South East London Joint Health Overview & Scrutiny Committee

Thursday 19 January 2023
7.00 pm at the London Borough of Southwark

Membership -

Cllr Suzanne Abachor (LB Southwark)
Cllr Christine Banton (LB Lambeth)
Cllr Chris Best (LB Lewisham)
Councillor Mark Brock (LB Bromley)
Cllr Clare Burke-McDonald (RB Greenwich)
Cllr Liam Jarnecki (LB Lambeth)
Councillor David Jefferys (LB Bromley)
Cllr Maria Linforth-Hall (LB Southwark)
Councillor John Muldoon (LB Lewisham)
Councillor Caroline Newton (LB Bexley)
Cllr Rachel Taggart-Ryan (RB Greenwich)
Cllr Chris Taylor (LB Bexley)

INFORMATION FOR MEMBERS OF THE PUBLIC

Location: Ground Floor West, 160 Tooley Street, London SE1 2QH

Contact Graham Walton on 0208 461 7743 or graham.walton@bromley.gov.uk

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TASNIM SHAWKAT
Director of Corporate Services and Governance
London Borough of Bromley

Date: 11 January 2023

Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/ and from the websites of other participating authorities

South East London Joint Health Overview & Scrutiny Committee

Thursday 19 January 2023
7.00 pm
Ground Floor West, 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1	**APPOINTMENT OF CHAIR AND VICE-CHAIR FOR 2022/23 AND 2023/24** Councillors Chris Best (LB Lewisham) and Chris Taylor (LB Bexley) have been nominated as Chair and Vice-Chair respectively.	
2	**APOLOGIES FOR ABSENCE**	
3	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting.	
4	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five working days of the meeting.	
5	**MINUTES - VIRTUAL MEETING ON 8TH APRIL 2021 AND INFORMAL VIRTUAL MEETING ON 30 JUNE 2022** To approve as a correct record the Minutes of the virtual meeting held on 8th April 2021 and the informal virtual meeting held on 30th June 2021.	1 - 12
6	**AN ESTABLISHED INTEGRATED CARE PARTNERSHIP BOARD** Andrew Bland, Chief Executive Officer, ICB	13 - 18
7	**JHOSC - REVISED TERMS OF REFERENCE**	19 - 26
8	**NEW HEALTH AND WELLBEING BOARDS GUIDANCE** Tosca Fairchild, Chief of Staff, ICB	27 - 30

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Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held online on 8 April 2021 at 6.30 pm.

PRESENT:

Councillor Judi Ellis (Chairman)
Councillor Mark James (Vice-Chairman) and Councillor Marianna Masters (Vice-Chairman)
Councillor Gareth Allatt
Councillor Richard Diment
Councillor Alan Downing
Councillor Nanda Manley-Browne
Councillor John Muldoon
Councillor David Noakes
Councillor Victoria Olisa

NHS PARTNERS: Jessica Arnold
Andrew Bland
Michael Boyce
Sara Cottingham
Neil Kennet-Brown
Martin Wilkinson

53 APOLOGIES

Apologies for lateness were received from Cllr John Muldoon. Councillor Liz Johnstone-Franklin sent apologies that she was unable to join the meeting due to technical issues.

54 DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no declarations of interest or dispensations.

55 MINUTES

Agreed that the minutes of the meeting held on 2nd September 2020 be confirmed as a correct record.

56 QUESTIONS

The Joint Committee did not have formal provision for public questions, but the chairman was aware of two questions which had arisen. One question concerned the need to keep local people at the heart of decision-making. As part of this the

Committee had requested to be kept informed of dates and timetables for the borough-based boards.

The other issue was about the proposals for an American health insurance company to take over a number of GP practices across the boroughs of Greenwich, Lewisham and Southwark. Andrew Bland confirmed that there were no changes to services, the issue had been considered at Southwark's health scrutiny committee, and there was a statement on the CCG website which could be appended to the minutes. Some members of the Joint Committee considered that there were implications across the region for how primary care networks operated, and that there was a need to raise such matters. In response, Mr Bland explained that all that was happening was that an existing contract holder was being taken over by another organisation.

57 INTEGRATED CARE SYSTEMS - NEXT STEPS

Andrew Bland provided an update based on the presentation that had been circulated with the agenda on the OHSEL Integrated Care System. He stated that the CCG had written to NHS England to say that the timing of the national engagement, at Christmas/New Year 2020/21, was not ideal. A White Paper covering proposals for England had been published on 11 February 2021 – "Integration and innovation: working together to improve health and social care for all." An integrated care system had been in place in South East London since June 2019, but the current proposals would provide a legislative basis from 1st April 2022, at which point the CCG would cease to exist. The four principles underlying the changes were –

(i) improving population health and healthcare;
(ii) tackling unequal outcomes and access;
(iii) enhancing productivity and value for money;
(iv) helping the NHS to support broader social and economic development.

Much of the proposals reinforced how South East London worked already. In particular, decisions would continue to be taken as close to communities as possible, with more commissioning brough together at local level, collaboration with providers would be supported and there would be deeper collaboration with partners including local government. The White Paper covered a range of issues beyond integration.

The new ICS NHS body would have a chairman and chief executive responsible for day to day running of services, with an ICS Health and Care Partnership bringing together a wide range of partners to address health, public health and social care needs, including leading Members from each of the six boroughs. NHS providers would not see any change to their sovereignty, but would have new statutory duties to focus on the needs of local populations.

Responding to questions and concerns from members, Mr Bland stated that NHS England had also launched a consultation on competition, and there was likely to be further discussion around this. Provider trusts would be required to be part of integrated care systems and to work within peer provider collaborative arrangements. Provider trusts would be included withing the ICS Health and Care Partnership. The CCG merger had anticipated the new arrangements and enshrined joint commissioning across South East London. There was intended to be a provider framework, but it had not been issued yet.

There were no firm changes to Public Health, but there was an encouragement towards more collaborative working. Borough based boards had been operating over the past year, but the pandemic had meant that many of the spending decisions had been taken centrally. Bringing commissioners and providers together to make local decisions in public would improve accountability.

There had been a commitment to providing granular information at borough level, but Mr Bland explained the pandemic had limited this. However, the queues for services were not formulated by borough, so patients wanting to know how long they would have to wait need to know the aggregate figures across the region for each provider. Planning services should be carried out around populations rather than around institutions.

Asked whether the South East London Stakeholder Reference Group could be re-instated, Mr Bland commented that something similar could possibly be developed. The ICS proposals did not have any prescriptive proposals on engagement and consultation.

The proposals were likely to change, so the Joint Committee needed to continue to monitor what was proposed and how it would be applied in South East London.

58 COVID- WAVE 2 IMPACT AND RESTORATION - ACUTE SERVICES

The Joint Committee received a presentation from Sarah Cottingham on the restoration of acute services, following the second wave of covid-19. The second wave had peaked at the end of January 2021, with 324 of 421 critical care beds devoted to covid, then plateaued until demand reduced from mid/late February. Acute hospitals across the region had worked collaboratively, supported by the rest of the system, and had provided aid to other regions in Kent and London. The spike in demand for mental health services seen after the first wave of covid was repeated following the second wave.

As Covid demand had reduced, elective care had been ramped up, managed on the basis of clinical prioritisation. Significant progress had been made in reducing the average “clearance rate” (length of wait for clinically urgent patients) to 3.2 weeks, below the ideal rate of 4 weeks. This had involved using independent sector providers alongside NHS SE London capacity. There had also been a focus

on wider elective restoration plans - the spring recovery plan aimed to return to 90% of pre-pandemic capacity across diagnostic, outpatient and day-patient/inpatient services by the beginning of July. There were expected to be approximately 15,000 people waiting for more than 52 weeks as at the end of March 2021 - an increase from 8,700 at the end of November 2020. The shape of the waiting list meant that it was likely to get worse post July 2021, before it improved. There were no quick fixes, and a lengthy period of backlog reduction would be needed. A focus on staff wellbeing and support would be needed during this transition back to business as normal and the need for staff to take leave was taken into account in the recovery plans.

In response to questions, it was reported that demand for urgent cancer services had remained high during the second wave. A&E services had seen higher attendances than during the first wave, although St Thomas's had benefitted from the lower levels of commuters and tourists in central London. Discussions had continued with local authorities on discharge issues, but the cooperation of services across the wider NHS was particularly crucial, with some treatments allocated to suitable private sector providers where this was safe and effective. Theatres were now back up to 90% + availability.

59 COVID-19 VACCINATION PROGRAMME

The Joint Committee received a presentation from Jessica Arnold, Director of Flu and Covid Vaccinations for South East London, on progress with the vaccination programme. The vaccination programme was being delivered through nine hospitals (four of which would return to business as usual after completing second doses), twenty five primary care sites (including churches, mosques and the Greenwich vaccine bus), twenty community pharmacies and three mass vaccination centres (at Charlton FC, Bromley Civic Centre and one in development in Bexley.)

As of the previous day, 825,000 vaccinations had been delivered across South East London, working through the priority cohorts. Roughly 200,000 people in priority groups 1-9 were not vaccinated. Most vaccinations being delivered now were second doses. There was data to confirm that take up rates were lower in African and Caribbean populations and in more deprived areas. Maximising understanding of the available data was key to tackling vaccine hesitancy, and a dashboard of key statistics was circulated to stakeholders weekly. There was extensive engagement with community champions, faith leaders and the voluntary sector and a range of social media and events at regional, borough and local levels. A "Spring Forward" plan was being developed for delivery during April to maximise coverage of cohorts 1-9, particularly focussing on NHS Trust staff, social care staff, care home staff and cohort 6 (people with underlying health conditions and their carers.) There were a range of locally-driven initiatives, including more pop-up clinics, more vaccinations in the home, enhanced clinical time funded to invest in effective call, and recall, expansion of the single point of coordination to

include telephone access, enhanced and targeted communications to cohort specific groups, coupling health checks for people with learning disabilities and serious mental illness with a vaccination offer and greater outreach through employers to staff, including asking care home employers to fund travel time and expenses.

A Member was concerned that there was pressure on care home staff from employers to get vaccinated - she considered that it was important to work with staff and trade unions to encourage vaccination. Ms Arnold confirmed that, when visiting care homes to vaccinate residents, every opportunity was taken to discuss vaccination with staff. Another concern was nursery staff, who were often asked to test in their own time.

Members discussed how health inequalities were reflected in the vaccination figures, with more deprived areas and communities showing lower percentages of vaccination. Figures for Lambeth were behind Bromley and Bexley, but it was noted that there were pockets of difficulty such as in the north of Bexley. There were no figures specifically on vaccination levels amongst domiciliary care staff, but the NHS was working closely with local authorities to ensure that agencies were targeted with communications about encouraging their staff to come forward. As younger cohorts became eligible for vaccination it would be important to ensure that the messaging remained relevant and nuanced. Ms Arnold was not able to comment on the issue of at what level herd immunity could be achieved.

60 THE IMPACT OF COVID-19 ON MENTAL HEALTH

The Joint Committee received a presentation on the impact of Covid-19 on mental health from Martin Wilkinson. During the first wave of covid, some adult services had been restricted and had been forced to adapt to the challenging new conditions, particularly utilising digital technology; however, during the second wave services had remained fully operational. Staff sickness levels and the need to adapt to social distancing and other infection control measures were particular challenges. There had initially been a reduction of activity, but since the easing of restrictions there had been spikes in activity, particularly with people previously unknown to mental health services. The recovery priorities included ensuring that both local providers had sufficient capacity in the right services and providing improved access to talking therapy. Increased investment of £35m was planned for the next three years.

Referrals and caseloads for CAMHS services had remained high during the pandemic, and there had been an increase of approximately 30% in demand for services comparing 2019/20 with 2020/21. Reducing waiting times was a high priority, and they were looking to build on initiatives to support families and communities, investing in the Kooth Platform for children and young people and the Qwell Platform, a sister platform for online self-help and counselling for adults over 25 years. Two urgent Mental Health Prevention Summits had been held,

resulting in the launch of the South London Listens campaign and a proposed community-led summit in June 2021.

A Member commented on under-representation of black people, and highlighted Lambeth's work to reduce disparity of outcomes. It was intended that the work in Lambeth would be rolled out to other boroughs.

A Member commented that alcohol usage appeared to be going up during the pandemic and asked whether there was any focus on drug and alcohol dependency, as this would lead to increased mental health problems in the future. Dual diagnosis was certainly an area of priority, but there were no new issues at regional level as a result of the pandemic.

The priorities for the additional £35m funding for community mental health were being delivered through delivery plans at borough level, and new posts were being created.

Referring to the graphs at Appendix 2, a Member asked for an update since November 2020. It was confirmed demand had changed - the trend of fewer people already known to mental health services and more people previously unknown to mental health presenting had continued. There was a focus on identifying people earlier and working with primary care to prevent them going into crisis.

(Councillor Richard Diment declared an interest during this item as a Governor of Oxleas NHS Foundation Trust.)

61 PATHOLOGY SERVICES UPDATE

The Joint Committee received a report from Neil Kennet-Brown, Place-Based Director (Greenwich) and SRO for Pathology Programme on progress since the last update to the meeting on 7th July 2019. The new service, a partnership with Synlab, would be commencing from May 2021. The Lewisham and Greenwich NHS Trust had decided in late 2018 not to be part of the South East London Pathology Network, and they had developed a network with Barts Health NHS Trust and Homerton University NHS Trust. However, GP direct services for Bexley, Greenwich and Lewisham would move across in October 2021.

Members from Greenwich and Lewisham were aware of concerns of staff and that patients and GPs would see no real changes. about the effect of the changes, including issues around loss of local knowledge and close clinical links with GPs, travel times to the centralised laboratory. Mr Kennet-Brown confirmed that the establishment of a Pathology Network was a statutory requirement; he assured Members that partners were working closely together and patients and GPs would see no real changes, staff would be protected by TUPE and the knowledge and skills would still be retained within the NHS.

62 DATE OF NEXT MEETING/WORKPLAN

An agenda setting meeting would be set up within the next few weeks involving the Chairman, Vice-Chairmen and Andrew Bland. It was agreed that all members of the joint committee would be invited to attend.

The Chairman, on behalf of the Joint Committee, concluded the meeting by thanking all NHS staff for their service – both for their normal work and their efforts to combat Covid-19.

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Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the informal meeting of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held online on 30 June 2021 at 6.30 pm.

PRESENT:

Councillor Judi Ellis (Chair)
Councillor Mark James (Vice-Chair)
Councillor Gareth Allatt
Councillor Rezina Chowdhury
Councillor Richard Diment
Councillor Liz Johnston-Franklin
Councillor John Muldoon
Councillor David Noakes
Councillor Nick O'Hare
Councillor Victoria Olisa

NHS PARTNERS: Dr Angela Bhan
Andrew Bland
Sarah Cottingham
Ben Collins

1 APOLOGIES

Apologies were received from Councillor Chris Lloyd from RB Greenwich and Councillor Marianna Masters from LB Lambeth.

2 DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no additional declarations of interest.

3 CCG PRESENTATIONS

The Committee received three the following presentations from colleagues in South East London CCG and asked questions arising from the presentation:

(a) Integrated Care Services (ICS)

It was recognised that integrating care had been the "holy grail" for health and social care services for decades. This reflected the changing demographics and needs of the population and the misalignment that had built up over decades between the needs of the population and how health and care services were organised. As the population lived longer and had increasingly complex mental

and physical health needs it had become increasingly inadequate to rely on a health system built on hospitals and small-scale primary care. Historically, the response had been to bolt on services such as community nurses, social workers, domiciliary care and this had resulted in a vast amount of fragmentation, inefficiency and poor co-ordination within the system. If we were to get integrated care services right enormous benefits could be delivered and this could translate into a genuinely good experience of care.

In terms of subsidiarity, all of the decision making regarding how to structure out of hospital care services were likely to be within the control of the Boroughs and the provider collaboratives would have greater autonomy over how resources were managed to better deliver specialist services. It was clear that the system would be built from the Borough base and the vision was that the ICS would give primacy to boroughs to take decisions if that is the most effective place for decisions to be taken.

The Joint Committee were pleased to note that there was nothing to suggest that overview and scrutiny powers would be removed through this process. Consideration would need to be given to how decisions impacted different areas to ensure consistency of decision making. Going forward the different parts of the system would need to understand how scrutiny arrangements would work. It would be helpful for joint scrutiny arrangements to continue in order facilitate an efficient decision-making process.

The Joint Committee noted that in the event of a change in the law through the Bill being passed, CCG responsibilities would transfer to an ICS statutory body. At that point responsibility for commissioning would sit with the ICS commissioning body and there were no plans to change the structure of localised commissioning. The hope was that local care partnerships – made up of commissioners and providers - would be the partnerships to whom the ICS would delegate.

The Joint Committee recognised that the proposals represented a cultural and organisational challenge to enable staff to develop the skills that would be required to work in multidisciplinary teams. The organisations were only just embarking on the project and there would be a need for continuous professional development in order to support staff in developing the skills they would require. However, it had to be recognised that if staff were provided with the right opportunities and an appropriate environment change would happen.

In relation to returning to 'in person' stakeholder and Trust Board meetings, the Joint Committee noted that, whilst there was an acceptance of a digital deficit within some areas of the community, virtual governing body meetings had in fact attracted a wider audience and going forward it was important to put some thought into any plans to ensure that the new audiences were not side-lined. Scenario planning for arrangements for meetings had begun and would be led by the data rather than dates.

(b) Vaccination

The Joint Committee received an update on the vaccination programme across London.

Members noted that there was no single reason for a lower uptake of the vaccination inn some boroughs. Whilst there was some vaccine hesitancy, there was also a strong correlation with deprivation. The focus of colleagues delivering the vaccine programme was to ensure that the reason for any differential was not any physical or other controllable barriers to accessing the vaccine.

Data on the number of individuals who were not turning up of their second vaccination was available and a programme was in place to telephone individuals and answer any questions that may exist. In terms of incentivising take up of the vaccine, there had recently been a number of queries in relation to being fully vaccinated in order to travel abroad and go on holiday. Other incentives were also being trialled such as tickets to big screen England Quarter Final football events for those who take up the vaccine. However, it had to be recognised that incentives had no impact on people who were hesitant and had genuine concerns.

In addition to the vaccine programme, the Joint Committee recognised the importance of ongoing and consistent messaging around "Hands, Space, Face". Evidence now existed that those who had been double vaccinated still contracting Covid-19 and some of these cases had been severe. Key message would continue to be promoted and national campaigns would continue.

Members noted that individuals did not need their NHS Number in order to access the vaccine and boosters would be offered to those who exceeded the 12-week gap between vaccinations. There were a number of pop up clinics aimed at targeting over 40s with the Oxford AstraZeneca vaccine which was easier to move around. Services were also being tailored with some targeted pop up clinics for the under 40s and these clinics offered the Pfizer vaccine.

(c) Recovery of Elective Surgery

The Joint Committee received an update concerning recovery of elective surgery. Members noted that the aim was to see patients who needed to be seen within a month. Other patients would be seen based on the current length of wait. It was agreed that following the meeting information concerning the order of priority and the make-up of the waiting list by speciality would be shared with Members.

The Joint Committee were pleased to note that elective and cancer referrals being made by GPs were now back to pre-pandemic levels. Where there were concerns around the ability of patients to access GP services it would be helpful to have specific examples to enable these to be investigated. In terms of the current

waiting lists, the view was that delays were due to the sheer level of demand rather than issues of access to GP Services. The system was undoubtedly under pressure however it was too early to say whether it was a sustained pressure. Planning was already underway for the winter.

Members noted that there had been a concerted effort across South East London to deliver good discharge processes and readmission rates were monitored.

4 WORKPLAN

The Joint Committee agreed that a pre-agenda meeting would be held at the beginning of September 2021 and at this meeting Health colleagues would be able to advise on the most appropriate topics for discussion at the next meeting which could be held in October.

It was agreed that consideration would be given to holding an 'in person' meeting in October.

South East London Integrated Care System

NHS South East London

An established Integrated Care Board (ICB)

Andrew Bland

Chief Executive Officer, NHS South East London Integrated Care Board (ICB)

The Integrated Care System

Our Integrated Care Board and System

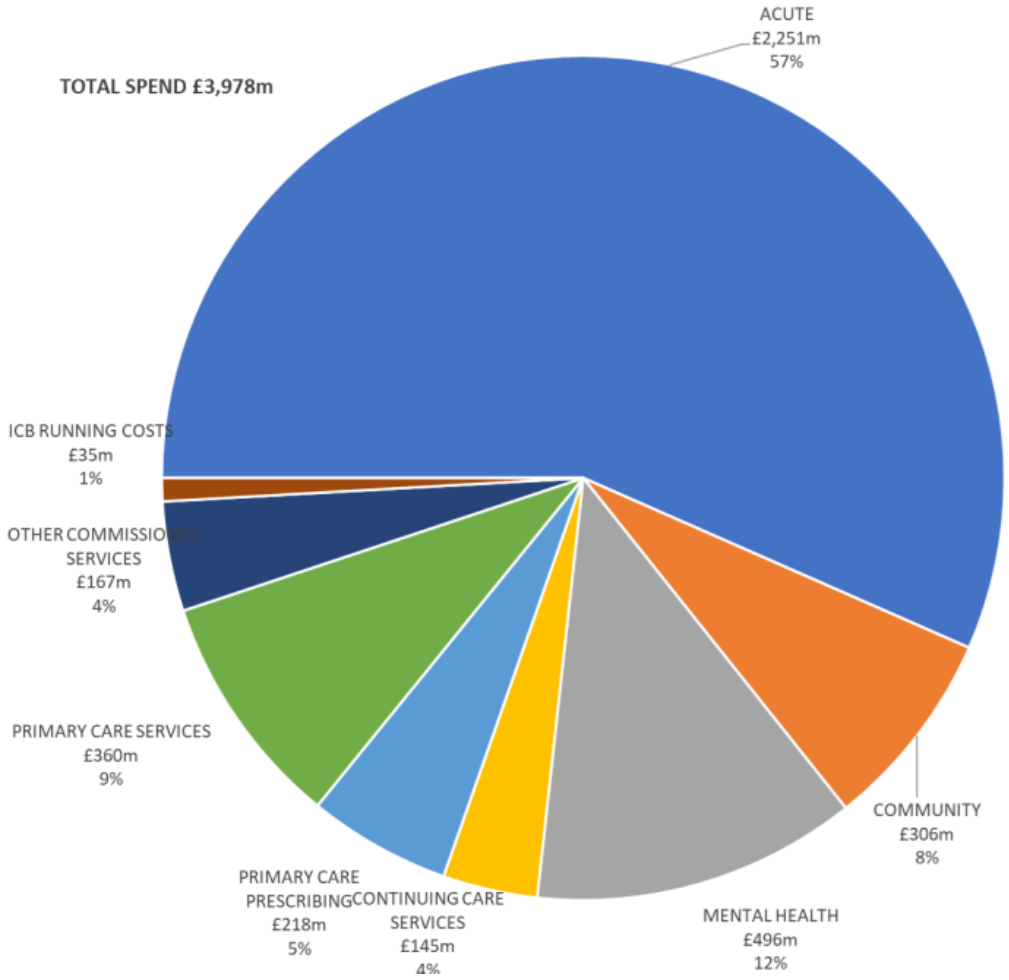
Our purpose:

- **Improve outcomes** in south east London population health and health and care services
- **Tackle inequalities** in outcomes, experience and access suffered by the residents of south east London
- **Enhance productivity and value for money** in the in the use of health and care resources in south east London
- Help the NHS support **broader social and economic development** in south east London

Principles by which we'll achieve it:

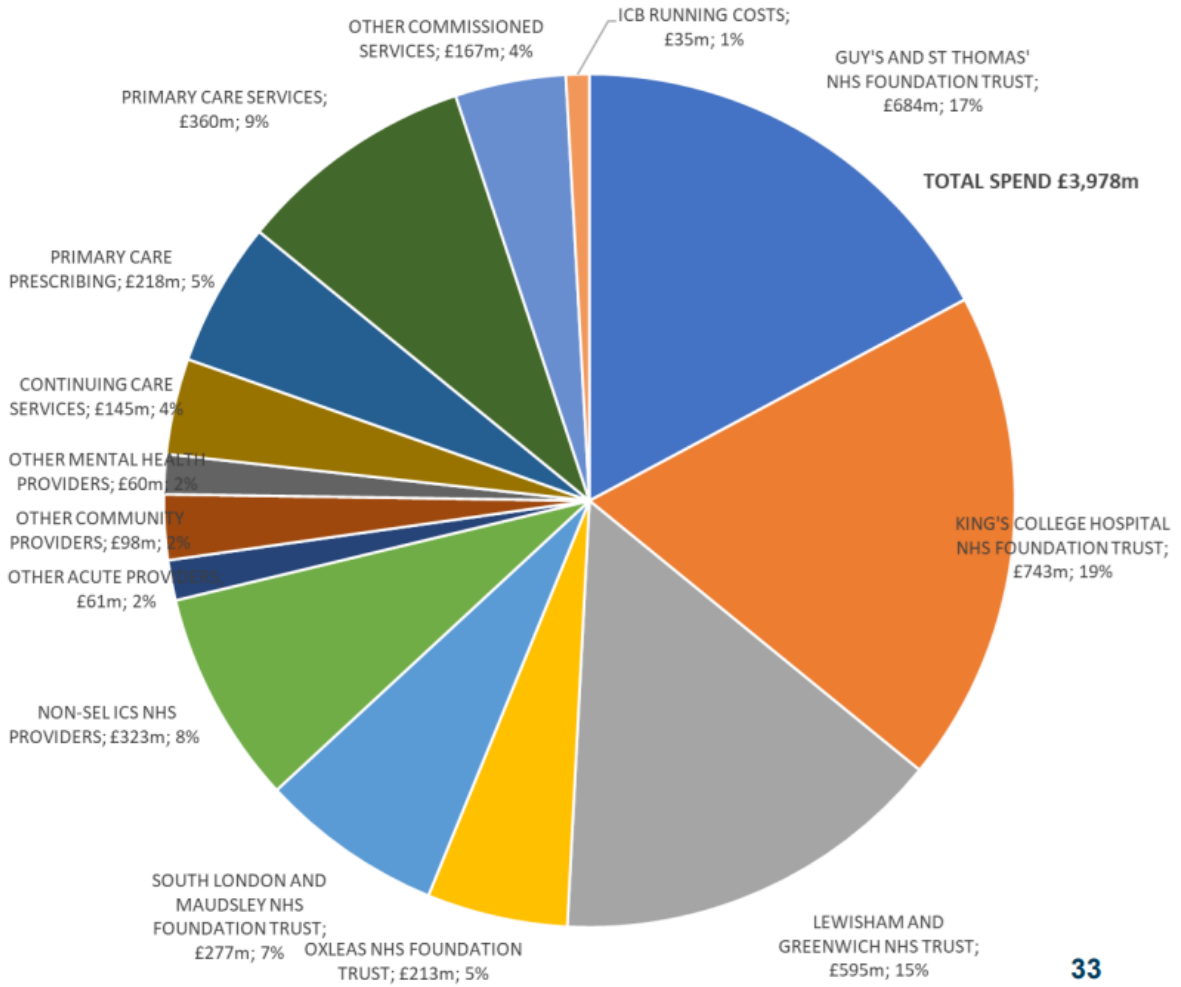
- **Partnership:** We are a partnership of sovereign bodies coming together to achieve something greater than the sum of the partners. All partners have a voice and all partners have responsibility
- **Subsidiarity:** This means issues and decisions should be dealt with at the most local level consistent with their effective resolution
- **Accountability:** We value both supporting each other and being held to account by each other and our wider partners

How money is spent: ICB spend by area



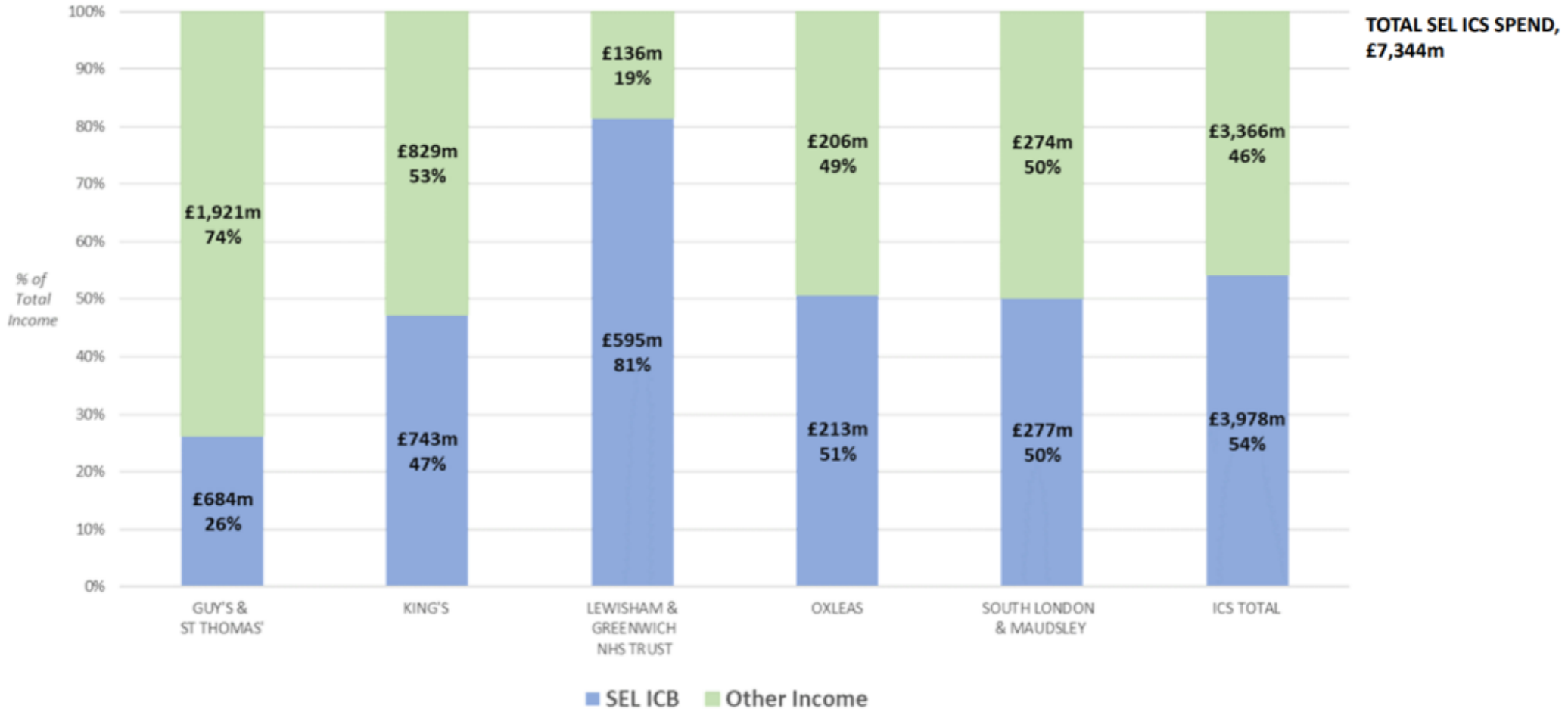
Please note: this pie chart is based on NHS funding figures only, and as such does not include information from Local Authority partners on LA spending

How money is spent: ICB spend by provider



Please note: this pie chart is based on NHS funding figures only, and as such does not include information from Local Authority partners on LA spending

How money is spent: ICS 2022/23 planned spend



Joint Health Overview and Scrutiny Committee (JHOSC)

Report title- JHOSC: Revised Terms of Reference

Date: 19 January 2023

Outline and recommendations

This report asks the members of the Joint Health Overview and Scrutiny Committee (JHOSC) to discuss and agree the revised Terms of Reference (ToR) for the Committee.

The Committee is asked to:

- Discuss and agree the revised Terms of Reference (ToR) for the JHOSC.

1. Summary

1.1. The Health and Care Act 2022 put the ICS on a statutory footing from 1 July 2022, making them responsible for planning and funding health and care services in the area they cover.

1.2. Following that, the ToR for the JHOSC have been revised to allow the committee to look at discretionary cross-borough strategic health matters, as well as mandatory cross-borough substantial reconfiguration proposals.

1.3. This report asks members to discuss and agree the revised ToR for JHOSC.

2. Recommendations

2.1. The Committee is asked to:

- Discuss and agree the revised Terms of Reference (ToR) for the JHOSC.

3. Background

3.1. After the Health and Care Act 2022 put the Integrated Care Systems on a statutory footing, the ICS took on the NHS planning functions previously held by former clinical commissioning groups and services are now being planned and designated at a South-East London level. The revised ToR have been drafted to reflect these NHS contextual changes.

3.2. There are two key types of Joint Health Overview and Scrutiny Committees- discretionary and mandatory.

3.3. The ToR retain the ability for the Committee to meet to consider and respond to proposals for substantial reconfigurations that affect the entire ICS area. In this case the JHOSC acts as a mandatory committee.

3.4. The ToR also allow for greater scrutiny of wider, system level issues that relate to the planning, provision and operations of health services across the ICS. In this case the JHOSC acts as a discretionary committee.

4. Chair and Vice-Chair of the JHOSC

4.1. The ToR set-out that the Chair & Vice-Chair should be members of different participating autorities.

4.2. The ToR also recommend that the Chair and Vice-Chair be re-appointed at the first meeting of every new municipal year.

4.3. The last formal meeting of the JHOSC was on the 8th of April 2021. Keeping in mind that the JHOSC has reconvened in the month of January 2023, it is suggested that the Chair and Vice-Chair appointed at this meeting of 19th of January 2023 are retained for the municipal year of 2023-24, with re-appointment election taking place at the first meeting of the JHOSC in the municipal year of 2024.

5. Formal and Informal JHOSC meetings

5.1. It is suggested that the JHOSC should hold two formal meetings in a municipal year with capacity for more should substantial reconfiguration proposals arise. Apart from these formal meetings, the JHOSC may also hold informal meetings to set work programme items and consider information briefings from the NHS or other partners.

5.2. The formal meetings of the JHOSC will be hosted amongst the participating authorities on a rotational basis. The ToR state that the administrative and research support for these meetings will be provided by the scrutiny teams of the 6 boroughs working together.

6. Financial implications

6.1. There are no direct financial implications arising from this report.

7. Legal implications

7.1. There are no direct legal implications arising from this report. Individual local authorities may have specific constitutional practices to follow in relation to the revised terms of reference.

8. Equalities implications

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

8.2. There are no direct equalities implications arising from this report.

9. Climate change and environmental implications

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

10. Crime and disorder implications

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

11. Health and wellbeing implications

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

12. Appendices

12.1. Appendix A- SEL JHOSC Terms of Reference January 2023

13. Report author and contact

If you have any questions about this report please contact the Scrutiny manager (Lewisham Council): Nidhi Patil, 020 8314 7620, Nidhi.Patil@lewisham.gov.uk

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South East London Joint Health Overview and Scrutiny Committee

South East London Integrated Care System

The South East London Integrated Care System (ICS), brings together local health and care organisations and local councils to design care and improve population health and healthcare, tackle unequal outcomes and access, enhance productivity and value and help the NHS to support broader social and economic development through shared leadership and collective action.

The Health and Care Act 2022 put the ICS on a statutory footing from 1 July 2022, making them responsible for planning and funding health and care services in the area they cover.

The ICS is a partnership of local health and care providers and local authorities responsible for collaboratively planning and commissioning health and care services for the South East London region, which covers the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

The SEL ICS includes the South East London Integrated Care Board, which takes on the NHS planning functions previously held by clinical commissioning groups, and an Integrated Care Partnership, which brings together the NHS and local authorities as well as health and care providers and partners as equal partners to focus more widely on health, public health and social care and is responsible for developing an integrated care strategy, setting out how the wider health needs of the local population will be met.

TERMS OF REFERENCE

The Joint Health Overview and Scrutiny Committee is constituted in accordance with the Local Authority Public Health, Health & Wellbeing Boards and Health Scrutiny Regulations 2013 (the "Regulations") and Department of Health Guidance to review and scrutinise any matter, including, when required, substantial reconfiguration proposals, relating to the planning, provision and operation of health services covering more than one Council area from within the South East London Integrated Care System. The ICS is a partnership of local health and care providers and local authorities responsible for collaboratively planning and commissioning health and care services for the South East London region, which covers the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

The Joint Committee's terms of reference are:

1. To carry out overview and scrutiny in relation to planning, provision and operation of health services that cross local authority boundaries in the SEL ICS footprint area. This does not prevent the appointing local authorities from separately scrutinising local health issues. However, there are likely to be

occasions on which this committee is the best way of considering how the needs of a local population, which happens to cross council boundaries, are being met.

2. To convene as, and to undertake all the functions of, a statutory Joint Health Overview and Scrutiny Committee (JHOSC) when required, in accordance with the Regulations and Department of Health Guidance.
   This includes, but is not limited to the following:

(a) To consider and respond to proposals from the SEL Integrated Care System (ICS) for the substantial reconfiguration of Health Services in South East London.

(b) To scrutinise any consultation process conducted by the SEL ICS, but not to replicate any consultation process.

This does not include the power to make any decision to make a referral to the Secretary of State in relation to the proposals from the SEL ICS for Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. However, any individual borough may make a specific delegation to the JHOSC in relation to their own power to make such a referral on their behalf.[1]

Membership

Membership of the Committee will be two named Members from each of the following local authorities:

London Borough of Bexley;
London Borough of Bromley;
Royal Borough of Greenwich;
London Borough of Lambeth;
London Borough of Lewisham;
London Borough of Southwark.

Members must not be an Executive Member.

[1] This remains the current position with regards to powers to make a referral to the Secretary of State until changes to the reconfiguration process that were introduced through the Health and Care Act 2022 are implemented and new statutory guidance around this is published.

PROCEDURES

Chair and Vice-Chair

1. The Committee will appoint a Chair and Vice-Chair at its first meeting, and at the first meeting of every new municipal year. The Chair and Vice-Chair should be members of different participating authorities.

Substitutions

2. Substitutes may attend Committee meetings in lieu of nominated members. Continuity of attendance throughout a review is strongly encouraged however.

3. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.

4. Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting

Quorum

5. The quorum of the meeting of the Joint Committee will be 4 members, each of whom should be from a different participating authority.

Voting

6. It is hoped that the Committee will be able to reach their decisions by consensus. However, in the event that a vote is required each member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

7. On completion of a scrutiny review by the Joint Committee, it shall produce a single final report, reflecting the views of all the local authorities involved.

Meetings

8. Meetings of the Joint Committee will normally be held in public and will take place at venues within South East London. The normal access to information provisions applying to meetings of the Overview and Scrutiny committees will apply. However, there may be occasions on which the Joint Committee may need to make visits outside of the formal Committee meeting setting.

9. Meetings shall last for up to two hours from the time the meeting is due to commence. The Joint Committee may resolve, by a simple majority, before the expiry of 2 hours from the start of the meeting to continue the meeting for a maximum further period of up to 30 minutes.

Local Overview and Scrutiny Committees

10. The Joint Committee will encourage its Members to inform their local overview and scrutiny committees of the work of the Joint Committee and any proposals contained within the SEL Integrated Care System.

11. The Joint Committee will invite its Members to represent to the Joint Committee the views of their local overview and scrutiny committees on the work of the SEL ICS and the Joint Committee's work.

Communication

12. The Joint Committee will establish clear lines of communication between the NHS, participating local authorities and itself. All formal correspondence between the Committee, local authorities and the NHS on this matter will normally be administered by officers from the same borough as the Chair.

Representations

13. The Joint Committee will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders.

Support

14. Administrative and research support will be provided by the scrutiny teams of the 6 boroughs working together.

Assumptions

15. The Joint Committee will be based on the following assumptions:-

    (a) That the Joint Health Scrutiny Committee is constituted to carry out overview and scrutiny in relation to planning, provision and operation of health services that cross local authority boundaries in the SEL ICS footprint area and to respond to the work of the Integrated Care System this includes, when required, to respond to any proposals it puts forward and any consultation it may carry out, as well as comment on the public and patient involvement activity in which the NHS has engaged in relation to this matter.

    (b) That the SEL ICS will permit the Joint Committee access to the outcome of any public consultation phase prior to the formulation and submission of the Joint Committee's response to such public consultations.

    (c) Efforts will be made to avoid duplication. The individual health overview and scrutiny committees of individual authorities shall endeavour not to replicate any work undertaken by the SEL ICS JHOSC.

South East London Integrated Care System

NHS South East London

New Health and Wellbeing Boards guidance

Tosca Fairchild

Chief of Staff, NHS South East London Integrated Care Board (ICB)

Health and Wellbeing Boards – updated guidance

On 22 November 2022, the non-statutory guidance **on Health and Wellbeing Boards (HWB)** was updated. It focuses on the role and duties of HWBs in enabling effective system and place-based working and provides clarification about their role within the system.

- The responsibilities of HWBs outlined in the Health and Social Care Act 2012 still stand:
  - Assess the health and wellbeing needs of their local population and **publish a Joint Strategic Needs Assessment (JSNA)**
  - **Publish a Joint Local Health and Wellbeing Strategy (JLHWS)** which sets out the priorities for improving the health and wellbeing of the local population and how the identified needs, including health inequalities, will be addressed
  - **Promote greater integration and partnership working**. The JLHWS should inform joint commissioning arrangements in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans
  - Each HWB also has a separate statutory **duty to develop a pharmaceutical needs assessment** for their area

Integrated care strategies have a focus on activity that can be delivered by systems at system level, while JLHWSs should focus on what can be delivered at 'place' and in communities.

The integrated care strategy is expected to be informed by JSNAs. HWBs will be required to consider revising their JLHWS following the development of the integrated care strategy for their area.

The relationship between HWBs and ICSs

Continuity:

- **HWBs and Local Authorities:** HWBs have been in place since 1 April 2013, though some shadow boards were in operation before then
- **HWBs and pooled and aligned budgets:** HWBs' role in joining up the health and care system and driving integration has not been changed by the establishment of ICBs. HWBs inform the allocation of local resources and this includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area
- **HWBs and ICBs:** The relationships HWBs previously had with former CCGs now continues with ICBs. This includes forward plans (replacing commissioning plans), annual reports and performance assessments

Change:

- **HWBs and ICBs:** The ICB will be represented on the HWB. ICBs will need to ensure that there is the right balance between system-level and place-level working
- **Joint capital resource use plans:** The ICB and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with the HWB - an opportunity to align local priorities
- **HWBs and ICPs:** Each ICP will, as a minimum, be a statutory joint committee of an ICB and each responsible local authority within the ICB's area. The ICP can appoint any other members as it sees fit. HWBs and ICPs are expected to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy

Principles for developing relationships

The guidance recommends that systems build on the work of HWBs to ensure that action at a system-wide level adds value to what is being done at place. **All partners are expected to adopt a set of principles in developing relationships**, including:

- **building from the bottom up**
- following the principles of **subsidiarity**
- having **clear governance**, with clarity at all times on which statutory duties are being discharged
- ensuring that **leadership is collaborative**
- **avoiding duplication** of existing governance mechanisms
- being led by a **focus on population health and health inequalities**

Alongside the HWB, there will be **a continuing role for Health Overview and Scrutiny Committees and the local Healthwatch in the new system**. Guidance sets out the expectations on how HOSCs should work with ICSs to ensure they are locally accountable to their communities.

We support these Boards and Committees and will endeavour to work together with local system partners in line with these best practice principles.

South East London Integrated Care System

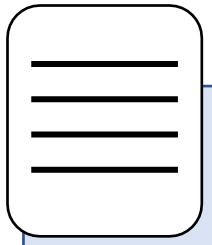
NHS South East London

The Integrated Care Partnership (ICP) strategy

Dr Toby Garrood and Ben Collins

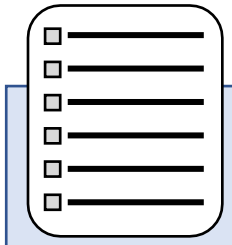
Medical Director and Director of System Development

Requirements for ICSs to develop an integrated care strategy and a five-year NHS system plan



Integrated care strategy

- National requirement for each ICS to develop an integrated care strategy
- To be overseen by our Integrated Care Partnership (bringing together health and local authority leaders)
- The strategy might cover the following:
  - Joining up and integrating care
  - Improving outcomes and tackling inequalities
  - Addresses the wider determinants of health and wellbeing



System plan

- Alongside the strategy, each ICS is also required to develop a five year system plan
- This will be overseen by our Integrated Care Board
- To explain how our system will meet the needs of the population, responding to the Integrated care strategy
- To include ensuring services and performance are restored following the pandemic

Our ambitions and objectives for our integrated care strategy

- Our ambition is to develop a strategy that is different to what has gone before
- We are not trying to replicate what is happening in each borough or provider in our system
- Instead, we want our strategy to hone in on a small number of major opportunities for cross-system change and deliver real impact
- We have sought to develop our strategy in close dialogue with local authority, VCSE and other partners across our system and our communities
- We want to use this process to build our capabilities in partnership and delivering cross system change

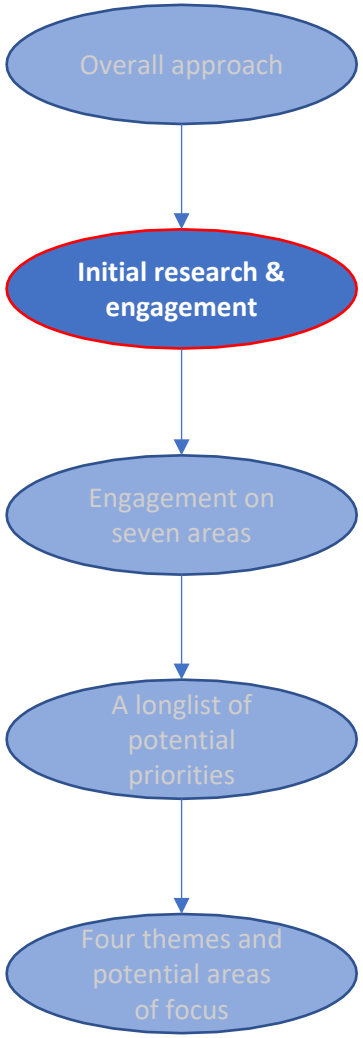
Our engagement approach

Engagement activity	Target Group	Timescales	Outputs
Face to face SEL wide engagement event	100 system leaders – SEL wide health and care leaders, VCSE leaders, Healthwatch	Second half July 2022	Input into prioritisation process
Two online events for service users and partners	Open events for all interested stakeholders	July 2022	Input into prioritisation process
Local Care Partnerships and Provider discussions	Leaders and staff in Local Care Partnerships and Providers	July – August 2022	Input into prioritisation process
First phase of online engagement	All staff and public	July – August 2022	Input into prioritisation process
Targeted engagement with disadvantaged groups	Specific communities we need to engage more closely with.	July- August and Autumn 2022	Input into prioritisation and strategy development
Discussions with HWBBs in our boroughs	Local Authority Leaders	Autumn 2022	Input on vision, prioritisation and approach to priorities
Strategy development workshops (online and face to face)	Leaders, staff and community members from across our system	November 2022	Input into strategy development/ problem solving process
Second phase of online engagement	All staff and public	November – December 2022	Input into strategy development/ problem solving

Our draft vision in summary

Our mission	
Our mission is to help people in south east London to live the healthiest possible lives. We will do this through helping people to stay healthy and well, providing the right treatment when people become ill, caring for people throughout their lives, taking targeted action to address health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.	
Our draft vision – in summary	
1. Health and wellbeing	We want to become as good at protecting health and wellbeing as treating illness. We will need to invest in more coherent, effective and proactive preventative health services. We will need to work in partnership to create healthier environments and support healthier living.
2. Convenient care	We need to make it as easy as possible for people to interact with our services, tackle the long waiting times for some services and offer more convenient and responsive care.
3. Whole person care	We need to bring together professions and services to deliver coherent team-based care. Local people and carers should be able to rely on a single small team of staff who they know and trust to provide most of their care.
4. Tackling health inequalities	We need to target resources at those most in need to tackle gaps in access, quality of care and health outcomes for different social groups. We also need to develop more tailored and culturally appropriate services to better meet the needs of women, minorities and the most disadvantaged people in South East London.
5. Partnership with staff and our communities	We want to empower our staff and work in partnership with our communities to improve care. We also want to use our economic power more systematically to support resilient local communities.
6. Securing our sustainability	We need to deliver effective support for the health and wellbeing of our population whilst living within our financial means and minimising our environmental impact. We need to deliver more efficient care, work together to strip out duplication, and rapidly reduce our carbon emissions in pursuit of ‘net zero’ by 2045.

Our initial research and engagement to frame our discussion on potential strategic priorities



Population health data
As available, recognising that JSNAs are in the process of being updated.

People's stories through the life course
Based on known experiences from ongoing projects and engagement

Themes from working with people and communities
Themes from engagement across the ICS since 2019.

System performance data
The current system performance position as viewed by the ICB.

Potential themes for discussion

Early engagement on this strategy
We asked partners and the public to tell us what themes they wanted to focus on in our initial online events

Themes from other strategies
Previous CCG strategies, Health and Wellbeing Strategies, Trust strategies

Our approach to identifying strategic priorities for cross system action

Test 1: Size of the opportunity	Would addressing this problem or pursuing this opportunity deliver substantial improvements in health and care for our communities?	For example could we significantly improve outcomes, efficiency and address inequalities?
Test 2: Need for collaboration	Is this a problem or opportunity where different parts of our system would really benefit from working together?	For example, are there substantial benefits in pooling knowledge and expertise and joint working? Do different parts of our system need to redesign care together? Do we need to build some shared infrastructure?
Test 3: Feasibility	Is it realistic to believe we could make tangible progress on this area within the next 3 to 5 years?	For example, can we envisage a strategic approach that would allow us to make significant progress? Could we find the will, capabilities and resources to implement it?
Test 4: Strategic coherence	Put together, do our selected priorities add up to coherent consistent, and coordinated approach?	For example, does one priority support another. Do they add up to more than the sum of their parts?

Five initial cross-system strategic priorities

	**Prevention & wellbeing**	How can we become better at preventing ill-health and helping people to live healthy lives?	Ensuring that everyone in SEL receives convenient and effective services for prevention and early detection of disease, including children and adults from our most deprived groups.
	**Children and Young People**	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring that mothers, children and families receive effective pre-natal, postnatal and early years support so that all children in South East London have a healthy start in life.
	**Children and Young People**	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring that children and young people in SEL receive effective early support for common mental health challenges.
	**Adult mental health**	Ensuring that adults across South East London can access effective support to maintain good mental health and wellbeing.	Ensuring effective early support for adults in SEL with common and more serious mental health challenges.
	**Primary care, long term conditions, complex needs**	How can we deliver convenient primary care and well-coordinated, joined up and whole person care for older people and others with long term conditions and complex needs?	Ensuring that people in South East London can access high quality episodic or occasional care from our primary care and urgent care services and that people with long term conditions receive high quality, joined up and convenient care spanning the primary, community and hospital system.

How we plan to enable change

System working	We are focusing on making decisions at the right level, partnership working and cross-system working to address major challenges for our service users.
Allocating our resources	We will explore how we can reallocate resources to deliver our vision and strategic priorities and invest in areas where they will deliver significant benefits for local people.
Developing our leadership and workforce	We will continue to equip leaders and staff with the skills to lead across our system and deliver improvement across organisational boundaries. We want to empower staff across our system to deliver change.
Partnership with our communities	We want to continue the shift to a model of genuine partnership working between health and care professionals, our communities and our service users, building on how we worked together in the pandemic.
Enabling innovation	We want to develop our capabilities in enabling improvement, innovation and transformation to join up care across different services and sectors in our system.
Developing our analytical and digital capability	We will be developing our analytical capabilities and our data infrastructure to make better use of our resources and improve the quality of our services. We will also be building our digital infrastructure to support the delivery of more effective services.

Planned next steps

- Initial publication on our vision, strategic priorities and how we plan to enable change by end January/early February 2022
- Next stage to convene reference groups with experts from across our system (including the VCSE and Healthwatch) to develop our five strategic priorities
- These groups will review the evidence and propose an overall strategic approach and outcomes for each of our priorities and outline next steps in implementing the planned changes
- Further publication later in 2023 on how we plan to take forward our five strategic priorities, setting out the plans agreed following the work of our reference groups
- Review of our enabling strategies in 2023 to ensure that we build the necessary ways of working, workforce, capabilities and infrastructure to deliver our vision and priorities

South East London Integrated Care System

NHS South East London

The Delegation of Dental, Optometry and Pharmacy services (DOPs)

Sarah Cottingham

Executive Director of Planning

The delegation of Dental, Optometry and Pharmacy services from NHS England

- NHS England became responsible for direct commissioning of primary care services on 1 April 2013
- As of 1 April 2021 all CCGs across England had delegated responsibility for the commissioning and contracting of general practice
- From 1 April 2023 NHS England plan to delegate responsibility for the commissioning and contracting to all ICBs the remainder of primary care services - pharmaceutical, general optometry and primary, secondary and community dental services. This is possible under the Health and Social Care Act 2022
- It is envisaged that through the delegation of these functions, ICBs will be able to integrate care and improve population health, as this will provide the opportunity to join up key pathways of care
- There will be a delegation agreement in place between NHSE and the ICB to enable the ICB to take on responsibility for delivering these NHSE functions
- Delegation will not include Section 7A Public Health functions at this time
- Commissioning healthcare for serving members of the Armed Forces and their families registered with defence medical services, veterans' mental health and prosthetic services will remain with NHS England and Improvement
- NHS England and NHS Improvement will maintain reserved functions such as performers list management, and wider aspects of professional regulation
- London ICBs have agreed an operating model and Host ICB arrangements with North East London ICB (NELICB) from 1 April 2023, to ensure the small and expert London team is retained under the new arrangements
- NHSE contracting staff are expected to transfer to NELICB on 1 July 2023

National timeline

July 2022	• Pre-delegation assessment framework (PDAF)* documentation and draft Delegation Agreement for 2023 delegations shared with ICBs
19 Sept 2022	• Deadline to complete and return PDAF documentation to NHS England
Mid-Oct 2022	• National Moderation Panel meeting to review the submissions from each ICB and to make recommendations to the NHS England Board on which ICBs should proceed for delegation
1 Dec 2022	• NHS England Board approval of ICBs taking on POD delegated functions in April 2023
Mar 2023	• Delegation Agreements signed with each ICB and by NHS England
1 Apr 2023	• ICBs assume responsibility for the delegated functions

What are the benefits of delegation?

1 Patient benefits

- Better joined up care
- A better focus on prevention and early intervention
- Better use of clinical resources, accessing the right support from the right service provider

2 Equity

Ability to tackle local health inequalities and fragmented services:

- pathways of care
- access
- quality variation

3 Better value

- Better management of patient demand
- More holistic and integrated approach to care
- Protecting and building workforce resilience
- Improved budgetary management
- More control and influence over the development of local services and greater flexibility in how these services are planned and delivered

What are the challenges of delegation?

1 Contracting arrangements

- We will need to work within the nationally defined and agreed contracts and frameworks which will limited the opportunity for change
- Activity and pricing nationally defined

2 Workforce & relationships

- High number of vacancies in NHS dental services
- 91% of pharmacies currently have vacancies
- Low morale
- Need to invest in leadership development
- Need to develop relationships between ICB and some services

3 Demand and Access

- Access issues for residents to NHS dental services
- Post covid significant backlog of demand for dental services out stripping capacity
- Shortage of community pharmacists impacting on service to residents

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Joint Health Overview and Scrutiny Committee (JHOSC)

Report title- JHOSC Work Programme Report

Date: 19 January 2023

Outline and recommendations

This report asks the members of the Joint Health Overview and Scrutiny Committee (JHOSC) to discuss & agree priorities for the committee's work programme.

The Committee is asked to:

- Discuss the committee's priorities and the strategic issues that impact all of South-East London (SEL) and then to recommend items for the Committee's work programme.
- Ensure that the topics that are selected for discussion are appropriate for South East London level scrutiny, can add value, and do not duplicate scrutiny activity happening within individual participating authorities.
- Note opportunities for scrutiny between formal meetings.

1. Summary

1.1. This report asks members to discuss and agree priorities for the committee's work programme for the year ahead.

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

2. Recommendations

2.1. The Committee is asked to:

- Discuss the committee's priorities and strategic issues that impact all of SEL and then to recommend items for the Committee's work programme.
- Ensure that the topics that are selected for discussion are appropriate for South East London level scrutiny, can add value, and do not duplicate scrutiny activity happening within individual participating authorities.
- Note opportunities for scrutiny between formal meetings.

3. The Committee's Work Programme

3.1. After the significant formal changes brought about by the Health and Care Act 2022 and the placement of Integrated Care Systems on a statutory footing, there have been changes to the role of the JHOSC. Therefore, the work programme of the Committee needs to allow for greater scrutiny of the wider, system level issues that relate to the planning, provision and operations of health services across the ICS footprint area.

3.2. The Committee has a key role in having oversight of, and scrutinising, the health of the overall system including how the ICB and ICP work together, and in reviewing how system-wide plans and strategies will be operationalised and whether outcomes are being delivered at system level.

3.3. The Work Programme will cover formal and informal meetings and can also include information updates that can be circulated by email.

3.4. It has been agreed that the committee will have two formal meetings a year to undertake deep dives into strategic issues that impact all of South-East London. Alongside these two formal meetings, the JHOSC can also have informal meetings that will provide an opportunity to receive updates, discuss the work programme and discuss local health matters more informally.

3.5. The Committee should assess what is the most effective way for receiving information on / considering issues of interest. This could be scrutinising the issue at a formal meeting, discussing it in an informal meeting or receiving a written update that is circulated to Members by email.

3.6. This report asks the members of the Committee to discuss the priorities of the JHOSC, consider the key services and programmes within the committee's remit, and recommend items for the Committee's work programme.

3.7. Members of the JHOSC will need to ensure that the topics selected for discussion are appropriate for South East London level scrutiny. In other words, those matters where the joint Committee is the best way of considering how the needs of a local population, which crosses council boundaries, are being met.

3.8. For each item on the work programme, the Committee should clearly define the information and analysis it wishes to see in the officer reports.

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

4. Financial implications

4.1. There are no direct financial implications arising from this report. When items for the Committee's work programme are agreed, those items may have financial implications, and these will need to be considered as part of the reports on those items.

5. Legal implications

5.1. There are no direct legal implications arising from this report. When items for the Committee's work programme are agreed, those items may have legal implications, and these will need to be considered as part of the reports on those items.

6. Equalities implications

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

6.2. There are no direct equalities implications arising from this report. When items for the Committee's work programme are agreed, those items may have equalities implications, and these will need to be considered as part of the reports on those items.

7. Climate change and environmental implications

7.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report. Items on the work programme may have climate change and environmental implications and reports considered by the Committee should acknowledge this.

8. Crime and disorder implications

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

9. Health and wellbeing implications

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

10. Report author and contact

If you have any questions about this report please contact the Scrutiny manager (Lewisham Council):

Nidhi Patil, 020 8314 7620, Nidhi.Patil@lewisham.gov.uk

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