

# Overview and Scrutiny



## Healthier Communities Select Committee Agenda

Tuesday, 1 March 2022  
7.30 pm, Civic Suite  
Lewisham Town Hall, SE6 4RU

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For more information contact: John Bardens (02083149976)

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

### Part 1

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# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 1 March 2022.

Kim Wright, Chief Executive  
Monday, 21 February 2022

<p><b>Members</b></p> <p>Councillor John Muldoon (Chair)</p> <p>Councillor Coral Howard (Vice-Chair)</p> <p>Councillor Sophie Davis</p> <p>Councillor Carl Handley</p> <p>Councillor Samantha Latouche</p> <p>Councillor Lionel Openshaw</p> <p>Councillor Paul Maslin (ex-Officio)</p> <p>Councillor Octavia Holland (ex-Officio)</p>	
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Members of the public are welcome to attend committee meetings. However, occasionally, committees may have to consider some business in private. Copies of agendas, minutes and reports are available on request in Braille, in large print, on audio tape, on computer disk or in other languages.

## **MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE**

**Wednesday, 12 January 2022 at 7.30 pm**

**IN ATTENDANCE:** Councillors John Muldoon (Chair) and Coral Howard (Vice-Chair) and Paul Maslin

**ALSO JOINING THE MEETING VIRTUALLY:** Cllr Sophie Davis and Samantha Latouche.

**APOLOGIES:** Councillors Lionel Openshaw and Carl Handley

**ALSO PRESENT:** Nigel Bowness, Healthwatch Lewisham; Sarah Wainer, Director of System Transformation, Lewisham Health and Care Partners; Ben Travis, Chief Executive, Lewisham and Greenwich NHS Trust; Paul Larrisey, Divisional Director of Operations, Medicine and Community Division, Lewisham and Greenwich NHS; Catherine Mbema, Director of Public Health, LBL; Simon Parton, Chair of Lewisham Local Medical Committee; Kenny Gregory, Lewisham Mental Health Provider Alliance; Tom Brown, Executive Director for Community Services, LBL; John Bardens, Scrutiny Manager, LBL.

**NB: Those Councillors listed as joining virtually were not in attendance for the purposes of the meeting being quorate, any decisions taken or to satisfy the requirements of s85 Local Government Act 1972**

### **1. Minutes of the meeting held on 2 November 2021**

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

### **2. Declarations of interest**

There were no interests declared.

### **3. Responses from Mayor and Cabinet**

There were no M&C responses to note.

### **4. Lewisham Health & Care Partners System Recovery Plan**

**Sarah Wainer, Director of System Transformation, Lewisham Health and Care Partners, introduced the report noting that while progress with recovery activity has been impacted by the Omicron variant, partners have risen to the challenge and worked collaboratively.**

**Ben Travis, Chief Executive, Lewisham and Greenwich NHS Trust, and Paul Larrisey, Divisional Director of Operations, Medicine and Community Division, Lewisham and Greenwich NHS Trust gave a presentation on the key issues for the Trust. The following was noted:**

- 4.1 The key challenges for the Trust are: high demand at the front door; the Omicron variant and any future waves; and lengthy waiting lists.
- 4.2 After having to stand down a number of services during the first and second waves of Covid, there are now 1,900 patients across Lewisham, Greenwich, and Bexley who have waited more than 52 weeks for surgery.
- 4.3 Another key challenge is around staffing numbers. Although many are vaccinated, many are still getting Covid and this is making it a challenge to staff all services. For example, elective care had to be stood down to deal with challenges at the front door.
- 4.4 The Trust's 4-hour A&E target performance currently stands at 77%, against a target of 95%. The Trust is exploring alternative to meet this challenge, including: streaming people at the front door; increasing use of the same day emergency care unit; creating separate entrance for A&E; working with partners on the Urgent Community Response Service.
- 4.5 The Trust has also received funding from the CCG to increase other community services.
- 4.6 Going forwards, focus will be on: elective care recovery; meeting new national targets on discharge; making the most of Lewisham's Population Health System; working with partners to deliver ambitions of adult social care changes.
- 4.7 In response to questions about the number of people having to wait in ambulances because they can't be admitted to A&E, it was noted that on most days there reasonable numbers of people waiting more than 15 minutes and small numbers waiting for more than an hour.
- 4.8 In response to questions about vaccination requirements for staff it was noted that the Trust has been collecting data and working with staff to better understand the risk. There also needs to be a conversation across southeast London to discuss and manage risks.
- 4.9 Catherine Mbema, Director of Public Health, also delivered a presentation on local prevention measures.
- 4.10 IN response to questions about 'long Covid', it was noted that the prevalence of this will be looked at as part of the council's Covid Impact JSNA (joint strategic needs assessment) which will feed into a refresh of the Lewisham Health and Wellbeing Strategy.
- 4.11 Simon Parton, Chair of Lewisham Local Medical Committee, noted that primary care is seeing fewer patients presenting with acute Covid, but that there has been a significant increase in staff sickness and absence which has been a challenge. It was also been difficult to recruit to primary care, nurses in particular.
- 4.12 In terms of unplanned care and acute sickness, work is going on across primary care network in Lewisham, and with the southeast London CCG, to look at how to support patients through a digital suite of tools.
- 4.13 There is also a challenge in terms of unvaccinated staff. 13% in primary care remain unvaccinated and this needs to be mapped to understand where acute need sits.

- 4.14 It was noted by the committee's Healthwatch representative that Healthwatch Lewisham has recently published a report and recommendations on digital exclusion in primary care. It was agreed that this would be shared with members of the committee.
- 4.15 Kenny Gregory, Lewisham Mental Health Provider Alliance, noted that mental health services have mostly returned to face-to-face with some support still being provided through video conference.
- 4.16 It was noted that the overall challenges coming out of the pandemic are: increased demand for services through A&E; increased demand for acute care (beds); increase in patients requiring a Mental Health Act assessment; staffing capacity and recruiting, in particular nurses. There has also been further work to reduce health inequalities and support BAME communities.

RESOLVED: that the health system recovery update is noted and that the committee thanks NHS partners for going above and beyond in unprecedented times and while under extreme pressures.

## **5. Budget reductions report**

**Tom Brown, Executive Director for Community Service, introduced the report by providing some context in which this round of cuts is coming.**

- 5.1 The financial impact of Covid for next year is forecast to be £22m. No new funding for this has yet been announced.
- 5.2 The impact of additional costs and lost income on council tax and business rates is expected to be more than £10m in the coming year.
- 5.3 There is also significant pressures on services in excess of £6m - £5m in relation to adult social care and £1m in relation to children's social care.
- 5.4 The provisional local government settlement included an increase in funding of less than 1%. There will also be a one-off 'new services' grant of £6.6m next year.
- 5.5 In this context, the medium term financial strategy has identified a gap of at least £18.3m.
- 5.6 The first budget cut proposal allocated to this committee is C-40, Substance misuse - contract review and staffing. This is an efficiency saving that came out of contract negotiations. This has resulted in £92k being able to be invested elsewhere.
- 5.7 The second budget cut proposal allocated to this committee is E-14, Changes to leisure concessions for older people. This is a reduction in automatic entitlement to universal free swim and gym for people over 60. The Be Active programme with affordable concessionary "pay and play" rates will continue. People registered as disabled will still be able to benefit from free swim and gym.
- 5.8 In response to questions about eligibility for disabled residents, it was noted that free swim and gym will continue to be available for those in receipt of disability benefits.

RESOLVED: that the budget reduction proposals discussed above are noted.

**6. Update on adult social care savings and review programme**

RESOLVED: that this item is adjourned to the next ordinary meeting of the committee.

**7. Select Committee work programme**

RESOLVED: that the work programme is noted and that Cllr Sophie Davis is appointed as the committee's Climate Change Champion.

The meeting ended at 9.57 pm

Chair:

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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, Governance and Elections)

### 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. Jeremy Chambers, Director of Law, Governance and Elections, 0208 31 47648



## Healthier Communities Select Committee

### **“Empowering Lewisham” - Transforming and Modernising Adult Social Care: Updates on the Review (Phase 2) and Savings Delivery**

**Date:** 1<sup>st</sup> March 2022

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

### **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 and the start of the Design and Implementation phase in November 2021 (now called Empowering Lewisham).

This report also provides committee members with an update on the delivery of agreed savings within Adult Social Care more widely.

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

## Timeline of engagement and decision-making

<b>26 February 2020</b>	Budget report to Council
<b>11 November 2020</b>	Round 1 Cuts proposals report to HCSC
<b>3 December 2020</b>	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.
<b>9 December 2020</b>	Round 1 Cuts proposals report to M&C
<b>13 January 2021</b>	Round 2 Cuts proposals report to HCSC
<b>18 January 2021</b>	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.
<b>2 February 2021</b>	Round 2 Cuts proposals report to PAC
<b>3 February 2021</b>	Round 2 Cuts proposals report to M&C
<b>25 February 2021</b>	Report to HCSC on proposed approach to ASC Review.
<b>8 April 2021</b>	Contract awarded to Newton Europe to provide additional transformation resource capacity and capability for Diagnostic phase of ASC Review.
<b>April-June 2021</b>	Diagnostic phase of ASC Review.
<b>3 September 2021</b>	CCS framework agreement MCF2 RM3745 Lot 5 expires and is replaced by MCF3 RM6187 Lot 7.
<b>6 September 2021</b>	All Member Briefing on the ASC Review.
<b>8 September 2021</b>	Pre-decision scrutiny report to HCSC on ASC Review and referral from HCSC to M&C.
<b>14 September 2021</b>	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.
<b>23 September 2021</b>	Report to PAC on the ASC Review.
<b>28 September 2021</b>	Report to OSBP on the ASC Review.
<b>2 November 2021</b>	Response from M&C to HCSC on their referral (8 September 2021) on the ASC Review.
<b>4 November 2021</b>	Design and Implementation (Phase 2) of ASC Review commences.
<b>1 March 2022</b>	Updates to HCSC on the ASC Review (Phase 2) and delivery of budget savings.

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## 1. Summary

- 1.1. This report follows on from previous papers to Healthier Communities Select Committee on 25 February 2021 and 8 September 2021, regarding the programme to transform and modernise Adult Social Care, with the support of Newton Europe. This review was initially requested by the Public Accounts Committee on 3 December 2020 in response to the budget cuts proposals.
- 1.2. Phase 2 of the ASC Review, known as the 'Design and Implementation' phase, commenced on 4 November 2021 and will continue until Summer 2022. Phase 2 comprises a series of workstreams identified during the Diagnostic (April-June 2021) that will transform services, empower our residents and develop the capabilities of our staff. This ambitious programme, Empowering Lewisham, will deliver between £8.6m to £11.5m of recurrent savings over a 5-6 year period.
- 1.3. This report also provides members of the committee with an update on the delivery of wider Adult Social Care savings agreed as part of the 2021/22 budget setting process. A total of £14.8m savings were agreed for ASC for the 3-year period 2020/21 to 2022/23. As of 31st December 2021, £9.3m of these savings have been delivered or are forecast to be delivered. There remains a savings shortfall of £5.5m for year-end 2022/23.

## 2. Recommendations

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

## 3. Policy Context

- 3.1. The financial position of Adult Social Care demonstrates the impact of the very severe financial constraints which have been imposed on Council services with the cuts made year on year, despite the increasing demand to deliver services to residents.
- 3.2. The Council's strategy and priorities drive the Budget with changes in resource allocation determined in accordance with policies and strategy. 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 determinants 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.

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## 4. Delivery of agreed savings

- 4.1. A budget savings process is well underway Council-wide and there is an urgent need to deliver the Medium Term Financial Strategy.
- 4.2. 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. Most savings delivered over this period 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.
- 4.3. As part of the budget-setting process, Adult Social Care put forward savings proposals that were considered by Mayor and Cabinet on 9th December 2020 and 3<sup>rd</sup> February 2021 (Round 1 and Round 2). This was in addition to previously identified savings for 2020/21.
- 4.4. Adult Social Care has £14.8m of savings agreed for the 3-year period 2020/21 to 2022/23. As of 31<sup>st</sup> December 2021, £9.8m of these savings are either delivered or are forecast to be delivered. This leaves a cumulative savings shortfall of £5.5m at the end of 2022/23. These figures are outlined in the table below:

Year	Agreed	Delivered / to be delivered	Gap
2020/21	£3.5m	£2.3m	£1.2m
2021/22	£10.3m	£6.5m	£3.8m
2022/23	£1.0m	£0.5m	£0.5m
<b>Total:</b>	<b>£14.8m</b>	<b>£9.3m</b>	<b>£5.5m</b>

- 4.5. For the financial year **2020/21**, £3.5m of savings were agreed, with £650k achieved to date and a further £1.6m expected to be delivered in 2022/23. As of 31st December 2021, the expected shortfall for 2020/21 savings is £1.2m. A more detailed breakdown of these savings is set out in the table below:

Ref	Proposal	Agreed Savings	Achieved	Gap	Expected Delivery of Unachieved Savings in 2022/23	Expected Savings Shortfall in 2022/23	Comments
		£'000	£'000	£'000	£'000	£'000	
<b>Financial Year 2020/21</b>							
COM04	Reduce costs for Learning Disability and Transitions	1,000	200	800	-	800	
COM05	Increased focus of personalisation	482	350	132	132	-	
COM1A	Managing demand at the point of access to adult social care services	1,000	100	900	900	-	
COM2A	Ensuring support plans optimise value for money	500	-	500	100	400	
COM3A	Increase revenue from charging Adult Social Care clients	500	-	500	500	-	
<b>Total</b>		<b>3,482</b>	<b>650</b>	<b>2,832</b>	<b>1,632</b>	<b>1,200</b>	

- 4.6. Unachieved savings for 2020/21 are largely as a result of COVID pressures and the impacts this has had on better demand management. For example, delays in undertaking face-to-face reviews has meant that we have not been able to get a full-year effect of expenditure reductions on placements in some cases.

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- 4.7. For the financial year **2021/22**, £10.3m of savings were agreed, with £3m achieved to date and a further £3.5m expected to be delivered in 2022/23. As of 31st December 2021, the expected shortfall for 2021/22 savings is £3.8m. A more detailed breakdown of these savings is set out in the table below:

Ref	Proposal	Agreed Savings	Achieved	Gap	Expected Delivery of Unachieved Savings in 2022/23	Expected Savings Shortfall in 2022/23	Comments
		£'000	£'000	£'000	£'000	£'000	
<b>Financial Year 2021/22</b>							
B-05	Recharge OT and housing officer costs to the Disabled Facilities Grant	250	250	0	0	0	
C-02	Adult Learning and Day Opportunities	50	50	0	0	0	
E-04	Introduce charging for certain elements of self-funded care packages	82	0	82	82	0	
F-01	Adult Social Care Demand management	3,000	1,000	2,000	2000	0	
F-06	Adults with learning difficulties and 14 - 25yrs transitions costs	760	0	760	0	760	
F-09	In house services reductions - adults passenger transport	600	0	600	0	600	ASC activity reduced, however increase in Childrens. Issues around fixed costs in passenger services which create risks around achievement of saving
B-11	Improved usage of BCF Funding across partners	1,000	1,000	0	0	0	
F-24	Adult Social Care cost reduction and service improvement programme	3,849	0	3,849	1,415	2,434	To be delivered by Newton in 2023/24
ALL	Staffing Productivity	708	708	0	0	0	
<b>Total</b>		<b>10,299</b>	<b>3,008</b>	<b>7,291</b>	<b>3,497</b>	<b>3,794</b>	

- 4.8 Unachieved savings for 2021/22 continue to be as a result of COVID pressures, the impacts this has had on better demand management, and the complexity of new cases presenting themselves at the front door (e.g. major strokes in working age adults).
- 4.9 Additionally, there are longer lead times for revised care packages relating to Adults with Learning Disabilities, and interdependencies with the Children and Young People directorate for the delivery of savings relating to passenger transport services and Transition costs. For example, there are currently 28 service users (17 years old) receiving social care in Children with Complex Needs at an annual cost of £1.96m. Assuming a conversion rate from CWCN to AWLD of 45% (modelling data from 2020-21), this will translate to additional cost pressures in ASC of circa £1m per annum.
- 4.10 Finally, the cash profile of savings delivered as part of the Newton Europe programme has been revised due to the later than anticipated start date of Phase 2.

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- 4.11 For the financial year **2022/23**, £1m of savings were agreed, with £0.5m expected to be delivered and a forecasted shortfall of £0.5m. A more detailed breakdown of these savings is set out in the table below:

Ref	Proposal	Agreed Savings	Achieved	Gap	Expected Delivery of Unachieved Savings in 2022/23	Expected Savings Shortfall in 2022/23	Comments
		£'000	£'000	£'000	£'000	£'000	
<b>Financial Year 2022/23</b>							
C-02	Adult Learning and Day Opportunities	100	0	100	0	100	
F-24	Adult Social Care cost reduction and service improvement programme	430	0	430	0	430	To be delivered by Newton in 2023/24
ALL	Staffing Productivity	446	0	446	446	0	
<b>Total</b>		<b>976</b>	<b>0</b>	<b>976</b>	<b>446</b>	<b>530</b>	

- 4.12 Savings relating to Adult Learning and Day Opportunities will continue to prove challenging. The preferred approach is to support people into new opportunities under a Progression model. Take-up to date has been lower than anticipated, as this remains a service-user choice.
- 4.13 This overall financial position illustrates the impact of the severe financial constraints which have been imposed on Council services due to a decade of funding cuts. This situation has been compounded by the Covid-19 pandemic and the need to protect Lewisham's most vulnerable residents.
- 4.14 Despite this, the service continues to work hard to manage-down demand through more robust triage, tightened panel processes, increased critical challenge and management oversight. New ways of working for frontline staff continues to be embedded in an effort to promote greater independence for our residents. This includes shifting the culture of practice from a deficit to strength-based model of assessment and support planning and strengthening our approach to more integrated working across the wider health and care system.
- 4.15 Since the completion of the Diagnostic phase, the Enablement Care team have been working on increasing both productivity and the amount of contact time Enablement Officers spend with service users. Overall, there has been a positive direction of travel during the course of the last 6 months.
- 4.16 A concerted effort to prioritise 1,296 high-cost care packages for review by year-end is beginning to yield results. As of 31st December 2021, 809 of these cases have been reviewed, with a corresponding £1.2m reduction in care package costs. Unfortunately these savings have been offset by increased care costs of £0.7m due to the complexity of new clients' needs.
- 4.17 The Council is seeing an increase in demand for community based services as service users are being discharged from hospital earlier and with increasingly complex care needs, which is a trend across London and nationally. This manifest itself in higher levels of care, increased use of 24-hour care at home and increased use of double-handed care. The most recent [ADASS Homecare and Workforce Snap Survey \(Sep-21\)](#) reported a 4% increase in the number of home care hours delivered in local authority areas between the two consecutive periods of Feb-Apr and May-Jul 2021.
- 4.18 The number of placements in residential care has also increased and this pattern is expected to continue into 2022/23. The current forecast overspend for Residential care is £2.5m of which £0.9m is being funded by NHSE&I discharge funding. Discharge funding from NHSE&I as well as Covid support is expected to cease at the end of 2021/22, with costs expected to still be in the system in 2022/23.

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- 4.19 Oversight of budgetary controls and savings delivery has been strengthened through the establishment of a new ASC Budget Recovery Board which convenes monthly and is chaired by the Chief Executive with attendance by Executive Directors for both Community Services and Corporate Resources.
- 4.20 In addition, two separate programmes encompass the delivery of the following savings proposals with corresponding boards/working groups overseeing activity and monitoring progress:

Ref	ASC saving proposal	Delivery assurance by
F-06	Reduce Care Costs: Adults with Learning Disabilities and Transitions	Transition Demand Management Working Group
F-09	Reduction of in-house adults passenger transport	Passenger Transport Board

## 5. Empowering Lewisham – Design and Implementation

- 5.1. The aim of Adult Social Care is to help ensure that some of the most vulnerable residents in the borough are empowered 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.
- 5.2. The current service-wide review of Adult Social Care, supported by Newton Europe, 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.
- 5.3. Staff engagement has been key to the programme branding. To ensure the long-term sustainability of the programme and to inspire a greater sense of ownership within ASC teams, there needs to be a move away from articulating this activity as the ‘Newton Review’. Throughout the Diagnostic, senior leaders, managers and frontline staff were all engaged in discussing what a renewed vision for ASC in Lewisham should encompass.
- 5.4. This conversation have been further developed in Phase 2. A series of focus groups and drop-in sessions started to understand the core themes and outcomes staff felt should be achieved through this piece of work. These themes have been refined into a new over-arching programme identity, ‘**Empowering Lewisham**’, that is now being used.
- 5.5. 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. It comprises two phases: (1) Diagnostic and (2) Design and Implementation.
- 5.6. The Diagnostic phase of the review was completed between April and June 2021. The savings opportunity identified by the Diagnostic is in the range of £8.6m-£11.5m and these savings will see a realigned base budget going forward. Findings from the Diagnostic were reported to Healthier Communities Select Committee in September 2021 - [see report](#).

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Area	Summary of Opportunity	Lower Bound	Upper Bound
<b>Decision Making OA</b>	<ul style="list-style-type: none"> <li>Better decision making at reviews and assessments to ensure settings and packages of care accurately reflect tierings and level of need</li> <li>Target reduced areas of spend: OA Residential, Nursing, Home Care</li> </ul>	£1.6	£1.9m
<b>Decision Making AWLD</b>	<ul style="list-style-type: none"> <li>Supporting more young adults in a more independent setting outside of Residential care and supported living by identifying and supporting people to move settings</li> <li>Target reduced areas of spend: AWLD/Transitions Residential Care &amp; Supported Living</li> </ul>	£2.5	£3.7m
<b>Enablement (Volume &amp; Effectiveness)</b>	<ul style="list-style-type: none"> <li>Goals driven independence support for those in the community and being discharged from acutes settings to enable long term independence</li> <li>Target reduced areas of spend: OA Home Care</li> </ul>	£3.9	£4.3m
<b>Progression</b>	<ul style="list-style-type: none"> <li>Better matching support to needs using a strength based approach focusing on independence and by reducing the need for formal support over time</li> <li>Target reduced areas of spend: AWLD/Transitions Home Care &amp; Supported Living</li> </ul>	£0.6	£1.5m
		<b>£8.6m</b>	<b>£11.5m</b>

5.7. These savings 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. The cash profile of the programme has been adjusted due to the flexibility around the delivery dates of different workstreams within Phase 2 of the programme. The revised forecasts are detailed below:

Financial Year	Diagnostic Forecast	Target – Lower Bound <i>This is our most conservative forecast based on achieving our target saving at a lower-bound rate of delivery</i>	Target – Upper Bound <i>This forecast is based on achieving our target saving at an accelerated rate of delivery</i>	Stretch <i>This forecast is based on achieving our stretch saving at an accelerated rate of delivery</i>
21/22	£ 96,000.0	£ 13,000.0	£ 66,000.0	£ 92,000.0
22/23	£ 2,032,000.0	£ 1,415,000.0	£ 3,783,000.0	£ 4,364,000.0
23/24	£ 5,617,000.0	£ 5,011,000.0	£ 7,316,000.0	£ 8,831,000.0
24/25	£ 7,319,000.0	£ 7,128,000.0	£ 8,397,000.0	£ 10,645,000.0
25/26	£ 8,092,000.0	£ 7,968,000.0	£ 8,636,000.0	£ 11,452,000.0
26/27	£ 8,548,000.0	£ 8,494,000.0	£ 8,642,000.0	£ 11,503,000.0
27/28	£ 8,635,000.0	£ 8,627,000.0	£ 8,642,000.0	£ 11,503,000.0

5.8 Work on Phase 2 commenced on 4 November 2021 and will continue through to Summer 2022.

5.9 Phase 2 includes all necessary activity to co-design, test, implement and sustain new ways of working and solutions to deliver the benefits identified during the Diagnostic (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.

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5.10 The delivery of Phase 2 of the programme comprises the following three stages:

1	2	3
Setup and Mobilisation	Design and Iterate	Adoption and Sustainability
<i>Ensuring our people, data, systems and internal structures are best set up for Design – so we can hit the ground running.</i>	<i>Designing, trialling and iterating our product to ensure our designs work – before we adopt them across the organisation.</i>	<i>Adopting new ways of working across our organisation delivering measurably improved results for residents</i>
<p>By the end of Set Up, we'll have:</p> <ul style="list-style-type: none"> <li>✓ Completed a stock take of current activity</li> <li>✓ Established KPIs and baselines</li> <li>✓ Allocated and recruited Design Leads</li> <li>✓ Confirmed programme plans</li> <li>✓ Initiated programme communication</li> </ul>	<p>By the end of Design, we'll have:</p> <ul style="list-style-type: none"> <li>✓ Trialled and iterated a new way of working with our trial team</li> <li>✓ Documented our final product</li> <li>✓ Designed digital products and dashboards to support our new ways of working</li> <li>✓ Have seen evidence in our operational KPIs that the new way of working is improving outcomes for our residents</li> <li>✓ Delivered regular comms and engagement capturing staff and resident feedback</li> </ul>	<p>By the end of Adoption, we'll have:</p> <ul style="list-style-type: none"> <li>✓ Delivered training to teams and managers</li> <li>✓ Adopted our new ways of working across the relevant teams</li> <li>✓ Delivered measurably improved outcomes for our residents – achieving the targeted improvements we identified during the diagnostic</li> <li>✓ Engaged staff throughout the journey, ensuring managers have the information they need to address staff concerns as and when they arise</li> <li>✓ Engaged residents throughout the journey, ensuring their feedback is captured going forward to enable us to continue to improve our offer</li> </ul>

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5.11 The ‘Setup and Mobilisation’ stage, was completed in January 2022 and we are currently in the ‘Design and Iterate’ stage of Phase 2. This comprises design, trial and iteration activities structured around the opportunities that were identified during the Diagnostic phase. This stage will continue through to April/May 2022 and involves the following 5 workstreams:

#	Workstream type	Workstream name
1	Core	Decision Making
2	Core	Enablement
3	Core	Moving On and Progression
4	Enabling	Change and Culture
5	Enabling	Digital Delivery

5.12 Each workstream is supported by a Senior Sponsor, Delivery Lead, Working Group and Trial Teams:

<b>Senior Sponsor</b>	This person is a member of the senior leadership team accountable for the successful delivery of the workstream.
<b>Delivery Lead</b>	This person is a member of the operational/ frontline teams responsible for leading on the practical design and implementation of the changes.
<b>Working Group</b>	This is a group of Subject Matter Experts whose role is to support the Delivery lead in an advisory capacity representing a range of skills and experience.
<b>Trial Team</b>	This is a group of frontline staff and service users (as appropriate), collaborating in the design process and feeding back, supporting the iteration of design.

5.13 Workstream activities provide opportunities for our staff to develop their skills and knowledge in a supportive environment. They will work alongside and in collaboration with Newton professionals, receiving training and hands-on experience. The intention is that over time, Newton resource will taper off, leaving our staff to assume greater leadership responsibilities.

5.14 A 3-day training course, facilitated by the Newton team took place with all the workstream Delivery Leads in January 2022. This focused on the development of skills to improve processes, undertake people-centred change, and deliver projects. A condensed version of this training was also offered to all Senior Sponsors.

5.15 The resident and/or service-user voice will also be critical to the success of the programme and its sustainability over time. Opportunities are being identified within workstreams to engage residents at appropriate times as part of the design trials and a focused workshop to explore these in more detail is scheduled for 25<sup>th</sup> February 2022.

**Workstream updates**

Decision-Making

5.16 The scope of this workstream is to improve the quality of our practice, promote independence, make better use of community and informal networks and as a result rely less on formal ongoing care and support.

- 5.17 There is a targeted opportunity of £1.6m-£1.9m in this workstream and progress will be measured against the number of residential/nursing starts per week and the number of homecare hours commissioned per week.
- 5.18 Highlights so far include the start of Community Trials and the introduction of Ideal Outcomes Meetings, and a completed Acute Workshop on Discharge Multi-Disciplinary Teams.
- 5.19 Next up are further Acute Trials that will focus on working with the Continuing Health Care social workers at the hospital to better challenge the strength-based approach for all Pathway 3 patients.

#### Enablement

- 5.20 The scope of this workstream is to support residents to live as independently as possible by improving the throughput and effectiveness of the Enablement service.
- 5.21 There is a targeted opportunity of £3.9m-£4.2m in this workstream and progress will be measured against the number of successful finishers per week and the reduction in the number of hours per week in Packages of Care for clients post-enablement.
- 5.22 Highlights so far include the completion of design workshops on capacity and effectiveness and the start of trials to test new ways of scheduling staff resource, with a particular focus on reducing demand at the weekends.
- 5.23 Next up is the launch of Key Performance Indicator (KPI) tracking to start the monitoring of both volume and effectiveness. A new communication plans will also be finalised and implemented with an emphasis on the service user voice.

#### Moving On and Progression

- 5.24 The scope of this workstream is to develop a better service for Adults With Learning Disabilities by improving support for them to access more independent settings and community environments, and to build independent living skills through dedicated progression support.
- 5.25 There is a targeted opportunity of £3.1m-£4.2m in this workstream and progress will be measured by the number of adults moving from Residential into Supported Living each month and the number of adults completing Progression Plans each month.
- 5.26 Highlights so far include the completion of a process mapping exercise regarding the current system and further data analysis to re-confirm opportunities available through the existing cohort of clients.
- 5.27 Next up is the completion of scoping for service trials and further data analysis to build a more robust picture of our current commissioning arrangements.

#### Change and Culture

- 5.28 The scope of this workstream is to ensure that the Empowering Lewisham programme identity and changes to ways of working are effectively communicated to and engaged with by all stakeholder groups. The adoption of change will be supported and tracked, alongside ensuring organisational culture is best prepared for change.
- 5.29 As an enabler workstream, there is not a targeted opportunity attached to it, and KPIs to measure progress against workstream objectives are currently being finalised.
- 5.30 Highlights so far include the introduction of programme-wide communications, the setting up of a dedicated SharePoint site for staff and the scheduling of a drop-in

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session to directly address staff questions or concerns about Empowering Lewisham. There have also been 3 design workshops which focused respectively on communications, culture and staff adoption of change.

- 5.31 Next up is the completion of a more detailed communications plan, further drop-ins and attendance at team meetings, and focus groups to identify ways to tackle the top-3 cultural themes of collaboration, feedback and the use of data.

#### Digital Delivery

- 5.32 The scope of this workstream is to ensure that the Empowering Lewisham programme has a strong digital thread – to drive and embed changes to ways of working in frontline teams, through the design, build and rollout of effective and sustainable digital tools.
- 5.33 As an enabler workstream, there is not a targeted opportunity attached to it, and KPIs to measure progress against workstream objectives are currently being finalised.
- 5.34 Highlights so far include the agreement of the first tranche of Power BI licenses, which are critical to the design and implementation of dashboards underpinning the programme.
- 5.35 Next up is the refining of digital requirements within each workstreams as the trials progress, and an agreement on whether an interim data warehouse is required to support the programme.

#### Finance Working Group

- 5.36 A separate Finance Working Group has also been meeting regularly to ensure each delivery workstream has:
- Any data accuracy issues mitigated for trials;
  - KPI equations and how to track them agreed;
  - Owners for each KPI, and;
  - Tracking and governance agreed for sustainable measurement
- 5.37 A Project Initiation Document (“PID”) has now been produced and signed-off that defines these KPIs, conversion equations, assumptions and baselines necessary to measure the financial benefits of the “Empowering Lewisham” programme.

#### Governance

- 5.38 In terms of governance, the workstreams report into the ASC Review Steering Group which convenes weekly and includes the Executive Director for Community Services, as well as relevant Service Directors. The Steering Group reports up into the Strategic Change Board (Executive Management Team) on a 6-weekly basis and there are scheduled Contract Monitoring meetings between the Chief Executive, Executive Director of Corporate Resources and the Newton Programme Director.

## **6. Financial implications**

- 6.1. Newton Europe concluded the diagnostic phase of ASC Review work at a cost of £255,790. This fee is contingent on delivery of savings from Phase 2.
- 6.2. The diagnostic has identified the opportunity to deliver recurring financial benefit of £8.6m - £11.5m per annum to Lewisham, along with unquantifiable transformative

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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.

- 6.3. 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.
- 6.4. 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.
- 6.5. Newton will 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.
- 6.6. 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**

- 6.7. 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 6.5) will apply.
- 6.8. 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.
- 6.9. Costs for Newton Europe 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 as part of the ASC Review.
- 6.10. Benefits to the council will continue following the skills and knowledge transfer to council officers.
- 6.11. 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.
- 6.12. There are £2.8m of unachieved savings from 2020/21 which have been carried forward into 2021/22, of which £1.6m are achieved or on track to be achieved by 31st March 2022. This leaves £1.2m of undelivered savings, largely due to Covid-19 (as was the case in 2020/21) with £2.8m being covered by Covid-19 government grant funding (no funding will be available to mitigate these savings in 2022/23).
- 6.13. In 2021/22 there are £7.3m of unachieved savings of which £3.5m is expected to be delivered by financial year-end 2022/23 leaving a shortfall of £3.8m. The service is forecasting an overspend of £3.5m (period 9) as the savings gap is being mitigated by one-off Direct Payment refunds.

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## **7. Staffing Implications**

- 7.1. There is no intention to reduce the council workforce as a result of the implementation of the Diagnostic recommendations 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.
- 7.2. 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.
- 7.3. It should be noted that some cross council productivity savings have been identified and will be delivered through “business as usual” processes.

## **8. Legal implications**

- 8.1. There are no legal implications arising from the consideration of this report by Healthier Communities Select Committee.

## **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. The appointed supplier will be required to comply with the Council’s equality and diversity policies.
- 9.4. 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.

## **10. Climate change and environmental implications**

- 10.1. 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.

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## 11. Crime and disorder implications

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

## 12. Health and wellbeing implications

- 12.1. 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.

## 13. Social Value

- 13.1. 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.
- 13.2. 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 assistive 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.

## 14. Background papers

- 14.1. ASC Phase 1 Award Report Part 1



Item 6a - Decision by ED of Cty Services - ASC Award Report - Part 1.pdf

- 14.2. Public Accounts Select Committee, 3 December 2020, Agenda Item 5 'Budget Cuts'

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

- 14.3. Phase 1 Diagnostic Summary Report



Diagnostic  
Summary Report.pdf

## 15. Report author(s) and contact

- 15.1 Stewart Weaver-Snellgrove, Strategic Transformation and OD Business Partner,  
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## **16. Comments for and on behalf of the Executive Director for Corporate Resources**

- 16.1. Abdul Kayoum, Group Finance Manager (Community Services),  
[abdul.kayoum@lewisham.gov.uk](mailto:abdul.kayoum@lewisham.gov.uk)

## **17. Comments for and on behalf of the Director of Law and Governance**

- 17.1. Mia Agnew, Senior Lawyer, [Mia.agnew@lewisham.gov.uk](mailto:Mia.agnew@lewisham.gov.uk)

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<b>HEALTHIER COMMUNITIES SELECT COMMITTEE</b>		
<b>Title:</b>	Leisure Contracts Performance	
<b>Key decision:</b>	No	<b>Item No:</b>
<b>Ward:</b>	All	
<b>Contributors:</b>	Director of Communities, Partnership and Leisure  Leisure Services Manager	
<b>Class:</b>	PART 1	<b>Date:</b> 01/03/22

## 1. Summary and Purpose of Report

- 1.1 This report updates the Healthier Communities Select Committee on the changes to one of the Council's the leisure contracts and the subsequent and ongoing recovery across all leisure services since the Covid-19 pandemic halted operation in March 2020.
- 1.2 In summary, the report demonstrates that performance across the leisure services is improving steadily in line with the national picture and there has been a significant improvement in the quality of the local offer under the new contractual arrangements. However, footfall remain below pre-pandemic levels and their remains considerable financial risk attached to leisure services.

## 2. Recommendations

- 2.1 To note, and comment on, the contents of the report.

## 3. Background and History

- 3.1 The last report to the Healthier Communities Select Committee in May 2019 detailed the leisure contract management arrangements, highlighting that Lewisham has two separate leisure contractors operating the local leisure centres.
- 3.2 Fusion Lifestyle (Fusion), a registered charity, were awarded a 15 year leisure services contract, which commenced on 15 October 2011 managing the majority of the borough's leisure centres on behalf of the London Borough of Lewisham (LBL).
- 3.3 Downham Health and Leisure Centre has been managed by 1 Life (formerly Leisure Connections Ltd) since March 2007. 1 Life have a 32 year contract through a Private Finance Initiative (PFI). In addition to the leisure facilities the centre includes health care facilities, library, community hall and playing fields
- 3.4 At the time the last report was written, there were significant concerns regarding the operation of the Fusion Lifestyle contract. A combination of increased competition with the influx of low cost gym facilities in the area, and

negative customer feedback resulted in the overall contract income falling some way behind the projected targets submitted as part of Fusion's successful tender. A specific Part 2 report outlined the details of these financial issues.

- 3.5 The difficulties within that contract were further exaggerated toward the end of 2019 as the mounting effects of the Covid-19 pandemic resulted in a significant decrease in footfall at all of the centres within the contract.
- 3.6 Then, on 20 March 2020, the Government announced the temporary closure of all gyms and leisure centres as part of its COVID-19 response to stop the spread of infection. The risks arising from COVID-19 for leisure services providers are currently considerable for a range of reasons including lack of direct access to government funding and extremely high fixed costs. All leisure centres in London were also closed under Tier 4 restrictions and have operated with severe restrictions until the middle of 2021.

### **Leisure Services Contract Transfer and Centre Re-openings Post Lockdown**

- 3.7 The enforced leisure centre closure period (from March 2020) allowed LBL and Fusion time to agree to cease the operating contract by mutual consent.
- 3.8 The Leisure Management Agreement with Fusion ceased on 7 October 2020, with Greenwich Leisure Limited (GLL trading as Better) appointed as leisure contractors from that date. The following facilities were transferred to GLL were:
  - Glass Mill Leisure Centre (Lewisham)
  - Forest Hill Pools (Forest Hill)
  - Wavelengths Leisure Centre (Deptford)
  - Ladywell Arena (Catford)
  - The Bellingham Leisure and Lifestyle Centre (Bellingham)
  - The Bridge Leisure Centre including the Lewisham Indoor Bowls Centre (Bellingham)
  - Warren Avenue Playing Fields (located in Bromley)
- 3.9 GLL were appointed on a two year contract with a three year extension option, subject to the approval of the Council. For the first two years (to October 2022) of the contract, LBL will underwrite the full financial responsibility of the contract. Should the optional 3 year extension be agreed, financial responsibility will be transferred to GLL until its conclusion in October 2025. Warren Avenue Playing Fields was transferred to Glendale Managed Services (the Council's parks and open spaces contractor) on the expiry of the Fusion contract.
- 3.10 GLL are a charitable social enterprise, meaning they don't have any shareholders and are committed to re-investing surpluses back in the leisure centres they operate. GLL operate a co-operative model with each member of staff and their society members owning a (non-dividend paying) share in the company.
- 3.11 On 13<sup>th</sup> January 2021 Mayor and Cabinet agreed a range of actions to allow for the reopening of leisure facilities as restrictions allowed while seeking to minimise short term costs and ensure that the overall portfolio of services is sustainable in the medium-long term.  
<https://councilmeetings.lewisham.gov.uk/documents/s76736/Leisure%20management%20arrangements.pdf>

- 3.12 As per this report, each of the above mentioned leisure centres re-opened to full operation as and when government restrictions allowed. This is with the exception of Ladywell Arena which has re-opened for club use only and the Bridge Leisure Centre.
- 3.13 Mayor and Cabinet agreed that officers should proceed with an Expression of Interest and subsequent tender process to gauge the appetite for a community based management of the arena to ensure the facility is operated as a publicly accessible facility.
- 3.14 On 3<sup>rd</sup> November 2021 Mayor and Cabinet agreed that the Bridge Leisure Centre should remain closed allowing a comprehensive feasibility study assess the viability of the re-provision a new leisure in the south of the borough.  
<https://councilmeetings.lewisham.gov.uk/documents/s90958/Leisure%20management%20arrangements.pdf>

#### 4. Leisure Centre Improvements

- 4.1 Upon the commencement of the new contract on October 2020, GLL and LBL partnered to deliver a range of leisure centre improvements to improve the look and feel of each facility, aiding the effective re-opening of the leisure centres as the leisure industry eased out of the pandemic closures and subsequent restrictions.
- 4.2 The reception areas of each facility have been transformed to include a cashless concierge system, self-service pods and upgraded speed turnstiles (figures 1 & 2 below). These improvements enhance the customer journey by allowing centre users to book classes and sessions via GLL's state of the art mobile app and reducing the lengthy queue previously experienced.



Figure 1. Concierge, self-service pod and speed turnstiles at Glass Mill Leisure Centre.



- 4.3 The pool tank of the 25m pool at Wavelengths Leisure centre was re-tiled ahead of re-opening the facility in July 2021. These works have not only improved the look and feel of the facility, but have extended its lifespan by 20 years (see figure 2 below).



**Figure 2.** 25m pool at Wavelengths

- 4.4 Extensive works to the Leisure Pool at Wavelengths Leisure Centre were also identified as this facility had been falling into disrepair in the period leading into the Covid-19 Pandemic. In June 2021, an £800k facility overhaul was agreed – refurbishing the pool plant machinery, improving the air handling equipment, re-decorating the family changing village and removing the slides to improve the financial viability of the facility. The re-refurbished facility re-opened in January 2022 and has been well received by centre users.



**Figure 3.** New Leisure Pool at Wavelengths Leisure Centre

## 5. Leisure Centre Participation

- 5.1 As mentioned above, the footfall within the Fusion managed leisure centres was in decline at the time the last report was presented. This was largely down to the combination growth of the low-cost gym industry in Lewisham and an increase in negative feedback from centre users, predominantly around the lack of cleanliness at leisure centres.
- 5.2 The covid-19 pandemic put a halt to all leisure centre participation through the majority of 2020 and first quarter of 2021. Government messaging throughout that period emphasised the importance of staying physically active as research highlighted that increased fitness levels had a positive impact on the body's ability to deal with the symptoms of the virus. This created a large shift in the behaviour of the nation, with many taking to parks and open spaces to conduct their 1 hour of daily exercise.
- 5.3 As restrictions eased and were eventually lifted in July 21, with the leisure industry experiencing a delayed return to facilities.
- 5.4 In the year to October 21, Moving Communities (the body contracted by Central Government to monitor leisure centre recovery) were reporting that national participation figures had returned to 70% of pre Covid levels. Reports also stated that areas with a high population of ethnic minorities tended to recovery slower than others. This is reflective of the picture in Lewisham, with centre usage rising to c60% of pre Covid levels in the same period.
- 5.5 As displayed in Figure 4 below, since 'July 21, Moving Communities data shows that there have been monthly increases in Gym, Group Exercise Class and Swimming activity participation.



Figure 4. Attendance Totals by month from April 21

- 5.6 Year on year trends across the industry tend to display a downturn in participation towards the end of the year. This is attributed to the festive period in December. With fears of the Omicron variant mounting and infection numbers in Lewisham increasing, participation started to decrease earlier than usual (in November).
- 5.7 These figures are taken from national data but broadly reflect the experience of 1Life and GLL since re-opening the leisure centres in April 21. Participation is expected to experience another boost in figures as numbers increase as a result of the launch of the newly re-furbished leisure pool at Wavelengths Leisure Centre in January 22.
- 5.8 The long awaited launch of the Leisure Pool at Wavelengths has gone well so far, and when the data is available, we are expecting marked increases in participation for the Swimming Activities and Swimming Lessons once these sessions start and begin to mature. Overall participation to this site should then increase as a residual effect of the increase usage.
- 5.9 GLL customers have noted a marked improvement in leisure centre cleanliness, with overall all feedback remaining consistently positive since re-opening.
- 5.10 This is even more positive when considering the increasing month on month increases in participation at Downham Health and Leisure Centre (Figure 5 below).
- 5.11 The areas most impacted by the decline in participation were Fitness (Gym Activities) and the Group Exercise classes, suggesting that the public's confidence in swimming activities was less affected the rise in Covid cases. this supports the research finding of swimming National Governing Body – Swim England, who reported that the risk of transmission of Covid-19 in swimming pool water is incredibly low.



**Figure 5.** Leisure Centre participation of 4 main leisure centres



- 5.11 Figure 5 above offers a breakdown of participation when comparing the four mains leisure centres in Lewisham. As displayed, participation at Downham Health and Leisure Centre is higher than that of the GLL sites. This can be attributed to the fact that customers at Downham Health and Leisure were satisfied with the level of service provided by operators 1Life before the centres were closed due to the pandemic. In contrast, the dissatisfaction in the service provided at Fusion managed facilities prompted many members to cancel their memberships ahead of the change in leisure operation to GLL.
- 5.12 Downham Health and Leisure Centre is the only centre in Lewisham with a Sports Hall. Figure 5 shows the increase in usage for this facility.
- 5.13 Both leisure operators maintain Covid safety protocols in line with government directives, with enhanced cleaning programmes still in place even though the government have relaxed social distancing rules. This is done to ensure centre users feel re-assured that the facilities are kept as safe as possible.
- 5.14 Across all sites, but most pleasingly the GLL sites, complaints have been extremely low since the reopening and those that have been received relate mainly to Covid related restrictions and the ongoing closure of the Bridge Leisure Centre – see below.

### **The Bridge Leisure Centre**

- 5.15 Local participation has been impacted by the fact that the Bridge Leisure Centre has remained closed to the public (a decision approved in the 13 January Mayor and Cabinet report). This decision was recommended in recognition that the site needing considerable levels of investment to ensure its safe operation.
- 5.16 This closure has resulted in a pool water deficit in the borough with many users of the pool at the Bridge migrating to DHLC or Forest Hill Pools. DHLC has also managed to pick up some of the latent Badminton demand the Bridge closure created, though there is some work to do with local schools in the area to address the shortfall in sport hall space.
- 5.17 On 3 November 2021, Mayor and Cabinet agreed that a feasibility study be conducted to assess the viability of providing a new Leisure Centre in the south of the borough. Any centre would offer a longer term solution to the loss of pool water and sports hall space we are experiencing.
- 5.18 The Indoor Bowls Centre (located across the road from, but within the footprint of the Bridge Leisure Centre) re-opened in October 21, with GLL working in partnership with two local Bowls clubs to ensure the community can access this facility. This community led operating model has had a largely positive impact on participation, with 270+ members (many of which are aged 60+) signing up play the indoor bowls season. This facility is playing a major role in keeping Lewisham's older population active.

## **6 Financial Information**

- 6.1 The new Leisure contract with GLL is projected to cost the Council in the region of £1.5m in 21-22. As previously reported the new Leisure contract with GLL is an open book contract with the net cost of the service being borne by the Council. Covid continues to have a significant impact on Health &

Fitness income as only approx. 80% of the pre-pandemic customer numbers have returned and this has led to a reduction in income and an overall increase in the net cost of the contract.

- 6.2 These costs are, in the main, being met by Covid funding in recognition of the fact that previous leisure contracts were subject to a formal 'change in law' as a result of the nationally imposed closures.
- 6.3 Based on the recovery seen to date it is hoped that the GLL contract will return to surplus position, net of capital investment, by 2023/23 and inclusive of facility investments by the following financial year.

## **7 Wider Participation and local improvements**

### **Lewisham Football Partnership**

- 7.1 The purpose of the partnership will be to form a positive structure around some of the football developments happening in the borough.
- 7.2 Development activities will range from
- Better visibility of available opportunities for all local residents
  - Strengthened the lines of communication with ground contractor (Glendale)
  - Improving knowledge of, and ability to bid for, funding opportunities
  - Creating a structure to strengthen our district football team
  - Creating opportunities for disadvantaged youth in the borough
  - Ensuring grass roots clubs know what to do to book a pitch in the borough.

### **Sport Pitch Booking Platform**

- 7.3 The Sport and Physical Activity Team have been investigating the viability of rolling out an online sports pitch booking platform in Lewisham. This will help us to improve data capture of grassroots sports in Lewisham. Centralising the booking information will also make it easier for the local community to access our parks and open spaces.
- 7.4 The aim will be to have the platform in place for the new football season (summer 2022).

### **Local Authority Grass Pitch Programme**

- 7.5 The Football Foundation are aiming to revolutionise the state of grass football pitches across England, ensuring that by 2030, grassroots football has 20,000 'good' quality pitches to enjoy.
- 7.6 The Local Authority Pitch Programme has been created to enable Local Authorities to bid for funding to improve the standards of our grass pitches across the borough.
- 7.7 We successfully submitted an expression of interest in October enabling us to progress to the next stage (delivery plan production). We expect to receive confirmation of the next steps of the funding programme.

## **LTA Funding**

- 7.8 Last year, the LTA introduced an £8.5m Tennis court investment pot under the recognition that the majority of the public play their tennis outdoors in local parks. We were successful in obtaining an agreement in principle for investment to improve 9 courts across the borough. These courts would then be included in the Play Tennis Lewisham programme launched in 2017 which enables members easy access to our improving tennis court stock.
- 7.9 Courts at the following park sites will be including in this programme of improvement:
- Mountsfield Park
  - Ladywell fields (south)
  - Telegraph Hill
  - Hilly Fields
  - Chinbrook Meadows
- 7.10 Improvements to be delivered range from repainting/re-surfacing the courts, upgrading the fencing and installing the court access keypad systems.

## **Physical Activity Strategy**

- 7.11 A strategic framework and delivery plan for physical activity in Lewisham is in development which has been informed by the insight available to us and what we have learned from consulting with local people.
- 7.12 The many focus of the strategy will be to increase borough wide physical activity rates by working in partnership with local stakeholders. The role of the Council will be as a deliverer, partner, enabler and facilitator working with local residents, the public, private, third and education sectors to ensure that the vision is delivered.
- 7.13 Our pending stakeholder consultation will help to inform the delivery plan we will work towards over the next few years. Regular stakeholder meetings will help to monitor progress against set targets and ensure that the whole systems approach adopted is maintained throughout delivery.

## **8. Conclusion**

- 8.1 The pandemic has presented the leisure industry both a huge challenge and, potentially, a great opportunity. The closure of services has caused significant financial a difficulties for local operators and, ultimately, local authorities but has also highlighted the important of physical activity for health and wellbeing.
- 8.2 In recognition of the crossover in this activity across both the built and open environments Lewisham has merged its parks and sports and leisure services into a single team to help promote activity across all settings.
- 8.3 This new approach is helping to drive footfall across all venues and participation continues to grow at least in line with the national picture which is positive given the previous position outlined to the committee.

- 8.4 The next few years will remain challenging in financial terms but it is expected that this will be a short term problem and with continued investment the future for leisure services in Lewisham is brighter than it has been for many years.



## Healthier Communities Select Committee

### **Report title: Future Homecare Arrangements (New Model and Procurement Approach)**

**Date:** 01 March 2022

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:**

John Bardens, Scrutiny Manager;

Tristan Brice, Associate Director, Community Support and Care, Lewisham Integrated Commissioning Team

### **Outline and recommendations**

This report summarises the new home care model and procurement process

Information included in this report will be enhanced by a short presentation

Members of the Healthier Communities Select Committee are recommended to note the future home care arrangements (new model and procurement approach)

## **1.0 Summary**

- 1.1 The purpose of this paper is to provide Members of the Healthier Communities Select Committee with an update on the future home care model and procurement approach. .
- 1.2 The new model will include:
  - 1.2.1 Personalised set of principles through which care is provided
  - 1.2.2 Embedding the voice of people with lived experience and unpaid carers into the delivery and overview of the service
  - 1.2.3 Four Lead Neighbourhood Providers of Home Care

- 1.2.4 Five specialist advice, support and training providers to support the Lead Neighbourhood Providers
- 1.2.5 Embedding the service within the wider Lewisham Community Offer
- 1.2.6 A career progression pathway for home care workers
- 1.2.7 Compliance with UNISON's ethical care charter
- 1.2.8 A commitment to promote home care as a career of choice for Lewisham residents.
- 1.2.9 A commitment to embedding the LondonADASS Big Promise within service delivery  
[https://www.youtube.com/watch?v=iZWclcGpwfY&list=PLio1\\_qJY3EazD4z2SCKGPqUPUhfAfGOYUd](https://www.youtube.com/watch?v=iZWclcGpwfY&list=PLio1_qJY3EazD4z2SCKGPqUPUhfAfGOYUd)
- 1.2.10 A commitment to identifying and nurturing untapped talent within the borough through developing innovative roles delivered through the apprenticeship route  
<https://lewisham.referrals.selectminds.com/landingpages/apprentice-opportunities-at-lewisham-council-7>
- 1.3 The procurement process will build on the current delivery model (three Lead Providers of Home Care in the Borough and these contracts have been extended until 31 March 2023).

## 2.0 Recommendations

- 2.1 Members of the Healthier Communities Select Committee are recommended to note the future home care arrangements (new model and procurement approach)

## 3.0 Policy Context

- 3.1 The Care Act 2014 had a significant impact on home care providers and commissioners and on people who use home care services and their carers. The majority of the Care Act came into effect in April 2015 and put a duty on local authorities to promote wellbeing and meet needs (rather than requiring them simply to provide services). It also requires local authorities to assess and offer support to address the needs of carers, independently of the person they care for. This is aligned with a range of other carer-specific policies which emphasise the value of carers, and the importance of enabling them to have 'a life alongside caring'.
- 3.2 Under the Act, local authorities have a duty to prevent, delay or reduce the development of people's social care needs, so far as possible, and to work in an integrated, person-centred way, with all other support agencies including those in the third sector. They also have a duty to provide information and advice for the whole population, not just those who are receiving services that they fund. This means that people funding their own home care and support are entitled to guidance from the local authority, including on financial matters. The Care Act 2014 also requires local authorities to stimulate and manage their local market to benefit the whole population, not just those in receipt of local authority funded support.
- 3.3 Engaging people with lived experience is a core element of the Care Act 2014, which states: 'Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community'.
- 3.4 The report supports the following Corporate priorities:
  - Delivering and defending: health, social care and support
  - Building an inclusive local economy

## 4.0 Background

- 4.1 In 2015, Adult Social Care in Lewisham adopted a Neighbourhood Care Team Model as part of the wider initiative to establish health and care services on a neighbourhood footprint. Virtual neighbourhood teams of district nurses and social work staff aligned to GP practices work with other community health and care services including Mental

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- Health to co-ordinate work at a neighbourhood level. This has included building strong relationships with the lead home care providers.
- 4.2 On 1st April 2016 the Council entered into 2 year contracts (with the option to extend for 1 year) with 4 Providers. The contract replaced the previous Framework Agreement for Domiciliary Care (2010-2016) which included 18 providers.
- 4.3 The rationale for the significant consolidation of contracted home care providers was to appoint one Lead Provider per Neighbourhood who would have the capacity and expertise to lead the delivery of home care in that neighbourhood and work closely with the neighbourhood teams. The Service Specification for the Lead Provider contract was developed to enable Adult Social Care and Health to optimise the home care service to individuals in their own home by facilitating integrated working across health and social care, offering a localised and personalised experience and most importantly delivering the outcomes that are important to the Service User.
- 4.4 Throughout its tenure the Home Care Contract has enabled the Council to discharge its responsibilities to provide care to individuals in their own home in an efficient, structured and timely way.
- 4.5 Adult Social Care Neighbourhood Leads report that there has been an improvement in the provision of Home Care since moving to the Lead Provider model. It has been easier to build relationships with one Lead Provider and ensure that quality concerns are addressed promptly. They have been encouraged by the Provider's willingness to take part in Multi-Disciplinary meetings and pilot new ways of working to benefit their Service Users. Service Users also report benefits from the Neighbourhood Model of Home Care including a more positive experience of service provision and an increase in independence and enhanced quality of life.

## 5.0 New model – We are Proud to Care

- 5.1 The new model of care will adopt a personalised set of principles through which care will be provided – all providers and staff delivering the new model of home care will embed the following principles in their approach  
<https://www.youtube.com/watch?v=i9yGRuLaUuw> :
- We feel no act of kindness is too small
  - We are a family
  - We give people a voice
  - We are making a difference
  - We care for the most vulnerable people in society
  - We are training and developing the future workforce
- 5.2 Embedding the voice of people with lived experience and unpaid carers into the delivery and overview of the service – successful bidders will be required to meaningfully involve people with lived experience and unpaid carers in their service delivery. This will help to further embed the development and delivery of person centred, outcome focused support planning initiatives.
- 5.3 Four Lead Neighbourhood Providers of Home Care:
- 5.3.1 The new model will continue to be embedded within a neighbourhood model. Home Care Workers will be integral members of the neighbourhood teams, working alongside other health and care staff in the neighbourhoods. Neighbourhood Teams will continue to work together to create an integrated health and care service that is focused on the individual to provide a more responsive, person centred service. Clients will be allocated to the same worker(s) wherever possible. Shared training opportunities will be a key element of this. This will be led by the Proud to Care local Lewisham apprentices  
<https://lewisham.referrals.selectminds.com/jobs/proud-to-care-lewisham-local-lead-3009>

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- 5.3.2 The Neighbourhood Model will continue to improve communication between organisations, reduce duplication and build a support team around the individual to prevent or delay their need increasing and enable wellbeing, choice and independence. This will result in the right level of care and support in the community for all adults requiring services.
- 5.4 Specialist providers to provide expert advice, support and training to the Lead Neighbourhood Providers
- 5.4.1 The procurement will include specialist lots delivered on a borough footprint. This will include:
- Specialist End of Life Care advice, support and training
  - Specialist Mental Health advice, support and training
  - Specialist advice, support and training to support the effective management of individuals with advanced dementia including those presenting with behaviours that challenge
  - Specialist Learning Disability advice, support and training
  - Specialist advice, support and training to enable all those in receipt of commissioned home care to maximise meaningful life roles e.g. enabling community engagement.
- 5.4.2 Lead Providers will also be able to access these specialist agencies that that will offer specific expertise, support and training to Lead Providers.
- 5.5 Embedding the service within the wider Lewisham Community Offer – the service will be an equal member of the Lewisham Community Offer and be integrated in the wider transformational change including the Newton work. It is expected that the branch offices of each neighbourhood provider will become a hub whereby all health, social care and other relevant organisations working in that neighbourhood can hot desk etc.
- 5.6 A career progression pathway for home care workers. The career progression pathway will be developed in consultation with the home care provider forum and overseen by the Home Care Procurement Reference Group supported by colleagues from Skills for Care. This will draw on the work of the London Adult Social Care Academy which goes live on the 01 April 2022. This will be embedded in the ICS commitment to working with social care providers to promote workforce development opportunities and career pathways.
- 5.7 Compliance with UNISON's ethical care charter. Building on the current contractual arrangements, all bidders will need to demonstrate that they are compliant with the UNISON's ethical care charter stages 1 – 3.
- 5.8 A commitment to promote home care as a career of choice for Lewisham residents. All bidders will be required to work collaboratively to promote home care as a career of choice to Lewisham residents through the Proud to Care Lewisham initiative. This will include:
- Visits to schools and Colleges of Further Education
  - Organising and running recruitment fairs
  - Other innovative evidence based initiatives
- 5.9 A commitment to embedding the LondonADASS Big Promise within service delivery [https://www.youtube.com/watch?v=iZWclcGpwfY&list=PLio1\\_qJY3EazD4z2SCKGPqUPUhAfGOYUd](https://www.youtube.com/watch?v=iZWclcGpwfY&list=PLio1_qJY3EazD4z2SCKGPqUPUhAfGOYUd).
- 5.10 A commitment to identifying and nurturing untapped talent within the borough through developing innovative roles delivered through the apprenticeship route

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## 6.0 New model of home care – the procurement approach

- 6.1 Scope - As noted by the Kings Fund (2018), *the term ‘home care’ covers a wide range of activities. The provision of personal care (help with washing, dressing and eating) to people with long-term care needs is the core service provided, but home care also extends to reablement services for people leaving hospital or receiving crisis interventions to avoid hospital attendance in the first place. The term can also include help with household tasks – the ‘mopping and shopping’ activities that many people may need to live independently. However, under the eligibility guidelines applied in England, the requirement for these latter activities alone would not entitle people to local authority help and, in most cases, would need to be paid for privately. Some home care is also provided on a ‘live-in’ basis.*
- 6.2. The re-procurement will include the following commissioned home care activity:
- 6.2.1 Home care provided currently by the three lead home care providers
- 6.2.2 End of life care currently provided by Marie Curie
- 6.2.3 Home care funded through Continuing Healthcare
- 6.2.4 Home care currently commissioned by South London and Maudsley NHS Foundation Trust
- 6.2.5 Home care currently commissioned through enablement
- 6.2.6 Home care funded through the Learning Disability framework
- 6.2.7 Home care provided by home care organisations that are currently commissioned through direct payments.
- 6.3 It is important to note that the following activity is not directly within the scope of this re-procurement:
- 6.3.1 Enablement
- 6.3.2 Direct payments that do not commission CQC regulated home care providers e.g. Personal Assistants
- 6.3.3 Shared Lives
- 6.3.4 Home care funded privately.
- 6.4 Adopting a value based collaborate approach - Building on the Lewisham Corporate Strategy values, the procurement process will adopt the value based collaborative programme managed approach as set out below.
- 6.4.1 Collaboration adds value to local systems by: bringing stakeholders together to make decisions; fostering close operational partnership between commissioners and providers; simplifying financial arrangements; and offering improvement support to providers. In order to oversee the procurement of the new model of home care, a Home Care Procurement Reference Group will be established bringing together representatives from the following areas:
- Enablement team
  - Integrated commissioning team
  - Neighbourhood team
  - Arranging care team
  - Finance
  - Procurement
  - Legal

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- People with lived experience of home care
- Carer reference group
- Voluntary sector
- Healthwatch
- Primary care
- Acute Trust
- Mental health trust
- Community health services

6.4.2 The group will be chaired by the Director of Operations - Adult Social Care Community Services, London Borough of Lewisham

6.4.3 The Home Care Procurement Reference Group will meet monthly and will be responsible for overseeing the development and delivery of the re-procurement action plan. The action plan will include the following elements:

- Market engagement
- Development and testing of the service specification including embedding the Multi-Agency Adult Safeguarding policy and procedures within the service specification
- Ensuring the voice of people with lived experience and unpaid carers is embedded in the procurement process
- Agreeing key performance indicators that are outcome focused and person centred
- Agreeing core paperwork and system indicators that will be adopted by the successful bidders
- Agreeing career pathway for home care workers and embedding this within the procurement approach

6.4.4 The Home Care Procurement action plan will be managed by the Associate Director, Community Support and Care, Lewisham Integrated Commissioning Team.

<b>Values – Lewisham Corporate Strategy</b>	<b>Approach</b>
We put service to the public first	The procurement reference group will be responsible for ensuring: <ul style="list-style-type: none"> <li>• The service specification focuses on delivering a strengths based approach based on person centred outcomes enabling individuals to maximise their physical and mental wellbeing, quality of life and life roles to ensure they are supported to live fulfilling lives</li> <li>• People with lived experience are equal members of the group</li> <li>• Unpaid carers are equal members of the group through the Carer network</li> </ul>
We respect all people and all communities	The service specification will commit to ensuring services are accessible and competently delivered to meet the needs of all Lewisham residents through the lens of the nine protected characteristics. The service specification will embed the LondonADASS Big Promise in the operational delivery model. The service will also include a core offer to unpaid carers.
We invest in employees	The service specification will include a clear commitment to developing a career progression pathway for home care workers so that they can develop their knowledge and skills to enhance the outcome of clients. This will improve job satisfaction and retention. This work will be overseen and driven by our Proud to Care local Lewisham apprentice(s)
We are open, honest	The procurement process will be open, clear and transparent with

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and fair in all we do.

weekly updates through the Home Care provider forum bulletin and monthly virtual provider forums.

## 7.0 Financial implications

- 7.1 Forecast spend on home care is £18.6m and the re-procurement will be aligned with the Empowering Lewisham improvement programme as well as the Council's wider savings agenda.
- 7.2 There are no direct financial implications at this stage arising from the implementation of the recommendations in this report.

## 8.0 Legal implications

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

## 9.0 Equalities implications

- 9.1 The recommendations made in this report relate to one specific group - adults who have been identified and assessed as being in need of services in order for them to maintain their independence and remain in their own home. Implementing these recommendations will not have an impact on individual client choice or on the manner in which support is delivered and the quality of that care.
- 9.2 The service specification will include a commitment to embedding the LondonADASS Big Promise within service delivery  
[https://www.youtube.com/watch?v=iZWclcGpwfY&list=PLio1\\_qJY3EazD4z2SCKGPqUPUhfGOYUd](https://www.youtube.com/watch?v=iZWclcGpwfY&list=PLio1_qJY3EazD4z2SCKGPqUPUhfGOYUd) and ensure the nine protected characteristics are embedded within service delivery
- 9.3 The COVID-19 pandemic has shone a spotlight on the health inequalities experienced by those from Black, Asian and Minority Ethnic communities. Embedding community voice and lived experience, particularly for those from Black, Asian and Minority Ethnic minority communities, into the procurement process of the new home care model will be a critical part of ensuring that any existing equalities are taken into account in developing the new service. The findings of the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) due to be reported to the Lewisham Health and Wellbeing Board in March 2022 will also be considered within the procurement process for the service.

## 10.0 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.

## 11.0 Crime and disorder implications

- 11.1 There are no specific crime and disorder implications arising from this piece of procurement. However, contract compliance measures around safeguarding, assertiveness and anti-bullying initiatives will be built into the service specification.

## 12.0 Health and wellbeing implications

- 12.1 It is expected that the new model of Home Care in Lewisham will focus on increasing Service User's independence by giving them more choice and control in arrangements for their care and allowing Care Workers sufficient time to work with Service Users to

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enable them to regain skills and develop strategies that allow them to remain in their own home.

- 12.2 Home Care provision will be an integral part of the Care at Home initiative. As Care Workers begin to work much more closely with Community Nurses, Primary Care and Therapists it is hoped that this will reduce demand on in-patient beds (avoid admissions) and also lead to less delayed discharges.

### **13.0 Report contact**

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

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## Healthier Communities Select Committee

### End of administration work programme report

**Date:** 1 March 2022

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** none specific

**Contributor:** Assistant Chief Executive

### Outline and recommendations

The Committee is asked to:

- note the completed work programme for 2021-22 (appendix B)
- reflect on the work programmes for the previous years of the administration (appendix B)
- note the four strategic themes of the borough's recovery plan: 'Future Lewisham' and the Council's corporate priorities for 2018-22
- put forward suggestions for the draft 2022-23 work programme

### Timeline of engagement and decision-making

There were 22 meetings of the select committee in the years 2018-22. At each meeting, the Committee discussed, prioritised and agreed the work programme for subsequent meetings.

## 1. Summary

- 1.1. Local government elections are due to take place in May 2022. This meeting of the Healthier Communities Select Committee is the final scheduled meeting of the municipal year 2021-22 and as such it is also the last of the 2018-22 administration.
- 1.2. Members are asked to note the work that has been completed over the course of the administration – and put forward suggestions for members of the incoming committee in the new administration (2022-26).

## 2. Recommendation

- 2.1. The Committee is asked to note the completed work programme for 2021-22 – in addition to the completed work programmes in the preceding years – and put forward suggestions for the draft 2022-23 programme.

## 3. Policy context

- 3.1. The [Corporate Strategy for 2018-2022](#): set out these priorities:
- [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.
- 3.2. The Committee should also note and take into account the four strategic themes of the borough's Covid-19 recovery plan, 'Future Lewisham':

### 3.3. 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.

### 3.4. 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.

### 3.5. 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.

### 3.6. 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.

## 4. Healthier Communities Select Committee 2018-22

- 4.1. There were 22 formal Committee meetings in the years 2018-22. Meetings lasted for a total of more than 44 hours (with the average meeting lasting just over two hours).

Meeting	Start	End	Duration	Reports	Pages
27/06/18	19:30	21:25	01:55	1	114
04/09/18	19:35	21:10	01:35	5	138
09/10/18	19:05	22:10	03:05	5	410
03/12/18	19:30	21:55	02:25	6	176
16/01/19	19:30	21:50	02:20	5	218
11/02/19	19:30	21:50	02:20	5	86
04/04/19	19:30	21:30	02:00	1	130
14/05/19	19:30	22:20	02:50	4	122
25/06/19	19:30	21:55	02:25	4	80
03/09/19	19:35	21:50	02:15	2	138
08/10/19	19:30	22:15	02:45	4	168
02/12/19	19:30	21:10	01:40	2	120
15/01/20	19:30	22:00	02:30	2	88
23/09/20	19:30	21:30	02:00	4	182
11/11/20	19:30	21:20	01:50	3	338
13/01/21	19:30	21:30	02:00	1	278
25/02/21	19:30	20:55	01:25	2	68
21/06/21	19:30	21:30	02:00	1	52
08/09/21	19:30	21:30	02:00	2	98
02/11/21	19:40	20:50	01:10	2	68
12/01/22	20:15	22:00	01:45	2	302
<b>Average</b>			<b>02:06</b>	<b>3</b>	<b>161</b>
<b>Total</b>			<b>44:15:00</b>	<b>63</b>	<b>3374</b>

- 4.2. Members considered 63 reports – totalling more than three thousand pages of reading, reporting and analysis.



- 4.3. The Committee's latest finish was in October 2019 – following extended discussions on the issues of: day services; pathology services; health commissioning reforms; and public health funding.
- 4.4. The Committee made 13 referrals to Mayor and Cabinet. See appendix C – for a full list of the Committee's referrals.
- 4.5. Over the course of the administration the Committee has had the same chair and vice-chair – Councillor John Muldoon (2018-22) and Councillor Coral Howard (2018-22)
- 4.6. The coronavirus pandemic resulted in some disruption the committee meeting cycle in early 2020 – but meetings quickly moved online – and subsequently into a 'hybrid' format, with some members attending remotely and some in person.
- 4.7. In the last year of the administration, the scrutiny process was modified as part of the response to the [Local Democracy Review](#). This resulted in the creation of 'task and finish groups' to carry out in-depth scrutiny – and a reduction in the frequency of formal committee meetings.
- 4.8. Nonetheless, the Committee has looked at a number of issues in depth over the course of 2018-22, including:
- 4.9. Migrant charging at Lewisham and Greenwich NHS Trust – 2020-2022
- The committee originally expressed concerns in 2019/20 about the arrangements in place at Lewisham and Greenwich NHS Trust's (LGT) for identifying and charging patients who are not eligible for free healthcare. The Trust subsequently set up an independent review of the implementation of national requirements, taking evidence from patients and staff, local, regional and national advocacy groups, and other NHS trusts. The Trust reported back to the committee in September 2021, where the review's final report and recommendations were welcomed.
- 4.10. Adult social care reforms – 2019-2022
- The committee has received regular reports on reforms to adult social care throughout the administration. The committee considered information on the council's 'asset-based approach' to adult social care in the context of budget cuts proposals in 2019 and since February 2021 has received regular updates on the outcomes and progress of an external review of the council's adult social care. During its latest update, in September 2021, the committee called for an assessment of the impact of changes on residents receiving a service as well as staff.
- 4.11. Health system recovery – 2020-2022
- Following the unprecedented impact of the covid-19 pandemic on local and national health services the committee has closely monitored Lewisham Health and Care Partners plans and progress for recovery. In September 2020 the committee expressed concerns about funding and support from central government to establish a locally-led test a trace system – a change that came into place shortly after. At the most recent update, in January 2022, the committee heard about the impact that subsequent waves of covid-19 have continued to have on the ability of health services to provide all the services they normally would, and the extremely high number of patients who have now been waiting for more than a year for some elective surgery.
- 4.12. Leisure centres performance – 2019-2022
- The committee has closely monitored the financial and service performance of the borough's leisure centres since it became apparent that there were persistent performance and cleanliness issues, an increase in complaints and membership numbers reducing. In 2020 the council subsequently agreed to transfer its leisure management contract from Fusion Lifestyle to GLL (Greenwich Leisure Ltd). The committee is due to receive another performance update at this meeting.



#### 4.13. Pathology services – 2018-2020

The committee originally expressed concerns in 2018 about local and national changes to the way pathology services are provided, in particular the provision of pathology services to GPs in Lewisham. The committee also expressed support for Lewisham and Greenwich NHS Trust's (LGT) decision to develop an NHS pathology network in order to maintain local clinical pathways and help keep the NHS public. The committee received a further update in 2020 where it heard that direct access GP services would be transferring from LGT to a new joint partnership between King's College Hospital NHS Foundation Trust and Synlab. The committee requested to receive further updates once the changes have been firmly established.

#### 4.14. Health inequalities – 2019-2021

Another key issue that the committee has closely monitored for some time has been BAME (black and minority ethnic) health inequalities. In 2019 the committee considered mental health inequalities specifically, where it agreed to hold a joint meeting with the Children and Young People Select Committee in order to scrutinise progress. Since the pandemic, and the health inequalities that were experienced during it, the committee has been closely monitoring the council's joint work with Birmingham City Council to tackle health inequalities among the black African and Caribbean communities. The committee requested further information on the nature of the research being carried out as part of this work.

### **5. Planning for the next administration**

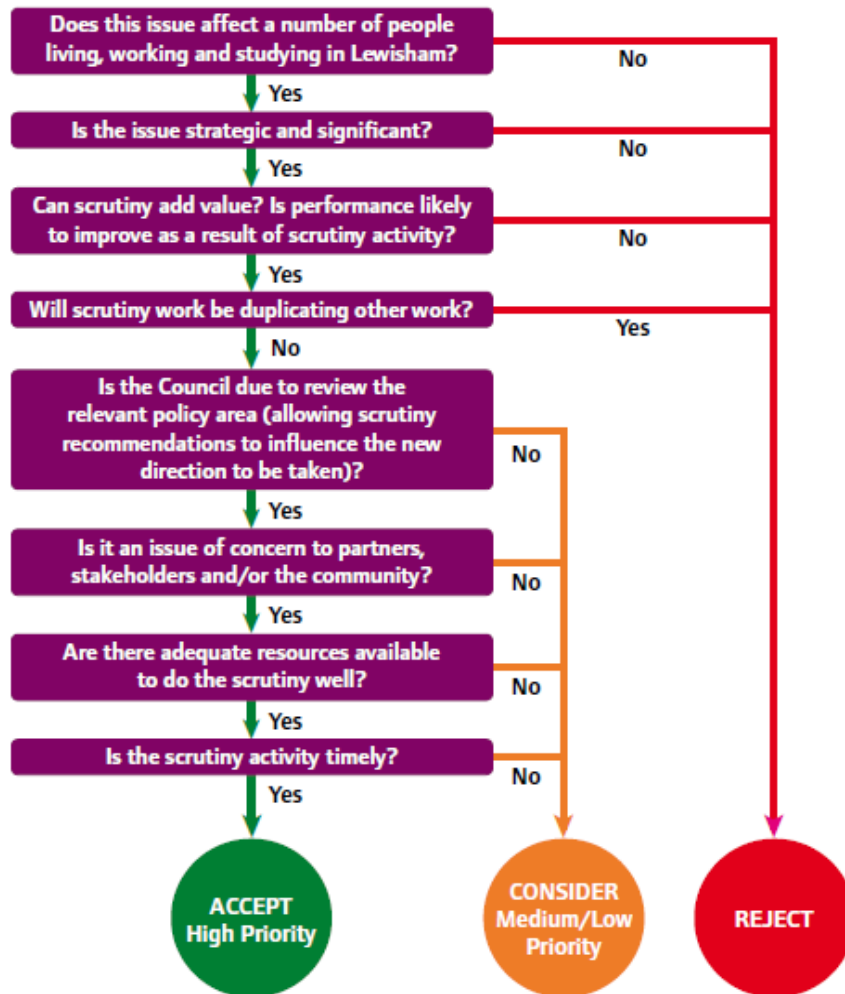
5.1. A work programme report will be put forward at the first Healthier Communities Select Committee meeting of 2022-23. The report will take account of the Committee's previous work and will draw on a range of sources for ideas and suggestions, including:

- items suggested by the Committee in the course of the previous year
- items suggested by Council officers
- issues arising as a result of previous scrutiny
- those items that the select committee is required to consider by virtue of its terms of reference

5.2. The new Committee will also need to give consideration to decisions due to be made by Mayor and Cabinet.

5.3. Members are asked to put forward suggestions for the Committee to consider in 2022-23 – having regard to the scrutiny prioritisation process:

## Scrutiny work programme – prioritisation process



## 6. Financial implications

- 6.1. There are no financial implications arising as a result of the implementation of the recommendations in this report.

## 7. Legal implications

- 7.1. 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.

## 8. Equalities implications

- 8.1. The [Equality Act 2010](#) (The Act) legally protects people from discrimination in the workplace and in wider society. It replaced the previous anti-discrimination laws with a single act, making the law easier to understand and strengthen protection in certain situations. 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.
- 8.2. The Act also imposes a public sector equality duty. This means that in public bodies, of which this Council is designated, they must consider all individuals in carrying out their

day-to-day work when shaping policy, in delivering services and in relation to their own employees. It also requires public bodies to:

- Have due regard to the need to eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people when carrying out their activities

8.3. The Council recognises diversity is one of its strengths and is committed to creating a more inclusive community. Therefore, having due regard to the Act, is confirmation of the Council's commitment to eliminating all forms of discrimination against any group within the community and to actively promote an equality of opportunity and positive community partnership.

8.4. The delivery of the Council's equalities objectives is to be achieved through the delivery of all of the Council's strategies, plans and procedures. As such, all select committees and other scrutiny bodies, when planning their work and scrutinising items, bear in mind the delivery of the Council's equality objectives.

8.5. Scrutiny tries to make sure that its work reflects the diversity of Lewisham's communities and that the views of residents are fairly represented in scrutiny processes. Any recommendations arising from scrutiny work support the Council's corporate strategy and reflect the needs of local residents

## **9. Climate change and environmental implications**

9.1. There are no direct climate change or environmental implications arising from the implementation of the recommendation in this report. However, in February 2019 Lewisham Council declared a Climate Emergency and proposed a target to make the borough carbon neutral by 2030. Items on the work programme will have climate change and environmental implications and all reports considered by the Committee should acknowledge this.

9.2. At the Overview and Scrutiny Committee meeting held on 30 November 2021, it was recommended that each select committee should appoint a climate change champion to ensure that (a) the annual work programme takes climate change matters into account; and (b) officers are given appropriate steers in relation to the reports for specific items, to ensure they include relevant climate change considerations. The Committee considered this recommendation at its meeting in January 2022 and appointed Cllr Leo Gibbons to this important role.

## **10. Crime and disorder implications**

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

## **11. Health and wellbeing implications**

11.1. There are no health and wellbeing implications arising as a result of the implementation of the recommendations in this report.

## **12. Background papers**

12.1. Full details of the committee's agendas, decisions and minutes on the Council's website [link to the committee pages on the Council's website](#). Meeting dates:

## 13. Glossary

13.1. [Link to Oxford English Dictionary here.](#)

Term	Definition
Municipal year	A term used in local government to describe the period between annual general meetings of the Council (typically May to April the following year).

## 14. Report author and contact

14.1. If you have any questions about this report please contact John Bardens (Scrutiny Manager) [john.bardens@lewisham.gov.uk](mailto:john.bardens@lewisham.gov.uk) (020 8314 9976)

## 15. Appendices

- Appendix A –select committee terms of reference
- Appendix B – completed select committee work programmes 2018-22
- Appendix C – select committee referrals to Mayor and Cabinet 2018-22

## **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 B – completed work programmes 2018-22

### Work programme 2018-19

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

#### Healthier Communities Select Committee work programme 2018/19

#### Programme of work

Work Item	Type of Item	Priority	Strategic priority	Delivery deadline	27-Jun	04-Sep	09-Oct	03-Dec	16-Jan	11-Feb
Lewisham future programme	Standard item	High	CP9	Ongoing			Budget cuts			
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	June						
Select Committee work programme 2017/18	Constitutional req	High	CP9	June						
Sexual and reproductive health services	Standard item	Medium	CP9	June						
Public health grant cuts consultation	Standard item	High	CP9	September						
Draft LSL sexual health strategy	Standard item	High	CP9	September						
Healthwatch annual report	Standard item	Medium	CP9	September						
Overview of adult social care services	Information item	Medium	CP9	September						
TB prevention	Information item	Medium	CP9	September						
Improving access to and provision of primary care	Performance monitoring	High	CP9	October						
Adult safeguarding annual report	Standard item	High	CP9	October						
Pathology services	Information item	High	CP9	October						
Blue badge applications	Information item	Medium	CP9	October						
Public health grant cuts consultation	Standard item	High	CP9	December						
Lewisham hospital update (systems resilience)	Performance monitoring	High	CP9	December						
Pathology services	Standard item	High	CP9	December						
Care at Homes: arrangements for integrating health and care services	Standard item	High	CP9	December						
Partnership commissioning Intentions	Information item	High	CP9	December						
Delivery of the Lewisham Health & Wellbeing priorities	Standard item	High	CP9	January						
Bullying and harassment at Lewisham and Greenwich NHS Trust	Standard item	High	CP9	January						
Final LSL sexual health strategy	Standard item	High	CP9	January						
SLaM CQC report	Standard item	Medium	CP9	January						
Public health annual report	Standard item	Medium	CP9	January						
Lewisham People's Parliament	Standard item	Medium	CP9	February						
Adult learning Lewisham annual report	Standard item	Medium	CP9	February						
Social prescribing review update	Standard item	Medium	CP9	February						
Care at Home update	Standard item	Medium	CP9	February						
EU exit operational readiness	Standard item	Medium	CP9	February						



**Healthier Communities Select Committee work programme 2019/20**

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

**Healthier Communities Select Committee work programme 2020/21**

Item	Type	Priority	Delivery	23-Sep	11-Nov	13-Jan	25-Feb
Confirmation of Chair and Vice Chair	Constitutional req	CP5	Sep				
Work programme 2020-21	Constitutional req	CP5	Sep				
Financial stabilisation - budget update and medium term plan	Standard item	CP5	Sep				
Lewisham system recovery plan	Standard item	CP5	Sep				
Leisure centres performance management	Standard item	CP5	Sep				
Safeguarding referral	M&C response	CP5	Sep				
Budget cuts proposals	Standard item	CP5	Nov				
The scope of the Birmingham and Lewisham African & Caribbean Health Inequalities Review	Standard item	CP5	Nov				
Pathology arrangements	Standard item	CP5	Nov				
Adult social care review update	Standard item	CP5	Feb				
Better Care Fund review update	Standard item	CP5	Feb				

**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/Jan					
Migrant charging update	Standard item	CP5	Sept					
Adult social care review update	Standard item	CP5	Sept/Mar					
Lewisham Adult Safeguarding Board (LASB) annual report	Standard item	CP5	Nov					
The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR)	Standard item	CP5	Nov					
Budget cuts proposals	Standard item	CP5	Jan					
Leisure centres performance management	Standard item	CP5	March					
Future Homecare Arrangements (New Model and Procurement Process)	Standard item	CP5	March					

## **Appendix C – referrals to Mayor and Cabinet 2018-22**

Over the course of 2018-22 the Committee made 13 referrals to Mayor and Cabinet:

Adult social care review – 8 Sept 2021

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=6513&Ver=4>

Budget cuts – 13 January 2021

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=6305&Ver=4>

Budget cuts – 11 November 2020

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=6304&Ver=4>

Local test and trace – 23 September 2020

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=6303&Ver=4>

Migrant charging – 15 January 2020

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5585&Ver=4>

Adult safeguarding – 2 December 2019

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5584&Ver=4>

Day services – 8<sup>th</sup> October 2019

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5583&Ver=4>

BAME mental health inequalities – 14<sup>th</sup> May 2019

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

Advice and support services for people with learning disabilities – 11<sup>th</sup> February 2019

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5025&Ver=4>

Health visitors – 3<sup>rd</sup> December 2018

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5023&Ver=4>

Budget cuts – 9<sup>th</sup> October 2018

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5022&Ver=4>

Healthwatch annual report – 4<sup>th</sup> September 2018

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5021&Ver=4>

Sexual and reproductive health services – 27<sup>th</sup> June 2018

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=133&MIId=5151&Ver=4>