OVERVIEW AND SCRUTINY COMMITTEE

Date: Tuesday 28 February 2017

Time: 7.00 pm

Venue: West Norwood Health and Leisure Centre, 25 Devane Way, West Norwood, London SE27 0DF

(Please refer to map for directions)

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Members of the Committee

Councillor Edward Davie (Chair), Councillor Jacqui Dyer (Vice-Chair), Councillor Matt Parr (Vice-Chair), Councillor Andrew Wilson (Vice-Chair), Councillor David Amos, Councillor Liz Atkins, Councillor Robert Hill, Councillor Louise Nathanson and Councillor Christiana Valcarcel

Co-opted Members

Lynette Murphy-O’Dwyer and Mrs Penny Smith-Orr

Further Information

If you require any further information or have any queries please contact:
Jacqueline Pennycook, Telephone: 020 7926 2167; Email: j pennycook@lambeth.gov.uk

Members of the public are welcome to attend this meeting and the venue is fully accessible. If you have any specific needs please contact Facilities Management (020 7926 1010) in advance.

Queries on reports

Please contact report authors prior to the meeting if you have questions on the reports or wish to inspect the background documents used. The contact details of the report author are shown on the front page of each report.

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West Norwood Health and Leisure Centre, 25 Devane Way, West Norwood, London SE27 0DF
AGENDA

PLEASE NOTE THAT THE ORDER OF THE AGENDA MAY BE CHANGED AT THE MEETING

1. Declaration of Pecuniary Interests

Under Standing Order 4.4, where any councillor has a Disclosable Pecuniary Interest (as defined in the Members’ Code of Conduct (para. 4)) in any matter to be considered at a meeting of the Council, a committee, sub-committee or joint committee, they must withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter unless a dispensation has been obtained from the Monitoring Officer.

2. Minutes of Previous Meeting

To agree the minutes of the meeting of 8 December 2016 as an accurate record of the meeting.

3. NHS Lambeth CCG Report on South East London Sustainability and Transformation Plan

(All Wards)

Contact for Information: Elaine Carter, Lead Scrutiny Officer, 020 7926 0027; ecarter@lambeth.gov.uk

4. Winter Pressures

(All Wards)

Contact for Information: Elaine Carter, Lead Scrutiny Officer, 020 7926 0027; ecarter@lambeth.gov.uk

5. Healthier High Streets Scrutiny Commission: first update

(All Wards)

Contact for Information: Kristian Aspinall, Lead Commissioner - Crime and Disorder, 020 7926 2429; kaspinall@lambeth.gov.uk

6. Equalities Street Scrutiny Commission: final report

(All Wards)

Contact for Information: Gary O’Key, Lead Scrutiny Officer, 020 7926-2183, gokey@lambeth.gov.uk
7. **Work Programme**

    (All Wards)

Contact for Information: Elaine Carter, Lead Scrutiny Officer, 020 7926 0027, *ecarter@lambeth.gov.uk*
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OVERVIEW AND SCRUTINY COMMITTEE

Thursday 8 December 2016 at 7.00 pm

MINUTES

PRESENT: Councillor Andrew Wilson, Councillor Edward Davie (Chair),
Councillor Jacqui Dyer, Councillor Matt Parr, Councillor Tim Briggs,
Councillor Mary Atkins, Councillor Fred Cowell and Councillor Adrian
Garden

APOLOGIES:

ALSO PRESENT: Councillor Jack Hopkins, Councillor Paul McGlone and Councillor
Imogen Walker

1. DECLARATION OF PECUNIARY INTERESTS

The chair, Cllr Ed Davie, welcomed everyone to the Overview and Scrutiny
Committee (OSC). Members introduced themselves.

There were no declarations of interest.

2. MINUTES OF PREVIOUS MEETING

Cllr Matt Parr questioned whether there had been any response on the factual
inaccuracies cited by Alex Foulds (Govia Thameslink) in relation to comments
made by the chair at the meeting on 16th November. This would be further
followed up with GTR and relayed back to the committee. The chair proposed
and it was agreed that the committee should write to the Secretary of State
for Transport restating its position supporting rail devolution to the Mayor of
London and TfL.

Cllr Tim Briggs advised that he would wish to submit some minor textual
changes to the minutes. He also advised that he did not agree with the
committee’s consolidated position and would welcome a reflection of that
position in the minutes.

Subject to the above amendments the minutes of the meeting were agreed.
Representatives from Lambeth Keep Our NHS Public (KONP) sought to address the committee on the South East London Sustainability and Transformation Plan (STP). The chair advised that this OSC meeting was focussing on the council’s budget and financial planning proposals and the critical decisions that need to be made to find £55m savings arising from the Government’s reduction in funding. The STP would be considered at the committee’s February meeting which would focus on health issues and there would be dedicated scrutiny of the STP. This had been conveyed to Lambeth KONP by the chair as the appropriate opportunity to present concerns. He added that matters pertaining to the STP were being robustly scrutinised through the Joint health Overview and Scrutiny Committee Our Healthier South East London and the JOSC at its recent meeting had rejected NHS South East London (SEL) consultation proposals for Orthopaedic Care. Additionally the Chair of Lambeth’s Health and Wellbeing Board had written to NHS SEL setting out the Board’s concerns about the STP. The chair was therefore assured that Lambeth’s interest were being robustly represented on the issue.

Notwithstanding this, the chair allowed Lambeth KONP to make a short statement and the following matters were raised:

- The STP for South East London is badly flawed. It is not financially viable and financial plans do not add up. The financial issues link to the council’s budget. February will be too late as decisions will have been taken.
- Increasing numbers of NHS services are being reduced or poorly provided by the private sector. There has been no public consultation on the STP proposals.
- At the last Guy’s and St Thomas’ Board Meeting the Trust’s Chief Executive had called for more safeguards around the STP and the Board report commented on the level of the funding gap and savings proposals required under the STP.
- Concerns about STP financial requirements were reinforced by organisations such as the National Audit Committee and the King’s Fund.

The chair introduced the committee’s consideration of the November Financial Planning report by advising that this was the opportunity for members to scrutinise and inform the draft budget proposals before they were returned to Cabinet and Council for sign off in February 2017. The committee had identified the headline matters it wished examine and had agreed to focus scrutiny on those areas where there were projected to be large scale projected savings or impacts.

2017 Business Rates Revaluation
At the request of the Chair, Jackie Belton (Strategic Director, Corporate Resources) and Christina Thompson (Director of Finance) introduced themselves and Cllr Jack Hopkins, Cabinet Member for Regeneration, Business and Culture gave an introductory statement on business rates and the 2017 revaluation:

- As the Cabinet Member lead for business he works with the seven Business Improvement Districts (BIDs) in Lambeth who represent
hundreds of businesses across the borough. The 2017 revaluation is potentially disastrous for business in Lambeth. The average rates rise is around 34%, for some business in the north of the borough it is 80% and some small business will see an increase of 116%.

- This is at a time when rents are also being put up to crippling levels by private landlords. Discussions are taking place about how the business rate increase might be alleviated, including potential for CIL (Community Infrastructure Levy) redistribution.

- The revaluation does not bring extra money to the council – it is a massive tax grab by the Government and Lambeth will not see any increase in its budget. The increase does however threaten to put residents out of work as businesses struggle and is a hit on London’s economy. Lambeth has been working hard to get people into work, helping business development through affordable rates and supporting business sustainability. All this is under threat and is a major concern.

- Having businesses in the borough is critical for the life and community of Lambeth and many residents are locally employed. Transitional relief proposals are not enough and not soon enough.

In response to questions from the committee the Cabinet Member (Regeneration, Business and Culture), Strategic Director, Corporate Resources and Director of Finance advised as follows:

- A key challenge is for small business whereby the first year transitional cap is 5% and rates increases thereafter. Lambeth has many small independent retail business which will be hard hit by the increase. Transitional relief is capped at 45% for large business in year one. Government should be looking at a full cap rather than staggered transitional relief.

- About one-third of businesses appeal their rates and there is still a huge outstanding backlog from the previous revaluation. It is expected that those businesses who appealed last time will do so again and many more will additionally appeal this time so simply adding to the backlog. Any business appealing has to pay their rates.

- The council has been and will continue to communicate with business to ensure there is awareness of the changes coming in and they have time to prepare. However come April 2017 some will still be unaware, threatening their financial planning and future sustainability. The council’s Rates Rise campaign has been launched in Lambeth and the Mayor of London is running a London-wide campaign to promote awareness and address the impacts.

- The legal position is being looked at and consideration given to whether the approach to establishing appeals may be around a discrete area e.g. Clapham Old Town, or focus on a wider area. Lambeth will be looking at mitigations to support businesses but the challenge is the very high numbers involved. The council has a calculation of what it needs to collect and needs to take a view on relief provision against income. It has set aside contingencies against the estimated income.

- Forecast Community Infrastructure Levy income (CIL) may be affected if business rates deter business development, however the forecast
income has not been built into capital expenditure plans going forward.

- Regarding money paid into BID pots and options to use the 2011 valuations, legal issues are being investigated to see whether the levy rate can be frozen to reduce individual levies. However there needs to be an effective local economy to be an effective BID and this threatens to devastate pockets of the local economies.
- One of the impacts will be that it is much more expensive to establish a new business in the borough. The council brought in Article 4 directions to stop change of use from office use to residential and support central activity zones in parts of the borough. However arising from these changes building economically viable business space will no longer be practicable.

The chair thanked Cllr Hopkins for his comments. Before turning to the savings proposals, the chair asked the two Deputy Leaders to clarify their portfolio breakdown and responsibility leads.

**Cllr Imogen Walker** Deputy Leader (Finance) – Finance including budget and monitoring; organisational review (including the £17m organisational redesign and delivery); equalities; delivery of the capital programme.

**Cllr Paul McGlone** Deputy Leader (Investment and Partnerships) – Corporate resources; jobs skills and employment; financial resilience strategy (including income collection, benefits and impacts of the government’s reform agenda); partnerships and 3rd sector strategy; funding and financial strategy; investment and income generation.

**Organisational Redesign Programme.**

The chair introduced the scrutiny of the Organisational Redesign Programme. The presented papers cited the overall programme savings target of £20m, with £17m balance to be delivered over the period 2016/17 to 2019/20. The plans were not detailed in the agenda report, and in view of previous difficulties in delivering similarly ambitious financial targets for social care and health integration and challenges to those projections by OSC, the committee wished to understand the organisational redesign programme further and how the savings would be achieved.

Cllr Imogen Walker, Deputy Leader (Finance) considered that the £17m organisation redesign target is challenging but achievable as it is spread over the next three years to 2019/20. It is a whole council programme which is focussing on reducing duplication and fragmentation of services, redesigning processes and becoming more efficient through the use of digitalisation. Many residents want to do as much as possible on-line and staff need to have the right technology and skills to support this to happen, meeting residents needs and to deliver the Borough Plan. The first phase will focus on improving internal working, and the second phase on how the council can work more effectively externally improving customer contact and the way information and services are provided to residents. More information will be available as business cases are developed.

Cllr Andy Wilson, vice chair OSC (Resources) questioned on the validity of confidence in delivering the savings as in 2016/17 only £3m of £10m target had been delivered; there was also a high overspend in Children’s Services; the pan-organisational nature of the changes and implementation, and benchmarking against other authorities. The Deputy Leader and Strategic Director, Corporate Resources advised as follows:
• £10m of staffing savings had been achieved through the voluntary redundancy scheme in 16/17 of which £7m had been applied against Smart Support and other staffing restructures savings targets. This was a pragmatic approach to reduce the size of the organisation. The redesign will shape the council to deliver the Borough Plan.

• It was agreed that the Children’s Services social care budget would be protected while the improvement plan and new staffing structure arising from OFSTED’s inspection was put in place and implemented.

• It was acknowledged that the £8m savings in Phase 1 for 17/18 is high and savings proposals will have to be over-programmed to achieve the required target.

• Significant preparation including benchmarking and learning from other organisations has taken place to inform the redesign thinking to date. Learning workshops have also been held with staff to validate the data behind the proposals. It was agreed that the associated benchmarking and work by CIPFA & PWC would be provided to the committee.

• It is important the rollout of any change is led and owned by the council. Some aspects of organisational redesign will require external support to assist in the delivery of the programme. However the organisation and its staff will drive the redesign itself.

• The Phase 2 target is £9m: £5m (2018/19) and £4m (2019/20) but planning for this will commence immediately. This is the phase that will impact more directly on residents and will need to be managed carefully. There is a need to be fully aware of the needs of Lambeth’s most vulnerable residents. It is important that the council is confident that the proposed changes and digitalisation are in place and work for residents before removing resources.

Members further raised:

• A reported historic low spend on IT, the risks arising from taking £500k out of the IT budget and the need for top rate technology and skills to deliver digitalisation.

• Noting a reduction of 500 posts across the council, there is a lack of clarity in the papers about the organisational model that the redesign is seeking to introduce and where the saving will be made. It would be helpful to understand what will be reduced and/or stopped and how the organisation will be structured. A visual diagram was requested.

• The continued high numbers of agency staff in some areas of the organisation; additionally the need to reduce the reliance on foster agencies for Lambeth’s children in care.
- That the Children’s Services Scrutiny Commission might consider reviewing how the restructure in Children’s Services is bedding down.

- The limited information for savings proposed under Adults Social Care and the need for an evidenced approach.

- It had not been made clear to the committee in considering public health savings earlier in the year that reductions above those relating to government grant reduction were being made and a shift of public health into other council activities was being made. Further clarification on this matter was sought.

- Arising from a national MIND freedom of information (FOI) request on public health budgets and spend on mental health, it was questioned what is the public health spend in Lambeth on mental health.

In response the Strategic Director Corporate Resources, Deputy Leader (Finance) and Deputy Leader (Investment and Partnership) advised:

- Since a consultant review of the council’s IT and skill set some years previously the authority had been successful in recruiting to some key IT areas and is supporting the workforce as a whole to become more skilled than previously. It will also be necessary to buy in some new IT systems to ensure that systems ‘talk to each other’ and maximise the available IT opportunities. There will be a need for capital investment but it is mainly about joining up existing IT, using systems more successfully and applying consistently across the whole organisation rather than working in silos. It is also the case that some associated IT skill sets are needed only for a short time to develop systems and appropriate for those individuals to then move on.

- The detail of the organisation redesign is being worked through. Savings will also come from a review of management layers and by ensuring that layers are consistent across the organisation. It is expected that by February there will be more detail available on the proposal.

- The cited reduction of 500 posts is an estimate only and any staffing changes will be subject to consultation in line with the council’s change policy.

- Children’s Services now has permanent senior management in place and the message from OFSTED is that the impact of improvement changes are now being seen. There is a need for more stability in the workforce and a focus on how to retain experienced social workers - Heart of Practice promotion and recruitment and retention are key activities underway.

- Proposals under Adults are a continuation of existing plans that have been in place for some time. There are further details in Appendix 2 but
focus on issues of integration with health care systems and keeping people well in their home. Lambeth has a good relationship with health partners but these are challenging times and will need to be monitored closely.

- The impact arising from public health grant reduction in 2018/19 has to be built into the council’s commissioning programme and there is a need to utilise the public health spend for wider activities to achieve equalities outcomes and deliver commitments in the Borough Plan.

Nicola Kingston, Chair Citizens Board of Lambeth and Southwark Strategic Partnership, and Vice Chair Lambeth Patient Participation Group, addressed the committee. She regretted the cuts being made to prevention services as these had the opportunity to save thousands of pounds over a lifetime. She commented also on the lack of accountability around the NHS Sustainability and Transformation Plan and the need for working with the council on this and the involvement of the voluntary sector. There should be greater accountability and oversight of the work on integration, which is meant to promote greater investment in prevention and care in the community, but which will clearly be negatively impacted by the cuts being proposed in the council budget, particularly in social care and public health. There is meant to be a Task and Finish group looking at governance issues in integration, and that it would be appropriate to have oversight of that process.

In response to member comments and questions on Phase 2 of the programme, the Strategic Director outlined that there are two discrete programmes: (i) Contact and Assessment – which will impact on the way residents contact the council and the need for a discussion on the way Lambeth engages with its residents; (ii) Contract management – ensuring that through its contracting arrangement the council gets what it is paying for, drives down costs of contracts and spend, and gets benefits across the piece.

In relation to the latter, committee members commented on:

- The need for a more systematic and rigorous approach to procurement and contracting.
- Experience of poor contract management, insufficient experience to deliver what the council needs to achieve through its management of contracts and questionable practice of jobs signed off.
- Contract management is a major concern citing the experience at Myatts Field North and PFI contracts - large amounts of money are spent and the quality of homes is poor. Greater clarity was needed on the breakdown of the Phase 2 £9m of £5m and £4m and what the projected savings would be from reviewing contract management.
- Arising from OSC’s earlier scrutiny of contracts, the committee wished to see how its recommendations had been followed up and those recommendations should be visible and incorporated into the organisation redesign proposals relating to contract management.
- It was additionally noted by the chair that the committee had an outstanding commitment to return to the issues discussed at Myatt’s Field North and this would be scheduled.
Officers advised that:

- Most of the savings from Phase 2 will come from residents contact and assessment with the council. There will be consultation on how best to identify specific needs and will focus on how services will be designed to meet the needs of residents.

- A high-level review is underway of PFI contracts to see what savings may be possible. It was agreed that further information on the PFI review would be provided as per a committee request.

- The Director of Finance would welcome follow up contact with Cllr Briggs on his comments on potential instances of fraud.

In response to questions on the status of Adventure Playgrounds and transfer of leases, the Deputy Leader (Investment and Partnerships) and the Director of Finance advised that there are some difficulties around what organisations are willing to take on in the leases but they are seeking to conclude Phase 1. Much work has gone on with groups to build confidences, become independent and help them seek other sources of funding and there continues to be close working with Young Lambeth Cooperative. It was agreed that a more detailed response would be provided on the status of phase 1 and 2 leases.

**Income Savings Proposals**

Noting the proposal to make £7.1m savings through maximising income generation opportunities the chair invited Cllr Paul McGlone Deputy Leader (Investment and Partnership) to introduce the proposals. The Deputy Leader advised:

- This is new income to underpin the general fund. It is part of a bigger picture to have more confidence to generate money as a source of income and make the council less dependent on government funding. The council has an existing commercial estate and much good work is underway. The aim is to be more commercial when it is right to do so and use assets to generate income. The challenge is to manage that appropriately.

- There is a proposal on-line to invest £15m into temporary accommodation to provide more affordable accommodation and reduce on-going spend. There are a number of other opportunity sites under consideration.

- The purpose of investment is to generate revenue to underpin services.
  - Capital investment monies would be borrowed through the Public Works Loan Board.
  - It is recognised that the council needs independent advice to ensure that money is secure and investment provides value for money. One option is to use CIPFA.
  - Strict criteria should be established and followed.
  - There should be sound governance arrangements in place.
  - The Pension Fund policy might be the basis to ensure investments meet ethical standards etc.
In response members of the committee raised:

- Whether it was feasible to achieve £7.1m in three years. The Deputy Leader clarified that the key proposal was for £5m investment income, and remaining smaller sums from income generation.
- It would be helpful to establish the higher and lower end income figures so there can be clarity on the range of expectations that might be achieved.
- There needs to be thought given to the way the parking income is presented in the report.
- There needed to be debate about raising income versus achieving objectives.
- This meeting provided insufficient time to discuss the detail of the investment income proposal and it would be helpful examine this further through an evidence session and potential to 'stress the figures'. It was proposed that a short scrutiny commission be established. The Deputy Leader welcomed this proposals and the input of scrutiny councillors.

Recommendations

1. The committee considers that the revaluation of business rates due to come into force in April 2017 will have a disastrous impact for business in Lambeth if the Government proposals go ahead as planned. The committee notes and endorses the Council's Rates Rise campaign to support business against the negative impact of the business rates changes, and also the wider London campaign against the business rates revaluation increase.

2. The committee notes the Organisational Redesign Programme and putting digital at the heart of the changes. The Accessibility of Council Services Scrutiny Commission is currently underway and with the move towards increased digitalisation the committee recommends that the Contact and Assessment workstream takes into account the observations and work coming out of the scrutiny commission.

3. Whilst recognising the early status of the programme, the committee would welcome a better sense of the Organisational Redesign as the strategy develops, including a visual indication of what the organisation will look like.

4. The committee would also would wish have sight of the CIPFA and PWC benchmarking to seek further assurance around delivery of the challenging financial targets and fundamental redesign changes.

5. The committee has on-going concerns about contract management in the council. The committee:
   - Notes that contract management forms a key workstream of the organisational redesign. Arising from its previous scrutiny on this matter the committee considers that there is a role for OSC in shaping and informing this part of the programme;
   - Notes there is a current lack of detail and would wish to further understand what structural changes might be progressed to realise the anticipated savings, for example in tendering;
   - Records OSC's outstanding commitment to return to the issues raised at Myatt's Field North PFI discussion and review progress -
arrangements will be made to schedule a follow up session. In tandem with this, the committee would wish to be informed how its recommendations from 14/10/15 OSC have been implemented;

iv. Requests further information on the PFI review and also wishes to be advised what council projects are PFI (or have a PFI element) and the associated budget profile.

6. The committee notes the headline proposal to generate investment income and agrees that a scrutiny commission be set up to support council in developing its strategy.

7. The committee notes the continuing high numbers of agency staff in some areas of the council and a reliance on the use of Foster Agencies. This puts pressure on services and impacts on some of our most vulnerable clients. The council needs to move towards a permanent workforce for reasons both financial and of service continuity.

8. The committee has concerns about the Public Health savings and the indication that cuts are being made beyond the reduction in central government grant. The committee does not consider that this reflects the position presented to OSC at its scrutiny of the Public Health proposals in (May) 2016 and requests further information. The committee additionally would wish to be informed how much of the public health budget is spent on mental health and wellbeing.

9. The committee requests an update on the status of the transfer of Adventure Playgrounds at Phase 1 & Phase 2. The committee would wish to be advised what lessons have been learned from the transfer of youth and play thus far to the voluntary and community sector and how learning is being applied going forward.

4. WORK PROGRAMME

RESOLVED:
1. That the work programme as drafted and the status of outstanding actions be noted.

The meeting ended at 9.20 pm

CHAIR

OVERVIEW AND SCRUTINY COMMITTEE
Thursday 2 February 2017

Date of Despatch: Friday 16 December 2016
Contact for Enquiries: Elaine Carter
Tel: 020 7926 0027
Fax: (020) 7926 2361
E-mail: ecarter@lambeth.gov.uk
Web: www.lambeth.gov.uk

The action column is for officers’ use only and does not form a part of the formal record.
Report title: NHS Lambeth CCG Report on South East London Sustainability and Transformation Plan

Wards: All

Portfolio: Cabinet Member for Stronger and Healthier Communities: Councillor Jim Dickson/Councillor Mo Seedat (job share)

Contact for enquiries: Elaine Carter, Lead Scrutiny Officer, Governance and Democracy; 020 7926 0027; ecarter@lambeth.gov.uk

Report summary
The attached report from NHS Lambeth CCG provides a discussion document on the South East London Sustainability and Transformation Plan (SEL STP) and what it means for Lambeth. The full NHS SEL STP is also appended. Additionally included (for supporting information) is a joint response to the STP which the six Healthwatch organisations in the South East London area have produced which draws together issues of common interest.

Finance summary
Contained within the attached report.

Recommendations
1. To consider and discuss the issues set out in the attached report.
1. **Context**

1.1 Following publication of the NHS Five Year Forward view, all NHS regions in England are required to work together and with their local councils to produce a Sustainability and Transformation Plan (STP) for local services.

1.2 South east London – which comprises the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and the providers located within it – is one of 44 geographical ‘footprints’ identified in England. NHS commissioners in the area have already led development of a five-year strategy, known as Our Healthier South East London. A consolidated version of this strategy was published in 2015.

1.3 The south east London STP was published in November 2016. Much of the STP builds on the original strategy developed through Our Healthier South East London. A full version of the STP is attached; more information including a summary version can be found on the link below http://www.ourhealthiersel.nhs.uk/about-us/

2. **Proposal and Reasons**

2.1 The attached report from NHS Lambeth CCG provides a discussion document on the South East London Sustainability and Transformation Plan (SEL STP) and what it means for Lambeth.

2.2 In addition to the appended full NHS SEL STP, also included (for the committee’s information) is a joint response to the STP which the six Healthwatch organisations in the South East London area have produced which draws together issues of common interest.

2.3 Overview and Scrutiny Committee is invited to consider and discuss the issues set out in the attached report.

3. **Finance**

3.1 None arising from scrutiny consideration of this report.

4. **Legal and Democracy**

4.1 None arising from scrutiny consideration of this report.

5. **Consultation and co-production**

5.1 Not applicable.

6. **Risk management**

6.1 Not applicable.

7. **Equalities impact assessment**

7.1 Not applicable.

8. **Community safety**

8.1 Not applicable.

9. **Organisational implications**

9.1 Not applicable.

10. **Timetable for implementation**

10.1 See attached report.
### Audit Trail

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<tr>
<th>Name/Position</th>
<th>Lambeth directorate/department or partner</th>
<th>Date Sent</th>
<th>Date Received</th>
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### Report History

|                                |                                           |
|                                | Original discussion with Cabinet Member  | N/A      |
| Report deadline                | 15.02.17                                  |
| Date final report sent         | 16.02.17                                  |
| Part II Exempt from Disclosure/confidential accompanying report? | No                                             |
| Key decision report            | No                                         |
| Date first appeared on forward plan | N/A                                      |
| Key decision reasons           | N/A                                       |
| Background information         | Our Healthier South East London            |

### Appendices

- Appendix 1: NHS SEL Sustainability and Transformation Plan (STP) October 2016
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Summary

- This update report from NHS Lambeth CCG provides a discussion document on the South East London STP and what it means for Lambeth. It describes:
  - How the STP is an evolution of a well-established strategy
  - Our ways of working within Lambeth and south east London, the approach to current and future challenges, and
  - Further and wider engagement work planned.

Evolution and alignment

- By framing the existing and future healthcare demands of our population the SEL STP is aligned with Lambeth’s thinking. Its priorities build on the Our Healthier South East London strategy and are, in effect, the final iteration of that strategy.
- The STP is therefore very much Lambeth’s plan – effectively a collection of us and other CCG and providers plans within the region.
- The STP is an important plan designed to achieve tangible benefits for local people:
  - Developing consistent and high quality community based care (CBC) and prevention
  - Improving quality and reducing variation
  - Improving productivity and quality through provider collaboration
  - Developing sustainable specialised services
  - Changing how we work together to deliver the transformation required.
- The STP reflects already established and effective relationships within Lambeth and South East London. NHS Lambeth CCG has actively shaped conversations on the SEL STP as it evolved and there has been some involvement from local authorities in areas such as the specific focus on prevention and outcomes as part of our community based care (CBC) approach.
- The STP initiatives encourage further collaboration and this is something that we have been doing in Lambeth for some time, but the challenges in the health and care system are unprecedented.

Challenges and Collaboration

- There is clearly a significant revenue funding challenge within Lambeth and the health system across south east London with an affordability gap of £854m by 2020/21 if we continue as we are.
- In addition to the NHS challenge the financial challenge that the councils face over this period is £242m. Across the six boroughs, the overall spend on adult social care is just over £576m. Boroughs will need to contain cost pressures of £132m and are planning to make combined budget reductions in their adult social care budgets of £110m.
- We fully understand this financial environment and will work within this agenda for success in Lambeth and beyond our borough. However, the STP does not tell us how or what to collaborate on.
- Meeting this challenge the STP does of course necessitate us to look and plan beyond Lambeth, and we do this already; planning at a borough, South East London and London level where it makes sense to.
- The CCG already works with LBL in an integrated way and with others in a way that is best for our population.
For instance collaborating with acute hospital providers is especially necessary beyond a borough base as patients receive care and treatment from across South East London and elsewhere.

STP Clinical work-streams covering the priority areas have been established and will be integral to delivering these plans. A schedule and timeline for each initiative will be set and the governance and sign off route for each clinical programme area:

- Urgent and emergency care
- Planned care
- Cancer
- Children and young people
- Maternity
- Mental health.

Based on our record of delivery and doing so with partners we believe that we are in reasonably good standing for delivering the outcomes and meeting the financial affordability gap, but these goals are not without significant risk due to the scale, pace and complexity of the overall challenge.

We plan and work with our partners, but recognise that collaboration can be both rewarding and difficult in such a complicated and complex environment. Collaboration and engagement in different forms will be integral to how successful we are.

Wider engagement

- We have a long and credible history in Lambeth of engaging local people in new models of care and in service change and are not starting from scratch in many of the STP areas; we have engaged Lambeth people extensively over the last two years in the case for change and in the thinking to generate new service models that both fit Lambeth and that now underpin the SEL STP.
- We have used the CCG’s Public Forum and Governing Body meetings to engage and address questions and concerns about the STP and what it means for the health and care services for Lambeth’s population.
- There is still further to go to demystify what the STP is and promote a wider engagement and ownership of the health and wellbeing agenda amongst our patients and wider public.
- One of our biggest priorities is thinking about how we could improve the way we provide orthopaedic care – conditions that affect the musculoskeletal system (bones, joints, ligaments, tendons, muscles and nerves). We will be holding a formal public consultation on our proposal to consolidate planned adult inpatient orthopaedic surgery by creating two, or possibly three, elective orthopaedic centres across south east London (Guy’s Hospital, Orpington Hospital, and University Hospital Lewisham). All A&E departments would continue to operate from their existing locations. Also, the location for most orthopaedic care would not change. Under our proposals, following referral, you would initially be seen at your chosen local hospital and the same surgeon would oversee your care. You would only go to an elective orthopaedic centre if you needed inpatient surgery.
- Other elements, such as increasing GP access and developing Local Care Networks are already being taken forward within Lambeth.
- We are working with Lambeth Healthwatch and OHSEL to plan a Lambeth STP event to generate discussion about key elements of the STP – particularly those that have most impact on patient care. Similar events will run in each of the STP boroughs.
These events will complement our other communication and engagement activities (for example, patient and public voice programme and the involvement of experts by experience in work-stream engagement).

The events will be open to the public and advertised. We are working with Healthwatch Lambeth and Lambeth Council to plan and will invite the local voluntary and community sector, councillors, and other stakeholders, such as local interest groups/organisations as well as local residents.

The events will be run by an independent organisation to ensure that information is captured objectively and to provide an independent public report.

The events will run from March-July 2017, avoiding school holidays, with a mix of daytime and evening sessions.
### South East London: Sustainability and Transformation Plan

21 October 2016

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**Key information details**

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<th>Name of footprint and no:</th>
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<td>Region:</td>
<td>South east London (Bexley; Bromley; Greenwich; Lambeth; Lewisham; Southwark)</td>
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<tr>
<td>Nominated lead of the footprint including organisation/function:</td>
<td>Amanda Pritchard, Chief Executive, Guy’s and St Thomas’ NHS FT</td>
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**Organisations within footprints:**

- CCGs: Bexley; Bromley; Greenwich; Lambeth; Lewisham; Southwark
- LAs: Bexley; Bromley; Greenwich; Lambeth; Lewisham; Southwark
- Providers: Guy’s and St Thomas’ NHS FT; King’s College Hospital NHS FT; Lewisham and Greenwich NHS Trust; South London and Maudsley NHS FT; Oxleas NHS FT; Bromley Healthcare CIC; and primary care providers

Dartford and Gravesham NHS Trust are an associate organisation, but formally sit outside of the footprint
Introduction

In south east London (SEL) we have a history of partnership working. This includes collaborations between commissioners and providers, across health and social care, with the voluntary sector and citizens and with education and research institutions and networks. The six south east London CCGs have in place a well-established collaborative approach, and work with all of London’s 32 CCGs and NHS England to enable transformation across the capital, including through the Healthy London Partnership (HLP). Providers work together as part of formal and informal clinical networks, including specialised services supported by our King’s Health Partner’s (KHP) Academic Health Science Centre. Organisations in the footprint also contribute to and use resources developed by support infrastructures such as the Health innovation Network (HIN) and Collaboration for Leadership in Applied Health Research and Care (CLARHC). The provider landscape is changing as we welcome the development of 15 at scale primary care federations covering all of south east London.

Although CCGs were developing a transformation strategy previously, the STP process has broadened this and has taken it much further by bringing organisations together to establish a place based leadership and decision making structure (that is, one which focuses on the population of SEL rather than the individual organisations). The aim of this is to collectively identify our priorities and to help ensure that health and care services are built around the needs of residents. This plan outlines our collective understanding of the challenges we face and sets out our approach and actions to address them.

To date, we have established:

• A single responsible officer supported by a quartet leadership drawn from local government, commissioners, providers and clinical leadership, and a strategic planning board to provide direction and oversight
• Collaborative oversight and decision making bodies at various levels.

We continue to work at:

• Leadership and governance development, including development of a MOU
• A single reporting structure bringing transparency across the system
• The establishment of a ‘single version of the truth’ setting out our challenges, including our financial challenge.

We have committed to improving services for our residents within the resources available to us. We recognise that the status quo is unsustainable and, in order to deliver the transformation required, we need to change how we work together to overcome barriers to delivering our shared priorities.
Our challenges and priorities
Locally, we face many of the challenges that are experienced nationally. The three gaps that are identified in the Five Year Forward View are found in south east London, and our plan will seek to address these.

We are clear about the challenges people face in living healthily and well
The health of our population has improved significantly over the last five years, but there is more to be done. A detailed case for change has been developed to understand the health and wellbeing needs of our population. In summary:

- We have a vibrant, diverse and mobile population with extremes of deprivation and wealth. 26% of children are classified as living in poverty, concentrated in certain parts of SEL;
- Premature death and differences in life expectancy are significant issues;
- 75% of over 55s have at least one LTC, while 32% of children are overweight or obese;
- We need to improve the health of the population overall. Keeping well, at all ages, is critically important.

We have developed a model (below) that segments our population into groups depending on their condition and level of risk, in terms of both physical and mental health. The 50% of our population who are affected by inequalities or are putting their health at risk is too high; ensuring more of our population are enabled to stay well is imperative to prevent our challenges getting worse.

While we have made progress we can do more as a system to improve our care and quality gap
The quality of care that patients receive too often depends on when and where they access services. We don’t consistently meet quality and performance standards, and some providers are not rated good or outstanding by regulators. We don’t always deliver services that address people’s mental and physical health needs in an integrated way. Our services often do not detect problems soon enough, which can result in admittance to hospital in crisis where earlier support could have produced a different outcome.

Our system is skewed towards hospital care
We don’t invest enough in services based in the community which prevent illness or encourage people to manage their own physical and mental health.

As a result, people go to hospital when they could be better supported in the community, and can stay in too long once admitted. There is an opportunity here to provide better value care through our investment in the health and care system.

Our system is fragmented resulting in poor patient experience, duplication and confusion
Our system is made up of multiple organisations and professions which too often work within the confines of their own boundaries. This is reinforced through fragmented commissioning structures meaning that it is difficult to share resources. This impacts care and experience. Patients and carers find it frustrating to have to navigate different services and to provide the same information to different people. Patients often stay in hospital longer because joined up arrangements for their care in the community on and after discharge have not been put in place.

Our services are under increasing pressure
All services in our system are facing increasing pressure to deliver high quality care within a constrained financial climate. We are delivering in partnership with councils who face unprecedented pressures on resources. In some cases they are looking to save over 30% of current expenditure over the next 3-4 years.

Recruitment and retention of our workforce has become increasingly challenging and our estates are not always fit for purpose.

Our use of data and information management and technology (IM&T) doesn’t currently enable our vision.

Without a placed based approach to commissioning and contracting of care we will not optimise value.
We are facing a financial challenge of £934m over four years

Based on plans, the ‘do nothing’ affordability challenge faced by the south east London health economy was forecast to be £854m by 2020/21. Excluding specialised commissioning, the affordability is forecast to grow from £159m in 2015/16 to £651m by 2020/21. NHS England (Specialised) have estimated an additional indicative £190m five year affordability challenge for specialised commissioning, alongside an additional challenge of £12m for London Ambulance Service.

Since these plans were developed, financial performance across the footprint has deteriorated by c. £80m across a number of organisations leading to an additional affordability pressure. Taking this into account the affordability challenge grows to £934m by 2020/21.

The drivers of the affordability gap are a growing population that accesses health care more often, and are – positively – living longer but often with one or more long term conditions. Meanwhile, the NHS’s costs are rising more than inflation across the UK economy (to which allocations are linked). The upshot of this is that not only is the system responding to greater throughput, but also that the sum cost of activity is growing faster than allocations.

Even without significant service transformation, our providers are expected to make substantial efficiencies to reduce this challenge. By considering previous cost reduction programmes undertaken by local organisations, we believe that ‘business as usual’ efficiencies of 1.6% per annum can be achieved in this way. These equate to savings of £189m relative to the 2020/21 baseline, reducing the planned ‘status quo’ affordability challenge to £727m. Similarly BAU QIPPs for commissioners are expected to deliver system savings of £73m.

Taking into consideration growth assumptions over the next 5 years, we have calculated the increase in bed capacity that would be needed. If we do not change our approach to delivering care, the projected demand would increase so that the number of beds needed would be enough to fill a new hospital site, something which is not possible or affordable. It would also require a significant increase in our workforce. Our priorities must therefore focus on managing this increase in demand by changing the way we work so we can work within our current infrastructure. This will be by providing alternative high quality, good value options that focus on outcomes for our population.

Alongside this, the footprint has a ‘do nothing’ capital expenditure requirement of £1.1bn over the period to 2020/21. Of this, £983m is funded from identified sources. The approval process is underway for the remaining £153m required.

In addition to the NHS challenge outlined in the chart above, the financial challenge that the councils face over the period to 2020 is £242m. Across the six boroughs, the overall spend on adult social care is just over £576m. By 2020 the boroughs will need to contain cost pressures of £132m and are planning to make combined budget reductions in their adult social care budgets of £110m. This means that the six councils need to reshape social care services to lower costs and raise productivity. Each council is working to transform services at the local level with health sector partners. Lewisham, for instance, is conducting a “devolution pilot” to fast forward a number of initiatives so as to test some of the savings options early in the planning period. In the light of the complex patient and service user pathways across health and social care, there is considerable scope for achieving a substantial quantum of these savings through collaborative work across the OHSEL partnership.

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1 This challenge includes the requirement for Clinical Commissioning Groups to achieve a 1% surplus each year (one of the business rules set by NHS England).

2 This arises from the aggregate impact of demographic change, legislative change (principally the Care Act) and inflation, which will add a further £132m.
We have identified five priorities to make our health and care system sustainable in the near, medium and long term

By transforming our health and social care in south east London, we will optimise the value of our collective action, reward providers for the quality and outcomes they achieve and reduce demand to sustainable levels. To comprehensively address these we must prioritise the areas that we think will have the greatest impact to our system. Based on our knowledge of our local challenges, and as a result of engagement across the system, we have identified the following five priorities:

1. **Developing consistent and high quality community based care (CBC) and prevention**

   Investment in CBC is essential to transform our system and move towards lower cost, higher value care delivery. Over the next five years we will continue to support the development of local care networks (LCNs) to establish coherent, multi-disciplinary networks that work at scale to improve access as well as manage the mental and physical health of their populations. This will include a shift in focus to prevention, as well as, fully operational federations and networks developed to support other practices, and improved resilience in their local area; adopting population based budgets and risk-based contracts; and fully integrating IM&T across organisations and pathways. Fully operational LCNs will deliver our new model of care and the full vision of the Primary Care Strategic Commissioning Framework (SCF) – adopting population based budgets and risk based contracts, supported by sustainable at scale delivery of primary care and enabled by fit for purpose estate and integrated IM&T across their organisations and the pathways they deliver.

2. **Improving quality and reducing variation across both physical and mental health**

   We have identified a range of initiatives across our system to improve consistency and standards by working collaboratively. Our main areas of focus are:
   - Reducing pressure on A&E by providing high quality alternatives (through CBC), simplifying access and developing a truly integrated offer;
   - Collaborating to improve value within planned care pathways, including the development of consolidated centres. We are starting with orthopaedics before considering expanding to other specialties;
   - Integrating mental health across health and care services adopting the mind/body approach.

3. **Reducing cost through provider collaboration**

   Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in five priority areas: clinical and non-clinical support services, workforce, procurement and estates. Our immediate step is developing business cases for and evaluation quick wins in HR back office, finance back office, procurement unit cost reduction and temporary staff. Over the next five years we will continue to explore opportunities to expand the program.

4. **Developing sustainable specialised services**

   We wish to develop a sustainable, world class destination for specialised services that meet the needs of patients both locally and across England. Specialised services represent £850m of spend across SEL and are a significant part of the health economy, providing services at a local, regional and national level – a third of patients come from outside of SEL. The size of this service has an impact on the sustainability of our system, both in terms of financial sustainability and the quality of other services. Specialised services will review pathways, align services, and explore consolidation to support quality improvement and better value for money, especially in drugs and devices. We are supporting NHSE to establish a London-wide board, and our mental health providers are working together to pilot new approaches to commissioning specialised mental health services.

5. **Changing how we work together to deliver the transformation required**

   To deliver this plan we must establish the right governance, secure appropriate resources and address system incentives. Crucially our structures must allow us to make difficult decisions and investment in transformation for the benefit of the system rather than our own organisations. Our immediate priority is developing the appropriate infrastructure to deliver our plan, agreeing roles and functions across the system through the creation of a MOU and regular leadership events. Drawing on our acute care collaboration Vanguard between Guy’s and St Thomas’ and Dartford and Gravesham we will build this capability into the SEL STP approach.
Plan on a page

We have worked collaboratively to develop our plan for south east London, and where there is a benefit to the system and to our residents we will deliver collaboratively, whilst much will be continued to be delivered locally. Our STP doesn’t capture everything that we are doing as a health and care economy. Instead it focuses on five priority areas and related areas of focus that we believe will have the greatest impact on our challenges and pressures to collectively address the three gaps of health, quality and finance while increasing value. The delivery of these plans will be supported by a new cross-organisational governance that will allow us to overcome difficulties and collectively manage the transformation required.

Our challenges

1. Demand for health and care services is increasing
2. There is unacceptable variation in care, quality and outcomes across SEL
3. Our system is fragmented resulting in duplication and confusion
4. The cost of delivering health and care services is increasing

Our five priorities and areas of focus

1. Developing consistent and high quality community based care (CBC), primary care development and prevention
   - Promote self care and prevention
   - Improved access and coordination of care
   - Sustainable primary care
   - Co-operative structures across parts of the system
   - Financial investment by the system
   - Contracting and whole population budgets

2. Improving quality and reducing variation across both physical and mental health
   - Integration of mental health
   - Reduce pressure on and simplify A&E
   - Implementation of standards, policies and guidelines
   - Collaborate to improve quality and efficiency through consolidation (e.g. the elective orthopaedic centres)
   - Standardise care across pathways

3. Reducing cost through provider collaboration
   - Standardise and consolidate non-clinical support services
   - Optimise workforce
   - Capitalise on collective buying power
   - Consolidate clinical support services
   - Capitalise on collective estate

4. Developing sustainable specialised services
   - Joint commissioning and delivery models
   - Strategic plan for south London
   - London Specialised Commissioning Planning Board
   - Managing demand across boundaries
   - Mental health collaboration

5. Changing how we work together to deliver the transformation required
   - Effective joint governance able to address difficult issues
   - Incorporation of whole commissioning spend including specialist services
   - Sustainable workforce strategy
   - Collective estates strategy and management
   - New models of collaboration and delivery

The impact of our plans

- Reduction in A&E attends and non-elective admissions
- Reduced length of stay
- Reduced re-admissions
- Early identification and intervention
- Delivery of care in alternative settings
  (Net savings c.£116m)

- Cross-organisation productivity savings from joint working, consolidation and improved efficiency
  (Net saving c.£225m)

- Increased collaboration
- Reduced duplication
- Management of flow
  (Need to address £190m)

- Aligned decision making resulting in faster implementation
- Increased transparency and accountability
Collectively, our priorities help address the ten questions posed by NHS England in the submission guidance. The questions cover the full range of health and care provision so, while our priorities address them all, they are supported by local organisational and collective plans that aim to address our challenges and meet national standards and requirements.

Each of our priorities have a different focus and, as a result, address different questions. The contribution of our priorities to address the questions is summarised below. Our fifth priority, how we will work collaboratively, will enable the delivery of our plans rather than directly addressing a question. As such it has not been included in the table below.

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We are building digital solutions into our plans. These are described across our priorities and in our Local Digital Roadmap.

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We have set out how each of our priorities support our future financial sustainability both through reducing demand and costs. Our plans reflect the Carter Review and reflect organisations’ efficiencies as well as collaborative opportunities.
Developing consistent and high quality community based care (CBC) and prevention

Our priority for the next five years is to expand accessible, proactive and preventative care for mental and physical health problems outside of hospital, which offers the best value. Demand for secondary and acute care is rising.

We have developed and adopted a new model of integrated community based care that focuses on population health and wellbeing, supporting people to manage their conditions and increasing prevention and early intervention.

Our work to form networks of CBC providers is already enabling us to take action in some major high impact areas and we are now looking to support this through new contracting models and by ensuring that we have a sustainable workforce and appropriate estates.

Our new model of community based care

Over the next five years we will continue to invest in the development of our 23 Local Care Networks (LCNs), which will incorporate all 246 GP practices. There is no standard south east Londoner for us to model our service on. As such, we have built our LCNs around geographically coherent and self identifying communities, supported by scaled up general practice using natural boundaries within boroughs. LCNs share many of the features of multispecialty community providers (MCP) and will bring primary, community, specialist teams working in the community, mental health and social care colleagues together to manage the health and care of local populations of between 50,000-100,000.

Our approach has been to establish a common set of standards that each LCN will adopt while flexing the service they provide for their local population. Each LCN is working towards:

• Building strong and confident communities and involved, informed patients and carers who are supported to stay independent and self-manage;
• Delivery of consistently high standards of care, including the London Strategic Commissioning Framework Specifications, with clear outcome measures;
• Responsive services providing access from 8am – 8pm seven days a week;
• Secondary and tertiary prevention focussed on the physical health and wellbeing of people with enduring and significant mental health problems;
• Proactive secondary prevention, equitable and timely access, effective coordination;
• A systematic risk stratification and problem solving approach that addresses both physical and mental health.

Drawing on others from across the health, social care and the voluntary sector, LCNs will provide a full range of community based services. Ultimately, our ambition is that LCNs will be able to integrate the entire community based system, driving transformation in areas such as housing, as well as traditional players in health and care. Currently, this includes the delivery of a number of high impact schemes including services such as improved step up / step down, and admission avoidance for identified members of the population.

LCNs will also develop an integrated approach with acute providers identifying services which can be delivered locally, as well as making use of acute assets and expertise.

It is recognised that this transformation will require investment. CCGs are committed to directing funding towards improvements in community based care through increases in funding received by the system or as savings are achieved elsewhere.

Our target model (below) sets out the expectations of all LCNs, such as integration with social care and community mental health teams, and the need to work at scale to deliver the high impact scheme and sustainable change.
Investing in community based care (CBC)

We know that, in order to realise savings in other parts of the system, we will need to invest approximately £62m to achieve the initiatives set out in the STP. Alongside this we will need to find ways to fund, non recurrently and substantially the organisational development that will be required to help professionals to work in new and different ways. We are assuming an ability to access the full range of transformation funding in order to ensure stabilisation (e.g. core Primary Care budget needed) and improvement, including the opportunities to support improved access, resilience, development and care design recently outlined in the General Practice Forward View. We will aim to use national funding distributed according to the areas of greatest need to support delivery of agreed local and Pan London objectives and support sustainable and vibrant primary care. Some of this investment will generate savings in CBC but we anticipate that the main area of financial benefit will be in relation to unplanned and emergency care. We also anticipate there to be improved outcomes for patients, as well as the acute savings.

High impact schemes to be delivered by Local Care Networks

While the biggest change in the way care will be delivered will come from the ongoing shift to our future model of care, LCNs are already beginning to deliver against the high impact schemes, tailored to local populations, which will include adoption of an integrated sexual health tariff, an online service offer; shift of basic services to primary care/pharmacy; referral for complex GUM/RSH and targeting those groups with highest rates of infections.

**Access:** All LCNs will therefore offer extended hours to general practice (including 8-8) by drawing on the benefits of at scale working.

- **Cancer:** Delivery of the recommendations made in the [Five Year Cancer Commissioning Strategy for London](#) which promotes an increase in screening and education.
- **Population health management:** Through their population health responsibility LCNs will proactively target at risk patients, including those at risk of admission. This will include identification of those who are at risk and in receipt of social care services, and working in a multidisciplinary way to provide support and prevent escalation of need, including psychological and psychiatric needs.
- **Effective prevention:** There is a commitment across SEL to drive a radical step change. We will support whole system approaches for issues such as obesity, mental health, diabetes, smoking and alcohol. One major initiative is the Healthier You: NHS National Diabetes Prevention Programme (NHS DPP), an evidence based behavioural intervention programme for individuals identified as being at high risk of developing Type 2 diabetes. In partnership with the Health Innovation Network, we aim to deliver over 4,000 places across South London CCGs and boroughs in 2016/17.
- **Re-commissioning of GUM/CaSH services** will include adoption of an integrated sexual health tariff, an online service offer; shift of basic services to primary care/pharmacy; referral for complex GUM/RSH and targeting those groups with highest rates of infections.
- **Self management:** We are investing in innovative ways to empower self-management of long term health conditions. This includes working with schools to raise awareness of mental and physical wellbeing as well as targeted programme to support patients with long term conditions
- **Risk stratification:** We have implemented risk stratification and proactive care planning to identify and target higher risk patients including those in the last year of life. Individuals identified will receive personalised care plans and tailored appointments depending on need
- **Alcohol intervention and brief advice (IBA).** The Health Innovation Network will support the roll out IBA across health settings, social care and the criminal justice system, along with minimum standards which set out how staff can deliver.
- **Illegal tobacco.** Continuing the award winning work of The South East London Illegal Tobacco Network (SELTN)
- **Mental health:** Integrated working with mental health and adult social care is among the core components of the model
- **Multi disciplinary team working:** A high-performing multi disciplinary team will include roles such as care navigators to coordinate care for higher-risk patients.
- **Care homes:** Enhanced support to vulnerable people in care homes, extra care housing and those receiving domiciliary care
- **Co-ordinated and effective care planning which provides continuity (supported by multi-disciplinary working)**
Commissioning and contracting to achieve sustainable, modern and vibrant primary care

Our integrated model of care is organised around our populations rather than individual organisations. We recognise that to realise benefits we need to develop and adopt different ways of commissioning that emphasise value and population health.

It is not proposed to adopt a single commissioning model for south east London but instead enable CCGs to adopt models that suit their populations. It is expected that any contract will focus on:

• Provision of care on the basis of geographically coherent populations;
• Emphasising prevention, early intervention and proactive management, rather than activity;
• System outcomes and risk sharing across pathways;
• The total cost through the whole patient;
• Integration between different types of providers.

CCGs have already started exploring different models and are committed to sharing learning. We have established a workstream to support and facilitate this and are also working with LCNs and federations to establish appropriate legal forms to take on new contracts.

Delivering at scale primary care

At scale delivery of primary care, utilising the registered list is at the heart of effective LCNs. Our model retains the concept of list-based primary care, but empowers GPs to take advantage of the opportunities presented by working at scale within the 15 established federations.

We aim to establish a primary care offer that is proactive, accessible and coordinated. Transforming Primary Care for London provides the framework and structure for our plans.

Vibrant and sustainable general practice

We estimate that to ‘do nothing’ would require an additional 134 GPs and 82 nurses by 2021 at a cost to the health economy of approximately £17m. Supply forecasts predict a GP supply shortfall of 25% in this scenario. To address these pressures we are working with HEE and our local vision of the GP Forward View to:

• Develop roles such as care navigators and physician associates who can reduce some of the demands on GP time;
• Establish new ways of working across federations to reduce bureaucracy, administration and demand for clinical consultation;
• Create joint posts supporting multiple practices or working across health and social care.

Working collaboratively through federations

General practices are beginning to work together through federations, enabling them to share resources, such as staff and estates. Their key aims are:

• To adopt the most effective approaches to screening for mental and physical health and call and recall;
• To work together to achieve the Primary Care Standards for London, including improved access;
• To develop and recruit to new roles, such as clinical pharmacists and care navigators;
• To achieve economies of scale and efficiency that support the long term viability of primary care and create clinical capacity.

Enablers

Our Estate will be planned and organised around LCNs. Borough-based LCN hubs will be established to ensure that services are working well together – primary, community and secondary care – around the needs of the patient.

Our strategy is that LCN hubs are located within our better quality estate in each borough. While specific services will vary, they will house a range of health, social care and other services 7 days per week. Some hubs may operate as virtual hubs across a number of existing good quality facilities, GP practices and hospital sites.

Hubs will be fit-for-purpose, flexible, adaptable, accessible and be able to facilitate the shift out of the acute hospitals into the community. Where there is an absence of good quality estate, we will need to invest, potentially funding through proceeds from disposals and through accessing Estates & Technology Transformation Fund.
The Local Digital Roadmap (LDR) outlines SEL’s digital ambition

At a high level it focuses on:

• Being paper-free at the point of care by 2020;
• Digitally enabled self care empowering patients in the management of their care;
• Real-time data analytics at the point of care;
• Whole systems intelligence to support population health and effective commissioning and research

Achieving financial sustainability and improving outcomes will require us to introduce new models of care that are fully enabled by technology. Our plans will:

• Reduce our reliance on traditional face to face models of care in primary care and outpatient settings in favour of digital alternatives.
• Streamline referral, access to diagnostic services and the delivery of care in our hospitals by making the processes of care delivery paperless at the point of care
• Ensure that every interaction with the patient counts by making greater use of algorithmic decision support tools for clinicians working in all care settings
• Improve our ability to provide co-ordinated, pro-active, care delivery to the most vulnerable people by consolidating and connecting up the many electronic record systems that exist today.

Many of our patients will continue to receive care from a number of different health and care providers some of which operate outside our local geography and if we are to move from existing models of face-to-face care, we will also need to make it easy for patients to make greater use of digital services. To this end, we will work with other STP footprints in London to ‘connect the capital’. Pursuing this common goal will allow us to (both) simplify and connect up our existing systems infrastructure in a way that supports the way that care is delivered to our patients. We have agreed to work across SEL to share information between the Local Care Record and Connect Care systems and have submitted an estates, technology and transformation bid to fund this work.

Moving forward in this way locally provides the pace required that will support the clinical transformation in SEL. In parallel we will look to collaborate with other STP footprints with the aim of interoperability. This may mean establishing collective governance and utilising national funding sources where we can:

• At a local level, we will invest in technology leadership and support for change management. We will seek to exploit nationally and regionally provided technology services wherever we can.
• Working regionally, we will seek to connect the patient ‘once’, and to connect clinicians to all of the data that they need to deliver safe and well co-ordinated care.

We have devised realistic two year targets to within the LDR:

Within 1 year

• To have simplified the process of administering information sharing through the use of the pan-London data controller.
• To have connected our systems to a pan-London information exchange architecture and to have enabled the electronic sharing of electronic documents. Whilst this will deliver immediate clinical benefits it will also reduce postage costs.
• To be fully utilising e referral and demonstrating improvements in cancer treatment targets.
• To have developed a partnership model for informatics delivery that makes best use of specialist technology skills both within and across STP footprints.

Within 2 years

• To have enabled real time information exchange to support the care of people at the end of their lives and in so doing save (our share) of £150m savings potentially achieved through reductions in unwanted admissions to hospital.
• To have connected the patient and allowed them to exchange information via connected digital apps of their choice.
• To have universally deployed digital alternatives to face to face care in primary care and outpatient settings.
Our CBC plan includes a focused plan around prevention

Prevention has become a central tenet of national (and international) health and social care policy, recognised through the NHS Five Year Forward view with its call for a ‘radical upgrade in prevention and public health’. The shift to prevention offers the opportunity to develop a shared approach across the STP footprint to invest in prevention to realise multiple benefits in relation to patient care, quality of life, health outcomes, health inequalities, and NHS financial sustainability.

These benefits and policy drivers have been recognised by leaders in SEL. Prevention and community based care (CBC) form the foundation of the SEL STP. Although there is a reduction in the national Public Health Grant allocations, local leaders have recognised that there will need to be concerted work together to deliver on our prevention priorities in a financially challenging climate, with particular focus on 6 prevention priorities shaped and delivered in line with Public Health England (PHE) and Healthy London Partnership (HLP) recommendations.

1. Smoking

The STP commits to a radical step change in community-based prevention, including the commitment that Local Care Networks (LCNs) will take holistic action on smoking. Collectively, SEL is delivering a strong tobacco control offer and is committed to the implementation of “Making Every Contact Count” as an opportunity to develop a consistent approach across the footprint. SEL will look to ensure that at national level, PHE and at regional level the HLP have developed a number of recommendations to support STP areas to develop systemic approaches to smoking prevention and to support the shift towards ensuring that those that most benefit from smoking cessation specialist support have better outcomes. At an SEL level, partners will build on the work of the SEL Illegal Tobacco Network and will work to ensure all SEL hospitals are smoke free.

2. Mental Health

The STP commits that SEL residents will be supported to have greater control over care of their mental health, and highlights the significance of mental health in meeting its commitments overall. There is some positive practice in individual boroughs, particularly around prevention with children, young people, families and the wider determinants of mental health. However, most mental health services are treatment rather than prevention focused and there is no systemic approach to early intervention or work with specific groups. This is an area of opportunity to collaborate at SEL level on developing consistent strategic approaches and workforce development; e.g. mental health first aid training.

3. Sexual Health

At SEL level, leaders have committed to: adopting an integrated sexual health tariff; providing an online service offer; shifting services to primary care; and targeting prevention and increased detection to groups with the highest rate of infections. Contraceptive and screening services are widely available. Boroughs are increasingly using online services to empower residents to take a greater role in their own health and to support ‘channel shift’ for less complicated or asymptomatic cases to free up GUM services for more urgent and complicated care. We will explore opportunities across SEL to reduce duplication; e.g. combining websites and developing systemic approaches to effectively targeting services.

4. Alcohol

At an SEL level, partners have committed to implementing a pan-footprint alcohol identification and brief interventions offer across health and social care settings.

A range of alcohol-related prevention strategies are employed across SEL. There are support services available but the level of support is varied and embedded at different stages of pathways. There have been some positive developments, around use of wider powers to influence behaviour that SEL will consider systematising along with exploring opportunities to develop system-wide health messaging. We will look at how licensing can be supported to create an environment where alcohol licensing objectives are met as well as to promote sensible alcohol limits.

5. Obesity

There is commitment at SEL level to tackle obesity holistically through the Making Every Contact Count framework and though increased screening to identify individuals for targeted interventions such as social prescribing and weight management. Each borough offers varying degrees of obesity support but there are opportunities for a more consistent offer across SEL by systematising the use of wider powers, more effective partnership working and successful local programmes and health messaging. In particular, we will encourage a common approach to best practice to training, weight management and support for ‘place shaping’ to create a healthier physical environment. We will also encourage borough level Big Conversations across the SEL footprint with local communities who are most at risk of unhealthy weight.

6. Diabetes

As a National Diabetes Prevention Programme Pilot site, SEL already has a good offer for diabetes prevention in those identified with high risk. Prevention in this instance is consistently embedded into primary care, with strong examples of patient empowerment. We will look to build and enhance this work through shared learning across SEL and beyond to ensure consistency and to maximise the opportunities for multi-disciplinary team working and shared services. We will seek to ensure that there is a coherent offer to identify and provide appropriate evidence based interventions for people at risk of diabetes both through the NDPP and Health Checks.
Delivering on Prevention through Community Based Care

People in SEL are living longer, healthier lives than ever before. This should be celebrated, however, it is also putting our health and care services under increasing strain as people are living with more complex health issues, sometimes as a result of their lifestyle. There is pronounced social inequality in SEL, with approximately 49% of people in SEL impacted by inequalities and/or are putting their health at risk, and approximately 25% of people in SEL are in the early stages of suffering from a long term condition. Financial pressures mean that service transformation and increased capacity can only ever be part of the answer, with this in mind, the SEL STP focusses on prevention as a means of keeping people healthier for longer and reducing health inequalities. Specifically, public health authorities will work together with Local Care Networks to:

• Promote prevention, self-care, prevention and self-management by expanding accessible, proactive, preventative and self-management care for mental and physical health problems outside of hospital
• Deliver proactive primary prevention and demand management through secondary prevention, characterized by equitable and timely access and effective coordination
• Building strong and confident communities and involved, informed patients and carers

The shift to prevention is required to realise the multiple benefits in relation to patient care, quality of life, health outcomes, health inequalities, and NHS financial sustainability that Our Healthier South East London want to achieve.

Our Approach

With input from the Healthy London Partnership and Public Health England, and based on population need, SEL has identified 10 prevention areas that require focus:

1. Smoking and Tobacco Control
2. Mental health
3. Sexual health
4. Alcohol and substance misuse
5. Obesity and physical activity
6. Diabetes
7. Self-management
8. Health and the workplace
9. Dementia and ageing
10. Maternity and early years

We know that SEL has many examples of excellent prevention services, however demand on services is high and increasing. Therefore, our approach is to build on existing good practice by identifying and scaling up interventions that are already working locally to reduce demand, with additional improvements drawn from national and international examples of best practice. For many people, a GP is their first point of contact with the health system and someone with whom they have developed a long-term relationship of trust. For this reason, we see primary care as fundamental to the delivery of effective prevention services and will use the expanse of primary care in SEL to support the scaling up schemes that have been found to deliver benefits.

A detailed mapping exercise was undertaken to:

• understand current provision (and associated gaps);
• identify which schemes are likely to have the most significant impact in the priority areas; and
• identify those interventions that could potentially be scaled up to SEL level.

In SEL we acknowledge that although primary prevention is important, demand management through secondary prevention – for example supporting someone who recently been diagnosed with Type 2 to reverse the diagnosis through diet and exercise – is the key to the sustainability of services in the current financial climate. Therefore we aim to capitalise on all opportunities to improve demand management through secondary prevention.

The following section sets out the findings of the prevention profiling and the key elements of SEL’s plan to improve the quality and consistency of prevention services across the footprint.
**Delivery Overview – what we are doing now and the plans going forward**

Based on current prevention profiling, the following table summarises the current offer across footprint prevention priorities and the high-level plans to improve service delivery across SEL. Please note that further analysis is required to identify the key areas of impact in term of reducing demand as outlined in the Prevention Delivery Plan (page 16).

<table>
<thead>
<tr>
<th>Current Provision</th>
<th>Moving forward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Smoking &amp; Tobacco Control</strong></td>
<td>SEL is delivering a strong tobacco control offer. Most boroughs offer stop smoking service, while well integrated with primary care, services could better address links with mental health. At an SEL level, partners will continue the multifaceted approach including scaling up Making Every Contact Count (MECC) framework, increasing maternity smoking cessation services and continuing the SEL Illegal Tobacco Network.</td>
</tr>
<tr>
<td><strong>2. Mental Health</strong></td>
<td>There is positive practice in individual boroughs, particularly around prevention with children, young people, families and wider determinants. As most services are treatment focused there is an opportunity to develop a systemic approach to early intervention or prevention for specific groups. Collaboration at SEL level to develop consistent prevention and early identification approaches with attention for vulnerable groups. This will also include sharing digital platforms and workforce development; e.g. mental health first aid training.</td>
</tr>
<tr>
<td><strong>3. Sexual Health</strong></td>
<td>Overall, SEL has a strong approach to sexual health prevention. Contraceptive and screening services are widely available and boroughs increasingly use online services to empower residents to take a greater role in their own health. Continuing existing positive practice and using pan-SEL collaboration to optimise service delivery and reduce duplication; e.g. combining websites and developing systemic approaches to effectively targeting services.</td>
</tr>
<tr>
<td><strong>4. Alcohol &amp; Substance Misuse</strong></td>
<td>While support services are available in each borough, the level of support is varied and embedded at different stages of pathways. Focusing on the use of wider powers to influence behaviour, SEL will examine the opportunity to develop system-wide health messaging. SEL aims to improve outcomes and reduce spending by moving towards integrated commissioning across SEL (centred on prevention and early intervention).</td>
</tr>
<tr>
<td><strong>5. Obesity &amp; Physical Activity</strong></td>
<td>The SEL boroughs provide a variety of services for weight management and a number provide place based health promotion for children at schools. Several programmes exist that support people with making life style changes and provide (free) access to physical activity. Commitment at SEL level to tackle obesity holistically through MECC and increased screening to support target interventions e.g. social prescribing and weight management. Particular focus will be on integrating weight management with mental health services and making systematic use of wider programmes and health messaging. Moving towards standardised pathways and implementing the NHS ‘let’s get moving pathway’ across SEL.</td>
</tr>
<tr>
<td><strong>6. Diabetes</strong></td>
<td>As a National Diabetes Prevention Programme Pilot (NDPP) site, SEL has a strong offer for diabetes prevention. Prevention approaches are consistently embedded into primary care, with strong examples of patient empowerment. Continue the NDPP at a SEL level. We will look to build and enhance the programme through learning from each other, and elsewhere, to ensure consistency and maximise the opportunities for multi-disciplinary team working and shared services.</td>
</tr>
<tr>
<td><strong>7. Self-management</strong></td>
<td>Across SEL boroughs there is a variety of self-management support available, it is generally concentrated on reducing social isolation, health promotion in schools and targeted LTC self-management within primary care. Over the next 5 years boroughs will share lessons and aim to create efficiencies by scaling practice and increase availability of effective self-management education and support.</td>
</tr>
<tr>
<td><strong>8. Health and the workplace</strong></td>
<td>Our Healthier South East London is developing a Healthier Workforce Strategy and internal commitments include the roll-out of the Healthy NHS programme. SEL is also supporting other businesses to adopt healthy workplace strategies. To implement the Healthier Workforce Strategy and for example free health checks for staff, and integrate mental health in workplace prevention across SEL.</td>
</tr>
<tr>
<td><strong>9. Dementia and older adults</strong></td>
<td>There is good practice in SEL’s offer for older residents with dementia, especially with regard to joined-up working across boroughs. For example, the Pilot Home Treatment Team (HTT) supports older adults with a mental health crisis across Lambeth, Southwark and Lewisham. Continue current cross-borough practice and scaling the existing success of the Home Treatment Team across all six boroughs.</td>
</tr>
<tr>
<td><strong>10. Maternity and early years</strong></td>
<td>There are several programmes available across SEL that provide prevention for maternal health and nutrition, social and emotional development in the early years. SEL is working to improve the pathway for maternity smoking cessation services. To implement the SEL business case on maternity smoking cessation services and widening Lambeth’s experience with primary prevention with families in GP practices.</td>
</tr>
</tbody>
</table>
In addition to the 10 priority areas, SEL also aims to improve standards of care for AF and musculoskeletal health and improve the prevention, early detection and management of hypertension:

- **Atrial fibrillation and hypertension**: AF and hypertension are mostly addressed as part of general health screenings with lifestyle support and medication in primary care. In some boroughs people with AF are supported in specific pathways as secondary prevention against stroke. Under the STP, the stroke prevention pathways will be shared across the borough and increasing use of self-management and pharmacists to monitor hypertension to reduce demand for primary and secondary services. We will also link to the pan London-wide high blood pressure group, supported by the Healthier London Partnership, to share good practice and maximise opportunities for whole system approaches to improve the prevention, detection and management of high blood pressure.

- **Falls and musculoskeletal health**: Community services carry out most preventive action for the frail and older population, often taking a holistic approach addressing physical strength, the home environment and engaging with carers. Moving forward, OHSEL will develop a Frailty Strategy and has recently started work to standardise the MSK orthopedics pathway across SEL.

### High Impact Areas

South East London Public Health authorities and CCG’s will come together under the auspices of the OHSEL partnership to focus their attention on five high impact areas. This approach builds upon a strong existing track record of local collaboration. The ‘high impact areas’ are defined as the areas in which prevention will have the biggest impact on public health outcomes and demand for services and where the added value of the pan-SEL collaboration will be greatest in terms of creating efficiencies in service delivery and achieving outcomes. The proposed areas and actions are (to be signed-off by Dec 2016):

<table>
<thead>
<tr>
<th>Area</th>
<th>Key actions (detailed to be developed as per delivery plan on following page)</th>
</tr>
</thead>
</table>
| Smoking & Tobacco Control     | • Develop systemic approaches to smoking prevention  
• Continue and enhance the SEL Illega Tobacco Network                                                                                  |
| Mental health                 | • Develop consistent prevention and early identification approaches with attention for vulnerable groups.  
• Sharing digital platforms and workforce development; e.g. mental health first aid training.                                      |
| Alcohol & Substance Misuse    | • Systemise use of wider powers to influence behaviour  
• Develop system-wide health messaging                                                                                              |
| Obesity & Physical Activity   | • Implementing the Making Every Contact Counts framework consistently across the boroughs  
• Increased screening to support target interventions such as social prescribing and weight management programmes.  
• Integrating weight management with mental health services.                                                                         |
| Diabetes                      | • Enhance the NDPP through learning from each other and elsewhere  
• Integrate public health within CBC multi-disciplinary team working and shared services.                                          |

In addition to improving patient outcomes, prevention and (in particular) demand management through secondary prevention can deliver significant financial benefits over time for the local health economies. These savings will primarily benefit health commissioners in the form of reduced A&E attendances and reduced hospital admissions. Because of pressure on budgets, local government is not currently incentivised, nor financially able to invest in public health, despite it being the right thing to do to improve outcomes and deliver the required financial savings in the long-term.

In the short term, we will, ensuring funding is distributed appropriately to optimise the clinical and financial benefits of preventive action. We recognise that increased investment can only do so much to increase prevention capacity. Therefore, using the STP as a vehicle, we will realign commissioning incentives for the NHS and local government, ensuring that resources flow to the area of the health economy where it will have the biggest impact, irrespective of commissioner. At minimum, this means sharing the risk and reward of commissioning prevention schemes between health and local authorities. We are also exploring the option of joint commissioning and coalescing around a shared outcomes framework for prevention. Please see overleaf the SEL high impact prevention scheme delivery plan, outlining how this will be successfully implemented.
## Delivery plan for prevention

The plan below has been developed to be outcome-driven, in order to deliver on our prevention milestones by 2021.

<table>
<thead>
<tr>
<th>2016/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
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</thead>
<tbody>
<tr>
<td><strong>Define priorities and agree plan</strong></td>
<td><strong>Agree a shared prevention outcomes framework</strong></td>
<td><strong>Commission agreed high impact schemes</strong></td>
<td><strong>Evaluation of operational schemes</strong></td>
<td><strong>Review of impact and development of 2021 plan</strong></td>
</tr>
</tbody>
</table>

### Prevention – Key Actions and Milestones

#### Establishing Prevention as a STP workstream

- Borough prevention mapping (Complete)
- Detailed analysis of scheme outcomes and benefits
- Directors of PH to agree 5 key priority areas by Dec 2016
- DPHs/CBC Executive Leads and CCG Chief Officer/LA Chief Executives agree prevention priorities and PMO resource – by December 2016
- Appoint prevention programme steering group and SRO by Dec 2016
- Development of spread plan by January 2017
- Health and Wellbeing Boards validate delivery plans – January 2017

- Shared outcomes for prevention framework developed – April 2017
- DPH/CBC Executive Leads and CCG Chief Officer/LA Chief Executives sign off shared outcomes for prevention framework – April 2017

- Ongoing monitoring and review of high impact schemes

- Prevention review – April 2019
- Ongoing monitoring –

- Ongoing monitoring
- Impact review
- 2021 plan development

#### High Impact Scheme Delivery

- Priorities agreed – December 2016

- Develop high impact scheme commissioning specifications – May 2017
- Commission high impact schemes – July 2017

- High impact schemes go live – April 2018

- High impact schemes operational – ongoing
- Service specifications revised and schemes recommissioned if appropriate – July 2019

- Consistent approach to high impact public health prevention implemented across SEL
## Delivery plan for developing community based care

The table below shows our actions over the next five years. From 2019/20 we expect to have full coverage and to be realising benefit from our investment. An ongoing programme of organisational development will be needed to embed the cultures required to deliver this change.

<table>
<thead>
<tr>
<th>Federations / alliances established</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
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</thead>
<tbody>
<tr>
<td>• All local GP practices have agreed to an alliance and recognised as a legal entity</td>
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<tr>
<td>• Commissioner offer made to the alliance and contract in place in five of six boroughs</td>
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<tr>
<td>• 3 to 5 year business plan developed</td>
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<tr>
<td>• Population based budgets and risk based contracts being established</td>
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<table>
<thead>
<tr>
<th>LCN integrated system leadership and management</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local Care Networks defined, LCN leadership team and management structure in place, with clear governance and decision making arrangements</td>
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<tr>
<td>• Local Estates Strategies with bids and business cases for hub development</td>
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<tr>
<td>• Enabling strategies embedded across networks</td>
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<tr>
<td>• Integrated Care Provider, hosted by Oxleas, created to cover MH, CH, and adult social care</td>
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<table>
<thead>
<tr>
<th>Accessible care standards and associated high impact schemes implemented</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
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</thead>
<tbody>
<tr>
<td>• Reablement (including rapid response and supported discharge) across mental and physical health services.</td>
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<tr>
<td>• Improved access to GP practice including 8 to 8, seven days a week available to all patients in SEL</td>
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<tr>
<td>• Able to share medical records across federations</td>
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<tr>
<td>• Same day access to specialist advice and clinics</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Proactive care standards and associated high impact schemes implemented</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Active risk stratification</td>
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<tr>
<td>• Asset mapping and social prescribing</td>
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<tr>
<td>• Patient liaison across networks addressing mental &amp; physical health needs</td>
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<tr>
<td>• Enhanced support to vulnerable people in care homes, extra care housing and those receiving domiciliary care</td>
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<tr>
<td>• Training in motivational skills and health coaching</td>
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<tr>
<td>• Enhanced call and recall and screening for hard to reach groups including those with severe mental illness</td>
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<tr>
<td>• Local communities/stakeholders actively and routinely involved</td>
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<tr>
<td>• Health and wellbeing champions across networks</td>
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<tr>
<td>• Primary prevention and enhanced public health programmes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordinated care standards and associated high impact schemes implemented</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Active care registers within GP practices</td>
<td></td>
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<tr>
<td>• Identifying people at risk of developing LTCs including mental health conditions</td>
<td></td>
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<td></td>
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<tr>
<td>• Patient/carer education programmes</td>
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</table>

<table>
<thead>
<tr>
<th>Continuity of care standards and associated high impact schemes implemented</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All patients have a named GP</td>
<td></td>
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<tr>
<td>• Flexible appointment lengths according to patient need commissioned</td>
<td></td>
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</tr>
<tr>
<td>• Assigned care professional in final year of life</td>
<td></td>
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</tr>
<tr>
<td>• Multi-disciplinary teams established within networks</td>
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</tbody>
</table>
**Improving quality and reducing variation**

To improve care and reduce demand we need to reduce variation. Our programme is developing initiatives across key areas of our system where consistency is required and standards can be improved by working together.

Many of the improvements in our health and care system will come from changes in community based care, but we also need to reduce variation in our main pathways of care. The standard of care patients receive is not consistent. We don’t always treat people early enough to have the best results and people’s experience of care is variable and can be better.

To address this we will work collaboratively between organisations to make changes across our system that will improve value and outcomes for patients.

<table>
<thead>
<tr>
<th>Reducing pressure on A&amp;E and simplifying urgent and emergency care</th>
</tr>
</thead>
<tbody>
<tr>
<td>A benefit of investing in CBC will be a reduction in demand for A&amp;E through increased access to community support and population health management. However, when people do need to access services in a crisis it can be confusing. Our priority is integrating urgent and emergency care, providing accessible alternatives and signposting people to these and supporting people appropriately when they have to access A&amp;E. In other areas such as cancer and mental health we are exploring options for care navigators and improving mental health crisis care services as well as the acute oncology pathway to reduce demand on A&amp;E.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collaborate to improve quality and efficiency through consolidation</th>
</tr>
</thead>
<tbody>
<tr>
<td>We believe that greater efficiency and quality of care can be delivered by working collaboratively across organisations. In areas such as elective orthopaedics there is evidence that consolidating services can improve care at a lower cost. We are also establishing two cancer centres, one at Guy’s and a smaller centre at Queen Mary’s.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrating mental health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% of people with a long-term condition also suffer from poor mental health and people with severe mental illness do not always receive the best care for their physical health needs. We have undertaken pioneering work in this area, e.g. the reductions in acute service utilisation demonstrated in the ‘Three dimensions for diabetes’ pilot (3D4D). We have initiated a programme of work to explore further options for improved integration, and to ensure physical health care for those with SMI is optimised.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standardise care across pathways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where appropriate we are developing standard approaches to managing similar conditions. This will include shared referral standards and protocols for managing patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation of standards, policies and guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>We aspire to a high quality services and across our pathways we are committed to meeting national and regional standards, including as set out in the maternity review, the cancer taskforce report and the Mental Health Five Year Forward View. We will implement evidence based clinical standards of care consistently across providers. We are further expanding the Diabetes Prevention Programme.</td>
</tr>
</tbody>
</table>

There is extensive work being undertaken to improve pathways. As such, this section focuses on our plans which we believe have the most significant impact on addressing our three gaps.

If we do not change our approach to delivering care, projected demand would increase to the point that we would need a new hospital and a significant increase in workforce. Throughout this process we have therefore focused on managing this increase in demand by changing the way we work so we can work within our current infrastructure; reconfiguration will not manifest through a radical change in estate.
Reducing pressure on A&E and simplifying urgent and emergency care services

Demand for urgent care services continues to increase, putting pressure on our infrastructure and resources. This is a result of a fragmented system and a lack of suitable alternative settings.

By 2018 we will have established an integrated urgent care system, bringing together the whole system, including a reprocured 111 service (which will go live in June 2017). This will include a single out of hours number and access to a clinical hub, and will promote the use of alternative services in the community, including district nurses and community pharmacy. There’s an appreciation in SEL, and across the region, of the limited information links between U&E Care, Integrated Urgent Care (IUC) and the London Ambulance Service (LAS). Solutions are required to integrate these services digitally. Healthy London Partnerships (HLP) has developed Patient Relationship Manager (PRM) which is one possible solution to enabling integrated urgent care. This is explained in our supporting Local Digital Roadmap strategy.

We are creating and promoting effective alternatives to A&E by enhancing the capacity and capability of community based care. This includes pharmacy and extended access in primary care, and are working to reduce ambulance conveyance to emergency departments through improved integration and the development of new models. We will have improved access to GP practices, including 8 to 8 seven days a week. It is currently anticipated that all patients within SEL will have access to this service by 2017/18. We are integrating community based care provision to support patients to manage their condition and to build links with settings such as care homes to reduce avoidable admissions by 2017. This will be supported by alternative contracts which incentivise prevention.

Avoiding high end need is through crisis intervention. As such, we are developing models in primary and community care to reduce emergency department attends such as specialist advice and ambulatory ‘hot clinics’. We already have extended primary care services in Lambeth and Southwark, which have created approximately 200,000 appointments per annum, primarily focused on urgent and same day appointments, and enable proactive care for their frail adult population to reduce avoidable admissions to hospital.

When people do come to A&E, we are improving and managing care and signposting users to alternative settings. We are increasing access to specialists in A&E including access to frailty, paediatric and mental health experts and in 2017 all co-located UCC/A&Es will have enhanced front door streaming in place. CORE 24 would be a minimum standard for psychiatric liaison, though there are recognized financial hurdles that need to be worked through or alternative models explored.

We will ensure that those who experience a mental health crisis (including children) are addressed appropriately wherever they enter the system, through interventions including:

- Specific drug and alcohol services on site to avoid patients absconding and re-attending
- Improved services for under 18s, including specialist input at an early stage to avoid long waits for children and building on the NICE guidance with recommendations for transformation of services from the recent ‘Improving the care of children and young people with mental health crisis in London’
- Parallel medical and psychological assessments for patients
- Providing better and earlier mental health recognition and onward referral at the front door of the emergency department, exploring options to achieve the four hour wait target for mental health
- By September 2016, options for a pan-London section 136 care pathway will have been developed in response to the Crisis Care Concordat.

We are currently evaluating short-stay paediatric units, and developing a hospital at home and rapid response models to manage complex children out of hospital.

We are enhancing digital access to records and care plans as a key enabler to simplify and enhance our urgent care system. This includes shared access to care plans, interoperable IM&T across settings of care and the ability to share information across providers. Work is underway to explore how technology and sharing of information can prevent A&E attendances and admissions supporting the transformation required as well as how to make patients active and in control through technology.

We are committed to achieving the London Quality Standards, with the aim to drive consistent, accessible and high quality services across London, including a focus on seven day working and achieving this by Q1 2018/19.
@home service in Lambeth and Southwark

The @home service operating in Lambeth and Southwark provides intensive medical care in people’s homes to help reduce length of stay in hospital, or to avoid admissions altogether. Patients are supported by a multidisciplinary team including nurses, therapists, pharmacists, GPs and social workers. Over 3000 patients have been supported over the last year, and the @home concept has now been applied for children and young people, and for palliative care patients. Since November 2014, @home has also taken direct referrals from London Ambulance Service. By working in partnership, @home and the London Ambulance Service have been able to help support over 500 patients in their own homes who would otherwise need to be taken to hospital. In the last year, the number of admissions to hospital have flattened, while the number of patients with chronic obstructive pulmonary disease being taken to A&E has reduced significantly. It has fallen by 8% in Lambeth and 5% in Southwark, compared with a London average reduction of 3%.
Collaborate to improve quality and efficiency through consolidation

Our aim is to develop world class orthopaedic services that would deliver excellent patient outcomes and reflect the highest levels of productivity.

The *Getting it Right First Time* review suggested that consolidating elective orthopaedic services can deliver a number of benefits. In addition, this approach reflects a national drive to deliver specialist, complex and routine elective orthopaedic care through a networked model which provides an opportunity to improve outcomes, reduce complications and avoidable costs.

We are considering a plan to develop two elective orthopaedic centres. These will bring together routine and complex care onto single sites with ring-fenced facilities. This will minimise cancellations and ensure sufficient critical mass for certain procedures. The centres will work as part of a network and link with local hospitals and community based settings.

The overall service is expected to deliver:

- Accurate and timely diagnosis utilising best practice in the assessment of elective orthopaedic conditions to enable rapid access for new and existing patients;
- Delivery of evidence-based treatments plans (where incidence rates make this possible) to enable improved treatment outcomes and the maximisation of patients’ functional ability through best practice multi-disciplinary management strategies including addressing patients’ mental health needs at all stages;
- Appropriate shared care arrangements between specialities for the management of co-morbidities;
- Detailed audit of patient outcomes and experience, shared with colleagues in other centres, enabling the dissemination of best practice and appropriate;
- More complex operations, such as revision surgery, undertaken at suitably accredited units with the appropriate critical mass, by surgeons with a special interest in this field;
- The nine levers for productivity in elective care set out by Monitor.

The graphic below provides an example pathway of how the elective centres could work with base hospitals and how patients will move between base hospitals and the elective centre for outpatients, treatment and rehabilitation. Patients will still have choice of provider at the point of referral as activity is still owned by the base hospital.

In addition to consolidating acute provision we are further developing the pathway pre- and post-admission to ensure standardisation.

The graphic below provides an example pathway of how the elective centres could work with base hospitals and how patients will move between base hospitals and the elective centre for outpatients, treatment and rehabilitation. Patients will still have choice of provider at the point of referral as activity is still owned by the base hospital.

In addition to consolidating acute provision we are further developing the pathway pre- and post-admission to ensure standardisation.
Timeline for establishing the elective orthopaedic centres

We are part way through the current phase of work which is in the context of the longer-term development of elective centres. The focus of this phase, to November 2016, is to develop the pre consultation business case and clinical model enabling us to move towards consultation. The timeline for establishing the elective orthopaedic centres is summarised below and reflects national and regional guidance on NHS service change. It is expected that a pre-consultation business case will be developed by November 2016 and be followed by a 14 week public consultation. This will enable the Committee in Common to decide whether to proceed in spring 2017.

The STP process has provided an opportunity to expedite the process by working as a system to collectively ensure that, where there is benefit to patients and the system, individual organisations would not be disadvantaged.

An Accountable Cancer Network in south east London

The three Trusts that provide cancer services are establishing an Accountable Cancer Network to provide a coordinated approach to the delivery of high quality cancer care across south east London working with commissioners. One of the key first priorities for the network is the sustainable delivery of cancer waiting times standards. During 2016/17 two important new developments will support the delivery of better outcomes, access to services and improved patient experience for cancer patients.

Cancer Centres at Guy’s and Queen Mary’s

The new £160m purpose built Cancer Centre at Guy’s Hospital opened in September 2016. The centre will provide a consolidated a range of services previously located across SEL, helping to coordinate patient care; and will be a centre of excellence for cancer services, providing a state of the art facility for cancer diagnosis, treatment and research. Streamlined pathways will improve patient experience and focused research will accelerate the delivery of innovative treatments. The centre will provide a full suite of diagnostics and imaging to support the cancer pathway, as well as increased capacity with dedicated floors for outpatients, chemotherapy and radiotherapy.

The design of the centre has been patient focused with straightforward signposting, integrated services that holistically meet patient needs, and with access to therapies and supportive care alongside cancer treatment.

To create a world class centre for cancer treatment and research, the centre will benchmark key metrics against other standalone cancer units in the UK and abroad. This will support the delivery of better outcomes, access to services and improved patient experience for cancer patients. In addition, a second smaller centre is being developed at Queen Mary’s Sidcup to improve patient experiences of care by providing increased capacity for chemotherapy and, for the first time, radiotherapy treatment closer to home for patients in outer south east London from early 2017.
Integrating mental health services

We want to improve mental health in South East London including at the interaction between mental and physical health. There are specific areas where we know that we could do better in serving those with mental health disorders:

• All of our boroughs have higher than average levels of mental health need as indicated by the PRAMH formula;

• Those with serious mental illness (SMI) have reduced life expectancy of 13 years, usually due to higher risk of physical conditions;

• Analysis of the drivers of mental health need such as deprivation, population mobility, and ethnicity indicates that SEL has some of the highest levels of risk factors in the country. People from black and minority ethnic communities are more likely to be diagnosed with a serious mental illness and are over-represented in crisis services and the criminal justice system. SEL also has a large LGBT population, who also experience poorer mental health outcomes than the general population;

• Prevention, screening and early detection in those who are experiencing inequalities or putting their health at risk will be key to helping people to sustain good health and wellbeing.

We have identified a specific priority of integrating physical and mental health so that we consistently tackle the disparity in life expectancy of people with severe and enduring mental health problems and address the mental health and wellbeing of people with physical health problems and long term conditions and medically unexplained symptoms. The table below summarises our plans against our key priority areas:

### Community based care

- Integrated mental and physical health in CBC by aligning services, developing multi-professional working, supporting people with housing and meaningful occupation including employment and increase training of teams within LCNs
- Focus on integrated services to support people living with SMI, to increase and enhance their ability to live a life that encompasses meaningful work relationships and living conditions
- Building mental health into our approach for capitated budgets and risk sharing
- Incorporating mental health into our population health management approach
- Increase early access in primary care
- Tackling wider determinants of health in children and their families
- Improved services for people with dementia

### Improving quality and reducing variation across both physical and mental health

- Embed an integrated mind/body approach to support both the physical and mental health of patients and service users
- Core 24 in place in 50% of SEL trusts by 2020/21 or sooner and alternative models agreed for remaining sites
- Deliver quality improvement methodologies across the provider landscape
- Improving timely access to specialist mental health support in the community
- Increase diagnosis rates for people with mental health conditions
- Develop access to crisis care for children and adults
- Explore how we can achieve the four hour target for mental health admissions and ceasing out of area treatments (OATs)
- Ensure sufficient and appropriate capacity is available to meet future demand

### Improving productivity through provider collaboration

- In addition to the collaborative productivity work across all SEL providers we are:
- Establishing a pan-London procurement approach for mental health providers, and a shared approach to procurement of legal support across south London
- Implementing a joint approach across providers in south London to managing the budget for forensic provision which could potentially be extended to specialised commissioning of mental health services for children and young people
- Collaborative approaches to estates planning to support new models of care and more integrated working

### Optimising specialised services across south east and south London

- We are trialling a new way to manage budgets for specialised services through our collaboration between the three south London mental health trusts to take on the specialised commissioning budget for adult secure services. We will assess how this approach could be extended to other areas.

### Standardised care across pathways

- Improved access to appropriate mental health care supporting the implementation of the Mental Health Five Year Forward View
- Ensure a standardised approach to Making Every Contact Count
- Encourage open and positive discussion about mental health and wellbeing across settings.
- Promote excellence in relation to mental health across all services and conditions
- Increase early identification, including the use of screening, and early intervention for mental health needs
Standardise care across pathways

Where there is variation in standards of care we are working to ensure that this is reduced. This is through a combination of pathway redesign and standardisation, and interdisciplinary working to improve handovers.

**Cancer**

- **Education and training package for Local Care Networks:** By winter 2016/17, we will have launched an education and training package in LCNs for GPs, nurses and allied health professionals. This will focus on: encouraging healthy lifestyle choices; earlier detection and uptake of breast, bowel and cervical screening; and supporting locality teams to provide ongoing support post-discharge. In tandem, we have been working with general practice to promote the use of cancer care reviews for everyone diagnosed with cancer.
- **Improved coordination of care during the diagnosis and treatment phases:** Streamlining care to ensure all patients have a holistic needs assessment and care plan from diagnosis to treatment, to support the sustained delivery of 62 day cancer waiting times standards and to ensure that patients are kept well informed and can access clinical nurse specialist or other key worker advice and support.
- **Multidisciplinary Diagnostic Centre (MDC):** A pilot programme at Guy's Hospital aims to create a MDC to achieve timely diagnosis for patients with serious, non-specific symptoms. The pilot will be evaluated for its impact including speed of diagnosis, patient outcomes and the support offered to patients with non specific symptoms.
- **Acute Oncology Services (AOS):** By Q1 2017 we will have a single AOS phone line with linked e-prescribing systems that meet patient demand. This will triage patients, carers and GPs to the appropriate facility, enabled by sharing of relevant patient information between providers. Implementation of this will allow AOS to deliver effective and consistent emergency pathways and protocols across all sites. It will help reduce emergency admissions and attendance at A&E.

**Mental health**

- **Making Every Contact Count.** We will have a standardised approach to MECC to ensure earlier identification and intervention. Health aspects will be addressed in each contact, e.g. drug and alcohol use, anxiety, mood and psychotic symptoms, wellbeing, exercise, diet, cardiovascular risk factors, with clear onward pathways for issues identified.
- **Increase early identification and early intervention** for mental health needs, including through making mental health screening routine across all settings of care to promote appropriate care and timely referral where necessary.

**Urgent and emergency care**

- **Improve ambulance conveyance rates** through the establishment of a Clinical Hub with experienced clinicians who are operating the Hear and Treat service.
- **Providing consistent alternative referral or conveyance pathways for agreed conditions** (e.g. elder fallers, alcohol) for the ambulance service to utilise rather than conveying patient to A&E.
- **Redesigning urgent and emergency care pathways** to enable effective whole hospital responses to A&E demand, hospital flow from A&E to assessment and admission, plus the effective streaming and management within A&E.

**Maternity**

- **Creating continuity and promoting choice and mental and physical wellbeing** through the maternity pathways, and to provide clearer information about care choices and standardised information, including identifying more of those at high risk before 10 weeks and a named midwife for women. Access for all women to perinatal mental health services.

**Learning disabilities and autism**

The objectives of the south east London Transforming Care programme are to:

- Improve the way we identify and meet the needs of people with LD/ autism are supported in community settings with good quality, responsive services.
- Ensure consistent transition planning for all children from aged 14 upwards to plan how they will live as independent adults wherever possible
- Enhance crisis intervention for people with LD and/ or autism where people are at risk of being admitted to hospital to prevent admission
- Develop proactive support for people with LD and/ or autism so that people can live independently in the community settings
- Improve hospital care and discharge planning for people with LD and/ or autism.
Implementation of standards, policies and guidelines

We aspire to a high quality services across our pathways. We are committed to meeting national and regional standards, including as set out in the national maternity review, the cancer taskforce report and the Mental Health Five Year Forward View. We will achieve this by implementing evidence based clinical standards of care consistently across providers.

Specifically we aim to deliver the full implementation plan for the Mental Health Five Year Forward View for all ages, including:

• Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with physical healthcare;

• More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;

• Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;

• Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;

• Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and

• Reduce suicide rates by 10% against the 2016/17 baseline;

• Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals;

• Increase baseline spend on mental health to deliver the Mental Health Investment Standard;

• Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support;

• Eliminate out of area placements for non-specialist acute care by 2020/21;

• Increase access to evidence-based specialist perinatal mental health care, in line with the requirement to meet 100% of need by 2020/21, and ensure that care is in line with NICE recommendations; and

• Health and care commissioners should develop a pan-London multi-agency (including the police and ambulance service) case for change and model of care for child and adult mental health patients in crisis

Accident and Emergency (A&E)

In overall terms delivery of national waiting times standards for A&E has represented a real challenge over 2015/16.

For 2016/17 recovery trajectories have been agreed between commissioners and providers, driven by a joint commitment to securing an incremental improvement in performance over 2016/17, and underpinned by actions to support flexible, resilient and sustainable emergency care pathways. Recovery plans have been agreed on a provider specific basis and include a thematic approach to supporting improved performance, with the following key areas of short term focus:

• Ensuring appropriate capacity, both through a redesign of A&E departments where required (as at GSTT and Greenwich), and to ensure appropriate bed capacity is available to support effective flow;

• The effective management of demand, focused particularly on A&E diversion schemes;

• The implementation of discharge to assess models, alongside the provision of community based supported discharge, reablement and rehabilitation services;

• Dedicated service improvement and investment, in and out of hospital, to ensure the effective management and treatment of particular client groups, such as mental health, alcohol, frail elderly.
Implementation of standards, policies and guidelines

Over the medium term, the STP proposals for urgent and emergency care and the development of community based care will support sustainable, high quality and cost effective urgent and emergency care services.

18 week referral to treatment waiting times standard

Delivery of the 18 week referral to treatment waiting times standards for planned care is mixed, with GSTT and LGT meeting national waiting times standards at a provider level but with a history of challenge at KCH. Recovery plans have been agreed at trust and specialty level with the following key areas of focus:

- Ensuring robust demand and capacity planning, focused on both immediate and future requirements;
- The redesign of planned care services, with a focus on developing virtual outpatient clinics, effective triage and assessment services and a shift to day case and outpatient rather than inpatient settings.

Work to ensure that demand is appropriately managed through the agreement of referral criteria, straight to test protocols for diagnostics, referral triage and the shift of follow up care to community based settings.

In addition to these existing RTT standards, the Mental Health Five Year Forward View envisages pathway development including access standards for mental health conditions and once those standards are clear, the implications for services across SEL will need to be understood and a process for ensuring that the standards can be achieved agreed.

Cancer

There is more to be done so that cancer services consistently meet national standards for all patients, particularly in terms of delivering on 62 day cancer waiting times to treatment and for those patients who transfer between local to specialist hospital services.

The 62-day waiting time standard is a key focus, particularly within the breast, lung and colorectal pathways. In the immediate term South East London commissioners and providers have worked together to agree a Cancer Improvement Plan seeking to address earlier detection and faster diagnosis and treatment for people with suspected cancers. This includes action to improve access to diagnostic capacity within the first seven days of referral and the more consistent delivery of timed pathways of care for more patients.

We aim to implement:

- Joint data systems, including a joint waiting list;
- Care navigator roles that focus on the transfer of patients between providers;
- An Accountable Clinical Network to provide a coordinated approach to cancer with the sustainable delivery of national waiting times standards as a key first priority of the network;
- Support improved decision-making and patient choice;
- Review diagnostic capacity to ensure timely diagnosis and pathways of care;
- Create additional capacity with the opening of the new state of the art Comprehensive Cancer Centre at Guy’s Hospital and new chemotherapy and radiotherapy facilities, closer to peoples homes in outer south east London, at Queen Mary’s, Sidcup.

High quality acute provision

Only two of our providers are rated as good by the CQC and none are outstanding. We are committed to ensuring that all of our providers improve against this standard.
Savings associated with improving quality and reducing variation

The table below shows the financial impacts of implementing the initiatives described in this section. The financial impacts have been estimated by considering potential changes in activity (i.e. managing growth in numbers of A&E attendances or reducing the average length of stay in hospital). These are based on a comprehensive benchmarking exercise. As a result, the performance implied has been demonstrated as achievable by other, similar areas.

The changes in activity have then been converted into financial savings (against the ‘status quo’ challenge) by costing them for each year over the five year period. A proportion (40%) of the total potential savings has been assumed to be reinvested to achieve these (although this is expected to be applied disproportionately across the care areas). The net savings opportunity (against the ‘status quo’ challenge) across all care areas is therefore £116m.

The majority of investment is in community based care, reflecting the planned shift from acute and secondary to primary and community care and prevention. A substantial proportion of this is planned for the high impact interventions that are under development. While some savings are attributed directly to community based care many of the benefits are realised in other areas, particularly urgent and emergency care.

All of the savings presented below relate to the cost of provision of care throughout the system and are modelled consistently with the hypothetical ‘status quo’ scenario set out on page 2. As a result, some of the savings relate to avoiding demand or inflationary cost growth, while others relate to reductions in costs from the current position. All of these savings have been modelled in terms of costs of provider organisations (as opposed to the costs of commissioning care). These costs change at a marginal rate to reflect the fact that a proportion of costs (i.e. those associated with PFI estates) will not be releasable in any transformation.

<table>
<thead>
<tr>
<th>Area of anticipated saving</th>
<th>Estimated recurrent savings in 2020/21 (£m)</th>
<th>Recurrent investment costs in 2020/21 (£m)</th>
<th>Net recurrent savings in 2020/21 (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in community based care</td>
<td>52.0</td>
<td>(61.8)</td>
<td>(9.8)</td>
</tr>
<tr>
<td>Reduction in demand for and increasing efficiency of urgent and emergency care (adults)</td>
<td>70.6</td>
<td>(7.8)</td>
<td>62.7</td>
</tr>
<tr>
<td>Planned care transformation</td>
<td>40.7</td>
<td>(4.5)</td>
<td>36.2</td>
</tr>
<tr>
<td>Reduction in demand for and increasing efficiency of urgent and emergency care (children and young people)</td>
<td>7.6</td>
<td>(0.8)</td>
<td>6.8</td>
</tr>
<tr>
<td>Maternity care transformation</td>
<td>6.3</td>
<td>(0.7)</td>
<td>5.6</td>
</tr>
<tr>
<td>Cancer care transformation</td>
<td>16.8</td>
<td>(1.9)</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>194.0</strong></td>
<td><strong>(77.6)</strong></td>
<td><strong>116.4</strong></td>
</tr>
</tbody>
</table>
## Milestones over the next five years

To deliver our plans set out above we have established workstreams centred around clinical areas. Each group is clinician led and has a senior responsible officer.

<table>
<thead>
<tr>
<th>2016/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
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</thead>
<tbody>
<tr>
<td><strong>Urgent and emergency care</strong></td>
<td>• Plan to achieve 7-day services developed with Healthy London Partnership in line with the London Quality Standards</td>
<td>• Front door streaming at co-located sites</td>
<td>• Priority 7-day standards in place for 50% of population</td>
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<tr>
<td></td>
<td>• Evaluation of short stay paediatric unit</td>
<td>• Rapid-response teams in place</td>
<td>• Enhanced emergency department front door</td>
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<td></td>
<td>• Assess options for CORE 24 and CORE Comprehensive for larger teaching hospitals</td>
<td>• Digital access to care plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ensure mental health needs are identified and addressed as well as physical health needs</td>
<td>• Integrated Urgent Care in place</td>
<td></td>
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<td></td>
<td></td>
<td>• Planning for 4 hour wait target for mental health and ceasing OATs</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Plan to achieve pan-London s136 pathway and HBPoS specification</td>
<td></td>
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<tr>
<td><strong>Planned care</strong></td>
<td>• Elective care centres pre consultation business case and consultation</td>
<td>• Elective care centres decision</td>
<td>(If agreed) Elective care centres build and go live</td>
</tr>
<tr>
<td></td>
<td>• GSTT and LGT meeting referral to treatment standard</td>
<td>• All providers meeting referral to treatment standard</td>
<td></td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>• Support development of Accountable Clinical Network</td>
<td>• Evaluate outcomes of multidisciplinary diagnostic centre pilot</td>
<td>• Implementation of consistent community based care offer to support those living with and beyond cancer including addressing mental health needs</td>
</tr>
<tr>
<td></td>
<td>• SE London Cancer Improvement Plan to address Cancer Waits Standards, including review of diagnostics demand and capacity</td>
<td>• Roll out of multidisciplinary diagnostic centre model across SEL</td>
<td>• Full implementation of diagnosis provisions for NICE guidelines and GP access</td>
</tr>
<tr>
<td></td>
<td>• Opening of Cancer Centres at Guy’s and Queen Mary’s</td>
<td>• Go live of single Acute Oncology phone line for south east London</td>
<td>• Implementation of breast, prostate and cancer patients access to stratified pathways of care</td>
</tr>
<tr>
<td></td>
<td>• Develop and implement training and education package for primary care to support earlier detection and improved support to people living with cancer as a long term condition</td>
<td>• Delivery of timed cancer pathways to support achievement of faster diagnosis and 62 Day treatments cancer waiting times standards</td>
<td>• Recovery Package available to patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Roll out and evaluate primary care training and education package</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improved care coordination and streamlined patient flow through the system through implementation of care navigators</td>
<td></td>
</tr>
<tr>
<td><strong>Children and young people</strong></td>
<td>• Development of SEL children and young people population planning network</td>
<td>• Improving access to children and young people’s mental health services trajectory to 2020 agreed</td>
<td>• Integrated care models for children and young people with long term conditions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children and young people performance dashboard</td>
<td>• Building parenting and peer support in the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Taking a preventative approach, incorporating working more closely with other agencies to tackle the wider determinants of mental illness</td>
<td>• Develop emotional literacy and resilience through school based support, alongside earlier identification and intervention</td>
</tr>
</tbody>
</table>
**Milestones over the next five years, cont.**

To deliver our plans set out above we have established workstreams centred around clinical areas. Each group is clinician led and has a senior responsible officer.

<table>
<thead>
<tr>
<th>2016/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternity</strong></td>
<td>• Maternity performance dashboard, • Standardised information on birth setting choices</td>
<td>• Standardised maternity specification, including mental health • Saving Babies Lives care bundle implementation • Agreed obstetric consultant cover trajectory</td>
<td>• Increased out of labour ward births • Local continuity of care ambition achieved • Promoting mental and physical wellbeing and identifying high risk women</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>• Identify gap and plan for delivery of Core 24 model • 3 of our 6 (50%) boroughs to have designated HBPOS in line with the specification requirements • Consistent acute and MH pathway developed across SEL • Opening of St. Thomas’ ED including new MH facilities, finalise plans for PRU and QEH • Review drug and alcohol services demand, develop social care links • SEL plan developed for ceasing OATs across footprint • Develop training and education and measures for community workforce and commence 2 pilots</td>
<td>• Determine appropriate model, workforce and wave 1 funding • Implementation of Acute and MH pathways across SEL • Evaluate outcomes of St. Thomas’ MH facilities &amp; review other SEL ED facilities • Revise models that can be applied across SEL with aim of having 50% of acute sites with appropriate models in place • Standardised care pathway developed for all OATs across SEL in place across half of SEL boroughs • Determine perinatal MH training</td>
<td>• Continue implementation and wave 2 funding • Provider development programme continued • Up-skilling and recruitment of specialised staff • Testing new models and evaluating • Revise models that can be applied across SEL with aim of having 75% of acute sites with appropriate demand models in place • Implementation of plan and standardised care pathway achieved SEL wide • Funding to support development of specialist perinatal community teams</td>
</tr>
</tbody>
</table>
Improving productivity and quality through provider collaboration

We can no longer rely on traditional cost improvement programmes within single organisations. Instead, we are working more collaboratively to realise the productivity and service improvement opportunities which lie beyond organisational boundaries.

While performance improvements within organisations remain important, we are making a move to longer term transformation and strategic planning across the health and care economy.

Savings are estimated at £225m through economies of scale and removing duplication, and we expect to see improved outcomes and quality. Opportunities for collaboration are outlined below:

- **Standardise and consolidate non-clinical support services** wherever possible.
- **Optimise the workforce** by generating SEL-wide allegiance and alignment to staff banks and better management of agency contracts.
- **Capitlise on our collective buying power** with a SEL procurement hub.
- **Consolidate clinical support services** to generate economies of scale and deliver consistent, high quality services.
- **Capitlise on the collective estate of SEL**, rationalising services and point of delivery.

What the collaborative productivity programme has accomplished so far

The work to date has focused on developing the high-level opportunity areas into plans for delivery and collectively agreeing the potential savings.

There are three key achievements and areas of consensus.

1. **Defined cost bases**

Trusts have been collectively agreed the cost bases of the individual opportunity areas and workstreams. The programme can track the benefits delivered over time in a robust way from the outset.

2. **Agreed savings opportunities**

The scale of the opportunities are supported by accountable finance directors as credible in the given timeframe. An investment strategy needs to be developed to understand the impact across individual organisations. Detailed business cases will be required.

3. **Formal commitment to the programme from all providers**

There is consensus that the programme and encompassing research, analysis and engagement is at a point where we can move on to implementation.

Funding alone will not enable transformation. In some instances delegated authority from the centre may be required (e.g. estates disposals and receipts).

**Our priorities for the next 3 months**

In the next 3-6 months we plan to:

- Establish a multi-disciplinary, multi-organisational provider board chaired by a CEO
- Agree with each SRO the resource requirement to develop investment ready business cases
- Develop a PMO and analytics function
- Establish a schedule and timeline for each initiative and develop the governance and sign off route for each programme
- Realise quick wins in payroll, clinical and non-clinical sourcing and category management

Improving productivity and quality through provider collaboration

**Capitalise on our collective buying power with a SEL procurement hub**

**Optimise the workforce** by generating SEL-wide allegiance and alignment to staff banks and better management of agency contracts.

**Consolidate clinical support services** to generate economies of scale and deliver consistent, high quality services.

**Capitlise on the collective estate of SEL**, rationalising services and point of delivery.
1. Standardise and consolidate non-clinical support services

At present, non-clinical support services are duplicated across trusts; tasks are repeated; there is significant variation in quality. Administrative activity impinging on clinical time and the technologies that are intended to increase productivity are not meeting their potential. The consolidation of non-clinical support functions will lead to savings through:

- **Economies of scale**: beginning with the consolidation of highly transactional services to reduce headcount
- **Standardisation and simplification of processes**: significantly reducing the level of variation across the trusts
- **Improved technologies**: reducing required administrative effort and increasing clinical productivity
- **Effective talent management**: providing staff who deliver non-clinical support functions with the scope and authority to re-engineer existing processes.

Five options have been identified – in-sourcing to an SEL entity, consolidation of all the functions to a single location, setting up an SEL owned Shared Services Centre, setting a joint venture with a private sector partner and outsourcing.

We have agreed that insourcing will be pursued, as opposed to outsourcing, and further discussions are being held to chose the final model. Once the preferred model has been chosen and in-scope processes are identified, we aim to have established a new model for HR, IT, Procurement and Finance in the next 3 years.

2. Optimise the workforce

Staff banks offer a more affordable and controllable way to service the demand for temporary staff than agencies. However, some staff are understandably tempted to work for agencies at higher rates, reducing the number of shifts that can be filled by the more affordable bank staff. Liaison analysis identified a £10.5m opportunity in this area.

Working as a collective enhances our position. We can achieve savings through:

- **Reducing demand for temporary staff**: one trust would undergo an intense productivity drive creating a centre of excellence who will share best practice across all trusts, beginning with the e-rostering system
- **Reducing agency rates**: Collaborating to secure the best rate from a select group of agencies and a vendor management system to improve understanding of temporary staff spend
- **Increasing supply of affordable temporary staff**: by setting up a jointly owned agency, starting with high impact staff groups and expanding over time.
- **Working with the Ambulance Service in London to ensure appropriate workforce is in place so that, where appropriate, patients can be treated on scene and discharged e.g. training and educating paramedics into newly defined roles i.e. advanced practitioners

By 2021 we want to have built a large staff base by offering competitive rates and other non financial benefits. The commission would be re-distributed among trusts. There will be visibility of spend on bank and agency this will be used to enter into joint negotiations with external agencies to achieve lower rates. Along with a cultural shift in framework compliance, a shortlist of preferred agencies will be chosen and rates fixed. Digital technology will be used to underpin the lean model of the organisation.

To achieve this vision, we will first create an outline business case, or ‘Case for Change’ that will describe how we intend to reduce agency spend and explore the idea of a shared bank. We also plan to create a data sharing agreement so that bank and agency data can be routinely shared. There will need to be alignment of Direct Engagement systems to ensure free flow of data. We will commission detailed baselining of spend in order to identify lowest rates.

3. Capitalise on our collective buying power

There is a lack of control and visibility over inventory and purchase order compliance. This has lead to price variation, inefficiency and a large volume of waste. Furthermore, there is a lack of data and proper analytics to support product decisions, with clinicians aligning patient outcome/cost with products.

Findings to date, (aligned with the Carter Review) indicate that some supply chain management can be centralised while some responsibility is retained locally.

We want to adopt a category by category approach to drive down price variation and common processes to reduce unnecessary waste and inefficiency. The role and profile of the supply chain management function will be expanded to ensure effective management of supply within each trust. We will have the flexibility to align and fully exploit opportunities from other collaborative networks, in particular the Shelford Group, London Procurement Partnership and the Mental Health Trusts clustering network.
In order to achieve this vision we need to:

- **Reduce waste:** through the standardisation of processes, sharing of best practice, pro-actively challenging non-pay spend, increasing visibility over activity and driving compliance
- **Drive down unit costs:** by leveraging the combined purchase volume and using the most competitive contract terms going forward. This will be enabled by using the best people from participating organisations and re-alignment of people, processes and technology

### 4. Consolidate clinical support services

Challenges common across the clinical support services include: variation in service and medicines costs; peaks and troughs of demand; and system and process inefficiencies which delay turnaround and reporting times, impacting patient outcomes.

There are a range of future collaborative models which we are considering across different services, including pathology and radiology.

We plan to achieve savings by:

- **Reducing the drugs bill and improving pharmacy infrastructure services** through improving integration between primary and secondary care, improving use of e-prescribing and reducing medicine stock-holding;
- **Workforce re-profiling and process improvements** that make use of available technologies to create a leaner, multi-skilled workforce with improved retention rates;
- **Sharing equipment or Managed Equipment Service contracts** by leveraging scale to negotiate better equipment contracts and investing in better equipment;
- **Optimising purchase and use of consumables and reagents** by using our collective purchasing power to negotiate better contracts and to reduce waste.

We intend to leverage existing pharmacy and medicines optimisation work, and integrate current initiatives into this area to drive the work forward.

### 5. Capitalise on our collective estates

There is currently underutilisation at some sites, and too high levels of activity at others. Lack of accurate data means strategic planning and decision making is difficult.

In 2021, we want organisations to have total transparency of information informing a SEL wide estates strategy. We will work to ensure assets are fit for purpose, flexible and will fulfil future service requirements.

The idea of collaboration within estates is not new, but collaborative productivity will allow it to happen on a new scale. This would build on important work done by organisations such as Essentia, Community Health Partnerships, NHS Property Services, and the OHSEL estates group.

This will be achieved through:

- **Reducing the level of under-utilised and non-clinical space:** by understanding the current state of all estate and increasing investing in digital technology to improve operational productivity and implementing digital delivery between all providers;
- **Reducing running costs:** through the development of a standard offer for facilities management and working as a collective to renegotiate large scale contracts;
- **Improving Productivity:** by investing in digital technology to improve operational productivity and implementing digital delivery such as telehealth.
Savings associated with improving productivity and quality through provider collaboration

The collaborative productivity savings have been split across the five opportunity areas. Within each of these opportunity areas each trust’s general ledger has been used to cost the areas that may be impacted by the proposed changes.

Savings proportions and potential investment requirements for each of these areas have then been applied based on discussions with subject matter experts (both inside and outside the local health economy). These assumptions have subsequently been tested with Chief Financial Officers of organisations taking part in the programme.

The 2020/21 savings across all trusts are shown in the table below. They have been estimated to total approximately £225m.

The largest savings stem from capitalising on our collective buying power, £62m, and optimising the workforce – £61m. Together, these opportunity areas contribute to over 50% of the total savings.

The non-recurrent investment required in order to achieve these savings has been estimated to be £35m. This investment requirement has been estimated individually for each option.

Further work is required to validate and refine these investment requirements prior to implementation of the proposed changes.

All of the savings presented below relate to the cost of provision throughout the system and are modelled consistently with the hypothetical ‘status quo’ scenario set out on page 2. They have been estimated alongside existing cost improvement programmes and are therefore considered additional to the £189m of BAU savings already achieved in the system. Work to confirm that there is no overlap with these existing programmes continues.

<table>
<thead>
<tr>
<th>Opportunity area</th>
<th>Option</th>
<th>2020/21 recurrent saving (£m)</th>
<th>Estimated non-recurrent investment¹ (£m)</th>
<th>Years to fully implement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimise the workforce</td>
<td>Joint agency</td>
<td>19.9</td>
<td>(6.8)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Collaborative rate reduction</td>
<td>12.1</td>
<td>(1.0)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Productivity</td>
<td>28.9</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Capitalise on our collective buying power</td>
<td>Unit cost</td>
<td>34.0</td>
<td>(4.1)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Waste reduction</td>
<td>27.7</td>
<td>(2.6)</td>
<td>5</td>
</tr>
<tr>
<td>Standardise and consolidate non-clinical support</td>
<td>Consolidation</td>
<td>38.2</td>
<td>(9.3)</td>
<td>3</td>
</tr>
<tr>
<td>Consolidate clinical support services</td>
<td>Pharmacy</td>
<td>24.7</td>
<td>(2.2)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Other clinical support</td>
<td>13.0</td>
<td>(4.7)</td>
<td>4</td>
</tr>
<tr>
<td>Capitalise on the collective estate</td>
<td>Estates</td>
<td>26.8</td>
<td>(4.7)</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>£225.2</strong></td>
<td><strong>(35.4)</strong></td>
<td></td>
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</table>
Timeline

We have developed a high level timeline of activity over the next five years, which will enable the system to come together to work in a more collaborative way.

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16/17</td>
<td>Scoping and design of target operating model</td>
</tr>
<tr>
<td>FY17/18</td>
<td>Function established</td>
</tr>
<tr>
<td>FY18/19</td>
<td>SEL to manage function</td>
</tr>
<tr>
<td>FY20/21</td>
<td>Established analytics and PMO function</td>
</tr>
<tr>
<td>FY21/22</td>
<td>Integrate systems and processes more radically, change and compliance driven by an in-part centralised function</td>
</tr>
<tr>
<td>FY22/23</td>
<td>Leverage work of existing collaborations (LPP, Shelford)</td>
</tr>
</tbody>
</table>

**PMO and analytics function**

- **Capitalise on collective buying power**
  - Detailed analysis & scoping of collaborative procurement function
  - Development of business cases and waste reduction plan
  - Immediate work to deliver savings through product switching

- **Capitalise on collective estate**
  - Detailed analysis and scoping of function
  - Detailed estates analysis
  - Impact assessment for SEL strategy

- **Capitalise on clinical support services**
  - Detailed analysis and scoping of HR, finance, procurement and IT functions
  - Business cases for the consolidation of HR, finance, IT and procurement

- **Consolidate non-clinical support services**
  - Detailed analysis and scoping of HR, finance, procurement and IT functions
  - Business cases for the consolidation of HR, finance, IT and procurement

- **Consolidate clinical support services**
  - Detailed analysis and scoping of clinical support functions
  - Options appraisal of future collaborative models

- **Optimise the workforce**
  - Business case for reducing agency spend
  - Business cases for using lean methodologies

- **Programme of delivery to implement best practice across SEL**
  - Implement lean workforce in one trust and set up centre of excellence
  - Negotiate set rates with select group of agencies
  - Scoping of joint agency
  - Establish joint agency
  - SEL providers recruiting from joint agency
Optimising specialised services across south east and south London

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. They tend to be provided by hospitals that can recruit a team of staff with the appropriate level of expertise, often with research interests.

There are nine providers of specialised services in south east London, and £850m spend. Most is spent with our two largest providers: Guys and St Thomas’ (£410m) and King’s College Hospital (£312m), with Lewisham and Greenwich accounting for a further (£43m). South London and Maudsley (£41m) and Oxleas (£19m) provide specialised mental health services. The catchment for these specialised services stretches well beyond London - one third of all activity comes from outside south east London, with the most significant flows from Kent and Medway and Surrey and Sussex (particularly in renal dialysis, cardiac surgery and paediatric neurosurgery), while the growth in referrals from this wider region currently exceeds local growth. The size of specialised services in south east London has a direct impact on the sustainability of our system, both in terms of financial sustainability and the quality of other services. The potential impact to the south east London system of any change to these flows, decisions for repatriation or associated local developments cannot be underestimated.

The case for change in specialised services

We face a number of challenges in specialised services:

<table>
<thead>
<tr>
<th>We need to do more to manage demand and the rising costs of provision</th>
<th>At a national level we are seeing a rising demand for specialised services, driven by advances in science and an ageing population, which has prompted an increased demand for specialised care. We are also experiencing an increase in spending at a much greater rate than other parts of the NHS which is expected to continue, in a large part due to the increasing volume of expensive new drugs and new technologies. In south east London we are experiencing an increase in the number of patients coming to be treated from outside London.</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are not always joining up services and treating patients in the most appropriate place</td>
<td>Across London specialised services can be fragmented. There are gaps in provision and disconnects between specialised, non-specialised and local services, and treatment not being provided in the most appropriate place. In south east London we are faced with particular issues in mental health, with London patients being referred to beds/services outside of London while children and young people cannot always access age appropriate inpatient mental health services when they need them.</td>
</tr>
<tr>
<td>Services are not being delivered in the most efficient way</td>
<td>We also have a high level of services overlap in south London – most of which is in areas of high spend. The close proximity of similar services across south London offers opportunities for efficiencies, but attempts to create larger and more effective specialised units have often been contested.</td>
</tr>
<tr>
<td>The quality of our services varies and we are not always meeting our own standards</td>
<td>In south east London specifically, we have significant performance challenges and are not consistently achieving targets across acute specialised services. This includes issues with the 62 day cancer wait target, and a large number of patients waiting over 52 weeks in neurosurgery and orthopaedics.</td>
</tr>
</tbody>
</table>
Our financial challenge
As well as addressing quality and performance challenges, we are considering ways in which we can address our projected financial gap in specialised services. In June, the ‘do nothing’ specialised commissioning financial challenge was estimated at a cumulative £190m over five years. Since then we have been developing a finance and activity model to refine, a greater level of detail, this provisional financial challenge associated with pan-London specialised commissioning. We are working with NHS England to reconcile the growth assumptions underpinning this model and agree the scale of the challenge. We are also working with our neighbours and surrounding regions as we plan initiatives to address our challenges.

Our aims for south east London
We are committed to delivering high quality and sustainable specialised services in south east London, both for our own population and for those that travel here to receive care. To achieve this, we, together with NHS England, are considering alternative ways to deliver and plan specialised services. We will:

- Reduce the number of people requiring specialised services by developing a whole system, pathway led approach to provision and commissioning of services, maximising primary and secondary prevention;
- Ensure that the integration of physical and mental health is placed at the heart of our specialised service delivery
- Build on our knowledge of patient flows and the relationship between services to determine new and innovative ways of commissioning and providing services to improve quality, safety and cost effectiveness
- Eliminate unwarranted variation to ensure equity of access, outcomes and experience for all

The majority of specialised service pathways for our population are delivered by the trusts within King’s Health Partners (KHP) and St George’s. As an Academic Health Sciences Centre, KHP is a key driver of specialised service development.

KHP work already underway seeks to address some of our local challenges, including strengthening haematology, cardiovascular, clinical neurosciences and children’s services. There are significant opportunities to improve the coordination between specialist and local care through network models, and further optimize the specialist elements of these services with research and training across the specialist sites. Guy’s and St Thomas’ vanguard project with Dartford and Gravesham also includes a focus on paediatric, cardiac and vascular care pathways which will support and align with wider work on specialised services and improve outcomes for residents of east Kent.

This work could lead to some changes in service delivery so we will work closely with patients, service users and a wide range of other stakeholders to co-develop our proposals and determine how to deliver the best outcomes, experience and value to meet the needs of the people we serve. This work also has further potential to address estates challenges through joint solutions.

We are also embarking on a trial across south London to test a new way of managing budgets for specialised mental health services. This would see the three mental health providers (SLaM, Oxleas and South West London St George’s) collectively manage the relevant portion of the specialised commissioning budget.

The trial will support the transformation of adult secure services by improving pathways and delivering cost effective services as a result of improved estate management, governance and bed management. 2016/17 will act as a shadow year as we establish the appropriate governance and collaborative mechanisms.

Focus areas
Through reviewing our performance and quality issues and areas of highest spend, and our work with Kings Health Partners, we are suggesting three area of focus to explore further: Pathway transformation, Drugs and Devices and Improving Value.

In delivering these, we will take a collaborative approach to commissioning services on a STP or multi STP footprint. This will include planning and designing services together and providing financial incentives for pathway improvement, supported by the pooling or delegation of budgets as appropriate as well as reforms to the payment and contractual system. We will take this forward in 2016/17 through a collaborative commissioning approach to adult secure mental health services.
Pathway Transformation

i. Aligning services across south London
In south London we have eight acute specialised providers, including three large providers with contracts over £150m (Guy’s and St Thomas’, Kings College Hospital and St George’s) which are geographically extremely close – the furthest distance between them is just 7 miles. There is considerable overlap in the services provided at these hospitals. Commissioners have initiated a programme of work to identify the future optimal configuration for these services to be clinically and financially sustainable and deliver the best patient journey. This work will also consider the patient flows into London from the South East.

ii. Pathway reviews
We are reviewing how we deliver the most effective and high performing services. The Specialised Commissioning Appendix sets out the areas of initial focus at a pan London and south east London level. The Priority areas are Paediatrics, Cardiovascular, Specialist Cancer, Renal, Neuro-rehabilitation, Neuro-surgery, Vascular Services, HIV, Adult secure mental health, CAMHS and Transforming Care Partnerships.

Drugs and Devices
We will work closely with clinical colleagues and partners to bring forward system-wide benefits to improve the value that the NHS gets from our significant investment in high cost drugs and devices. We will engage with patients and carer representatives on the CRGs on the medicines optimisation programme to improve the value and outcomes for patients.

Improving value
In line with the national commissioning intentions we will engage with important areas of work to drive improved value including fragile services, reducing variation and use of national CQUINs.

A world class destination for specialised services
Excellence in clinical care, research and education is at the heart of SEL’s specialised services offer. Our work to develop world-class specialist services is supported by KHP’s five year plan for improving health and wellbeing locally and globally. This means that underpinning all of our work in SEL will be a focus on integrating mental and physical healthcare across all care pathways, delivering interventions to improve population health and providing better value healthcare through improved outcomes and innovative use of data and informatics.

A system wide delivery plan to underpin the STP plan is in progress via a series of workshops for SE and SW commissioner and provider teams (with the first 2 workshops scheduled for 2nd and 17th November). This will support agreement of early deliverables focussed on the clinical case for change, out of area patient flows, network models, activity growth, public engagement and potential for improved patient pathways.
Delivering our plan will require a change in how we work and what we do

The STP cannot take on the role of regulator, or substitute individual organisational governance arrangements that ensure they are meeting their statutory responsibilities. Delivery of our STP is therefore dependent on a shift in culture. A shift away from a focus on individual organisational achievement and towards shared ownership and accountability for improved health and social care outcomes for the population of SE London.

This will require the space for new conversation to take place throughout the health and social care system:

- Conversations that are inclusive of staff and local people;
- Conversations that are honest and where necessary challenging; and
- Conversations that are compassionate and respectful of the very real day-to-day pressures faced by individuals and organisations working to improve the lives of people in SE London.

This is a collective endeavour and requires not just a clarity of vision but shared responsibility for delivering our plans. Such a change in relationship requires a true commitment from system leaders to work together differently and this will be formalised in a system-wide Memorandum of Understanding.

However, our ambitions for system transformation and integration of care will only be achieved if there is ownership of the challenges we face throughout our individual organisations. We need to empower health and social care staff to make change happen, beyond the shared programmes of work that are described in this document. This requires health and social care professionals to lead the process of change, whereby they identify opportunities to improve outcomes, efficiency and optimise the value of the care being provided to local people.

In recognising that the STP is not meant to be a regulatory body, we’ve begun to define our role.

**STP Role in Delivering CIP/ QIPP Plans**

- SEL STP will understand business as usual CIP/ QIPP plans and recognise that individual organisations will be responsible for delivering those alongside regulators.
- SEL STP will be responsible and take an active role in strategic coordination and designing areas collaboration, and be accountable for collaborative programmes.
- SEL STP will continue to explore opportunities for collaboration and seek opportunities to solve problems which are best tackled on a footprint-wide basis.

**STP Role in Delivering Performance Plans**

- SEL STP will understand business as usual supply and demand pressures on healthcare; individual organisations remain accountable to their regulator.
- SEL STP will provide a strategic coordination function to monitor our progress to meet performance targets.
- SEL STP will problem solve and explore opportunities to enhance our performance position where this makes sense on a footprint-wide basis.

**STP Role in Financial Strategy**

- SEL STP will maintain a financial model which will provide the strategic framework for planning and will work with organisations to build a collective understanding of this framework.
- Organisations are accountable for their own control totals; the SEL STP will monitor the collective control total which is the net sum of the in-scope organisational control totals.
- Monitoring the collective control total will be the responsibility of the quartet and the Strategic Planning Group; the monitoring role will allow system leaders (where required) to pursue further savings opportunities that are best tackled on a footprint-wide basis.

Fit-for-purpose governance needs to be developed so that the STP delivery phase has a solid foundation.

A number of proposed changes to the current OHSEL governance structure to make it more fit-for-purpose have been created. The changes are meant to be more practical and sustainable to allow for a joined-up approach to working collaboratively across the system.

The proposed changes are:

- There should be distinct and defined roles and responsibilities for the Strategic Planning Group (SPG) and the Quartet.
- The SPG sets the strategic direction, and will continue its role setting the overall direction for the STP and be the sign-off point for STP plans, the Quartet will be the body that meets monthly to keep executive oversight of the programme.
- CEO and CO’s need to continue to meet regularly both with each other and on their own. As part of this there should be a monthly provider CEO meeting.

The provider productivity work has reached the stage where it needs a separate board constituted differently, perhaps with a chief executive chair. This programme board would oversee the entirety of the productivity programme.
Underneath that would be a project board for each of the five productivity workstreams. The project boards would be supported by a designated project manager for each area. The role of the Project Manager would need to include responsibility for driving the work forward on a day-to-day basis, regular reporting to the respective project board, risk management and benefits tracking.

- So that even resource is allocated to the system re-design work and the collaborative productivity work, it is proposed that like collaborative productivity, **system re-design also has a programme board** which sits across the various CLGs. The Clinical Executive Group (CEG) have fulfilled this role to an extent in the past, however, it’s membership would likely need to change if it were to become the system re-design programme board. There may be value in retaining CEG for specialist clinical input, and having a differently constituted group to oversee the implementation of the system re-sign workstreams.

- It would be expected that both **programme boards monitor progress** and, where appropriate, **escalate issues and risks** to the Quartet and the SPG.

- PPAG would continue to provide patient voice.

- CEG, DoS and the Finance & Technical Group should provide specialist advice and perspectives (acknowledging that CEG could become the system re-design board).

- It is proposed that **communication and engagement be added** to the governance structure as an enabler. As we move into delivery, communications and engagement is increasingly important and needs to be deployed in a targeted way so as to support the delivery of the STP.

It is also proposed that there is stronger programme management infrastructure and processes to provide decision making governance groups with insight and equip them to take action. Examples are:

- **Governance groups will receive regular reports** on each element of the programme. The reports will clearly highlight where progress is being made or otherwise.

- **Cover notes** for papers and reports **highlight the decisions that need to be made**.

- **Clear change control processes need to be put in place**. Presently, executive groups, do not have clear oversight of the changes being made within CLGs and amongst the Finance Directors. Where changes are proposed by stakeholders, these will be recorded and escalated to the Quartet and the SPG within a report which highlights the financial and non-financial implications of the proposed change. The Quartet and the SPG will then have the choice to approve the change.

**Additional tools and key documents that will support a new governance structure have been identified to support the shift to implementation.**

**Delivery Plans**

The only way the STP can be delivered is though the groups responsible for delivery (the CLGs and the enabling and productivity groups) having:

- Clear plans for delivery

- The right leadership, membership and resources

- The backing of constituent organisations

The STP Programme will continue to further develop the delivery plans with intervention detail. These will provide a view on how to obtain real progress across each intervention be reviewed by the Clinical Leadership Groups (CLGs) and other delivery group SROs.

**Memorandum of Understanding**

To begin the process of building greater integration between health and care as well as accountability across and within organisations, we’re developing a system-wide MOU. The MOU will set out how providers and commissioners will work together as a SEL system to make decisions to improve patient care, outcomes and financial sustainability. Following feedback and iteration, each organisation will be asked to sign off the MOU and the principles of collaboration within.

**The MOU framework includes:**

1. The role of the STP and our forward financial strategy

2. Overarching principles of collaboration and decision making

3. Governance structure amendments and specific roles

**A full draft of the MOU is included in the appendix;**

**Central monitoring via the PMO**

The PMO will be able to track the implementation of delivery plans. The key measures that the PMO will gauge are:

- Pace of delivery

- Meeting milestones

- Risks by organisation to deliver
Monitoring through designed information systems

In parallel with tracking progress of meeting delivery plans, we will create information systems which monitor the financial and non-financial benefits the STP is set to achieve. Two examples below are tools for activity monitoring and financial monitoring.

Activity monitoring

To monitor the changes in activity that the clinical interventions are set to achieve, we have begun to create a balanced scorecard. The SEL balanced scorecard is founded on specific key performance indicators (KPIs), relative to the set of interventions identified in the STP.

Acute care collaboration: Our vanguard between GSTT and Dartford and Gravesham

As part of delivering the NHS Five Year Forward View, Dartford and Gravesham NHS Trust and Guy’s and St Thomas’ NHS Foundation Trust have been selected to be a “Vanguard” site to deliver new systems for acute care. Dartford & Gravesham faces challenges in terms of financial sustainability and the clinical sustainability of some of its services. It also recognises the need to plan for healthcare in the new town of Ebbsfleet which is rapidly expanding. DGT therefore sought a partnership with a major tertiary provider to test out how such a partnership could address these issues and ensure good quality and seamless services for local people through collaborative working without the cost, including opportunity cost, of a merger or acquisition.

DGT and GSTT are working collaboratively to develop a Foundation Healthcare Group model with the vision to develop a sustainable local hospital model without merger or acquisition activity that makes best use of scarce resource and can be replicated across the NHS. It will improve outcomes and access, reduce costs and meet challenges of increased demand.

The Trusts are pursuing the Foundation Healthcare Group model to develop a collaborative model for hospital providers that offers better value and a set of organising principles than the current standalone model. International evidence suggests that the Group model could support the health economy to reduce the health and wellbeing, care and quality, and funding and efficiency gaps.

The vanguard will deliver:

- A collaborative, non-acquisitive group model that will enable a DGH to be financially sustainable long term
- A model that will enable smaller healthcare providers to gain benefits of scale needed to overcome financial and clinical challenges
- A model which will enable smaller providers to benefit from a group brand, achieve economies of scale but retain local accountability and relationships

The Vanguard has identified a series of benefits that are being tested through clinical workstreams. The key benefits are:

- Improved clinical outcomes and reduce unwarranted variation by using common governance to drive shared information and knowledge, collaboration, network building, pathways, assets and capabilities
- Enhanced patient experience by localising care, improving access to services and clinicians and by creating a consistent and navigable experience
- Increase in the safety / quality of services provided through timely sharing of patient and diagnostic information and the convergence of pathways
- Greater resource sustainability through a new, replicable group model that will drive clinical and non-clinical efficiencies and scale economies.

The ability of the Vanguard to fully deliver the benefits of the group model is dependent upon access to capital to invest in the digital and imaging platform that will enable the clinicians to work together in a more effective way and to prevent patients from unnecessary travel and duplication.

Lewisham devolution pilot

Lewisham Health and Care Partners are working to achieve a sustainable and accessible health and care system which better supports the local population to maintain and improve their physical and mental wellbeing, and to live independently. As a devolution pilot, Lewisham is testing out the freedoms and flexibilities needed within estates and workforce specifically which could accelerate the achievement of that vision.

A key element of the Lewisham vision is the delivery of community based care through neighbourhood care hubs. As a devolution pilot, Lewisham is working with NHS Property Services, Community Health Partnerships, London partners and sub-regional strategic estates boards to identify what would help facilitate the release health and care estates across the borough and enable reinvestment locally to provide fit for purpose premises and make services more accessible.

Lewisham is also keen to develop new workforce approaches informed by the Buurtzorg model developed in the Netherlands. Working with Health Education England, Skills for Care and professional bodies amongst others, Lewisham’s devolution pilot is focused on the development of enhanced and hybrid health and care roles which support integrated and holistic delivery.

The overall vision for devolution in Lewisham is consistent with our STP. During the pilot we will consider the lessons learnt and how they can be applied elsewhere in south east London.
Bridging our financial gap

The south east London health economy faces a considerable affordability challenge over the next five years, even if reasonable ‘business as usual’ efficiencies are assumed to be achieved. Based on plans, this was estimated to be £592m by 2020/21 (see page 2).

We have carried out financial modelling to estimate the impact of our priorities. In particular this focuses on three main areas:

- Reducing demand through consistent and high quality community based care.
- Improving quality and reducing variation.
- Improving productivity and quality through provider collaboration.

At this stage, we have not modelled the financial impact of proposed changes to specialised services but we plan to carry that out over the coming months as plans develop further.

The graph below demonstrates how these changes may potentially address the affordability challenge in 2020/21. It starts from the ‘do nothing’ challenge of £854m, reducing to £592m once efficiencies have been achieved at 1.6% per annum across our five provider organisations and including commissioner BAU QIPPs.

The green bars then demonstrate the impacts of collaborative productivity measures in reducing provider expenditure. In total these are estimated to contribute savings of £225m over the five year period. It is important to note that savings have also been estimated for Dartford & Gravesham NHS Trust who are included in the Collaborative Productivity programme but they have been excluded from this figure.

The red bar, then demonstrates how there will be a net investment of £10m for community based care. However the implementation of Local Care Networks, along with other changes in services and proposed pathway redesign, leads to considerable savings across a number of care areas (demonstrated in orange below). In total, net savings of £116m are estimated due to this reduction in demand and variation. Within this, the largest savings relate to reductions in demand for urgent and emergency care, worth £63m by 2020/21.

Thus, bringing these savings together, reduces the FY21 affordability challenge for south east London to £250m.

However, recent work to consider 2016/17 in-year performance has deteriorated this position to a deficit of £80m in 2020/21.

This does not include any additional funding from national bodies to support transformation. Indicative Sustainability and Transformation Funding of £134m has been announced by NHS England for south east London1. Early access to this amount is required to deliver the scale of transformation. This investment would reduce the challenge to £196m, with £202m related to specialised commissioning and the London Ambulance Service for which savings plans have not yet been developed.

If ongoing work is able to fully address these pressures, then a system-wide planned surplus of £5m (0.1% of total system revenue) would remain by 2020/21.

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Capital expenditure

There is recognition that the south east London STP, alongside the rest of the NHS, is operating within a constrained capital environment. As such, the capital expenditure required to deliver planned strategic changes across the sector has been limited where possible. The initiatives set out in this document mainly consist of changes to where care is delivered and efficiencies from consolidating corporate services. These opportunities require minimal investment to supplement existent capacity, equipment or real estate.

The table below outlines the forecast ‘do nothing’ capital expenditure for south east London, distinguishing between those schemes that are internally funded (i.e. from donations and cash reserves), those which are externally funded but already approved and those schemes for which approval is still being sought.

Currently, this ‘do-nothing’ capital expenditure forecast across south east London is £1,138m over the five years to 2020/21. Within this £153m is as-yet unapproved planned capital expenditure from 2016/17 to 2020/21, split between £100m for Guy’s and St Thomas’ NHS Foundation Trust and £53m for Lewisham & Greenwich NHS Trust. These unapproved capital expenditure schemes are very important for the continuation of provision of services within the footprint. In particular they include works that will allow Guy’s and St Thomas’ to meet national access standards and Lewisham & Greenwich to continue to provide endoscopy services.

The table below provides an overview of planned capital expenditure across the sector over the next five years.

<table>
<thead>
<tr>
<th>£m</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
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<td>Internally funded</td>
<td>170</td>
<td>145</td>
<td>142</td>
<td>126</td>
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<td>704</td>
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<tr>
<td>Externally funded but approved</td>
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<td>Sub-total ‘do nothing’ capital expenditure</td>
<td>313</td>
<td>220</td>
<td>172</td>
<td>151</td>
<td>129</td>
<td>985</td>
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<td>48</td>
<td>43</td>
<td>30</td>
<td>27</td>
<td>153</td>
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<tr>
<td>Total ‘do nothing’ capital expenditure</td>
<td>319</td>
<td>268</td>
<td>215</td>
<td>181</td>
<td>156</td>
<td>1,137</td>
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In addition to the above, there are a number of items of capital expenditure required in order to deliver the transformation schemes set out in this document. These include the following:

- Primary care estates transformation: £99m
- Primary care technology transformation: £23m
- Local digital roadmaps: £35m
- Elective orthopaedic centre consolidation: £12m
- Additional ‘do something’ capital expenditure: £169m

Business cases will be developed to support bids for funding the above capital expenditure.
Making progress in 2016/17

Although this is a five year plan we are taking action now. Our plans are already embedded within our ways of working and we have an established delivery structure. CCGs and providers are continuing to deliver challenging QIPP and CIP plans and we have identified a number of quick wins from our plans.

Community based care
- GPs to have formed federations or alliances and are recognised as a legal entity
- Local care networks defined
- Proactive and coordinated care: Active risk stratification and care registers within GP practices
- Continuity of care standards achieved (Q1)
- Accessible care including 8 to 8 in at least three boroughs and urgent care

Improving quality and reducing variation
Development of a:
- Strategic outline case and consultation on Elective Orthopaedics
- Cancer centre and education and training package developed
- Front-door streaming specification finalised

Provider collaboration
We have the potential to make the savings this year from our collective productivity programme through:
- Clinical and non-clinical sourcing and category management initiatives to reduce non-pay unit cost
- Increasing productivity through lean workforce to deliver savings in outpatients

Specialised
Development of:
- KHP strategic outline cases for cardio-vascular and haematology institutes and networks
- London Specialised Commissioning Board established and co-planning approach agreed
- Initiation of transforming specialised care pathways
- Outline Business Case for expansion of Evelina London Children's Hospital
- Shadow operation of adult secure services collaboration across South London mental health trusts

Our forecast QIPP and CIP programmes outline planned savings of over £220m in addition to other efficiencies.

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<td>NHS Greenwich CCG</td>
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<table>
<thead>
<tr>
<th>Provider</th>
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<th>2016/17 planned income CIPs (£m)</th>
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<td>GSTT</td>
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<td>KCHT</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>170.3</strong></td>
<td><strong>36.2</strong></td>
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</table>
South East London Healthwatch

Joint Response to Our Healthier South East London (OHSEL) Sustainability and Transformation Plan (STP): February 2017

Introduction

Healthwatch
Healthwatch started in April 2013 and is the independent consumer champion created to gather and represent the views of the public nationally (through Healthwatch England) and locally. At a local level, each local authority area has a Healthwatch organisation, working to help people get the best from their health and social care services, whether it’s improving them today, or helping to shape them for tomorrow. Healthwatch is about local voices being able to influence the delivery and design of their services, not just for the people who use them, but anyone who might need to use them in future.

Sustainability and Transformation Plans
Sustainability and Transformation Plans (STPs) are five year plans detailing how local areas will work together to implement the Five Year Forward View and achieve financial balance by 2020. England has been divided into 44 STP ‘footprints’ made up of NHS providers, Clinical Commissioning Groups (CCGs), local authorities and other health and care services. These organisations will work together to create a plan based on local health needs. In South East London, this function is carried out by OHSEL (Our Healthier South East London), a non-statutory collaboration of the six local CCGs (Bexley, Bromley, Lewisham, Southwark, Lambeth and Greenwich).

Aim of the STP
STPs are long term plans and have the potential to allow for more proactive, strategic decisions about local healthcare needs. They could lead to more effective, evidence based decision making as footprints have been encouraged to produce data on their local area. Local areas have also been asked to assess how successful their area is in the following three categories: health and wellbeing; care and quality; finance and
efficiency, which could lead to local areas better understanding the challenges within their local health economy.

**Joint response**

There are six Healthwatch organisations in the South-East London region (Bexley, Bromley, Lewisham, Southwark, Lambeth and Greenwich). All six have considered the STP, recently published by OHSEL and whilst there will be varying impacts of the STP on each of the six boroughs, it was felt that there was significant common interest making it appropriate to produce a joint response. The details of the response have been drawn from feedback from patients, service users and stakeholders across the region as well as Healthwatch engagement at local and regional level with CCGs, Scrutiny Committees, Health and Wellbeing Boards, OHSEL and other strategic meetings.

There is a great deal of positive change planned within the STP and we are particularly pleased to see some ambitious targets in areas like mental health and a relatively strong engagement plan. However, there are also concerns regarding the development and implementation of the plan and we therefore make recommendations to improve patient engagement, allow for contingencies, address health inequalities and reassure on privatisation and the relationship to social care.

**Mental health**

There are very ambitious targets regarding mental health provision across the region over the next five years. In particular, the aim to place mental health assessment and treatment on a par with physical health. This would include ensuring that anyone who presents at A&E with a mental health concern will be seen as quickly and treated to the same standard as someone who presents with a physical complaint.

**Data and access**

There is the potential for the region to use patient and outcomes data more effectively, leading to better planning, more effective referral processes, shorter waiting times and faster treatment for those who need it.

**Engagement**

There has been some early engagement on the Issues Paper and Case for Change developed by OHSEL. However, the STP process has been criticised for its apparent secrecy and lack of proper public engagement, although we recognise the secrecy prior to publication of the STP was driven by NHS England, rather than the OHSEL. In SE London, OHSEL has provided opportunities over the last year to engage with people on the development of the STP through the Patient and Public Advisory Group (PPAG),
which includes the local Healthwatch organisations and through limited public membership of the Clinical Leadership Groups. However, there has not been much engagement with the wider public in the development of the STP. We are concerned that the only formal consultation planned so far is in respect of the Elective Orthopaedic Centres.

**Recommendation:** All future developments and plans for service change need to have far greater levels of public engagement from the start and throughout - long before any decisions get to the committee in common, pre-consultation and formal consultation stage.

**Recommendation:** All service development and procurement should adhere to the SCIE principles of co-production and to the National Voices 6 principles of engagement in communities.

**Patient choice and equality**

There is concern that whilst there may be efficiencies and even improved outcomes through the merging and rationalising of regional services (for example, the proposed elective orthopaedic changes), this will lead to a reduction in patient choice. It is important that patients can access the service they need where and when they choose to use them and that issues of availability of transport are taken into account.

**Recommendation:** Further work should be undertaken to explore both the impact on patient choice of the STP and ways in which the public can be reassured and informed about how they access choice.

**Recommendation:** The STP needs a stronger, more overt focus on how it plans to narrow inequalities in health across the region.

**Recommendation:** All communication and publicity regarding the STP needs to be in accessible, clear language.

**Finance**

Whilst the STP does not identify cuts in funding levels, there is a very strong emphasis on efficiencies, leading to a proposed saving of nearly £1billion over the next five years. There is a very strong concern that these savings will not be achievable in the timescales required and that increased investment will be needed to fill the gap.

**Recommendation:** We would like to see contingency plans for the whole region to ensure continuity of delivery volumes and quality, if the efficiency savings are not achieved.

**Privatisation**

Concerns have been raised in public forums that the STP, combined with more relaxed procurement regulations will lead to the inevitable privatisation of the NHS and a possible reduction in standards along with poor integration with other NHS Services.
Recommendation: A greater emphasis should be placed on reassuring the public that this is not the case, that the NHS will remain free at the point of delivery and that Commissioners will ensure contracts for private companies commissioned to run NHS services will address the identified patient and public concerns.

Social care
The STP stresses the importance of engagement of social care in its development, however there is little evidence that Local Authority Social Service departments have been fully involved in the development of the process. There is a significant emphasis on community based care within the STP which will not be possible without the full involvement of Local Authority Social Services departments and Public Health. In addition, the cuts in social and community care may result in gaps in care that will need to be bridged and which could make even more demands on the NHS.

Recommendation: We would like to see a detailed engagement plan of how OHSEL will be bringing local authorities on board, leading to a positive and public statement from each of the six Local Authorities in the footprint endorsing the STP, and publishing their own complimentary plans for reshaping community based care between now and 2021.

Recommendation: The STP should also demonstrate the potential impact of social care cuts into funding calculations.

Evaluation
There seems to have been little consideration given to how the success (or otherwise) of the STP will be measured beyond financial (and some clinical) terms.

Recommendation: Proper evaluation needs to be considered immediately and methodologies identified across the improvement triangle of cost/efficiency savings, clinical outcomes, and patient experience. It seems cost has had lots of attention, clinical outcomes some attention, yet measuring long term changes in patient experience has had no attention.

Strategic management
How will the implementation of and potential budget delegation to Local Care Networks (LCNs), combined with more regional developments through OHSEL/STP impact on the six CCGs? How do ambitions to take on huge issues like local housing shortages tie in with LCNs taking on the responsibility for even more localised health commissioning and delivery? Is there a risk that LCNs could reduce the footprint, buying power and accessibility of services exactly when we should be opening up Local Authority borders (postcode lottery)?
Other considerations

- Quality of care needs to be more carefully considered - how will STP changes impact on and improve quality of care and the overall patient experience?
- What more can the STP do to improve access to primary care services? The plan does not have a great amount of detail.
- What role does the STP have to play in the future, to develop and improve a more collaborative approach between providers, commissioners, the public and the Local Authorities?
- How will the STP ensure prevention is kept high on the agenda, despite significant cuts to Public Health funding?
- There is concern that despite the intention to reduce costs and pressure on the NHS as well as improving quality of services, the STP doesn’t explain how it will engage the voluntary sector, Local Authorities, and other preventative services.
- The local population doesn’t stick to LA boundaries, why does healthcare provision? Is there a role for the STP in broadening catchment areas, reducing LA competition and ensuring people get the service they need regardless of where they live?

What can Healthwatch do?

There is potential for the South-East London Healthwatch to meet and support/challenge the work of the STP regionally. OHSEL reports to the South-East London Joint Health Overview Scrutiny Committee (JHOSC) and the wider STP governance. Healthwatch could perform a similar function but with a greater emphasis on patient experience.

In 2016, OHSEL and South East London Healthwatch and SE London CCG’s came together for two workshops to find out more about Healthwatch engagement under the OHSEL areas of: community based care, planned care, cancer, maternity, children and young people and urgent and emergency care. This was an opportunity for OHSEL to be presented with our collective reports and insights to patient experience and quality of care. Across SE London we have engaged with seldom-heard communities and have explored access to services and inequalities. This should have given OHSEL the opportunity to use our intelligence to inform the STP.

We can offer access to our networks to support engagement and better public involvement, although this does take time and resources, so needs to be carefully planned well enough in advance to make it meaningful. We can help shape and pave the way for wider engagement well in advance of formal OHSEL or CCG involvement exercises.
Overview & Scrutiny Committee 28 February 2017

Report title: Winter Pressures

Wards: All

Portfolio: Cabinet Member for Stronger and Healthier Communities: Councillor Jim Dickson/Councillor Mo Seedat (job share)

Contact for enquiries: Elaine Carter, Lead Scrutiny Officer, Governance and Democracy; 020 7926 0027; ecarter@lambeth.gov.uk

Report summary
The winter months can represent the most challenging times for local health and care systems. The attached report from NHS Lambeth CCG provides an overview of performance and the measures taken to support the system through the winter period.

Finance summary
None arising from scrutiny consideration of this report.

Recommendations
1. To consider and discuss the issues set out in the attached report.
1. **Context**  
1.1 The winter months can represent the most challenging times for local health and care systems. The attached report from NHS Lambeth CCG provides an overview of performance and the measures taken to support the system through the winter period.

2. **Proposal and Reasons**  
2.1 Overview and Scrutiny Committee is invited to consider and discuss the issues set out in the attached report.

3. **Finance**  
3.1 None arising from scrutiny consideration of this report.

4. **Legal and Democracy**  
4.1 None arising from scrutiny consideration of this report.

5. **Consultation and co-production**  
5.1 Not applicable.

6. **Risk management**  
6.1 Not applicable

7. **Equalities impact assessment**  
7.1 Not applicable.

8. **Community safety**  
8.1 Not applicable.

9. **Organisational implications**  
9.1 Not applicable.

10. **Timetable for implementation**  
10.1 See attached report.
## Audit Trail

### Consultation

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<tr>
<th>Name/Position</th>
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<th>Date Sent</th>
<th>Date Received</th>
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<td>Chair, Overview &amp; Scrutiny Committee</td>
<td>10.02.17</td>
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### Report History

| Original discussion with Cabinet Member | N/A |
| Report deadline                      | 15.02.17 |
| Date final report sent               | 16.02.17 |
| Part II Exempt from Disclosure/confidential accompanying report? | No |
| Key decision report                  | No |
| Date first appeared on forward plan  | N/A |
| Key decision reasons                 | N/A |
| Background information                | N/A |
| Appendices                            | None |
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The emergency departments have remained under pressure during the winter months as evidenced by the continued challenge to meet the 4 hour target (a minimum of 95% of patients attending A&E to be seen, treated and admitted or discharged within four hours). No acute trust in SEL has met the 4 hour target over the winter period and none are now expecting to meet the target for the year. Performance through December and January stayed in line with the average performance achieved for 16/17. This report provides an overview of performance, the measures taken to support the system through the winter period and the anticipated benefits of these measures, although a full impact assessment has not yet been completed as validated data is not yet available however the outcome of the assessment will be used to influence decision making for future schemes.

Nationally, in November 2016 (December data is not yet published) 88.4% type 1* patients were seen within 4 hours (compared with 91.3% for November 2015). Attendances were also higher with a 1.8% increase. Therefore increased demand and challenge in meeting the 4 hour target are not issues specific to Lambeth, rather they reflect the picture both in London and nationally.

*A patient attending A&E requiring little or no investigation and no significant treatment is classed as type 1 and it is with these patients we have the greatest opportunity to influence to seek care elsewhere.

The diagram below identifies the pressure factors (red) that influence ED performance, when each of these parts of the system experience pressure the result is a drop in ED performance. The support mechanisms that have been put in place to support the system in managing these pressures (green) and governance (orange) are summarised below:

<table>
<thead>
<tr>
<th>SEL Emergency Department Performance</th>
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<tbody>
<tr>
<td><strong>ED occupancy</strong></td>
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<tr>
<td>Demand</td>
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<tr>
<td>Ambulance conveyances</td>
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<tr>
<td>Patient acuity</td>
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<tr>
<td><strong>Bed occupancy</strong></td>
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<tr>
<td>Discharge</td>
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<tr>
<td>Bed base</td>
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<tr>
<td><strong>Other factors</strong></td>
</tr>
<tr>
<td>Weather</td>
</tr>
<tr>
<td>Flu (staffing levels)</td>
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</tbody>
</table>

| Extension of GP hubs                 |
| Talk-line support                    |
| Additional OOH pharmacy              |
| Additional urgent care centre (UCC) support |
| “Helping Patients Home” week         |
| Red Cross support                    |
| Social Services 7 day access         |
| Increased paediatric bed capacity    |
| Flu Jab available to staff via community pharmacy |
| Patient communication for the Health Help Now App |
| Cold weather cascade                 |

Several of the support measures are an extension of arrangements that are in place through the year, for example, additional posts or extended hours of access. Some
successful schemes from last year have been made mainstream, for example the LARC (Lambeth Alcohol Recovery Centre) and so these have not been specifically mentioned as 16/17 winter schemes but are also helping to support the system as part of business as usual. Lambeth and Southwark received £4.2m in winter pressures funding to support both acute, community and primary care initiatives. Funding was allocated via the urgent care working group to enable a system-wide decision approach to agreeing priorities for investment. The following section provides further detail on the schemes:

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Detail</th>
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<tbody>
<tr>
<td>Redirection – extension of GP hubs</td>
<td>GP Hubs provide seven day access to primary care for patients and this arrangement was extended for winter (from 23 December) to provide additional capacity and also to allow Hubs to be used by non-Lambeth patients (enabling redirection to be based on clinical appropriateness rather than post-code). Appointments can be booked directly by ED, GPs and 111 making this a more integrated option. Improved patient communication by means of information leaflets including maps, contact details and patient appointment time have been used. Whilst outcomes cannot yet be supported by statistically significant data however over the Christmas period there was in increase in the number of diverts from GSTT ED with a peak of 35 and anecdotal feedback from GSTT is that the hubs are helping to ease pressure in minors.</td>
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<tr>
<td>124,000 extra GP appointments across Lambeth and Southwark for 16/17 – of which 82,000 in Lambeth</td>
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<tr>
<td>GSTT Talk-line</td>
<td>LGPF (Lambeth GP Federations) are working in collaboration with acute physician colleagues from the ED at GSTT to develop an ED talk-line and e-mail pathway. This will support advice and guidance for General Practice to reduce flows into ED.</td>
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<tr>
<td>Additional Out of Hours pharmacy</td>
<td>GSTT have increased pharmacy support in ED in the evenings and have allocated a dedicated pharmacist for paediatrics to support discharge.</td>
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<tr>
<td>Additional Urgent Care Centre support</td>
<td>GSTT put in an additional nurse and doctor around the festive period.</td>
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<tr>
<td>“Helping patients home” week</td>
<td>For the week of 30 January at GSTT to focus the multidisciplinary team to support timely discharge pulling in both acute, social and community care to reduce blockages. Similar weeks (e.g. Safer, faster week) have also been run at KCH.</td>
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<tr>
<td>Red Cross support</td>
<td>The red cross have been based in hospitals to receive referrals from wards for patients who need support in order to receive timely discharge (case study: one patient did not have access to his home as did not have his keys when the ambulance took him to hospital. The red cross arranged to have the locks changed so the patient could go home).</td>
</tr>
<tr>
<td>Social Services (7 day access)</td>
<td>Increased access to social services out of hours and recruitment of additional social workers split equally across each acute trust.</td>
</tr>
<tr>
<td>Increased paediatric bed capacity</td>
<td>GSTT increased their paediatric bed base over the winter period.</td>
</tr>
<tr>
<td>Flu Jab</td>
<td>NHSE made community pharmacies available for staff to have their flu vaccine to support increased uptake.</td>
</tr>
<tr>
<td>Patient communication for the Health Help Now App</td>
<td>A SEL communication campaign to signpost patients to the App so they have up to date information on clinical services that can be used instead of attending A&amp;E.</td>
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</tbody>
</table>
Health Help Now App is a major part of the SEL Communication Campaign which started in November 2016. This digital tool with accompanying website aims to help people find the right local services to meet their health needs. The proposal for winter 16/17 was to increase awareness of the application (app) so that patients could self-assess whether they needed to attend ED or whether they could make use of an alternative service, the details of which are provided through the app. Overall there has been an increase in both app usage and website visitors. The table below shows the number of unique visitors to the website and the app. December 2016 had the highest number of unique visitors to the website and there has also been a steady increase in the app usage from 5,060 in July 2016 to 8,213 for December 2016.

Using performance data and system wide knowledge of the pressures the A&E Delivery Board supports further system-wide working. Representatives on the Board include acute trusts, CCGs, the ambulance service, social care, primary care and councils who meet every six weeks. More frequently issues are raised and managed via the Surge Hub which includes input and feedback to NHS England and NHS Improvement along-side local escalation and system support during periods of peak pressure.

A future update report can provide the outcome of the evaluation of the schemes and provide data for the winter period (following submission and validation of sector wide data which is not currently available). Using this data to provide the evidence base for which schemes, or elements of them, have been incorporated into the 2017/18 contracts to support the system in making and sustaining performance improvements.

Wards: All

Report Authorised by: Sue Foster, Strategic Director for Neighbourhoods & Growth:

Portfolio: Cllr Jack Hopkins, Cabinet Member for Regeneration, Business and Culture
Cllr Mo Seedat, Cabinet Member Healthier and Stronger Communities

Contact for enquiries: Kristian Aspinall, Lead Commissioner - Crime and Disorder, Neighbourhoods & Growth, 020 7926 2429; kaspinall@lambeth.gov.uk

Report summary
The Healthier High Streets Commission was established in 2013. The Commission’s focus was on improving the lifestyle choices available on the borough’s high streets and the report contained recommendations regarding off licences, fast food outlets, payday loan shops and bookmakers to encourage businesses to offer healthier choices while also calling for tougher regulation where it’s needed. The first review of the action plan is attached (Appendix 1)

Finance summary
The matters in the action plan will be met from existing budgets and work programmes.

Recommendation
To note the first review of the action plan (Appendix 1).

1. Context
1.1 In 2013 the former Health and Adults’ Services Scrutiny Sub-Committee began looking at the prevalence and influence of businesses and business practices on the borough’s high streets which presented unhealthy choices that disproportionately affected the most vulnerable residents. These included off licences, payday loan shops, betting shops and fast food takeaways.

1.2 The Commission produced a report and a number of recommendations aimed at encouraging such businesses to promote healthier options and urging greater regulation where necessary. The report and associated action plan was agreed by the Cabinet on 21 March 2016. The first review of the Action Plan is attached as Appendix 1.

2. Proposal and Reasons
2.1 The Commission’s report contained a wide range of recommendations principally related to enforcement. The comprehensive action plan addressed each specific recommendation. Whilst it was not been possible to implement every recommendation, due to legal barriers or financial restrictions, a number were...
implemented by the time the report was approved in March 2016 and the majority are underway as outlined in the action plan.

3. **Finance**
   3.1 There are no financial implications arising from this report.

4. **Legal and Democracy**
   4.1 There are no direct legal implications arising from the recommendations in this report. The legal implications associated with the Commission’s recommendations have been considered and addressed within the Action Plan.

5. **Consultation and co-production**
   5.1 During the course of its work the commission undertook a number of exercises to gather the views of Members, residents and relevant experts.

6. **Risk management**
   6.1 Risks associated with the recommendations are detailed in the action plan responses (see Appendix 1).

7. **Equality impact assessment**
   7.1 The issues outlined in the report affect all our communities but have a disproportionate impact on our most deprived residents. The response to the recommendations as set out in the action plan will help mitigate the impact of unhealthy lifestyle choices by encouraging more responsible business practices and regulation to reduce harmful impacts on health where needed.

8. **Community safety**
   8.1 Several of the proposals within the action plan, such as greater scrutiny on single can sales and restrictions on 24 hour off-licences, will have a positive impact on crime and disorder in Lambeth. Alcohol related violence and crime remains extremely high in Lambeth compared to national and London-wide statistics, and measures that restrict the sale of alcohol will help reduce these crimes.

9. **Organisational implications**
   9.1 Environmental
   None.

   9.2 Staffing and accommodation
   None.

   9.3 Procurement
   None.

   9.4 Health
This commission seeks to reduce the prevalence and influence of unhealthy lifestyle choices on Lambeth’s high streets and therefore contribute to positive health outcomes.

10. **Timetable for implementation**

10.1 It is also anticipated that updates on the progress of the action plan will be requested in a further twelve months.

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<th>Audit trail</th>
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<tr>
<td><strong>Consultation</strong></td>
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<td><strong>Name/Position</strong></td>
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<tr>
<td>Cllr Jack Hopkins Cabinet Member</td>
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<td>Cllr Mo Seedat Cabinet Member</td>
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<tr>
<td>Sue Foster</td>
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<tr>
<td>Kristian Aspinall</td>
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<tr>
<td>Rachel Sharpe Director</td>
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<td>Andrew Ramsden, Finance</td>
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<td>Jean Marc Moocarme, Legal Services</td>
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<td>Gary O’Key, Democratic Services</td>
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<th>Report History</th>
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<td><strong>Original discussion with Cabinet Member</strong></td>
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<td><strong>Report deadline</strong></td>
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<td><strong>Date final report sent</strong></td>
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<td><strong>Part II Exempt from Disclosure/confidential accompanying report?</strong></td>
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<td><strong>Key decision report</strong></td>
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<td><strong>Date first appeared on forward plan</strong></td>
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<td><strong>Key decision reasons</strong></td>
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<td><strong>Background information</strong></td>
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<td><strong>Appendices</strong></td>
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**OFF LICENCES**

1. **RECOMMENDATION**: There should be as restrictive a policy on 24 hour off licences and the granting of all new off licences as possible.

   **RESPONSE (MARCH 2016)**: The revised Statement of Licensing Policy ratified at Council in January 2014 includes model hours for different types of establishments according to area and all new Off Licence applications have a suggested terminal hour of midnight at the latest.

   **RESPONSE (FIRST UPDATE – FEB 2017)**: The Council has now established a timetable with regard to the review of the existing Licensing Policy; this process will assess whether there is scope (legally) for the Council to introduce a more restrictive policy (terminal hours) in relation to Off Licences. (Kristian Aspinall / David McCollum)

2. **RECOMMENDATION**: In consultation with local residents the council should restrict the number of new licences by imposing Clapham High Street style ‘saturation zones’ in areas where street drinking is an issue.

   **RESPONSE (MARCH 2016)**: We continue to listen to the views and experiences of local residents and councillors to inform the work we do and we recognise the severe impacts that street drinking can have on an area. We are committed to including the option to implement saturation zones within our next scheduled review of licensing policy during 2016/17. Although the Licensing Act 2003 doesn’t allow full scale restrictions on the number of new licensed premises, it does create a presumption against the issuance of new licenses and requires applicants to demonstrate that the granting of a license won’t add to the cumulative impact experienced within that zone, so should have a positive impact.

   **RESPONSE (FIRST UPDATE – FEB 2017)**: The policy does not restrict the number of licensed premises (presumption against applications only), however there is some largely anecdotal evidence which suggests that the saturation zone has had an impact on the business models developed by licensed premises wishing to move into the Clapham area, with a shift away from vertical drinking establishments. (Kristian Aspinall / David McCollum)

3. **RECOMMENDATION**: All new off licences should include a condition preventing selling the following: no single cans of alcohol (minimum packs of four); no beers or ciders over 6% alcohol by volume; no spirit miniatures (50ml); no cider above one litre.

   **RESPONSE (MARCH 2016)**: We recognise that this recommendation could have many positive impacts across the borough and we are doing all that we legally can to support this. Our revised Licensing Policy emphasises the need for much greater scrutiny around single can alcohol sales. Whilst the law prevents us from introducing standard license conditions we are confident that the higher level of scrutiny around new off license applications, particularly in areas where street drinking is an issue, is supporting this recommendation.

   **RESPONSE (FIRST UPDATE – FEB 2017)**: There has been a sustained improvement in the level of regulatory activity delivered in partnership with the Lambeth Met Police, the joint licensing tasking process for instance provides the relevant enforcement/regulatory services with an opportunity ensure greater scrutiny of premises licence applications. Scrutiny of new off licence applications remains a priority for the partnership activity – licence reviews are also being developed more frequently in order to tackle concerns relating to...
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<tr>
<td>4. <strong>Existing licence holders should be encouraged to adopt the same policy with a possible temporary cut in business rates to reward compliance with the above</strong></td>
<td>We see it as essential that existing license holders are encouraged to adopt the same policy as new licensees and we have taken positive action to encourage the adoption of single can policies by existing Off Licences. Encouraging change amongst existing license holders is more challenging and it is often the case that change only occurs as a result of review proceedings brought by the council or police. We are exploring the feasibility of encouraging and rewarding compliance through a reduction in business rates with our legal team. (Kristian Aspinall / David McCollum)</td>
<td>We continue to explore the feasibility of encouraging and rewarding compliance through a reduction in business rates with our legal team. This issue will be assessed as part of the review of the existing licensing policy. (Kristian Aspinall / David McCollum)</td>
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<td>5. <strong>The council should consider introducing a late night levy with discounts for responsible premises (eg those who are members of Business Improvement Districts and/or achieve the Responsible Retailer Kite Mark (see Recommendation 21))</strong></td>
<td>We are currently exploring the feasibility of a number of options around a Levy and an update will shortly be made available.</td>
<td>The Council has decided not to take forward proposals in respect of the late night levy as there are some concerns that the legal requirement to introduce a borough wide levy would have unintended consequences particularly in relation to well-run licensed premises. We are exploring the possibility of lobbying for changes to the statutory framework which would allow levies to be applied to localised areas to deal with specific issues. (Kristian Aspinall / David McCollum)</td>
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<td><strong>TOBACCO SALES</strong></td>
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<td>6. <strong>Council inspectors should check adherence to restrictions governing the display of tobacco products in all large shops and warn small shops they must be compliant.</strong></td>
<td>We are developing a more intelligence led approach that can help us directly tackle the issues having the greatest impact on local communities. The need to introduce efficiency savings has influenced how we deliver inspections but we are confident that development of strong intelligence sharing networks will help support our approach.</td>
<td>The intelligence sharing networks continue to be developed primarily by the Council’s Trading Standards unit, however resource constraints mean that we are unable to develop a schedule of routine inspections. (Kristian Aspinall / David McCollum)</td>
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<td>7. <strong>Councillors should be briefed on the restrictions governing the display of tobacco products and</strong></td>
<td>A briefing note was developed however the initial document was not widely circulated as an updated version of the document needed to be produced in</td>
<td>A revised briefing note was sent to Councillors during the latter part of 2016. (Kristian Aspinall / David McCollum)</td>
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<td>other public health measures and asked to check on activity in their wards.</td>
<td>order to ensure ongoing compliance with the relevant statutory framework. The updated document is routinely sent to retailers as part of ongoing Trading Standards activity. The most recent briefing was circulated to all ward Councillors in March 2016.</td>
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<td>8. The council should consider a ban on smoking in the public places it controls such as parks and squares, in accordance with Recommendation 2 of the London Health Commission report.</td>
<td>Currently the evidence for a ban on smoking in public outdoor places is not sufficient to justify this proposal, and to do so would be extremely resource intensive (both in terms of implementing and enforcing). The council already invests in smoking cessation campaigns which have been shown to decrease smoking rates and these represent the best use of limited resources in the current financial climate.</td>
<td>Currently the evidence for a ban on smoking in public outdoor places is not sufficient to justify this proposal, and to do so would be extremely resource intensive (both in terms of implementing and enforcing). The council already invests in smoking cessation campaigns which have been shown to decrease smoking rates and these represent the best use of limited resources in the current financial climate. (Kristian Aspinall / David McCollum)</td>
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**FAST FOOD TAKEAWAYS**

<p>| 9. The commission supports the proposal set out in the Local Plan that “outside of town centres, proposals for hot food takeaways (A5 uses) will not be supported if proposed within 400 metres of the boundary of a primary or secondary school”. Take-away free exclusion zones should be further considered around leisure centres, parks and playgrounds. | This policy was quite innovative at the time it was formulated and was challenged by fast food operators. The council managed to negotiate its retention through the Lambeth Local Plan examination primarily because of the comprehensive evidence base formulated by colleagues in Lambeth &amp; Southwark Public Health which supported the policy. Any further exclusion zones would need to be evidenced based and come forward as part of the Lambeth Local Plan review work currently underway. It is unlikely that we could be successful in applying for further exclusions zones for hot food takeaways given the evidence we relied upon largely related to childhood obesity. The Local Plan process however takes approximately 3 years to complete and involves an examination in front of a government Inspector. Any such exclusion zones (if they survive the formulation process) would not be in place until 2018 at the earliest. | No change. The potential for evidence to support such a policy approach has been raised in discussions between planning policy and public health officers in Lambeth. Public health have advised that there would be very limited evidence available to justify extending the policy in the way proposed. The process and assessment of risks given in March remain the same. (Catherine Carpenter) |</p>
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| 10. The council should adopt the approach set out in the Takeaways Toolkit (CIEH/Mayor of London) which recommends a three-pronged approach to addressing the health impacts of fast food takeaways:  
- Local authorities should work with takeaway business and the food industry to make food healthier  
- Schools should introduce strategies aimed at reducing the amount of fast food school children consume during lunch breaks and on their journey to and from school  
- Regulatory and planning measures should be used to address the proliferation of hot food takeaway outlets | Planning have studied this Takeaways Toolkit and have used it to formulate and support the takeaway hot food schools policy in the recently adopted Lambeth Local Plan. | No change. (Catherine Carpenter) |
<p>| M | | |
| <strong>PAYDAY LOANS COMPANIES</strong> | | |
| 11. The council, on its own or with other authorities (e.g. London Councils), should carry out or commission research to establish whether pay-day loan shops represent ‘unsustainable development’ as potential grounds for denying them planning permission. | There is no provision in Lambeth’s Planning budget for this research to be carried out. If work was to be commissioned it would have to be done at London Councils level. | No change. (Catherine Carpenter) |
| 12. Subject to the outcomes of research findings the council | Pay day loan shops now fall within a ‘sui generis’ (use of its own) use class category – previously they | Now that payday loan shops and indeed betting offices have been taken out of the A2 use |</p>
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<td>should refuse planning permission for any new pay-day loan shop on the basis it represents ‘unsustainable development’.</td>
<td>had been bracketed in the A2 use class alongside uses such as banks and building societies. They were considered to be part of the Financial and Professional Services use classes category. However they are, in planning terms a use which is suitable for location in a shopping centre. For any planning application to be refused there must be sound reasons for its rejection. Refusal on the grounds of ‘unsustainable development’ would not stand up at a planning appeal unless there was evidence to show why this was the case. Currently this evidence is not available. The council’s Lambeth Local Plan could only refuse Pay Day loan uses if it was considered there was an over proliferation of them in a shopping centre.</td>
<td>class, there is in theory scope to introduce local plan policy to control changes of use to these uses. The potential for such an approach in Lambeth will be explored as part of the ‘issues and options’ for the Local Plan review, although as with all areas of planning policy any proposed new approach will need to be justified by evidence and deliverable (in accordance with the ‘tests of soundness’ against which local plans are examined). Any policy grounds for refusing uses of this nature would also need to be planning related and specific. ‘Unsustainable development’ is not specific enough. (Catherine Carpenter)</td>
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<td>13. The council should establish a ‘money champion’ programme whereby the council trains and possibly pays residents, particularly in deprived areas, to ensure that people have access to banking and affordable credit facilities, budget sensibly, know where to go to improve their skills, find work, reduce their bills by finding the cheapest suppliers, maximise their claims of the benefits they are entitled to and cut out expensive and unhealthy habits like smoking, excessive drinking and gambling.</td>
<td>A Money Champions programme has been underway since September 2014 as part of our Financial Resilience Strategy. Money Champions receive training from West London Mission, a local community sector organisation, which covers many of the areas suggested here. Money Champions training is available to both residents and people who work in front-line services in the public and community sector. The training has received very positive feedback from those who have taken part. 219 Money Champions have been recruited and trained since the project started. They come from a diverse range of backgrounds, speaking 10 different languages, and include people from across the borough. On average each Money Champion is having 11 conversations per month with local people about issues relating to money, debt, benefits, employment and housing. It is difficult to monitor the exact impact that Money Champions have had due to the</td>
<td>There are now over 300 Money Champions trained in the borough and the project has been extended until March 2017. The Council is supporting the provider, West London Mission, to seek external funding to continue the project beyond March 2017. (John Bennett)</td>
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<td>spontaneous nature of the conversations they have with their friends and neighbours. We have recently extended the contract until June 2016. As well as the initial training, Money Champions told us that they would value some ongoing training about other specific issues (e.g. switching energy suppliers, introduction of Universal Credit) so there is also now an ongoing programme of extra training available to any Money Champions who are interested.</td>
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<td>14. The council should work with alternative lower cost lenders such as the London Credit Mutual, banks and building societies to ensure that they extend their services to previously excluded people who have felt forced to use pay-day or doorstep loan operators</td>
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<td>The council has a positive relationship with the London Mutual Credit Union, and we are working together on a number of projects. LMCU offer affordable loan options as an alternative to payday loans. We have included information about the LMCU in mailouts to council tenants, promoting their bank accounts as well as affordable credit. Residents who are unsuccessful in applying for the council’s Emergency Support Scheme are directly referred to the credit union to apply for a low-cost loan instead. LMCU rules require people taking out a loan to have a current account with them where their salary/benefits are paid into. This has proved a disincentive to people taking up this offer (despite the council paying the credit union membership fees for these residents). To support residents with the introduction of Universal Credit, the council has worked with LMCU on the introduction of a “jam jar” bank account. This means that when someone’s Universal Credit benefit is received into their account, money for priority bills is automatically moved into a separate account leaving the person with their monthly disposable income. This facility is aimed at people who are less</td>
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<td>In addition to the services referred to previously, the Council also commissions personal budgeting support for Universal Credit claimants. This is funded by DWP and referrals to the budgeting support can be made JCP work coaches, the Council, or by other agencies supporting Universal Credit claimants. (John Bennett)</td>
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<td>15. Trading Standards should take a rigorous approach to ensuring existing pay-day loan shops in the borough are adhering to all laws, rules and regulations in regard to the welfare of customers.</td>
<td>We are developing a more intelligence led approach that can help us directly tackle the issues having the greatest impact on local communities. The need to introduce efficiency savings has influenced how we deliver inspections but we are confident that development of strong intelligence sharing networks will help support our approach. We are committed to using this intelligence to prosecute any pay day loan shop who breaches the law.</td>
<td>The management of pay day advertising (on the public highway) is at present also being managed via street trading related legislation as this legislative framework also governs the display and offer of goods and services. Council officers are able to insist that this activity is licensed via powers outlined within part III of the London Local Authorities Act 1990 (as amended). (Kristian Aspinall / David McCollum)</td>
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<td>16. The Environmental Protection Act 1990 (as amended by the Clean Neighbourhoods &amp; Environment Act 2005) allows the council to forbid leafleting on the public highway (unless for religious or political purposes). All pay-day</td>
<td>In May 2013 we wrote to a local pay day lender warning against any further distribution of literature advertising their services as a potential breach of the London Local Authorities Act 1990. We are currently checking with our legal team if a specific focus on Pay Day Lenders could be subject to legal challenge. We also need to be aware of the potential impacts</td>
<td>There remains some concern that the use of the available powers outlined within the Environmental Protection Act 1990 may have an adverse impact on community organisations, charities, third sector organisations and in some cases small and medium sized businesses. The management of</td>
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<tr>
<td>RECOMMENDATION</td>
<td>RESPONSE (MARCH 2016)</td>
<td>RESPONSE (FIRST UPDATE – FEB 2017)</td>
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<tr>
<td>lenders should be written to warning them not to distribute leaflets.</td>
<td>that any broader ban on leafleting may have on SMEs and entrepreneurial activity.</td>
<td>pay day advertising (on the public highway) continues to be managed via street trading related legislation as this legislative framework also governs the display and offer of goods and services. (Kristian Aspinall / David McCollum)</td>
</tr>
<tr>
<td>17. All the council’s powers should be used to ensure that no illegal advertising for these businesses is taking place in terms of advertising boards, balloons etc. The council now blocks access to payday loan companies on council computer terminals and should not allow adverts for their product on our billboards. Further the council should ask other advertisers to introduce a voluntary ban on pay day loan company adverts</td>
<td>In respect of the content of adverts this is not something that falls under planning control – so we can’t take action against an advert because it is for a betting shop rather than a fitness club for instance. In Planning terms the display of advertisements without express (advertisement consent) or deemed (permitted under the legislation) consent is illegal. If adverts are displayed illegally the Planning Enforcement Team can try and negotiate their removal or if considered acceptable in planning terms, suggest they apply for advertisement consent to retain them. Ultimately if that fails, Planning can either prosecute those responsible or issue ‘advert removal’ notices (under section 224/5 of the T&amp;CPA). There is no resource for the council to proactively seek out such illegal advertising, if indeed it exists, but if cases were referred to us the Planning Enforcement Team could investigate in the normal way. <a href="http://planningguidance.communities.gov.uk/blog/guidance/advertisements/enforcement-against-specific-unauthorised-advertisements/">http://planningguidance.communities.gov.uk/blog/guidance/advertisements/enforcement-against-specific-unauthorised-advertisements/</a></td>
<td>No change. (Kristian Aspinall / David McCollum)</td>
</tr>
</tbody>
</table>

**BETTING SHOPS**

18. The council should examine drafting a by-law which will set a maximum Fixed Odds Betting Terminal (FOBT) stake of £2. | In April 2015 the Gaming Machine (Circumstances of Use) (Amendment) Regulations 2015 came into force. The Regulations require those wanting to stake over £50 on a B2 machine to load cash via staff interaction or to use account based play. The aim is to encourage greater player control and more conscious decision making. The Government has said that it will consider an evaluation of the | The Government consultation asking for evidence regarding maximum stakes and prizes of gaming machines closed on 6th December 2016 and they are currently analysing results. We will continue to monitor this, and the action taken by other boroughs in order to determine our approach. (Kristian Aspinall / David McCollum) |
<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
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<th>RESPONSE (FIRST UPDATE – FEB 2017)</th>
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<tr>
<td>Regulations, published in January 2016, before deciding on any further action on B2s. We will continue to monitor this, and the action taken by other boroughs in order to determine our approach.</td>
<td>Lambeth is currently looking at preparing Article 4 directions for a number of sites and areas across the borough. Firstly, as the Central Activities Zone (CAZ) will no longer be exempt from the B1a (offices) to C3 (residential) permitted development rights after 2019 the council will be preparing an Article 4 direction to continue to protect this area. Secondly, the council is looking at protecting some of its Key Industrial Business Areas (KIBAs), as well as key town centres which provide significant employment floorspace - such as Brixton and Clapham. A strong evidence base is a key factor when considering the preparation of Article 4 directions and this is what the council is currently working on. There is also a question of tactics and getting the balance right. The SOS has final say on whether these Article 4’s are approved or not and experience from other boroughs to date has shown that a blanket ‘whole borough’ approach is not acceptable to the government and that the council is more likely to succeed if it selects certain key parts of its borough for protection. A case of the council backing its best bets. There are significant cost implications with Article 4 Directions - in terms of staff resources when progressing Article 4 Directions through to approval and with the sizeable consultation costs. There is now no permitted development right that allows change of use to a payday loan shop or betting shop, as they are now ‘sui generis’ uses. There is also no permitted development right that allows automatic change of use to a hot food take-away. An Article 4 direction is therefore not an appropriate mechanism to use to control the proliferation of these uses. Local Plan policy should be used instead. See also the answer to 12 above. (Catherine Carpenter)</td>
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<td>RECOMMENDATION</td>
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<td>20. Economic modelling by Landman Economics suggests that each betting shop in Lambeth with FOBTs creates a net loss of 2.5 jobs; this should be used as grounds (unsustainable development) to block future planning applications</td>
<td>By government definition a betting shop is in principle an appropriate use in a shopping centre. It becomes unacceptable if there is a proliferation of them in a shopping centre leading to a negative impact on the vitality and viability of a town centre, discouraging other investors from coming to the centre and potentially affecting the quality of life of those living nearby (because of noise, litter, traffic generation and general disturbance caused by people congregating outside such facilities). However loss of jobs as a reason for refusal would be difficult to uphold – there is currently nothing in the council’s planning policies (nor in national and regional planning guidance) which suggests that this could be used to refuse an application.</td>
<td>See the response to 12 above in addition to the response given in March. (Catherine Carpenter)</td>
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**LAMBETH RESPONSIBLE RETAILER “DO THE RIGHT THING” KITEMARK**

21. A Lambeth ‘responsible retailer’ kite mark should be developed (perhaps graded bronze, silver, gold) to indicate levels of compliance by a retailer in supporting people to make healthier choices through the products they sell. This could apply for example to:
- Fast Food Outlets – meeting healthy eating guidelines e.g. quality of cooking oils and other products, choice of healthy options etc.

<p>|  | Current resource levels do not allow for the development, implementation and monitoring of a Lambeth specific responsible retailer kite mark. Current regulatory teams are focussed on intelligence led inspections to ensure statutory compliance by retailers in the borough. Within the current financial envelope for services this remains the most effective way to ensure that retailers are operating within the law and that criminal breaches are tackled. | Current resource levels do not allow for the development, implementation and monitoring of a Lambeth specific responsible retailer kite mark. Current regulatory teams are focussed on intelligence led inspections to ensure statutory compliance by retailers in the borough. Within the current financial envelope for services this remains the most effective way to ensure that retailers are operating within the law and that criminal breaches are tackled. (Kristian Aspinall / David McCollum) |</p>
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<th>RESPONSE (MARCH 2016)</th>
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<tbody>
<tr>
<td>• Off Licences – voluntary adoption of the conditions mentioned in Recommendation 3</td>
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<td>• Payday Loan/Financial companies - agreeing voluntary cap on interest rate limit</td>
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<td>• Retailers paying the minimum wage</td>
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Overview and Scrutiny Committee 28 February 2017


Wards: All

Portfolio: Cabinet Member for Environment & Transport: Councillor Jennifer Brathwaite

Report Authorised by: Strategic Director, Corporate Resources: Jackie Belton

Contact for enquiries: gokey@lambeth.gov.uk
Gary O’Key, Lead Scrutiny Officer, Corporate Resources, 020 7926 2183

Report summary

This report presents the final report of the Equality Streets Scrutiny Commission and seeks formal sign off from the committee prior to its presentation to Cabinet, scheduled for 13 March 2017.

Finance summary

There are no capital or revenue implications arising as a direct result of this report.

Recommendations

(1) To approve the Equality Streets Scrutiny Commission report (attached at Appendix 1) for presentation to Cabinet on 13 March 2017 subject to any comments from Members.
1. **Context**

1.1 The Equality Streets Scrutiny Commission was established following a series of themed discussions between councillors to identify suitable areas for scrutiny following the revision of the scrutiny function in 2014. The initial proposal was submitted by Councillor Nigel Haselden in early 2015 and was approved by the Overview and Scrutiny chair and vice chairs soon after, when resources to progress the commission became available.

1.2 Parking is an issue of perennial interest among residents, yet car ownership is falling while alternatives to private cars such as car clubs, cycling and walking are becoming ever more popular. The aim of the Equality Streets commission is to examine council policy and practice in the field of vehicle parking and make recommendations aimed at ensuring that the borough’s future social needs and environmental priorities are appropriately and equitably provided for. This linked strongly to the former Community Plan (2013-2016) outcomes of “Cleaner Streets & Greener Neighbourhoods” and “Safer & Stronger Communities” while also chiming with several elements of the recently approved Future Lambeth: Our Borough Plan (2016-2021), including the role of transport infrastructure in achieving inclusive growth and the importance of accessible, sustainable transport in creating strong and sustainable neighbourhoods.

1.3 It is envisaged that the commission’s conclusions will provide a qualitative evidence base for policy development in the fields of strategic transport and public realm.

1.4 The Members of the commission are as follows:

- Councillor Nigel Haselden (Co-Chair)
- Councillor Robert Hill (Co-Chair)
- Councillor Marsha de Cordova
- Councillor Diana Morris
- Councillor Annie Gallop

1.5 The commission invited a number of stakeholders to a “summit” session in September 2015 to take evidence and provoke debate on the opportunities for the council and partners to configure legislative, physical and financial aspects of vehicle parking policy and practice to play a positive part in our town centres and residential areas. Input was sought from relevant councillors and council officers, local resident and business representatives, experts and interest groups. Contributors included:

- John Dales, Director of Urban Movement
- Paul Dodd, Director of OutDesign
- Anne Jaluzot, Trees and Design Action Group
- Isabelle Clement, Wheels for Wellbeing
- Jeremy Leach, 20’s Plenty For Us
- Nicole Harris, Transport for London Taxi Ranks Liaison Officer
- Bill Linskey, Brixton Society
- Diana Bell, Clapham Society
- Andrea Hoffling, Kennington, Oval and Vauxhall Forum
- Ben Stephenson, Waterloo Business Improvement District (BID)
- Louise Abbotts, Streatham BID
1.6 The documentation pertaining to this event – comprising the commission scope, the outline agenda for the session, the primer report supplied to delegates providing an introduction and policy context, and the minutes (which include summaries of the presentations made and the subsequent round table discussion sessions) – are included in the commission’s final report, attached at Appendix 1.

1.7 Following on from this evidence gathering session, the commission co-chairs held a series of meetings over a period of time with senior officers to seek clarification and probe further where necessary. This helped ensure effective joined up working and appropriate consideration of related work – including the Controlled Parking Zone (CPZ) study, Borough Wide Two-Way Cycling in One-Way Streets Study, Air Quality Action Plan and developments in civil enforcement, as well as the Transport Strategy baseline – when drawing conclusions.

1.8 In response to the evidence gathered the commission formulated a set of draft recommendations. As a result of consultation (details of which are contained within section 5) these recommendations were further developed and a proposed final version was taken to the Transport-themed Overview & Scrutiny Committee (OSC) meeting on 16 November 2016, where Members’ comments led to further minor revisions.

2. Proposal and Reasons

2.1 It is proposed that the committee approves the commission report for presentation to Cabinet – currently scheduled for Monday 13 March 2017 – subject to any comments from Members.

2.2 Officers are in the process of preparing an action plan to accompany the commission report, responding to the recommendations therein. Cabinet will be asked to approve the action plan at the same meeting.

2.3 Following agreement of the action plan at Cabinet, further updates will be sought after 6 months and a further 12 months detailing progress made in relation to the recommendations.

3. Finance

3.1 There are no direct financial implications arising from this report; however, the final report of the commission, when reported to Cabinet, will have an action plan attached providing the departmental response to the recommendations made, and this is likely to need more detailed consideration as to the financial impact.

4. Legal and Democracy

4.1 There are no direct legal implications arising from this report. Separate legal clearance will be sought in relation to the commission’s final report to Cabinet.

4.2 The final report of the commission has already been entered onto the Forward Plan, meaning mandatory 28 days’ notice has been given.
5. **Consultation and co-production**

5.1 As stated above, the commission held a stakeholder summit in September 2015 to which a range of contributors were invited. Invitees were carefully chosen to ensure a good cross section of resident and business representatives, experts in the field of transport and public realm, interest groups, councillors and council officers, and include (but are not limited to) those outlined in paragraph 1.5.

5.2 Following the formulation of draft recommendations, the commission also held a three week consultation with stakeholders (including those invited but unable to attend the September 2015 session) in order to seek feedback on the initial conclusions. Detailed submissions were made by 11 individuals ranging from local residents, councillors and officers to interest groups including Disability Advice Service Lambeth, Lambeth Cyclists and 20’s Plenty For Us.

5.3 In response to the feedback received, the recommendations were revised to address the comments made. This included added consideration of non-standard cycles such as cargo bikes, tandems and Christiana bikes; the combination of certain recommendations for brevity, and occasional re-wording for clarity.

5.4 The recommendations were then presented to the Transport-themed OSC meeting held on 16 November 2016 alongside the Lambeth Long Term Transport Strategy (LTTS) Baseline and Future Baseline Analysis. Both reports were discussed in tandem and the commission’s recommendations were put forward for formal consideration by officers when drafting the LTTS. The papers from that meeting can be found at: [http://moderngov.lambeth.gov.uk/ieListDocuments.aspx?CId=113&MId=10010&Ver=4](http://moderngov.lambeth.gov.uk/ieListDocuments.aspx?CId=113&MId=10010&Ver=4)

6. **Risk management**

7. **Equalities impact assessment**

7.1 No equalities impact assessment is needed specifically for this report. The Commission’s proposals do however seek to achieve a positive impact with respect to equalities, including ensuring more equitable treatment of all residents when it comes to policies related to transport and public realm.

8. **Community safety**

8.1 The commission makes recommendations which pertain to civil enforcement which would have a positive effect on community safety by helping to tackle anti-social behaviour.

9. **Organisational implications**

9.1 **Environmental**

The commission’s recommendations seek to encompass various environmental considerations such as increasing greening and the reduction of air pollution. Some of the recommendations are also linked to the Council’s Air Quality Action Plan which is also being presented to Cabinet in March 2017.
9.2 **Staffing and accommodation**

None.

9.3 **Procurement**

None.

9.4 **Health**

The commission’s work aims to have a positive impact on health outcomes by encouraging increased exercise by way of sustainable, less polluting forms of transport such as walking and cycling. The work also supports the aims of the Air Quality Action Plan.

10. **Timetable for implementation**

10.1 The expected timetable is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>28 February 2017</td>
<td>Final commission report presented to OSC</td>
</tr>
<tr>
<td>13 March 2017</td>
<td>Commission report and recommendations to be presented to Cabinet for consideration and response</td>
</tr>
<tr>
<td>Late 2017</td>
<td>Six month update report on progress against recommendations</td>
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<tr>
<td>Late 2018</td>
<td>Twelve month update report on progress against recommendations</td>
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## Audit trail
### Consultation

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<tr>
<th>Name/Position</th>
<th>Lambeth directorate/department or partner</th>
<th>Date Sent</th>
<th>Date Received</th>
<th>Comments in para:</th>
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<tbody>
<tr>
<td>Councillor Jennifer Brathwaite</td>
<td>Cabinet Member for Environment &amp; Transport</td>
<td>01.02.17</td>
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<tr>
<td>Councillor Nigel Haselden</td>
<td>Commission Co-Chair</td>
<td>01.02.17</td>
<td>09.02.17</td>
<td>N/A</td>
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<tr>
<td>Councillor Robert Hill</td>
<td>Commission Co-Chair</td>
<td>01.02.17</td>
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<tr>
<td>Councillor Marsha de Cordova</td>
<td>Commission Member</td>
<td>01.02.17</td>
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<tr>
<td>Councillor Diana Morris</td>
<td>Commission Member</td>
<td>01.02.17</td>
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<tr>
<td>Councillor Annie Gallop</td>
<td>Commission Member</td>
<td>01.02.17</td>
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<tr>
<td>Councillor Ed Davie</td>
<td>Chair, Overview and Scrutiny Committee</td>
<td>01.02.17</td>
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<tr>
<td>Councillor Matt Parr</td>
<td>OSC Vice Chair, “Place”</td>
<td>01.02.17</td>
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<tr>
<td>Alison McKane, Head of Legal Services</td>
<td>On behalf of Strategic Director, Corporate Resources</td>
<td>01.02.17</td>
<td>09.02.17</td>
<td>N/A</td>
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<tr>
<td>Sue Foster</td>
<td>Strategic Director, Neighbourhoods &amp; Growth</td>
<td>01.02.17</td>
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<tr>
<td>Raj Mistry</td>
<td>Assistant Director, Neighbourhoods</td>
<td>01.02.17</td>
<td>09.02.17</td>
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<tr>
<td>Doug Black</td>
<td>Director of Planning, Transport &amp; Development</td>
<td>01.02.17</td>
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<tr>
<td>Simon Phillips</td>
<td>Transport Manager</td>
<td>01.02.17</td>
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<tr>
<td>Tim Harlock, Finance</td>
<td>Corporate Resources, Finance Division</td>
<td>01.02.17</td>
<td>07.02.17</td>
<td>Section 3 &amp; Finance summary</td>
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<td>Andrew Pavlou, Legal Services</td>
<td>Corporate Resources</td>
<td>01.02.17</td>
<td>02.02.17</td>
<td>Section 4</td>
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<tr>
<td>Jacqueline Pennycook, Democratic Services</td>
<td>Corporate Resources</td>
<td>01.02.17</td>
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## Report history

| Original discussion with Cabinet Member | 04.09.15 |
| Report deadline | 16.02.17 |
| Date final report sent | 16.02.17 |
| Part II Exempt from Disclosure/confidential accompanying report? | No |
| Key decision report | No |
| Date first appeared on forward plan | N/A |
| Key decision reasons | N/A |

### Background information

- [Lambeth Community Plan 2013-16](#)
- [Future Lambeth: Our Borough Plan 2016-2021](#)
- [Agenda and minutes of Overview & Scrutiny Committee meeting of 16 November 2016](#)

### Appendices

- Appendix 1 – Equality Streets Scrutiny Commission Final Report
Equality Streets:
Parking in a Liveable Lambeth

Scrutiny Commission Report

December 2016

Commission Members:
Councillor Nigel Haselden (Co-chair)
Councillor Robert Hill (Co-chair)
Councillor Diana Morris
Councillor Marsha de Cordova
Councillor Annie Gallop

Contact for enquiries:
Gary O’Key, Lead Scrutiny Officer
020 7926 2183
gokey@lambeth.gov.uk
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Foreword by the Co-Chairs of the Commission

(To be inserted)

Councillor Nigel Haselden, Commission Co-Chair and councillor for Clapham Town ward

Councillor Robert Hill, Commission Co-Chair and councillor for St Leonard’s ward
List of Recommendations

Public Realm Design and Improvement

Recommendation 1
All public realm works should acknowledge the need for a balance between the priorities of different users. This should include those with children’s buggies and a particular focus on vulnerable users and those that require assistance with their mobility, such as in the use of wheelchairs, scooters, walking frames or sticks, in accordance with Lambeth’s policies on road user hierarchy and road danger reduction.

Recommendation 2
Greening should be routinely incorporated in all town centre and residential public realm schemes, including maximising planting, pocket parks and green corridors. The ideas put forward by the Trees & Design Action Group (TDAG) should be implemented where appropriate.

Recommendation 3
Decluttering and high quality signage for all street users should be embedded in neighbourhoods as default practice. Decluttering should include the removal of disused telephone boxes and more restrictions being put on use of A-boards.

Recommendation 4
Developments impacting the public realm should take into account the need for taxi ranks where appropriate while ensuring robust enforcement of engine idling.

Recommendation 5
The impact on uneven surfaces and changes in level on people with mobility difficulties should be routinely considered whenever footway development and maintenance takes place.

Parking Strategy

Recommendation 6
The Commission supports the principle of a borough-wide Controlled Parking Zone (CPZ) (with different hours of operation in different areas as appropriate) and wishes to see this progressed, subject to consultation. Neither this nor the parking feasibility study should prevent the advance introduction of local parking restrictions where this is a response to evidenced needs.

Recommendation 7
Car club, cycle hangar and electric charging provision should be comprehensive, widespread (i.e. not just in affluent areas and including estates) and integrated into CPZ specification. Installation of cycle hangars should include consideration of non-standard-sized cycles, such as cargo bikes, tricycles, Christiana bikes and tandems.

Recommendation 8
The Council should encourage the use of pool bikes and use car clubs for essential staff travel in time for the completion of the Your New Town Hall project.

Recommendation 9
Network Rail should be lobbied to provide more accessible cycle storage in order to enable easier transport interchange.
Recommendation 10
One-way streets in the borough should be made two-way for cyclists as soon as possible where appropriate (taking into account the results of the Borough Wide Two-Way Cycling in One-Way Streets Study).

Recommendation 11
A cap on business permits should be introduced, with consideration given to a sliding scale whereby the number of permits allocated is based on demonstrable need (this could include factors such as the size and nature of the business). Additional permits should be obtainable above the cap but at a significantly increased cost.

Recommendation 12
Policy should be revised to create a presumption against new crossovers, with Planning to lead on decisions. Where crossovers are permitted, these should seek to minimise changes in level on the pavement (cf recommendation 6) and officers should positively explore the possibility of introducing an annual charge. Any such annual charge should not apply to disabled drivers, though the initial one-off fee should still apply.

Recommendation 13
Existing evidence regarding the importance of the “pedestrian pound” should be collated and presented to Business Improvement District (BID) members for dissemination in order to counter the commonly held belief that customers who drive are more valuable to businesses that those who walk or cycle. Consideration should also be given to commissioning Lambeth-specific research on the “pedestrian pound” to better ascertain the situation locally.

Recommendation 14
As with schools, all businesses in the borough should be encouraged to support sustainable travel. Sustainable travel plans should be promoted and should recommend cycle training which adheres to national standards.

Recommendation 15
The Council should work with Transport for London (TfL) and BIDs to better manage local freight consolidation and distribution to ensure there is adequate provision for deliveries. This could include reviewing policy on waiting and loading times.

Enforcement and Joining Up of Environmental Functions

Recommendation 16
A more joined up environmental enforcement function should be established, aimed at consolidating a range of enforcement services including parking, anti-social behaviour (ASB), fly-tipping and dog fouling. This should be organised on a neighbourhood basis.

Recommendation 17
Civil Enforcement Officers (CEOs) should be equipped with appropriate technology to enable easy capturing and publishing of offences, and air quality monitoring.

Recommendation 18
Housing estates and streets should be considered equitably and in an integrated manner when public realm improvements are planned, and parking enforcement should be seamless across estates and streets, notwithstanding current and future permit charging regimes.
Communications

Recommendation 19
In order to support behaviour change, an awareness/publicity campaign in relation to enforcement of minor offences should be carried out, while also highlighting high profile prosecutions. A log of minor offences committed should also be published regularly.

Recommendation 20
The rights and responsibilities of blue badge holders in terms of parking in the borough should be better publicised.

Recommendation 21
Clear and comprehensive details of car and cycle parking across the borough should be made available online, based on a robust asset record database, as and when the information becomes available (the commission notes that the parking feasibility study will be gathering much of this data).

Recommendation 22
An awareness/publicity campaign should be conducted regarding the ways in which the parking surplus is spent.

Recommendation 23
Full use should be made of London Councils as a forum to share ideas and best practice, lobby the Mayor of London and central government and in particular contribute to the London Plan.
Introduction

Establishing the Commission

The Equality Streets Scrutiny Commission was established in spring 2015 following the submission of a commission proposal by Councillor Nigel Haselden, the then Scrutiny Vice Chair for Neighbourhoods, Environment & Sustainability. Using a holistic approach to vehicle parking – an issue of perennial interest to residents around the Borough – as its jumping-off point, the proposal was to examine wider public realm and sustainable transport issues, looking at the role and function of the borough’s streets to ensure they are safe, attractive and fit for purpose, while also feeding into the development of the new Lambeth Long Term Transport Strategy. This linked strongly to two of the three overarching priorities in the Borough’s key strategic document at the time, the Community Plan (Safer & Stronger Communities, and Cleaner Streets & Greener Neighbourhoods), as well as providing an opportunity to contribute to policy formation, and the Scrutiny Chairs were therefore content to authorise the commission.

During the summer of 2015, councillors were appointed and the range of the commission scoped. Members of the commission identified a number of core questions which they wanted to see addressed in the commission. These included:

- Does the council’s strategic parking policy fit the constraints facing the borough and the ambitions it holds for a clean and green Lambeth?
- What opportunities are there for the council and partners to configure legislative, physical and financial aspects of vehicle parking policy and practice to play a positive part in our town centres and residential areas?

Based on these questions, the following terms of reference were agreed:

- To receive a summary of current policy
- To compare the provision and demand for parking in the borough, in alignment with the parking feasibility study, but including domestic off-street and cycle parking
- To identify how the frameworks defining controlled and wider parking provision can improve the attractiveness of neighbourhoods and make active travel easier.
- To consider the scope and possible benefits of a borough-wide CPZ.

Background and Context

Controlled parking, introduced in the mid-1990s, is in a mature state in Lambeth, but can sometimes conflict with good urban design and evolving transport practice; furthermore, only two in every five Lambeth households now run a car, with the trend heading for one in three, and people moving within and through Lambeth’s neighbourhoods choose different modes, in much greater numbers, compared to earlier times (for example, at Vauxhall, in peak hours, only one in ten journeys is made by private car). Meanwhile pay-as-you-go motoring has mushroomed, with each car club vehicle providing the capacity equivalent of 20 private car usages, and cycling is becoming ever more popular. The Equality Streets commission’s aim is to ensure that the borough’s future social needs and environmental priorities are appropriately and equitably provided for within this context.

In 2015, it was announced that a borough-wide parking feasibility study was to take place to assess whether current operational controls still meet the needs of the local community. The study would enable the council to develop an up-to-date inventory of all parking spaces, disabled spaces, car club bays, loading bays, cycle parking and business parking in the borough. The Equality Streets commission has been timed to coincide with this, the idea
being that, taken together, these two pieces of work would provide qualitative and quantitative evidence to help shape policy governing the future layout and function of Lambeth’s streets. At the time of writing it is anticipated that the parking feasibility study will report in spring 2017.

Officers are also working on a new Long Term Transport Strategy (also due for completion in the first half of 2017) which the Equality Streets commission seeks to influence. Indeed, at the Transport-themed Overview and Scrutiny Committee held on 16 November 2016, the recommendations of the commission were reported alongside the Transport Strategy current baseline report (which constitutes part of the evidence base for the strategy) and these were discussed in tandem in order to ensure joined up thinking at a formative stage.

The commission’s work comes at a time when Council resources are shrinking ever further and preventative approaches become ever more important. To this end the commission complements the Health and Wellbeing Strategy by promoting greater physical exercise through active travel, while also tying in with the Air Quality Action Plan in its ambition to reduce emissions.

The commission is also clear that its recommendations would have significant benefits for Lambeth’s businesses; this relates not only the fact that customers who walk or cycle spend more in local shops than those who drive – contrary to popular belief (this is expanded on in section 2) – but also that greener, more attractive spaces are used by more people for longer periods, generating greater footfall and increasing takings. Indeed, the Streatham Street Manual, produced in 2014 by the Business Improvement District (BID) in Streatham – an organisation run by businesses, for businesses – recognises the positive impacts public realm improvements such as footway enhancements, decluttering and greening have on the local economy by making places more attractive to visit, observing that “it’s social traffic that creates economic traffic”.

Finally, the commission’s findings resonate with the Borough Plan (adopted by Cabinet in September 2016 to supersede the aforementioned Community Plan) in a number of ways. These include the ambitions for strong and sustainable neighbourhoods – including the 10-year aims to “make our streets places people feel proud to live and work in” and, in particular, “enable people to act more sustainably through redesigning highways and town centres to make them safer and encourage walking and cycling” – as well as the role of transport infrastructure in achieving inclusive growth. Despite the Borough Plan postdating the bulk of the commission, it is encouraging to note that the issues identified and recommendations made continue to chime with the Borough’s priorities.
**The Equality Streets Stakeholder Summit**

In order to enable multiple stakeholders and interested parties to feed into discussions and ensure a range of views could be put forward, it was decided that the best format for the commission would be to convene a stakeholder “summit”, whereby a series of presentations and workshop sessions would be held on a single day. This approach enabled members to hear from local resident and business representatives, council officers, experts and interest groups without the need for a protracted series of meetings and burdensome time commitments. In order to achieve this, Paul Dodd, Director of public realm consultancy OutDesign, was commissioned to facilitate the event, working with council officers to devise a programme and carefully target invitees. The commission wishes to place on record its thanks to Paul for his hard work in making this a success.

The event took place on 21 September 2015 at Roots and Shoots in Kennington. Participants were provided with a primer report produced by Lambeth officers outlining the policy context and an outline agenda also including the commission scope. In the morning session, nine presentations were made covering such issues as streets and nature, car clubs, taxis and private hire vehicles, streets as public places, 20mph speed limits, and local town centre and neighbourhood views from Business Improvement Districts and resident bodies. Delegates then split into groups for themed discussion-based workshop sessions in the afternoon.

Following the summit session and in response to the evidence gathered, the commission co-chairs held a further series of meetings over a period of time with senior officers to seek clarification and probe further where necessary, to refine the initial thinking. All commission members then met to devise a series of recommendations, which were consulted on with stakeholders from the original event (including those who were invited but unable to attend) and further revised as a result of the feedback received.

The documentation from the stakeholder event, consisting of the agenda, primer report and minutes, can be found below. These documents, along with the references cited, provide the foundation for the main body of the report. This is split into four sections reflecting the commission’s key findings, around which its recommendations are grouped: Public Realm Design and Improvement; Parking Strategy; Enforcement and Joining Up of Environmental Functions; and Communications.

The full scoping document can be found at Annex 2 of this report.
Agenda

Equality Streets: Parking in a Liveable Lambeth
Date: 21st September 2015, 09.00-15.00pm
Venue: Roots & Shoots, Walnut Tree Walk, Kennington, London SE11 6DN

Lambeth’s Overview and Scrutiny Committee has established a commission, led by Councillor Nigel Haselden (Overview and Scrutiny Vice Chair for Neighbourhoods, Environment and Sustainability) to look at the role and function of the borough's streets to ensure they are safe, attractive and fit for purpose. As someone with an interest in this area you are invited to a hands-on workshop to help shape the work and ensure that all voices are heard.

Lambeth’s streets provide access for people, goods and services as well as being great places to meet. We will discuss how our streets can be designed to strike the right balance between the needs of movement and place. In addition we will consider the latest thinking on street design, servicing, and parking demand and management.

In the morning a variety of local interest groups and transport practitioners will deliver short presentations outlining their vision for our streets and spaces. In the afternoon we will discuss the main issues and objectives and work towards establishing a series of recommendations aimed at achieving this vision. The commission’s final report and recommendations will be presented to the Council’s Cabinet for consideration.

Draft Agenda

09.00  Registration
09.15  Welcome and Introduction
       Paul Dodd and Cllr Nigel Haselden
09.30  Equality Streets
       John Dales
10.00  Taxis and Private Hire
       Nicole Harris and Darren Crowson, Transport for London
10.15  Car Clubs
       Naveed Ahmed, Transport for London
10.30  Clapham Society
       Diana Bell
10.45  Norwood Amenity Group
       Speaker tbc
11.00  Streets and Nature
       Anne Jaluzot
11.15  Streets for People
       Jack Skillen
11.30  
*Break*

11.45  
20's Plenty Campaign  
Jeremy Leach

12.00  
Streatham BID  
Louise Abbotts

12.15  
Waterloo BID  
Ben Stephenson

12.30  
*Lunch*

13.30  
Workshop: An afternoon breakout session would allow themes to be pursued and experiences to be compared. We will break into small groups and explore the following themes in more detail:

**Innovation** (Car clubs / cycle routes and signals / bus and tube improvements)

**Town centres** (Shopping, culture and leisure / Freight and deliveries / Interchange)

**Residential streets** (Green streets / sustainable drainage / housing estates)

**Managing the street** (Parking enforcement / CPZ / clean streets)

**Health and well-being** (Physical activity / air quality / speed and safety)

14.30  
Feedback and Next Steps  
Cllr Robert Hill

15.00  
Close
**Primer report**

*Equality Streets – Parking in a Liveable Lambeth*

**Introduction**

London’s roads and streets play crucial roles for ‘movement’ and ‘place’. They carry 80% of people’s trips and 90% of freight, and make up 80% of the city’s public space.

Growth in population and economic activity are intensifying the pressure on our roads, increasing the importance of thinking innovatively to tackle some of these challenges.

At a pan-London level the work of the Roads Task Force, set up by the Mayor of London in 2012 to tackle the challenges faced by London’s streets, has provided firm focus on the competing demands on space at street level. In addition, Transport for London’s recently published Health Action Plan has emphasised the important role of the street environment upon the quality of health for Londoners. With 24 million journeys being made by people and freight on London’s roads every day, with development becoming increasingly dense and the ambition to improve the quality of places continuing to grow, it is an ideal time to consider these issues at a borough level.

At a regional level there has been a lot of work, principally by Transport for London, to assess how to better manage London’s roads in the future. A considerable amount of work is taking place with the Freight Industry, focusing on initiatives such as retiming deliveries, different methods of delivery (i.e. consolidation centres and non-road based modes) and Construction Logistics Plans. In addition, ‘car-lite’ developments are supported, by providing a living environment that encourages people to walk and cycle. Car clubs and other complementary alternatives to private car ownership are actively supported.

**Policy Context**

Lambeth’s Local Plan, scheduled for adoption in September 2015, provides a strong focus on the promotion of sustainable transport within the borough, minimising the need to travel and reducing dependence on the private car (Policy T1). In addition, objective 2 (paragraph 4.2.3) of the Lambeth Transport Plan (2011) references the council’s approach to managing the quality, reliability and efficiency of the road network. The council has also published a Road Danger Reduction Strategy. This moves away from traditional road safety, which tends to focus on equipping vulnerable road users to move around in a dangerous environment, towards concentrating on reducing the causes of danger. Lambeth employs a road user hierarchy, with the most sustainable modes of walking and cycling prioritised above freight transport and the private car.
Part of Lambeth’s overall approach to support sustainable travel patterns and address congestion issues is to control and manage the availability of parking - both on and off street (Policy T7 of the Local Plan). Parking controls are essential to ensure the efficient use of road space and manage the demand for parking. Car ownership is also falling within the borough, with only 42% of households now owning a car. This falling car ownership can create opportunities for new uses of streets in some parts of the borough, whilst in other parts of the borough there is still growing pressure on space for parking.

Lambeth’s Controlled Parking Zones (CPZs) were introduced area by area over many years, so now most, but not the entire northern half of the borough, where parking demand is at its highest, has CPZ coverage. Each CPZ has its own hours of operation with most zones operating between 8 and 12 hours, but some outside of town centres operating for two hours per day. Existing CPZs are due to be reviewed as part of the council’s recently commissioned borough-wide Parking Feasibility Study, to see whether the operational controls still meet the needs of the local community. The Study will also enable the council to develop an up-to-date inventory of all parking spaces, disabled spaces, car club bays, loading bays, cycle parking and business parking in the borough. The Equality Streets process presents an opportunity to inform this process and help shape the future layout and function of Lambeth’s streets.

In other parts of the borough Lambeth does not have CPZs and there are campaigns for parking controls to be introduced in some of these areas. There are also various major developments in these areas which potentially add to this parking stress. The Borough-wide Parking Feasibility Study will also review parking issues within these non-CPZ areas and develop a prioritisation list for future CPZ schemes.

In many parts of Lambeth, there are plenty of alternatives to the car for work, shopping and leisure trips, and “car-free” or low-car developments are supported, particularly in areas that benefit from good access to public transport facilities. Lambeth is densely developed with pressure for further development. Minimising parking provision within the development sites allows space for other uses and enables a more efficient use of land.

Lambeth’s transport policies support increased innovation with respect to the use of the street environment, particularly around the use of car clubs and electric vehicles. Lambeth’s Transport Plan (2011) Objective 3 documents information on the council’s approach to improving air quality by increasing sustainable travel behaviour in the borough, but by also
supporting new forms of transport, including car clubs, electric vehicles, or the possibility of increased incentives for the use of low emission vehicles (i.e. reduced permit payments for fuel efficient vehicles).
Minutes

Scrutiny Commission: Equality Streets – Parking in a Liveable Lambeth
Monday 21 September 2015 9am to 3pm at Roots & Shoots, Kennington

Attendees

Cllr Nigel Haselden (Commission co-chair), Cllr Rob Hill (Commission co-chair), Cllr Marsha de Cordova (Commission member), Cllr Diana Morris (Commission member), Cllr Annie Gallop (Commission member), Cllr Jennifer Brathwaite (Cabinet Member for Environment & Sustainability), Paul Dodd (Out Design), John Dales (Urban Movement), Gary O’Key (Lead Scrutiny Officer LBL), Raj Mistry (Programme Director, Environment LBL), Richard Lancaster (Programme Manager, Environment LBL), John Rider (Delivery Lead, Strategic Transport LBL), Peter Loveday (Transport Policy Manager LBL), Laura Cheyne (Road Danger Reduction Manager LBL), Andrew Round (Sustainability Manager LBL), Zak Aktas (CPZ Project Manager LBL), Diana Bell (Clapham Society), Martin Pratt (Clapham Society), Charlie Holland (Lambeth Cyclists), Anne Jaluzot (Green Infrastructure Planning), Isabelle Clement (Wheels for Wellbeing), Lucy James (National Management Trainee LBL), Andrea Hoffling (Kennington Oval & Vauxhall Forum), Louise Abbotts (Streatham BID), Ben Stephenson (Waterloo BID), Elaine Kramer (Van Gogh Walk), Nicole Harris (Taxi Ranks Liaison Officer TfL), Darren Crowson (Taxi Ranks Liaison Manager TfL), Naveed Ahmed (Car Clubs Officer TfL), Jeremy Leach (20’s Plenty Campaign), Alan Piper (Brixton Society), Jack Skillen (Streets for People), Streatham Action Group representative

Introduction

Paul Dodd welcomed everyone to the event and stated that the aim was to understand the various pressures on our streets and environment, and associated contexts, and come up with recommendations to create a balance between these pressures and thus create better quality streets. The morning session would consist of brief presentations on a wide range of topics and the afternoon workshop would be a chance to discuss these in more depth.

Cllr Haselden explained that this was first and foremost a Scrutiny Commission; Scrutiny’s role was to provide checks and balances on the executive. The Commission was tasked with devising a series of key points which in turn could form the basis of recommendations for the councillors and officers to take forward. A variety of residents, interest groups, professionals and council officers had been invited to contribute and it was hoped this range of perspectives would lead to a pertinent and balanced report to present to Cabinet.

Presentations

John Dales (Urban Movement): Equality Streets

A PowerPoint presentation and brief Q&A session took place during which the following key points were made:

- John ran a small consultancy as well as chairing the Transport Planning Society. He was also a trustee of Living Streets and had worked with parliamentary select committees
- Streets were shared spaces and good street design was about getting the balance right in terms of the use of space
- Streets were complex places where everyone needed to be provided for, while roads were invariably about movement. Connotations for streets tended to be more positive than those for roads
• Streets tended to change in nature every few metres. It was not possible to design good streets by using numbers and formulae; this is what made it so fascinating
• The challenge was to try to embrace other things while you’re doing your main task. This could include parking, shopping, commuting and leisure. No streets were perfect but failing to address the complexity would always result in a failing street
• Streets needed to provide facilities while considering people and activities
• Parking was always a means to an end rather than an end in itself; this had to be borne in mind
• Statements made by some politicians about lack of provision to park when “shopping locally” tended to chime with a lot of people but were completely unevi
denced and had to be challenged. While it was true that some people may be buying large items or passing through on the way to somewhere else, and hence may favour the car, most people walk to local shops
• Studies had been done on this and found that shopkeepers consistently overestimated how many customers came by car; also, evidence showed that while drivers spent more per visit, pedestrians spent more on average per month
• Parking charges were often maligned but it should be remembered that parking space is a valuable local resource
• Shopkeepers needed to take some responsibility for the upkeep of their frontages
• The removal of guard railings could open up much more space and also tended to improve road safety as drivers and pedestrians engaged more with each other
• Streets needed to be designed around the needs of people, not just cars
• Whatever recommendations the commission chose to make needed to be evidence-based and good for local streets; indeed it could be argued that the best way to use the commission’s resources would be to collect robust evidence on which to base future policies

Nicole Harris / Darren Crowson (TfL): Taxis / Private Hire Vehicles

A verbal presentation and brief Q&A session took place during which the following key points were made:

• TfL licensed black cabs and private hire vehicles (PHVs); this included minicabs, community transport vehicles and dial-a-ride
• Black cabs could use a rank and ply for hire on the streets but PHVs had to be pre-booked through a licensed operator. TfL appointed taxi ranks in all London Boroughs; these could be appointed to serve a variety of venues/locations such as hospitals, stations or shops/bars
• There needed to be adequate space for taxi ranks to cope with demand as well as clear sight lines
• All taxis were fitted with wheelchair ramps, swivel seats and hearing loops, and there was a wide range of PHVs some of which were adapted for customers with mobility requirements
• Taxis and PHVs needed to be able to set down and pick up passengers safely
• Taxi ranks helped serve the night time economy and also helped disperse large crowds, reducing ASB and allowing people to get home safely
• The location of taxi services and the requirements of passengers had to be carefully considered
• TfL commented on planning applications for major developments at an early stage to ensure taxi requirements were considered but this could sometimes be missed with smaller applications. Lambeth did not have a single point of contact for taxis in the way some other boroughs did
• Taxis and PHVs amounted to pay-as-you-go motoring and therefore had a role in reducing reliance on private cars
- TfL was developing guidance about what a good taxi rank looks like
- The removal of the taxi rank in central Brixton when the Windrush Square development was carried out had caused a big problem as there was a great deal of demand
- TfL had a list of taxi ranks which could help in assessing where the gaps lie; this could be provided
- All new taxis were zero-emission capable and training was being considered for drivers around smarter driving to reduce pollution

**Naveed Ahmed (TfL): Car Clubs**

A PowerPoint presentation and brief Q&A session took place during which the following key points were made:

- There were big increases projected in London’s population over the next 10-15 years and it was vital to look at mitigating congestion and air pollution
- Congestion had economic and environmental impacts
- The 2013 Roads Task Force report looked at how to improve the situation; this contained a key recommendation regarding reducing car ownership and usage
- On average people only used their cars 3% of the time so it made sense to look at possibilities for sharing via car clubs
- Ongoing research was being done looking at the potential demand for switching personal journeys from private cars to car clubs
- Car clubs consisted of vehicles provided by car rental companies on the public road for use on a pay as you go basis. The pricing structure encouraged short term use
- Public transport provision was also an important factor
- London had around 80% of all car club vehicles and members
- The main car club operators had been brought together to form a coalition
- Promotion of car clubs and buy-in from local groups was important
- Car club vehicles tended to be among the greenest available
- Appropriate infrastructure for electric vehicles was vital
- Boroughs determined where their car club spaces were and each had different criteria; this might include prioritising areas where public transport was not so good and/or areas of social deprivation
- Lambeth was among the most popular boroughs for car club membership
- One of the actions in the car club strategy concerned working with businesses such as estate agents or local authorities to make vehicles available outside office hours

**Diana Bell (Clapham Society): Front Garden or Car Park?**

A PowerPoint presentation and brief Q&A session took place during which the following key points were made:

- Two thirds of London’s front gardens had been paved over for parking – this amounted to 12 square miles or 22 times the size of Hyde Park
- Front gardens were important for irrigation as green areas absorbed water back into the ground and trees and plants took up water
- Paved areas increased water run-off into overloaded Victorian drains and resulted in a loss of habitat for wildlife
- Trees needed to be seen as “green architecture”
- Appropriately sized trees made the road appear narrower and softened/screened houses
• Hedges and trees helped define the pedestrian zone and make the road less dominant
• There were also issues with modern paving eroding the character of conservation areas, resulting in a loss of local identity
• Houses in single family occupation could currently convert gardens into car parking space as permitted development but it was possible to issue an Article 4 direction to take away such rights

Norwood Action Group: Local View

Nobody was available to attend from Norwood Action Group but the following written statement was received from the NAG Chair, Rob Andrew, and circulated:

This is drafted by Rob Andrew, chair of Norwood Action Group (which also represents Tulse Hill and Lambeth portion of Upper Norwood), though without the benefit of contribution or ratification by the Group.

To declare my interests, I travel locally mainly on foot or by bicycle, by bus or train into London and by car out of London and east-west – West Norwood has poor east-west public transport links.

Firstly, I would like to comment on a couple of assertions. Streets are not often great places to meet. The poor standard of street cleansing and maintenance determines this just as much as traffic and parking. Even if improved, there are better places to meet.

The comment in the brief: “In many parts of Lambeth…” should be fully understood and not be lost in the ongoing progress. Unlike most of Lambeth, our area at the southern tip of Lambeth is not urban, but suburban as acknowledged and designated in the Lambeth Local Plan. We do not have the short distances between key features and density of transport of the middle and north of the borough. Therefore there is not a broad-brush borough-wide approach that is appropriate.

The thrust of Lambeth policy is to reduce car journey miles and support alternatives. This has to be carefully considered in our locality for numerous reasons.

For example, the vast increase in children of school age in our neighbourhood means that all schools are vastly oversubscribed and forecast to continue to progressively worsen despite the planned increase in local school places. This means that many parents are having to take children to schools some miles away by car due to poor east-west transport, often to more than one school due to inability of siblings’ policy to provide for all siblings.

Our area is hilly: the main shopping street is in the centre of a natural valley going steeply uphill to the south and west, less so to the east and north. This means that many less-able rely on car use. Cyclists are often daunted by the gradients on many roads, especially if not young and ‘cycle-hardened’.

We have virtually no off-street parking but there is one CPZ in the Tulse Hill area which is failing local needs. Ostensibly to deter commuter parking, it operates from 8 till 7pm, almost all ‘resident-only’ use. These streets in daytime have few resident vehicles, meanwhile local shops struggle. The parking wishes of commuters can still be thwarted and the needs of others – the less able to reach shops – could be met with, for example, a 1 or 2 hour limit on parking.
To aid local business, we would suggest a method used by Croydon, machines that issue a free 20 minute ticket as well as accepting payment for longer stays.

Air quality concerns us all, so for this and other reasons we are not unequivocal supporters of unfettered car use. However we do wonder about some policies with unintended consequences: the forthcoming 20mph limit on all borough roads, even the main feeder routes. Cars, buses and trucks driving in low gear and excessive humps causes a sharp rise in pollution per vehicle journey.

Locally we have a number of initiatives that are relevant, so hasty action would be inexcusable. A Lambeth Council review of the West Norwood and Tulse Hill Masterplan is underway and due to report in early 2017. This should consider the streets and parking issues in a holistic way. Evidence to this can inform the subject of this workshop.

In addition, two local planning forums are in the process of initiation under the 2011 Localism Act: Norwood Planning Assembly and Tulse Hill Planning Forum. There are also two long standing community groups Norwood Forum and Norwood Action Group. Any plans or implementation without proper engagement with all would be totally unacceptable.

Finally, as in the rest of Lambeth we are experiencing a rapid increase in population. Whilst it could be argued that certain policies and plans are beneficial in the current context, the vision has to be long-term. We recall school closure due to falling demand in the quite recent past; this failed to anticipate future need as reflected in our locally (and nationally) desperate situation. We would not wish to see ill-founded actions that roll-on just because they have currently gained some traction.

Anne Jaluzot (Green Infrastructure Planning): Streets and Nature

A PowerPoint presentation and brief Q&A session took place during which the following key points were made:

- Nature needed to be seen as an infrastructure response to local needs, as opposed to just another feature on our streets requiring space and funding
- Tree planting was an essential ingredient of most traffic calming and environmental enhancement schemes
- Trees and plants could be used to change the perception of the width of streets, resulting in more appropriate driving speeds; this also reduced collisions and deaths/injuries. Drivers were also better able to gauge their speed on tree-lined roads due to the parallax effect
- Trees and planting in the middle of the road and cut-ins provided easier crossing for pedestrians while adding texture and colour, making the street more welcoming and enabling more enhanced use of footways
- Appropriately positioned vegetation helped guide people around intersections, provide spatial references and gently segregate modes of transport
- An attractive street environment better allowed for safe coexistence of different road users
- There were some constraints regarding tree planting and these needed to be carefully considered to avoid causing hazards or surface upheaval
- Vegetation could act as irrigation and air conditioning and also attract wildlife
- Evidence of the health benefits of nature on streets was overwhelming and had been summarised by the University of Washington (see http://depts.washington.edu/hhwb/)
- Greener streets also increased consumers’ dwell times and willingness to spend money
- It was important to understand the links to funding across various areas of the organisation; maximising these required effective collaboration and strategic attention needed to be paid to treating the greening of streets as a change programme.
- The publication Trees in Hard Landscapes: A Guide for Delivery, which was available free online, expanded on these ideas.

**Jack Skillen (Streets for People): Streets as Public Places**

A PowerPoint presentation and brief Q&A session took place during which the following key points were made:

- Walking was a way of getting around that included everyone and pedestrian organisations had a long history.
- Walking could be encouraged by a range of measures from drop kerbs to bigger town centre schemes and infrastructure changes. Streets for People were currently working on schemes in Tooting and Peckham to make areas safer and get more people walking.
- Smarter road pricing could help alleviate congestion and pollution; this included parking.
- Streets for People carried out street audits to understand more about how people moved around and used streets, though this had not been done extensively in Lambeth.
- Schemes to encourage walking to school added social value by benefitting health, community relations, education and people's general outlook. Parking around schools was a big issue and some streets had been temporarily closed down at certain times to encourage walking to school in Camden and Hackney.
- Older people could become disconnected and lonely if streets were not conducive to walking.
- Streets for People had held a recent meeting with the GLA, TfL and ten London Boroughs but this did not include Lambeth (though they would like to be more involved here).
- Measures to encourage walking required some initial investment – mainly in terms of time – but saved money in the long term and helped the local economy by increasing footfall in town centres.
- Cycling also had very positive effects and should be encouraged but there were areas of possible conflict with pedestrians.
- Cycling pressure groups seemed more vocal than pedestrian ones and it was felt walkers sometimes came off worse when public realm improvements were made, such as having pavement widths reduced.

**Jeremy Leach (20's Plenty for Us): 20mph Speed Limit**

A PowerPoint presentation and brief Q&A session took place during which the following key points were made:

- The 20’s Plenty campaign sought to achieve a fairer balance between people and vehicles by way of lowering speeds.
- They also wished to tackle the decline in walking by making sure streets were fit for pedestrians. This in turn would have positive health benefits.
- 20mph zones were widely supported.
- Research showed that introducing a 20mph limit reduced speeds by between 1 and 1.5mph on average, though doubts were raised about the robustness of these statistics.
Reducing the speed limit to 20mph reduced noise pollution, accident frequency and casualties, and increased active travel (walking and cycling), while having a neutral effect on journey times

Enforcement was crucial, yet there were concerns over the resource implications for the police

Louise Abbotts (Streatham Business Improvement District (BID)): Local View

A verbal presentation and brief Q&A session took place during which the following key points were made:

- Streatham BID represented 550 local businesses who had chosen to invest in the area to make Streatham a better place to live, work and do business
- Investment in lighting and central reservation works had taken place on the High Road
- A change in demographic was occurring in Streatham
- Streets were becoming like a “living room” where people met and had social interactions
- There were quite a lot of parking facilities in Streatham but many were sub-standard in terms of the quality of paving, lighting and signage
- Lots of parking was linked to shops where purchases were necessary to use the car park
- Many of the side streets had no parking controls and these were often used by commuters
- It would be helpful if loading bays could be shared use
- Streatham had a thriving town centre but the High Road was also a key arterial route; this meant a balance was required. There did not currently appear to be a strategy for the area which looked at public realm in terms of the variety of road users and associated conflicts
- There were very active business and residential communities in Streatham that were keen to engage
- There needed to be a 360 degree review of all transport options in Streatham – trains, buses, walking and cycling

Ben Stephenson (Waterloo Business Improvement District (BID)): Waterloo Streets

A PowerPoint presentation and brief Q&A session took place during which the following key points were made:

- London had a high population density and this led to problems with modal conflict
- Waterloo BID were involved in making community-led improvements to local streets and wanted to be the local interface between TfL and the community
- Current schemes included work on Westminster Bridge Road to reduce the impact of the car and improve the public space
- There was a great deal of railway infrastructure in the north of the borough; this could be seen both as a problem and an opportunity
- While high quality design was desirable it should not be at the expense of affordable long term maintenance
- There were a number of policies and strategies related to Waterloo including the streetscapes design guide, Southbank public realm strategy and retail strategy
- It was felt that TfL’s Roads Task Force agenda was slipping and retreating into silos
- The reliance on cars even in places as well served by public transport as Waterloo showed the significant barriers that had to be overcome
• The occupancy of the National Theatre car park was fairly low but parking for the Hayward Gallery would be moving over when works started there

**Workshops**

The following workshops took place:

**Group 1: Management of our Streets**

Cllr Haselden, John Dales, Zak Aktas, Raj Mistry, Andrea Hoffling, Elaine Kramer, Jeremy Leach

The key points raised were as follows:

• There were problems with the cleanliness of streets including litter and fly-tipping – was this a collection issue or did people not care enough to keep the streets clean?
• There needed to be better joined up working between different areas of the council
• Campaigns such as Do The Right Thing were positive in terms of awareness raising, and work with local businesses and volunteers was helpful, but high profile examples of enforcement were also needed to deter people
• The true value of inner London parking spaces had to be realised; public spaces were for everyone and it was a privilege for motorists to park in them
• A strong case needed to be made to levy the cost of parking by making sure positive benefits – such as freedom passes – were understood
• The emergence over several years of a number of CPZs – some very localised – meant they were difficult to regulate. Protection from commuter parking near stations was also needed
• Planning and Highways should talk to each other regarding restricting crossovers
• Small pocket parks could be created from redundant parking spaces
• The remit of civil enforcement officers could be expanded to cover other kinds of ASB (such as dog fouling and litter) in order that they became the council’s first point of contact

**Group 2: Town Centres**

Cllr Hill, Cllr De Cordova, Laura Cheyne, Peter Loveday, John Rider, Charlie Holland, Louise Abbotts

The key points raised were as follows:

• Town centres need to be the heart of the community and the needs of various interests had to be balanced
• Well planned public realm improvements could create more of a focus and encourage social use of town centres
• It was important to learn from best practice (examples in Rye Lane (Peckham) and Regent Street were cited)
• Well planned and considerate delivery strategies could relieve daytime congestion
• Central parking areas were best but these should be replacement rather than additional spaces
• There was a strong need to coordinate activities within the council such as planning, licensing, highways and regeneration
• The preference was for segregated cycle lanes where possible to maximise safety and minimise conflict
• The needs of pedestrians should not be neglected
• Safety was a key concern and input should be sought from vulnerable users and groups including RNID, RNIB and Guide Dogs for the Blind
• Good signage was important to help people find their way but Legible London signage was expensive; TfL could be lobbied on the cost and/or on allowing boroughs to develop their own signage
• Having local businesses meet local needs would reduce the need for people to travel
• More thought needed to be given to the sharing of spaces

Group 3: Residential Areas

Cllr Gallop, Cllr Morris, Richard Lancaster, Andrew Round, Isabelle Clement, Martin Pratt, Lucy James

The key points raised were as follows:

• It was important to think about estates as well as streets when considering the quality of the residential environment
• Green projects on estates could achieve the same aim as the greening of residential streets and in the process create “green corridors”
• Policies should encourage active travel for everyone to avoid isolation and vulnerability
• The environment had to work for everyone including those with mobility issues of various kinds; this included the need to ensure pavements were well maintained
• Local people should be encouraged to take responsibility, ownership and interest in their streets (the NEP was helping with this)
• While lots of car journeys could be substituted it had to be borne in mind that some car journeys were essential (eg for carers)
• Lots of paving of front gardens was outside permitted development rights yet this did not tend to be enforced. A high profile campaign of enforcement against a few such developments could yield good results from limited expenditure
• The ideas in the Streets and Nature presentation were very interesting and should be explored but it was important to ensure the right substructure to make sure tree roots did not make pavements uneven
• More information needed to be made available to people on the alternatives to private cars (this included new parents, who often felt they had to have a car). The cost of all the equipment required for parents to be able to pick and mix from the different modes might be a disincentive. Encouraging reuse and recycling could help
• Awareness had to be raised with regards to car club schemes (this was done on new developments but not so much elsewhere)
• Green roofs should be encouraged
• Additional CPZs might improve the street scene in some parts by restricting commuter parking
• The competition for road space could result in some modes disadvantaging others (eg cyclists slowing down buses)

Summing Up

In closing the event, Cllr Hill thanked everyone for coming. A great deal of interesting thoughts and big ideas had been raised in a short period of time, which would give members of the commission plenty to think about. Some of the key points made concerned the perception people had of streets, streetscape design (including planting and greenery), and the importance of effective enforcement. It was vital to listen to all views and learn from good practice, making sure recommendations were well-evidenced and compatible with other activity, such as the Neighbourhood Enhancement Programmes, parking stress survey,
cycle quietways and the ongoing development and population rise in the borough. Sharing of information and effective working across teams and organisations would be vital.
Section 1: Public Realm Design and Improvement

The issues considered by the Equality Streets Scrutiny commission are many and varied, and can sometimes provoke strong debate, but if there is one generally accepted principle which resonates from the stakeholder summit and the multitude of sources referenced in this report, it is the recognition that streets are shared spaces which can only be successful when they achieve an appropriate balance between the amenities they provide and the people that use them – be they pedestrians, public transport users, cyclists or motorists; young or old; commuters or shoppers; visually impaired or wheelchair users. The commission notes that the Lambeth Transport Plan 2011 includes a road user hierarchy, setting out the order of priority for modes of travel as below, and endorses this approach – placing a particular focus on those with mobility issues – while reiterating that it is necessary to consider the needs of all groups when planning public realm works.

Lambeth road user hierarchy

1 Walking; 2 Cycling; 3 Buses; 4 Taxis and Minicabs; 5 Powered two wheelers; 6 Freight transport; 7 Cars

As set out in the introduction, the commission aims to make our streets and town centres more attractive and healthy places to be and one particularly important element of this is the presence of nature. The commission found the presentation from the Trees and Design Action Group (TDAG) at the stakeholder event to be particularly inspiring in this regard, challenging as it did the perception of trees and planting as “just another feature on our streets requiring space and funding” and reframing nature as a response to infrastructure needs, including traffic calming, drainage and way-finding. The commission also notes the considerable health benefits of greening, as referenced in the presentation, while the economic gains resulting from consumers’ increased dwell times in greener spaces are a vital, oft-overlooked by-product. For all these reasons, the commission endorses the ideas put forward by TDAG and would like to see these considered and implemented wherever feasible in future public realm improvement schemes.

Another principle that the commission wishes to see taken forward is that of decluttering the public highways wherever possible in order to create spaces which are not only more open and welcoming but easier to navigate, especially for those who may have mobility problems and require walking sticks or wheelchairs, but also buggy users. It is noted that Transport for All, in their article Zero-tolerance on A-boards welcomed by disabled people, make a compelling case for restrictions on advertising boards which are placed on the pavement outside business premises, outlining the difficulties they can cause for wheelchair users, but also wishes to see this principle extended to street furniture which is unnecessary or redundant (such as disused telephone boxes). Related to this, and following up an issue raised at the stakeholder session workshop discussions, the commission believes high quality signage is important to help people find their way, and notes that the London Councils Code of Practice for Affixing Traffic Signs and Street Lighting to Buildings in London – adopted by Cabinet in February 2016 – provides a blueprint for achieving this while further supporting the principle of decluttering. Well maintained pavements are also paramount and in particular the commission wishes to see routine consideration of the impact of changes in level on vulnerable people, noting how difficult it can be for those with mobility difficulties to negotiate such steps up or down.

As part of the stakeholder session the commission received a presentation from Transport for London officers on taxis and private hire vehicles (PHVs). Among the points made was their role in the night time economy and the importance of the service to those with mobility requirements. While it is noted that taxis are lower in the road user hierarchy than active
travel such as walking and cycling, and public transport, nevertheless the commission recognise
taxis and PHVs are in effect pay-as-you-go motoring which reduce reliance on
private motor vehicles, and for some are an invaluable form of transport. For these
reasons the commission wishes to see taxi ranks taken into account when public realm
developments take place. However, in order to support air quality commitments it is vital that
gas idling is tackled robustly at such ranks.

Recommendation 1

All public realm works should acknowledge the need for a balance between the
priorities of different users. This should include those with children's buggies and a
particular focus on vulnerable users and those that require assistance with their
mobility, such as in the use of wheelchairs, scooters, walking frames or sticks, in
accordance with Lambeth's policies on road user hierarchy and road danger
reduction.

Recommendation 2

Greening should be routinely incorporated in all town centre and residential public
realm schemes, including maximising planting, pocket parks and green corridors.
The ideas put forward by the Trees & Design Action Group (TDAG) should be
implemented where appropriate.

Recommendation 3

Decluttering and high quality signage for all street users should be embedded in
neighbourhoods as default practice. Decluttering should include the removal of
disused telephone boxes and more restrictions being put on use of A-boards.

Recommendation 4

Developments impacting the public realm should take into account the need for taxi
ranks where appropriate while ensuring robust enforcement of engine idling.

Recommendation 5

The impact on uneven surfaces and changes in level on people with mobility
difficulties should be routinely considered whenever footway maintenance and
development takes place.
Section 2: Parking Strategy

One of the initial drivers for this commission was the need to look at parking controls and related arrangements in the borough in order to ensure that they are fit for purpose and do not stand in the way of good urban design and progressive transport policy. As stated in the introduction, many of the current controlled parking zones (CPZs) date back two decades or more, and the commission feels it is necessary to update and regularise parking across the borough to take account of developments and trends in car usage and support the variety of transport modes used by Lambeth residents in a more balanced and nuanced way. This includes greater emphasis on active travel to promote health and wellbeing and improve air quality, recognising the growing trend for car clubs (which tend to use low emission vehicles) as an alternative to car ownership, and promoting the use of electric vehicles. As stated, the Parking Feasibility Study is auditing the borough’s streets to produce an inventory of parking provision and it is anticipated that this, coupled with the Equality Streets work, will help provide a steer to policymakers as to how the supply of parking space – finite and valuable resource that it is – can be re-evaluated to better support the council’s strategic aims in relation to transport and the environment.

The commission’s key recommendation in this regard is to support, in principle, the introduction of a borough-wide CPZ. It is important to note that the commission recognises there are big differences between different parts of the borough and it is not proposed to treat all areas identically as this would be inappropriate. However, it is considered that a borough-wide CPZ would address issues of displacement that currently arise when new parking controls are introduced with a whole-borough vision, tackle problems in currently unregulated areas where commuter parking (particularly around stations) has an adverse effect on local residents, and also support strategic planning. It is accepted that a borough-wide CPZ would need to be introduced incrementally, with priority given to areas identified as having the greatest need by the Parking Feasibility Study; furthermore different areas would have different hours of operation to respond to local circumstances, and parking controls should always be subject to consultation and be supported by local residents and businesses. Nevertheless the commission sees many benefits of regularising the approach to parking across the borough in this way. As well as residential parking, the commission also wishes to see some controls on business parking permits in order that parking space is appropriately rationed. This is intended to be fair and even-handed as opposed to penalising businesses unnecessarily, and therefore a cap is proposed based on demonstrable need (it is envisaged this would take into account multiple factors including the size and nature of the business but it would be for officers to determine appropriate criteria and weighting).

Following on from the above, the commission sees the potential expansion of CPZ coverage across the borough as an opportunity to reconfigure parking provision to better support alternative modes, including increasing electric car charging points, car club bays and cycle parking. The commission foresees these as elements which would be considered on a “checklist” of measures to be considered each time a new CPZ is consulted on or designated, thus allowing a more integrated approach. Such provision should be comprehensive and widespread in order that there is equality of access across the borough. It is also recognised that the cycle hangars currently used do not allow for non-standard cycle types which can make them inaccessible to particular groups and therefore recommends consideration of tandems, cargo bikes, Christiana bikes and other non-standard cycle types when new cycle hangars are procured and installed. It is recognised also that as well as increasing cycle parking provision in local neighbourhoods, in order to fully unlock latent demand for commuter cycling it is necessary to provide more cycle parking at stations, and the commission recommends Network Rail be lobbied on this.
In promoting active travel the commission considers the council could lead by example by using the move to the new Town Hall as an opportunity to roll out the use of pool bikes and car clubs for essential staff travel much more widely. In tandem with this it should also be a priority to encourage businesses to support sustainable travel by adopting similar practices to those currently employed in the majority of the borough’s schools, including drawing up and implementing sustainable travel plans for their workforce and providing appropriate cycle training.

A further measure to encourage cycling, particularly among those who may be reluctant to cycle because of traffic, would be the redesignation of one-way streets in the borough to be two-way for cyclists. The commission notes that Lambeth commissioned a study on this issue in early 2016 which concluded that the vast majority of the borough’s one-way streets could be converted and wishes to see it acted on without delay – taking into account the assessments made regarding safety aspects and the cost of conversion.

While on-road parking is the most obvious area to look at when considering recommendations for parking strategy, the commission is also concerned at the increasing number of front gardens being paved over for parking and the effects this can have on wildlife, irrigation and flood risk; the erosion of character and local identity, particularly in conservation areas; and the fairness of the parking system. These issues were explored at the stakeholder session and reinforce the findings of the Greater London Assembly Environment Committee’s 2005 report Crazy Paving: The Environmental Importance of London’s Front Gardens. One measure the commission envisages could halt the alarming loss of front gardens is for policy to be revised to create a presumption against crossovers – dropped kerbs allowing vehicular access to front gardens – with Planning to lead on decisions and Highways to implement the works where agreed. Furthermore, the commission would like to see crossovers regularised, with annual charges applied in the same way as on-street parking permits (though it is proposed that this would be waived for disabled drivers). The commission is unaware of any other local authorities applying such a charge, and it is recognised that this may therefore require careful legal consideration, but such innovative solutions need to be examined to ensure the council is doing all it can to address the issues associated with parking in front gardens.

A key aim of this commission is to play a part in ensuring Lambeth’s neighbourhoods and town centres are attractive and thriving places, and achieving this is simply not possible without a strong local economy. It is therefore vital that businesses are supported by the actions proposed. While the perception among many businesses is that any measures to restrict parking and encourage more walking and cycling will negatively affect takings, the truth is actually somewhat different; commission members heard at the stakeholder event of the wealth of evidence which proves that those who walk, cycle or use public transport are actually more valuable to businesses than those who drive. This is well summarised in the Living Streets report The Pedestrian Pound: The Business Case for Better Streets and Places – which presents evidence to show that shoppers on foot spend up to six times as much as drivers – as well as successive Transport for London Town Centre Studies, all of which reach the same broad conclusion. The commission is therefore clear that measures which promote active travel and encourage longer dwell times – as is the case with many of the recommendations – can only be good for businesses. In order to make this clearer to businesses and counter the misconceptions, it is recommended that local Business Improvement Districts (BIDs) circulate the evidence on this topic to their members, and that, in recognition of the fact that the studies done on this so far are focused on other areas, consideration be given to commissioning Lambeth-specific research to ascertain the situation locally – which, the commission believes, will further reiterate what is already published.
Another element in need of consideration when looking at parking and traffic flow is freight, which is responsible for an increasing amount of the traffic on our roads as more of our shopping moves online. The commission recommends more joint working between BIDs and Transport for London to explore innovative ways of managing this more effectively, such as using consolidation centres and retiming deliveries, while proposing that a review of waiting and loading times be carried out to see whether the current arrangements need to be amended to remain fit for purpose.

**Recommendation 6**

The Commission supports the principle of a borough-wide Controlled Parking Zone (CPZ) (with different hours of operation in different areas as appropriate) and wishes to see this progressed, subject to consultation. Neither this nor the parking feasibility study should prevent the advance introduction of local parking restrictions where this is a response to evidenced needs.

**Recommendation 7**

Car club, cycle hangar and electric charging provision should be comprehensive, widespread (i.e. not just in affluent areas and including estates) and integrated into CPZ specification. Installation of cycle hangars should include consideration of non-standard-sized cycles, such as cargo bikes, tricycles, Christiana bikes and tandems.

**Recommendation 8**

The Council should encourage the use of pool bikes and use car clubs for essential staff travel in time for the completion of the Your New Town Hall project.

**Recommendation 9**

Network Rail should be lobbied to provide more accessible cycle storage in order to enable easier transport interchange.

**Recommendation 10**

One-way streets in the borough should be made two-way for cyclists as soon as possible where appropriate (taking into account the results of the Borough Wide Two-Way Cycling in One-Way Streets Study).

**Recommendation 11**

A cap on business permits should be introduced, with consideration given to a sliding scale whereby the number of permits allocated is based on demonstrable need (this could include factors such as the size and nature of the business). Additional permits should be obtainable above the cap but at a significantly increased cost.
Recommendation 12

Policy should be revised to create a presumption against new crossovers, with Planning to lead on decisions. Where crossovers are permitted, these should seek to minimise changes in level on the pavement (cf recommendation 6) and officers should positively explore the possibility of introducing an annual charge. Any such annual charge should not apply to disabled drivers, though the initial one-off fee should still apply.

Recommendation 13

Existing evidence regarding the importance of the “pedestrian pound” should be collated and presented to Business Improvement District (BID) members for dissemination in order to counter the commonly held belief that customers who drive are more valuable to businesses than those who walk or cycle. Consideration should also be given to commissioning Lambeth-specific research on the “pedestrian pound” to better ascertain the situation locally.

Recommendation 14

As with schools, all businesses in the borough should be encouraged to support sustainable travel. Sustainable travel plans should be promoted and should recommend cycle training which adheres to national standards.

Recommendation 15

The Council should work with Transport for London (TfL) and BIDs to better manage local freight consolidation and distribution to ensure there is adequate provision for deliveries. This could include reviewing policy on waiting and loading times.
Section 3: Enforcement and Joining Up of Environmental Functions

Part of the commission’s vision for the future of our streets and public spaces concerns the establishment of a more joined up approach to environmental functions and, in particular, enforcement. This includes as a central aim the consolidation of enforcement functions, including parking and anti-social behaviour (the latter covering such issues as dog fouling, littering and fly-tipping). Such an approach allows for greater coordination and a more efficient use of resources, and was discussed and debated in the Management of our Streets workshop at the stakeholder summit.

The commission notes that the Cabinet Member delegated decision report Parking and Civil Enforcement and Related Services (August 2016) sets out the first steps towards the type of enforcement service envisaged. While encouraged by this, it merely sets out the framework for beginning to transform the service, and the commission is keen to ensure that this is properly followed through. In particular, the organisation of the service on a neighbourhood basis, which would give rise to a more personable and focused service to residents and businesses in each locality, is considered important.

It is also vital, for the commission’s vision of a genuinely joined up public realm, that enforcement and physical provision across streets and housing estates be harmonised. It should be noted that the intention here is not to standardise fees and charges – which should remain separate in order to ensure appropriate consideration of local circumstances – but to make sure estates are not left behind when improvements are planned and that works do not begin an end at estate boundaries, thus integrating them properly into the borough’s streetscape.

As noted elsewhere in the report, improving air quality is one of the paramount issues facing the council and the commission has sought to dovetail its work with the development of the council’s Air Quality Action Plan accordingly. In order that trends can be mapped, hot spots identified, and appropriate action considered, it is recommended that Civil Enforcement Officers be equipped with air quality monitoring equipment as soon as is practicable.

Recommendation 16

A more joined up environmental enforcement function should be established, aimed at consolidating a range of enforcement services including parking, anti-social behaviour (ASB), fly-tipping and dog fouling. This should be organised on a neighbourhood basis.

Recommendation 17

Civil Enforcement Officers (CEOs) should be equipped with appropriate technology to enable easy capturing and publishing of offences, and air quality monitoring.

Recommendation 18

Housing estates and streets should be considered equitably and in an integrated manner when public realm improvements are planned, and parking enforcement should be seamless across estates and streets, notwithstanding current and future permit charging regimes.
Section 4: Communications

The commission believes communications play an important role in effecting the behaviour change that will be necessary to deliver the sort of town centres and neighbourhoods envisaged in this report, and that a “carrot and stick” approach – consisting of education on one hand and enforcement on the other – is generally accepted as a sound way of achieving such behaviour change. To this end, five recommendations are made regarding specific areas the commission sees as particularly important.

The first of these – constituting the “stick” – focuses on increased publicity in relation to offences, as it is considered that greater awareness of the potential consequences of offending will help deter people doing so in the first place. It is proposed that this covers a range of offences, from minor transgressions like littering to the sort of major offences that can result in court proceedings – thus also reducing the resources that need to be spent on costly prosecutions. The commission notes and welcomes the enforcement arrangements, including publicity, detailed in the Healthier High Streets Scrutiny Commission action plan update taken at Overview and Scrutiny Committee in November 2016 and wishes to see the recommendations below taken on board as part of this as appropriate.

The commission also seeks assurance that blue badge holders in the borough are being given adequate information on their rights and responsibilities. This should include full details of all disabled parking spaces in Lambeth and should build on the Department for Transport’s guidance by providing more specific localised information. It is noted that the borough-wide Parking Feasibility Study will produce an up-to-date inventory of all types of parking provision in the borough, and this should be made available on the website as well as being used as the basis of the information disseminated to blue badge holders.

The commission considers it important, especially against the backdrop of continued reductions in resources across the public sector, that residents are made aware of the various ways in which the parking surplus is spent. This is not just for reasons of financial transparency but also in order to counter some of the negative publicity which often arises in relation to local authority parking fines. A recommendation is therefore made suggesting a suitable awareness campaign.

The final recommendation centres on the collaborative sharing of information and best practice through London Councils, which members consider has dwindled considerably in recent years yet through which more effective solutions to the issues identified in this report are likely to arise. London Councils should also act as a forum through which to conduct appropriate lobbying, of central and the Mayor of London in particular.

Recommendation 19

In order to support behaviour change, an awareness/publicity campaign in relation to enforcement of minor offences should be carried out, while also highlighting high profile prosecutions. A log of minor offences committed should also be published regularly.

Recommendation 20

The rights and responsibilities of blue badge holders in terms of parking in the borough should be better publicised.
Recommendation 21

Clear and comprehensive details of car and cycle parking across the borough should be made available online, based on a robust asset record database, as and when the information becomes available (the commission notes that the parking feasibility study will be gathering much of this data).

Recommendation 22

An awareness/publicity campaign should be conducted regarding the ways in which the parking surplus is spent.

Recommendation 23

Full use should be made of London Councils as a forum to share ideas and best practice, lobby the Mayor of London and central government and in particular contribute to the London Plan.
Annex 1: Acknowledgements

The Commission would like to thank all those who have contributed to its work, in particular the local residents, expert witnesses and others who have submitted evidence, given up their time to attend meetings and responded to consultations:

Paul Dodd (Out Design)
John Dales (Urban Movement)
Cllr Jennifer Brathwaite (Cabinet Member for Environment & Sustainability LBL)
Raj Mistry (Programme Director, Environment LBL)
Richard Lancaster (Programme Manager, Environment LBL)
John Rider (Delivery Lead, Strategic Transport LBL)
Peter Loveday (Transport Policy Manager LBL)
Laura Cheyne (Road Danger Reduction Manager LBL)
Andrew Round (Sustainability Manager LBL)
Zak Aktas (CPZ Project Manager LBL)
Cllr Jackie Meldrum (Cabinet Member for Adult Social Care LBL)
Diana Bell (Clapham Society)
Martin Pratt (Clapham Society)
Charlie Holland (Lambeth Cyclists)
Anne Jaluzot (Green Infrastructure Planning)
Isabelle Clement (Wheels for Wellbeing)
Andrea Hoffling (Kennington Oval & Vauxhall Forum)
Helen Monger (Kennington Oval & Vauxhall Forum)
Louise Abbots (Streatham BID)
Ben Stephenson (Waterloo BID)
Elaine Kramer (Van Gogh Walk)
Nicole Harris (Taxi Ranks Liaison Officer TfL)
Darren Crowson (Taxi Ranks Liaison Manager TfL)
Naveed Ahmed (Car Clubs Officer TfL)
Jeremy Leach (20’s Plenty for Us)
Alan Piper (Brixton Society)
Jack Skillen (Streets for People)
Neil Salt (Streatham Action Group)
Abigail Tripp (Disability Advice Service Lambeth)
Margaret Naughton (Streatham resident)
Annex 2: Commission Scope

Commission members:  Cllr Nigel Haselden (co-chair)  
                        Cllr Rob Hill (co-chair)  
                        Cllr Marsha de Cordova  
                        Cllr Diana Morris  
                        Cllr Annie Gallop  

<table>
<thead>
<tr>
<th>Councillor(s) submitting proposal</th>
<th>Nigel Haselden</th>
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<tbody>
<tr>
<td>Title</td>
<td>Equality Streets: Parking in a Liveable Lambeth</td>
</tr>
<tr>
<td>Reason for inquiry</td>
<td>Parking of vehicles is of perennial interest across the borough and has explicit and implicit importance for all sections of the population. The subject has sufficient social, environmental and financial importance, as outlined below, to require strategic scrutiny and potential review:</td>
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<tr>
<td>1. Controlled parking, introduced in the mid-90s, is in a mature state in Lambeth, but carries legacies of presumed land use priorities and streetscape that can contrast with good urban design and evolving transport practice.</td>
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<td>2. The competition for a share of kerbside is framed in consultative and legislative practice that derives from a period with different expectations of how our streets should or could be used.</td>
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<td>3. At different points in the borough there is continuing interest in extending controlled parking, reflecting the common use of unregulated kerbside for commuter parking. Displacement issues usually derive from a new CPZ.</td>
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<td>4. Only two in every five Lambeth households now run a car, with the trend heading for one in three.</td>
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<td>5. Pay-as-you-go motoring has mushroomed, with each club car providing the capacity equivalent of 20 private car usages.</td>
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<td>6. People moving within and through Lambeth’s neighbourhoods choose different modes, in much greater numbers, compared to earlier times (at Vauxhall, in peak hours, only one in ten journeys is made by private car)</td>
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<td>7. Secure parking for bicycles has become more widely available, but a likely lag in provision at the domestic end of the journey, at estate and street properties, may be linked to an unactivated latent demand to cycle.</td>
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<td>8. Significant changes in online and high street trading impact on service deliveries and bring higher expectations for place-making, respectively.</td>
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<td>9. Parking in gardens has become widespread and has significantly degraded some of the borough’s streets; it erodes the public/private buffer to homes, removes trees and increases rainwater runoff and flood risk.</td>
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<td>10. The borough permits crossovers for a small charge (rather than a rental fee) forfeiting the revenue from a parking permit(s) and increasing parking stress by stripping out communal parking space.</td>
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Proposal: 1. a primer report, collating headline data, main policies, stakeholder ambitions and external comparison; 2. a one-day public session with witnesses giving short, sharp contributions in a single, communal hearing (cf PechaKucha/Lightning Talk/Ignite events); 3. a recommendation report.

Time constraints

If the commission needs to be considered within a specific time frame please state here and why.

There are local pressures for an extension of controlled parking and a comprehensive parking feasibility study is being carried out, suggesting an early commission would be timely (the compact format would support this). It is envisaged that the commission will provide a qualitative evidence base for policy development to be considered in 2016. Though the commission and the study are separate discrete pieces of work, it would be prudent to align the ToRs for later correlation.

Proposed completion date

The commission will take place on Monday 21 September 2015 at Roots and Shoots in Kennington. The primer report will be produced beforehand and included in delegates’ packs to provide background information and a starting point for discussions. The final report will be produced in late 2015.

Core Questions

What are the core questions the commission is seeking to answer (no more than three)

• Does the council’s strategic parking policy fit the constraints facing the borough and the ambitions it holds for a clean and green Lambeth?
• What opportunities are there for the council and partners to configure legislative, physical and financial aspects of vehicle parking policy and practice to play a positive part in our town centres and residential areas?

Desired outcome

What is the purpose of the review in one sentence?

To ensure council policy and practice in the field of vehicle parking provide appropriately and equitably for the borough’s future social needs and its environmental priorities.

Terms of reference

These will set out the key lines of the commission’s inquiry and broadly be in the format:
‘To understand/investigate/appraise/analyse/review/compare etc….’

• To receive a summary of current policy
• To compare the provision and demand for parking in the borough, in alignment with the parking feasibility study, but including domestic off-street and cycle parking
• To identify how the frameworks defining controlled and wider parking provision can improve the attractiveness of neighbourhoods and make active travel easier.
<table>
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<tr>
<th><strong>What will not be included</strong></th>
<th><strong>This will assist in setting the boundaries for the commission’s work and prevent ‘scope-creep’.</strong></th>
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<tbody>
<tr>
<td>• Actual design forms and solutions, although these could be appended as recommendations.</td>
<td></td>
</tr>
<tr>
<td>• Actual settings and streets, except where a case study can support report-writing or help to ground a submission</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Risks (mitigation)</strong></th>
<th><strong>What risks are there to the commission completing its work? Other pieces of work the commission may be dependent upon should be included.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks could include:</td>
<td><strong>Failure to ensure all viewpoints are represented (careful targeting of invitees should avoid this)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The wide-reaching nature of the commission leading to recommendations which are less than specific</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The timescales involved with policy review and development leading to a delay in acting on the commission’s recommendations</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Equality &amp; Diversity considerations</strong></th>
<th><strong>Advice from Equalities Team</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Possible co-options</strong></th>
<th><strong>Would the commission’s work benefit from having a co-optee throughout its work or would such involvement be better facilitated through ‘expert witness’ sessions?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is anticipated that an expert witness approach is the appropriate format for the scrutiny. Potential stakeholders are listed below but it is not envisaged any of these will be co-opted onto the commission.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Key stakeholders/consultees</strong></th>
<th><strong>Include opportunities to involve the public (Service users/general public/voluntary sector/other authorities/non-governmental organisations/lobby groups/academics/private sector/target group representatives etc.)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TBC, but including: Living Streets, Urban Design London, practitioners, eg John Dales of Urban Movement, ATCM (town centre managers), London Cyclists, Sustrans, Wheels for Wellbeing, 20's plenty, mobility groups, local amenity groups, BIDs, car club representatives, taxi drivers’ representative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Portfolio holder(s)</strong></th>
<th><strong>Cabinet Members for Environment &amp; Sustainability, for Neighbourhoods and possibly for Jobs &amp; Growth, concerning planning aspects.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Potential witnesses</strong></th>
<th><strong>Who will the commission need to take written or oral evidence from in order to meet its terms of reference?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Research/Evidence required</td>
<td>Consider what information the commission will need to gather to meet its terms of reference. How will the commission gather its evidence? Will specialist work need to be commissioned? A large proportion of information required from the council should be currently available to be drawn down and stakeholder contributions can often be position statements by their organisation.</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Potential site visits</td>
<td>Would the commission’s work benefit from any site visits? This could be helpful and will be investigated.</td>
</tr>
<tr>
<td>Timescales</td>
<td>What are members’ general requirements, suggestions or other constraints? Update into a an outline plan: Early September 2015 – primer report 21 September 2015 – commission event Late 2015 – final report and recommendations to Cabinet</td>
</tr>
<tr>
<td>Publicity</td>
<td>Generally press releases are issued at the start and end of commissions, however additional publicity (e.g. for public meetings) may be appropriate Poster/flyers, targeted invitations and social media. The event will be invite-only but it is anticipated publicity will accompany the final report.</td>
</tr>
<tr>
<td>Links to Community Outcomes/ Resident Priorities</td>
<td>Cleaner Streets; Safer Communities</td>
</tr>
</tbody>
</table>
Annex 3: Background Documents

LB Lambeth Community Plan 2013-16 (April 2013)

LB Lambeth Future Lambeth: Our Borough Plan 2016-2021 (Sept 2016)

LB Lambeth Health and Wellbeing Strategy Refresh (Sept 2016)

LB Lambeth Lambeth Local Plan (Sept 2015)

LB Lambeth Lambeth Transport Plan 2011


LB Lambeth Parking and Civil Enforcement and Related Services (Cabinet Member Delegated Decision Report) (Aug 2016)

LB Lambeth Air Quality Action Plan 2017-2022 (Consultation Draft) (June 2016)

LB Lambeth Overview and Scrutiny Committee 16 Nov 2016 (Agenda Pack and Minutes)

Transport for London Town Centre Study 2009 (June 2011)

Transport for London Town Centre Study 2011 (Sept 2011)

Accent (for Transport for London) Town Centres 2013 (June 2013)


Borough-Wide Two-Way Cycling in One-Way Streets Study


Transport for All article: Zero tolerance on A-boards welcomed by disabled people (Feb 2015)

GLA Environment Committee: Crazy Paving: The Environmental Importance of London’s Front Gardens (Sept 2005)

inStreatham Business Improvement District Streatham Street Manual (2014)

Department for Transport Blue Badge Scheme: Rights and Responsibilities in England
This page is intentionally left blank
Overview & Scrutiny Committee 28 February 2017

Report title: 2016-17 Overview and Scrutiny Committee Work Programme

Wards: All

Portfolio: Deputy Leader of the Council (Finance): Councillor Imogen Walker

Report Authorised by: Strategic Director for Corporate Resources: Jackie Belton

Contact for enquiries: Elaine Carter, Lead Scrutiny Officer, Governance and Democracy; 020 7926 0027; ecarter@lambeth.gov.uk

Report summary
This report sets out the committee’s draft work programme, provides an update on and record of actions or recommendations arising from previous meetings and provides councillors with information relevant to the management of the committee.

Finance summary
There are no financial implications beyond the existing Scrutiny budget.

Recommendations
1. That the work programme as drafted and the status of actions be noted (Appendix 1).
2. That the service change proposal submitted by Lambeth CCG (Primary Care Access – NHS Walk in Centre Gracefield Gardens) be formally noted (Appendix 2).
1. **Context**

1.1 The Overview and Scrutiny Committee (OSC) is responsible for overseeing and scrutinising the whole range of the Authority’s functions and responsibilities, as well as other public service providers’ work and its impact on the local community. The committee’s remit extends to all matters which impact on the economic, social and environmental wellbeing of those who live, work, study or use services in the borough.

1.2 The Overview and Scrutiny Committee also exercises the council’s statutory scrutiny function in relation to health, and crime and disorder. The committee has responsibility for the review and scrutiny of matters relating to the planning, provision and operation of health and related services in Lambeth (and any substantial variation thereof) in accordance with the Health and Social Care Act 2012 and relevant regulations. The committee is also the borough’s designated ‘Crime and Disorder Scrutiny Committee’ in accordance with the Police and Justice Act 2006 and has responsibility for scrutinising the work of the Safer Lambeth Partnership.

1.3 At the AGM on 4 June 2014, Council agreed that Lambeth’s scrutiny arrangements be amended to better reflect the changes to the structure of the council and Lambeth’s move to a cooperative commissioning council. The basis of the new model is that alongside a single Overview and Scrutiny Committee there will be a more enhanced use of task and finish groups (scrutiny commissions) which will enable more backbench councillors to pursue areas of interest and be more directly involved in policy development.

2. **Proposal and Reasons**

2.1 Overview and Scrutiny Committee is invited to consider its work programme at each meeting. Although some flexibility needs to be retained to enable items to be added at relatively short notice, planning the committee’s work programme assists in the commissioning of reports and helps to ensure that planned work is considered in a timely manner.

2.2 The committee’s draft work programme and action monitoring table is attached at Appendix 1. This is updated following completion of any actions or recommendations arising or timetabling of new items. Only those actions which are amber or red rated from the 2015/16 round of meetings are included. The work programme should be monitored at each meeting to ensure that previous actions and requests have been completed in full.

2.3 Overview and Scrutiny plans to continue the same approach to its meetings in 2016/17 as in the previous municipal year, whereby each meeting will have a lead item but a portion of each meeting will also be retained to take updates on themes of ongoing or particular interest or concern in order to ensure a flexible approach. Indicative lead items are outlined in Appendix 1.

**Health Service Proposals**

2.4 NHS health bodies are required to consult the Overview and Scrutiny Committee on any proposals they have ‘under consideration’ for a substantial change in the way health services are provided or delivered locally (Substantial Service Variation). Where such changes are proposed the committee should consider whether these are of significance for local residents and if so the committee must be given the opportunity to be formally consulted. It should be noted that a ‘substantial variation or development’ of health services is not defined in legislation and it is up to OSC and health bodies to agree what might be regarded as ‘substantial’ in a local context and requires formal consultation.

2.5 Officers from the local NHS organisations and the scrutiny team work together to try and ensure that the committee is advised of any key service changes at an early stage to give the committee the opportunity to consider whether such matters might be considered substantial and ensure the
consultation requirements can be built in. A “trigger template” is used whereby a trust will notify the committee when it is considering a proposed change or variation of service provision and provide information around a series of standard questions. The submission of the template does not necessarily mean that the trust considers the matter to be a 'substantial' service variation requiring consultation.

2.6 Lambeth CCG submitted a trigger template in November 2016 regarding a proposal to close the NHS Walk In Centre at Gracefield Gardens and expand the role of the three GP access hubs in the borough, with effect from 31st March 2017 (Appendix 2 – Primary Care Access). This matter was discussed by the OSC chairs and Lambeth CCG in December 2016 and information was cascaded to councillors for Streatham wards, with several face to face briefing sessions for councillors held in December. Feedback indicated that this was not a matter which required further formal scrutiny and, as this matter was scheduled for consideration at the January CCG Board, the CCG was advised accordingly. The decision not to re-commission the walk-in centre was taken at the CCG Governing Body meeting on 18 January 2017. In view of the decision timeline the committee is being asked to formally note the submission of the proposal by the CCG.

Scrubiny Commissions

2.7 All proposals for scrutiny commissions should be submitted to the Scrutiny Team and will be considered by the OSC Chair and Vice Chairs in the first instance. Councillors submitting a proposal for a commission are asked to provide outline information using the commission scoping template. Commissions will only be progressed when adequate resource has become available in the Scrutiny Team.

2.8 A one-off Education Commission was held on 24 May 2016 to review issues affecting children's education in Lambeth. This followed a similar session in June 2015 and the expectation is it will be an annual event. A number of recommendations were made which officers have responded to. It is anticipated that some of the more in-depth follow up work will report to the next Education Commission, to be held in spring/summer 2017.

2.9 A Commission looking at parking-related issues in the borough, titled Equality Streets: Parking in a Liveable Lambeth, has now completed its final report, which is under a separate item on this agenda. The report is scheduled to go to Cabinet in March 2017, where approval of an officer action plan responding to the commission’s recommendations will be sought. Updates on the action plan will be scheduled into the scrutiny work programme 6 months and 18 months after approval by Cabinet, as per the usual practice for scrutiny commissions.

2.10 The Improving Children’s Services Commission, set up in response to the Ofsted inspection of Lambeth’s Children’s Services and the Children’s Safeguarding Board, is ongoing and has been meeting regularly to scrutinise the improvement actions going forward and to present critical challenge. During the initial stage focus has been on driving up performance and drilling down into the robustness of presented information; moving into the second phase of its work, the commission intends a more dedicated approach to learning from external experience, covering both professionals in the children services sector and other experts but also talking with service users, carers, community members, and the voluntary sector.

2.11 A Joint Overview and Scrutiny Committee (JOSC) is established across the six south east London boroughs to scrutinise the work and consider proposals arising from the NHS SEL programme ‘Our Healthier South East London’. Five formal meetings of the JOSC have been held so far. Proposed models of care for each of the programme’s six priorities have been subject to discussion with the JOSC, however the NHS expectation is that only proposals for Planned Orthopaedic Care will require formal public consultation. The consultation is expected to start in spring 2017.
2.12 A second JOSC, to consider changes to ‘Place of Safety’ (Section 136) arrangements proposed by the South London and Maudsley NHS FT [SLaM], was established across four boroughs – Lambeth, Southwark, Lewisham and Croydon. This committee met twice to review the Trust’s proposals for a single place of safety across the four boroughs. At its second session in October 2016 the JOSC agreed that bar any serious further concerns the JOSC would return for a final meeting in six months time.

2.13 The Future Jobs Commission was established to follow up on issues initially scrutinised at OSC and how the council maximises local employment through regeneration and investment opportunities; the commission’s work also dovetails with OSC’s general ongoing interest in how the council is using, or might use, its procurement activities and capacity to realise benefits from contracts (and supply chains) and support delivery on objectives around employment, and the inter-linked discussions on social value. The commission is focusing in particular on how the council can help improve prospects for people furthest from the jobs market; at recent meetings members heard from two pilot programmes (Pathways to Employment and Working Capital) which focus on supporting discrete cohorts of individuals into work, and considered what further partnership work is needed to better deliver aspirations. The commission is intending to follow up on supported employment with invitees from social enterprises and commercial enterprise.

2.14 The Accessibility of Council Services Commission held a number of meetings in 2016 to look at current and planned activity being undertaken in this field in Lambeth, identifying possible areas for further development, as well as considering information on national standards and benchmarking. In April 2016 the Commission conducted visits to a local library and housing office to observe customer journeys and the barriers faced by those with specific accessibility needs, and observations from this are being followed up with officers. Due to a number of urgent projects related to organisational redesign impacting the initial anticipated timescales, the commission was on hold for a period of months but met again on 15 February 2017, during which plans for user testing in spring 2017 were discussed. The commission anticipates finishing its work by late summer.

2.15 A commission proposal on Improving Housing in the Private Rented Sector has also been received to be progressed when resources become available and following an assessment of priorities.

2.16 A further proposal on scrutinising the causes and impacts of flooding caused by burst water mains is in the process of being taken forward via a joint approach with several other London boroughs; to this end a visit took place on 3 February to meet with Members and officers from Lewisham, along with Islington and Hackney, to discuss how this might best work. Plans are at an early stage of formation but it is anticipated that Lambeth will contribute evidence to a wider scrutiny report in the name of several boroughs who are all experiencing similar issues. This work is also being coordinated with the Greater London Assembly Environment Committee’s investigations on the same topic.

2.17 The table included in Appendix 1 summarises the status of all current commissions.

**OSC Work Programme**

2.18 In considering its future work programme and in agreeing commissions the committee may wish to take into account the Council’s priorities as outlined in Future Lambeth: Our Borough Plan 2016-2021, which was approved by Cabinet on 19 September 2016. This is the Council and partners’ vision for the borough over the next five years and sets out three strategic priorities that all partners will work towards in order to make Lambeth a stronger, fairer and more prosperous borough: *Inclusive Growth; Reducing Inequality; and Strong and Sustainable Neighbourhoods.*
2.19 The Forward Plan lists all key decisions that the Council (including the Health and Wellbeing Board) will take over the coming months. A key decision is defined as an executive decision which will:

(1) Require an amendment to the Community Plan Outcomes Framework or require a recommendation to Council to amend the Budget and Policy Framework; and/or

(2) Result in the local authority incurring expenditure, raising income or making savings in excess of £500,000; and/or

(3) Have a significant impact on:
   (a) communities living or working in an area comprising two or more wards in Lambeth; or
   (b) wellbeing of the community or the quality of service provided to a significant number of people living or working in an area; or
   (c) communities of interest

2.20 The plan is therefore a useful tool for identifying forthcoming decisions where the committee could add value. The Forward Plan can be found via the following link: https://moderngov.lambeth.gov.uk/mgListPlanItems.aspx?PlanId=702&RP=137

3. Finance
3.1 There are no additional capital or revenue implications arising as a direct result of this report. The work programme will be undertaken within the existing budget provision for Scrutiny within the Corporate Affairs Division of Corporate Resources. Resourcing of Joint Overview and Scrutiny Committees is shared between the participating authorities and can be met within the existing resources.

4. Legal and Democracy
4.1 There are no legal implications, but advice on specific work programme items may be provided in the future.

4.2 There are no further democratic implications arising from this report.

5. Consultation and co-production
5.1 All members of the council are entitled to suggest items for scrutiny work programmes in accordance with the council’s scrutiny procedure rules (Constitution Part 3, Section 6). Suggestions are also invited specifically from scrutiny members as part of their community leadership role and from members of the public. The council’s website includes a form for the submission of suggestions and for public notice questions.

6. Risk management
6.1 None.

7. Equalities impact assessment
7.1 An equalities impact assessment of the work programme has not been undertaken. Reports commissioned by the committee will be expected to address any equalities issues. Any recommendations arising from commissions will have equalities implications considered at the drafting stage.

8. Community safety
8.1 None.

9. Organisational implications
9.1 None.
10. **Timetable for implementation**

10.1 See Appendix 1.
### Audit Trail

#### Consultation

<table>
<thead>
<tr>
<th>Name/Position</th>
<th>Lambeth directorate/department or partner</th>
<th>Date Sent</th>
<th>Date Received</th>
<th>Comments in para:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Councillor Ed Davie</td>
<td>Chair, Overview &amp; Scrutiny Committee</td>
<td>09.02.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alison McKane, Head of Legal Services</td>
<td>On behalf of Strategic Director, Corporate Resources</td>
<td>13.02.17</td>
<td>16.02.17</td>
<td>Section 3 / Finance summary</td>
</tr>
<tr>
<td>Tim Harlock, Finance</td>
<td>Corporate Resources</td>
<td>13.02.17</td>
<td>16.02.17</td>
<td></td>
</tr>
<tr>
<td>Andrew Pavlou, Legal Services</td>
<td>Corporate Resources</td>
<td>13.02.17</td>
<td>15.02.17</td>
<td>Section 4</td>
</tr>
<tr>
<td>Jacqueline Pennycook, Democratic Services</td>
<td>Corporate Resources</td>
<td>09.02.17</td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

### Report History

| Original discussion with Cabinet Member | N/A |
| Report deadline | 15.02.17 |
| Date final report sent | 16.02.17 |
| Part II Exempt from Disclosure/confidential accompanying report? | No |
| Key decision report | No |
| Date first appeared on forward plan | N/A |
| Key decision reasons | N/A |
| Background information | Future Lambeth: Our Borough Plan 2016-2021  
Forward Plan of Key Decisions |
| Appendices | Appendix 1: OSC Work Programme 2016/17  
Appendix 2: Trigger Template – Primary Care Access |
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## OVERVIEW AND SCRUTINY COMMITTEE
2016-17 WORK PROGRAMME

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting type</th>
<th>Items/Topics</th>
</tr>
</thead>
</table>
| 19 July 2016     | Scheduled          | **Lead item:** Health and Adult Social Care  
- Health and social care integration  
- Safeguarding adults  
- Lambeth Safeguarding Adults Board annual report 2015/16  
- Vehicle Maintenance Contract update  
- Performance update (Q4 indicators relevant to meeting theme)  
- 2016/17 Overview and Scrutiny Committee Work Programme Development |
| 22 August 2016   | Special            | **Call In:** Events Strategy  
- Lead item: Transport  
- Lambeth Long Term Transport Strategy baseline report  
- Update and recommendations from Equality Streets Scrutiny Commission  
- Enviro-Crime Commission action plan update |
| 16 November 2016 | Scheduled (rearranged from 12/10) | **Lead item:** Transport  
- Lambeth Long Term Transport Strategy baseline report  
- Update and recommendations from Equality Streets Scrutiny Commission  
- Enviro-Crime Commission action plan update |
| 8 December 2016  | Scheduled          | **Lead item:** Budget / Savings Proposals  
| 28 February 2017 | Scheduled (rearranged from 2/2) | **Lead item:** Health and Social Care  
- NHS SEL Sustainability and Transformation Plan  
- Winter Pressures  
- Health and Adults Social Care  
- Healthier High Streets Commission (action plan implementation)  
- Equality Streets Commission final report |
| 23 March 2017    | Scheduled          | **Lead item:** Housing  
- Resident Involvement in Housing Scrutiny Commission Action Plan Update / New Ways of Engagement  
- Housing Strategy  
- Lambeth Housing Standard  
- Legislation Update |
| 18 May 2017      | Scheduled          | **Lead item:** Safe and Secure (Crime and Disorder)  
- Provisional:  
  - Safer Lambeth Partnership Performance and Priorities  
  - Youth Offending Service update |

**KEY:**
- G: Action completed
- A: Action in progress or deadline for completion not reached
- R: Action not complete
### Scrutiny Commissions

(More information on current commissions is contained in the OSC work programme report)

<table>
<thead>
<tr>
<th>Title/Proposal</th>
<th>Status</th>
<th>Co-Chairs/Lead Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Involvement in Housing</td>
<td>Complete. Action plan approved by Cabinet on 6 June 2016; first update expected at next Housing themed OSC (23 March 2017)</td>
<td>Cllr Jacqui Dyer &amp; Cllr Mary Atkins</td>
</tr>
<tr>
<td>Issues Affecting Children’s Education in Lambeth</td>
<td>Second annual session held 24 May 2016. Follow up work ongoing.</td>
<td>Cllr Ed Davie &amp; Cllr Max Deckers-Dowber</td>
</tr>
<tr>
<td>Improving Children Services</td>
<td>In progress.</td>
<td>Cllr Ed Davie</td>
</tr>
<tr>
<td>Joint Health Overview &amp; Scrutiny Committee ‘Our Healthier South East London’</td>
<td>In progress.</td>
<td>Cllr Jacqui Dyer &amp; Cllr Robert Hill</td>
</tr>
<tr>
<td>Joint Health Overview &amp; Scrutiny Committee ‘Place of Safety’</td>
<td>Concluded (subject to 6 month review session - approx. 4/17).</td>
<td>Cllr Jacqui Dyer &amp; Cllr Robert Hill</td>
</tr>
<tr>
<td>Future Jobs</td>
<td>In progress.</td>
<td>Cllr Matt Parr</td>
</tr>
<tr>
<td>Accessibility of Council Services</td>
<td>In progress.</td>
<td>Cllr Marsha de Cordova &amp; Cllr Christopher Wellbelove</td>
</tr>
<tr>
<td>Improving Housing in the Private Rented Sector</td>
<td>Scope received, expected to be established Spring 2017</td>
<td>Cllr Alex Bigham</td>
</tr>
<tr>
<td>Flooding / Burst Water Mains</td>
<td>Joint scrutiny approach with other boroughs currently being scoped.</td>
<td>Cllr Andy Wilson</td>
</tr>
</tbody>
</table>

**KEY:**
- **G** Action completed
- **A** Action in progress or deadline for completion not reached
- **R** Action not complete
### 14 October 2015

#### PRE MEETING PLANNING

<table>
<thead>
<tr>
<th>Lead Officer/Author</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Lead</th>
<th>Comment</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery and monitoring of council contacts (both capital projects and service contracts) - Recommendations as below</td>
<td></td>
<td></td>
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</tbody>
</table>

1) That the committee should receive a report back in four months on the issues raised by residents through the Myatts Field PFI discussion and review what progress has been made to address these matters.

2) The committee notes the Contract Management Review and ‘Health Check’ and requests that the report back in four months includes a progress review on the associated recommendations and proposed actions and how these are being implemented.

3) There is a need for greater transparency around council contracts and the Committee considers that residents should have access to the contract information and performance expectations that affect their lives. Accordingly the committee recommends that all council contracts once signed should be public documents so that residents can look at what should be being delivered. Officers are requested to consider this matter and report back to the committee, including clearly stating any reasons if this cannot be provided. The committee considers that commercial confidentiality within itself is insufficient mitigation. There should be an assumption of disclosure with reasons given for exceptions.

4) The committee recommends the need for a more holistic approach to major contracts, including a named individual to provide oversight for a whole project. The committee heard and cited experience where a multiplicity of programmes meant a lack of co-ordinated oversight of a project and no clear ownership for problems arising following completion.

5) The committee is concerned that there is an historic lack of learning from previous contact experience or that learning is not effectively shared and built upon. With major regenerations schemes in development it is critical that issues are identified, lessons are learned, actions put into place, learning reviewed and applied to future schemes. Accordingly there should be a clear business system underpinning major contracts that specifically includes looking at previous relevant lessons when starting a project and building this into the project process. It is also essential that staff are equipped with the skills and competencies to manage large scale contacts. The committee would like information that training is accompanied by tests and where possible by accreditation.

6) The committee requests further information on how the council maintains and tracks warranties and guarantees and ensues that suppliers are rectifying faults that are in warranty, and if suppliers do not correct faults how this is taken into account if they seek further business from the council. Furthermore the committee recommends the council should review whether the retention figure (cited in the report as typically 1.5%-2.5% of contract value) is sufficient to ensure defects are rectified.

7) The committee heard contradictory evidence about financial penalties being imposed and requests that clarification be provided on whether and where financial defaults have been applied which has resulted in Housing Management levying a financial penalty against a contractor.

8) There is a need for a greater focus and clarity on the social value that will be generated through contracts. This should include reporting to ward councillors and seeking their input about relevant local schemes and how social value is being delivered.

9) It was raised whether EQIAs at inception and end of development stage are sufficient for large scale capital projects. The impacts upon different client groups including the distinctive outcomes for tenants and leaseholders that impacts upon people with protected characteristics require regular monitoring through the lifecycle of a major project to ensure risks are mitigated against. This may take the form of interim EQIA reviews.

10) Resident involvement in contract management needs to be more robust and specific systems put in place so that engagement is maximised and residents’ feedback on the delivery of the contract is valued and respected and determines whether the contract is being delivered competently and fulfilling contractual requirements.

(draft) response provided - for consideration by OSC chairs & follow up as appropriate
<table>
<thead>
<tr>
<th>Lead Officer/Author</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Lead</th>
<th>Comment</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting Theme: Community Safety</strong></td>
<td>Youth Offending Service: Progress Report 2015/16</td>
<td>Paper tabled detailing breakdown of data in paras 2.2 to 2.5 by gender, ethnicity and disability: more data to be supplied</td>
<td>PD</td>
<td>Response provided to members 19/7/16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>YOS Looked After Children (LAC) audit to also cover race and to be supplied to committee members once completed.</td>
<td>MJ</td>
<td>Outstanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Officers to investigate whether LAC can be made a Lambeth-specific protected characteristic</td>
<td>EC</td>
<td>To be pursued via Children’s Services Commission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Officers to report back on what % of children in the criminal justice system are LAC</td>
<td>PD</td>
<td>Response provided to members 19/7/16</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Officers to supply list/examples of current and planned interventions to tackle inequalities (BAME / LAC) in YOS cohort</td>
<td>PD</td>
<td>Response provided to members 19/7/16</td>
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<td></td>
<td></td>
<td>Report back in autumn on inequalities issues raised and action taken to respond to them (with ref to Taylor and Lammy reports)</td>
<td>MJ</td>
<td>Outstanding</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Details requested of how shortcomings in health assessments and referrals would be tackled</td>
<td>PD</td>
<td>Response provided to members 19/7/16</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Safer Lambeth Partnership Performance Update 2015/16</td>
<td></td>
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<tr>
<td>Borough Commander to be sent Healthier High Streets Scrutiny Commission report of night time economy/licensing</td>
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<tr>
<td>FGM and VAWG to return to future OSC</td>
<td></td>
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<tr>
<td>GO</td>
<td>Done 28/4/16</td>
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<tr>
<td>GO</td>
<td>Noted as possible item for next crime and disorder meeting</td>
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</tbody>
</table>
21 April 2016

Call In: Proposed changes to the lease held by the Coin Street Community Builders relating to land on the South Bank [Garden Bridge]

<table>
<thead>
<tr>
<th>Decision as below</th>
<th>Comment</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved Not to refer the decision back to the Cabinet Member, but nevertheless to recommend the following matters for consideration:</td>
<td>Decision maker response reported to &amp; noted by OSC on 16/11/16.</td>
<td>G</td>
<td></td>
</tr>
</tbody>
</table>
Call In: Investing in better neighbourhoods and building the homes we need to house the people of Lambeth – Cressingham Gardens Estate

<table>
<thead>
<tr>
<th>Decision as below</th>
<th>Comment</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
</table>
| **RESOLVED:**     | 1. That, at an appropriate time, a thorough “lessons learned” exercise be undertaken in respect of Cressingham Gardens taking into account the entire process from 2012 including the judicial review judgement.  
2. That Cabinet considers the recommendations of the Resident Involvement in Housing Scrutiny Commission in order to ensure best practice is followed in future consultation and engagement.  
3. That consideration be given to the introduction of a protocol setting out standards of conduct and behaviour, to which anyone who participates in further consultation should adhere.  
4. That continued scrutiny take place of the total costs to residents of living on the redeveloped estate (including rent, council tax, energy bills and other relevant costs) to ensure these do not become prohibitive or unfair to current residents. Appropriate corrective action should be taken if necessary to ensure the new properties are genuinely affordable to those who wish to live there.  
5. That a review be conducted of the policy under which residents who part own/part rent on the redeveloped estate would be fully responsible for any section 20 service charges.  
6. That a commitment to financial transparency be made, with an ongoing robust and full financial risk management system in relation to the costs of the scheme in operation to ensure the long term viability of the Housing Revenue Account. | Recommendations submitted to Cabinet 6 June 2016 along with response | Cabinet response reported to & noted by OSC on 19/7/16. |
<table>
<thead>
<tr>
<th>Lead Officer/Author</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Lead</th>
<th>Comment</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting Theme: Health and Adult Social Care</strong></td>
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<td></td>
<td>Vehicle Maintenance Contact: Managed Service Provision update</td>
<td>RESOLVED: 1. To provide formal reassurance that the two year extension will not be taken up at the end of the current contract and that it would be relet at that point. 2. To provide OSC with a written submission, signed off by Legal, advising whether it is possible to re-tender the contract earlier than the current end date.</td>
<td>RW</td>
<td>Response provided to members 19/7/16</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td></td>
<td>Health &amp; Social Care Integration Update</td>
<td>Further details of Sustainability and Transformation Plan for the six SE London boroughs to be provided.</td>
<td>HCM / MM</td>
<td>Provided to members 4/8/16</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Adults and Deprivation of Liberty Safeguards work in Adult Social Care /</td>
<td>Officers to provide details of training courses</td>
<td>CG</td>
<td>Update provided to members 19/8/16</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td></td>
<td>Lambeth Safeguarding Adults Board Annual Report 2015/16</td>
<td>Cllr Dyer to meet with Chair of Board to discuss issues arising inc governance issues</td>
<td>GO / CG</td>
<td>Meeting took place 22/8/16</td>
<td></td>
<td>G</td>
</tr>
</tbody>
</table>
## Call In: Events Strategy

### RESOLVED:

To resolve not to refer the decision back to Cabinet but nonetheless to make such recommendations to Cabinet as it sees fit:

1. That consideration be given to using cumulative attendance figures when deciding how an event is classified.
2. That all local ward councillors (including those in neighbouring boroughs, where relevant) as well as area leads be involved in consultations, pre-event planning meetings, LESAG meetings and post-event evaluation in relation to events in their area.
3. That local councillors and residents be given a clear understanding prior to an event of plans regarding post-event cleaning.
4. That more detail and greater guarantees regarding closer consultation and early engagement with councillors, Friends groups and the local community be included in the Events Strategy, and form a standard part of event contracts.
5. That examples of proposed draft contracts for event organisers be inserted into the Events Strategy.
6. That finalised events contracts be shared as openly as possible.
7. That actual noise levels recorded at the agreed monitoring points for music events should be routinely published in order to provide transparency as to whether pre-agreed thresholds were adhered to. These should also be included in the annual review of the strategy. Where levels have been breached, details of the penalty charges should also be published. These should be severe in order to deter non-compliance.
8. That licensing sub-committee reports related to music events should include an acoustics report as standard.
9. That licensing applications for events be routinely advertised to local community groups in order that they are informed of the plans and their right to make representations.
10. That a clearer comparative analysis from other boroughs be included in the Strategy.
11. That a clear, concise guide be produced for community groups interested in holding events, outlining the process and the help and support available (for example, with regards to public liability insurance).
12. That further analysis of the costs and income generation of the Lambeth Country Show be carried out in order to assess whether it can be delivered more efficiently.
13. That an analysis be carried out of the benefits to local businesses of holding events.
14. That clear performance measures and targets, including on income generation, be established in order to assess at the one year review point whether the Events Strategy has been successful.
15. That as detailed an analysis as possible in relation to total events income and costs including externalities (that is, impacts on the Council and others and their costs), be made openly available, including a clear outline for the disbursement of PIL.
16. That a mechanism be established to facilitate regular liaison between Cabinet members and the Overview and Scrutiny Chair and Vice Chairs, aimed at strengthening pre-decision scrutiny.

<table>
<thead>
<tr>
<th>Deadline</th>
<th>Status</th>
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<tbody>
<tr>
<td>Report to Cabinet 16/9/16</td>
<td></td>
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<tr>
<td>Cabinet agreed response to OSC recs.</td>
<td></td>
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<tr>
<td>Cabinet response reported to &amp; noted by OSC on 16/11/16.</td>
<td></td>
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</tbody>
</table>
### 16 November 2016

<table>
<thead>
<tr>
<th>Lead Officer/Author</th>
<th>Report Title &amp; Key Points</th>
<th>PRE MEETING PLANNING</th>
<th>POST MEETING ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Theme: Transport</td>
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<tr>
<td>Enviro-Crime Scrutiny Commission update</td>
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<tr>
<td>RESOLVED: To note the update, including Brixton Market waste management plans and member briefing on new enforcement service. Further consideration requested re use of twitter to report fly-tipping. Further details requested re geographical deployment of enforcement officers</td>
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<tr>
<td>Equality Streets Scrutiny Commission: Update and Final Recommendations</td>
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<tr>
<td>RESOLVED: 1. To note the progress of the commission 2. That OSC considers the commission’s recommendations when formulating its own recommendations for the Transport Strategy Co-chairs to also consider points raised by members when finalising commission’s recommendations</td>
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<tr>
<td>GO</td>
<td>Recommendations formally put forward to officers for consideration when drafting Transport Strategy. Minor amendments made to recommendations in response to comments</td>
<td>Feb 2017</td>
<td>G</td>
</tr>
<tr>
<td>DP/KA</td>
<td></td>
<td></td>
<td>Officer responses provided to Members 8/2/17</td>
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</tbody>
</table>
### Lambeth Long Term Transport Strategy (LTTS): Baseline and Future Baseline Analysis

**RESOLVED:**
1. To note the early findings of the LTTS
2. To note the timetable and consultation plans for the LTTS
3. To put forward suggestions for the strategy based on discussions and points raised by members

Points raised by contributors and Members regarding:
- greater public health emphasis;
- more focus on children and active travel;
- addressing “spinal gap” re cycling provision;
- delivery of cycle friendly borough aspirations;
- possibility of re-joining London Air Quality Network;
- addressing perceived data anomalies regarding station overcrowding;
- consideration of area masterplans in future baseline;
- consideration of disability issues (inc interchanges, signage and toilet provision);
- working with businesses to rationalise freight and deliveries;
- adoption of presumed liability as national policy;
- the need for greater emphasis on Streatham in the LTTS;
- call for rail devolution to happed ASAP.

**Recommended:**
- Recommendations formally put forward to officers for consideration when drafting LTTS on 28/11/16.
- GO to pick up with officers as strategy takes shape

**Email:**
- Email sent 25/11/16 to GLA Member re lobbying on presumed liability
- Letter sent to Secretary of State for Transport re rail devolution on 6/2/17

### OSC Work Programme

**RESOLVED:**
1. That the work programme and status of actions be noted
2. That the response to the recommendations arising from call in “Proposed changes to the lease held by Coin Street Community Builders relating to land on the South Bank” be noted.
3. That the response to the recommendations arising from call in “Events Strategy” be noted.

Email response to be provided by committee in response to representations made on 2. above.

**Email:**
- Email sent 22/11/16
8 December 2016

<table>
<thead>
<tr>
<th>Lead Officer/Author</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Lead Comment</th>
<th>Dead- line</th>
<th>Status</th>
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**Scrutiny of the proposals contained in the November Financial Planning 2017/18 – 2019/20 Recommendations as below**

1. The committee considers that the revaluation of business rates due to come into force in April 2017 will have a disastrous impact for business in Lambeth if the Government proposals go ahead as planned. The committee notes and endorses the Council’s Rates Rise campaign to support business against the negative impact of the business rates changes, and also the wider London campaign against the business rates revaluation increase.

2. The committee notes the Organisational Redesign Programme and putting digital at the heart of the changes. The Accessibility of Council Services Scrutiny Commission is currently underway and with the move towards increased digitalisation the committee recommends that the Contact and Assessment work stream takes into account the observations and work coming out of the scrutiny commission.

3. Whilst recognising the early status of the programme, the committee would welcome a better sense of the Organisational Redesign as the strategy develops, including a visual indication of what the organisation will look like.

4. The committee would also wish have sight of the CIPFA and PWC benchmarking to seek further assurance around delivery of the challenging financial targets and fundamental redesign changes.

5. The committee has on-going concerns about contract management in the council. The committee:
   I. Notes that contract management forms a key work stream of the organisational redesign. Arising from its previous scrutiny on this matter the committee considers that there is a role for OSC in shaping and informing this part of the programme.
   II. Notes there is a current lack of detail and would wish to further understand what structural changes might be progressed to realise the anticipated savings, for example in tendering;
   III. Records OSC’s outstanding commitment to return to the issues raised at Myatt’s Field North PFI discussion and review progress - arrangements will be made to schedule a follow up session. In tandem with this, the committee would wish to be informed how its recommendations from 14/10/15 OSC have been implemented;  
   IV. Requests further information on the PFI review and also wishes to be advised what council projects are PFI (or have a PFI element) and the associated budget profile.

6. The committee notes the headline proposal to generate investment income and agrees that a scrutiny commission be set up to support council in developing its strategy.

7. The committee notes the continuing high numbers of agency staff in some areas of the council and a reliance on the use of Foster Agencies. This puts pressure on services and impacts on some of our most vulnerable clients. The council needs to move towards a permanent workforce for reasons both financial and of service continuity.

8. The committee has concerns about the Public Health savings and the indication that cuts are being made beyond the reduction in central government grant. The committee does not consider that this reflects the position presented to OSC at its scrutiny of the Public Health proposals in (May) 2016 and requests further information. The committee additionally would wish to be informed how much of the public health budget is spent on mental health and wellbeing.

9. The committee requests an update on the status of the transfer of Adventure Playgrounds at Phase 1 & Phase 2. The committee would wish to be advised what lessons have been learned from the transfer of youth and play thus far to the voluntary and community sector and how learning is being applied going forward.

Report to Cabinet 6/2/17
### Trigger template for Standard Variations to Health Services

<table>
<thead>
<tr>
<th>CCG lead officer contacts:</th>
<th>Andrew Parker, Director of Primary Care Transformation, NHS Lambeth CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Freeman, Interim Senior Primary Care Transformation Manager, NHS Lambeth CCG</td>
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<tr>
<th>Date completed:</th>
<th>24 November 2016</th>
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<tbody>
<tr>
<td>Date submitted to Scrutiny:</td>
<td>25 November 2016</td>
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**Trigger**

**Please comment as applicable**

**Reasons for the change**

**What change is being proposed?**

The proposal is to close the Walk-in Centre (WIC) at Gracefield Gardens and utilise existing capacity at the GP Access Hubs that have been established in the last year to provide primary care access to Lambeth patients who are currently using the WIC.

**Why is this being proposed?**

1. SELDOC, the weekend Walk-in Centre (WIC) provider, has given notice on the weekend service as they do not believe that it is financially viable to continue on the current terms and they will cease to provide the service from 31st March 2017.
2. In 2015, Lambeth CCG commissioned the GP Federations to provide extended access hubs delivering 7-day primary care access between the hours of 12 noon and 8pm during the week and 8am-8pm at weekends and on public holidays. There is unused capacity within the GP Access Hubs (GPAH) and it is notable that the uptake of appointments at weekends is significantly lower than during the week, particularly on Sundays and Bank Holidays.
3. There are inequity issues with the current Walk-in Centre as it is located in the South of the Borough and the patients that use it are predominantly registered with practices in the South West Locality.

**What stage is the proposal at and what is the planned timescale for the change(s)?**

Following receipt of notice from the weekend WIC provider, Lambeth CCG gave six month notice of the termination of the weekday service to the provider, AT Medics, to open up potential options for future provision.

A review into current access services in primary care was undertaken in September/October 2016, producing an option appraisal and a recommended option to take forward (closing the WIC and utilising existing capacity at the GP Access Hubs).
The recommendations of the review were presented to the Primary Care Commissioning Sub-Committee Programme Board on 9th November 2016 where the recommendation to close the WIC was supported.

The review was then presented to a Governing Body Seminar where there was consensus on a clear preferred option and to engage with stakeholders and local people, putting in place the necessary process for a formal decision to be taken on the matter at the Governing Body Meeting in Public in January 2017.

Should this decision be implemented, the new arrangements for access to primary care by Lambeth patients will take effect from 1st April 2017.

Are you planning to consult on this?

Ongoing engagement has fed into the development of proposals currently under consideration. Lambeth Patient Participation Group Network and Healthwatch are members of the Primary Care Transformation Programme Board, which has developed and overseen implementation of the CCG’s primary care strategy over the last two years. This has included consideration of the policy call from NHS England for new models of primary care that are accessible, proactive and preventive, and the call from citizens and patients for reductions in variation to access across Lambeth. The CCG has been informed too by the outputs of public meetings jointly run with the PPG Network and Healthwatch in 2014 and 2015 to discuss how we could transform GP services to improve health and quality and reduce inequalities. Here patients and citizens asked for more consistent and more reliable access into primary care.

More focused engagement around the development of options has followed the agreement to undertake a review of the Walk-in Centre at the Primary Care Transformation Programme Board. To date, this has included:

- A formal communication to Healthwatch of the intention to undertake the review.
- Interviews with 61 users of the WIC of which 31 took place during the week and 30 at the weekend. This process enabled the CCG to gain an understanding of the groups that were using the WIC and why they had gone to the WIC rather than using other primary care services.
- Once draft options had been produced, members of the Lambeth PPG Network were consulted to get feedback on the potential options. There was general agreement that it would be sensible to rationalise primary care access services, particularly since the development of the GP Access Hubs; however, it was emphasised that
changes would have to be well communicated to patients and access to primary care should be maintained.

It is intended that the engagement process will continue up to and beyond the proposed service change and this will include:

- Meeting with Healthwatch and the PPG Network to explain the process, to outline options under consideration and reasons for having a preferred option. We would aim to focus discussions around potential benefits and drawbacks for their members, potential mitigating measures and to seek views on best channels and routes for communication with Lambeth people about proposed and final decisions (November/December 2016)

- An open event for patients and members of the public to hear about these proposals alongside the CCGs broader commissioning intentions for 2017-18 (December 2016/Jan2017)

- Two drop-in sessions at Gracefield Gardens (one week day, one weekend) (December 2016 and/or early January 2017)

- Using news articles on our website, social media, and messages for use by stakeholders including Healthwatch, Lambeth Council, provider organisations and voluntary and community groups to promote as they see fit, both internally within their organisations and externally to reach a wider audience.

- Using established channels of communication to engage with our GP membership and to encourage them to engage with patients through their patient participation group.

- Providing briefings for local authority elected members, particularly those in the wards in which the Walk-in Centre is located and those adjacent to it – in addition to Scrutiny briefings

- Opportunity for discussion at the CCG Public Forum (January 2017)

- Communication with the public to raise awareness of the change and how to obtain appointments at the GP Access Hubs. Communication to take place via GP surgeries in Lambeth, Healthwatch Lambeth, Lambeth PPG Network and Lambeth VCS forums (following a decision in January to March 2017)

- Engagement with key stakeholders including primary care, GP out of hours, NHS 111 and A&E providers to maximise the availability of GP Access Hub appointments and to ensure accurate information is communicated to patients (January to March 2017).
<table>
<thead>
<tr>
<th>Are changes proposed to the accessibility to services?</th>
<th>Briefly describe:</th>
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<tbody>
<tr>
<td>Changes in opening times for a service</td>
<td>The WIC currently opens over the periods 11am-8pm during the week at 8am-8pm at the weekend. The GP Access Hubs open between the hours of 12 noon-8pm during the week and 8am-8pm at weekends. Under the proposed changes, the WIC would close; however, the Hubs would open for an additional hour during the week, 11am-12 noon. While the additional hour would not be needed from a capacity perspective, it would replicate the current opening hours of the WIC.</td>
</tr>
<tr>
<td>Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Relocating an existing service</td>
<td>Not applicable.</td>
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<tr>
<td>Changing methods of accessing a service such as the appointment system etc.</td>
<td>The WIC currently sees both Lambeth patients and non-Lambeth patients who are registered with a Lambeth GP, registered with a non-Lambeth GP or who are not registered with a GP. This is on a walk in and wait basis. The GP Access Hubs are not a walk-in service where patients arrive and queue, unless a patient walks up to a hub after 3pm or at weekends in which case they can seek an appointment in person on the same day, although this is not currently promoted. Most bookings will happen Monday-Friday via the practice while out of hours, SELDOC can book urgent patients appointments. NHS 111, GSTT, KCH and St Georges A&amp;E departments are also enabled to book appointments directly at the hubs. The booking process will be reviewed and revised to ensure that primary appointments at the Hubs can be booked by all Lambeth patients, 7 days a week, when appointments are not available at a GP practice within a timeframe commensurate with their clinical need. Work will also be undertaken with the GP Federations to identify how appointments for un-registered patients can be facilitated including fast tracking registration for patients in need of an appointment.</td>
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</table>
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.

Patient engagement has identified that there is variation in access to the WIC based upon age (predominantly accessed by those in their 40s or younger) and residence (predominantly accessed by those who live within 1½ miles of the WIC). No evidence was found that there was inequity of access based upon disability or ethnicity.

The proposed changes seek to redress the inequity of access based upon age and geographical location.

<table>
<thead>
<tr>
<th>What patients will be affected?</th>
<th>Briefly describe:</th>
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<tbody>
<tr>
<td>Changes that affect a local or the whole population, or a particular area in the borough.</td>
<td>The changes will affect the whole population of the Borough; although, the impact will be most felt by those living within 1½ miles of Gracefield Gardens and those people who are not registered with a GP.</td>
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</tbody>
</table>

| Changes that affect a group of patients accessing a specialised service | Not applicable. |
| Changes that affect particular communities or groups | Not applicable. |

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<thead>
<tr>
<th>Are changes proposed to the methods of service delivery?</th>
<th>Briefly describe:</th>
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</thead>
<tbody>
<tr>
<td>Moving a service into a community setting rather than being hospital based or vice versa</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Delivering care using new technology</td>
<td>Not applicable.</td>
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</table>

| Reorganising services at a strategic level | The proposed changes support Lambeth CCG’s overall strategy in delivering NHS England’s GP Forward View and the primary care transformation required to ensure the sustainability of General Practice in Lambeth. |

<table>
<thead>
<tr>
<th>What impact is foreseeable on the wider community?</th>
<th>Briefly describe:</th>
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<tbody>
<tr>
<td>Impact on other services (e.g. children’s / adult social care)</td>
<td>Not applicable.</td>
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