓	✗	✗	✗	✓	✓
Tom Brown (1)	Executive Director, Community Services, London Borough of Lewisham	✓	✓	✓	✓	✓	✓
Yolanda Donnely	Deputy Director for Adult Social Care, London Borough of Bexley	✓	✓	✓	✗	✗	✗
Dr Louise Irvine	Save Lewisham Hospital Campaign	✓	✓	✓	✗	✓	✗
Jane Keogh	Save Lewisham Hospital Campaign	✓	✓	✓	✓	✓	✓
Sarah McClinton (1)	Director of Health and Adult Services, Royal Borough of Greenwich	✓	✗	✗	✗	✓	✗
Professor Neena Modi	Professor of Neonatal Medicine at Imperial college and past President of the Royal College of Paediatrics and Child Health	✓	✓	✓	✓	✓	✓
Olivia O'Sullivan	Save Lewisham Hospital Campaign	✓	✓	✓	✓	✓	✓
Dr Tony O'Sullivan	Save Lewisham Hospital Campaign	✓	✓	✓	✓	✓	✓
Dr Mehool Patel	LGT Deputy Medical Director	✓	✗	✓	✓	✓	✓
F Segun (2)	Chief Executive, Healthwatch Lewisham	✓	✗	✗	✗	✗	✗
Alex Sciarra (3)	Lewisham Migrant and Refugee Forum	✗	✗	✗	✗	✗	✗
Helen Knower	Divisional Director of Nursing, Midwifery and Governance	✓	✓	✓	✗	✓	✗
Joy Beishon (2)	Chief Executive, Healthwatch Greenwich	✗	✓	✓	✗	✗	✓
Sophie Gayle (4)	Assistant Director, Patient Experience LGT	x	✓	✓	✗	✓	✗
Hera Lorandos (3)	Campaigns and Communications Officer, Lewisham Refugee and Migrant Network	✗	✓	✓	✓	✓	✓
David Cooper (5)	Deputy Finance Director LGT	✗	✓	✓	✓	✓	✗
Zahid Karim (6)	Associate Director, Finance Department LGT	✗	✗	✓	✓	✓	✓
Mathew Shaw (2)	Operations Manager, Lewisham Healthwatch	✗	✓	✗	✓	✓	✓
Sophie Russell (4)	Consultant Midwife Complex Care LGT	✗	✓	✗	✗	✓	✓

Notes:

1. Tom Brown represented Sarah McClinton on the Panel at and from the 2nd meeting
2. Mathew Shaw replaced Folake Segun on the Panel at and from the 2nd meeting
3. Hera Lorandos replaced Alex Sciarra on the Panel at and from the 2nd meeting
4. Sophie Gayle and Sophie Russell joined the Panel at and from the 2nd meeting
5. David Cooper joined the Panel at and from the 2nd meeting
6. Zahid Karim joined the Panel at and from the 3rd meeting

Appendix 5: Rowntree Trust Foundation definition of destitution

People are destitute if:

EITHER: (a) They have lacked two or more of the following six essential items over the past month, because they cannot afford them:

- shelter (they have slept rough for one or more nights)
- food (they have had fewer than two meals a day for two or more days)
- heating their home (they have been unable to heat their home for five or more days)
- lighting their home (they have been unable to light their home for five or more days)
- clothing and footwear (appropriate for the weather)
- basic toiletries (such as soap, shampoo, toothpaste, and a toothbrush).

To check that the reason for going without these essential items was that they could not afford them, we: asked respondents if this was the reason; checked that their income was below the standard relative poverty line (that is, 60% of median income – after housing costs – for the relevant household size); and checked that they had no or negligible savings.
OR:

(b) Their income is so extremely low that they are unable to purchase these essentials for themselves.
We set the relevant weekly 'extremely low' income thresholds by averaging: the actual spend on these essentials by the poorest 10% of the population; 80% of the JRF 'Minimum Income Standard' costs for equivalent items; and the amount that the general public thought was required for a household of their size to avoid destitution, in an omnibus survey we undertook as part of the original study. The resulting weekly (after housing costs) amounts were £70 for a single adult living alone, £95 for a lone parent with one child, £105 for a couple and £145 for a couple with two children. We also checked that households had insufficient savings to make up for the income shortfall.

From Joseph Rowntree Foundation *Destitution in the UK* 2020 p.7. December 2020

Appendix 6

Lewisham & Greenwich NHS Trust (LGT)

Oversight Panel: Overseas Charging

Questions that led to the regular 'Question and Answer 'reports considered by the panel at its meetings

Based on the report to the 2nd Panel meeting 25 November 2020

Appendix 6 is the list of questions the Panel and LGT agreed to address.

It combines questions from the Save Lewisham Hospital Campaign (SLHC)

put to LGT and questions arising from the first meeting of the

Oversight Panel: Patient Charging (27 January 2020)

Section A **Combined list of SLHC and Panel questions**

Section B **Glossary**

The questions 1-18 are listed below

They include LGT Panel questions 5,15,16 and 17 – *shown in italics* – posed by the first meeting of the Trust Panel of inquiry into patient charging (27 January 2020).

Question 5 incorporates a similar question originally put by SLHC in June 2019.

Document authors

This document has been edited by panel member Tony O'Sullivan on behalf of SLHC and the Panel, in collaboration with Peter Gluckman, Panel chair.

Purpose of the document

Its purpose it to show the wide range of questions put to the Trust about charging patients not eligible for free NHS care and treatment. The panel worked with the Trust to make sure that the questions were answered and put on record. The panel appreciates that the questions required considerable work by Trust staff, none of whom were in post when the contract with Experian was arranged in 2013.

Section A. Combined list of SLHC and Panel questions received to date

ISSUE	QUESTIONS incl. extra Qs from the Oversight Panel
1. Experian	**1.1:** Will LGT explain the history of the partnership with Experian and the process that was used; and share the critique of that arrangement, subsequently abandoned by the Trust in Autumn 2019? **1.2:** Please can the issue of wrongly invoiced patients be addressed? **1.3:** Will this process will be documented so that lessons can be learned?
2. Data sharing	**2.1:** Will LGT address the questions of confidentiality, possible breaches of General Data Protection Regulation (GDPR), data sharing, and good practice during the Experian arrangement? **2.2:** Can the outcome of self-referral to the Information Commissioner's Office (ICO) be shared with the Panel, given that a 'due date' of 04 October 2019 is referenced by LGT? **2.3:** Can the Panel be informed of the following? What personal data were in fact shared with Experian? What if any guarantees were made that data were not held by Experian on an ongoing basis and if such a guarantee was checked? Whether the data of children (who do not generally have a financial data footprint) were shared with Experian? Whether informed consent was given by patients or parents/guardians?
3. Overseas Visitor Team (OVT) process algorithm	**3.1:** Will LGT make explicit and share the whole process/algorithm for how patients are selected for questioning and where further use is made of Message Exchange for Social Care and Health (MESH)/Experian processing? **3.2:** Please confirm at what stage patients are made aware that their details are being checked via the Home Office database or any other database other than their clinical record. **3.3:** Will LGT confirm there is no risk of racial profiling of finally selected for OVT questioning after earlier segmentation along algorithm? **3.4:** What are the common functions that MESH and Experian share, and what if any functions does MESH provide in addition? **3.5:** How many patients have the experience of being wrongly invoiced?
4. Information sharing with Department of Health and Social Care	**4.1** Will LGT clarify the relationship between the Trust, the Home Office and the DHSC in terms of 'reporting' and data processing including the use of the MESH database? **4.2:** How often does the Home Office ask LGT to check on named patients? **4.3:** Could LGT clarify what is meant by 'reporting' when you state that the Trust's 'relationship and interaction with the Home Office … largely involves reporting'?

ISSUE	QUESTIONS incl. extra Qs from the Oversight Panel
(DHSC)/Home Office (HO)	
5. Volume: invoicing debt-chasing bailiffs	***1st Panel question (27 January 2020)*** ***5.1:*** *Why is the trust the highest referrer to debt recovery in the country?* ***5.2:*** *Can the trust explain how many patients had visits from bailiffs looking for debt recovery? (reference: Guardian Freedom of Information (FOI) and article)*
6. Messaging & Communications	**6.1:** Will LGT address the measures taken to drastically improve Trust public messaging on the charging of patients? **6.2:** Could LGT list the measures it has taken, and measures planned still to be completed?
7. Discretion to pursue debt in destitution Exemption policy	**7.1:** The Trust has discretion in not pursuing debts: how will it improve its response to exceptional circumstances including destitute patients? *Please see definition of being destitute in main report.* **7.2:** Can the offer assurance on how it will identify exemption criteria and not charge patients who are exempt? **7.3:** Will LGT develop clear guidelines on exemptions from pursuance of debt from patients who are destitute now or likely to become destitute when faced with unpayable debt?
8. Training, Assurance	**8.1:** Will the Trust initiate OVT and clinician training on the process including completion of the clinician patient assessment form? **8.2:** Will the trust agree that training of Trust OVT staff, and run by them, will emphasise issues on exemption, destitution, alternatives to pursuance of invoices and issues of confidentiality, access to supporting information and advocacy? **8.3:** Will the Trust monitor how many patients are wrongly invoiced and subsequently found to be entitled to NHS care without charge?
9. Risk assessment: Equality and Health Inequalities Impact Assessment	**9:** Will LGT conduct thorough Risk and Equality and Health Inequalities Impact Assessments (non-clinical and clinical) to *identify the risks and impact* of the policy implemented locally?
10. Risks and impact: *Patients Research*	**Risks and impact on patient health: EHIA and clinical research** **10.1:** Will LGT include in the EHIA the impact on maternity care (mother and baby) and safeguarding – on patients who have been deterred from attending or accessing care? **10.2** Will LGT consider research into the potential clinical impact of the migrant charging policy on patient care, including maternity and safeguarding?
11. Risks and impact: *patients – mother, child Outcome and impact on trust policy*	**Adverse impact on maternity patients – mothers and babies:** **11.1:** Following the Maternity audit (shared with SLHC by the Trust), will LGT confirm what changes have been implemented? **11.2:** What is the current Trust policy on charging women experiencing adverse perinatal outcomes, including 'stillbirth, miscarriage, neonatal death or babies born with hypoxic ischaemia encephalopathy (HIE) who are not entitled to free NHS care.'? **11.3** Can LGT please confirm whether details of these women affected by these circumstances are passed to the Home Office? **11.4** How many patients overall are lost to follow up when they hear about being charged, and at what stage of antenatal, peri-or postnatal care?
12. Risks and impact: *patients – Safeguarding*	**Adverse impact on patient health/ conflict with duties re: safeguarding children and vulnerable adults** **12.1:** Will LGT demonstrate that it meets its safeguarding policies and clinical duty of care in relation to charged patients duties (for children & vulnerable adults)? **12.2:** Will LGT review its safeguarding duties (children & vulnerable adults) in the light of known risks to patients denied free NHS care or diverted from care through anxiety or fear? **12.3:** Will LGT look at the conflict between professional duty of care and the legislation, and share its conclusions?
13. Risks and impact: *Staff*	**Adverse impact on staff:** **13:** Will the trust consult with staff to explore the impact of this policy on clinical and administrative staff, and share the findings of this consultation?
14. Risks and impact: *Sanctuary borough*	**Adverse impact on London Borough of Lewisham's aspiration to become a sanctuary borough** **14:** How will LGT engage with LBL on sanctuary status and mitigate the impact of NHS charges on vulnerable people?
15. Statutorily Protected characteristics and OHSEL/Clinical Commissioning Group (CCG)	***2nd Panel question (27 January 2020)*** ***15:*** *Will the Trust formally respect two additions to the nine statutorily protected characteristics set out in the Equalities Act 2010 on carers and vulnerable individuals? (So that LGT is consistent with OHSEL/SEL CCG policy.)* *Please see Terms of Reference adopted by the Panel*

ISSUE	QUESTIONS incl. extra Qs from the Oversight Panel
16. Policy on writing off debts	***3rd Panel question (27 January 2020)*** ***16:*** *Will the Trust share the policy on when a debt is 'written off'?*
17. Cost/benefit analysis	***4th Panel question (27 January 2020)*** ***17:*** *Will the Trust provide a cost-benefit analysis of the overall cost of charging patients not eligible for free NHS care and the income raised over the period 2013 – 2019?*
18. Sharing the Panel's conclusions and recommendations	**18.1** Will the trust share the outcome of the Panel's inquiries with other bodies who have publicly raised professional and clinical concerns? **18.2** Others have called for a suspension of policy pending a full review and publication of findings. Will the Trust consider ways to raise concerns with these bodies and within NHS trust and provider management networks?

Section B. Glossary

AoMRC	**Association of Medical Royal Colleges**
CCG	**Clinical Commissioning Group (e.g. Lewisham CCG; South East London CCG)**
CEO	**Chief executive officer, Ben Travis**
DHSC	**Department of Health and Social Care**
ED	**Emergency Department**
EHIA	**Equality and Health Inequalities Impact Assessment**
FOI	**Freedom of Information**
GDPR	**General Date Protection Regulation**
HIE	**Hypoxic ischemic encephalopathy**
HO	**Home Office**
ICO	**Information Commissioners Office**
JK	**Panel member Jane Keogh**
LBL	**London Borough of Lewisham**
LGT	**Lewisham & Greenwich NHS Trust**
MESH	**Message Exchange for Social Care & Health** [1]
OHSEL	**Our Healthier South East London (now Our Healthier SE London Integrated Care System)**
OVM/OVT	**Overseas visitors' manager / team**
OVS	**Overseas visitors**
Panel/the Panel	**Oversight Panel: Overseas Charging**
SLHC	**Save Lewisham Hospital Campaign**
The Trust	**Lewisham & Greenwich NHS Trust**
TOS	**Panel member Tony O'Sullivan**

[1] https://improvement.nhs.uk/documents/5923/OVM_MESH_user_guide.pdf

Appendix 7: Examples illustrating patient experience

Over the course of the panel's, work it has sought first-hand reflections from individuals who have had negative experiences in relation to patient charging to provide context to its work and inform its approach and recommendations. Examples detailing the experiences reported by several patients are summarised below. It should be noted that this feedback was sought on an anonymous basis, and the cases presented to the panel do not contain identifiable information, which would enable to the Trust to fully validate the details or take follow up actions relating to individual cases.

No. 1 Patient 'A' referred by Maternity Action (MA) - Treatment 2019/early 2020
The patient was undocumented and referred for maternity care. She had been subjected to sexual and domestic violence and accompanied to all appointments by her violent partner; she had disclosed the violence to her GP. She had claimed asylum and felt overwhelmed by demands for a repayment plan. Maternity Action made a submission to LGT that the Regulation 9 exemption should apply as the patient had been subjected to sexual and domestic violence. Six months after the submission by MA the Trust confirmed that Regulation 09 applied, and the patient was exempt from NHS charges.

No. 2 Patient 'B' referred by Doctors of the World (DotW) – Treatment in 2019
The patient had been in the UK since 2018 and became pregnant early 2019. She registered with Trust for ante natal care and the Trust set up a repayment plan. The patient told the Trust that she could not afford to pay, but then agreed a repayment plan with a deposit borrowed from friend. In the later stages of pregnancy, the patient had become destitute and became street homeless. DotW state that it was unclear if an assessment of the patient's income and ability to pay was made, and throughout her pregnancy, as patient B had no income, she was not allowed to work because of her immigration status.

No. 3: Patient 'C' referred by Migrants Organise (MO) – Treatment 2018/2019
The patient is a single mother from a non-EU country; she received successful help from MO to obtain refugee status in 2019 and received her Residence Permit from the Home Office. The patient received an invoice for several thousand pounds from the Trust; eventually, after a year of interviews and correspondence, and with MO's threat of legal action, and a potential meeting between MO and the Trust, the Trust cancelled the meeting and the invoice. MO states that the patient should not have been invoiced at that time because she was an asylum seeker with a registered application at the Home Office and that the year of discussion and involvement of lawyers was a poor use of time and funds.

No. 4: Patient 'D' referred by Lewisham Refugee and Migrant Network (LRMN)
The patient had one child in a non-EU country and had a second child at the Trust in 2018. She had fled her country due to domestic abuse. She had her second child when her visa expired and had overlooked the its renewal. During the day of delivery the patient was approached on the ward by a Trust staff member who said that the patient would have to pay £6,000. On hearing the amount, her blood pressure rose sharply, and she had to remain in hospital for an extra 3 days. After inconclusive discussions about a repayment plan, the patient's contact with the Trust was lost. She now has a residence permit for two and a half years and is on the '10-year route' to being able to remain.

Appendix 8: Challenging poor practice: p28, National data Guardian for Health and Social Care Annual report 2019-20

The National data Guardian (NDG) is often called upon to look into cases where best practice appears not to have been followed. One example came in 2019 as a result of an NHS Improvement pilot, involving the credit reference

company Experian. NHS Improvement invited eight NHS Trusts to join a pilot scheme that would have seen them providing Experian with details of patients' name, address, date of birth and a unique identifier. Experian would then use its resources to establish whether these individuals had "an economic footprint" in the UK – a likely indicator of UK residence, which the trusts would then be able to use to identity which patients might not be entitled to free healthcare because they were not ordinarily resident in the UK.

The pilot would have had similarities to a scheme that had been running since 2015 in south-east London where Lewisham and Greenwich NHS trust used Experian to help it determine which patients might not be eligible for free NHS care.

The NDG was asked by the Information Commissioner's Office to comment on the confidentiality aspects of the proposal. The NDG replied:

> **"My Panel and I are clear that patients would usually have a reasonable expectation of privacy with regard to such information held by a hospital trust. The duty of confidentiality should be understood to apply, and a common law justification is therefore needed for the use of such data. In this case, the use is clearly beyond the provision of individual (direct) care and so the legal basis would need to be appropriate to this...**
>
> **"We find it hard to anticipate how, even if clear and accessible information were made available to patients, trusts taking part in the pilot proposed would have been able to rely on an appropriate legal basis for meeting their confidentiality obligations. One fundamental difficulty is that it is not clear that such a use of data could have been demonstrated to be proportionate and effective...**
>
> **"With regards to public trust, our impression is that the potential negative impacts of the pilot were not well anticipated. When individuals disclose information to health and care professionals, they do so within the context of a relationship of trust. To protect this relationship, it is essential that patients and service users' confidential information is used in ways that they expect and accept. If this trust does not exist, individuals may avoid seeking help or under-report symptoms."**

Ultimately, only one NHS Trust took part in the pilot, but it did not act on the data file received from Experian. The pilot was halted. Lewisham and Greenwich NHS Trust stopped using Experian in September 2019. One of its directors subsequently told Lewisham Council's healthier communities select committee that he "struggles to defend the logic" behind the decision to use Experian in the way that it was.

Appendix 9: Summary report of workshop for staff most likely to meet patients affected by the charging policy 07 May 2021

1. Context for Staff Workshop
   The idea of a Staff Workshop for staff most likely to meet patients not eligible for free NHS care, arose during preparations for the Panel's first meeting 27 January 2020. COVID-19 restrictions meant that it was delayed until 07 May 2021.

2. Staff Workshop attendees and content
   With 32 multidisciplinary attendees from 39 people invited from LGT and external backgrounds, all contributing to this digitally supported event, the workshop was intense and productive. A keynote presentation by the Deputy Director of Finance, five facilitated breakout rooms, a plenary session, and full participation by four advocacy and charitable organisations, led to lively discussion and debate. The Overseas Visitors Team (OVT) was well represented throughout the workshop. The event was facilitated by the panel chair. A full report is available on request.

3. Feedback from attendees indicated that:
   - These conversations mattered
   - The discussion had been vital and welcomed
   - That it was the beginning of an interesting discussion
   - The challenge now is how the work continues after the Panel is stood down
   - It was an important meeting that focused staff experiences and suggestions
   - It was important that the Trust had a mechanism to review and update the Trust's progress in this area
   - The workshop highlighted the lack for knowledge around the complexities of this subject and illustrated how much work there is to do to ensure that there is a consistent level of understanding amongst the clinical workforce making decisions about patients care.

4. The Panel considered the ideas and suggestions arising at the workshop and identified further recommendations from them to be made in the report to the Trust Board. Staff ideas, suggestions and recommendations covered sixteen areas:
   - Access to care
   - Outcomes for patients
   - Clinicians' role and knowledge of the charging issue
   - Sharing clinical experiences
   - Role of the Overseas Visitors Team (OVT)
   - Finance, escalation, and decision making
   - Staff expressing views
   - Data sharing
   - Communications and information – internal
   - Communications and information – external: what is the best way to signpost patients who may be affected
   - Community links and outreach
   - Links to social workers and Social Services
   - Trust keeping up to date with national policy changes
   - Training
   - Home Office
   - External advice and information.

Invitees to the Staff Workshop

1. Mr. Peter Gluckman Independent Chair	23. Mr. David Cooper: LGT Deputy Director of Finance
2. Mr. Daniel Sarpong: LGT Overseas Visitors Officer	22. Mr. Jim Lusby: LGT Chief Strategy of Infrastructure Officer
3. Mr. Awo Korkoi Rockson: LGT Overseas Visitors Officer	24. Ms. Kate Anderson: LGT Director of Corporate Affairs
4. Mr. Samuel Owusu-Ansah: LGT Head of Working Capital	25. Ms. Sophie Gayle: LGT Associate Director Patient Experience
5. Ms. Michelle Brierly: LGT Overseas Visitors Officer	26. Ms. Sandra Iskander: LGT Deputy Director of Strategy
6. Ms. Sandy Cullen: LGT Overseas Visitors Officer	27. Mr. Spencer Prosser: LGT Chief Financial Officer
7. Ms. Julia Price: LGT Overseas Visitors Supervisor	28. Dr. James Skinner, Medact
8. Mr. Zahid Karim: LGT Associate Director of Finance	29. Ms. Ros Bragg: Director Maternity Alliance
9. Ms. Helen Knower: LGT Director of Midwifery	30. Ms. Hera Lorandos: Campaign and Communications Manager, Lewisham Refugee and Migrant Network (LRMN)
10. Ms. Laura Crome: LGT Matron, CYP, UHL	31. Dr. Hayder Hassan: LGT Consultant A&E Trauma
11. Ms. Hannah Lawrence: LGT Matron CYP, QEH	32. Dr. Benjamin Cahill LGT Doctor
12. Ms. Tracey Phayer: LGT Named Midwife for safeguarding children	33. Ms. Rezi Morales: LGT Ward Manager Neonates
13. Ms. Sarah O'Sullivan: LGT Team Leader Indigo Team	34. Mr. Peter Cook: Senior Project Manager, Overseas Visitors Improvement Team, NHS Improvement/NHS England
14. Ms. Vlora Purchase: LGT Team Leader, Best Beginnings team	35. Ms. Meera Nair: LGT Chief People Officer
15. Ms. Linda Machakaire: LGT Head of Midwifery, UHL	36. Ms. Pauline Cross: LGT Consultant Midwife
16. Ms. Sue Chatterley: LGT Head of Midwifery, QEH	37. Dr Joanna Lawrence, LGT Consultant Paediatrician
17. Ms. Sophie Russell: LGT Consultant Midwife	38. Dr. Gordon Bruce: Docs not Cops
18. Ms. Tracy Foley: LGT Midwifery Team Leader	39. Dr. Elaine Harding: LGT Consultant
19. Ms. Justine Gosling: LGT Specialist Midwife for Safeguarding	
20. Dr. Sukrutha Veerareddy, LGT Consultant Obstetrician	
21. Ms Toyin Adeyinka, Chair Lewisham MVP	
22. Dr. Mehool Patel: LGT Deputy Medical Director	

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Healthier Communities Select Committee

Transforming and Modernising Adult Social Care
Update on Review: Phase 2 (Design and Implementation)

Date: 8 September 2021

Key decision: Yes

Class: Part 1

Ward(s) affected: All wards

Contributors: Tom Brown, Executive Director Community Services

Outline and recommendations

The purpose of the attached paper is to provide the Healthier Communities Select Committee with an update on the council's *Adult Social Care Review* and the ongoing work to transform and modernise the service. This follows the completion of the service-wide Diagnostic by Newton Europe in June 2021.

It also provides for pre-decision scrutiny on the report to Mayor & Cabinet on 14 September 2021. This will be seeking their approval to make an award of contract to Newton Europe Limited for resource capacity to support the Design and Implementation phase of the ASC Review. This second phase will transform ways of working and service configurations based upon quantified opportunities from the Diagnostic, alongside the transfer of sustainable skills and knowledge to council staff.

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

Timeline of engagement and decision-making

26 February 2020	Budget report to Council
11 November 2020	Round 1 Cuts proposals report to HCSC
3 December 2020	Round 1 Cuts proposals report to PAC and request from PAC for a review of expenditure in ASC as part of the 2021/22 budget setting process.
18 January 2021	Approval to procure for Diagnostic phase of ASC Review through a mini-competition using the Crown Commercial Services (CCS) framework agreement MCF2 RM3745 Lot 5.
25 February 2021	Report to HCSC on proposed approach to ASC Review.
8 April 2021	Contract awarded to Newton Europe to provide additional transformation resource capacity and capability for Diagnostic phase of ASC Review.
April-June 2021	Diagnostic phase of ASC Review.
3 September 2021	CCS framework agreement MCF2 RM3745 Lot 5 expires and is replaced by MCF3 RM6187 Lot 7.
6 September 2021	All Member Briefing on the ASC Review.
8 September 2021	Pre-decision scrutiny report to HCSC on ASC Review.
14 September 2021	Report to M&C with recommendation that the Design and Implementation (phase 2) of the ASC Review be supported through the award of contract to Newton Europe Limited.
23 November 2021	Report to PAC on the ASC Review

1. Summary

1.1 This report follows on from the previous paper to Healthier Communities Select Committee on 25 February 2021 which set out the proposal and approach to a review of Adult Social Care. The review was requested by the Public Accounts Committee on 3rd December 2020 in response to the budget cuts proposals.

1.2 Following a mini-competition under Crown Commercial Services MCF2 RM3745, a contract was awarded to Newton Europe to undertake a service-wide diagnostic, which commenced in April 2021 and concluded in June 2021. A summary of findings from this diagnostic are included in this report.

1.3 Approval from Mayor and Cabinet is now being sought to proceed to the Design and Implementation phase of the review. This phase will include new ways of working, the transformation and reconfiguration of services and the transfer of sustainable skills and knowledge to our staff. These changes will be based upon quantified opportunities identified during the diagnostic and will maintain good outcomes for our residents.

1.4 The report to Mayor and Cabinet will also seek to procure additional resource from Newton Europe Limited via an award of contract, to provide the necessary capacity and capability to deliver strategic transformation on this scale.

1.5 This report provides the same information to the Healthier Communities Select Committee as is to be put before Mayor and Cabinet on 14 September 2021.

2. Recommendations

2.1 Healthier Communities Select Committee is recommended to note the approvals being sought from Mayor and Cabinet on the 14th September 2021 on the basis of the facts and reasons set out in this report to:

- support Phase 2 of the modernisation of Adult Social Care, appointing Newton Europe Limited to help deliver transformational changes.
- approve the the procurement of Phase 2 services (Design and Implementation) via an award of contract using the CCS Management Consultancy Framework Three agreement (RM3745, Lot 7) at an estimated value of £4.5m.
- approve the award of contract to Newton Europe Limited.
- delegate to the Executive Director of Community Services (on advice from the Director of Law, Governance and Elections) the decision about the detailed terms of the award of contract.

3. Policy context

3.1 The contents of this report are aligned to the Council's policy framework as well as wider health and care system transformation, as follows:

- **Corporate Strategy**, specifically Priority 5 'Delivering and defending: health, social care and support - Ensuring everyone receives the health, mental health, social care and support services they need.'
- **Medium Term Financial Strategy (MTFS)** and the requirement to deliver £40m of budget savings across the council up to 2023/24, with more than £7m in 2021/22 for an 'Adult Social Care cost reduction and service improvement programme'.
- **Joint Health and Wellbeing Strategy** and the key focus on quality of life, quality of health care and support, and sustainability.
- **Future Lewisham** and the strategic COVID recovery theme of 'A healthy and well future', including the wider determinents of health and reducing health inequalities.
- **Future Working** and the active role staff are playing in our borough's COVID recovery, in a workplace where staff are empowered to succeed and the best ideas and innovations thrive.
- **Lewisham System Recovery Plan** and the 'build back better' priorities identified by the Lewisham Health and Care Partnership.
- **Our Healthier South East London** (Integrated Care System) priority of 'Improving health and care together' across the partnership.

3.2 Following a request from Public Accounts Committee for a review of expenditure in ASC (see para 17.2) and as part of the 2021/22 budget setting process, a piece of work was commissioned through a competitive tender process to support the service in reviewing ways of working and use of resources. Newton Europe were successful in securing the contract for this "diagnostic" and they began this work in April 2021.

4. Service modernisation and transformation

4.1 The aim of Adult Social Care is to help ensure that some of the most vulnerable residents in the borough are empowered and enabled to have as much control as possible over their lives and to live as independently as possible. This needs to happen

in the context both of personalisation and choice and also limited resources. Thus we need to ensure that we use our resources effectively to help achieve this aim of promoting independence.

4.2 The current service-wide review of Adult Social Care is focused on modernising the service, identifying and harnessing opportunities for genuine transformation, and sustainably developing the workforce so that they have the confidence, skills and mindset to make a positive change to their ways of working. There is no intention to reduce the council workforce as a result of the implementation of these proposals and part of the plan is to explore investing in a new “Progression Service” to better support people with Learning Disabilities to be more independent.The approach adopted has been discussed with representatives from Unison and Unite, the proposal explained and there will be opportunities for staff in ASC to extend their skills and be more effective in their roles.This in turn will benefit our residents through the delivery of more personalised and responsive services to maintain their independence for as long as possible.

4.3 The ambitions of this review build upon a solid foundation of service improvement activity that is already underway in Adult Social Care to improve these outcomes for residents, as well as reducing cost pressures. The review is working in alignment with this existing work, complementing rather than duplicating, and providing the necessary resource to expedite the essential modernisation process.

4.4 Progress has already been achieved by implementing an approach developed through the Care and Health Improvement Programme (CHIP) from the Local Government Association (LGA) and the Association of Directors of Adult Social Care (ADASS). This approach uses a methodology that evaluates our use of resources by identifying areas for further exploration, where spend and/or performance is significantly different to regional or national benchmarking data.

4.5 Areas identified for improvement have focused on better demand management at the community front door, by supporting people to find appropriate and altenative options that will support them to remain independent. This has included the use of social prescribing, the use of technology and equipment, and improved access to information and advice on what is available within the community.

4.6 The impact of the work to date is evidenced in the 30% reduction of contacts per month that require a referral for a Care Act assessment, with average numbers decreasing in Q1 of 2021/22 from 627 to 425. The improved use of technology to support service users, has also helped to increase the number of people that do not receive any ongoing longer term care by 3% on 2019/20 figures, so that it now equates to 27% of our client total.

4.7 Our In-House Enablement service has also been essential to helping us manage demand and reduce or delay the need for longer term care, by helping people recover from acute episodes and regain their skills and confidence to become more independent. The focus has been on promoting and sustaining independence at all stages of support and recovery. There has been a service review undertaken that identified areas for improvement. This has increased productivity and has strengthened the interface with Occupational Therapists thereby ensuring Enablement programmes are proportionate and improve outcomes and goals to achieve independence. Digital solutions such as telecare as well as the use of equipment and adaptations further complement our approach. As a sign of this success, over three-quarters (76%) of people starting a programme of Enablement in 2020/21 successfully completed it, of which two-thirds (66%) did not need ongoing longer term care.

4.8 Improvement work is also underway in services for young people who have a disability and/or a learning disability and are preparing for adulthood. A Transitions team has been established and a strategy is in place to develop local opportunities that promote independence, provide access to employment pathways and supported living

arrangements that are more person centred and cost effective.

4.9 Underpinning all of this positive change is the ongoing commitment to the development of our workforce and the investment in, and empowerment of our staff. The Principal Social Worker, Advanced Practitioners for social work and Occupational Therapy work closely with Learning and Development (L&D) that is situated within this service to promote best practice in accordance with statutory requirements and compliance with Care Quality Commission for those services registered such as Enablement and Shared lives.

4.10 The provision of an L&D function within the service is an acknowledgement of the critical role that our staff have to play in achieving our strategic transformation objectives and ensuring that any culture changes are sustainable. This priority remains at the centre of the review, with sustainable skills and knowledge transfer to staff a key feature throughout.

4.11 Corporate systems and processes have also been the focus of current improvement activity, in particular the ability to accurate report and monitor performance and finance in a meaningful and timely way, including the alignment of key data sets. Previous cuts to corporate functions (e.g. dedicated performance team for Community Services) have reduced opportunties for real-time data management by frontline teams. Whilst progress has been made to address this with the roll-out of Controcc, there is an urgency to increase the pace of this. As such, the review will provide additional tools to highlight and prioritise areas of concern, reconciling performance and finance and increasing the accountability of budget holders for their spend. It will also provide the insight into which transformational activities are realising the greatest benefits.

4.12 Whilst key drivers for service transformation have focused on outcomes for residents and opportunities for staff, there is also a pressing need to address increasing cost pressures against reduced service budgets.

4.13 Lewisham faces increasing spend on adult services, with an outturn in Community Services that has increased by approximately 5.8% (£10m) over the last 3 years. Equally, Adult Social Care continues to respond to budgetary pressures and has made savings of more than £22.5m over the last 5 years.

4.14 Adult Social Care projected overspend is currently £5.4m for general fund services. This compares to a £2.5m underspend in 2021/22. The overall overspend is £11.2m, where £5.8m of these costs are attributable to COVID-19 activity. The general fund services overspend takes into account £10m savings that is anticipated on being delivered.

4.15 The gross budget for ASC in 2021/22 is £116.3m (the value of the proposed contract equates to 3.87% of the gross budget for ASC in 2021/22). Gross budgeted spend reflects all planned spend on staffing, providers etc. Gross budgeted income includes grant income (BCF, iBCF, winter pressures, ILF), health income, precept, client contributions. The balance is the net budget which is expenditure that is funded by councils general fund.

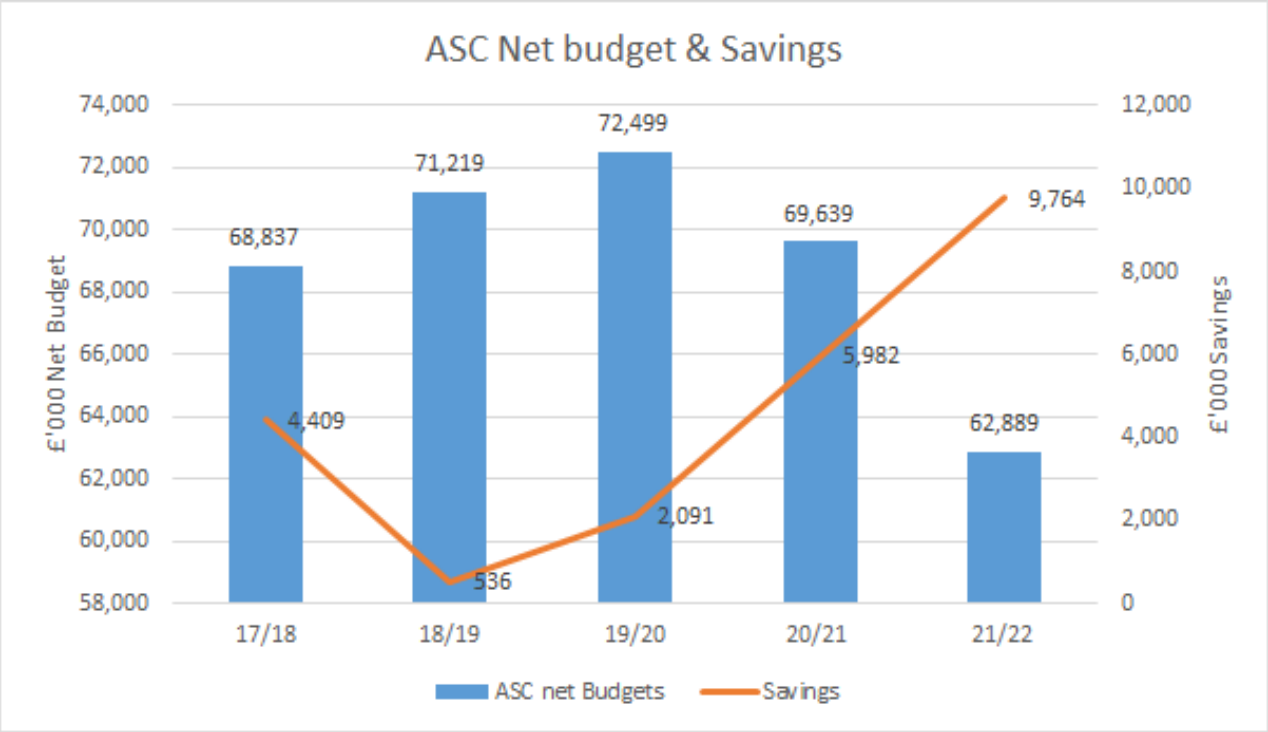
4.16 As well as immediate COVID related activity, budgetary pressures continue to increase, driven by both population growth and increasing complexity of need that increased the spend per individual receiving support.

4.17 Currently, approximately 80% of Adult Social Care spend is within the independent care sector. The Council requirement (since 2018) that all contractors pay the London Living Wage (LLW) along with the adoption of the Unison Ethical Care Charter for Home Care, have both impacted Adult Social Care commissioning and contract spend, resulting in annual cost pressures of £3.5m.

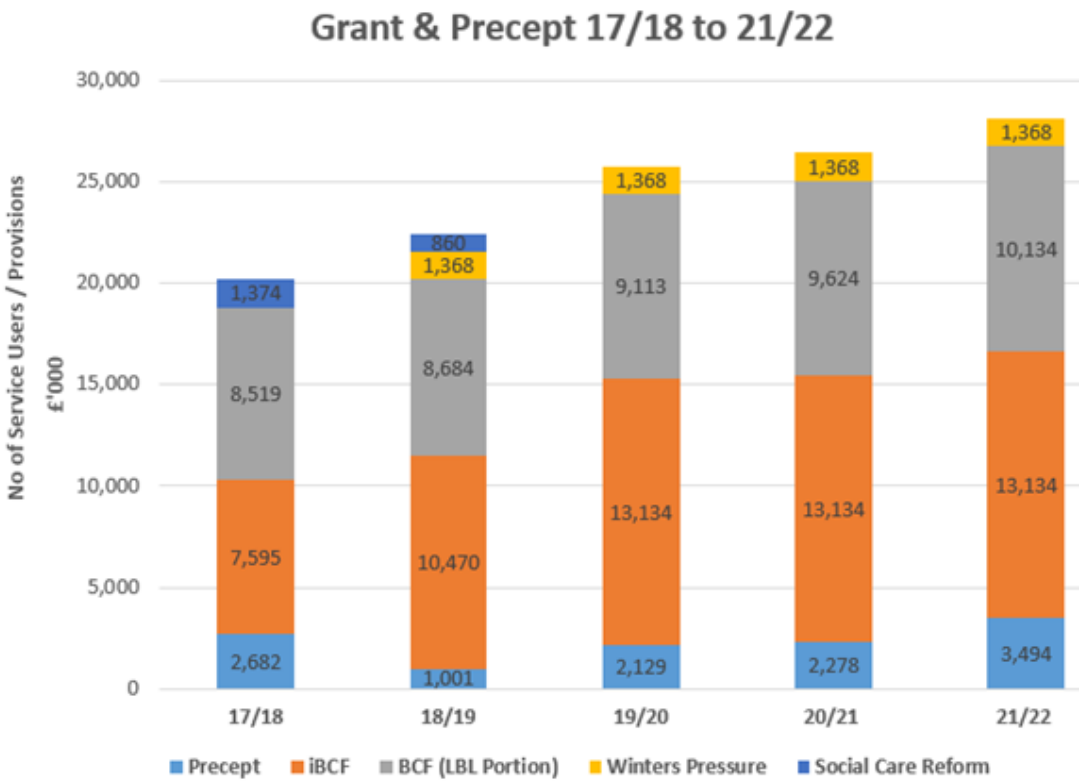
4.18 The Council is seeing increases in demand for community based services as they are being discharged from hospital. Furthermore, the number of placements in residential care has increased and this pattern is expected to continue into 2022/23. These costs

were supported by the COVID-19 Grant as well as national NHS funding for discharges. Whilst pressures for 2020/21 were managed, there is a risk that the Council will face increased costs and demands in 2021/22 without the funding support it received last year. Higher levels of care from discharged clients, increased use of 24 hour care at home, and increased use of double-handed care are just a few cost drivers that the service have seen an increase in.

4.19 It should also be noted that every year Adult Social Care sees a demographic cost pressure of approximately £1m absorbed without additional investment as young people with complex needs transition from Children and Young People into ASC. This is a long term pressure that is reflected nationally and is consistent with the increased cost pressures experienced in SEND over recent years.



Description	16/17 to 17/18	17/18 to 18/19	18/19 to 19/20	19/20 to 20/21	20/21 to 21/22
% Change net Budget	-2%	3%	2%	-4%	-10%
% Change in savings	59%	-88%	290%	186%	71%



4.20 The chart above illustrates the short-term funding of Adult Social Care. Government has promised proposals on reform of the funding for Adult Social Care later in 2021. It is expected that this will also propose further integration with the NHS.

4.21 Since the introduction of the Adult Social Care precept in 2016/17, this element in the Council Tax has been raised each year with an increase of 10% over a 5 year period. It currently stands at 13% for 2021/22, which equates to over £14m in cash terms. These increases are detailed in the following table:

Year	2016/17	2017/18	2018/19	2019/20	2020/21
ASC precept increase	2%	2%	1%	3%	2%

4.22 ASC expenditure for 2019/20 from the *Use of Resources* report by the Local Government Association, allows for benchmarking between Lewisham and some of our neighbours that are also paying the London Living Wage. Data analysis highlights that the expenditure on short term care for adults of both 18-64 and 65+ years, benchmarks lower in Lewisham (though this is distorted in that it does not include Better Care Fund investment). However, expenditure on long term care in Lewisham benchmarks higher overall (18+ years) than some and especially for those aged 18-64 years, as seen in the table below:

Borough	Spend on ASC per person 18+	Spend on long term care per person 18+	Spend on short term care per person 18+ (Note this does not include funding via BCF)	Spend on long term care per person 18-64	Spend on long term care per person 65+	None age specific nor classified as short or long term
Lewisham	451	356	2.82	225.3	1296	92
Borough A	469	385	9.29	242.51	1274	75
Borough B	412	345	6.71	214.11	1478	59
Borough C	376	272	7.06	181.5	1029	97
Borough D	447	328	3.67	134.17	1548	115

4.23 It should be noted that there are also some demographic differences that impact on some of the variance in expenditure, for example the higher level of Adults with Learning Disabilities residing in Lewisham.

4.24 Most savings delivered over the last 4 years have been made as a result of a focus on demand management and by using a "strengths based approach." This approach helps build upon individual, network and community assets, thus reducing the need for statutory interventions or resources. As can be seen in the bar-chart above, despite demographic growth, the numbers of people needing services has broadly remained the same at just over 3000 people at any one time.

4.25 For example there are approximately 1,800 contacts received at the community referral Gateway. Of these 90% are resolved at the initial point of contact by providing information and advice or by maximising informal care, access to benefits, social prescribing and suitable community activities. Equally though, we are an outlier in terms of the numbers of people contacting the Council for support and this unusually high level of contacts to the Gateway is evidence of a pressing need to better equip our residents to self-serve going forward - for example through improved information and advice available on our website.

4.26 The sustained impacts of COVID on our most vulnerable residents have placed new and unprecedented cost pressures on the delivery of Adult Social Care services in Lewisham.

4.27 There has been a 10% increase in people needing 1:1 support following hospital discharge on a year by year comparison. Often we can reduce this support in the weeks following admission into a care home, but due to the increased levels of acuity and the pressure that care homes are facing with more people having higher level of need, these 1:1's are remaining in place far longer.

4.28 There has been a greater level of demand experienced in helping people to be discharged earlier from acute hospitals in line with the Discharge to Assess (D2A) principles. This earlier transfer has increased the levels of expenditure and heightened the number of individuals requiring longer term care and increases to care package of domiciliary care support. In March 2020, when D2A was fully implemented to support

the COVID epidemic, we were providing 13,196 hours per week in domiciliary care. We are now providing 15,524 hours per week, an increase of 2,328 hours per week.

4.29 Such increases to domiciliary care hours following the outbreak of COVID are being reflected similarly across London and elsewhere, with ADASS currently seeking to quantify these sustained pressures across the country.

4.30 Increased demand on services is compounded by the challenges faced in Lewisham, London-wide and nationally to recruit appropriately skilled staff for frontline roles. This has been exacerbated by Brexit and Covid-19 pressures. This shortage is driving up costs of service delivery.

4.31 The journey to modernise Adult Social Care is well underway with tangible benefits for our residents, staff and the council. This review will help to expedite this essential service transformation, realising further opportunities and savings in the process.

4.32 This programme is being delivered in parallel to the organisation's approach to transformation, performance and data being established alongside the development of our organisational development strategy through the new Insight, Transformation & Organisational Development service.

4.33 The new Insight, Transformation & OD team will play a key role in ensuring the transformational and OD aims and approach of the wider organisation are delivered in ASC through this work, as well as establishing a two-way relationship where our corporate practices and approach can be informed by the work Newton Europe is delivering, ensuring both alignment as well as a wider learning & development piece that can be applied to services across the organisation through the new team.

5. Approach and scope

5.1 Key to the review is to have access to a good analysis of the data behind Adult Social Care activity and cost drivers in order to inform the service planning, modernisation and transformation process. New tools (e.g. Controcc) are in place but ASC staff need to be supported in using these and making the appropriate connections between performance and finance data at a client-level. This will complete the feedback loop, evidencing what is working on the frontline and ensure that we provide more personalised care that is both cost-effective and delivers the best outcomes for residents, within available resources.

5.2 Capability to make this step-change is not currently available internally, though the new Strategic Transformation, Organisational Development and Insights team is being resourced to provide this type of support in the near future. The transfer of skills and capability from Newton Europe to this team will help support future developments across the Council.

5.3 As such, the service-wide review of Adult Social Care has been set-up and deliberately split into two phases to help expedite the desired direction of travel:

- **Phase 1** – Diagnostic
- **Phase 2** – Design and Implementation

5.4 The rationale for this approach was in order to help us get insight into where the opportunities might be for further service improvements, accelerating the modernisation of the service that is already underway and transform our ways of working to deliver further efficiencies and savings.

5.5 This phased approach also allowed for the start of the review to be expedited and provided a pause after Phase 1 to assess how best to deliver the findings and

recommendations of the Diagnostic.

5.6 Newton Europe were appointed following a mini-competition under a Framework Agreement (see para 18.1 in 'Glossary') and their Phase 1 Diagnostic was completed in June 2021. Their work in Phase 1 aimed to improve outcomes for staff and residents as well as addressing the budget challenge.

5.7 Newton Europe have a history of over fifteen years working in local government including Adult Social Care, and Children's Services (including the transition to Adult), as well as working across health and social care systems. They are operational improvement experts who have worked with 40+ health and care systems, working alongside front line teams to deliver innovation and improvement. Their clients include Department of Health, Local Government Association, NHS England, ADASS, SOLACE, the Royal Borough of Greenwich and Hammersmith & Fulham.

5.8 Looking forwards towards Phase 2, although consideration was given to an in-house programme, the complexity and challenge of delivering the required transformational change at the pace and scale required cannot be met by existing in-house capacity and capability alone. Thus the preferred approach is to procure an external delivery partner. Newton Europe have expertise, skills, capacity and significant experience in supporting corporate change and transformation. Whilst Newton's work with some other councils has been about the need to reduce overspends in ASC, the focus in Lewisham is driven by the transformation agenda and the desire to both accelerate and deepen transformation opportunities.

5.9 The scope of Phase 2 will require the following activities:

- Supplier and key stakeholders to co-design new service delivery solutions that will accelerate the modernisation of the service and deliver the financial opportunities identified in the Phase 1 Diagnostic.
- Pilot these solutions, whilst measuring the impact of improvements and continue to refine these alongside key stakeholders.
- Fast-track implementation of preferred solutions in accordance with agreed timescales.
- Ensure that all service changes are sustainable and resultant benefits (both financial and outcomes-based) are fully maximised and realised.
- Identify and support the ongoing organisational culture changes required to underpin the successful delivery of these service changes or new ways of working.
- Continuously develop and invest in our staff through appropriate skills transfer.

5.10 Further details on the the findings and recommendations of the Phase 1 Diagnostic and design and implementation requirements for Phase 2 are set out in the following sections of this report.

6. Phase 1 (Diagnostic)

6.1 The methodology that Newton Europe adopted was very much based on working with front line staff and using real cases to help explore opportunities for both service improvements and better use of resources. Alongside these workshops they also used data from our systems and data they have gathered from work they have done in other Local Authorities (including a very recent piece of work undertaken with the Royal Borough of Greenwich).

6.2 Despite some initial scepticism, staff have positively engaged in working with Newton Europe. 119 staff members from 12 different teams have participated in workshops that looked at 123 cases to identify opportunities for doing things differently. The workshops

indicated that staff feel that only around 42% of residents were getting their ideal outcome following the interventions from ASC. Newton Europe advised that these figures are very similar to other LA's where they have offered support.

6.3 The reasons for these less than ideal outcomes are mainly based on:

- Pressures with decision making (including individuals feeling personally responsible and thus being overly risk-averse).
- Service constraints which have led to "over provision".

6.4 The Diagnostic identified that through some different approaches to working by staff, there is a real opportunity to build on the "strengths based approach" activity already underway and create greater levels of independence for residents, while at the same time reducing expenditure on long term care costs. For example:

i. **Decision-making** – 28% of Lewisham residents could live more independently with:
   - Improved access to Multi-Disciplinary Teams and partnership working
   - More time with residents tthrough reducing paperwork
   - A greater knowledge of and easier access to community based services that are applicable to Care Act needs (e.g. more effective use of universal services and the voluntary sector).

ii. **Services and providers** – 27% of Lewisham residents could live more independently with improved:
   - Access to reablement
   - Access to progression support for Adults with Learning Disabilities
   - Use of Assistive Technology
   - Provider engagement and support

iii. **Culture** – sustainable change will require a cultural shift across the organisation:
   - Empowering staff to design and implement changes
   - Ensuring staff feel valued when collaborating
   - Building confidence using data

iv. **Digital** – digital support will be critical to the improvement process, ensuring:
   - Operation metrics are meaningful to staff, shared on digital dashboards with automated prioritisation of issues.
   - Operational metrics will be bridged to outturn to track the in-week impact of improvements, including which projects are having the greatest impact.
   - Digital tools will support reconciliation and allow for forecasting and monitoring budget impact in a data-driven way.
   - Managers can be held more accountable for their spend against budget by linking this spend directly to operational metrics.

6.5 The savings opportunity identified by the Diagnostic is in the range of £8.3m-£11.5m and these savings will see a realigned base budget going forward (£6.9m savings have already been taken from the 2021/22 budget). They will be realised incrementally as new ways of working are embedded, staff are upskilled, service changes implemented and individual cases are reviewed or reassessed and less restrictive care and support is put in place.

Area	Summary of Opportunity	Lower Bound	Upper Bound
Decision Making OA	• Better decision making at reviews and assessments to ensure settings and packages of care accurately reflect tierings and level of need • *Target reduced areas of spend: OA Residential, Nursing, Home care*	£1.6	£1.9m
Decision Making AWLD	• Supporting more young adults in a more independent setting outside of Residential care and supported living by identifying and supporting people to move settings • *Target reduced areas of spend: AWLD/Transitions Residential care & Supported Living*	£2.5	£3.7m
Enablement (Volume & Effectiveness)	• Goals driven independence support for those in the community and being discharged from acutes settings to enable long term independence • *Target reduced areas of spend: OA Home care*	£3.6	£4.3m
Progression	• Better matching support to needs using a strength based approach focusing on independence and by reducing the need for formal support over time • *Target reduced areas of spend: AWLD/Transitions Home Care & Supported Living*	£0.6	£1.4m
		£8.3m	£11.5m

6.6 Newton Europe are adding some short term capacity and skills to help Lewisham to deliver against the ambitious goals that it has set for itself and its residents and to enable sustainable change going forward. They will help us move forward at a faster and more confident pace, extending what is achievable. Skills and knowledge transfer to our staff both within the service and more broadly (e.g. the Strategic Transformation, Organisational Development and Insights team) are key elements of this work. By the end of the 9 month contract period the council can continue the new ways of working and strategic transformation activity can be taken forward by in-house staff across the wider organisation. As such, this is a long-term investment on the part of the council.

7. Phase 2 (Design and Implementation)

7.1 Phase 2 will comprise an ambitious change programme spanning 9 months, that is looking to improve the outcomes for our residents whilst delivering a significant financial benefit, year-on-year. Further, the benefits from this transformation will support and enable broader transformation across health and care in the borough.

7.2 Based upon the output of the Diagnostic the following **six workstreams** are recommended as the basis for Phase 2:

Decision-making

- Reducing time pressures
- Focus on accountability
- Improving links to the community sector
- Improving support through Assistive Technology
- Working with acute & community NHS partners
- Working with providers
- Interface with SLaM

Learning Disabilities moving on

- Identifying and moving individuals (including transitions) into more ideal settings
- Supporting the recruitment of Shared Lives placements

Enablement

- Build on the achievements of the In-House service in order to further increase the number of people who benefit from enablement

- Increasing the capacity of the service by more effective deployment of this resource
- Increasing the effectiveness of those who benefit from enablement

Progression

- Setting up a progression team
- Supporting individuals (including transitions) to progress to more independent settings

Change and culture

- Engaging and shifting the culture of our teams through well being surveys, comms etc.
- Supporting and training staff to review performance measures
- Skills development and knowledge transfer

Digital and finance

- Creating the visibility of the performance
- Supporting each of the workstreams in their digital requirements
- Determining the financial impact of each workstream and measuring delivery

7.3 Phase 2 will include all necessary activity to co-design, test, implement and sustain new ways of working and solutions to deliver the benefits identified during Phase 1. This will require substantial transformation, including extensive change in our culture and practice, new operational processes and ways of working and developing our digital infrastructure and toolkit to support practitioners. To deliver this, we are seeking to enter into another contract with Newton Europe.

7.4 This contract will see Newton support us to deliver the benefits identified in Phase 1 on a fixed fee model where this fee is fully contingent against the cash benefit delivered. This cash benefit is only considered 'delivered' when it has been agreed, through an extensive and rigorous benefits tracking approach. This means Newton will be incentivised to work with us and see the benefits come through.

7.5 As well as delivering the benefits identified, the contract with Newton will involve in-depth work to measure and ensure benefits are being realised, a comprehensive set of activities to transfer knowledge from Newton and build the skills of our teams, as well as support through governance, structure, advice and guidance for other initiatives outside of the direct scope. The contract will be designed to maximise the value the Borough realises.

7.6 The approach seeks to both better skill up and equip our staff to help ensure that people receive the optimal support at the right time. Newton will not be undertaking social work roles, rather supporting staff to improve ways of delivery (for example by analytical support that can help better identify opportunities and alternative support) or helping professional teams undertake their own problem solving.

7.7 Phase 2 will comprise the following three stages over a nine month period, aligned to the workstreams identified in paragraph 7.2:

2021			2022					
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Design & Testing			Implementation & Sustainability					Health Checks

<u>Design and Testing</u> (3mths)

7.8 Following on from Phase 1, Newton will work hand-in-hand with our teams and relevant

partners to jointly co-design solutions.

7.9 Newton will ensure that our teams are heavily involved in the design process and that staff who are instrumental in building the solutions will become the trainers and champions of the new ways of working.

7.10 The programme will also incorporate the 'user voice' into these design activities to ensure that services are accessible, fit for purpose and meet residents' needs.

7.11 Proposed service designs will be developed and tested with frontline practitioners in a live, but lower-risk environment, working with a controlled cohort of users.

7.12 Solutions will be rapidly iterated to ensure that they work, that they achieve the desired behavioural change, and deliver the target benefits.

7.13 Results from the Design stage will be closely monitored, and an improvement cycle will be put in place which will clearly highlight the attributes of the designed model which are working, and those which need refinement.

7.14 The output from the Design stage will be a set of solutions (new ways of working, structures, processes, systems changes etc.) which deliver the necessary operational and behavioural change and are ready to be shared across all impacted teams.

7.15 By the end of the Design and Testing stage, there will be a cohort of staff who have made meaningful contributions to the design process and are ready to act as advocates in leading the change across the wider Directorate.

7.16 There will be a strong evidence base that gives confidence that the solutions, once implemented, will deliver the expected benefits. There will be a clear plan to implement these solutions, including an in-depth communication and engagement plan, which will ensure wider colleagues are successfully managed through a change journey.

Implementation and Sustainability (5mths)

7.17 Following on from the Design stage, solutions will be shared with all impacted teams from across the organisation. Whilst it is crucial to sustainability that the change be led by our own staff, Newton will continue to work hand-in-hand with them throughout implementation.

7.18 Newton will manage us through this complex behavioural change programme, with staff engagement and feedback measured throughout, allowing us to refine our approach as needed. Adoption of the new ways of working will be actively tracked and changes will be 'hard wired' wherever possible, making them difficult to be lost.

7.19 Rigorous and robust improvement cycles will be put in place to ensure confidence that the changes to ways of working are delivering the expected benefits, both financially and in terms of service user outcomes.

7.20 Results must be maintained or improved with minimal Newton input for a period of time, to give everyone confidence that performance will be sustainable. This period gives both ourselves and Newton an opportunity to observe how new ways of working will embed as part of 'BAU', and which areas need more work to ensure sustainability. It is only following this period that results are considered 'signed off' and agreed.

7.21 The processes and governance needed to continually monitor the progress of Implementation and Sustainability will be established.

7.22 The design principles for robust reporting and monitoring will ensure that operational metrics are meaningful to staff, that they are easy to capture and that existing systems will be used wherever possible. These metrics will be shared on dashboards with automated prioritisation of issues to determine which are the biggest problems.

7.23 Operational metrics from the case management system will be bridged to outturn to

track the in-week impact of the improvements. Digital tools will support reconciliation and allow for forecasting and monitoring budget impact in a data-driven way. This will support a new culture of responsibility where managers are accountable for their spend against budget by linking spend directly to operational metrics.

7.24 The benefit of this approach is that we will know what we have spent and how this compares to last year and to the budget, we will know what operational changes have driven this change in spend and we will also know what specifc projects or improvements have delivered against this.

Health Checks (1mth)

7.25 Once the programme has been formally completed, with results sustained for an agreed period and the Newton team are no longer supporting the programme, Health Checks will be completed by Newton.

7.26 These will take the form of a 1-3 day 'mini diagnostic', where a member of the Newton team will return to Lewisham, spend time with colleagues from all levels of the organisation to observe how new ways of working are being sustained; performance data will also be reviewed and 1:1 conversations will be had with senior leaders.

7.27 Remedial action will be recommended and taken where necessary to ensure sustainment of the new solution and its measurement.

7.28 Following this process, a short report will be provided by Newton with recommendations on areas of strength and weakness, and how results could be further improved.

7.29 Alongside the three stages of Phase 2 Design and Implementation, as detailed above, Newton will support Lewisham to build organisational capability which goes beyond the delivery of the specifc opportunities identified. This will occur through:

- **Skills Transfer and Change Capability** - Formal joint teams will be created to deliver Phase 2 of this programme between our staff and Newton. Those who are involved will receive intensive, full-time training in Newton's methodology and will be closely supported and mentored as they apply this to real challenges. They will also be supported through Newton's wider network, for example by making connections to other authorities who have developed similar capability.
- **Benefits Tracking -** Newton bring a comprehensive approach to tracking the benefits of change programmes through to an impact on our financial ledger, and this is something we would seek to employ across other areas of the council. This has five major parts:
    i. Developing the right set of operational KPIs, which have a clear link to financial performance.
    ii. A suite of tools to measure the sustainability of operational process which influences these operational KPIs.
    iii. Benefits realisation planning, where action is needed to realise a financial saving from an operational change (for example where a contract may need to be re-let).
    iv. Finance and performance 'bridging' where the operational data is directly connected to financial data, and a process to monitor and improve this alignment is put in place.
    v. A full suite of reporting and management information covering all of the above.

7.30 A dedicated Finance and Performance Group of staff will be developed and supported by Newton, which will likely be continued for future change programmes, which will

manage and oversee this approach. These will be skilled and able to operate at a corporate level supporting wider council opportunities for improvements and savings.

8. Procurement Options

8.1 The Procurement Team have considered both open tender and framework agreement as possible options for the approach to Phase 2.

Open tender

8.2 An open tender process would allow for the entire marketplace to submit a bid, enabling greater competition.

8.3 However, an open tender approach takes longer than a call-off from a Framework contract. This would delay the further realisation of monetary savings within Adult Social Care during 2021/22 and lose the momentum developed within the service during the Diagnostic phase. In consideration of the urgent need to move forward at pace, an open tender is not recommended.

Framework agreements

8.4 Framework agreements provide an expedited approach to procurement. Suppliers have already been evaluated to get onto the framework agreement ensuring that they meet the required quality standards. Furthermore, suppliers' rates on a framework have also been subject to a competitive process, ensuring financial value.

8.5 In the case of this procurement the following frameworks were reviewed and considered:

- Crown Commercial Service (CCS) RM6187 (Lot 7: Health, Social Care and Community)
- YPO Managing Consultancy and Professional Services 940
- Bloom NEPRO 3 (Social Care - Adults and Children)

8.6 CCS' Management Consultancy Framework Three RM6187 provides a simple and compliant route to market for a range of consultancy requirements. This framework provides the means through which the Council can procure consultancy services through the process of engaging in a mini-competition between suppliers listed on the framework or via a direct award. The framework has the benefit of the fee becoming contingent on the delivery of the savings. Further, it also means that we can move seamlessly through the process and take staff with us, thus maintaining the momentum for change.

8.7 YPO's Managing Consultancy and Professional Services 940 framework was also considered.This framework offers to appoint a single provider to deliver a managed service provision for consultancy and professional service requirements and does not allow for a competitive process among key players in this market to be achieved. This framework is therefore not a favourable option for this procurement.

8.8 Bloom's NEPRO3 framework offers a range of specialist professional services from a choice of regional and national suppliers. Although it offers appropriate categories including Social Care (Adults and Children), it is delivered via the use of a procurement consultancy to prepare procurement and tender documents and this would incur a further cost to the Council of between 5% – 25%. This framework was therefore deemed not to offer best financial value for this procurement.

8.9 The previous iteration of this CCS Management Consultancy Framework (RM3745) was used to procure consultancy services for the Phase 1 Diagnostic stage of the overall ASC project and proved to be an efficient and effective route to market.

8.10 Following comparative analysis of these framework agreements by the Procurement Team the use of the CCS RM6187 (Lot 7: Health, Social Care and Community) is the preferred option for Phase 2.

Contract award

8.11 Newton Europe Ltd has provided excellent service delivery over the contracting period (8 April to 30 June 2021) for the Phase 1 Diagnostic. Through the summer months officers have been reviewing and exploring options for progression to delivery. An award of contract to Newton Europe for the provision of management consultancy services for Phase 2 is permissible within the terms of the CCS RM6187 agreement. It is also the recommended procurement strategy for the following reasons:

- Newton Europe have established credibility with staff and have helped to generate an enthusiasm for taking this work forward. Any delays in progressing this work will result in a loss of momentum and staff may not engage in the same way going forward.
- The quality of the outputs from Phase 1 provide confidence that Newton Europe would successfully deliver Phase 2.
- The good working practices embedded during Phase 1 can be harnessed and leveraged to their full potential during Phase 2.
- There would be a seamless transition into Phase 2 as Newton Europe Ltd have already accumulated a knowledge base of our systems, practices and processes.
- An award of contract to Newton will enable a quicker mobilisation (i.e. up to 3-5mths quicker than alternative procurement options).
- They have a proven track record of working with neighbouring boroughs that have a similar demographic profile to Lewisham.

8.12 Newton have indicated that in their history of working with the public sector they have never failed to deliver at least the target benefits identified in their diagnostic (i.e. £8.3m for Lewisham).

8.13 CCS RM6187 provides for an award of contract to Newton provided that the contract length is no longer than 9 months and officers can demonstrate that the supplier offers the most economically advantageous bid in terms of Council knowledge, a financial proposal, service delivery and sustainable outcomes. Officers are confident that Phase 2 can be delivered within 9 months and the Terms and Conditions are fit for purpose. In addition, the Framework allows for a contingent fee which means the Council will only pay the provider on achievement of certain milestones and savings.

8.14 Mayor and Cabinet is therefore recommended to approve the procurement of Phase 2 services via an award of contract using the CCS framework agreement RM6187 (Lot 7) and to approve this award of contract to Newton Europe Ltd for Phase 2 Design and Implementation.

9. Financial implications

9.1 Newton Europe have just concluded the diagnostic phase of ASC Review work at a cost of £255,790. This report is proposing a direct award to Newton to undertake Phase 2 of the review, should this happen this fee will become contingent on delivery of savings from phase 2.

9.2 The diagnostic has identified the opportunity to deliver recurring financial benefit of £8.3m - £11.5m per annum to Lewisham, along with unquantifiable transformative

benefit to Adult Social Care. There will be some overlap with the current savings programme the service is in the process of delivering. However there is a benefits realisation model in place that will tease out any duplication and subsequently avoid double counting of savings. The c£220k costs associated with setting up a new Progression Service for Adults with Learning Disabilities have been factored into the calculation of these financial benefits.

9.3 Savings of £3.89m have been assumed in the budget for 2021/22 based on the delivery of a cost reductions and service improvement programme. The current projected overspend for this year includes this budget reduction and delivery will help reduce cost pressures.

9.4 Newton are proposing a plan to jointly deliver these opportunities for a fixed fee, on a fully contingent basis. This means that, if the actual recurring, agreed benefit delivered is not greater than the combined one-off fee (for Phase 1 Diagnostic and Phase 2 Design and Implementation), then Newton will either:

- Continue to work, without any additional cost, until this achieved, or;
- Reduce the one-off fee, pro-rata, until the actual, recurring agreed benefit is greater than the fee.

9.5 This commercial model has the benefits of:

- Guaranteeing that Lewisham will be better off as a result of working with Newton
- Ensuring that Lewisham and Newton are fully aligned around a common set of objectives
- Limiting and fixing Lewisham's investment

9.6 Based on the work required, the one-off, fixed fee for Newton support will be £4.295m (plus VAT and expenses). However if the agreed recurring financial benefit delivered by the programme does not exceed £4.551m (£255,790k for Phase 1 plus £4.295m for Phase 2) then the guarantee clause (para 9.4) will apply

9.7 The profiling of payments to Newton will be based on a monthly schedule and this will be made in advance of the benefits being fully realised. As the benefit realisation is based on projected future benefits there will be a cash flow difference which will need to be managed.

9.8 This proposal is self-financing, costs for this consultancy will be met from ASC budgets in year, netted off against savings being delivered as part of Phase 2. While there is a one-off cost, the savings are recurrent. There are no plans to reduce staff in these proposals.

9.9 Benefits to the council will continue following the skills and knowledge transfer to council officers.

9.10 Finance and Performance officers – utilising existing resource – will reconcile the movements in operational measures to movements in outturn to support reliable monitoring of savings delivery.

10. Staffing Implications

10.1 There is no intention to reduce the council workforce as a result of the implementation of these proposals and part of the plan is to explore investing in a new "Progression Service" to better support people with Learning Disabilities to be more independent.

10.2 The approach adopted has been discussed with representatives from Unison and Unite, the proposal explained and there will be opportunities for staff in ASC to extend their skills and be more effective in their roles.

11. Legal implications

11.1 There are no legal implications arising from the consideration of this report by Healthier Communities Select Committee. However for information the legal implications arising from the decision sought from Mayor and Cabinet on 14 September 2021 are set out below:

Procurement Strategy

11.2 Under the Council's Contract Procedure Rules the Council may use a framework agreement set up by a public sector body where that framework agreement has been procured in accordance with the Public Contracts Regulations 2015 (as amended by Brexit provisions including the Publc Procurement (Amendment etc.) (EU Exit) Regulations 2020 SI 2020 No.1319). The recommended framework agreement is compliant and can be used by the Council.

Contract award

11.3 The framework agreement sets out procedures that allows for a direct award in the circumstances set out in the report.

11.4 The framework agreement has predefined terms and conditions for the call-off contract which the Council must use. The contract (including the specification and pricing document) will include all the terms and conditions that the Council requires and adequately protects the Council.

11.5 Officers are recommending that Mayor and Cabinet delegate the approval of the detailed terms of the award of contract to the Execuitve Director for Community Services.

11.6 These decisions are key decisions and must therefore be included in the Key Decision Plan.

11.7 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.

11.8 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 the decision maker, bearing in mind the issues of relevance and proportionality. The decision maker 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.

11.9 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.

11.10 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.

12. Equalities implications

12.1 The appointed supplier will be required to comply with the Council's equality and diversity policies.

12.2 Addressing inequalities within the health and care system, especially those impacting upon our Black, Asian and Minority Ethnic (BAME) communities, is a key priority for the Council and its partners. This focus has been sharpened in response to the disproportionate impact that COVID-19 has had on these communities. Any changes to ASC services originating from this review will need to be mindful of this, with a thoroughly consideration of the equality implications for our most vulnerable residents alongside appropriate mitigation to reduce any negative impacts.

13. Climate change and environmental implications

13.1 There are no anticipated climate change and environmental implications arising from this review of ASC. However, any proposed service changes or recommendations must be mindful of the Council's intention of becoming a carbon neutral borough by 2030 and observe our commitments in the Climate Emergency Action Plan that was agreed by Mayor and Cabinet in March 2020.

14. Crime and disorder implications

14.1 There are no anticipated crime and disorder implications resulting from this service.

15. Health and wellbeing implications

15.1 The successful supplier will design and implement the findings and opportunities evidenced in the Phase 1 Diagnostic. These changes are likely to have implications for how current services are delivered with an aim to improve outcomes for our residents.

16. Social Value

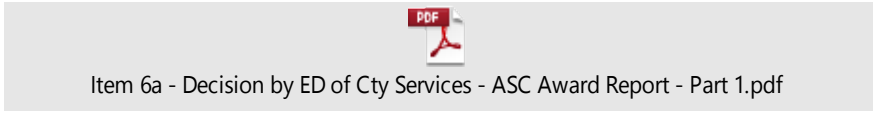
16.1 The services procured from Newton Europe in Phase 2 (Design and Implementation) are designed to create ownership within the Lewisham team from the leadership to front line staff, essential for delivering sustainable change. Direct partnership between Lewisham and Newton colleagues on each workstream aims to maximise skills and knowledge transfer. This will build the capability of staff and allow future improvements to be taken on without the support of external partners. This is also beneficial for the personal development of the individuals involved.

16.2 Phase 2 will also work to improve the opportunities for residents to live more independently, through targeted support (e.g. access to reablement, progression support, use of assitive technology etc) or stronger links with community-based services that provide support aligned to the Care Act domains. For example,

progression support will help Adults with Learning Disabilities to access opportunities for work, education or volunteering.

17. Background papers

17.1 ASC Phase 1 Award Report Part 1



17.2 Public Accounts Select Committee, 3 December 2020, Agenda Item 5 'Budget Cuts'

https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=123&MID=6317#AI26474

17.3 Phase 1 Diagnostic Summary Report

18. Glossary

18.1 Please find definitions of some key terms in the table below:

Term	Definition
ASC	Adult Social Care
CCS	Crown Commercial Services
ESPO	Eastern Shires Purchasing Organisation
Framework Agreement	A framework comprises a description of common public sector requirements, a list of suppliers who have been evaluated as capable of delivering the requirements, and standardised contract terms, which save time and money. Frameworks are often divided into lots, typically by product or service type. The collective purchasing power of customers, plus the procurement knowledge of the framework provider, means they can get the best commercial deals in the interests of taxpayers.
YPO	Yorkshire Purchasing Organisation

19. Report author(s) and contact

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21.1. Mia Agnew, Senior Lawyer, Mia.agnew@lewisham.gov.uk, Ext. 47546

Healthier Communities Select Committee

Report title: Select Committee Work Programme Report

Date: 8 September 2021

Key decision: No.

Class: Part 1

Ward(s) affected: Not applicable

Contributors: Assistant Chief Executive (Scrutiny Manager)

Outline and recommendations

This report gives committee members an opportunity to review the committee's work programme and make any modifications required.

The Committee is asked to:

- To review the work programme attached at **appendix B**.
- Note the four strategic themes of the borough's recovery plan: *Future Lewisham*
- To consider the items for the next meeting and specify the information required.
- To review the forward plan of key decisions at **appendix E** to consider whether there are any items for further scrutiny.

Timeline of decision-making

HCSC Work Programme 2021/22 – draft agreed on 21 June 2021

HCSC Work Programme 2021/22 – agreed by Business Panel 20 July 2021

1. Summary

1.1. The committee proposed a draft work programme at the beginning of the municipal year. This was considered alongside the draft work programmes of the other select committees and agreed by Business Panel on 20 July 2021.

1.2. The work programme should be reviewed at each meeting to take account of changing priorities.

2. Recommendations

2.1. The Committee is asked to:

- To review the work programme attached at **appendix B**.
- Note the four strategic themes of the borough's recovery plan: *Future Lewisham*
- Consider the items for the next meeting and specify what evidence is required, including being clear about the information the committee wishes to be included in officer reports.
- To review the forward plan of key decisions at **appendix E** to consider whether there are any items for further scrutiny.

3. Work Programming

3.1. When reviewing the work programme the Committee should consider the following:

3.2. The Committee's terms of reference (Appendix A). The Committee's areas of responsibility, include, but are not limited to:

- Adult social care
- Primary and secondary care
- Mental health
- Adult learning
- Leisure centres

3.3. Whether any urgent issues have arisen that require scrutiny. If so, consider to the prioritisation process (Appendix C) and the Effective Scrutiny Guidelines (Appendix D)

3.4. Whether a committee meeting is the most effective forum for scrutinising the issue. For example, would a briefing be more appropriate?

3.5. Whether there is capacity to consider the item - could any work programme items be removed or rescheduled?

3.6. Whether the item links to the priorites set out in the Corporate Strategy for 2018-2022:

- *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.

3.7. The committee should also note and take into account the four strategic themes of the borough's Covid-19 recovery plan, ***Future Lewisham***, which support what we want for every single resident and that we know are what we need to focus on locally:

3.8. **An economically sound future**

We are working to get the borough back in business, with a future where everyone has the jobs and skills they need to get the best that London has to offer.

We are a borough with businesses that are adaptable and prepared for change, a thriving local economy that sees 'local' as the first and best choice, with digital inclusion at the heart of our plans. We do all we can to support residents into jobs that pay fairly and provide families with the opportunities and security they deserve.

3.9. **A healthy and well future**

Good health and wellbeing should be something we can all depend on, something that is equally accessible to everyone.

We know this is much wider than 'medicine' and the NHS. Our health and well-being is also dependent on our housing, the air we breathe, our support networks and more. We will make sure to pay as much attention and invest as much effort into improving these wider factors and taking action on inequality at every turn. Rectifying health inequalities and developing good mental health & wellbeing for everyone drives what we do.

3.10. **A greener future**

Our next steps will be our greenest yet, continuing our efforts to preserve our climate for future generations and ensuring everyone can enjoy the place we call home.

We will capture and build on the best of what we saw from the increase in walking and cycling locally, and all the other ways our environment benefitted from behaviour changes over the last year. We will nurture and protect the place we call home so that we can continue to appreciate its benefits for generations to come.

3.11. **A future we all have a part in**

We work together as one borough, within our communities and identities, to harness the power of volunteering and community spirit that has helped get us through the last year.

We will work alongside our strongest asset – our community – to strengthen and enhance our borough for everyone. We achieve more together and being connected and taking an active role in our borough benefits us all. Our year as Borough of Culture 2022 will be Lewisham's best year yet, celebrating our fantastic part of London and providing opportunities for everyone to connect and get involved in our local community.

3.12. 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.

3.13. 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

conclude any urgent business.

4. The next meeting

4.1. The following items are scheduled for the next meeting. For each item, the Committee should clearly define the information and analysis it wishes to see in officer reports.

4.2. The Committee should also consider whether to invite any expert witnesses to provide evidence, and whether site visits or enagement would assist the the effective scrutiny of the item.

Agenda Item	Information and analysis required	Review type	Corporate Priority
Budget cuts proposals		Standard item	CP5
The Birmingham and Lewisham African & Caribbean Health Inequalities Review		Standard item	CP5

5. Scrutiny between meetings

5.1. Below is a tracker of scrutiny activity, including briefings, visits and engagement, that has taken place outside of the committee meetings.

Agenda Item	Date due	Outcome	Corporate Priority

6. Referrals

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

Referral title	Date of referral	Date considered by Mayor & Cabinet	Response due at Mayor & Cabinet	Response due at committee

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.

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

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

14. Appendix A - Select Committee Terms of Reference

The following roles are common to all select committees:

(a) General functions

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

(b) Policy development

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

(c) Scrutiny

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

(d) Community representation

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

to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

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

(e) Finance

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

(f) Work programme

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

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.

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.

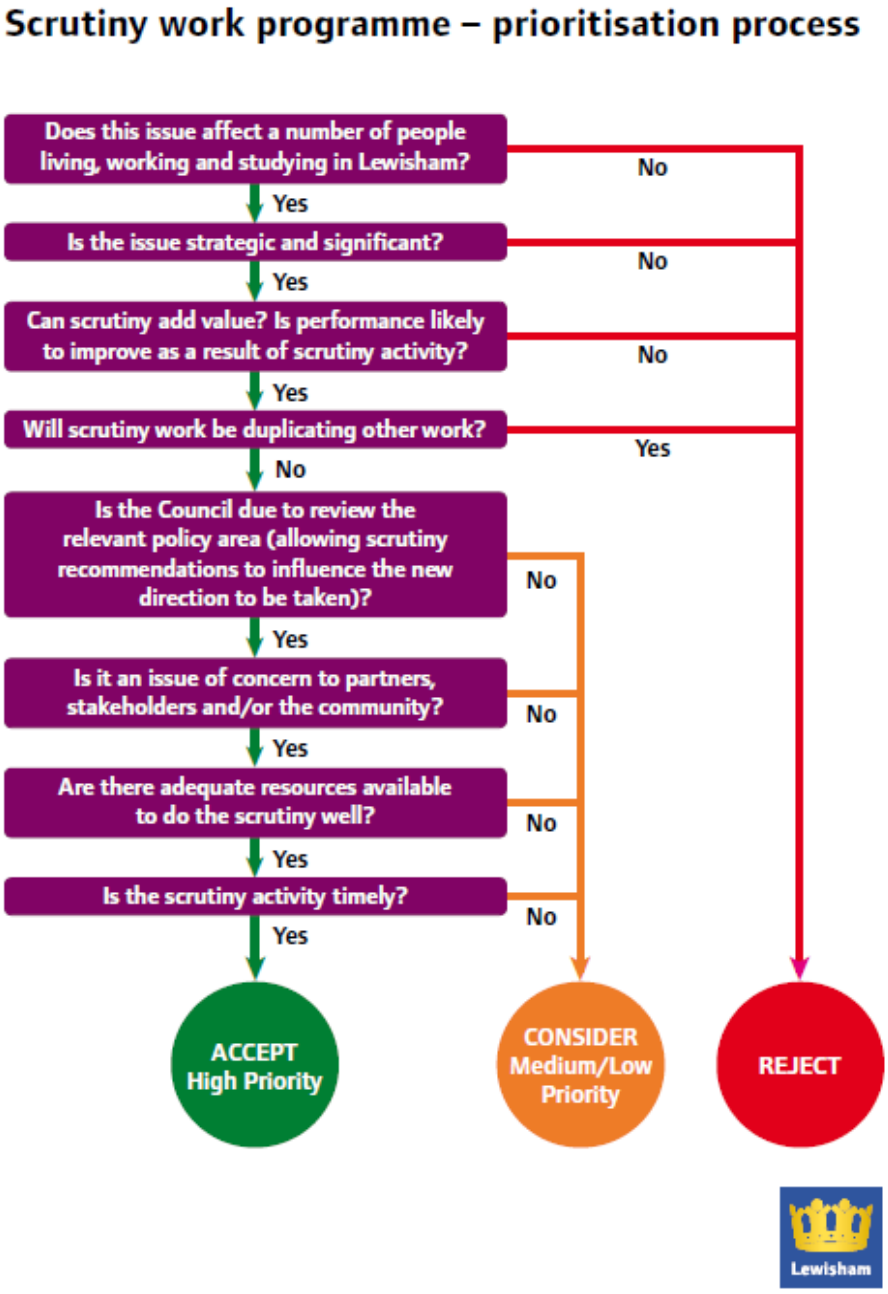
i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to: people with learning difficulties; people with physical disabilities; mental health services; the provision of health services by those other than the Council; 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 C

The flowchart below is designed to help Members decide which items should be added to the work programme. It is important to focus on areas where the Committee will influence decision-making.



Appendix D

Effective Scrutiny Guidelines

At Lewisham we:

1. Prioritise

It is more effective to look at a small number of key issues in an in-depth way, than skim the surface of everything falling within scrutiny's remit. We try to focus on issues of concern to the community and/or matters that are linked to our corporate priorities. We only add items to the work programme if we are certain our consideration of the matter will make a real and tangible difference.

2. Are independent

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

3. Work collectively

If we collectively agree in advance what we want to achieve in relation to each item under consideration, including what the key lines of enquiry should be, we 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

We make recommendations that are based on solid, triangulated evidence – where a variety of sources of evidence point to a change in practice that will positively alter outcomes. We recognise that 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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Healthier Communities Select Committee work programme 2021/22

Item	Type	Priority	Delivery	21-Jun	08-Sep	02-Nov	12-Jan	01-Mar
Confirmation of Chair and Vice Chair	Constitutional req	CP5	June					
Work programme 2021-22	Constitutional req	CP5	June					
Lewisham system recovery	Standard item	CP5	June					
Migrant charging update	Standard item	CP5	Sept					
Adult social care review update	Standard item	CP5	Sept					
The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR)	Standard item	CP5	Nov					
Budget cuts proposals	Standard item	CP5	Nov					
Leisure centres performance management	Standard item	CP5	Jan					
Care homes and market stability	Standard item	CP5	March					

Information reports, briefings and visits	Type	Priority	Delivery					
Lewisham Adult Safeguarding Board (LASB) annual report	Performance monitoring	CP5	Sept					
Lewisham and Greenwich NHS Trust (LGT) quality account	Performance monitoring	CP5	tbc					
South London and Maudsley NHS Trust (SLaM) quality account	Performance monitoring	CP5	tbc					
Adult Learning Lewisham (ALL) annual report	Performance monitoring	CP5	July					
Health and care bill	Briefing	CP5	Sept					
Pathology changes - impact on GP services	Performance monitoring	CP5	tbc					
Annual public health report	Performance monitoring	CP5	July			`		

	Item completed
	Item on-going
	Proposed timeframe

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FORWARD PLAN OF KEY DECISIONS

Forward Plan July 2021 - October 2021

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.

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Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
August 2021	**Procurement of Lewisham Advocacy Hub**	14/09/21 Mayor and Cabinet	Polly Pascoe, Integrated Commissioning Manager and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
April 2021	**Reginald Road Land Assembly parts 1 & 2**	14/09/21 Mayor and Cabinet	James Ringwood, Housing Delivery Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Grove Park Neighbourhood Plan**	14/09/21 Mayor and Cabinet	David Syme, Strategic Planning Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Main Grants Programme 2022-25**	14/09/21 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Kim Powell, Cabinet member for Business and Community Wealth Building		
August 2021	**NCIL ward proposals**	14/09/21 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Paul Bell, Cabinet Member for Housing & Planning		

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August 2021	**Cockpit Arts Deptford Redevelopment**	14/09/21 Mayor and Cabinet	Karen Fiagbe, Economy, Jobs and Partnerships Manger and Councillor Kim Powell, Cabinet member for Business and Community Wealth Building		
August 2021	**Procurement of Housing Management System and implementation of a Customer Relationship Management System**	14/09/21 Mayor and Cabinet	Jamie Parris, IT Procurement Specialist and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2021	**Novation of Stock Transfer Agreement for Grove Park between L&Q and Phoenix**	14/09/21 Mayor and Cabinet	James Ringwood, Housing Delivery Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Adult Social Care service-wide review**	14/09/21 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
August 2021	**Permission to award principal contractor to carry out refurbishment woks to Lewisham Town Hall**	28/09/21 Executive Director for Housing, Regeneration & Environment	Uchenna Forjoe, Project Manager Capital Programmes and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

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August 2021	**Permission to award principal contractor to carry out refurbishment works to Brockley Rise Adult Learning Centre**	28/09/21 Executive Director for Community Services	Uchenna Forjoe, Project Manager Capital Programmes and Councillor Jonathan Slater		
August 2021	**Procurement Lewisham Appropriate Adult Service for Vulnerable Adults**	28/09/21 Executive Director for Community Services	Polly Pascoe, Integrated Commissioning Manager and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
August 2021	**Extentsion of New Hope Mental Health Supported Housing Project**	28/09/21 Executive Director for Community Services	Polly Pascoe, Integrated Commissioning Manager and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
August 2021	**Contract Award Public Sector Decarbonisation Scheme works Dalmain Primary School**	28/09/21 Executive Director for Corporate Services	Lemuel Dickie-Johnson, Project Manager Capital Delivery Programme and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		
August 2021	**Contract Award Public Sector Decarbonisation Scheme works at Downderry Primary School**	28/09/21 Executive Director for Corporate Services	Lemuel Dickie-Johnson, Project Manager Capital Delivery Programme and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		

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August 2021	**Morton House works contract award**	28/09/21 Executive Director for Housing, Regeneration & Environment	Iqbal Iffat, Project Manager Capital Programme Delivery and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Approval CRPL Business Plan for 2020 -2023**	29/09/21 Council	Kplom Lotsu, SGM Capital Programmes and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**New Parking Enforcement arrangements on Lewisham Homes and RB3 managed Housing Estates - outcome of Section 105 consultation**	06/10/21 Mayor and Cabinet	Ella McCarthy, Housing Partnership and Insight Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Broadway Theatre Principle Contractor award contract delegation of authority (Part 1 and 2)**	06/10/21 Mayor and Cabinet	Petra Marshall, Community Resources Manager and Councillor Andre Bourne, Cabinet member for Culture		
August 2021	**Leisure Management Arrangements**	06/10/21 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Andre Bourne, Cabinet member for Culture		
April 2021	**GLA Affordable Housing Grant 2021-26**	06/10/21 Mayor and Cabinet	Karen Barke, Head of Strategic Development		

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			and Councillor Paul Bell, Cabinet Member for Housing & Planning		
December 2020	**Approval of a new Housing Allocations Scheme'**	06/10/21 Mayor and Cabinet	Michael Moncrieff, Housing Policy & Partnerships Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
November 2019	**Approval to appoint operator for concessions contract at the lake, Beckenham Place Park**	06/10/21 Mayor and Cabinet	Gavin Plaskitt, Programme Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (on parental leave)		
June 2021	**Catford Regeneration Programme - Update & Next Steps**	06/10/21 Mayor and Cabinet	Sandra Plummer, Senior Project Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Domestic Abuse and Violence against Women and Girls Strategy**	06/10/21 Mayor and Cabinet	Emily Newell, Joint Commissioner 0-19 Health and Maternity and Councillor Brenda Dacres, Deputy Mayor and Cabinet Member for Safer Communities		
August 2021	**Endorsement of the Lewisham Biodiversity Partnership's - A Natural renaissance for**	06/10/21 Mayor and Cabinet	Eszter Wainwright-Deri, Ecological Regeneration Manager and Councillor		

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	Lewisham (2021-26)		Patrick Codd, Cabinet Member for Environment & Transport		
August 2021	**Approval to consult on the A21 Framework.**	06/10/21 Mayor and Cabinet	Monique Wallace, Planning Manager, Strategic Housing and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Ladywell S105 Consultation and budget approval**	06/10/21 Mayor and Cabinet	Angela Bryan, Strategic Development Officer and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Small Sites Supplementary Planning Document (SPD) Adoption**	06/10/21 Mayor and Cabinet	Tom Atkinson, Growth and Place Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Financial Monitoring 2021-22**	06/10/21 Mayor and Cabinet	Selwyn Thompson, Director of Financial Services and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2021	**Lewisham Old Town Hall refurbishment project**	12/10/21 Executive Director for Housing, Regeneration & Environment	Uchenna Forjoe, Project Manager Capital Programmes and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

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October 2019	**Mayow Road Supported Living Service Parts 1 & 2**	03/11/21 Mayor and Cabinet	Heather Hughes, Joint Commissioner, Learning Disabilities and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
August 2021	**Mountsfield Park Café (design, build and operate) award for a new café at Mountsfield Park.**	03/11/21 Mayor and Cabinet	Vince Buchanan, Green Spaces Contracts Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (on parental leave)		
August 2021	**NCIL borough recommendations for funding**	03/11/21 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	**Lewisham Assemblies Programme - A Future Lewisham Approach**	03/11/21 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Kim Powell, Cabinet member for Business and Community Wealth Building		
August 2021	**Adults "Core" Substance Misuse Contract Award**	03/11/21 Mayor and Cabinet	Iain McDiarmid and Councillor Chris Best, Cabinet Member for		

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			Health and Adult Social Care		
August 2021	**Broadway Theatre Principle Contractor award contract**	15/11/21 Executive Director for Community Services	Petra Marshall, Community Resources Manager and Councillor Andre Bourne, Cabinet member for Culture		
August 2021	**Appointment of Principal Contractor for Broadway Theatre Refurbishment**	08/12/21 Mayor and Cabinet	Claudia Lynch, Project Officer Capital Programme Delivery and Councillor Andre Bourne, Cabinet member for Culture		
August 2021	**Financial Monitoring 2021-22**	08/12/21 Mayor and Cabinet	Selwyn Thompson, Director of Financial Services and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2021	**Council Tax Base**	12/01/22 Mayor and Cabinet	Katharine Nidd, Strategic Procurement and Commercial Services Manager and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2021	**Endorsement of the A21 Framework**	12/01/22 Mayor and Cabinet	Monique Wallace, Planning Manager, Strategic Housing and Councillor Paul Bell, Cabinet Member for		

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			Housing & Planning		
August 2021	**Main Grants Programme 2022-25 recommendations for funding**	02/02/22 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Kim Powell, Cabinet member for Business and Community Wealth Building		
August 2021	**Council Budget 2022-23**	02/03/22 Council	Kathy Freeman, Executive Director for Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

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