

Cabinet

Tuesday 4 February 2020

4.00 pm

Ground floor meeting room, 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)
Councillor Rebecca Lury

Councillor Evelyn Akoto
Councillor Jasmine Ali
Councillor Stephanie Cryan
Councillor Richard Livingstone

Councillor Victoria Mills
Councillor Leo Pollak

Councillor Johnson Situ
Councillor Kieron Williams

Portfolio

Leader of the Council
Deputy Leader and Cabinet Member for
Culture, Leisure, Equalities and Communities
Community Safety and Public Health
Children, Schools and Adult Care
Jobs, Business and Innovation
Environment, Transport and the Climate
Emergency
Finance, Performance and Brexit
Social Regeneration, Great Estates and New
Council Homes
Growth, Development and Planning
Housing Management and Modernisation

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Contact

Virginia Wynn-Jones 020 7525 7055 or Paula Thornton 020 7525 4395

Or email: virginia.wynn-jones@southwark.gov.uk; paula.thornton@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Councillor Peter John

Leader of the Council

Date: 27 January 2020



Cabinet

Tuesday 4 February 2020
4.00 pm

Ground floor meeting room, 160 Tooley Street, London SE1 2QH

Order of Business

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PART A - OPEN BUSINESS

MOBILE PHONES

Mobile phones should be turned off or put on silent during the course of the meeting.

1. APOLOGIES

To receive any apologies for absence.

2. 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 clear working days of the meeting.

3. NOTICE OF INTENTION TO CONDUCT BUSINESS IN A CLOSED MEETING, AND ANY REPRESENTATIONS RECEIVED

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To note the items specified which will be considered in a closed meeting.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

Item No.	Title	Page No.
5.	PUBLIC QUESTION TIME (15 MINUTES)	
	To receive any questions from members of the public which have been submitted in advance of the meeting in accordance with the cabinet procedure rules. The deadline for the receipt of a public question is midnight Wednesday 29 January 2020.	
6.	MINUTES	2 - 13
	To approve as a correct record the minutes of the open section of the meeting held on 21 January 2020.	
7.	DEPUTATION REQUESTS	
	To consider any deputation requests. The deadline for the receipt of a deputation request is midnight Wednesday 29 January 2020.	
8.	SOUTHWARK RESIDENT PARTICIPATION FRAMEWORK	14 - 65
	To note feedback from the resident involvement review consultation and agree related recommendations.	
9.	REVIEW OF GRENFELL INQUIRY PHASE 1 RECOMMENDATIONS	66 - 75
	To note the contents of the report.	
10.	ENVIRONMENT SCRUTINY COMMISSION REPORT ON THE CLIMATE EMERGENCY ROAD MAP - CABINET RESPONSE	76 - 86
	To note the recommendations made by the environment scrutiny commission and agree the response. To also agree that the recommendations of the commission, and response from cabinet will form part of the consultation on the climate strategy when it is published.	
11.	UPDATE TO THE FAIRER FUTURE PROCUREMENT FRAMEWORK AND THE UNITE CONSTRUCTION CHARTER	87 - 94
	To agree support to the Unite Construction Charter.	
12.	66 LINDEN GROVE, LONDON SE15 3LL	95 - 105
	To approve the appropriation of the land to facilitate the carrying out of the development proposals for the area.	

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| 13. | SECTION 75 AGREEMENT 2019-20 - BETTER CARE FUND POOLED BUDGET | 106 - 183 |
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To approve the proposed pooled budget agreement between the council and the clinical commissioning group under section 75 of the National Health Services Act 2006.

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| 14. | GATEWAY 1 - CHILDREN'S RESIDENTIAL CARE AND INDEPENDENT FOSTERING AGENCIES (IFA) | 184 - 201 |
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To approve the procurement strategy for the delivery of children's residential care and Independent Fostering Agencies (IFAs), via the West London Alliance's Framework for a period of 3 years with a start date of March 2020.

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| 15. | GATEWAY 2 - CONTRACT AWARD APPROVAL: LOCAL COMMUNITY OFFER (VCS HUBS) | 202 - 216 |
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To approve the award of Lot 2 contract for the local community offer (information and support hub) for older people and their carers to Age UK Lewisham and Southwark for a period of three years from 1 June 2020 with an option to extend for a further two years (1+1).

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

OTHER ITEMS

The following item is also scheduled for consideration at this meeting.

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| 16. | POLICY AND RESOURCES STRATEGY 2020-21 |
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EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the cabinet wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure Rules of the Constitution."

PART B - CLOSED BUSINESS**17. MINUTES**

To approve as a correct record the minutes of the closed section of the meeting held on 21 January 2020.

18. GATEWAY 2 - CONTRACT AWARD APPROVAL: LOCAL COMMUNITY OFFER (VCS HUBS)

DISCUSSION OF ANY OTHER CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT

Date: 27 January 2020



NOTIFICATION OF CLOSED BUSINESS FOR URGENT CONSIDERATION BY AN EXECUTIVE DECISION MAKING BODY

The required 28 days notice relating to a decision likely to be considered in closed session has not been given on the forward plan in respect of the decision detailed in this document. The matter is considered to be urgent and cannot be reasonably deferred for a further 28 days to enable the required notice to be given. Details of the issue are set out below.

Note: This notice applies to meetings of the cabinet, cabinet committee or community councils considering an executive function.

DECISION MAKER

Name of decision maker: Cabinet

Date of meeting: 4 February 2020

LEAD OFFICER DETAILS

Name and contact details: Genette Laws on 020 7525 3460
or email: Genette.laws@southwark.gov.uk

DETAILS OF THE REPORT

Title and brief description of the nature of the business to be considered:

Gateway2: Contract Award Approval: Local Community Offer (VCS Hubs) Closed report

Contract award decision about information, advice and guidance for vulnerable people.

What is the potential cost to the council if the decision is delayed?

Delay in benefits realisation related to vulnerable adults receiving timely and high quality information, advice and guidance to promote prevention or early intervention.

How long has the department known the decision required a closed report?

5 days.

Virginia Wynn-Jones
For Proper Constitutional Officer
Dated: 27 January 2020



Cabinet

MINUTES of the OPEN section of the Cabinet held on Tuesday 21 January 2020 at 4.00 pm at the Council Offices, 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
Councillor Rebecca Lury
Councillor Evelyn Akoto
Councillor Stephanie Cryan
Councillor Richard Livingstone
Councillor Victoria Mills
Councillor Leo Pollak
Councillor Johnson Situ
Councillor Kieron Williams

1. APOLOGIES

Apologies for absence were received from Councillor Jasmine Ali and apologies for lateness from Councillor Evelyn Akoto.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

The chair gave notice of the following late items:

- Item 7: Deputation requests
- Item 17: Policy and Resources Strategy 2020-21
- Item 18: Impact of Brexit on Southwark – Progress Report.

Reasons for urgency and lateness will be specified in the relevant minute.

3. NOTICE OF INTENTION TO CONDUCT BUSINESS IN A CLOSED MEETING, AND ANY REPRESENTATIONS RECEIVED

No representations were received in respect of the items listed as closed business for the meeting.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Johnson Situ declared a non-pecuniary interest in respect of Item 10: Walworth Community Development Support, as chair of the trustees of the Creation Trust.

5. PUBLIC QUESTION TIME (15 MINUTES)

None were received.

6. MINUTES

Update on item 9: Kingswood QHIP external wall insulation proposals report from overview and scrutiny committee report considered by cabinet 17 December 2019

Councillor Kieron Williams, cabinet member for housing management and modernisation, provided an update for cabinet on this item considered on 17 December 2019 by advising that an independent expert had been appointed to look at external wall insulation in particular. The expert would complete a report which would be provided to residents as soon as completed.

RESOLVED:

That the minutes of the open section of the meeting held on 17 December 2019 be approved as a correct record and signed by the chair.

7. DEPUTATION REQUESTS

RESOLVED:

That the deputation from the Be Active Social Enterprise be heard.

The Be Active Social Enterprise expressed concern to cabinet about progress regarding a long-term tennis plan for the borough following their previous petition and deputation to cabinet.

Councillor Rebecca Lury, deputy leader and cabinet member for culture, leisure, equalities and communities, confirmed that a number of outstanding issues needed to be resolved and agreed to meet with the deputation and relevant officer to discuss these matters.

8. FAITH STRATEGY ACTION PLAN

Sis Sheeba Levi-Stewart, the Rastafari Movement UK; Siriol Davies, Interfaith Advisor; Violet Hinrichs, Local Spiritual Assembly of the Baha'is; Archdeacon Dr Jane Steen, Diocese of Southwark; Hajia Saidat Oketunde, Muslim Association of Nigeria and Sis Stella Headley, Director of the Rastafari Movement UK were also in attendance to provide their input.

RESOLVED:

1. That the faith strategy action plan be adopted.
2. That it be noted that the Southwark Way of Working shared values around *'treating every resident as if they are a member of your own family'* are vital in building trust and removing barriers between faith communities and the council be noted. Closer and more collaborative working will ensure that we are on a journey towards more open and deeper conversations.
3. That it be noted that the new approach to engagement will be embedded in the delivery of the action plan through *'putting people at the heart of the engagement processes'*. This means that we will seek to understand the lived experience of faith communities and be open to their views and comments about the strengths and weaknesses of approaches and interventions contained within the action plan.
4. That it be noted that the action plan will work through the relationships above to achieve its aspirations of building trust, releasing potential and greater collaboration through an asset based community development approach. In the first instance this will mean raising awareness of this approach and continuing to map the skills and resources of faith communities.
5. That it be noted that in celebrating our diversity and providing a space for the expression of faith leaders and their communities there is greater opportunity for them to realise their potential. This growth and confidence provides a strong foundation for the birth of 'champions' and 'ambassadors' that can work with the council and the voluntary and community sector.
6. That it be noted that the faith strategy action plan will deliver the recommendations of the faith strategy as follows:
 - (i) **Celebrate faith and diversity of faith organisations in the borough** through connecting faith communities both with each other and the council and the voluntary and community sector. We will help to promote the expression of faith through using existing opportunities within faith communities who are working together on cross cultural and faith celebrations including the boroughs participation in Inter-faith week and Peace Week.
 - (ii) **Support faith organisations and their approaches to supporting individuals who are a part of their congregations** by finding out how we can better support faith communities' activities and projects. This could include the development of tailored learning programmes and raising awareness of council policies and procedures. The council can also work through an enabling role and increasing access to information, training and shared learning around safeguarding, equalities and funding avenues.
 - (iii) **Improve the lives of Southwark residents** through embedding a culture and practice of 'faith navigators' to improve the signposting and referral to services. In increasing the knowledge and awareness of faith communities residents can be helped and supported more quickly and effectively without being directed to the wrong departments. The sharing of information and intelligence at a neighborhood level through joint working can also help to improve outcomes

for residents and support for families especially those from migrant communities that faith communities are instrumental in providing support for.

- (iv) **Support the council in delivery of key pieces of work** through identified areas of collaboration and co-production such as the outcomes from the Faith and Health Challenge and safeguarding concerns. This can be achieved through the activation of health and wellbeing champions around areas such as mental health, and sexual exploitation as well as improving the knowledge and awareness of good safeguarding practices. This also delivers an opportunity for faith communities to become more widely connected with wider groups such as the Clinical Commissioning Group (CCG), South London and Maudsley (SLaM) and colleagues working on serious youth violence, child criminal exploitation and child sexual exploitation.
- (v) **Improve the way in which the council is able to reach significant numbers of its residents** through faith leaders and their congregations. The strategy highlighted that some migrant community congregations had between 50 – 200 members and some Pentecostal congregations up to 100 and 200 or more members. The nature and function of many faith communities is often ‘mission focused’ where their values and aspirations include reaching anyone in their areas and particularly the most vulnerable and isolated. Faith communities are heavily involved in work around social action supporting families, black, Asian and minority ethnic (BAME), migrant communities and those that are the poorest financially. Working with faith communities enables to the council to extend its engagement reach through these channels.
- (vi) **Ensure that the council is aware of the challenges that their worshippers face** such as housing, debt, children/young people, food poverty, anti-social behaviour, educational achievement and homelessness. The strategy also highlights 3 key areas of challenge when working with the council around the areas of planning, parking and premises. Faith communities also said that they need support around increasing their levels of understanding around funding, project management, governance and how to better support families particularly asylum seekers and migrants. We will work with faith communities to develop a better understanding of council policies and procedure and work to develop more innovative solutions around sharing available space and exploring other community assets.
- (vii) **Support social integration and community cohesion in our neighbourhoods** through wider engagement at an early stage between faith communities and the council to mitigate any adverse community impacts. The Planning department has been working more closely with faith communities around regeneration proposals on the Old Kent Road and providing opportunities to both shape and connect plans. The New Approach to engagement commits the council to a reflective approach and to continue to identify lessons learned from previous regeneration projects.

Faith communities have also played an active role in delivering reassurance messages in the aftermath of tragedy. Sometimes this involves actively being the ‘voice’ of an entire neighbourhood or the whole borough but more usually it is the steady quiet work of support at a micro level for families, the lonely, homeless and migrant communities.

(viii) **Organising with Southwark Faith Leaders two conferences a year for faith communities** that will allow participants to showcase their work and take advantage of networking opportunities. The first conference - had a focus on '*youth violence working together for solutions*' was held on 25 September was attended by 120 people including 71 faith group leaders and 14 social action and migrant community groups, with links with Southwark faith groups.

(ix) **Working with council departments using the feedback from the conference sessions to address the challenges faith organisations identified.** The notes from the two workshops of the first conference have been shared with all participants and have been used to populate the faith action plan around the timescales and the responsibility of the delivery of key outcomes.

Two members of the steering group attend a task and finish group on serious youth violence led by the cabinet member for community safety and public health and the council will be commissioning the delivery of information workshops in faith settings for faith leaders their congregations and young people.

One of the questions that the panel was asked was about the council's response to homelessness. After the conference all participants received a summary of the 2018-2022 strategy and the progress on the updated action plan. A link to information on referrals, advice and support for housing needs with an offer for the councils team working on this area to attend the faith strategy steering group to support training and information needs.

(x) **Continuation of work with the Steering Group to deliver the strategy recommendations and monitor progress.** We will continue to support the steering group through chairing meetings and working with them to develop conference themes and discussions around progress of the work plan. Currently we are working on the diversification of the members of the steering group to include smaller and newer faith community leaders. While we received some interest at the faith conference we are adopting a much more intentional approach through targeting specific faith leaders.

(xi) **Continue to talk and to grow the breadth and depth of our relationships with communities of faith so we continue to involve a wider network of faith organisations and diversity of faith groups.** The faith strategy action plan will seek to implement key principles around asset based community development. This involves first promoting the knowledge and understanding of this approach and secondly mapping both needs and assets in order to co-ordinate resources more effectively. This approach will build and strengthen relationships around meeting common outcomes through goodwill and sharing.

We will continue to extend our reach to those faith communities that have not previously engaged and work with those that have cited specific barriers around engagement. It is envisaged that through a more diverse steering

group and progress against the delivery of the action plan will open the way to a wider network of relationships.

9. HOUSING REVENUE ACCOUNT BUDGET - FINAL RENT-SETTING AND BUDGET REPORT 2020-21

Cabinet considered the results of the consultation as set out in Appendix F of the report. In respect of the concerns raised by the Tenant Council about garage charges for private sector renters, it was requested that these be reviewed as part the 2021-22 rent setting process.

RESOLVED:

1. That a rent increase of 2.7% for all directly and tenant managed (TMO) housing stock within the housing revenue account (HRA) (including estate voids, sheltered and hostels) with effect from 6 April 2020 be agreed. This is in accordance with the provisions of the Rent Standard 2020.
2. That with regard to other HRA-wide charges, the tenant service charges, comprising estate cleaning, grounds maintenance, communal lighting and door entry maintenance be increased as set out in paragraph 17 of the report with effect from 6 April 2020 .
3. That an increase of 2.7% be made to sheltered housing service charges as set out in paragraph 18 of the report with effect from 6 April 2020.
4. That charges for garages and other non-residential facilities be increased as set out in paragraph 19 of the report with effect from 6 April 2020.
5. That there be no increase to district heating and hot water charges as set out in paragraph 20 of the report with effect from 6 April 2020.
6. That the HRA budget proposals set out in the report be agreed and that it be noted that these changes to ensure a balanced budget is set as required by statute.
7. That the commitments made in December 2019 to ensure that savings made are primarily based on efficiencies be affirmed, and that where staffing reductions form part of any said savings, that due consultation and process is followed with trade unions.

10. WALWORTH COMMUNITY DEVELOPMENT SUPPORT

Representatives from the Creation Trust were also in attendance to provide their input.

RESOLVED:

1. That the successes of Creation Trust and the valued input of current and previous Board members be noted.
2. That annual funding of £100,000 to the Creation Southwark Community Interest Company for housing advice of the council tenants and those in temporary

accommodation on the Aylesbury Estate from 2020-21 and throughout the remaining life of the rehousing programme be approved.

3. That the revised cash flow of council funding for Creation as set out in paragraph 5 of the report be approved.

Councillor Evelyn Akoto arrived in the meeting at 4.55pm.

11. ELEPHANT AND CASTLE BAKERLOO LINE EXTENSION

RESOLVED:

1. That an additional capital budget of £7,500,000 to the council's capital programme to safeguard the future provision for the Bakerloo Line Extension: to the proposed new Northern line ticket hall and station box to provide an integrated interchange, as detailed in the report, be approved.
2. That it be noted that the Transport for London Investment Group has confirmed a matching funding contribution of £7,500,000 towards the scheme.

12. OLD KENT ROAD SOCIAL REGENERATION CHARTER

RESOLVED:

1. That the Old Kent Road Social Regeneration Charter (OKRSRC) attached as Appendix 1 to the report which includes the following three goals and subsequent ten promises as emerging priorities be agreed:
 - A healthy, connected and sustainable future for all
 - High Quality Homes and Amenities for all
 - A Vibrant Local business and cultural economy that works for everyone.
2. That a review be submitted to cabinet in 12 months time.

13. NEIGHBOURHOOD PLANNING - PLAN TO BE MADE A MATERIAL CONSIDERATION IN PLANNING DECISIONS RELATING TO THE DESIGNATED NEIGHBOURHOOD AREA

RESOLVED:

That the Southbank and Waterloo Neighbourhood Plan be made so it becomes part of the council's development plan and is a significant consideration in all planning decisions relating to the designated neighbourhood area.

14. PUBLIC SPACE PROTECTION ORDER REVIEW - TO TACKLE DOG RELATED ANTI-SOCIAL BEHAVIOUR

RESOLVED:

1. That the Public Space Protection Orders (PSPOs) be approved to continue without variation until March 2021.
2. That the findings of the review of the Public Space Protection Orders (PSPOs) to tackle dog related anti-social behaviour (ASB) be noted.
3. That it be noted that a further review of the PSPO to tackle dog related anti-social behaviour will be conducted in September 2020, with a view to extending or varying the PSPO by 31 March 2021.

15. GATEWAY 2 - CONTRACT AWARD APPROVAL FOR SOUTHWARK HIGHWAYS WORKS CONTRACTS

Note: In line with the Public Contract Regulations all tenderers need to be informed of the award decision at the same time. A formal offer of contract can not be made until the scrutiny call-in period and Alcatel standstill period following the cabinet decision has expired. Therefore, to prevent the possibility of a challenge, the names of all tenderers, the preferred tenderer and prices must remain confidential.

RESOLVED:

1. That the award of the Southwark Highways Works Contracts in two lots commencing 1 July 2020 for an initial duration of five years and nine months, with an option for the council to extend for up to two further years be approved, as follows:
 - Lot A – Maintenance (for small scale reactive repairs) to Contractor A.
 - Lot B – Projects (for planned renewal / improvement projects) to Contractor A.

16. GATEWAY 2 - CONTRACT AWARD APPROVAL - PARKING AND TRAFFIC ENFORCEMENT AND ASSOCIATED SERVICES CONTRACT

RESOLVED:

That the award of a new parking and traffic enforcement and associated services contract to Contractor A which will commence on 1 April 2020, for a period of 4 years until 31 March 2024 with two possible 3 year extensions until 31 March 2030 be approved.

17. POLICY AND RESOURCES STRATEGY 2020-21

The report had not been circulated five clear days in advance of the meeting. The chair agreed to accept the report as urgent as the council were committed to publishing budget proposals at the earliest possible opportunity to ensure they were available to the public

for comments and questions. Presenting this report to cabinet on 21 January gives the opportunity for debate prior to presentation of budget figures to cabinet on 4 February 2020. Under the council's constitution, there is a requirement for the overview and scrutiny committee to review and challenge budget proposals and this is due to take place on 27 and 29 January 2020.

RESOLVED:

1. That it be noted that the provisional local government finance settlement published on 20 December 2019 was unchanged from that forecast in the report to cabinet on 17 December 2019 (paragraphs 25-28 of the report).
2. That it be noted, as reported to cabinet on 17 December 2019 and recognising the continued uncertainty for local government funding, the intention remains for the council to prepare a balanced one-year 2020-21 budget for approval by cabinet in advance of council assembly on 26 February 2020 (paragraph 24 of the report).
3. That the current budget options proposed to help achieve a balanced budget 2020-21 (Appendices B to E of the report) be noted.
4. That the proposed increase in the adult social care precept of 2% in line with the government flexibility be noted.
5. That the proposed increase to the Southwark element of the council tax in line with the government threshold by 1.99% in recognition of the spending pressures in services, particularly those that protect and support vulnerable people (paragraph 56 – 57 of the report), be noted.
6. That the budget proposals for 2020-21 contained within the report be noted that include:
 - Estimated general grant resources of £152.317m, an increase of £2.442m from 2019-20
 - Additional grant income of £11.095m, including increased social care grant of £7.332m
 - Estimated retained business rates growth of £24.739m (paragraph 59 of the report), a decrease of £1.261m over 2019-20 (paragraph 63 of the report)
 - Estimated council tax revenue of £117.849m, including growth in the tax base of £2.795m and additional income of £4.522m generated from increasing council tax by 3.99% (including 2% adult social care precept)
 - A net brought forward deficit on the collection fund, after application of the 2019-20 Pooling Benefit, chargeable to the 2020-21 budget of £0.612m
 - Pay award and contractual inflation of £3.919m (excluding children's and adult services)
 - Retention of the contingency budget in the sum of £4m to mitigate underlying budget risks (paragraph 78 of the report).
7. That the current budget options proposed to help achieve a balanced 2020-21 budget (Appendices B to D of the report) be noted including:
 - Efficiency savings of £5.964m

- Income generation of £2.376m
 - Savings impacting on services of £0.420m.
8. That it be noted that in order to ensure that the base budget is on a secure financial footing a number of commitments are proposed for 2020-21 totalling £19.805m, including £7.332m for children's and adult's services (paragraph 85 of the report).
 9. That it be noted that the current budget proposed for 2020-21 is balanced after the incorporation of updated proposals and a 3.99% council tax increase.
 10. That the dedicated schools allocation of £332.7m and the continued deficit on high needs provision (paragraphs 46-49 of the report) be noted.
 11. That the performance of the London Business Rates Pool arrangement in 2019-20 (paragraphs 69-72 of the report) be noted.
 12. That the allocation of an additional £0.250m for the Positive Futures Fund funded from the London Devolution Reserve (paragraph 69 of the report) be approved and the unallocated London devolution Pool resources of £1.286m from 2018-19 be noted.
 13. That the ongoing negotiations regarding the continuation of the London Business Rates Pool arrangement into 2020-21 (paragraph 71 of the report) be noted and that authority be delegated to the strategic director of finance and governance, in consultation with the head of legal services, to make any amendments as may required by the Secretary of State, and to enter into the final Memorandum of Understanding on behalf of the council.
 14. That the departmental narratives (Appendix A of the report) and the equality analyses provided for the budget proposals be noted.
 15. That it be noted that this report will be considered by overview and scrutiny committee on 27 and 29 January 2020 and that any recommendations arising will be incorporated into the final report to cabinet on 4 February 2020 for recommendation to council assembly on 26 February 2020 (paragraph 95 of the report).

18. IMPACT OF BREXIT ON SOUTHWARK - PROGRESS REPORT

The report had not been circulated five clear days in advance of the meeting. The chair agreed to accept the report as urgent as cabinet had requested a further progress report on Brexit impact and preparedness ahead of a further cross-party Brexit panel which is planned to take place on the 4 February 2020.

RESOLVED:

Decisions of the Cabinet

1. That the passage of the EU Withdrawal Bill be noted and that it also be noted that the UK will leave the EU on 31 January 2020 and commence the 11-month transition period.

2. That progress on ongoing local work in preparing for EU exit be noted and that the latest Brexit Risk Register be agreed for publication as set out in Appendix 1 of the report and officers be instructed to continue to keep the register under monthly review.
3. That the cross-party Brexit panel be reconvened for 4 February 2020, in the light of latest information available on EU exit.

Decision of the Leader of the Council

4. That future decisions on the £300,000 Brexit fund be delegated to the cabinet member for finance, performance and Brexit in consultation with the strategic director of finance and governance.

EXCLUSION OF PRESS AND PUBLIC

That the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in category 3 of paragraph 10.4 of the Access to Information Procedure Rules of the Constitution.

The following is a summary of the decisions taken in the closed part of the meeting.

19. MINUTES

The minutes of the closed section of the meeting held on 17 December 2019 were approved as a correct record and signed by the chair.

20. GATEWAY 2 - CONTRACT AWARD APPROVAL FOR SOUTHWARK HIGHWAYS WORKS CONTRACTS

The cabinet considered the closed information relating to this item. Please see item 15 for the decision.

21. GATEWAY 2 - CONTRACT AWARD APPROVAL - PARKING AND TRAFFIC ENFORCEMENT AND ASSOCIATED SERVICES CONTRACT

The cabinet considered the closed information relating to this item. Please see item 16 for the decision.

The meeting ended at 5.30 pm.

CHAIR:

DATED:

DEADLINE FOR NOTIFICATION OF CALL-IN UNDER SECTION 17 OF THE OVERVIEW AND SCRUTINY PROCEDURE RULES IS MIDNIGHT, WEDNESDAY 29 JANUARY 2020.

THE ABOVE DECISIONS WILL NOT BE IMPLEMENTABLE UNTIL AFTER THAT DATE. SHOULD A DECISION OF THE CABINET BE CALLED-IN FOR SCRUTINY, THEN THE RELEVANT DECISION WILL BE HELD IN ABEYANCE PENDING THE OUTCOME OF SCRUTINY CONSIDERATION.

Item No. 8.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		Southwark Resident Participation Framework	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Kieron Williams, Housing Management and Modernisation	

FOREWORD – COUNCILLOR KIERON WILLIAMS, CABINET MEMBER FOR HOUSING MANAGEMENT AND MODERNISATION

This report sets out wide ranging actions to strengthen the way the council works with the people who live in our council homes. These changes will open up our approach to resident participation so everyone who lives in a council home can get involved. They will also shift the resources we put into resident participation back to the grassroots, giving our residents more support and funding to do the things they want to do to improve their local estates and communities.

These changes are part of our commitment to make all of our homes and estates great places to live. Achieving that aim is a joint endeavour between the council and the people who live in our homes. Only by working together can we ensure our housing services work for our residents, our homes are in good condition, our estates are safe, clean and cared for, and our local communities are supported to prosper and thrive. That's why we want every resident to feel they can get involved.

Tenants and residents associations (TRAs) will continue to be at the heart of our approach. Southwark has a long and proud history of residents working together through TRAs to improve the homes and lives of the people on their estate. We will work with our TRAs to substantially improve the support they receive, making it easier for them to get funding and providing them with better training, information and officer support, as well as more support to set up new TRAs where one does not exist. Where it is right for residents we will also continue to support them to manage their own estate through a Tenant Management Organisation.

We will also open up our resident participation structures. Everyone who lives in a council home will now be able to get involved in their Local Housing Forum and a much wider range of people will be able to participate in our resident working groups that look in-depth at key housing issues. We will launch a new online residents panel so that hundreds more of our residents can actively help to shape our housing services as well as retaining Southwark wide elected tenant and homeowner forums. We will give residents the right to put issues on the work plan of the council's housing scrutiny commission, with residents represented on the commission too. And we will launch a £900,000 Resident Participation Fund with half the money going direct to grassroots activity and the rest funding independent support and advice services, free training and wider support for our residents.

In making these changes our aim is to grow the number and diversity of our residents who are actively involved in shaping the council's housing services and improving their estates and community and to enable them to be more effective at both. We want to be sure these changes achieve that aim so we will undertake a full evaluation after the first year to make sure we have got it right and to identify improvements we can make.

RECOMMENDATIONS

That cabinet notes:

1. The feedback from the Resident Involvement Review consultation which ran between July to October 2019 and had over 1,120 responses and can be found in Appendix 1.

That cabinet agrees:

2. The actions to reaffirm and further strengthen the council's support for Tenants and Residents Associations (TRAs), including to work with TRAs to agree a joint plan to update and enhance the support available to them, as set out in paragraph 40.
3. To establish a new Residents Participation Fund (RPF) with an annual budget of £900,000 that directs more resources to grassroots resident involvement activities that benefit people living in council homes, as set out in paragraph 87, 88 and 89.
4. The updated Resident Participation Framework, including Local Housing Forums, a new digital Residents Panel, Southwark wide Tenants and Homeowners Forums, and a programme of Resident Working Groups to look in depth at issues of most interest to residents, as set out in paragraphs 50 and 58.
5. The actions to give council tenants and homeowners a central role on the council's housing scrutiny commission as a further way to hold the council's housing services to account, as set out in paragraphs 64 and 65.
6. The actions to reaffirm and further strengthen the council's support for tenant management, as set out in paragraph 76.
7. To extend the existing grants for independent tenant and homeowner support and advice services provided by Southwark Group of Tenants Organisations and the Citizens Advice Bureau for a further six months to the 31 September 2020 to allow time for the procurement of contracts for these services.
8. The implementation timeline for the above changes, as set out in Appendix 2.
9. That a review of the new Resident Participation Framework be undertaken after the first year in order to assess its effectiveness and whether any adjustments are needed, with a report back to cabinet by September 2021.

BACKGROUND INFORMATION

10. Southwark Council is the largest local authority landlord in London with over 53,000 council rented, leasehold and freehold homes across the borough. The council's relationship with our tenants and homeowners is especially important to the council. It is also governed by statute, requiring the council to consult our tenants and homeowners on matters of housing management. Continuing to improve the way the council's do this is a key commitment in the council's 2018-22 Council Plan which sets out the council's pledge to work with tenants, residents and homeowner to find new ways to engage so that more people can have their say.
11. In taking forward this commitment the council is building on a long tradition of resident participation in Southwark. Our borough has a long established tenants' movement, with the majority of council homes covered by a Tenants and Residents Association

(TRA) as well as over 4,600 homes that are directly managed by tenants and residents through Tenant Management Organisations (TMOs). The council also has a long standing tenant and homeowner consultation structure, including Area Housing Forum and Tenants and Homeowners Councils. Southwark also has a long standing independent tenants' federation, Southwark Group of Tenants Organisations (SGTO), who the council funds to support tenants and residents groups within the borough, including through the provision of training, information and advice. The proposals set out in this report seek to update and strengthen these arrangements.

The need to update the council's approach to resident participation

12. The council's current approach to resident participation has been in place for many years. In that time there have been considerable changes in both the way housing services are delivered and the way that residents tell the council they want to be involved. Best practice advice from the Local Government Association and others recommends that councils review their resident participation arrangements regularly to ensure they work well. This had not happened in Southwark for a number of years so it is right that the council reviews and updates them. This is even more the case as in recent years residents involved in the current structures have raised concerns with the council that the current approach is not working as well as it needs to. In particular this review has sought to identify how the council can address a number of key issues:
 - a) **Involving more people:** Whilst a substantial number of people are involved in the current structures, including many who have years of experience of working to improve council homes and estates, the total number of people actively involved remains small in comparison to the over 100,000 people who live in a Southwark council home. Some groups of people are particularly underrepresented including young people and families with children. A further important concern is that the current resident consultation structure excludes some residents from direct representation as those living in the near 40% of council homes which are not covered by a TRA, are not able to elect representatives to Area Housing Forums and therefore in turn are not represented at Tenants Councils.
 - b) **Providing more ways to get involved:** Increasingly people want to get involved in all aspects of life in a range of different ways. The council's existing representative structures work well for some but not all of our residents. It is therefore important that we look at how we can compliment this type of engagement with more open opportunities to get involved so that everyone who wants to has a chance to have a say. That includes using online and digital channels that appeal to many residents, including many younger people and those not able to attend regular meetings.
 - c) **Increasing support for the grass roots:** Most residents who are involved in improving our council housing services and life on our estates do so through local activity with fellow residents on their estate or street, including through their Tenants and Resident Association. This review has therefore looked at how we can free up more funding and officer time to support this grassroots activity.
 - d) **Reflecting changes to council services:** The way the council's housing services are delivered has also changed substantially since the current resident involvement structures were put in place. At that time the council had local housing offices that operated with a significant degree of autonomy. This is no longer the case, with housing services now working to borough wide standards and with the current twelve Area Housing Forums no longer mapping on to the way the council manages its homes. This review has therefore also looked at how the

structures can be best aligned with the way the council now works so residents have direct access to senior managers and quality information on how services are performing.

Wider context to the review

13. In April 2019 the council agreed a new approach to all aspect of community engagement, setting out our intention to strengthen the way we work with and engage the public across all of our work. This review is therefore also an important opportunity to ensure the objectives and principles set out in that approach are equally applied to resident participation. The council's three community engagement objectives are:
 - Create and nurture relationships with people and community organisations and build better connectivity between the council, and voluntary and community organisations and people in Southwark and each other.
 - Understand people's experiences of services they use and the homes and neighbourhoods they live in, work in, run a business in, visit and move through and to better employ this local intelligence and local expertise to improve people's wellbeing, the quality of our places and the quality of our services.
 - Enable good governance and fair and informed decision making, through building confident, skilled, active and influential communities and a culture of getting involved.
14. In reviewing the resident involvement structure, the council has also been guided by the need to comply with Social Housing Regulator's Tenant Involvement and Empowerment Standard, including the requirement to 'consult tenants at least once every three years on the best way of involving tenants in the governance and scrutiny of the organisation's housing management service'.
15. The council also seeks to be a model of best practice ensuring that the resident participation proposals outlined in this report meet TPAS's National Tenant Engagement Standards. The proposals have in addition been informed by the Local Government Association's report on Engaging and Empowering Tenants in Council Owned Housing (2019) which sets out how good engagement reaches everyone, not just those already involved, and that a variety of methods used are good to promote accessibility.
16. This review of resident involvement and the final proposals set out in this report seek to respond to all of the above issues and others to ensure Southwark has an approach that works for everyone who lives in one of our council homes.

Consultation process

17. The review was initiated in 2016 following a report from the housing and community safety scrutiny committee on resident involvement. That report found that while there were many positive elements, there was also considerable dissatisfaction on all sides with aspects of the current arrangements and a strong desire for change.
18. In February 2017, the housing and community safety scrutiny committee commissioned Kaizen Partnership and Social Engine to conduct an independent, in-depth study of how the council engages with tenants and homeowners as a housing provider and identify areas for improvement.

19. The research identified a number of fundamental challenges including the limited coverage of TRAs, how to engage with residents across the borough's diverse population, the lack of diversity among members of Area Housing Forums, Tenants and Homeowner councils, low awareness of residents of the resources available, a preference for funding to be directed towards estate-based/local community projects and that Tenants Council and Homeowners Council meetings were not effectively contributing to strategic decision making about housing services.
20. The Kaizen/Social Engine report demonstrated that there was an urgent need for a comprehensive review of the housing engagement structures to ensure that council tenants and homeowners can access the structure, to empower TRAs, to allow for efficient and accountable use of residents funds and assets (Tenants Fund, Homeowners Fund, TRA halls) and to ensure that there is effective resident scrutiny of housing management services.
21. In June 2018 the Kaizen/Social Engine review was presented to Cabinet which agreed to set up an independently chaired co-design panel of residents (Panel) to review the housing engagement and involvement structures and make recommendations on changes where these were needed.
22. The Panel was set up in September 2018. It was independently chaired with a majority of residents, drawn from a different housing tenures, geography and demographics. The Panel received evidence in the form of written submissions from existing bodies, residents involved in current structures officers of the council, as well as papers prepared by the independent chair. The Panel also spoke with resident representatives and council managers. Its findings were published in January 2019 and were subject to a four week public consultation.
23. The full co-design Panel report, salient points from that consultation and recommendations for the new resident involvement framework were presented to Cabinet in June 2019. Cabinet then agreed a final round of consultation on the proposals.
24. That most recent round of consultation ran between 10 July and 10 October 2019. The purpose of this final round of consultation was to hear the views of a full range of people who live in council's homes, as well as wider interested people and organisations, on the council's proposed changes to resident participation. It produced a large response, with a total of 1,120 submissions including: over 170 people spoken to face to face, 669 responses to the questionnaire (over 132 of those submitted on paper and the rest online), 20 written responses received from various bodies and 260 postcards from a campaign by the Southwark Group of Tenants Organisations (SGTO).
25. Of the survey responses received 54% were council tenants, 21% council homeowners living in the property, 3% non-resident council homeowners, 3% private renters living in a council block, 3% temporary accommodation tenants living in a council property, 11% said they were none of these and 4% did not say.
26. The proposals were also considered through the council's current formal resident consultation structures i.e. Area Housing Forums, Tenant Council, Homeowner Council and Southwark TMO Committee.
27. The consultation was promoted in many ways, including publicity distributed in libraries, housing estates, via Tenants and Residents Associations (TRAs), on Social

Media, face to face at TRA summer events, etc. Officers worked with partners to reach the seldom-heard such as Southwark Disablement Association, Sheltered Housing Units, Citizens Advice Bureau, Young Advisors, etc.

28. The survey responses include a wide spread of people, with a good cross section of tenants and homeowners, women and men, ethnicities, people with and without disabilities and people of different sexual orientations. Whilst the majority of people who responded were aged 25-65 a significant number of older people also responded and targeted consultation was also undertaken with young people under 25. Taking the size of the response together with the representativeness of those responding this gives a very high degree of confidence that the results reflect what most people would be likely to say.
29. Full details on the methodology for this final round of consultation can be found in Appendix 1. This report presents the feedback from this final consultation and the final proposals for resident participation which have been developed to take into account all the feedback the council has received over the last three years.

KEY ISSUES FOR CONSIDERATION

Consultation Findings

30. A wide range of responses were received on the detailed recommendations as summarised in Appendix 1. Overall there were a number of common themes across these responses, notably:
 - i. Residents want structures that both enable them to shape housing services and help them to take action to build inclusive, strong local communities on their own estates.
 - ii. More people want to get involved both in shaping housing services and improving their estates and local community than are at present, with 65% of respondents to the questionnaire saying they would like to be more involved.
 - iii. Residents want a range of ways to participate that suit their different needs. For example, a majority of respondents would like to see more opportunities for digital and online participation, while at the same time many residents highlighted the need to also retain traditional face to face methods, including the importance of elected tenant and resident representation.
 - iv. There is very strong backing for continuing to improve support for Tenants and Residents Associations (TRAs) with many positive comments on the work TRAs do for their communities, while at the same time highlighting the need for TRAs to be inclusive and accountable in how they operate and spend funds. Whilst smaller in number, there was also a significant number of responses highlight the value and importance of Tenant Management Organisations.
 - v. There was also strong support for providing more opportunities for residents who live in homes not covered by a TRA to get involved and to be able to access resident participation grant funding for their estate or area.
 - vi. Many of the responses also highlighted the importance of resident lead participation structures, through which tenants and homeowners can raise issues of concern to them, lead the scrutiny of housing services and shape decisions on the best ways to use resident participation funding.

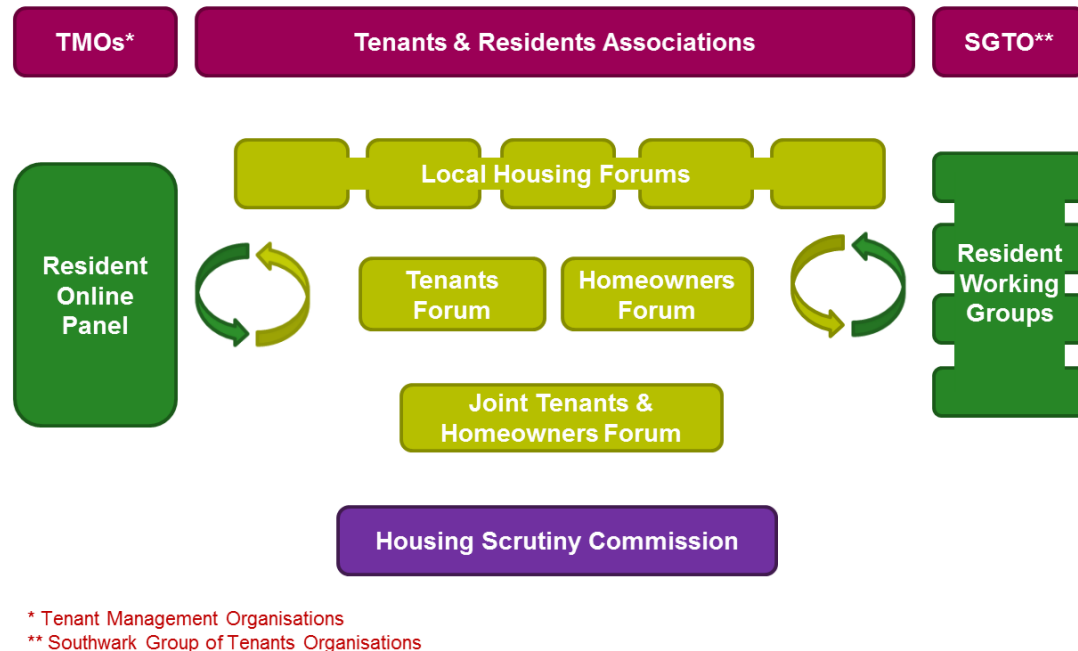
- vii. A further common theme is the importance of having forums that have sufficient time and space to consider the many different details of housing and estate management. In particular a large number of respondents felt that the proposal to make Ward Forums the place to discuss housing issues at a local level will not work in practice as the wider focus of Ward Forums on all aspects of life in each area would not give sufficient time to address the detail of housing management.
 - viii. Many of the responses also emphasised the vital importance of high quality support to ensure resident participation is meaningful and effective and asked for clarity from the council on how that support will be provided.
31. Further information from the consultation in relation to each of the proposals is presented further down this report. A full summary of responses can also be found in Appendix 1.

Final Proposals

32. The following paragraphs set out the proposals consulted on, a summary of the consultation feedback and the final recommendations for cabinet to approval with a rationale. These final recommendations take into account all feedback received across all stages of the consultation over the last two years.
33. The proposals seek to strengthen resident participation in ways that:
- Respond to feedback received through the consultation
 - Enable people who live in council homes to achieve improvements in our housing services, homes, estates and the lives of our residents
 - Increase the number and diversity of residents actively involved
 - Continue to fulfil the council's statutory duties to consult our tenants and residents
34. They are designed to:
- Ensure everyone living in a council home has the opportunity to participate, with more choice of how and when they can get involved
 - Direct more resources and support to the grass roots, so tenants and residents have the support they need to improve their local estates and communities
 - Use digital engagement as an additional way to get more people involved
 - Ensure residents living in council homes not covered by a TRA can participate, as well as working with tenants and residents to increase the coverage of TRAs
 - Continue to include elected representation of tenants and homeowners
 - Continue to include local housing forums (keeping them separate from the wider Ward Forums)
 - Continue to include separate Southwark wide forums for tenants and for homeowners, alongside a joint forum to consider shared issues
 - Ensure residents continue to set the agendas of housing forums so they focus on the issues that matter to them, with forums chaired by residents and with annual work plans set by residents
 - Ensure decisions on funding for resident participation are based on recommendations from tenants and residents
 - Strengthen the link between tenants & residents and the council's Housing Scrutiny Commission

- Continue to provide independent support and advice for council tenants and homeowners, including from Southwark's independent tenants federation, Southwark Group of Tenants Organisations (SGTO).

35. The main elements of the revised resident participation framework are set out in the diagram below and described in more detail in the following sections.



Tenants and Residents Associations (TRAs)

Proposals consulted on

36. The recommendation in relation to TRAs was that they remain fundamental to the structure providing both scrutiny and community development functions for tenants and homeowners. In addition the council proposed that it would seek to establish and re-establish TRAs in those areas where none currently exist and will:

- Identify non-TRA areas and work proactively with tenants and residents in those areas to support them in establishing TRAs where they wish to do so
- Review the existing TRA model constitution, with a view to simplifying it, ensuring it is in plain English (with less bureaucratic jargon)
- Review the existing training offer for residents to ensure that it is fit for purpose, offers value for money, and widens the pool of digitally-included residents.
- Provide specialist support for TRAs in respect of financial management and governance to increase transparency and accountability
- Increase the proportion of resident participation funding available to TRAs through additional small grants for projects
- Arrange free full fibre broadband connections to TRA halls
- Explore how libraries across the borough can be used as resource centres for TRAs for accessing IT facilities, holding meetings where TRA facilities don't exist, training, etc.

Consultation Findings

37. The most recent consultation showed that a large majority of respondents were positive and supportive although there was also emphasis on ensuring TRAs should be inclusive and accountable in respect of how funding allocated is spent. From the survey responses:
- 75% (505) strongly agreed that the council should continue to support TRAs 78% (521) that the council should support residents in setting up TRAs where there are none.
 - 84% (564) strongly agreed that the council should help TRAs to be as inclusive and representative of their local community as possible.
 - 65% (435) strongly agreed that, where there are no TRAs, funding should be allocated to local community organisations for the benefit of tenants and leaseholders
 - Almost 65% (433) strongly agree that the council should revise its residents' training offer.
 - A number of respondents commented that the council should do more to ensure TRAs are accountable for how they use money and community assets.
38. The co-design panel also recommended that the council continues to support the work of TRAs and their development as community organisations by holding annual resident involvement events where there is no TRA to raise awareness of opportunities for further involvement – local level, strategic levels, pool of active residents, etc. These events would provide grassroots resident groups (whether TRAs or not) with opportunities to apply to the proposed Communities Fund and offer relevant training and support services to resident groups.
39. Two in three of the respondents to the Kaizen review said that they knew about their TRA. The respondents were clear in their views on what the role of their TRA should be with two thirds saying they thought it should be to improve their local area and half saying the TRA should be representing tenant views about services to the Council. The report also recommended that the council should review the approach and provision of training and support for tenants and TRAs.

Final Proposals

40. The council will continue to support TRAs as the foundation of resident participation. Our ambition is to have a TRA covering every council home. We will develop a joint plan to improve support for TRAs, developed with TRAs, setting out what the council and SGTO will do to:
- i. Identify non-TRA areas and work proactively with tenants and residents in those areas to support them in establishing new or joining neighbouring TRAs where there is a will to do so
 - ii. Clarify & strengthen officer support to individual TRAs
 - iii. Streamline the process for accessing TRA core funding to make it easier for eligible TRAs to access their grant and to review the conditions of grant to ensure they are proportionate
 - iv. Increase funding for small grants for local projects that bring the community together and improve the wellbeing of people living in council homes
 - v. Improve training, by undertaking a review of the existing training offer for council tenants and residents to ensure that it is fit for purpose, offers value for money, and widens the pool of digitally-included residents, including working with the Southwark Adult Learning Service and other local learning providers to ensure a coordinated training offer that maximises the benefits for tenants and residents.

- vi. Improve information for residents and TRAs on the maintenance and management of their estates from the council, including on forthcoming major works, on individual blocks and on the performance of repairs and maintenance services.
 - vii. Provide specialist support for TRAs in respect of financial management and governance to ensure transparency and accountability
 - viii. Strengthen the role for TRAs (and wider residents) in shaping major works, by reviewing how they are involved to identify how they can have a stronger say
 - ix. Improve support for TRA Halls, by reviewing how the council can best support TRAs to get the most out of their halls for the benefit of their communities
 - x. Review the existing TRA model constitution, with a view to simplifying it and ensuring it is written in easy to understand language and to include anonymous Equality & Diversity monitoring of TRA committee members across the whole borough
 - xi. Improve guidance on safeguarding
 - xii. Arrange free full fibre broadband connections to TRA halls and explore what other support can be provided through TRAs to best enable residents to be digitally included
 - xiii. Explore how libraries across the borough can be used as resource centres for TRAs for accessing IT facilities, holding meetings where TRA facilities don't exist, training, etc.
41. In many areas of the borough TRAs are already working together and with other local community groups to improve their local area and community. The council will work with TRAs to help them continue this work supporting residents led local collaborations and forums including between council and housing association TRAs. The council will work to support in ways that are helpful and benefit the local community.

Rationale

42. Increasing the number and greater resources is not only a matter of fairness and opportunity, but also shows the council's commitment to 'providing support to tenants to build their capacity to be more effectively involved'.
43. Gathering anonymised equalities and diversity data will allow the council to carry out analysis and identify any particular groups who are not represented so that targeted outreach activity can be delivered to encourage them to get involved. This will compliment other activities to enable the council to better know its residents and the review of training is another example of recognised good practice (LGA).
44. It is important that TRAs are transparent in how funds are allocated and spent as they are public funds and many residents in the consultation expressed a desire for this information to be more widely monitored and easily accessible.
45. The above proposals are likely to result in more estates covered by a TRA which will lead to more empowered local communities. Residents will be able to learn from each other and share best practice, leading to more TRAs thriving and maximising their available resources for the benefit of the local community with more local projects being delivered by the local community for the local community

Local Housing Forums

Proposals consulted on

46. That the 12 Area Housing Forums (AHFs) be abolished and their function of providing a place to discuss area housing issues be incorporated into the newly established Ward Forums, designed to bring residents and local councillors together to discuss local issues.

Consultation Findings

47. This was the least popular proposal in the most recent consultation. Both individuals and organisations expressed concerns about the proposal's viability and that it would dilute the importance of housing issues. Feedback also indicated that residents feel the council should be more inclusive and engage with residents regardless of whether they have TRAs or not and to also make it easier for those who can't attend meetings to have a say. The general feedback from AHF, Tenants Council (TC) and Homeowners Council (HOC) has been that ward forums are not the right place to discuss housing issues.
48. The co-design panel recommended that the current Area Housing Forums (AHF) be replaced by new Housing Forums, open to all council tenants and homeowners in their respective area. These Forums should have a clearly defined role and a standard agenda developed with residents, including housing service performance and would provide a mechanism to highlight and escalate systemic concerns.
49. During the Kaizen/Social Engine review 57% of respondents said they knew nothing about Area Housing Forums. It was also highlighted that Area Housing Forums do not match with the housing management areas and that this adds confusion to who is responsible for what and that some form of re-assessment of structure to clarify the purpose and remit of each element would be beneficial.

Final Proposal

50. Taking into account the above, the final proposal is, not to incorporate the functions of AHFs into Ward Forums, instead the council will to continue to have local forums focused solely on council housing issues, replacing the current AHFs with five Local Housing Forums (LHF). Appendix 3 shows a map of these areas. LHF will:
 - i. Provide a local forum where tenants and residents can:
 - Promote positive & effective resident participation
 - Shape and improve the council's housing services
 - Be consulted on key council policy changes that particularly impact on people living in council owned homes in their area
 - Receive updates on the performance and delivery of housing services
 - Access residents participation support and training
 - Showcase work they are doing in their area
 - Network with other active tenants and residents and local councillors
 - Elect representatives to the Southwark Tenants and Residents Forums (see below), and receive regular updates from them.
 - ii. Be inclusive and open to all residents living in council owned, leased or freehold homes in their area, including council owned temporary accommodation.
 - iii. Be chaired by an elected council tenant or resident leaseholder who lives in the area

- with chairs having a tenure of no longer than three consecutive years.
- iv. Each be supported by a named lead Councillor, a named Area Manager and a named resident involvement officer, with other relevant council officers and contractors also attending as needed to:
 - Discuss potential changes to council policies, strategies and services and listen to residents views to help shape them
 - Update on the performance and delivery of the council's housing services
 - Address topics requested collectively by residents, listen to their feedback and jointly problem solve service delivery issues
 - v. Use a residents' poll at the start of the year to help inform the topics that they will have on their agendas.
 - vi. Each have a dedicated webpage to provide accessible information to residents about how they can get involved and enable those unable to attend meetings to find out what is happening in their area.
51. In addition, it is also vitally important to recognise that council homes make up over a quarter of Southwark. It is therefore right that issues related to council homes are also considered at Ward Forums alongside other import issue for the local community, so in addition to the above Ward Forums will also want to dedicate some of their meetings to council housing issues that are of particular concern within their wards. Where there are issues that Local Housing Forums feel could helpfully be discussed at a Ward Forum or Multi-Ward Forum meeting, they will be encouraged and supported to make that suggestion to the chair(s) of the relevant Ward Forums.

Rationale

52. The final proposal addresses the concerns expressed during the consultation about the ward forums as places to discuss housing while at the same time introducing a more open an inclusive mechanism to discuss local housing issues, whereby any resident regardless of whether they have or not a TRA or whether they are not part the TRA committee can participate and also put themselves forward to be elected for the borough wide strategic body. They will also provide opportunities for residents without a TRA to be included in the resident participation structure and obtain the information and support to set up their own TRA. This will allow for a wider diversity of views and opinions to be fed back to the council. The council commits to delivering well prepared, timely and bespoke approaches to resident participation topics across all the new structures, which in turn will lead to residents having an opportunity to have meaningful input into service design and improvement. The LHF's will at the same time provide a platform for experienced local community activists to bring their local knowledge to bear on discussions and debates around a host of housing and housing related topics.

Southwark Wide Tenant and Homeowner Forums and Resident Working Groups

Proposals consulted on

53. It was proposed that tenant and homeowners work together in one Tenants and Homeowners Forum (THF) with a total of 47 members representing each of the 23 wards. It was also proposed that the My Southwark Home Owners Board be retained.

Consultation Findings

54. The most recent consultation showed that

- 71% (474) strongly agree that tenants and leaseholders should jointly hold the council to account
 - 76% (513) strongly agree that such a body should be as representative as possible of those who live in council homes.
55. A number of respondents commented that tenants and leaseholders should be able to have separate meetings to address tenure specific issues. The general feedback from AHF, TC and HOC has been that tenants and leaseholders have distinct interests and discussing these in a joint tenure body would not work.
56. The co-design panel recommended that the council sets out reasonable expectations for any strategic group for tenants or homeowners such as accountability, clear membership, representation, code of conduct, robust governance, avoidance of duplication and consideration of tenure specific issues.
57. The Kaizen/Social Engine review recommended merging the Homeowners Council and Tenants Council. It based this recommendation on the finding that over half of respondents (56.7%) said they knew nothing about the Tenants Council. Young people in particular felt that the formal engagement structures were not accessible to them. The review concluded that having a separate Tenants Council and a Homeowners Council creates inefficiency and duplication as well as reinforcing a division between leaseholders and tenants that is unnecessary and unhelpful for scrutinising a single housing management service.

Final Proposal

58. The final proposal is to replace Tenants Council, Homeowners Council and the My Southwark Homeowners Board with a new Tenants Forum and a Homeowners Forum as well as a joint Tenants & Homeowners Forum.
- i. The common purpose of these forums will be to provide a place where tenant and homeowner representatives will:
 - Help to shape and improve the council's housing services and ensure residents can raise any concerns they have about the management of the council's housing services and homes
 - Be consulted by the council on key council policy changes that particularly impact on people living in council owned homes, including the setting of rents and service charges
 - Advise and support the council in developing an effective approach to resident participation
 - Receive feedback from other parts of the resident participation structure
 - Receive updates on the performance and delivery of housing services
 - ii. The Tenants Forum will:
 - Focus on issues relevant to tenants (e.g. tenancies, rents, tenants' service charges and repairs within the home, etc.)
 - Be made up of 24 elected tenant representatives
 - Tenure for each of these roles will be no longer than three consecutive years.
 - iii. The Homeowners Forum will:
 - Focus on issues relevant to homeowners (e.g. leases, homeowners' service charges, the home ownership service and the homeowners improvement plan, etc.)

- Be made up of 12 elected resident homeowners, plus up to 6 appointed resident homeowners who will bring experience that fills gaps in the knowledge of the elected forum members (for example this could be the experience of freeholders or people living in street front properties)
 - Have a homeowner chair and vice chair, the tenure for each of these roles will be no longer than three consecutive years.
- i. The Joint Tenants and Homeowners Forum (THF) will:
 - Focus on the issues relevant to tenants and homeowners, including the overall performance of housing services, fire safety and the commissioning & monitoring of independent tenant and resident support and advice services
 - Be made up of the chair and vice chairs of the Tenants Forum & Homeowners Forum plus a number of other representatives elected from the Tenants Forum and Homeowners Forums
 - ii. All three forums will:
 - Have a forward plan set at the beginning of the council year, fine tuned via joint agenda planning meetings with the chairs and Cabinet Member
 - Be attended by the Cabinet Member (or their deputy) and a housing director
 - Be supported by a named resident involvement officer
 - Have no more than one tenant and one homeowner representative from each estate
 - iii. The Tenants & Homeowners Forums will establish a small number of time limited Resident Working Groups to look in depth at key issues and make recommendations to the forums and the council on specific improvements that can be implemented. These working groups will each include representation from the Tenants and or Homeowners Forums as well as a majority of members recruited via Local Housing Forums and the Housing Online Panel who have experience of and interest in each topic, with the explicit aim of broadening the number and diversity of tenants and residents involved. These groups will normally undertake their work and report back recommendations in no more than six months. These working groups will be attended by lead officers and where appropriate councillors and will be facilitated by a resident involvement officer. All existing sub groups established by the current Tenants Council and Homeowners Council will conclude their work by the time of the first meeting of the new Joint Tenants and Homeowners Forum so that working groups going forward can be agreed by the new forums.

Rationale

59. These changes seek to widen participation in collective representation, strengthen the lines of electoral accountability, and enhance tenant and residents' collective influence in council decision-making. They ensure representativeness so that all key residents' interests and views are articulated at a strategic level while also ensuring the right level of seniority at the meetings so that agreed decisions can be acted upon promptly at the highest level.
60. Many respondents, including Tenants Council and Homeowners Council, highlighted the importance of collective participation structures that ensure the democratic accountability of tenant and resident representatives to a defined constituency and the possibility of their recall and replacement. This is also in keeping with notational policy developments. The principle of collective participation was embraced by government in

the Social Housing Green Paper (MHCLG, 2018), the National Housing Federation's new Tenants Together programme also recognises the importance of collective engagement and moves to establish a national representative organisation for tenants and residents have been announced.

61. Council tenants and homeowners live in close proximity to each other. On many of our existing estates council tenants, leaseholders, and private renters all live in the same block. As a result, there is a need for council services and communities to work together to ensure our services meet the needs of all our residents and that we all take pride and responsibility in homes and the local area. However a significant number of tenants and homeowners also felt that they faced some specific issues which they felt warranted tenant and homeowner specific bodies.

Housing Scrutiny Commission

Proposals consulted on

62. The council's Housing Scrutiny Commission has a formal legal role in scrutinising the delivery of the council's housing services. The committee is primarily made up of councillors from all parties but can also co-opt other members. It was proposed that the Chair, Deputy-Chair and one other member of the Tenants and Homeowners Forum would be co-opted to the Housing Scrutiny Commission, a sub-committee of the council's Overview and Scrutiny Committee and that they would have a right to fully participate in the meetings and deliberations of that Commission. Also that the Tenants and Residents Forum would have the right to select one subject per year for consideration by the Housing Scrutiny Commission.

Consultation Findings

63. Southwark TMO Committee asked that a third place on the housing scrutiny commission is allocated to a TMO representative.

Final Proposal

64. Tenants Forum, Homeowners Forum and STMOC will each be able to nominate one of their members to be co-opted onto the commission each year
65. The Joint Tenants and Homeowners Forum will also be able to identify a topic/issue to be looked at in depth by the commission as part of the commission's work plan each year (as well as being able to recommend other topics the commission may wish to include in its work plan)

Rationale

66. These proposals aim to strengthen the link between this commission and residents, so residents are better able to scrutinise housing services. The inclusion of a TMO representative ensures that TMO's views and ideas are also fed into the housing scrutiny process.

Tenants and homeowners online panel

Proposals consulted on

67. It was proposed that, alongside all of the structures, the council should endeavour to recruit up to 1,000 tenants and homeowners to a panel of active residents who can be

invited to give their views or take part in service improvement initiatives, such as Task & Finish groups. The membership of the panel would be a cross section of our communities, reflecting the geographical, age, gender and ethnicity mix of those who live in council homes.

Consultation Findings

68. The most recent consultation revealed that

- 74% (495) agree that it is important to offer a range of ways for people to get involved
- 53% (357) said they would be interested in joining an on line engagement pool.
- A few respondents commented that the balance between online and face to face engagement has to be right
- 73% (491) selected e-mail as the way respondents would like to be kept up to date about decisions that affect them with choosing this option
- The second most popular at 52% (349) was meetings
- 41% (276) preferred questionnaires and surveys)
- Young people expressed a preference for engaging on line with only 5% saying they would be interested in joining a young people's panel or attending meetings.

69. The co-design panel recommended three initial pilots for developing digital involvement, such as major works, communication, a sounding board through emails which could widen considerably the number of involvement residents.

70. The Kaizen/Social Engine review recommended making more effective use of digital tools. It noted that this needed to be accompanied by a level of sophistication, engagement expertise and leadership in order to make it 'live' and relevant. The review particularly noted that young people were more likely to embrace digital platforms, whilst recognising the barriers that some residents have to using digital technology.

Final Proposal

71. That the council establishes an online panel of tenants and residents to seek wider views on the council's housing services, homes and estates and how they can be approved. The panel will:

- i. Seek the wider views of people living in council homes on our housing services, homes and estates and how they can be improved
- ii. Engage a representative cross section of the people who live in council homes
- iii. Be an additional and complementary way to engage with residents - supplementing but not replacing face to face and other forms of engagement
- iv. Help to inform the work of the council, Tenants and Homeowners Forums and housing scrutiny, with surveys commissioned jointly by these bodies and findings reported back to them
- v. Use a range of online surveys, email and social media to engage residents
- vi. Be supported by an officer with expertise in seeking residents' views online

Rationale

72. Southwark Council recognises that not all residents are digitally included and the consultation feedback showed concern that greater use of IT should not exclude

anyone due to lack of access to or experience of using modern technology and tools. The wider proposals retain a robust element of face to face meeting based engagement for those who have a preference for that way of interaction. At the same time, the proposals for digital engagement mean that a wider pool of residents will be able to participate and express their views, adding to the ways in which residents can engage with the council.

73. The residents online panel will also be a source for topic specific task and finish groups which will facilitate a greater residents and landlord collaboration, enabling issues to be probed and understood in depth. This approach will also fosters a culture of partnership and joint learning focusing on solutions to problems and service improvement, allowing adequate time for complex issues to be considered in depth leading to more innovative ideas, responses and interventions.

Tenant Management

Proposals consulted on

74. The recommendation in relation to tenant management was that the Southwark Tenant Management Organisations Committee (STMOC) should remain in its current form and continue to carry out its role identifying opportunities to improve the partnership working between the council and TMOs and identify improvements to services in areas under TMO management for the benefit of residents.

Consultation Findings

75. Whilst this recommendation received only a small number of comments those received were all supportive. However a number of respondents made the wider point that tenant management is a key building block of resident participation and should be consistently recognised as such. A request was also made for TMOs to have a place on housing scrutiny alongside tenant and homeowner representatives to provide a tenant management perspective.

Final Proposal

76. Southwark has a long and proud history of supporting tenant management, the council is committed to continuing this and to making tenant management one of the key building blocks of our approach to residents participation (whilst also recognising the distinct and spate roles of TRAs and TMOs). as part of this commitment:
 - i. Southwark Tenant Management Organisations Committee (STMOC) will remain in its current form as part of the council's formal residents participation structure
 - ii. STMOC will be able to nominate one of its members to be a co-opted member of the council's Housing Scrutiny Commission, with the right to fully participate in the meetings and deliberations of that Commission.
 - iii. STMOC will be able to nominate one of its members to be a co-opted (non voting) attendee of Tenants Forum and one to Homeowners Forum, with both also being co-opted (non voting) attendees of the joint Tenants and Homeowners Forum.
 - iv. The council will work with TMOs in assisting them to review their training needs (in coordination with the TRA offer)
 - v. The council will continue to support TMOs in extending or establish new TMOs to cover areas without one where residents would like to do so and it is right for them

Rationale

77. A significant proportion of Southwark homes are covered by a TMO. The nature of tenant management is that it brings its own unique issues and therefore it is important the experience and perspective of TMOs is represented across the council's resident participation structures.

Housing Conferences

Proposals consulted on

78. It was proposed that the council will support Tenants and Homeowners to arrange an annual conference.

Consultation Findings

79. A homeowners and a tenants conference were held during the consultation period. Both were well attended and there was strong support for continuing them. Homeowners council and attendees at the homeowners conference also expressed the value of a stand alone homeowners conference including for non-resident homeowners for who this may be their only point of face to face engagement with the council.

Final Proposal

80. The council will work with the Tenants Homeowners Forums and SGTO to organise and deliver an annual Tenants and Resident Conference open to everyone who lives in a council home and will also work with the Homeowners Forum to organise an annual event for all council leaseholders and freeholders focussed on homeowner specific issues.

Rationale

81. Both Tenants Council and Homeowners Council have arranged successful large events in recent years. The council want to continue to support this format of engagement that has been shown to work well for many people. Holding a separate event for homeowners will allow the council to have face to face discussion with non-resident leaseholders whilst also having a different space to engage with the people who live in the council homes.

Resident Involvement Fund (RIF)

82. Details of the current arrangements for resident involvement funding were set out in the previous report presented to Cabinet in June 2019.

Proposals consulted on

83. The original proposal was for a new Resident Involvement Fund (RIF) to replace existing separate funds for tenants and homeowners to be calculated using the same formulas currently in place giving an approximate annual budget of £676k.
84. The new RIF would fund the TRA annual grants (circa £178k) and servicing of the

resident involvement structure including training (circa £162k). The reminder (circa £364k) would be split in two halves. One half would be devolved to Ward Forums to be agreed by ward councillors and spent in accordance with borough-wide objectives on council estates and residential properties. This would be added to the Tenants and Residents Social Improvements Grants (TRSIG) funding divided by ward. The other half of the fund would be for agreed strategic objectives and subject to decision by the Cabinet Member for Housing and Modernisation on advice from the Tenants and Homeowners Forum. Strategic spending would be expected to deliver identifiable and measurable outcomes for tenants and homeowners. It would also be used to enable Tenants and Homeowners to arrange an annual Tenants and Homeowners conference.

85. It would be a cabinet member for housing management and modernisation decision, taking on advice from the Tenants and Homeowners Forum, to decide what funding is allocated to third party organisations and whether this is allocated via grants or contract.

Consultation Findings

86. The most recent consultation showed that:
 - 61% (412) strongly agree that TRA grants should be allocated at local level
 - 67% (446) strongly agree that the council should allow applications from residents if there is no TRA and it is clear the activity is supported by and will benefit tenants and leaseholders.
 - 72% (484) strongly agree that councillors should work with local residents to determine local priorities for spending the resident involvement fund.
87. A small number of respondents stated that councillors should not be involved in local decisions for this funding. A few comments were made on the theme of fairness in distribution of funding and accountability. A number of people commented that the funding application process should be simplified and training on how to complete good quality applications provided to residents.
 - 64% (428) strongly agree that some funding should continue to be allocated borough-wide to delivery outcomes that benefit both tenants and leaseholders.
 - 73% (491) strongly agree that some funding should continue to be used to provide access to independent advice services.
88. The co-design panel recommended that there should be a Communities Fund with clear objectives, outcomes and accountability. It also proposed that TRAs, TMOs, resident groups and community organisations should be eligible to bid for funds, but that the council should also be able to support applications from looser groups without a TRA or a bank account.
89. The Kaizen/Social Engine review showed that over two thirds (64%) of respondents said they knew nothing about the Tenants and Homeowners Funds. Respondents expressed a clear preference for spending to be allocated for activities which directly and demonstrably benefit communities, which was not achieved by the way funding is currently allocated. It was also noted that there is an over-reliance on outputs rather than delivering outcomes and opportunities that benefit local communities.

Final proposal

90. The council will establish a new **Resident Participation Fund**, this will replace the current Tenants Fund, Homeowners Fund and TRISG grants. The total funding will be increased from £860,000 to £900,000. This fund will need to benefit people who live in council homes as it will be funded by tenants and homeowners. It will fund the following activities:
- i. **Half (£450,000) will to go to grassroots activity to fund:**
 - a. **Core Grants for TRAs** (currently £178,000): These are grants paid annually to all fully established TRAs covering council homes. The amount TRAs receive will be unchanged. TRAs covering 240 or less tenancies will continue to receive £1,300, with TRAs covering more than 240 tenancies continuing to receive an additional £5.50 per tenancy as is currently the case.
 - b. **Resident Participation Small Grants (£272,000):** This will provide funding for small grants of up to £5,000 to support projects and activities that bring tenants and residents together and improve their wellbeing. These grants will fund projects and activities that primarily benefit people who live in council owned homes. Applications will be open to established and emerging TRAs and TMOs as well as constituted local groups that can evidence that the application has been developed by and for people living in council homes. Decisions on the grants will be made by the Cabinet Member for Housing Management and Modernisation based on recommendations from a panel of tenant and resident representatives.
 - ii. **Half (£450,000) will cover Southwark wide activity.** Decisions on this funding will be made by the Cabinet Member for Housing Management and Modernisation based on recommendations from the Joint Tenants and Homeowners Forum, this will include funding for:
 - a. **Independent Support and Advice Services (£260,000):** This will fund Southwark wide independent support and advice services for council tenants and resident homeowners, including those provided by Southwark Group of Tenant Organisations as well as other advice services. These services will be commissioned on behalf of tenants and residents by the council based on priorities set by the Joint Tenants and Homeowners Forum in consultation with wider tenants and resident homeowners. It is anticipated that this will be through multi year contracts. The council will work with the Joint Tenants and Home Owners Forum to monitor the performance of these services.
 - b. **Training (£100,000),** to support the active participation of tenants and residents in their local community, including training that support people to set up and run all aspects of TRAs
 - c. **Other resident participation activities (£50,000),** including meetings, conferences and travel and other activities that support effective resident participation
 - d. **Administration of the above grants/contracts (£40,000)**
91. To provide time for the commissioning of contracts for independent support and advice services, the current grants for these services from the tenants and homeowners funds to the Southwark Group of Tenants Organisations and Citizens Advice Bureau will be extended for a further six months to the 31 September 2020 with funding from the new Resident Participation Fund.
92. Currently the formula for TRA Core Grants requires a budget of £178,000, if more homes were to be covered by TRAs in future, funding for the Resident Participation Small Grants will need to be reduced to cover this cost.

Rationale

93. The proposal reflects the feedback from residents that more resources should be made available too support grass roots community projects and for greater transparency of how resident participation funding is used. It also resolves a long-standing anomaly of the current system in that all tenants and homeowners pay in, but around 40% are excluded from applying for funding as they do not have a TRA. The proposal also allows the council and resident representatives to ensure that the significant sums spent on borough-wide services meet residents' needs and are value for money through the review, commissioning and monitoring of service providers.

Involving people who are not council tenants, leaseholder or freeholders

94. Resident participation also needs to take account of the needs and circumstances of those to whom the council is a landlord but who do not fall into the general needs category. This includes residents of sheltered and extra care housing and those placed in temporary accommodation. In addition, Southwark runs four Gypsy and Traveller sites and manages three supported hostels.

Temporary Accommodation (TA)

95. The council provides temporary accommodation to those who it has accepted a duty to house, but for who it cannot (yet) provide permanent accommodation.
96. Unlike general needs tenants, those in TA are not secure tenants, but occupy their homes on the basis of non-secure tenancies or licenses. Despite its name, temporary accommodation often lasts for months or years. Though TA residents do not pay into the resident participation fund, they receive housing management services and are part of their local community.
97. Council estate properties: there are around 800 TA households living in Southwark Council estate properties. In accordance with the TRA model constitution, as legal residents, those in TA are entitled to participate in their local TRA.
98. Family hostels: the council runs 17 family hostels with 349 units. Where a hostel is located within a TRA area, residents are entitled to take part in the life of the TRA. Where there is no functioning TRA, the council can arrange an annual meeting for residents.
99. Private sector: of the 200+ households placed in private sector accommodation, more than a quarter are located in other London boroughs. The Resident Involvement team will support the TA management team to ensure that these residents are informed about service standards and their rights as a tenant and to have the opportunity to have their say.

Sheltered and Extra-Care Housing

100. Sheltered housing – sheltered housing is used by older or frailer residents who can manage a degree of independent living. Almost all the council's 20 sheltered schemes now have their own TRA which is supported by sheltered housing staff. Resident Services will continue to work with the remaining schemes to establish TRAs.
101. Extra-care – there are only two extra-care schemes, providing accommodation with onsite carer support to very frail residents. One of these is located at a sheltered housing unit and has its own TRA. Resident Services is looking to establish a TRA at

the other in conjunction with the care provider.

102. Residents living in council owned temporary accommodation, family hostels, sheltered housing and extra care housing will also be able to participate in Local Housing Forum, Tenants and Homeowners Forums and the Residents Online Panel.

Supported Hostels

103. The council owns two and manages a third supported hostel. The hostels are used primarily by single men, many of whom have been rough sleepers. Residents can have extensive physiological or psychological problems and turnover in hostels is high.
104. Due to the particular needs of this client group, it is not considered feasible to establish TRAs in hostels. Instead, service information and the opportunity to have their say can be addressed through the onsite hostel staff at regular resident meetings in each hostel.

Gypsies and Travellers

105. Southwark's commitment to inclusion and respect for diversity includes its Gypsy & Traveller population. The council owns and manages four Traveller sites with 42 pitches. Residents are primarily families and are licensees. The fees they pay for their pitch and the services they receive are not part of the Housing Revenue Account. There are less than a dozen households living in Southwark Council homes who have identified to the council as Gypsy, Roma or Traveller.
106. The council is investing millions of pounds in refurbishing its Traveller sites and has a dedicated team that works closely with residents and the Southwark Travellers Action group (STAG) to enable Gypsies & Travellers to have their voices heard not only about the services they receive, but also wider community issues, such as consultation about nearby housing development or the Bakerloo line extension.
107. Site residents were included in the resident involvement review consultation and a meeting was held between the chair of the Southwark Travellers Action Group (STAG) trustees and the Cabinet Member for Housing Management and Modernisation. The Travellers Service and STAG will continue to facilitate engagement on a family and site basis. We will also encourage closer relationships between Travellers and local TRAs, including opportunities to use community facilities that do not exist on sites. The council will continue to capture all relevant information regarding Travellers who live in bricks and mortar to ensure their needs are addressed and will assist their participation in their TRAs.

Review

108. A review of the new resident involvement participation structure will be undertaken after the first year in order to assess its effectiveness and whether any adjustments might be needed, with a report back to cabinet by September 2021.

Policy implications

109. Homes England took over responsibility for the regulation of social housing providers in January 2018. It works with social housing landlords and tenants to improve the standard of services for tenants and residents. It took over responsibility for the regulation of social housing providers and monitors their performance. This includes a standard on tenant involvement and empowerment.

110. Local authorities also have a statutory requirement under s.105 of the Housing Act 1985 to put in place arrangements for consulting tenants on matters of housing management.
111. The council's Fairer Future Vision and the current Council Plan set the context for a relationship with residents based on trust, openness and transparency. The vision and plan describe a new relationship with citizens and customers that make more of the council's community leadership role. Part of this role is encouraging others to come together to do more, looking to the community to work with the council to provide solutions to the issues we face together.
112. In September 2017 the council adopted a Social Regeneration Framework for 'ensuring that the places where people live, now and in the future, create new opportunities, promote wellbeing and reduce inequalities so people have better lives, in stronger communities, and achieve their potential'.
113. In 2018 the council made eight new commitments aimed at making Southwark a fairer place to live where all residents have the opportunity to fulfil their potential. Theme 1 is "A place to call home" and includes a commitment to work with tenants, residents and homeowner groups to find new ways to engage so that more people can have their say.
114. The proposals outlined in this paper also connect council housing participation with wider community engagement by integrating with structures replacing Community Councils.
115. In this context it is important that the council clearly states its commitment to effective engagement between the council and residents living in council homes and ensuring this is fit for purpose and reaches a broad and diverse range of our residents.

Community impact statement

116. The next steps set out in this report aim to enable the council to carry out more effective community engagement. It is intended that this will lead to improved engagement with all sections of the community. This is about improving the way the council supports strong, active and inclusive communities that are informed and involved in decision making and enable us to improve public services for everyone in the borough.
117. The approach proposed in this report recognises the diversity of our communities, the importance of community capacity building and the need to provide better and wider opportunities for communities to participate to influence service delivery, decision making and policy development in ways that suit them.
118. Whilst the council doesn't currently collect demographic data of those currently engaged in its consultation structures, anecdotal evidence shows that the make up is not representative of our resident demographics. It is proposed that the new resident participation framework will routinely ask participants to voluntarily fill in demographic data so that going forward the council can assess how representative the mechanisms are and take action where they aren't.
119. An equalities analysis has been completed addressing both the proposals outlined in this paper and the next stage of consultation. While both elements comply with the Public Sector Equality Duty, it is clear that council does not hold comprehensive

equalities data about all residents living in council housing. In implementing the new structure, the council will introduce systems for capturing equalities data so as to be able to authoritatively report on the success of the new structure in reaching out to all members of the communities.

120. In addition the Southwark Equalities and Humans Right Panel has considered at various stages the proposals and consultation and made comments which have been incorporated into the equality analysis and the recommendations found in this report.

Resource implications

121. The above resident participation framework changes can be delivered within existing budgets. Though no financial savings are planned, it is anticipated that productivity and satisfaction will increase due to more efficient use of resources. It is likely that a reorganisation of the resident involvement business unit staffing structure would be required in order to implement the above proposals.

Consultation

122. Between 2011 and 2013 the council undertook an Independent Housing Commission chaired by Jan Luba QC. It produced a report which challenged the council to think about the future of its housing stock. The council then embarked upon a wide ranging public engagement exercise, with dozens of events and multiple opportunities for everyone in the borough to get involved and to be heard.
123. The report stated that more effort should be made to change the “provider-user” culture that pervaded council housing in Southwark. It added that this could be partly achieved by actively seeking to engage residents more with housing management and setting local housing standards.
124. An independent review into resident involvement undertaken by The Kaizen/Social Engine then followed between April and May 2017 and included a large scale outreach programme across the borough, coupled with an online survey, focus groups and stakeholder interviews were used to engage over 1,000 local tenants and homeowners. The review also incorporated the opinions of council officers and Councillors and gathered evidence and experience from a range of other housing providers – both local authorities and housing associations as well as an assessment of other research on tenant engagement.
125. In September 2018 an independently chaired co-design panel with a majority of residents from a diversity of housing tenure, geography and demographics was set up. The panel received evidence in the form of written submissions from existing bodies, residents involved in current structures officers of the council, as well as papers prepared by the independent chair. The panel also spoke with resident representatives and council managers and it published its findings in January 2019 and a four week consultation period followed.
126. On 23 April 2019, the housing commission of the overview and scrutiny committee questioned the cabinet member for housing and modernisation and the director of communities about the consultation process to date.
127. Between July and October 2019 a final round of consultation took place. The consultation had over 1,100 responses and the feedback from that has been presented across this report and can be found in detail in Appendix 1. The consultation included targeted work and communications with specific groups including residents in

temporary accommodation, Gypsy and Traveller community, Southwark Disablement Association, Young Advisors and the Latin American Community among others.

128. The cabinet member for housing management and modernisation and officers also met with representatives of the existing consultation bodies – TC, HOC, AHFs, and STMOG to feed in their views to the consultation and discuss the way forward.
129. The latest and final round of consultation presented the detailed proposals for the new resident participation framework, a questionnaire, both in printed copies and an online version in order to offer a chance to as many residents as possible to share their views on the proposals, residents feedback was captured and presented in this report.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

130. The report recommends that cabinet note the proposals for a new framework for resident participation and seeks approval to implement the new framework in 2020.
131. The resident participation framework forms part of the council's arrangements to discharge its statutory obligation to consult with its secure and introductory tenants under Section 105 of the Housing Act 1985 (secure tenants) and similar provision in Section 137 of the Housing Act 1996 in respect of introductory tenants. These statutory provisions require the council to maintain such arrangements as it considers appropriate to enable tenants who are likely to be substantially affected by a matter of 'housing management' to be informed of any proposals and to make their views known. Any representations need to be considered in accordance with those arrangements. 'Housing management' for this purpose includes the management, maintenance, improvement or demolition of homes and the provision of services and amenities (but not including matters relating to rent or charges for services). Although not required by statute to consult on changes to rent and other charges, the council has, under paragraph 6e in the conditions of tenancy with council tenants undertaken to consult with Tenant's Council before seeking to make such changes.
132. There is no similar general statutory provision in relation to the council's long leaseholders although principles of fairness may require consultation be carried out in certain circumstances and there are specific consultation duties as to charges for works under Section 20 of the Landlord and Tenant Act 1985 which engage when 'qualifying works' are undertaken; for example, major works.
133. Local housing authorities in England are also regulated as "registered providers of housing" by the Regulator of Social Housing under the Housing and Regeneration Act 2008. It is a requirement that local housing authorities comply with principles and standards applied by the Regulator. Among the "regulatory standards" is the Tenant Involvement and Empowerment Standard (July 2017). The standard includes a requirement that registered providers ensure that tenants are given a wide range of opportunities to influence and be involved in the formulation of policies and strategic priorities; making decisions about how housing-related services are delivered, including the setting of service standards; scrutinising performance; managing their homes; and managing repair and maintenance services.
134. The report sets out the consultation that has taken place and the outcome of that consultation. Cabinet should note that consultation undertaken by the council must meet a minimum standard of fairness if it is to be considered lawful. In order to ensure any consultation is fair, the law requires that consultation should happen when the

proposals are still at a formative stage; sufficient information should be given to enable the proposal to be intelligently considered; adequate time for responses should be given; and decision makers must conscientiously take into account responses to consultation when the ultimate decision is taken. Cabinet members should carefully consider the consultation findings when making a decision on the recommendations.

135. In the exercise of all its functions, the council must have due regard to the public sector equality duty in Section 149 of the Equality Act 2010. Specifically to have due regard to the need to (a) eliminate discrimination, harassment, victimisation or other prohibited conduct, (b) to advance equality of opportunity and (c) foster good relations between persons who share a relevant protected characteristic and those who do not share it. The relevant protected characteristics for this purpose are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. Where any disproportionate effects are anticipated, the council should seek to mitigate where possible. It should also be noted that the duty is a continuing one and that if implemented, the impact of the new framework should be kept under review. Cabinet is referred to the community impact statement in this report.
136. The framework recommendations include provision for a member from each of the proposed Tenants Forum, Homeowners Forum and STMOC to be co-opted to the Housing Scrutiny Commission. The Housing and Environmental Commission is a sub-committee of the council's Overview and Scrutiny Committee (OSC). The council's scrutiny function provides a challenge to the delivery of public services in Southwark and is a council committee subject to the provisions of the council's constitution.
137. Paragraph 4 of the OSC procedure rules in the council's constitution allow OSC and its sub-committees to appoint a number of people as non-voting co-optees, with the approval of the chair and vice chair of the OSC, who may be appointed to service for the full year or the duration of a specific task or review.
138. The report recommends the establishment of a new Residents Participation Fund. As to the making of grants from this fund, approval must be made in accordance with the decision making arrangements set out in the council's constitution; approval of grants to voluntary organisations of over £2500 is reserved for cabinet member decision.
139. With regards to paragraph 90.ii.a concerning the proposed procurement of external independent support and advice services, the council's Contract Standing Orders ("CSOs") state that, where the estimated contract value is above the applicable EU threshold for services, there is a requirement to comply with the Public Contracts Regulations 2015 following a publicly advertised competitive tendering process.

Strategic Director of Finance & Governance (FC19/031)

140. The strategic director of finance and governance notes the recommendations for the new Resident Participation Framework. This involves ending the existing funding streams for the Tenants Fund, Homeowners Fund and Tenants & Residents Social Improvements Grants (TRISG) and replacing them with a new Resident Participation Fund, as set out in the report.
141. The proposed changes can be delivered within the existing budget, however, a reorganisation of the resident involvement business unit staffing structure will likely be required in order to implement the above proposals and a review of the framework will be undertaken after the first year.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Agenda and minutes of housing and community safety scrutiny subcommittee	160 Tooley Street London SE1 2QH	Everton Roberts 020 7525 7221
Link: http://moderngov.southwark.gov.uk/mgCommitteeDetails.aspx?ID=381		
Review of Resident Engagement - Report from the Housing and Community Safety Scrutiny Sub-Committee	160 Tooley Street London SE1 2QH	Stephen Douglass 020 7525 7344
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=5755&Ver=4		
Improving tenant and homeowner engagement in Southwark – a review Carried out by Kaizen and Social Engine	160 Tooley Street London SE1 2QH	Stephen Douglass 020 7525 7344
Link (please copy and paste into your browser): http://moderngov.southwark.gov.uk/documents/s73753/Appendix%20A%20Improving%20Tenant%20and%20Homeowner%20Engagement%20in%20Southwark%20A%20Review%20Carried%20out%20by%20Kaizen.pdf		

APPENDICES

No.	Title
Appendix 1	Consultation Findings
Appendix 2	Implementation Timeline
Appendix 3	Local Housing Forum Boundaries Map

AUDIT TRAIL

Cabinet Member	Councillor Kieron Williams, Housing Management And Modernisation		
Lead Officer	Michael Scorer, Strategic Director of Housing & Modernisation		
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Officer Title	Comments Sought	Comments Included	
Director of Law and Democracy	Yes	Yes	
Strategic Director of Finance and Governance	Yes	Yes	
Cabinet Member	Yes	Yes	
Date final report sent to Constitutional Team		24 January 2020	

Resident Involvement July to October 2019 Consultation Findings

Resident Involvement Service, Communities Directorate

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1. Executive Summary

- The consultation was aimed at the 55,000 households who live in council owned, leasehold and freehold homes and produced 1,120 responses with a very representative demographic of residents who live these homes. This is a large response and gives a high degree of confidence that the results reflect what the whole population would be more likely to say.
- There is a strong message that residents want more inclusive strong local communities and that significantly more people want to get involved than are at present.
- There is strong support for Tenants and Residents Associations (TRAs) proposals, with many positive comments on the work TRAs do for their communities, while at the same time highlighting the need to be more inclusive, diverse and accountable on how they operate and spend funds.
- Residents ask for opportunities to get involved where there are no TRAs and to also access resident involvement grant funding where for areas that do not have a TRA.
- The majority of respondents support the council's proposals for modernising the way it engages with its residents while at the same time highlighting the need for balance between digital and traditional ways. Overall there is a strong message that residents want a range of ways to get involved to suit their needs.
- Ward Forums as the place to discuss local housing issues is the least popular proposal both online questionnaire and other written submissions received.

2. Introduction

- Ensuring our council tenants and homeowners have a strong voice in shaping our housing services is a key priority for the council. Between July and October 2019 the council consulted residents on proposals to strengthen the way we do this.
- The Resident Involvement consultation aimed to include people from all of our communities so that voices heard were representative of people who live in council housing in the borough.
- The consultation was aimed to approximately 55,000 households and produced a total of 1,120 responses, with a very representative demographic of residents who live in council housing: over 170 people spoken to face to face, 669 responses to the questionnaire (over 132 of those submitted on paper and the rest on line), 20 written responses received from various bodies and 260 postcards from a campaign by SGTO
- This is a large sample response and gives a high degree of confidence that the results reflect what the whole population would be more likely to say.
- This report aims to summarise key findings from the Resident Involvement Consultation and is a factual representation of people's responses to questions asked as part of the consultation as well as discussions had with various groups and written submissions that explore topics in more depth.



3. Background

- In 2017 the council commissioned independent research to find out people's views of resident involvement. During that exercise over 1,000 residents expressed their views.
- In June 2018, following a recommendation of this research, a co-design panel of residents and officers was established to put forward proposals for a new model of engagement. Chaired by an independent expert, the Panel met between August and December 2018. In January 2019 the Panel produced a final report making a number of recommendations for the future development of the resident involvement service.
- These recommendations were published and made subject to consultation. The co-design process was also examined by the Housing & Environment Scrutiny Commission of the Overview & Scrutiny Committee in April 2019.
- In June 2019 Cabinet approved a set of draft recommendations for a modernised resident involvement structure to go out to a three month consultation which started on the 9 July and ended on the 10 October 2019.

4. What did we do and how?

The latest Resident Involvement consultation aimed to include people from all our communities. Questions aimed to explain the proposals and to encourage people to share their views and speak about their experiences of resident involvement. A wide range of methods were used to engage people in consultation through:

- A comprehensive consultation communications campaign
- A questionnaire with 17 questions online, by post or by phone
- Invited written submissions from various bodies within the formal resident involvement consultation structure
- Face to face meetings and outreach activity



4. What did we do and how?

- The questionnaire had a combination of open and closed questions with free text options to enable both quantitative and qualitative data
- The proposals were also consulted on through the existing formal consultation structures such as Area Housing Forums, Tenant Council, Homeowner Council, Southwark TMO Committee, etc.
- The consultation was promoted in a wide range of ways such as publicity distributed in libraries, housing estates, via Tenants and Residents Associations (TRAs), on Social Media, face to face at TRA summer events, etc.
- We worked with partners to reach the seldom-heard such as Southwark Disablement Association, Sheltered Housing Units, Citizens Advice Bureau, Young Advisors, etc.



Overview

Over the last year, we have been talking to residents about how best to involve people who live in our homes, in decisions that affect their homes and neighbourhoods.

We are proposing some significant changes, so we can:

- give more support for TRAs to put on local activities
- discuss housing issues at Ward Forums
- get more residents involved in making their estates great places to live and more involved in the decisions that most matter to them

To do this, we are proposing that we:

- Have discussions of housing issues at Ward Forums instead of Area Housing Forums
- Have a Residents' Pool of up to 1000 tenants and homeowners that we can call on, to get involved in the issues that matter to them
- Use a wider range of methods to involve people, so residents can participate in ways that suit them
- Set up a forum of tenants and homeowners, to directly advise the Cabinet Member for Housing. This will replace the current Tenant Council and Homeowner Council
- Increase the amount of resident involvement funding, to go to the grassroots, and provide an independent advice service for tenants and homeowners

Closes 10 Oct 2019

Opened 8 Jul 2019

Contact

John

(McConnachie)

Tenant and Homeowner

Involvement Team Leader

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4. What did we do and how?

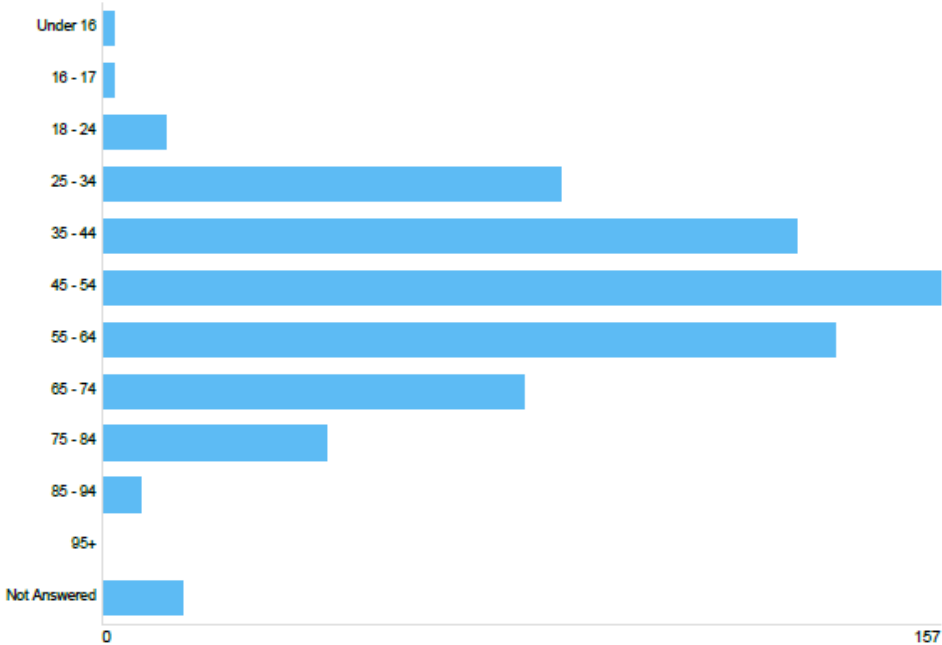
- On line consultation hub
- Dedicate webpage and FAQ
- Email HOC, TC, SGTO, MSHB and STMOC
- E-mail on RI consultation and FAQ to all TRAs
- Emails to Housing e-news subscribers (over 40,000 residents)
- Promotion on council social media
- Attendance to all Area Housing Forums
- Attendance to Tenants Council and Homeowner Council
- Posters distributed to estate notice boards and to all libraries
- Attendance to Southwark TMO Committee
- Attendance to 11 TRA summer events
- Meeting with Citizens Advice Bureau and leaflets sent
- Information published on Community Southwark website
- Email consultation details sent to Faith groups (200 addresses)
- Email consultation details sent to Forum for Equalities and Human Rights
- Translated leaflet sent to contacts in the Latin American community
- Visits to Sheltered Housing Units
- Mail shot to all residents living in Temporary Accommodation
- Citizens UK emailed flyer and meeting request
- Bede emailed with flyer and meeting request
- Flyers and posters sent to LGBT network
- Face to face engagement with the Gipsy and Traveller community
- Poster and flyers sent to council youth service providers
- Information published on Southwark Disablement Association FB page
- Paid for advertisement on Southwark News and Southwark Weekender
- Southwark Life Autumn edition news in brief item and “Last Chance” ad
- Southwark Disablement Association consultation drop in session
- Young Advisors carried out face to face surveys and spoke to over 50 young people who live in our estates



5. Who responded to the questionnaire?

Respondents to the Resident Involvement consultation were broadly representative of the general Southwark population.

Age



Option	Total	Percent
Under 16	2	0.30%
16 - 17	2	0.30%
18 - 24	12	1.79%
25 - 34	86	12.86%
35 - 44	130	19.43%
45 - 54	157	23.47%
55 - 64	137	20.48%
65 - 74	79	11.81%
75 - 84	42	6.28%
85 - 94	7	1.05%
95+	0	0%
Not Answered	15	2.24%

In addition to the above, more than 50 young people were engaged face to face as part of targeted outreach

Disability



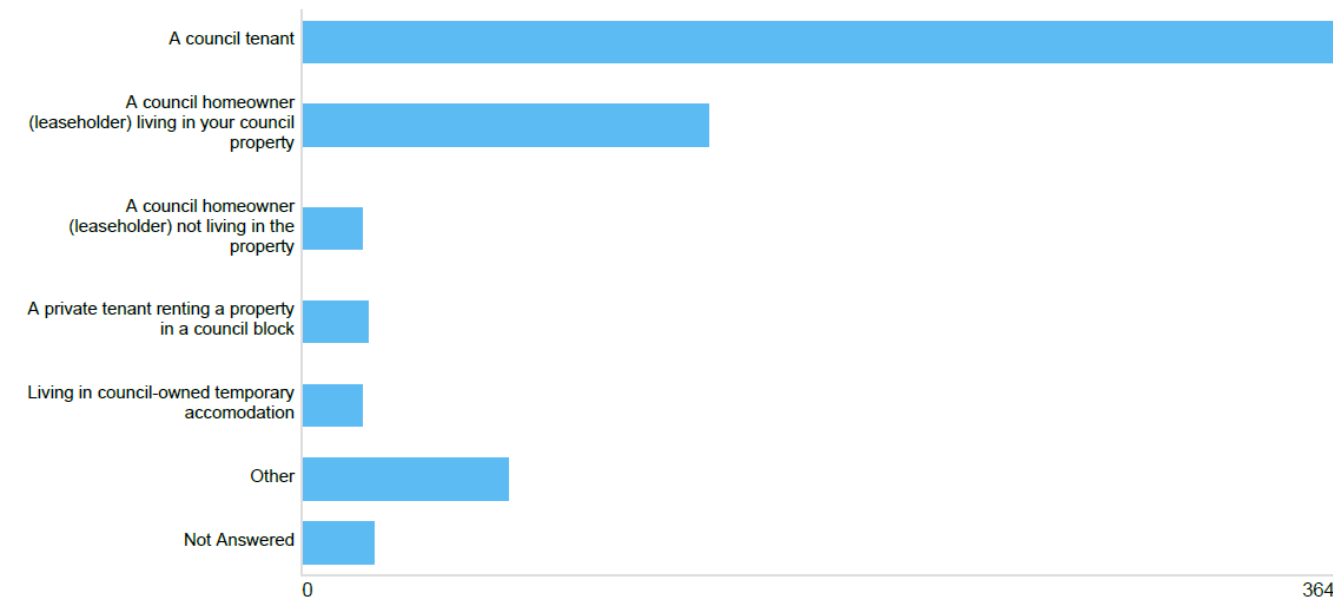
Option	Total	Percent
Yes, limited a little	124	18.54%
Yes, limited a lot	83	12.41%
No, not limited	429	64.13%
Not Answered	33	4.93%

5. Who responded to the questionnaire?

<u>Ethnicity</u>	Option	Total	Percent
	White British	221	33.03%
	English	50	7.47%
	Scottish	7	1.05%
	Welsh	1	0.15%
	Northern Irish	8	1.20%
	Irish	14	2.09%
	Gypsy, Roma or Irish Traveller	1	0.15%
	Other European	29	4.33%
	Other White	23	3.44%
	Black British	92	13.75%
	Caribbean	18	2.69%
	Nigerian	34	5.08%
	Ghanaian	13	1.94%
	Sierra Leonean	17	2.54%
	Somali	3	0.45%
	Other African	17	2.54%
	Other Black	4	0.60%
	Asian British	6	0.90%
	Indian	3	0.45%
	Bengali	3	0.45%
	Chinese	8	1.20%
	Pakistani	1	0.15%
	Vietnamese	1	0.15%
	Filipino	2	0.30%
	Any other Asian	1	0.15%
	White and Black Caribbean	8	1.20%
	White and Black African	7	1.05%
	White and Asian	2	0.30%
	Other mixed background	11	1.64%
	Arab	3	0.45%
	Latin American	7	1.05%
	Any other ethnicity	18	2.69%
	Not Answered	36	5.38%

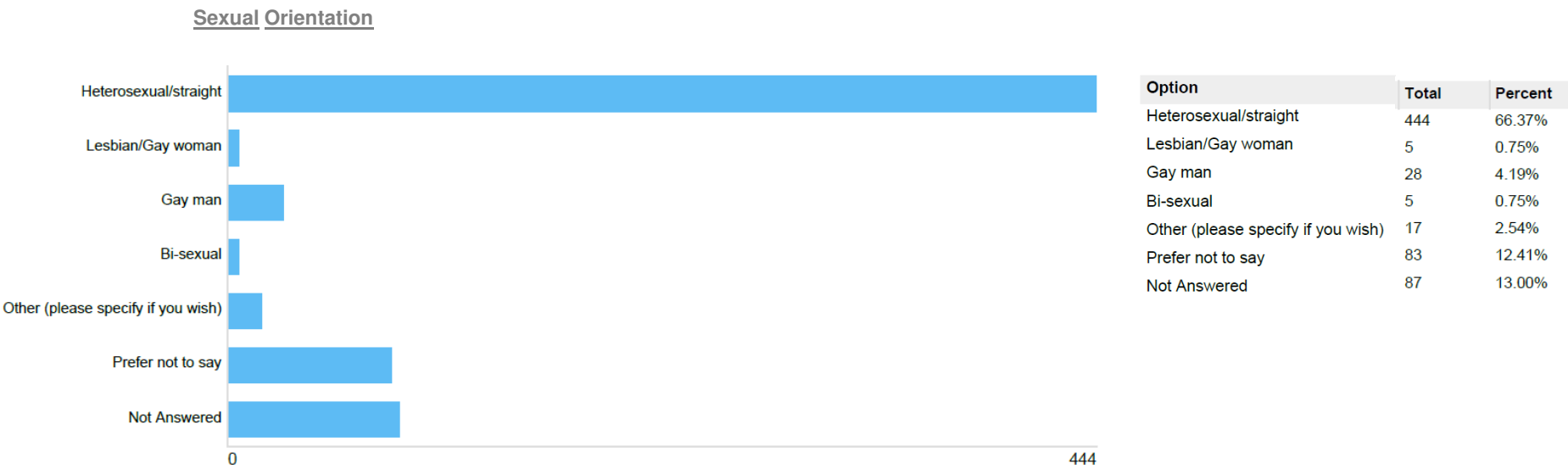
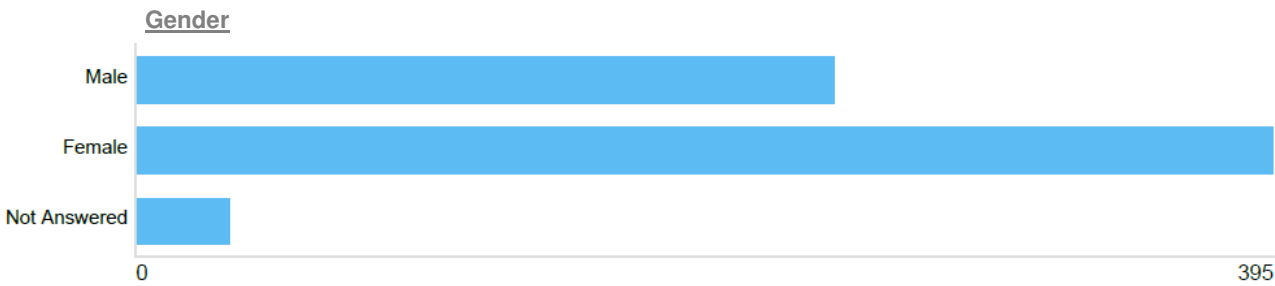
5. Who responded to the questionnaire?

Tenure



Option	Total	Percent
A council tenant	364	54.41%
A council homeowner (leaseholder) living in your council property	143	21.38%
A council homeowner (leaseholder) not living in the property	21	3.14%
A private tenant renting a property in a council block	23	3.44%
Living in council-owned temporary accomodation	21	3.14%
Other	72	10.76%
Not Answered	25	3.74%

5. Who responded to the questionnaire?



6. What did people say? questionnaire responses analysis

Levels and means of engagement

- 31% (208) of respondents are already engaged in resident involvement, 68% (455) say they are not.
- 65% (435) said they would like to be more involved. 15% (102) said they would not like to be more involved, of those over 4% (30) state not having time as a reason. Of the 21 who chose “other reason”, disability/health and mobility limitations are the most quoted reasons.
- 57% (383) of respondents state they have a TRA covering their area while 30% (205) did not to know.
- E-mail is the most popular way respondents would like to be kept up to date about decisions that affect them with 73% (491) choosing this option. The second most popular at 52% (349) is meetings followed by questionnaires and surveys 41% (276). Of the 6% (40) who chose “other” letter/post is the most quoted preference. A few respondents state notice boards and estate events as means of communicating. Some are sceptical in relation to the use of IT, while others are in favour.
- 356 people answered the question “what would you like to hear about/have a say about?”. The most popular 36% (244) was “information on maintenance of my estate”, followed by 30% (205) “information on how my rent/service charges is set and spent” and 24%(164) “how to contact my local councillors”.
- Of the 38 people who chose “other”, who is who in the council and how to report issues was the most popular theme, followed by information on local neighbourhood/area level decisions.



6. What did people say? questionnaire responses analysis

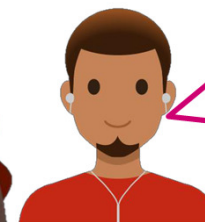
Tenants and Residents Associations (TRAs)

- 75% (505) strongly agree that the council should continue to support TRAs and almost 78% (521) that the council should support residents in setting up TRAs where there are none
- 80% (539) strongly agree that the council should hold annual residents meetings where there are not TRAs
- 84% (564) strongly agree that the council should help TRAs to be as inclusive and representative of their local community as possible
- 65% (435) strongly agree that, where there are no TRAs, funding should be allocated to local community organisations for the benefit of tenants and leaseholders
- Almost 65% (433) strongly agree that the council should revise its residents' training offer.
- There were a number of respondents that felt the council should do more to promote more widely TRAs and their benefits and how to set them up
- A number of respondents commented that TRAs were, in their experience, not inclusive or not representative of the local community and that the council should do more to ensure TRAs are more open and transparent as well as accountable for the funds they are allocated. On the other hand a lesser number of respondents felt that TRAs should be totally independent from the council
- A number of respondents stated that the council should "speak to" and consult with the wider community and not solely TRAs



"A significant benefit of our TRA is that it provides a regular forum for people in the block to get together. This has numerous benefits including increased sense of community, reduced elder loneliness, meeting new people, welcoming new residents, and stopping antisocial behaviour..."

"I think the council puts too much focus on TRAs. They serve some good purposes (e.g. organising social events) but they add an extra layer of intermediation when it comes to addressing housing issues, and this is not helpful. They also tend to be dominated by those who have time to attend meetings. It would be better to focus on how residents can have direct and meaningful access to council staff to address issues."

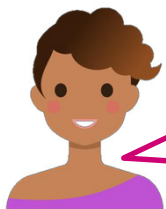


"I feel very strongly that the council should carefully look into the modus operandi of TRA and closely monitor them."

6. What did people say? questionnaire responses analysis

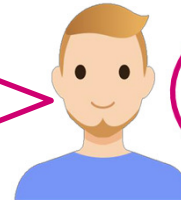
Funding and Resources

- Exploring how libraries can be used as resource centres for residents was strongly agreed with by 72% (484), a small number of respondents state this should not be at the expense of TRA hall resources.
- 61% (412) strongly agree that TRA grants should be allocated at local level and almost 67% (446) strongly agree that the council should allow applications from residents if there is no TRA and it is clear the activity is supported by and will benefit tenants and leaseholders.
- 72% (484) strongly agree that Councillors should work with local residents to determine local priorities for spending the resident involvement fund. Only a very small number of respondents state that Cllrs should not be involved in local decisions for this funding
- Top three priorities for TRA grants funding: bringing the community together (34%), improving community safety (24%) and improving health and wellbeing (14%). A number of respondents state all are equally important. A very popular suggestions made by respondents is activities for young people and a few comments are made on the theme of fairness in distribution of funding and accountability.
- A number of people commented that the funding application process should be simplified and training on how to complete good quality applications provided to residents.
- 64%(428) strongly agree that some funding should continue to be allocated borough-wide to delivery outcomes that benefit both tenants and leaseholders.
- 73% (491) strongly agree that some funding should continue to be used to provide access to independent advice services

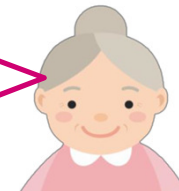


"I think the council shouldn't be seeking to narrow the scope of these grants. Different uses are relevant in different places at different times."

"Funding for tenants and residents organisations should be safeguarded to make sure that these organisations are free to disagree with and oppose the council."



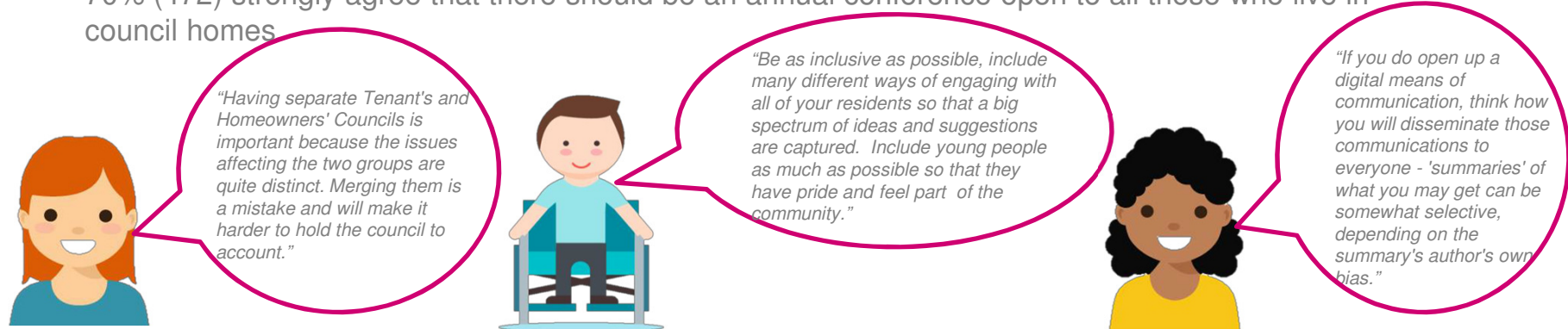
"The grant funding application should be simplified. The current ones are too difficult. Hence, people with learning difficulty serving as volunteers on their TRAs will find it difficult to apply. "



6. What did people say? questionnaire responses analysis

Strategic and borough wide engagement

- 51% (342) strongly agree that ward forums should discuss housing issues. This is the least agreed with proposal which gives less confidence that residents in general would prefer this option. Some had concerns about the proposal's viability and that it will dilute the importance of housing issues.
- Almost 71% (474) strongly agree that tenants and leaseholders should jointly hold the council to account and 76% (513) strongly agree that such a body should be as representative as possible of those who live in council homes.
- A number of respondents commented that tenants and leaseholders should be able to have separate meetings to address tenure specific issues.
- 75% (504) strongly agree that said body should scrutinise the management of the council's housing stock and 74%(499) strongly agree that it should oversee how the council engages with residents
- 74% (495) agree that it is important to offer a range of ways for people to get involved. 53% (357) say they would be interested in joining an on line engagement pool. A number of respondents commented that the balance between online and face to face engagement has to be right.
- 58% (392) strongly agree that social media/digital engagement would get more people involved. A few people commented that meetings are important and should be retained. Some commented on the importance of ensuring that people who can't attend meetings also have opportunities to get involved.
- 70% (472) strongly agree that there should be an annual conference open to all those who live in council homes



6. What did people say? Area Housing Forums

Officers attended the 12 Area Housing Forums (AHF) to present and discuss the proposals. A total of 103 residents took part in these discussions. The below is a summary of the feedback received:

- There was a consensus that the council should indeed support TRAs
- Whilst one forum commented favourably on the Ward Forum proposals, most of those forums that commented on this were critical. Concerns raised were in relation to time and space, politicisation, local identity and interests and high number of meetings might lead to lower – rather than higher – levels of participation.
- One forum commented in favour of the creation of a single tenure Tenant and Homeowner forum but through the merging of the existing Tenant and Homeowner councils. Other forum also agreed with a single tenure body, but stated that on some issues it may be better to consult with a single-tenure sub-group. Other forums that commented on this proposal were critical.
- A number of AHFs commented on lack of detail in the proposals and that they don't provide reasoning as to how and why they are better than what is proposed to be replaced.
- A number of forums commented on the council's capacity to deliver the new proposed structure and the need to improve the quality of support to resident involvement being as or more important than the needed to improve the structures
- Only one forum commented on the Housing Scrutiny Commission proposals stating that more information was needed on this.

6. What did people say? Area Housing Forums

- The on-line panel proposal elicited a lot of feedback. Several forums acknowledged the potential for various digital platforms to play a valuable role but the following concerns were raised: cost, exclusivity, lack of detail, lack of expertise and importance of face-to-face communication.
- Few forums commented on the annual resident conference. One supported it and one rejected it.
- Resident Involvement Fund generated varying feedback. In one of the forums, of the nine voting members at the meeting, there was a 3-way split between those agreeing the proposals, those rejecting them, and those abstaining. Amongst the points raised on this matter were legality, control, who decides who gets funding and on what basis, with many forums expressing a strong view that decision on funding should be shaped by tenants and residents.

Southwark TMO Committee

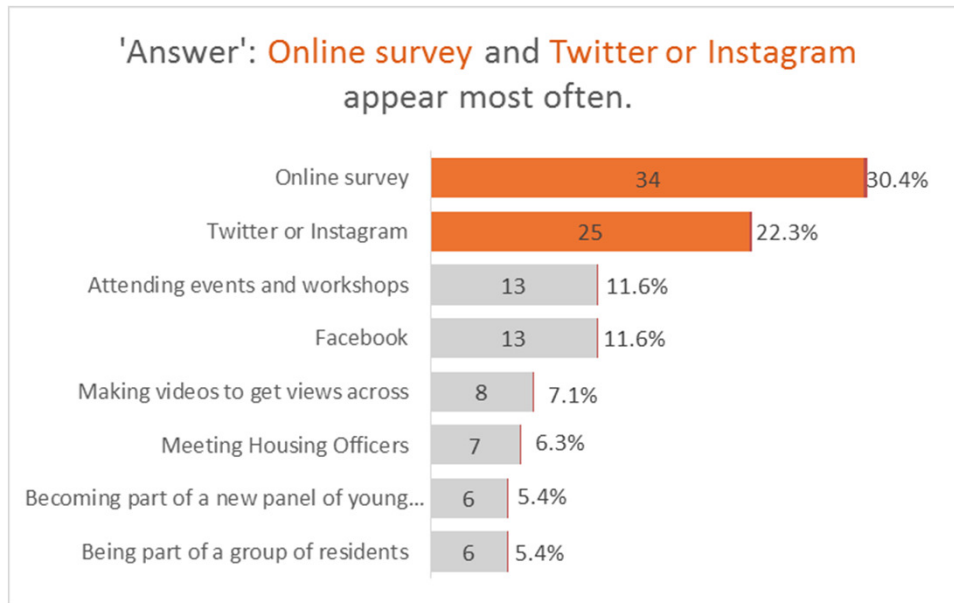
- They are of the opinion that ward forums would not have the capacity to discuss housing matters in the required depth as there will be so many other local matter to discuss.
- Proposed to have a third place on the housing scrutiny commission is allocated to a TMO representative
- They expressed concerns that the funding proposals might put SGTO at risk and they expressed their desire to be able to continue using their services
- Queried how the council will ensure that the new structure is properly resourced and that there is buy in and meaningful engagement from senior officers and members.

6. What did people say? Homeowner Council submission summary

- Proposals put great emphasis on digital communication and the involvement of young people. Concern that emphasis on engagement with young people may also involve a cost cutting move to digital consultation. Points out that those digitally excluded will be unable to participate in the online panel.
- Employment of modern technologies might see more residents engaged, it is likely that the council's satisfaction levels may improve, while underlying service delivery outcomes remain unchanged.
- Acknowledges intense three month period of consultation but criticises the earlier period, citing a reluctance to consult properly with existing resident bodies on the subject of its resident engagement structures.
- Commends the council for proposing that there should be continued support of TRAs and also for its aspiration to broaden participation but questions the council's capacity to support and develop TRAs and whether it will dedicate the necessary resources to this.
- States that Ward Forums don't provide opportunity for proper engagement by residents in housing matters. Also states that Housing forums, chaired by elected residents and inclusive and open to all, are the appropriate platform to consult on cross-tenure neighbourhood and area issues.
- Indicates that there is an imperative need for a broad-based, democratic strategic homeowner body and that a modernised Homeowner Council should be retained.
- Points out that when an online panel is established, there is also an opportunity to network and integrate online participation with active residents' groups and homeowners on the online panel could be linked into Homeowner Council's current website.
- Advocates that decisions on Resident Involvement funding should continue to be shaped by residents.
- Homeowner Council believes that the council's 16,000 homeowners should be represented by a body that is open, elected and democratic, as Homeowner Council is and not by one that is closed, appointed, technocratic and small in number.
- States that the My Southwark Homeowners Board should oversee the functioning of the Agency. To ensure its independence in this role, support for the Board is provided by a council section other than the MySouthwark Homeowners service, a suitable alternative being, given that it is a resident body, the Communities Division.

6. What did people say? Young people outreach

- The Question was: *"I would like to be consulted by the Council about my housing in the following ways:"*
- 45 completed questionnaires received and analysed. Note that one person could have multiple answers.
- Taking part in an online survey followed by using a Twitter or Instagram account were the most popular choices (30% and 22% in that order respectively)



- Becoming part of a new panel of young residents and being part of a group of residents on their estate were the least popular (5% of the responses each).
- 33 respondents provided their age. 55% of them (18) were 16 -19 years old.
- Young People prefer to be contacted on their mobile phones. Around three in five of them provided their mobile number (28 out of 45). The use of email address was popular in 33% of the respondents (15 out of 45).

6. What did people say? Other written responses

260 postcards were received via SGTO campaign, the points made are:

- Housing Forums should not be merged with community forums
- Agendas should not be Cllr controlled and chaired, Housing forums should continue to be controlled by residents
- Councillors should not be involved in making funding decisions for TRAs
- Digital engagement should only be used as additional support not as replacement for engagement with elected residents representatives

Written responses were also submitted by the following bodies

- Southwark Group of Tenants Organisations Board
- Liberal Democrats party
- Barry Area TRA
- Homeowners Council
- Tenant Council
- Individual and collective submissions by a number of residents
- Kennington Park Road TRA
- Old Kent Road Area Housing Forum
- Sceaux Gardens T&RA
- Chair of Southwark Travellers Action Group
- Tabard North TRA
- Borough Bankside Area Housing Forum
- Rotherhithe Area Housing Forum

6. What did people say? Written submissions

The main themes emerging from the 20 written submissions are:

TRAs

- TRA should be more accessible and welcome commitment to TRAs

Funding

- General feel that Councillors should not be involved in funding decisions and this would risk of politicisation of funding allocation
- All who pay should be able to draw on Resident Involvement Fund while the need transparent criteria for allocating the fund over time

Area Housing Forums

- General feel that Ward Forums as the place to discuss housing issues won't work
- A few feel that AHF should continue and that Cllrs should attend them

Residents Pool

- Some feel that online engagement discriminatory and the pool would need to be properly resourced and not be the only way of engaging

General comments

- Mixed views on the consultation, some thought it was undemocratic while others thought it was good
- Some requests not to merge Homeowner Council and Tenant Council
- Concern that residents could have less influence in new structures
- Council should run resident involvement better
- The council should listen to residents more
- Need to clarify relationship between Resident Involvement and Empowering Communities

Appendix 2**Resident Participation Implementation timeline**

Milestone	Timescale
TRAs proposals implementation	February to June 2020
Residents' Panel Recruitment Launch	March 2020
Recommissioning of independent residents support and advice services	March to September 2020
Local Housing Forums Launch	April 2020
Elections to Southwark Tenants and Homeowners Forums	April 2020
Local projects TRA grants	April to June 2020
Southwark Tenants and Residents Forums Launch	June 2020
Residents Conference	September 2020



Item No. 9.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		Review of Grenfell Inquiry Phase 1 Recommendations	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Kieron Williams, Housing Management and Modernisation	

FOREWORD - COUNCILLOR KIERON WILLIAMS, CABINET MEMBER FOR HOUSING MANAGEMENT AND MODERNISATION

Ensuring our residents are safe is our first priority as a landlord. Over the last decade we have invested £62 million to improve fire safety across all of our homes, working with our residents and the Fire Service to continuously improve our approach to fire safety.

After the tragic loss of life in the fire at Lakanal House in 2009 the council had to learn lessons. We have worked hard to do this and to take the action needed to prevent a tragedy of this kind happening again in our borough, putting in place one of the most robust approaches to fire safety of any council in the country.

The devastating fire at Grenfell Tower in 2017 has required our whole nation to look again at fire safety. The Grenfell Inquiry is looking in depth at how this tragedy happened and the fundamental changes that need to happen to keep us all safe. The report from the first phase of the Inquiry has now been published. It looks at what happened on the night of the fire. It is deeply upsetting reading that highlights many things that must change.

In Southwark we have already undertaken a further fundamental review of our approach to fire safety following the Grenfell fire, strengthening our policies and procedures, making all of our fire risk assessments publicly available and investing further in fire safety work.

This first report from the Grenfell Inquiry recommends further fundamental changes to how fire safety in the Britain is approached, including recommendations for Government, the fire service and landlords. The following pages set out what these recommendations mean for Southwark, including those recommendations that we have already met, those that we are working to meet and those that will require changes to the law and or substantial new investment for us to be able to implement them. It is important to say these are all recommendations from the inquiry at this point. For many of them to be taken forward we will need the government to take action. As a council we will push for that action to be taken by government as quickly as possible in consultation with all affected.

RECOMMENDATION

1. That the cabinet note the contents of this report.

BACKGROUND INFORMATION

2. Following the devastating fire at Grenfell Tower in 2017, the Government commissioned a public inquiry into the events leading up to and during the tragedy. A report with findings from Phase 1 of the Inquiry has now been published and the document contains a number of recommendations which, if they become legislation, will bring about significant changes to the way fire safety is managed and fires are responded to in the UK. This will have a significant impact on Southwark, the people who live here, and the council.
3. Phase 1 of the inquiry focused on the factual narrative of the events on the night of 14 June 2017. The finding of this phase were published on 30 October. Phase 2 will now follow and will focus on the remainder of the list of issues including the contribution of events and actions that took place before the fire.
4. The Mayor of London has very recently published a response to phase one of the inquiry. It was published at the time of finalising this report, and the council will carefully consider the Mayor's response to the inquiry report's recommendations and will continue to work closely with the LFB, which is the primary focus of the report, to further strengthen our productive and close working partnership that is already helping to keep our residents safe.
5. This report summarises our progress to date in improving the fire safety of council homes, and our position in response to the relevant recommendations from Phase 1 of the Inquiry.
6. The recommendations from the inquiry include a number of actions for the emergency services, which have not been included in this report.

KEY ISSUES FOR CONSIDERATION

Grenfell inquiry phase 1 recommendations

7. The council has identified the recommendations in Phase 1 of the Inquiry that apply or relate to local government, and we set out below the implications for the council of implementing those. We have categorized them into three distinct sections – measures already in place; measures that would require significant investment or change to introduce; and measures with national implications that require further thought/consideration by the government and sector. By considering all the implications now, Southwark will be well-placed to respond to any changes to fire safety policy and procedure that are announced by government following Phase 1 of the Inquiry.

Measures already in place

8. In 2009, Southwark experienced the tragedy of a fire in Lakanal House on the Sceaux Gardens Estate. In the aftermath of this event, the Coroner's report made a number of recommendations to the council to improve fire safety in its residential buildings. In response the council has invested £62m to improve the safety of all our council properties.
9. Our priority is always the safety of residents and we have done a huge amount of work, considering the best way to make residents, across our large and diverse estate, more safe. We work closely with the London Fire Brigade to carry out Fire Risk Assessments for all our blocks, develop our fire safety plans, and

consider the needs of each block. Our focus is on preventing fires, having early warning systems (heat and smoke alarms in every habitable room) and preventing those that do occur from spreading through better compartmentation, which experts agree should be the focus. Since our fire safety works and fire risk assessments of all our blocks were carried out after Lakanal, several fires have started but been contained to one flat or even room because of the fire safety works we've done.

10. In response to the Grenfell tragedy we challenged our plans and processes again. We reviewed and revisited all our tower blocks and carried out new fire risk assessments of each one, identifying and planning any necessary improvements or works.
11. Because of the importance we place as a council on fire safety, there are a number of recommendations within the Phase 1 report that are already council policy/procedure, or that we are well underway to addressing. These are as follows:

'that the owner and manager of every high-rise residential building be required by law to provide their local fire and rescue services with up-to-date plans in both paper and electronic form of every floor of the building identifying the location of key fire safety systems'

- We provided the London Fire Brigade (LFB) with comprehensive building plans for our blocks that are 5 storeys and above, following the Lakanal House fire in 2009.

'that the owner and manager of every high-rise residential building be required by law to carry out regular inspections of any lifts that are designed to be used by firefighters in an emergency and to report the results of such inspections to their local fire and rescue service at monthly intervals'

- The council conducts monthly testing and inspections and twice yearly insurance inspections on all our lifts. Only 3 of the lifts currently in our council blocks are fire fighting lifts (those that can be used by LFB for fire fighting operations) but approximately 90% of all other lifts have a facility to allow fire fighters to control them.

'that the owner and manager of every high-rise residential building be required by law to provide their local fire and rescue service with information about the design of its external walls together with details of the materials of which they are constructed and to inform the fire and rescue service of any material changes made to them'

- The council has already begun a programme of inspections to identify and record (and in some cases remove) the materials used in the external walls of all high rise blocks and this will form part of a response to a request for information from the government. Two contractors have been appointed to conduct inspections and the programme is due to finish in March 2020.

'that in all high-rise buildings floor numbers be clearly marked on each landing within the stairways and in a prominent place in all lobbies in such a way as to be visible both in normal conditions and in low lighting or smoky conditions'

- Southwark improved the signage in all its blocks following the Lakanal House fire. All high rise blocks were provided with floor number and flat number signage, on each floor and in ground floor lobbies.

‘that all those who have responsibility in whatever capacity for the condition of the entrance doors to individual flats in high-rise residential buildings, whose external walls incorporate unsafe cladding, be required by law to ensure that such doors comply with current standards’

- LBS do not have any buildings with ‘unsafe cladding’, as described by MHCLG

‘that the owner and manager of every residential building containing separate dwellings (whether or not they are high-rise buildings) carry out an urgent inspection of all fire doors to ensure that they comply with applicable legislative standards’

- All fire doors within flat blocks are considered as part of the Fire Risk Assessment (FRA) process and any action required is passed to the relevant team for delivery (Major Works, Improvements, and Repairs etc.) This is an ongoing exercise.

Measures requiring process change and investment

12. Southwark Council always strives to ensure its residents are as safe as possible in their homes, and we committed after the Grenfell fire that we would take on board any learning from the tragedy to inform our future policies and procedures. We will do this, but should note that several of the Phase 1 recommendations are for substantial changes to the way fire safety is managed in the UK and will require changes to procedure, legislation and in some cases considerable additional resource and investment.

13. Recommendations that will require process change and investment include:

‘to ensure that the building contains a premises information box, the contents of which must include a copy of the up-to-date floor plans and information about the nature of any lift intended for use by the fire and rescue services’

- The council currently has these boxes in sheltered/supported housing units, hostels and in the blocks on the Ledbury Estate. Rolling this out to all our buildings will require considerable resource. We will be working with the LFB to determine what information it requires in the PIB and will engage with residents with regards to the personal information the PIB may contain.

‘that the owner and manager of every residential building containing separate dwellings (whether or not it is a high-rise building) be required by law to provide fire safety instructions (including instructions for evacuation) in a form that the occupants of the building can reasonably be expected to understand, taking into account the nature of the building and their knowledge of the occupants’

- Fire action notices with simple instructions are provided in all our high-rise blocks. Residents in our taller or more complex blocks are issued with Fire Safety Information Packs. The relevant information is also provided as part

of any new tenancy. Developing and providing this information to residents in all council properties would take time and have considerable resource implications for our fire safety team.

'that the owner and manager of every high-rise residential building be required by law to carry out regular tests of the mechanism which allows firefighters to take control of the lifts and to inform their local fire and rescue service at monthly intervals that they have done so'

- The test is conducted as part of the servicing mentioned previously but the data is only recorded internally at the council. We will need to work with the London Fire Brigade to establish a method for sharing this data.

'that the owner and manager of every residential building containing separate dwellings (whether or not they are high-rise buildings) be required by law to carry out checks at not less than three-monthly intervals to ensure that all fire doors are fitted with effective self-closing devices in working order'

14. The implications of this recommendation for any large landlord are substantial. Southwark has more than 100,000 fire doors in our blocks, which would mean we would have to inspect more than 33,000 doors per month. To carry out checks at much higher frequency, the council would need to increase the size of its team which would require significant investment. It is also important to note that most of the fire doors in block are doors to individual homes and that the council would only be able to fully inspect these by arranging access with each tenant or homeowner.

Measures requiring systematic, national policy change

15. Whilst Southwark will do all it can to respond positively to all the recommendations from this inquiry and to keep our residents safe, some of the recommended measures would require fundamental changes to the rules and procedures of other organisations. Many would also be particularly challenging for an authority with the very large number of homes that Southwark has as the largest council landlord in London.
16. We have particular concerns about the recommendations that relate to evacuation, as councils are not currently legally responsible for evacuation. The Fire and Rescue Services Act 2004 places primacy of control of a fire with the fire service who can determine if an emergency evacuation is required and when resources allow they will assist with evacuations. It needs to be made very clear that the only people who should enter a building which is on fire are firefighters.
17. At this time, and integral to all discussions on the matter, the current guidance for the Stay Put strategy is still in place for most high-rise blocks, unless there are unusual circumstances where the building's integrity has been compromised. The Stay Put strategy relies on the fact that all buildings, in accordance with up to date FRAs and council responsibility, should be sound, so that smoke and fire are restricted to 'compartments' and cannot spread. Most fires start inside people's homes, and are contained within them, but sometimes smoke finds its way into the communal areas and there is a period of time or resilience where it cannot spread into or between the dwellings. Therefore, staying inside a property while awaiting assistance from the Fire Brigade should be safer than entering a smoke-filled stairwell. This strategy is agreed with the fire brigade for most individual high-rise blocks. When there is a fire inside a property, the person

should attempt to escape if they are able to do so. If they are unable to, it is the fire brigade's responsibility to assist them, not the council's – council officers are not equipped to enter burning buildings, and neither are they based on site in our residential buildings.

18. The council takes the Fire Brigade's advice not to encourage individuals to evacuate a building, for their own safety, unless their own flat is on fire, or there are special circumstances and the Stay Put policy has been changed.
19. Personal Emergency Evacuation Plans (PEEPS) are provided to any individuals living in either a building which does not have a Stay Put policy attached to it (such as Ledbury Towers) due to structural problems, or in supported housing where tenants have on-site staff and effective sounding (alarm) systems or adequate fire marshals to alert residents to the evacuation. The fire marshals do not assist people out of the building during a fire; this can only be carried out by trained firefighters. This is not provided in general needs accommodation because it relies on having staff members available to raise the alarm on each floor, and a register of who is inside the building at any one time – in Southwark Council's case, this would be for thousands of properties.
20. We would also struggle to hold real-time information about the mobility of all our residents. The council has a strategy for providing assistance where specific needs are identified but does not hold information of this nature for every resident in its high rise blocks. Indeed, residents are under no obligation to provide this data to the council, so government assistance in this would be necessary. Even if it were possible for the council to gather information about every resident in a block, this would not include any visitors with impaired ability to self evacuate, or any temporary impairments that otherwise able-bodied persons may develop, such as a broken leg. During an emergency, council officers are not trained nor equipped to evacuate people from a burning building; that responsibility sits with the fire brigade.
21. The recommendations below all relate to evacuation. For these to be implemented, there would need to be a simultaneous change to Stay Put policy, and a review nationally of where responsibility for evacuation lies, and how it will be resourced going forwards.

that the owner and manager of every high-rise residential building be required by law to prepare personal emergency evacuation plans (PEEPs) for all residents whose ability to self-evacuate may be compromised (such as persons with reduced mobility or cognition)'

'that the owner and manager of every high-rise residential building be required by law to include up-to-date information about persons with reduced mobility and their associated PEEPs in the premises information box'

'that the owner and manager of every high-rise residential building be required by law to draw up and keep under regular review evacuation plans, copies of which are to be provided in electronic and paper form to their local fire and rescue service and placed in an information box on the premises'

'that all high-rise residential buildings (both those already in existence and those built in the future) be equipped with facilities for use by the fire and rescue services enabling them to send an evacuation signal to the whole or a selected part of the building by means of sounders or similar devices'

22. This is only the first phase report and it will be followed by a more in depth and far reaching report at Phase 2. This is likely to result in recommendations which require additional resources to deliver. The relevant subjects to be examined in more detail in the Phase 2 report will include, and may have national impact, are:
- Grenfell Tower's original design, construction, composition (completed 1974)
 - Subsequent modifications prior to the most recent
 - Modifications to the interior of the building 2012-2016
 - Modifications to the exterior of the building 2012-2016 (including cladding and insulation)
 - The fire and safety measures within the building at the time of the fire
 - Inspections
 - Governance/Management
 - Communications with residents
 - Fire advice to residents 2012 to 14 June 2017
 - Response to Recommendations
 - The aftermath.
23. A further update will be presented to cabinet after the Phase 2 report has been released, which will also include further consideration of the retro fit of sprinklers in high rise blocks.

Private blocks

24. The council responded to MHCLG's consultation on Building a Safer Future in July 2019 expressing a number of areas of concern.
25. Partly in response to this and the first draft of the Hackitt Review, a working group to monitor Built Environment Fire Safety was set up in the Planning and Building Control Department. The working group will keep a close watch on developments arising from the report and any subsequent legislation on such matters as height thresholds.
26. One aspect of the Hackitt Review is the reference to an inadequate regulatory oversight and states that current sanctions and enforcement tools are weak and significantly under-utilised in practice. The working group will maintain a watching brief on whether additional resources will be needed as a result of any government reforms and what can be done to mitigate the impact on the council's expenditure.
27. The working group is also investigating the advantages of requiring Fire Strategy Statements from applicants for relevant developments which would include a holistic fire protection including the building envelope, protection of occupants (compartmentation, sprinklers etc.) and safe evacuation.
28. Specialist advice will be required to assess the submitted Fire Strategy Statements for robustness as well as site and project specificity (like other specialist advice this will be chargeable to the Applicant). If it is agreed to proceed with Fire Strategy Statements it would be locked into a Gateway 2 – Implementation either by condition or S106 Obligation; the latter carries a greater weight. However before this can be incorporated into any S106 Agreement as an obligation (and in the absence of clarity from central govt.) the working group will

need to define what is realistically possible to be confirmed and signed-off at implementation of a proposal.

29. The working group in response to a request this month from MHCLG has sent out External Wall System questionnaires to all private building owners. This data collection will be entered on to the government's DELTA system as soon as we receive them.
30. In order to develop a closer working relationship with other housing providers within Southwark, the council has organised a fire safety event which will take place at the end of January 2020. This will allow the council to share its approach to fire safety, hear how other providers are managing their buildings and offer guidance and support to organisations providing homes to the residents of Southwark. Working together with these providers will help to improve the safety of residents across the borough.

Next steps

31. The implications of the Phase 1 recommendations will inevitably be wide-reaching for local government and we are conscious about the level of change that may be required. Rather than wait for the full report and government response, Southwark is already taking a proactive approach to improving our processes based on emerging learning from the Grenfell tragedy. However, it is clear that some recommendations require a sector-led response.
32. Representatives of the council regularly attend the London Councils' Fire Strategy Group meetings, to share best practice and discuss approaches to all aspects of fire safety in housing with representatives of other Local Authorities in London. The council is also a member of the Social Housing Fire Strategy Group (SHFSG) which connects councils and other social landlords across the country.
33. We will continue to work with other councils and through our representative bodies, including London Councils and the Local Government Association, to ensure the government is aware of the implications of the recommendations for the sector, and to release appropriate funding to support councils in making the associated improvements and changes.

Policy implications

34. The Council Plan sets out the council's ambition for Southwark to be a great place to live with clean, green and safe communities. Fire safety is central to all that we do, and while there are no immediate policy implications arising out of the phase 1 recommendations, there may be policy implications in the future.

Community impact statement

35. There are no present impacts on the community as currently the phase 1 inquiry has only made a series of recommendations. However as and when these recommendations become necessary to implement, there will be a high impact across all parts of the community. As a result, it is important that Southwark Council effectively understands the community impact and works with community organisations and local communities to develop and deliver potential solutions.

Resource implications

36. N/a

Legal implications

37. Addressed under paragraph 40.

Financial implications

38. Addressed under paragraph 41.

Consultation

39. Addressed under paragraph 35.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**Director of Law and Democracy**

40. The report recommends that cabinet notes the review of the Grenfell Inquiry Phase 1 recommendations. There are no significant legal implications arising at this stage. The director of law and democracy and her staff will provide advice to officers on any legal and governance issues impacting on the council's responsibility for the fire safety of council homes arising from the Grenfell Inquiry recommendations.

Strategic Director of Finance and Governance (H&M19/140)

41. The strategic director of finance and governance notes the report and next steps arising from phase 1 of the public inquiry into the Grenfell tragedy. Notwithstanding the extent of the council's investment in fire safety since Lakanal in 2009, there are no additional financial implications arising from the report that are outside of the existing budgetary provisions held. However, as guidance and regulations governing fire safety change and become more stringent for building owners, there will inevitably be a further significant resource requirement which will be assessed and reported at the earliest opportunity. The council will continue to work with representative bodies to lobby government for the funding necessary to address the new requirements. All costs associated with fire safety in the council's housing stock continue to be met from the Housing Revenue Account and Housing Investment Programme.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Grenfell Inquiry Phase 1 report	160 Tooley St SE1 2QH	Tony Hunter Tel: 020 7525 1756
Link: https://www.grenfelltowerinquiry.org.uk/phase-1-report		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Kieron Williams, Housing Management and Modernisation		
Lead Officer	Michael Scorer, Strategic Director of Housing and Modernisation		
Report Author	Tony Hunter, Head of Engineering		
Version	Final		
Dated	23 January 2020		
Key Decision?	Yes		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments Included	
Director of Law and Democracy	Yes	Yes	
Strategic Director of Finance and Governance	Yes	Yes	
Cabinet Member	Yes	Yes	
Date final report sent to Constitutional Team		23 January 2020	

Item No. 10.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		Environment Scrutiny Commission Report on the Climate Emergency Road Map – Cabinet Response	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Richard Livingstone, Environment, Transport and the Climate Emergency	

FOREWORD - COUNCILLOR RICHARD LIVINGSTONE, CABINET MEMBER FOR ENVIRONMENT, TRANSPORT AND THE CLIMATE EMERGENCY

In March last year, Southwark Council's council assembly voted unanimously to declare the Climate Emergency. In doing so, it also committed the council to become carbon neutral by 2030 – bringing its previous target forward by 20 years.

Since declaring the emergency, Southwark council has been clear that this declaration is not an empty aspiration but must be delivered through a robust strategy which engages with the community. To achieve its aim, the strategy needs to look at everything that it does across all its activities, and beyond to tackle the carbon usage in our communities. The council therefore held its Climate Summit in July to bring partners together and cabinet agreed in October the process for developing a comprehensive strategy with our communities to tackle the Climate Emergency.

Before that October cabinet meeting, the council's Environment Scrutiny Commission reviewed the emerging process, with input from Camden council on how they had used a Citizens' Assembly approach in developing their strategy. The commission also took evidence from Extinction Rebellion Southwark on how engagement between the council and the community could work. This report responds to the Environment Scrutiny Commission's recommendations arising from this work.

Since October, the council has continued to make progress towards developing its strategy:

- In the autumn, Southwark became the first council in the country to appoint a Climate Change Director to drive through its commitment to tackle the Climate Emergency – Chris Page started in this role in January.
- As part of the 2020/21 budget process, cabinet will be asking council assembly to agree to identify £2 million of reserves to be earmarked for this work.
- Work is progressing on the draft strategy for consultation, which will take place between March and May. As part of this consultation, the council's first Borough Conference on 21 March will be dedicated to this process.

The valuable work of the environment scrutiny commission's report has significantly helped in shaping this process and the proposals that will be included within the draft strategy. I therefore very much welcome their report and thank the commission for their commitment and hard work towards our shared goal of taking urgent action to protect our borough, our planet and our future.

RECOMMENDATIONS

1. That cabinet notes the recommendations made by the environment scrutiny commission and agrees the response set out in this report.
2. That cabinet agrees that the recommendations of the commission, and response from cabinet, form part of the consultation on the climate strategy when it is published.

BACKGROUND INFORMATION

3. The global challenge from climate change is unprecedented and urgent action is required now to tackle it. In March 2019, the council declared a climate emergency which recognised the scale and scope of the crisis and committed the council to doing all that it can to make the borough carbon neutral by 2030.
4. In July 2019 the council hosted a climate summit in response to the declaration. Officers were asked to develop a climate change strategy. In October 2019, Cabinet agreed the report "Delivering a Climate Strategy for Southwark" which agreed a timetable to develop and deliver a climate strategy for Southwark.
5. Following the summit, the council's environment scrutiny commission invited the cabinet member with officers to present evidence on the draft road map as well as taking evidence from other witnesses. The commission made a series of recommendations to cabinet which were received by Cabinet in October 2019.
6. Cabinet agreed that it would report back on the commission's recommendations. This report sets out this response.

KEY ISSUES FOR CONSIDERATION

7. Officers are developing a draft strategy at the moment. As agreed by cabinet in October, there will be a full engagement programme and consultation from March. The outcome and a draft strategy will then come to cabinet in June ahead of our second climate summit in July.
8. The commission's work is timely and very welcome as officers develop this strategy. A clear recommendation that came from the commission was that the council must not hold back on green initiatives until a perfect plan is formed. They also stress the urgency of the climate crisis and urge immediate action across a range of areas. The council agrees with the commission and the urgency of the situation.
9. As a strategy is currently being developed, this report is intended to respond to the recommendations of the commission and indicate how the council plans to take these forward. However, we do not want to pre-empt the draft strategy consultation and so in a number of areas are proposing that the recommendations of the commission form part of the consultation.
10. In some areas, we do not consider that the commission is being ambitious enough, and where this is the case will make proposals outlining the council's ambition.

11. This report is therefore an initial response to the work of the commission, but hope that the commission continues to play an active part in the process going forward as the strategy emerges and is then delivered.
12. The commission has focused on the council's policies and strategies and offered helpful recommendations as we develop our climate strategy. However, if the borough is to be carbon neutral beyond by 2030 we need to look beyond those things that the council has direct control over and look at how the council can also use its influence, lobbying and networks to get others to play their part.
13. The council in its emerging strategy must look at a number of factors. As well as areas that the council controls directly or enables through funding, procurement, policy or partnership, the council must also consider how it can use its influence both locally and nationally to deliver change.
14. As agreed by cabinet in October 2019, we will consult with the public on our draft strategy from March to May 2020. A final strategy will come to cabinet in June 2020. We have agreed to establish a partnership steering group, which we hope will help shape the strategy as it is developed.

Policy implications

15. The commission made eight recommendations which are set out below along with corresponding actions.

Recommendation 1

16. The council must not hold back on green initiatives, until we have a perfect plan. The situation is an emergency and demands urgent action, and as such schemes, such as community energy, must be brought forward at the earliest opportunity. This will help build community engagement and confidence in our resolve and commitment.
 - a. We agree with the commission that green initiatives should not be held back until the perfect plan is in place. A draft strategy is being developed for consultation in the spring, and ahead of that a review is taking place across council services looking for opportunities which will tackle climate change.
 - b. In December, cabinet agreed a proposal to establish a climate emergency reserve of £2m 2020-21 to coordinate the various activities and action plans across the council and will support the delivery of the climate change strategy following extensive engagement during the first half of 2020. The council has also created and filled a new senior post to manage the council's response to the climate emergency.
 - c. Other initiatives we have taken forward. For example divestment from fossil fuels in our pension fund, reducing council carbon emissions rolling our school streets programme and making it easier to walk and cycle in the borough.
 - d. While we agree that we should not hold back on pursuing green initiatives until the plan is fully formed, we also need to ensure that any initiatives we do follow are going to be effective and deliver the outcomes we want for the

investment that we make. For example, the council has already taken forward the proposal for community led renewable energy as reported to cabinet in October 2019. There are challenges in developing sustainable energy projects on our estates but as reported, we are looking at a range of ideas to take work forward.

Recommendation 2

17. The engagement process should start with a leadership statement from the council about the Climate Emergency issue and the council's approach to environmental stewardship. How does fossil fuel burning, vehicle emissions, a denuded green environment, loss of species, all contribute to the climate emergency and why does it matter? What position does the council take for our borough, city and planet? This statement, and subsequent distribution and education in the borough, should be implemented before the rounds of engagement detailed below to ensure we have the best input from our communities. The statement should additionally overlay some of the wealth of information we have (council tax bands, indices of multiple deprivation, car ownership, road causality rates, air quality etc.) to fully understand who in the borough experiences the benefits and who suffers the most from our environmental actions and to integrate the principle of climate justice.
 - a. We agree that it is very important to publish a statement and will do so alongside our consultation on the strategy. The council has a crucial leadership role in responding to the climate emergency and we recognise that clarity on our approach is necessary for this.
 - b. We also recognise that while we have an important contribution to make on this issue, there is also considerable expertise in other areas. We can set out our initial position on these issues, but want to be open the expertise of others both locally and nationally so they can help shape out thinking as we develop our strategy.
 - c. We will ensure that through the consultation we make quality information available to help ensure an informed debate. Looking forward over the next decade as we work to meet our target, we will have ongoing consultation with the public where we ensure that there is clear and accurate information from the council about the climate emergency, what needs to be done and how everyone can play their part.
18. A borough-wide online engagement process to discover what residents feel about issues relating to the Climate Emergency and the sorts of actions they want the council to take. The Our Healthy Streets approach using Commonplace, an online platform, in Dulwich and now Walworth is a good place to start. The Council should work with a range of groups including environmental campaigners and residents associations to get them to feed into this process. We suggest that in order to bring this survey to life for residents, it is prefaced with a strong, evidence based statement
 - a. We agree that there should be a strong online presence. We will look at other initiatives in the council and beyond to ensure that we use best practice. Our ambition is for the engagement to be as full as possible and ongoing over the life of the strategy. To do this effectively we will look at a

range of approaches to ensure that we reach residents effectively and that they can properly engage with the council on this issue.

- b. We are developing the scope and nature of our engagement as part of the strategy consultation, but we will want to ensure that we reach the widest and most diverse range of people and groups – not just those already actively engaged in this issue. This will of course include campaigners and TRAs but we need to be more ambitious than that, and will look at how we engage all parts of the borough.
- 19. Multi-ward meetings across the borough where Councillors and residents come together to discuss issues around the Climate Emergency. This will give a sense of how issues may be viewed differently across the different parts of the borough.
 - a. We would support the use of multi-ward meetings to encourage further action on this issue. Multi-ward meetings are led by members who decide on local priorities and the agenda. If members want to hold meetings on this issue, we would be supportive of this and can ensure that relevant consultation resources are available.
 - b. Members have announced that Southwark's first borough conference on 21 March will have the climate emergency as its theme. The borough's Community Champions will work with the Cabinet Member and officers to develop a series of workshops, and speakers for the conference and are exploring ways to engage with a range of community groups and other organisations based in the borough.
- 20. The use of the Youth Council/Young Advisors to engage in a structured and representative way with young people across the borough. This method of engagement is proving of value in relation to the Walworth Town Hall redevelopment for example.
 - a. Young people and future generations are the people who will live with the consequences of climate change and the actions that we take today. It is essential that they are at the heart of our approach and that their ideas are central to this work moving forward.
 - b. We agree about the huge contribution that the youth council and young advisers can make and support their involvement in this process. We will engage with them, but also go further and look at what other ways, in addition to young advisers and the youth council, we can use to engage with and hear from young people.
 - c. We will learn from the 'Southwark Conversation', where young people were one of the hardest groups to reach. Through this process we will work again with established groups like the youth council and young advisers, but also consider whether there are other approaches such as sessions in schools, or through youth groups which are also needed to reach the widest range of young people.
- 21. Engaging with schools and the growing number of elected eco-councillors in primary and secondary to help children and parents contribute and build momentum.

- a. We agree that young people are some of the most passionate advocates for this issue and their activism can drive change in society. Young people are helping to set the agenda internationally as well as driving change locally. We will look for every opportunity to engage with young people through this process.
 - b. We will work with out schools to find ways to align the work that they are doing with young people on this issue, with our approach.
- 22. A citizens assembly, where a representative sample of Southwark citizens (usually about 50) come together, to first learn about the challenges and possible solutions and then to deliberate and propose recommendations.
 - a. Citizens' assemblies have been used in other authorities with an aim to build a demographically representative citizen consensus about how the local authority should address the issue. Camden Council has led done some very interesting work developing this approach in relation to climate change.
 - b. As Southwark develops its strategy and approach, we would look at the experiences of Camden and others and explore whether this model is right for Southwark. We agree that there needs to be engagement from across the borough, representing the diversity of the borough and we will explore the citizens assembly model as one way of ensuring this.
- 23. Online testing of emerging themes of the strategy with those who are interested to participate (potentially identified from the original borough-wide survey) to help assess and modify emerging policies.
 - a. The consultation will include online consultation but will be broader than this. We need to engage with those beyond people who are already interested and test our policies and ideas with the broadest range of residents. We will ensure that there is ongoing dialogue an opportunities for the public to engage and consult with the council on its full range of policies.
- 24. A rolling programme of People's Assemblies to discuss the emerging strategy and to help Southwark address the most difficult issues.
 - a. As set out in paragraphs 21a and 21b we will explore the use of citizens or peoples assemblies. We are very interested in this model, but at this stage do not want to limit ourselves to this as the best or the only way to address such issues.

Recommendation 3

- 25. Provide a timetable for reviewing all significant policies and action plans. This should include baseline data and milestones. The plan should go further than just reducing the rate of carbon emissions and instead must look at absorbing carbon, restoring ecosystems and opportunities to fund this.
 - a. We agree. The final strategy needs to be comprehensive and measurable. In the same way the council is held to account on it council plan commitments, there needs to measurable reporting on the progress that the

council is making to deliver this commitment. To enable this, we will develop a performance framework that is transparent and open to public scrutiny.

- b. There are many different ways to measure carbon emissions and different boroughs have employed different methods. In order for the data to lead to the greatest change it needs to be robust and enable effective comparison and accountability. We will therefore be working with London Councils to try and agree a single framework across London.
- c. This process may take longer than is ideal, but the benefits of a joint approach outweigh this. As with the concern about green initiatives being delayed (recommendation 1) we will ensure that this does not hold up action and will continue to take positive steps towards our commitment to being carbon neutral by 2030.
- d. Officers are already collating information about policies across the council that can impact on the climate emergency. As policies and approaches are being developed, such as the new homes design guide, the council aims to take a holistic approach to the issue and consider all aspects of work on the climate.

Recommendation 4

26. Adopt Climate Justice as a key principle.

- a. We are very concerned about the social injustice and inequality of climate change. In the UK and across the world it is those who are often least able to adapt to change who will be worst affected. Tackling social injustice will be at the heart of our approach to climate change. As we adapt to reduce our carbon, we must ensure that the burden does not fall disproportionately on the groups of residents with the least. The council's values and our vision of a fairer future for all is at the heart of everything that we do. This is also true of our approach to climate change.
- b. In establishing our approach to the climate emergency, we should define a set of principles that are clear and meaningful to our residents and wider community.

Recommendation 5

27. Review all the transport and planning policies to drive down total car use and increase provision of play-spaces, Low Traffic Neighbourhoods and enhance sustainable transport options that prioritise vulnerable residents including children, schools, older people, disabled people and those with lower incomes. This ought to take a holistic approach to traffic management and ensure that the emissions burden is not unfairly moved to those communities least able to bear it.

- a. We agreed the council's movement plan in April 2019. The plan took a more holistic approach than past 'transport plans'. The plan aims encourage more people to make healthy choices in travel, reduce pollution and the space required for motor vehicles. The nine missions contained in the document set a clear vision for creating the environment for increased wellbeing and with this a reduction and more efficient network.

- b. In developing the plan we have set out how we will use traffic management, parking controls and other measures. We will encourage active travel and use more space that is currently for cars to encourage people to socialise and use these public spaces differently.
- c. The plan contains an equity framework. This will guide our work in delivering the movement plan ensuring that the needs of all people are considered. The framework considers access to transport (cost of travel or physical access, people's experience (how long it takes, how crowded it is) and the impact of movement (air and noise pollution, safety) and how this affects people's wellbeing. It is important that we reduce carbon emissions overall from travel and not simply displace them from one area to another. As set out in paragraph 26a, our approach must be one which reduces social injustice and social inequality.

Recommendation 6

- 28. Include a review of carbon offsetting with a view to a) eliminating or drastically reducing its use and b) ensuring any offsetting fund is used effectively and produces an annual report.
 - a. Carbon off-setting makes a valuable contribution to reducing carbon in the borough and will continue to do so. There is some production that will be unavoidable and where that is the case offsetting is necessary. Offsetting should therefore remain part of any plan to become carbon neutral.
 - b. We do however agree that we should aim to reduce the use of carbon offsetting and it should not be used in place of other methods which reduce or eliminate carbon emissions.
 - c. With any carbon offsetting which is used, it is important that this is effective and open to scrutiny.
 - d. Officers will be reviewing policies including supplementary planning documents which include our approach to carbon offsetting.

Following publication of the New Southwark Plan, the Cabinet Member for Growth Development and Planning announced that officers will review the plan in the light of the declaration of the climate emergency and bring forward a proposed amendment to further reduce carbon. Officers will also review our policy on carbon offsetting which could include increasing the amount we charge for offsetting.

Recommendation 7

- 29. A carbon rating system is recommended for all proposed developments in the borough, which must include embedded carbon.
 - a. We agree that a carbon rating system would be desirable. To be effective, this needs to be done at the regional or national level so that standards were enforced across the development sector. This would encourage improvements in building design and construction. Officers will explore this idea with London Councils.

Recommendation 8

30. Consider adopting the Circular Economy approach in the Climate Strategy, which also encompasses biodiversity and social justice impacts, as well as carbon emissions.
 - a. We will ensure that these ideas are part of the consultation. We already encourage people to firstly reduce waste, reuse what they can and then recycle what they cannot either reduce or reuse. Reducing our overall waste whether in our daily lives or in processes such as building needs is crucial if we are to reduce our carbon emissions.

Community impact statement

31. The council is committed to exploring all available opportunities for the borough to be carbon neutral by 2030. As set out in the report above, the council wants to engage with the widest range of residents including potentially through a citizens assembly. As also set out in the report, the council will take steps to reach harder to reach or potentially under represented groups.
32. The council is committed to the values of a fairer future for all, and as detailed in this report is also committed to narrowing social inequality and injustice. This will shape both consultation and subsequent policies.

Resource implications

33. The council has previously committed to consultation at October 2019 Cabinet "Delivering a Climate Strategy for Southwark". There are no further resource implications arising from this paper.

Legal implications

34. There are no significant legal implications arising from the recommendations in this report.

Financial implications

35. There are no financial implications arising directly as a result of this report.

Consultation

36. This report recommends (recommendation 2) that the views of the commission and the response from cabinet in this report form part of the consultation on the climate strategy. This is currently scheduled to take place in the spring and early summer of 2020. A final climate strategy is due to cabinet in the summer of 2020.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

37. The report recommends that cabinet notes the recommendations made by the

scrutiny commission and that these and the cabinet response are included in the consultation on the climate strategy. This will be finalised in summer 2020. There are no significant legal implications arising from the recommendations in this report but the director of law and democracy and her staff will provide advice to officers on any legal and governance issues arising during development of the strategy. The cabinet will need to ensure that the public sector equality duty is taken into account in developing and finalising this policy i.e. to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people with protected characteristics and others.

38. This report is being considered by the cabinet in accordance with the cabinet rules in the constitution.

Strategic Director of Finance and Governance (FC19/029)

39. This report is requesting cabinet to note the recommendations made by the environment scrutiny commission and agree the response set out in this report and also ensure that these are included in the consultation on the climate strategy.
40. The strategic director of finance and governance notes that there are no immediate financial implications arising from this report. Any resource implications that may emerge in the future will be subject to further reports for formal approval.
41. Staffing and any other costs connected with this report to be contained within existing departmental revenue budgets.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Draft Environment Scrutiny Commission report on the Climate Emergency road map	Constitutional Team, Southwark Council	Everton Roberts 020 7525 7221
Link (please copy and paste into your browser): http://moderngov.southwark.gov.uk/documents/s85360/Appendix%203%20Environment%20Scrutiny%20Commission%20report%20on%20the%20Climate%20Emergency%20sent%20to%20cabinet.pdf		
Delivering a Climate Strategy for Southwark	Constitutional Team, Southwark Council	Paula Thornton 020 7525 4395
Link (please copy and paste into your browser): http://moderngov.southwark.gov.uk/documents/s85359/Report%20Delivering%20a%20Climate%20Strategy%20for%20Southwark.pdf		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Richard Livingstone, Environment, Transport and the Climate Emergency		
Lead Officer	Caroline Bruce, Strategic Director for Environment and Leisure		
Report Author	Chris Page, Climate Change Director		
Version	Final		
Dated	21 January 2019		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		Comments Sought	Comments Included
Director of Law and Democracy		Yes	Yes
Strategic Director of Finance and Governance		Yes	Yes
Cabinet Member		No	No
Date final report sent to Constitutional Team			24 January 2020

Item No. 11.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		Update to the Fairer Future Procurement Framework and the Unite Construction Charter	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Leo Pollak, Social Regeneration, Great Estates and New Council Homes	

FOREWORD - COUNCILLOR LEO POLLAK, CABINET MEMBER FOR SOCIAL REGENERATION, GREAT ESTATES AND NEW COUNCIL HOMES

The construction industry, with its complex supply chains and peaks and troughs of activity, has long been scene to casualised labour and exploitative practices. Southwark council, as a significant procurer of building services for its schools and council house building and other projects takes very seriously the need to ensure the safety of our construction sites, ethical employment practices for construction workers and a skills development ecosystem that provides clear for our residents to find work good work on local building sites.

The construction charter produced by Unite the Union codifies a number of practices Southwark already requires of in-house and procured builders while also shining a light on the forced into self-employed contracts or onto unscrupulous payroll companies. These practices deprive construction workers of the basic benefits of PAYE contracts - ensuring all operatives on site are above-board paying taxes, in possession of accredited trades cards, and entitled to basic employment rights such as holiday pay, sick pay and parental leave.

The council's Fairer Future Procurement principles already prohibits the use of harmful zero hour and short contracts we will be requiring contractors to commit to their core workforce being paid through PAYE contracts, and requiring and transition plans.

Among the construction charter requirements Southwark already carries out the following:

- Requiring contractors and their suppliers to pay all trades a minimum **London Living Wage** on our sites
- Operates a **Considerate constructors scheme** to mitigate and manage the impact of construction activity on people living and working around a site
- We **Blacklist the blacklisters** requiring any contractor involved in our council homes delivery to 'own up clean and pay up' for historic victims of blacklisting of construction workers
- The nationally-leading **Southwark Construction Skills Centre** on Heygate St that since its opening in 2016 has supported over 1200 Southwark residents into training, created over 250 apprenticeships, engaged over 1500 school children on the local building opportunities
- Contractors supporting a **new apprenticeship for every £1 million value** of the contract
- **Health and safety practices** following full implementation of the Construction and Design Management regulation, including a full induction training and inspection

regime with named officers and routes to recourse covering: Welfare arrangements, Risks to health, Safety and welfare, Emergency procedures, Fire plan and fire fighting arrangements, Hot works procedure, Signing in procedure, Permit to work systems, Accident reporting, Controlled work areas, Security arrangements, Vehicle movement and control and so on

- Requirement for the use **Sustainable construction materials** according the BES 6001. The emerging *construction company* brief includes a pathway to operating a carbon neutral supply chain and product by 2030
- The Southwark Building Services strategy to maximise services being directly delivered by council employees on PAYE contracts, for that less than 10% of work delivered by sub-contractors, **and to require special permissions for any third party delivery of sub-contracted services.**

While other Unite construction charter adoptions elsewhere in the country appear to have been adopted partially, caveated with exemptions, or conditions on their implementation, our endorsement is intended to be far more practical, with clear methods for monitoring practices on each site, reviewing progress after a year, and incorporation into the council's brief for setting up a construction company.

As Southwark's new homes programme begins a major expansion, with several dozen new projects recently incorporated for delivering new council homes, now is an opportune moment to codify the council's commitments to the highest health and safety standards, most effective skills promotion initiatives and to embed the most ethical employment practices for construction workers.

RECOMMENDATIONS

That Cabinet:

1. Agrees to give its support to the Unite Construction Charter (Appendix 1).
2. Notes that adherence to the charter is intended, to ensure that the core workforce of the supply chain contractors have contracts of employment and are paid on PAYE.
3. Notes that Southwark council operates in accord with its Fairer Future Procurement Framework that sets out an ethical approach to all procurement including contracts with construction companies and is also committed to following the requirements of the Mayor of London Good Work Standard.
4. Agrees to bring this back for review in December 2020.

BACKGROUND INFORMATION

5. In 2015, overview & scrutiny committee undertook a review of Commissioning and Procurement in Southwark. The first Fairer Future Procurement Strategy (FFPS) was developed in response to those recommendations which included:
 - a. Introducing clear processes for procurements in Southwark
 - b. The introduction of Gateway 0 reports for services over £10m in value
 - c. Briefings for Cabinet members for all procurements over £100k in value
 - d. Enhancing the provisions relating to blacklisting.
6. In November 2018 the council approved the Council Plan 2018-2022, together with the revised Fairer Future Commitments. The updated document reflects these

changes and is now included in the Fairer Future Procurement Framework (FFPF). The FFPF is attached at Appendix 1 and has been revised to:

- Reflect the changes in the Council Plan 2018-2020
 - Include changes to legislation, guidance and policies
 - Include reference to social value and the Construction Charter
 - Strengthen provisions in relation to workforce issues
 - Refer to the End Violence at Work Charter.
7. The changes made to the Fairer Future Procurement Framework (FFPF) has moved the document from being an inward facing document, providing guidance to our staff, to an outward facing document to our contractors and external organisations, setting clear expectations of the values expected from those who are interested in delivering services on behalf of the council.

KEY ISSUES FOR CONSIDERATION

Update to the Fairer Future Procurement Framework

8. The Fairer Future Procurement Framework (FFPF) was approved by cabinet on 18 June 2019.
9. This sets out the framework within which the Council will deliver goods, services and works over £100,000 in value, with partner external organisations and contractors, to residents and businesses in Southwark. The framework aims to assist in delivering value for money in the procurement process, while ensuring openness transparency and good governance.
10. The FFPF incorporates the key motions and policies that can have an impact on the procurement and delivery of council priorities by our partner external organisations, including gender and BAME pay gap, The Mayor's Good Work Standard, End Violence at Work Charter and the Construction Charter.
11. The FFPF has been published on the council's website. A letter explaining the framework and support for Unison's End Violence at Work charter has been sent to contract managers to communicate this to current suppliers. The information can be found on the website at:
- <https://www.southwark.gov.uk/business/procurement/policy-and-guidance-for-procurement>
12. The FFPF has been published on the council's intranet with supporting guidance and advice for council officers to embed this in the work and procurement that the council carries out.
13. A cross-council project group was in place to support the roll out of the FFPF and key messages about the changes contained in the framework has been cascaded to commissioners and contract managers, including but not limited to the modern slavery commitments, reporting and information on the gender pay gap, payments of LLW and no harmful or zero-hours or short contracts and how these will be checked during the procurement process and reported upon by contract managers.

Backing for the Unite Construction Charter

14. Officers of the council have held several meetings with Unite officials to discuss giving the council's backing for its charter.
15. Both sides agree that there are unwanted and unacceptable practices in the construction industry and that the Unite charter provides a principled approach to protecting workers.
16. The council agrees that, in accordance with legislative requirements, everyone directly employed in the construction industry should be paid on PAYE in full compliance with all applicable HMRC regulations.
17. The council is committed to working with its construction contractors to eliminate fake or bogus 'self-employment' and to encourage fair working practices including payment and taxation through PAYE, and employment rights, including sick, holiday and redundancy pay (where appropriate).
18. The council also agrees that, in line with its values and existing practice, that there must be rigorous implementation of health and safety in line with all applicable laws and accepted minimum standards.
19. Unite and the council will look for opportunities to cooperate in improving the skills of the construction workforce and the council will continue to require construction industry contractors to provide appropriate apprenticeships as part of contracts with the council as appropriate.
20. The purpose of the Unite Construction Charter is to make the construction industry a fairer and safer place where workers rights are protected and unions are allowed and encouraged to play an active role and that this can better be achieved by having a motivated, well-trained, committed and safe workforce.
21. In short, the Unite charter is seeking to make a difference for the better in the construction industry and this is supported by the council.

Next Steps

22. If approved, the FFPF will be updated with details of the Unite Construction Charter and a new version published.

Policy implications

23. The FFPF reflects and provides support for how some of the council's policies will be implemented where they affect procurement and commissioning of contracts. This report outlines how that implementation is progressing.
24. The support for the Unite charter enhances the council's support for a fairer future by encouraging our contractors to adopt fair working practices.
25. A review of the impact of the FFPF will be undertaken and reported to Cabinet in December 2020. The review will explore the implementation and impact of the FFPF and make any recommendations for any amendments.

Community impact statement

26. The FFPF sets out the consideration that the council will have in future procurement processes, to ensure that the maximum possible benefit and impact of the procurement and resulting contract will be leveraged for local residents and the community. The framework aims to have a significant positive impact but will be assessed on a case by case basis for each procurement process. The provisions within the FFPF, particularly around social value, are designed to encourage and support the integration and early consideration of factors through procurement activities that will provide benefits to local people and communities.
27. The support of the Unite charter will aim to improve direct employment status, health and safety, standard of work, apprenticeship training and the implementation of appropriate nationally agreed terms and conditions of employment providing benefits to workers, local people and communities.

Resource implications

28. The FFPF strategy sets out how procurement processes will integrate council policy and best practice and support the delivery of the council's fairer future commitments. It is intended to have a positive impact on improving the outcomes and delivery of value for money from spend with external providers.
29. The procurement advice team will continue to support the development of procurement strategies and processes, as well as providing guidance, templates and training where appropriate to support the FFPF.

Legal implications

30. Please see the supplementary advice from the director of law and democracy.

Financial implications

31. The FFPF and agreement of this report does not have any immediate financial consequences. Any procurement or in-house provision conducted under the FFPF and in support of the Unite Charter must be achieved within the council's agreed budget.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Finance and Governance, Head of Procurement, and Director of Law and Democracy

32. The strategic director of finance and governance notes the recommendations of this report for the approval of Unite Construction Charter and updates to the FFPF that will include the council's commitment to ethical procurement consideration of social value considerations throughout the procurement process.
33. The changes to the framework through which council procurement activity is undertaken is not expected to have an immediate impact on budget or spending requirements. Procurement or in house delivery carried out in accordance with the FFPF is to be achieved within existing council budgetary allocations.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Fairer Future Procurement Strategy	Procurement, Finance and Governance	Elaine McLester, Head of Procurement 0207 525 7733
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=6413&Ver=4		
Overview & Scrutiny Committee Agenda 19 January 2015	Scrutiny Team 160 Tooley Street London SE1 2QH	Everton Roberts 020 7525 7221
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=308&MId=4900&Ver=4		
Cabinet Agenda 21 July 2015	Constitutional Team Southwark Council 160 Tooley Street London SE1P 5LX	Paula Thornton 020 7525 4395
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=5138&Ver=4		

APPENDICES

No.	Title
Appendix 1	Unite Construction Charter

AUDIT TRAIL

Cabinet Member	Councillor Leo Pollak, Social Regeneration, Great Estates and New Council Homes		
Lead Officer	Michael Scorer, Strategic Director of Housing and Modernisation		
Report Author	Stuart Davis, Director of New Homes		
Version	Final		
Dated	23 January 2020		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		Comments Sought	Comments Included
Director of Law and Democracy		Yes	Yes
Strategic Director of Finance and Governance		Yes	Yes
Cabinet Member		Yes	Yes
Date final report sent to Constitutional Team			23 January 2020

APPENDIX 1**UNITE CONSTRUCTION CHARTER**

As a local authority we are responsible for the procurement of a multitude of construction projects. It is therefore appropriate that we as a responsible client enter into this agreement and commit to working with the appropriate trade unions, in order to achieve the highest standards in respect of; direct employment status, health and safety, standard of work, apprenticeship training and the implementation of appropriate nationally agreed terms and conditions of employment.

The following shall be a requirement for all contractors and their supply chain engaged by this authority:

1. All parties recognise that the highest level of compliance with current HMRC (Her Majesty's Revenue and Customs) regulations must be achieved where public funds are utilised. It is therefore a contractual requirement that all operatives are directly employed on a PAYE (Pay As You Earn) basis under a contract of employment. Furthermore the use of intermediary pay roll company will be prohibited on all contracts.
2. Health and safety of workers on all of our construction projects is paramount. It is therefore a requirement that all contractors rigorously implement and adhere to our minimum standards for health and safety, as set out in our procurement documents. In addition we require all contractors to provide quality welfare facilities fit for purpose in accordance with the Construction Design and Management Regulation of 2015.
3. It is a recognised fact that the presence of trade union safety representatives significantly improves safety in the workplace. Contractors and their supply chain are required to work collaboratively with the appropriate trade unions to identify and implement reasonable real-world initiatives.
4. The Authority requires all projects to be completed to the highest standard, so as to meet the aspirations of the residents of this Authority. In order to achieve this it is recognised that it is necessary that all workers are competent and have the appropriate level of skill to carry out the work they are employed to do. To assist in the achievement of this goal the Authority's contractors and their supply chain will ensure they retain documented evidence that all workers are competent to carry out the work they have been employed to do. They will ensure that such evidence is retained in a way as to allow the Authority or its nominee's to audit the documentation. Possession of the recognised industry skills/grade card such as JIB (Joint Industry Board) or CSCS (Construction Skills Certification Scheme) will be considered acceptable evidence

5. The Authority is mindful of the industry skills shortage and the need to address this through appropriate apprenticeships, including adult training in up skilling. The Authority's contractors and supply chain will in consultation with the Authority and other interested parties develop and implement a programme that addresses the skills shortage and provides training opportunities to local residents.
6. The Authority recognises the right of all construction workers to be employed under and to be protected by the appropriate national industry collective agreement. The Authority requires full compliance with all appropriate national agreements applicable to the construction industry.
7. All contractors and their supply chain will accept the right of any trade union that is a signatory to an appropriate national agreement, to appoint shop stewards, workplace health and safety representatives and Union Learning Reps. All trade union accredited representatives will be granted appropriate time and facilities to carry out their responsibilities.
8. The Authority, its contractors and their supply chain are committed to a fair and transparent recruitment policy. All contractors and their supply chain will actively ensure that the engagement of labour is based on the individual's ability to meet the needs of the project and the specific tasks for which they are recruited to undertake.
9. The Authority its contractors and their supply chain agree it's not acceptable for anyone to use or make reference to any form of blacklist.
10. The Authority recognises the benefit trade unions bring to the workplace and the rights of workers to hear from trade union representative. The Authority's contractors and their supply chain are required to allow access to nominated trade union officer from trade unions that are signatories to the appropriate national agreements. Access shall mean access to welfare facilities during working times so as to allow them to consult with their members and potential members.
11. The Authority supports the Get Britain Building campaign, which is aimed at supporting and sustaining the British construction industry. Consequently, all relevant construction contracts will be required to comply with our Authority's Sustainable Buying Standard for Highways and Construction Materials, which requires structural steel and other relevant materials to be covered by BES 6001 Responsible Sourcing of Construction Product certification, or equivalent.

Item No. 12.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		66 Linden Grove SE15 3LL	
Ward:		Peckham Rye	
Cabinet Member:		Councillor Leo Pollak, Social Regeneration, Great Estates and New Council Homes	

FOREWORD – COUNCILLOR LEO POLLAK, CABINET MEMBER FOR SOCIAL REGENERATION, GREAT ESTATES AND NEW COUNCIL HOMES

At the start of this decade, more than 11,000 families (comprising over 25,000 people) were recorded on Southwark's housing register in need of rehousing – behind these figures are stories of families living in overcrowded homes, delaying key life decisions due to extortionate housing costs, health problems linked to housing, children's educational attainment and younger people's ability to invest in themselves and their futures thwarted. In this context, Southwark is resolved to maximise the overall social rented stock in our borough, including through pursuing an ambitious programme for building new council homes.

This year, we will begin construction on twenty-seven new council homes at Linden Grove, as part of our long-term commitment to build 11,000 new council homes by 2043. Unlike in previous periods of council house building where large sites lent themselves to comprehensive estate development and (relatively) simpler approaches to land assembly, today most of our development sites involve the repurposing of existing housing land with a greater risk of historic property rights emerging that may frustrate the process. We owe it to residents on our waiting list and to neighbouring residents who have contributed positively to the design and associated landscaping of these new homes to mitigate any risk to the development, even where the risk is remote. Cabinet is therefore recommended to approve the appropriation of the highlighted land from housing to planning and back to housing, an administrative process that will enable construction of the approved scheme to proceed with confidence.

RECOMMENDATIONS

That cabinet:

1. confirms that the land shown edged red on the plan at Appendix A that is currently held for housing purposes is no longer required for those purposes and approves the appropriation of the land to planning purposes to facilitate the carrying out of the development proposals for the area in accordance with section 226 of the Town and Country Planning Act 1990 and section 122(1) of the Local Government Act 1972.
2. confirms that following completion of the appropriation at paragraph 1 the land shown edged red on the plan at Appendix A will no longer be required for planning purposes and approves the appropriation of the land to housing

purposes in accordance with section 9 of the Housing Act 1985 and section 122(1) of the Local Government Act 1972.

BACKGROUND INFORMATION

3. The land in question comprises a two storey building used as temporary accommodation unit arranged in a 'L' shape shown edged red on the plan at Appendix A to this report. The north western wing of the property is shown as 1 and 2 Limes Walk on the plan. The building dates from the 1970s. The council holds the freehold interest in the land. It adjoins an area of housing amenity land.
4. On 28 October 2019 planning consent was granted to demolish the building and to construct new housing in its place together with neighbourly improvements.
5. On 28 November 2018 council assembly approved the current council plan. This sets a number of commitments to our community including *A Place to Belong*; one of the undertakings to meet this commitment is to *Build at least 1,000 more council homes.....by 2022*. The recommended appropriations in this report are to further this commitment.
6. In pursuit of this commitment, a number of sites throughout the borough have been identified as providing capacity for additional new homes. Once identified, the development of those sites is consulted upon with the local community, a planning application is made and if appropriate planning consent is granted for the proposed new homes. Thereafter, if there are any third party rights that present a risk to the development cabinet has been asked on a number of occasions to appropriate the site to mitigate such risk. This report is another to enable the de-risking of a development that will provide new additional housing for social rent.
7. The consented scheme referred to above will provide for:

10	x	One bedroom homes
11	x	Two bedroom homes
6x		Three bedroom homes

 - The retention of existing internal street to create an internal courtyard
 - Refurbishment of 3 Limes Walk – a council house abutting the current building
 - Landscaping, formalising of car parking spaces and erection of a communal garden store.
8. Twenty of the new homes will be in a four storey block of flats and the other seven will be in a two/three storey terrace of houses. Three of the dwellings (one, one bedroom and two, two bedroom) will be wheelchair accessible. All of the consented twenty seven homes will provide housing to be let at council rent levels. The additional works reflects the council's great estates approach to providing new housing within its estates.

9. The contract for the construction will shortly be procured and it is intended for construction to commence in the spring.

KEY ISSUES FOR CONSIDERATION

10. The height of most of the surrounding housing is two storey so it can be expected that new building, part of which is three and four storey in height, may impact on some neighbouring properties. As part of the planning process a lighting report was obtained from a specialist surveyor. This is considered in the planning report and for daylighting and sunlighting and identifies some interference with the lighting enjoyed by some neighbouring properties. The report identifies borderline impacts on two properties but concludes:

“The impact to most properties will be small and fully compliant with the default Building Research Establishment (BRE) numerical criteria. There will be some noticeable proportional reductions to the rear windows of 3 and 4 Limes Walk, which fall short of full compliance with the BRE guidelines. However, the principal habitable rooms are located on the opposite side of the property and are not impacted by the proposed scheme. Therefore, despite isolated impacts to some rear bedrooms, the property will retain good levels of daylight and should be considered acceptable. There will be borderline Vertical Sky Component and No Skyline reductions to the ground floor windows and rooms in 35 Linden Grove. However, since the impact is partially due to the protruding entrance bay and retained levels of daylight on an unfettered façade will remain very good for an urban location, this should be regarded as acceptable.”

11. The daylighting/sunlighting report whilst generally positive does recognise there will be some impact to neighbouring properties. These adverse impacts were not of a degree to cause refusal of the scheme from a planning perspective but their existence poses a risk in being able to build the scheme because affected persons may apply to the court for an injunction to stop it proceeding.
12. The determined planning application has taken into account daylighting and sunlighting issues. As part of the planning process 1,228 nearby properties were consulted and four (37%) responses were received. Two were supportive of the scheme, one neutral and one was an objection. The objections from a planning perspective concerned:
 - Design
 - Scale
 - Impact on conservation area.

Appropriations

13. The appropriation of land refers to the process whereby a council alters the purpose for which it holds land. Where land has been appropriated for planning purposes third party rights enjoyed over the land can be overridden. The beneficiaries of such rights may however claim compensation [equal to the loss in value of their property caused by losing the right] but cannot seek an injunction to delay or terminate the development. This will give the council the certainty that having commenced construction works a person with the benefit of an unregistered (with the Land Registry) right over land (such as a right to light) cannot apply to the court to have the development stopped. This is a very important tool in enabling development to proceed on urban sites. As

mentioned, the beneficiary of any such right is entitled to financial compensation for the loss of the right. The council could either insure against such compensation claims but this will be costly or accept the risk of an injunction that may be fatal to development or result in perhaps significant unquantifiable costs.

14. The compensation persons affected by the loss of light may be entitled to is based on the value of their properties before the right has been infringed versus the value of the property with the infringed right. This compensation is based on the diminution in value of the affected property. If agreement between the parties is not possible it will be determined by the Upper Tribunal (Lands Chamber).
15. In this case it is recommended that the land edged red on the plan be appropriated from housing purposes to planning purposes. This will mitigate the risk of legal action designed to frustrate the development being instigated. Thereafter it is recommended the land appropriated to housing purposes as to hold the land for planning purposes will not be consistent with the ultimate use of the land.
16. The rationale for the appropriations of the land shown at Appendix A is set out at Appendix B and cabinet is recommended to approve the appropriations.
17. The appropriation stages is summarised below:

Land currently held for education and housing purposes

Appropriate from housing to planning



Third party rights infringed by development cannot be enforced by injunction

Appropriate from planning to housing



Construction of new housing can proceed

18. Cabinet has received similar reports to enable new housing schemes to proceed to address the shortage of affordable housing within the Borough.

Rationale for recommendations

19.
 - a. To mitigate against the construction of new social housing being frustrated or delayed by injunctions/
 - b. To de-risk the construction project so as to encourage the maximum number of bidders and achieve a lower construction cost.
 - c. To delivery a current council plan commitment.

Community impact statement

20. The new council plan was the subject of extensive community consultation. The recommendations herein further the delivery of the *A Place to Belong* commitment set out in the plan.
21. The Equality Act 2010 requires the council in the exercise of its functions to have due regard to the need to:

- a) eliminate discrimination
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
22. Relevant protected characteristics for the purposes of the Equality Act are:
- Age
 - Civil partnership
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex and sexual orientation.
23. In considering the recommendations herein the cabinet must have due regard to the possible effects them on any groups sharing a protected characteristic in order to discharge its public sector equality duty. This is an ongoing obligation.
24. If the recommendations set out are approved, the council will be able to proceed with the construction of Twenty-seven new homes providing fifty bedrooms. It will also result in the demolition of a building that is at the end its economic life. Persons currently using the existing unit may have protected characteristics as may the ultimate tenants of the new housing that will be provided. The council's policy to build additional housing for rent is designed to mitigate homeless in the Borough and this is allocated having regard to policies that have been designed to address the Equality Act 2010. Therefore the recommendations in this report will not be detrimental to persons with protected characteristics.

Financial implications

25. The demolition of the existing building and construction of the new homes and neighbouring improvements will have a significant cost and an approved budget exists for this. The budget will need to make provision for any compensation claims for diminution in value that may arise as a consequence of the construction of the new homes. The budget will be reviewed when the procurement process mentioned at paragraph 9 has been completed.
26. Where land is appropriated from the housing revenue account to the general fund there is a transfer of debt between the accounts. When land is appropriated from general fund to the housing revenue account this debt transfer is reversed. As both appropriations will take place on the same day there will be

no net transfer of debt, and there are, therefore, no financial implications arising directly from the recommendations made in this report.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

27. The report recommends the appropriation of council-owned land for planning purposes, and thereafter, the appropriation of that land for housing purposes.
28. A council holds land and property for a variety of statutory purposes in order to perform its functions. A council is authorised by virtue of section 122 of the Local Government Act 1972 ("the 1972 Act") to appropriate land within its ownership for any purpose for which it is authorised to acquire land by agreement, where is no longer required for the purpose for which it is held immediately before the appropriation.
29. The land must already belong to the council. Paragraph 3 of the report confirms that the land to be appropriated is in the council's freehold ownership.
30. The land must be no longer required for the purpose for which it is currently held. The report confirms at paragraph 8 of Appendix B that the land is no longer required for housing purposes.
31. The purpose for which the council is appropriating the land must be authorised by statute. It is proposed that the land is held for planning purposes. This is a purpose which is authorised by statute. Section 246 of the Town and Country Planning Act 1990 ("TCPA 1990") defines such purposes as, inter alia, those for which can be acquired under ss226 or 227 of that Act. Section 227 provides that a council may acquire land by agreement for any purposes for which it is authorised to acquire land compulsorily by s226 TCPA 1990.
32. The purposes for which a council can acquire land pursuant to s226 TCPA 1990 include purposes "which it is necessary to achieve in the interests of the proper planning of an area in which the land is situated." S226 also authorises the acquisition of land "... if the authority think that the acquisition will facilitate the carrying out of development, re-development or improvement on or in relation to the land." In the case of either s226 or s227 the acquiring authority must be satisfied that whatever development proposals it has for the land in question these are likely to "contribute to the achievement of any one or more of the following objects – (a) the promotion or improvement of the economic well-being of their area; (b) the promotion or improvement of the social well-being of their area; (c) the promotion or improvement of the environmental well-being of their area." The council's plan to build new homes on the land, of which, the majority are council homes for rent and the remainder are intermediate, is capable of falling within all three categories.
33. Section 203 of the Housing and Planning Act 2016 came into force on 13 July 2016. This section contains a power to override easements and other rights, and it replaces s237 TCPA.

S203 says:

"(1) A person may carry out building or maintenance work to which this subsection applies even if it involves

(a) interfering with a relevant right or interest...

(2) Subsection (1) applies to building or maintenance work where –

(a) there is planning consent for the building or maintenance work,

(b) the work is carried out on land that has at any time on or after the day on which this section comes into force

(i) become vested in or acquired by a specified authority or

(ii) been appropriated by a local authority for planning purposes as defined by section 246(1) of the Town and Country Planning Act 1990 [*i.e. for purposes for which an authority can acquire land under ss226 and 227*]

(c) the authority could acquire the land compulsorily for the purposes of the building or maintenance work, and

(d) the building or maintenance work is for purposes related to the purposes for which the land was vested, acquired or appropriated as mentioned in paragraph (b)."

34. What this means is that where land has been appropriated for planning purposes building work may be carried out on land even if this interferes with rights or interests if there is planning consent for the building work; and the work must be for purposes related to the purposes for which the land was appropriated, in this case planning purposes. By s204 those third party rights are converted into an entitlement to compensation to be calculated in accordance with ss7 and 10 of the Compulsory Purchase Act 1965.

35. This report confirms that the work being done on the land will be done in accordance with planning permission. Once the land has been appropriated and s203 triggered, that work will be authorised even where it interferes with third party rights.

36. Following the appropriation of the land for planning purposes it is recommended that the land is appropriated for housing purposes, as the land is to be used for the provision of new housing. At that point the land will no longer be required for planning purposes and will be appropriated for housing purposes.

Strategic Director of Finance and Governance [H&M19/135]

37. The strategic director of finance and governance notes the recommendation to appropriate land as described in order to facilitate regeneration and the building of new homes at Linden Grove. This land appropriation is proposed to occur in such a way that it will have a neutral financial impact. This scheme forms part of the council's new homes direct delivery programme and any associated costs will be contained with the housing investment programme.

Strategic Director of Housing and Modernisation

38. This report ensures that the proposed development of 66 Linden Grove scheme can progress with the avoidance of legal challenge. The rights of light issues from the scheme are not considered significant but nevertheless exist. Extensive consultation with local residents, together with a commitment to make 50% of the new social rented homes available to local tenants in housing need

leads the way in which social housing can be developed in inner cities. The scheme contributes to the council's target to build 2,500 new homes by 2022 and its pledge to build 11,000 new homes by 2043.

BACKGROUND DOCUMENTS

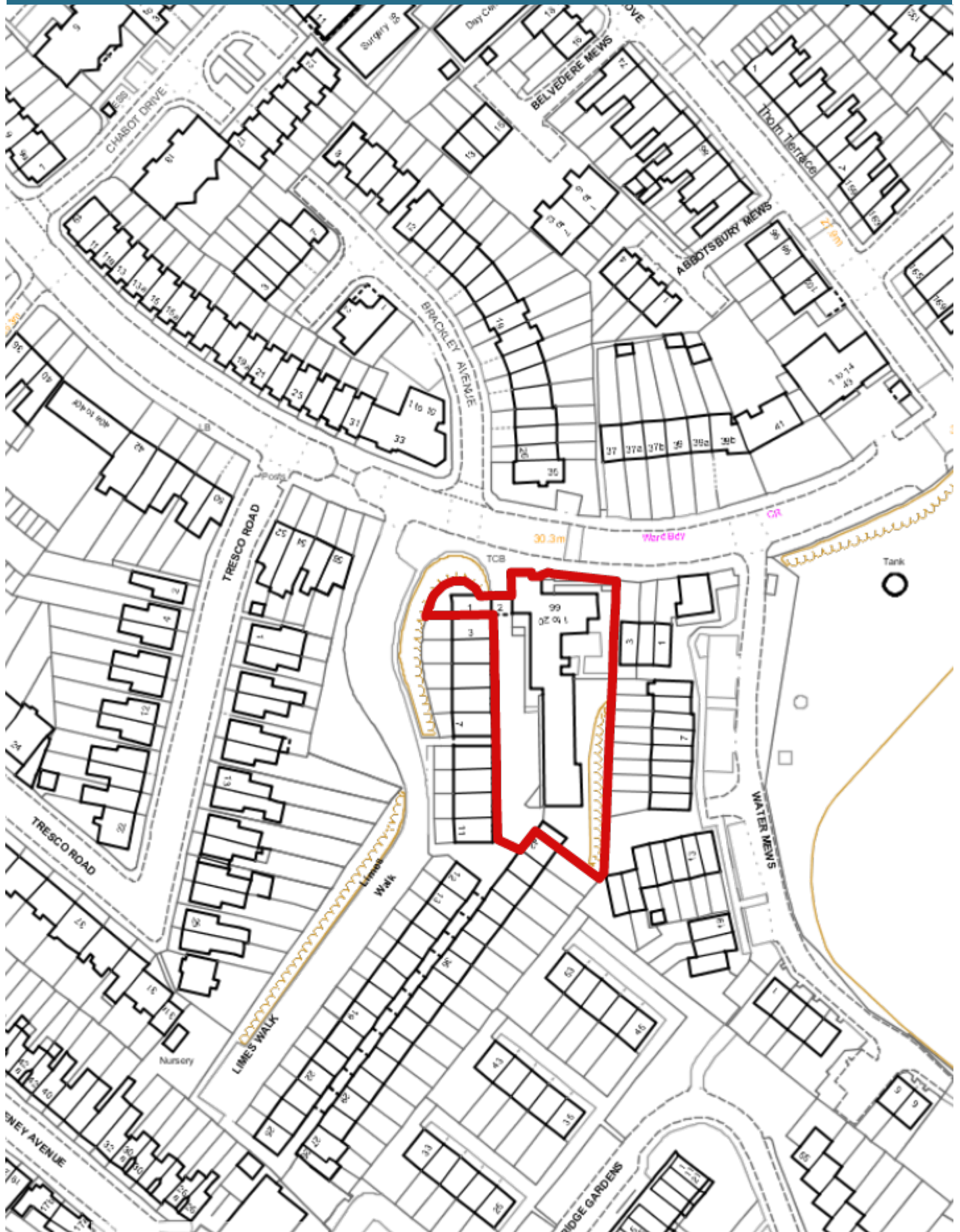
Background Papers	Held At	Contact
Council Plan 2018-9 – 2021-22	160 Tooley Street London SE1 2QH	Paula Thornton 020 7525 4395
Link: http://moderngov.southwark.gov.uk/documents/s78763/Report%20Council%20Plan.pdf		
Planning documentation	160 Tooley Street London SE1 2QH	Paula Thornton 020 7525 4395
Link (please copy and paste into your browser): https://planning.southwark.gov.uk/online-applications/applicationDetails.do?activeTab=documents&keyVal=ZZZV0JKBWR685		

APPENDICES

Appendix	Title
Appendix A	66 Linden Grove SE15 3LL
Appendix B	Rationale for appropriations of the land

AUDIT TRAIL

Cabinet Member	Councillor Leo Pollak, Social Regeneration, Great Estates and New Council Homes		
Lead Officer	Kevin Fenton, Strategic Director Place and Wellbeing		
Report Author	Patrick McGreal, Regeneration North		
Version	Final		
Dated	22 January 2020		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / CABINET MEMBER			
Officer Title	Comments Sought	Comments included	
Director of Law and Democracy	Yes	Yes	
Strategic Director of Finance and Governance	Yes	Yes	
Strategic Director of Housing and Modernisation	Yes	Yes	
Cabinet Member	Yes	Yes	
Date final report sent to Constitutional Team		22 January 2020	



50 m

Scale = 1250

17-Dec-2019

66 LINDEN GROVE NUNHEAD

Appendix B

Appropriation of the land (shown edged red on the plan) at Appendix A for purposes set out in s226 of the Town and Country Planning Act 1990 and to purposes set out in section 9 of the Housing Act 1985

Background to appropriation

1. Under section 122(1) of the Local Government Act 1972 the Council may appropriate land for any purpose for which it is authorised to acquire land when the land is no longer required for the purposes for which it is held.
2. Under section 226(1)(a) and 227 of the Town and Country Planning Act 1990 the Council may acquire land if they think the acquisition will facilitate the carrying out of development, re-development or improvement on or in relation to the land. This includes development of the sort contemplated in the redevelopment of the subject temporary housing facility. The power in section 226(1)(a) is subject to subsection (1A) of section 226. This provides that the acquiring authority must not exercise the power unless it considers the proposed development, redevelopment or improvement is likely to contribute to achieving the promotion or improvement of the economic, social or environmental well-being of the area for which the acquiring authority has administrative responsibility. There are clear economic social and environmental and social benefits associated with the provision of new housing at the obsolete hostel identified on the plan at Appendix A namely providing people with quality accommodation that may result in better educational attainment and general well being, and employment opportunities from the construction works. Accordingly, the Council may appropriate land for the purposes of the development proposals land that it already owns if that land is no longer required for the purposes for which it is held. The land in question is no longer required for its current purposes for the reasons set out below and is not needed in the public interest for those purposes. The land can therefore be appropriated from its current use. As the appropriation will facilitate new housing development it may be appropriated for planning purposes.
3. Where land has been appropriated for planning purposes Section 203 of the Housing and Planning Act 2016 (power to override easements and other rights) applies such that the erection, construction or carrying out or maintenance of any building or work on the land (by the council or a person deriving title from the council) is authorised if it is done in accordance with planning permission, notwithstanding that it interferes with certain private rights such as restrictive covenants and easements. The effect of triggering section 203 is that private rights are effectively overridden and converted into a claim for compensation pursuant to s 204. The level of compensation for interference with rights or breach of restrictive covenant is assessed on the basis of the loss in value of the claimant's land as a consequence of the interference or breach of covenant. An important consequence of the operation of Section 203 is that a claimant cannot secure an injunction, to prevent the development from going ahead - as indicated above; their remedy is a claim for compensation.
4. Prior to developing land it is usual practice to make prudent enquiries of what rights might exist over the land, this will involve inspecting the land to see if there are any obvious rights and checking land ownership information. However, some rights may not be apparent from inspection and historic ones may not always be recorded at the Land Registry. The application of the power to override rights contained in s203 therefore mitigates this risk.
5. The right to claim compensation for the depreciation in value caused by the loss of right is enforced against the owner of the land which in this case is the Council.

Rationale for appropriating the subject site to planning purposes

6. The subject property is under utilised in land use terms and the need for new housing at affordable rent levels greatly exceeds the existing use need. In pursuance of the adopted Council Plan and to address a need for new affordable housing, the property has been identified to be redeveloped for this purpose. Planning consent has been secured for the scheme outlined in paragraph 7 of the main report. Although it is unlikely that there will be a significant impact on the rights of light to nearby residents from the consented scheme appropriation will eliminate any risk of one or more of them may applying to the court for an injunction. If an injunction is granted, the scheme will not be able to proceed. In any event, the risk of an application for an injunction is such that it will defer prospective builders from bidding to construct the new housing or result in a substantial risk contingency that undermines the viability of construction. In these circumstances it is appropriate to utilise the powers of section 203 to overcome this risk and enable the much needed new homes to be built.
7. As indicated above, the property is now required to be held for planning purposes to facilitate the redevelopment proposals associated with the planning permission for new housing. When land has been appropriated for section 203 purposes it will continue to benefit from its over-riding provisions even when the land is no longer held for planning purposes.
8. The land shown edged red at Appendix A is no longer required to be held for housing purposes. As indicated above, the land is now required to be held for planning purposes to facilitate the redevelopment proposals associated with the planning permission.

Rationale for appropriating the subject site to back to housing purposes

9. Once the land is appropriated for planning purposes it should be appropriated back to housing purposes as this will be its ultimate usage and the cleansing effect of s203 means that it can be developed in confidence that the works won't be at risk of an application for an injunction to frustrate the development.
10. Section 9 (1) (a) of the Housing Act 1985 provides a local housing authority may provide housing accommodation by erecting houses on land acquired. It is therefore apt that following the s203 appropriation the land is in accordance with section 122(1) of the Local Government Act 1972 appropriated for purposes within section 9 (1) (a) of the Housing Act 1985.
11. The appropriation of the land whilst denying the beneficiaries of any third party rights over the land the ability to frustrate the regeneration of the land will not take away their ability to claim for compensation in respect of any diminution in the value of their land as a result of their rights being overridden.

Item No. 13.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		Section 75 agreement 2019-20 – Better Care Fund Pooled Budget	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Jasmine Ali, Children, Schools and Adult Care	

FOREWORD – COUNCILLOR JASMINE ALI, CABINET MEMBER FOR CHILDREN, SCHOOLS AND ADULT CARE

The Better Care Fund is a government initiative to encourage integration between health and social care so that hospitals are supported to help people, mostly older people, to leave hospital and preferably return home.

The initiative is about pooling money and jointly planning how that money is spent. The government has increased the social care share of the fund by adding income streams such as the Improved Better Care Fund.

As a consequence, the Better Care Fund is an important contribution to the adult social care budget that enables the council to fund key services that support people to live independently in the community and deliver a balanced budget.

The guidance for agreeing the Better Care Fund was issued late and was being assured by the NHSE in mid-November when over half of the financial year has passed. The approval of the plan was further delayed to the end of December. Funding social care in this way – year to year and issuing guidance after the financial year has started - makes it difficult for long term planning.

The absence of the social care green paper becomes more pronounced in the context of this report and means that the Better Care Fund is an essential part of budget setting for the council. It has been 1,000 days since we were first promised a green paper setting out the much needed options for reform.

RECOMMENDATIONS

1. That cabinet approves the proposed pooled budget agreement between the council and the clinical commissioning group under section 75 of the National Health Services Act 2006.
2. That cabinet delegates authority to approve changes to the services contained within the agreement to the strategic director of children's and adults' services in consultation with the cabinet member for children, schools and adult care.

BACKGROUND INFORMATION

3. The Better Care Fund (BCF) 2019-20 planning template was submitted on 27 September 2019 for national assurance. The plan was agreed by the leader of the council on behalf of the Health and Wellbeing Board, the strategic director for children's and adults on behalf of the council and the CCG accountable officer on behalf of the CCG. The BCF planning template is attached in Appendix 1.
4. Following the national BCF assurance process NHS England agreed the plan on 8 January 2020. The next step in the BCF process is to formally establish the BCF pooled through a Section 75 agreement with NHS Southwark CCG in order to discharge the plan.
5. It should be noted that due to extensive delays in the national BCF process outside the control of the council, this agreement relates to the current financial year from April 2019. As such the agreement is largely retrospective in confirming actual budget plans.

KEY ISSUES FOR CONSIDERATION

6. The total value of the Section 75 agreement is £41,463,230, with funding sources as set out below:

DFG	£1,486,043
Minimum CCG Contribution	£22,654,606
iBCF	£15,751,933
Winter Pressures Grant	£1,570,648
Total	£41,463,230

7. Establishing the pooled budget by agreeing the Section 75 agreement will support the CCG to transfer its contribution into the BCF of which £16.616m will be paid to the council for adult social care as set out in the plan. The council contributions of DFG, iBCF and Winter Pressures Grant are all ringfenced for council services under the BCF plan.
8. The Section 75 agreement formalises the key decision already made on the BCF plan. Given the delay in issuing national planning guidance this is already being spent as part of the Adult Social Care 2019-20 revenue budget agreement.
9. The draft Section 75 agreement is attached (Appendix 2). This document has been agreed by NHS Southwark CCG.

Policy implications

10. The document "2019-20 Better Care Fund: Policy Framework" published by the Department of Health and Department of Communities and Local Government on 11 April 2017 sets out the purpose of the BCF in terms of driving forward the national integration agenda. The BCF plan reflects local policy on integration as set out in the Southwark Five Year Forward View and is consistent with the national framework.

Community impact statement

11. The BCF plan protects current services funded through the core BCF which provide essential support for people with health and social care needs. This has benefit to all people with protected characteristics, particularly services provided for older people, and people with disabilities and mental health problems. The BCF also funds a range of voluntary sector services promoting community resilience. The iBCF funding is also used to protect current levels of home care and nursing care funded through the council general fund but for which current budgets are insufficient to meet current activity levels.
12. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage as part of Southwark's Ethical Care Charter. This workforce has a high proportion of women and those from the black and minority ethnic communities.

Resource implications

13. Agreement to the S75 Agreement will release funding from the BCF for council services. These amounts have already been assumed in budget planning and monitoring for 2019-20.

Consultation

14. Approval to the Section 75 agreement does not require consultation. The associated Better Care Fund plan has been agreed through the Health and Wellbeing Board, which received an update report on the plan at its meeting in November.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

15. This report seeks approval of the proposed pooled budget arrangement and agreement between the council and the clinical commissioning group in order to deliver the 2019-20 Better Care Fund plan. Approval is also sought to delegate to the strategic director of children's and adults' services authority to execute the agreement and approve any changes to the services noted in the agreement.
16. Paragraph 4 notes that the Better Care Fund plan has been agreed by the leader of the council on behalf of the Health and Wellbeing Board, and by the strategic director of children's and adults on behalf of the council, prior to its submission to NHS England. Approval of the Plan by the Health and Wellbeing Board is required under the Health and Social Care Act 2012 and Part L of the council constitution.
17. The plan has been subject to consultation, in line with central government guidance issued in July 2017.

Strategic Director of Finance and Governance (41TJ1920)

18. This report recommends the approval of the Better Care Fund plan for 2019-20. The plan includes the rollover of the majority of pre-existing schemes, plus the

addition of growth monies for 2019-20 totaling approximately £6m.

19. These income streams (BCF, iBCF & Winter Pressures) now fund in excess of £30m of the Council's Adult Social Care budgets, including a mixture of 'traditional' social care provision such as nursing care and home care and joint projects with the CCG to reduce delayed transfers of care. Given that the council and CCG have been jointly incurring expenditure in relation to these schemes since 1 April 2019 it is disappointing that central government delays mean that plans for the year are only submitted in late September. The recent Spending Round has confirmed that existing social care funding will continue into 2020-21, including a proposed 3.4% uplift in the BCF. Whilst this is a welcome development, longer term certainty is required if councils and CCGs are to be expected to develop and sustain meaningful transformation.
20. The proposals contained within this report can be fully funded within existing resources in 2019-20, however health and social care colleagues must continue to make plans that meet the needs of the borough whilst recognising the continuing uncertainty of these funding streams.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	BCF Planning Template
Appendix 2	Section 75 agreement

AUDIT TRAIL

Cabinet Member	Councillor Jasmine Ali, Children, Schools and Adult Care		
Lead Officer	David Quirke-Thornton, Strategic Director for Children’s and Adults’ Services		
Report Author	Adrian Ward, Partnership Commissioning Team		
Version	Final		
Dated	23 January 2020		
Key Decision?	Yes		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		Comments Sought	Comments Included
Director of Law and Democracy		Yes	Yes
Strategic Director of Finance and Governance		Yes	Yes
Cabinet Member		Yes	Yes
Date final report sent to Constitutional Team			23 January 2020

APPENDIX 1

Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.
We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.
- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)
- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToC. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping (click to go to sheet)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Better Care Fund 2019/20 Template
2. Cover
Version 1.2



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Southwark
Completed by:	adrian.ward3@nhs.net
E-mail:	adrian.ward3@nhs.net
Contact number:	2075253345
Who signed off the report on behalf of the Health and Wellbeing Board:	Cllr Peter John (Health and Wellbeing Board (chair)
Will the HWB sign-off the plan after the submission date?	No
If yes, please indicate the date when the HWB meeting is scheduled:	

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Peter	John	Peter.john@southwark.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Andrew	Bland	andrewbland@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		n/a	n/a	na@nhs.net
	Local Authority Chief Executive		Eleanor	Kelly	Eleanor.kelly@southwark.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		David	Quirke-Thornton	David.Quirke-Thornton@southwark.gov.uk
	Better Care Fund Lead Official		Adrian	Ward	adrian.ward3@nhs.net
	LA Section 151 Officer		Duncan	Whitfield	Duncan.whitfield@southwark.gov.uk
	Director of Adult Social Care		Jay	Stickland	jay.stickland@southwark.gov.uk
	Director of Commissioning, Children and Families		Genette	Laws	genette.laws@southwark.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->			Sam	Hepplewhite	sam.hepplewhite@nhs.net

*Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

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	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes
Sheet Complete		Yes

4. Strategic Narrative

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	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	Yes
Sheet Complete		Yes

5. Income

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	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes
Sheet Complete		Yes

6. Expenditure

[^^ Link back to top](#)

	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes

Sheet Complete	Yes
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7. HCIM

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	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes

Sheet Complete	Yes
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8. Metrics

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	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes
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9. Planning Requirements

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	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes

Sheet Complete	Yes
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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Southwark

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,486,043	£1,486,043	£0
Minimum CCG Contribution	£22,654,606	£22,654,606	£0
iBCF	£15,751,933	£15,751,933	£0
Winter Pressures Grant	£1,570,648	£1,570,648	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£41,463,230	£41,463,230	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£6,437,797
Planned spend	£6,633,466

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£15,730,051
Planned spend	£16,616,328

Scheme Types

Assistive Technologies and Equipment	£1,130,000
Care Act Implementation Related Duties	£1,000,000
Carers Services	£850,000
Community Based Schemes	£2,142,727
DFG Related Schemes	£1,486,043
Enablers for Integration	£625,758
HICM for Managing Transfer of Care	£2,726,886
Home Care or Domiciliary Care	£13,322,498
Housing Related Schemes	£50,000
Integrated Care Planning and Navigation	£337,082
Intermediate Care Services	£8,848,041
Personalised Budgeting and Commissioning	£811,000
Personalised Care at Home	£0
Prevention / Early Intervention	£1,248,251
Residential Placements	£4,874,334
Other	£2,010,610
Total	£41,463,230

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	642.7394212

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.849702381

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board: Southwark

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

Link to B) (i)

Link to B) (ii)

Link to C)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

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At the heart of Southwark's approach to integration is the recognised need set out in our Five Year Forward View to improve outcomes by ensuring people's overall needs are addressed in a more holistic way. This means different providers and commissioners of health, social care and other services working in a co-ordinated way around individual and population needs. This includes organising our collective resources in a way that allows for a shift in focus towards prevention and ensuring that people and their families and carers are actively involved in co-developing and co-delivering personalised outcomes in their care plans. The neighbourhood model being developed by Partnership Southwark is based on people being firmly at the centre of a network of local services and support focussed on working better together and empowering people to improve their health and wellbeingindividual outcomes. Support for carers is integral to this strategy and the BCF continues to provide resources specifically for carers services. Partnership Southwark has also adopted an approach to joint commissioning for population health and wellbeing outcomes using "Southwark "Bridges to Health and Wellbeing". Central to this approach is the development of population and person- centred outcomes that act as the focus for service providers to work together with commissioners to better integrate and streamline services and improve outcomes that matter to people.

A summary of the Partnership Southwark approach to integration, and our key priorities and objectives, which underpin BCFs 2019/20 plans is set out in the following document link : <https://www.southwarkccg.nhs.uk/our-plans/partnership-southwark/Pages/default.aspx>.

Personal budgets: All social care services are provided through personal budgets based on personalised care plans and outcomes, with the aim of maximising choice and independence. The CCG will continue to expand its existing offer of personal health budgets in CHC and Mental Health. Alongside South East London CCGs Southwark will also be working towards a consistent approach to Personal Wheelchair Budgets. The CCG's plan is to have 275 personal health budgets in place by the end of the year an increase of 55%. The neighbourhood model includes a care co-ordination approach which will enable greater alignment of health and social care personal budgets.

Self-care and prevention: Self-care is promoted with funding from the BCF for Self-Management UK and Walking Away from Diabetes to provide self-management workshops for people with long term conditions. The BCF provides substantial resources for prevention, including £1.1m for voluntary sector organisations providing preventative services which will be organised in a hub model. This is aligned with the BCF funded social prescribing initiatives currently underway - which will be expanded substantially within the PCN model and through the development of a more coordinated and robust model of social prescribing within Partnership Southwark. In addition a number of the social care services funded via the BCF have clear evidence based preventative value, such as telecare, community equipment and home care which all play a key role in, for example, falls prevention.

Contribution to Equalities Act requirements: The BCF funds services that provide a range of essential personalised support for people with health and social care needs. This has important benefits for people with protected characteristics under the Equalities Act, many of whom receive these services, in particular older people, people with disabilities and people with mental health problems. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018 as a result of BCF investment in our ethical home care policy. This workforce is mainly made up of women and those from the black and minority ethnic communities. Diabetes is a focus of our equalities priorities locally during 2019/20, and funding for self-management of diabetes is included in the BCF.

Contribution to health inequalities: The Partnership Southwark vision clearly states that the level oftackling health inequalities within Southwark is a key driving force for ourthe vision. Community- based health and care services funded through the BCF provides essential support for an older population that generally has poor health outcomes and multiple long term conditions. Promoting the health and wellbeing of this cohort population helps to prevent or delay the need for more intensive services and improve outcomes such as healthy life expectancy. The neighbourhood approach set out in thebeing implemented through Partnership Southwark vision will provide a further opportunity for local care networksservices and teams working within and across our neighbourhood footprints to address specific local health and social inequalities issues.

Changes since the previous BCF plan: The local integration landscape has developed considerably since the last plan, with Partnership Southwark providing more mature partnership structures, including greater involvement of key providersa formal commissioner and provider alliance arrangement and the involvement of organisations beyond health and social care, to enable the delivery of the BCF vision. The range of schemes invested in in 2018/19 has rolled forward largely unchanged to 2019/20 following positive evaluation. The £6.1m BCF growth in 2019/20 is being focussed on supporting the development of hospital discharge support including discharge to assess, increased reablement including step down beds, and additional investment in home care and care homes.

B) HWB level

- (i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):
- Joint commissioning arrangements
 - Alignment with primary care services (including PCNs (Primary Care Networks))
 - Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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Remaining Word Limit:	151
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The Partnership Southwark strategic outline case provides a comprehensive overview of the plan for integrating services at HWB level from 2019/20 onwards, providing a strengthened delivery platform for the vision for integration previously set out in the BCF and the Southwark Five Year Forward View.

Joint Commissioning arrangements: Southwark has had a Partnership Commissioning Team in place for 3 year which leads on the development of integrated commissioning and reports to the Directors of Commissioning of the Council and the CCG. Commissioning Development Groups were established for client groups, reporting to an overarching Joint Strategy Commissioning Committee. This structure is now being reviewed during 2019/20, taking into account the progress made to date and the changing CCG commissioning landscape. It is envisaged that the commissioning team will become part of a wider integrated place based team within Partnership Southwark, and the Commissioning Development Groups are already evolving into joint groups with commissioners and providers focussed on delivering transformation through the Partnership Southwark workstreams. This will take forward the initial work undertaken on joint commissioning for population outcomes with providers within the partnership. During 2019/20 this outcomes approach (Bridges to Health and Wellbeing in Southwark) is being piloted for the population segment covering frailty, dementia and end of life care, with which there is a strong overlap with BCF funded services.

Alignment with primary care services: The Partnership Southwark work programme will be the vehicle for the further integration of place based health and care services, and as a priority will build on our previous development of Local Care Networks to develop a new neighbourhood model. A central component of this is the Primary Care Networks as the building block for this approach, enabling closer multi-disciplinary working and more proactive and preventative care across range of health and care services. The Better Care Fund provides funding for our two local GP federations for social prescribing, pharmacy in care homes and enhanced primary care access across our primary care networks.

Alignment of services and the approach to partnership with the voluntary and community sector: Operational integration will be guided by the outcomes framework and alliances of providers will be supported to collaborate to improve outcomes through Partnership Southwark. The voluntary sector are key partners in the development of the outcomes framework and the redesign of services, and are involved with the pilot work on developing the outcomes based approach to joint commissioning. The BCF provides £1.1m funding to the voluntary sector to provide a range of preventative services which will be organised in a hub model, aligned with the social prescribing initiatives currently underway which will be expanded within the PCN model also funded by the BCF.

A successful example of improved integrated working in Southwark that illustrates our approach is the integration of Enhanced Rapid Response, Supported Discharge, Reablement including the ASC reablement care provider contract and the urgent social work response (all BCF funded). This has been successfully integrated forming a single joint team, Intermediate Care Southwark, which provides a simplified and co-ordinated urgent response system, and is bedding in further in 2019/20 with plans for further integration between community health and social care being developed. The approach has been provider led with commissioner involvement on the board. It involved creating a new team under a single manager with 178 employees and an annual budget of £5.5m. A key benefit has been the rationalisation and simplification of numerous complex referral processes into a streamlined approach. The programme of change was intensive including separate workstreams for; shared leadership & management; creating the pathway, workflows & teams; developing the workforce, working culture & staff engagement; shared performance management; premises and IT. The learning from this process has been captured and disseminated, including through a workshop for Joint Commissioning Strategy Committee, and taken on board in the Partnership Southwark change management approach.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

Remaining Word Limit:240

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The Partnership Southwark model of neighbourhood networks clearly identifies a wide range of statutory and voluntary services as part of the person centred network of support services that have a role in helping people achieve their outcomes. Housing is key within this, which is especially important in Southwark given the high levels of social housing, particularly amongst older people. Housing are involved in our outcomes based commissioning workstreams, as are other council services such as leisure and libraries.

The use of the full Disabled Facilities Grant (DFG) has been agreed by the BCF Planning Group with housing services and will be fully deployed to enable individuals to adapt their housing to meet their needs. Adult Social Care and Housing have worked in collaboration to strengthen pathways for DFG’s, and further develop the prevention agenda by ensuring that where possible and practical services are linked through pathways and referral routes to achieve better outcomes such as increased opportunity for independence.

Housing have made a number of changes to the way DFG’s are delivered to reduce unnecessary delays and help to improve the service. These changes include:

- Changing the way work is tendered to contractors. Work programmes have been put in place where contractors receive a higher number of works to complete within an agreed timescale
- By combining the initial assessment visit to complete the Test of Resources and the DFG application pack
- By working closely with ASC Occupational Therapy (OT) team, design/plans for adaptations are agreed within 5 days
- There are plans to employ a Senior Occupational Therapist to work alongside the Housing team to help increase the number of OT assessments completed, improve communication/queries with adaptations on site and build stronger links with ASC and Health colleagues
- A framework agreement is being considered with a Stairlift provider to offer better value for money, reduce timescales for installations and provide a storage/reclining service for the council
- As part of improving partnership working and promoting the availability of the DFG, meetings have taken place with GP Practice Managers across Southwark
- A fast track system has been put in place to ensure cases assessed as urgent or end of life are prioritised
- The Housing team have been trained in falls prevention and provide advice, support and practical help when visiting older, frail and vulnerable people to help prevent the risk of falls and potential hospitalisation

By working jointly, teams across, Housing, Health and ASC have continued to make improvements to the way people can return home safely following hospital treatment. This has improved accessibility to DFG’s for major adaptations and also the use of the Southwark Handyperson Service who deliver services to often the most vulnerable people to support independent living. Under the Regulatory Reform Order flexibilities Southwark also provide a range of small repairs grants and loans to help vulnerable people carry out repairs and improvements to their homes as well as adaptations funded through DFG’s.

There is also a strong link between housing and adults social care with regards to the BCF funded telecare services which the Housing department provides.

The BCF in 2019/20 is providing additional resources to have a housing advice officer working within the hospital discharge teams with the objective of addressing housing related delays as effectively as possible.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

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Remaining Word Limit: 562

The vision set out in the BCF plan aligns strongly with the wider integration landscape in Southwark as follows:

ICS plans and place based delivery: Partnership Southwark will be a key vehicle for delivering integrated place based care within the overall Integrated Care System of South East London. The strategic outline case for Partnership Southwark was agreed in March 2019 and describes a vision and plans for integrated community based care that aligns with and build on the vision set out in the BCF plan for 2017/19. Providers and commissioners will collaborate to deliver improved outcomes for the population through an approach for which the stated aims are to:

- Make best use of the Southwark pound to deliver improvements in health and wellbeing outcomes for local people
- Be inclusive, and wider than health and care organisations so that we can tackle the causes of health inequalities and prevent illness
- Ensure every part of the health and care landscape is clearly focused on common goals of supporting self-management, keeping everyone well, providing resilient high-quality services, meeting individual and population-level needs, and making it easier for people to access the information, advice, care and support they need.
- Support resilient and sustainable general practice, including enabling practices to work together within Primary Care Networks, and with other local health and care providers, through our neighbourhood model.
- View health, social care, housing, VCS organisations, education and employment as equal value/partners when working towards a healthier Southwark.
- Equip people to manage their own conditions, take part in activities that will help keep them well and to support others in their community. Initial Priorities to deliver this vision are to:
- Work with local people and frontline staff to co-design and develop Southwark’s neighbourhood model to better join up care and support within the community, and respond to the health and wellbeing needs of local populations.
- Formalise collaborative alliance arrangements enabling system partners (initially Southwark CCG, GSTT, SLAM, GP federations, and Adult Social Care) to deliver integrated primary and community-based health and care; working closely with communities and other agencies involved in delivering care to Southwark residents.
- Join-up strategic commissioning between the Council and CCG which, over time, will move towards a population-based approach to commissioning for outcomes using Bridges to Health and Wellbeing segmentation framework

South East London plan for implementation of NHS Long Term Plan: There is also a close alignment between the objectives of the BCF and the South East London plan for the NHS Long Term Plan, in particular its focus on:

- Transformed out of hospital care and fully integrated community based care
- Increase the capacity and responsiveness of community and intermediate care services
- Expanded community MDTs aligned with new PCNs
- Support to people in care homes
- Supporting people to age well
- Reducing pressures on emergency hospital services
- Cutting delays in patients able to go home; through enhancing primary and community care
- People will get more control over their own health and more personalised care when they need it
- NHS Comprehensive Model of Personalised Care
- Social prescribing to widen the range of support available
- Accelerate the roll out of personal health budgets
- Personalise care to improve end of life care

The BCF also provides funding to support social services involvement in neighbourhood care co-ordination and other multi-disciplinary team work in line with NHS Long Term Plan priorities. Substantial growth in funding for reablement in 2019/20 will also provide resources to enable the new reablement and rapid response targets within the long term plan to be met by Intermediate Care Southwark.

STP: As set out in the 2017/19 BCF plan, the South East London STP has a key overarching objective of developing consistent and high quality community based care which aligns with the Southwark BCF vision.

Governance arrangements for the BCF Plan: The Health and Social Care Partnership Board, which oversees the governance and monitoring of all joint funding arrangements, oversees the development and monitoring of the BCF Plan. A sub-group of the Board has been set up – the BCF Planning Group – which meets monthly to undertake the more detailed discussions required to oversee BCF planning and delivery. This group includes the Director of Adult Social Care, Directors of Commissioning and senior finance leads from the council and the CCG. When the draft plan has been developed it is agreed through the respective governance mechanisms of the CCG and Council before being signed off by both parties and the Health and Wellbeing Board. Following assurance by NHSE the full BCF agreement and associated scheme schedules are set out in a section 75 agreement signed by both parties. Council and CCG internal governance around budget and performance monitoring apply to schemes for which each organisation is the lead commissioner. It is of note that both Council and CCG internal audits of BCF governance arrangements in the past 12 months provided positive assurance that controls are robust. Note: The BCF planning process was subject to a Health and Wellbeing Board report in June 2019 at which the approach being taken was set out. It was agreed by the board that the plan could be signed off by the chair under delegated powers, with the final plan tabled at the subsequent meeting of the board.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Southwark

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Southwark	£1,486,043
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£1,486,043

iBCF Contribution	Contribution
Southwark	£15,751,933
Total iBCF Contribution	£15,751,933

Winter Pressures Grant	Contribution
Southwark	£1,570,648
Total Winter Pressures Grant Contribution	£1,570,648

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	No
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Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS Southwark CCG	£22,654,606
Total Minimum CCG Contribution	£22,654,606

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Addition CCG Contribution	£0	
Total CCG Contribution	£22,654,606	

	2019/20
Total BCF Pooled Budget	£41,463,230

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board: Southwark

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,486,043	£1,486,043	£0
Minimum CCG Contribution	£22,654,606	£22,654,606	£0
iBCF	£15,751,933	£15,751,933	£0
Winter Pressures Grant	£1,570,648	£1,570,648	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£41,463,230	£41,463,230	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£6,437,797	£6,633,466	£0
Adult Social Care services spend from the minimum CCG allocations	£15,730,051	£16,616,328	£0

Link to Scheme Type description						Planned Outputs		Metric Impact				Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Hospital Discharge	Hospital discharge team including Community Support Team, weekend team & brokerage	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,790,453	Existing
2	Reablement	Reablement - previous reablement grant and additional funding	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	99,319.0	High	High	High	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£1,936,738	Existing
3	Neuro-rehab team	Support workers for GSTT community neuro-rehab team (previously commisioned by council)	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	300.0	Medium	High	High	High	Community Health		CCG			Private Sector	Minimum CCG Contribution	£197,886	Existing
4	Intermediate care	Supported discharge team and Intermediate care packages	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	58,336.0	High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,137,563	Existing
5	Community Equipment	ICES contract - council costs	Assistive Technologies and Equipment	Community Based Equipment				High	High	High	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£400,000	Existing
6	Community equipment - ICES contingency	Budget to meet potential cost pressures over winter period	Assistive Technologies and Equipment	Community Based Equipment				High	High	High	High	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£164,000	New
7	Admissions avoidance - ERR and @home	Community health services enhanced rapid response and @home service, including 7 day services funding including 2019/20 growth	Intermediate Care Services	Rapid / Crisis Response				High	High	High	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£4,216,105	Existing
8	Enhanced primary care access	Enhanced primary care access - additional 7 day appointments at 2 sites - contribution to total cost	Community Based Schemes					High	Medium	Medium	Medium	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£743,000	Existing
9	Self-management	Self-management for people with long term conditions.	Community Based Schemes					High	Low	Medium	Medium	Primary Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£307,000	Existing
10	Care home pharmacist	Care home pharmacy support	Community Based Schemes					Medium	Low	Not applicable	Not applicable	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£47,095	Existing
11	Home care	Home care quality improvement (core BCF)	Home Care or Domiciliary Care			Hours of Care	111,764.0	High	High	High	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£1,900,000	Existing
12	Disabled Facilities Grant	Disabled Facilities Grant including growth for additional OT to speed up process	DFG Related Schemes	Adaptations				Medium	High	High	Medium	Social Care		LA			Local Authority	DFG	£1,486,043	Existing
13	Voluntary Sector Hub	Range of voluntary sector support services providing preventative support on a hub referral model	Prevention / Early Intervention	Social Prescribing				Medium	Medium	High	Medium	Social Care		Joint	27.0%	73.0%	Charity / Voluntary Sector	Minimum CCG Contribution	£1,248,251	Existing
14	Shared budegt for joint discharges	A joint budegt to facilitate discharge of joint (non-CHC) cases at risk of delay in advance of S117 funding agreement	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				High	High	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£176,120	New
15	Carers	Voluntary sector support for carers (Southwark Carers)	Carers Services	Respite Services				High	High	High	High	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£400,000	Existing
16	Carers	Carer Assessments	Carers Services	Carer Advice and Support				High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£450,000	Existing

17	Telecare	Telecare including pendant alarms and other assistive technology and SMART response service	Assistive Technologies and Equipment	Telecare				High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£566,000	Existing
18	Nightowls	Overnight intensive home care to assist discharge (downsize 2019/20)	Home Care or Domiciliary Care			Hours of Care	13,215.0	High	High	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£224,000	Existing
19	Mental health reablement	Restoring independence for people so no long term service required	Community Based Schemes					Medium	Medium	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£151,632	Existing
20	Psychiatric liason	Psychiatric Liaison, AMHP and reablement support	Intermediate Care Services	Rapid / Crisis Response				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£300,000	Existing
21	Community Mental Health Services	Community mental health services (Move on Support Team etc)	Community Based Schemes					High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£655,000	Existing
22	Mental Health discharge worker	To ensure safe and timely discharges from Southwark psychiatric inpatient wards	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Low	High	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£50,000	New
23	Mental health Complex Cases worker	Specialist mental health social worker providing outreach to help prevent hospital admission	Intermediate Care Services	Rapid / Crisis Response				High	Low	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£60,000	New
24	Mental health Personal Budgets	Personal budgets for people with mental health services	Personalised Budgeting and Commissioning	Other	social care personal budget			High	Medium	High	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£600,000	Existing
25	Learning disability Personal Budgets	Personal budgets for people with learning disabilities	Personalised Budgeting and Commissioning	Other	social care personal budget			High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£211,000	Existing
26	Enhanced Intervention Services	MDT providing enhanced psychological support for people with learning disabilities and challenging behaviour	Community Based Schemes					Medium	Medium	High	Low	Mental Health		Joint	90.0%	10.0%	NHS Mental Health Provider	Minimum CCG Contribution	£239,000	Existing
27	Protecting social care	Contribution to previous year saving target to prevent service reduction	Other		protecting adult social care			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,010,610	Existing
28	Care Act Funding	General funding for Care Act duties, amount in line with guidance	Care Act Implementation Related Duties	Other	Range of Care Act duties inc carers			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,000,000	Existing
29	Service development (50% council element)	Funding for the Partnership Commissioning team, BCF management and consultancy for integration projects	Enablers for Integration	Integrated commissioning models				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£187,879	Existing
30	Service development (50% CCG element)	Funding for the Partnership Commissioning team, BCF management and consultancy for integration projects	Enablers for Integration	Integrated commissioning models				Medium	Medium	Medium	Medium	Community Health		CCG			CCG	Minimum CCG Contribution	£187,879	Existing
31	Housing worker - hospital discharge	Housing officer working with hospital discharge teams to help avoid housing related delays	Housing Related Schemes					Medium	High	High	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£50,000	new
32	Mental health placement broker	New broker for mental health placements to obtain quicker access to appropriate placements and improve VFM	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Medium	High	High	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£50,000	new
33	Dementia navigators	Voluntary sector support for people with dementia to navigate and access services	Integrated Care Planning and Navigation	Care Coordination				High	High	High	Medium	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£184,177	Existing
34	End of Life Care	Funding for social work input into co-ordinating end of life care.	Integrated Care Planning and Navigation	Care Coordination				High	High	High	Low	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£152,905	Existing
35	Council assessment and care management contingency	Additional funding for assessment and care management (including OT) to meet a range of potential pressures including costs associated with NHS Long Term Plan delivery.	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£300,000	New
36	iBCF funding plans - sustaining quality in home care	iBCF funding plans - sustaining quality in home care - including 19/20 iBCF growth	Home Care or Domiciliary Care			Hours of Care	607,520.0	High	High	High	Medium	Social Care		LA			Private Sector	iBCF	£10,327,850	Existing
37	iBCF funding plans - Improving and investing in local nursing care homes	iBCF funding plans - Improving and investing in local nursing care homes - including 19/20 iBCF growth	Residential Placements	Nursing Home		Placements	6,832.0	High	High	Not applicable	Not applicable	Social Care		LA			Private Sector	iBCF	£4,174,334	Existing
38	iBCF funding plans - Transformation fund to improve the health, wellbeing and resilience of	iBCF funding plans - Transformation fund to improve the health, wellbeing and resilience of vulnerable service users	Enablers for Integration	Integrated models of provision				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£250,000	Existing
39	iBCF Reablement and Intermedaite bed based care	iBCF Reablement and Intermediate bed based care - new for 19/20	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	1,538.0	High	High	High	High	Social Care		LA			Private Sector	iBCF	£999,749	New

[^^ Link back up](#)

Scheme Type	Description	Sub Type
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	Carer Advice and Support Respite Services Other
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	<p>Care Coordination</p> <p>Single Point of Access</p> <p>Care Planning, Assessment and Review</p> <p>Other</p>
Intermediate Care Services	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	<p>Bed Based - Step Up/Down</p> <p>Rapid / Crisis Response</p> <p>Reablement/Rehabilitation Services</p> <p>Other</p>

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	Social Prescribing Risk Stratification Choice Policy Other
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

Better Care Fund 2019/20 Template
7. High Impact Change Model

Selected Health and Wellbeing Board:

Southwark

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

The Lambeth and Southwark Transfers of Care Group (including commissioners, social services, community health and local trusts) oversees a programme of improvement on patient flow, delayed transfers and long length of stay, including progress against the High Impact Changes Model. The group updated the assessment and maturity levels and priority actions during the BCF planning process.

The current focus is on understanding and addressing the increases in delayed transfers of care experienced across the local system since October 2018. These are predominantly due to a high rate of Nursing Care delays caused by lack of local capacity (lack of care homes capacity in London has been recognised as a key concern by CQC) and delays relating to patient choice, residential care and housing. With regards to the 8 high impact change areas there are a number of improvements we wish to develop and embed further as follows;

- a) Early discharge planning - to further improve current arrangements we will seek to enhance primary care involvement in pre-admission discharge planning for elective patients as part of the Partnership Southwark integrated neighbourhood working model workstream and the developing Primary Care Networks.
- b) Systems to monitor patient flow - there are identified areas for development to further improve whole system demand and capacity management and related IT/IS systems. This will be subject to a new task and finish group.
- c) Home first/ discharge to assess - we have advanced plans that we need to implement for commissioning additional bed based reablement which will provide additional capacity for discharge to assess in more complex cases (funded by the iBCF grant) and will continue to refine and embed the agreed discharge to assess pathway to ensure desired outcomes are achieved.
- d) Patient choice - a robust policy has been agreed and fully embedding the policy with all key staff and ensuring early communication of choice policy to patients and families remains a priority. Further work on improving information leaflets for staff and patients to be undertaken.
- e) Trusted Assessor - work will continue with care homes on fully implementing policy with all homes we regularly commission from
- f) Enhancing Health in Care Homes - further supporting care homes to develop the capacity to deliver on objectives, in particular addressing avoidable ambulance call outs.

It is expected that these improvements will contribute to a significant reduction in delayed transfers restoring Southwark's previous strong performance, in particular through reductions in the category of patient choice. However, the greatest improvements are expected to come from those aspects of our action plan focussing on nursing and residential delays for which the recent growth relates to market capacity rather than discharge planning arrangement. The expansion of reablement step down beds will also be key to reducing rates.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Plans in place	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Mature	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Plans in place	Established	
Chg 7	Focus on choice	Plans in place	Established	
Chg 8	Enhancing health in care homes	Established	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Southwark

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	<p>In South East London, based on the significant NEL growth in 18/19, the Integrated Contracts and Delivery Team (ICDT) have submitted an expected growth of 3.4% non-elective admissions across SEL. In Southwark CCG this is a 5.1% increase or 1345 non-elective admissions. The SEL ICDT local team for Southwark attends the regular KCH Emergency Pathway Steering Group and Joint Management Board (UTC/Hurley) meetings to provide assistance and assure the Trust is delivering their plans.</p> <p>The System Improvement Plan focuses on: Clinically led front door streaming and admissions avoidance, increased utilisation of same day emergency care models operating 7 days a week to reduce non-elective admissions and increase same day care, including a comprehensive frailty assessment and acute frailty mode. Southwark CCG continues to provide quick access to GP appointments for KCH A&E to stream patients to appropriate services who don't have urgent care needs. At present KCH is not fully utilising available slots, ongoing work is being done with the A&E team to improve. KCH launched a new SDEC unit on 1st July and have seen 415 patients to date with only 36 converting into an admission. The unit was modelled on capacity of 32 per day which has not been reached, phase 2 will explore opening access to General Practice direct referrals.</p> <p>SEL ICDT are working with LAS and system partners to maximise alternative care pathways from the point of clinical triage, this reduce the need for an ambulance conveyance, support demand management and admission avoidance plans, whilst continuing to secure improved LAS response and handover times.</p> <p>In July 2019, the new 111 Integrated Urgent Care service was formally signed off and fully mobilised, overall performance of the service continues to improve and the service transitions into business as usual. The new service has moved from a 'hear and refer' model of care to a 'hear and treat' model of care. Clinicians have access to book patients into GP Extended Access Hubs, Out of Hours GP services and Urgent Treatment Centres and in SEL ICDT are working with LAS and GP Practices to allow direct booking into Primary Care. We are anticipating that downstream A&E departments will see a reduction in attendances.</p> <p>Standardising our out of hospital provision (recognising this is a multi year objective) with a 2019/20 focus on: optimised access to GP extended access from A&E, admission avoidance services for GPs, LAS and A&E, services that target high intensity users and that manage patients with multiple long term conditions, targeted support to Care Homes, full access to Discharge to Assess pathways to include bridging capacity, community based alternatives for key conditions and a review of therapy services to ensure therapists are placed at all required stages of the U&EC in and out of hospital pathway.</p> <p>In Quarter 1, BCF funded community health admissions avoidance services (enhanced rapid response and @home services) had accepted 1107 referrals as an alternative to hospital care. Work is underway with the @Home service to increase access to the service for LAS 999 crews, the LAS 999 Clinical Hub and the 111 IUC service. This will allow more patients to be directed to the service avoiding a hospital attendance. The BCF also provides funding for the enhanced primary care access services which provided 13,075 additional utilised appointments in Q1.</p>

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM) in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

19/20 Plan	Overview Narrative
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Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	11.1	<p>Following a sustained period of strong performance on delayed transfers of care during the period of the last plan Southwark has experienced a deterioration in performance linked to a combination of factors including nursing and residential capacity, patient choices delays and housing and homelessness issues increasing the rate of NHS attributed delays. Social Care delays have increased to a lesser extent from a very low baseline. It is a high priority to restore good performance and this is subject to an action plan reported to board level. The key focus areas of this plan are:</p> <ul style="list-style-type: none"> • Investing £3.1m IBCF growth in reablement, home care quality and nursing care capacity • Ensuring High Impact Changes effectively implemented through the Lambeth and Southwark Transfers of Care Group • Improved operational management of real time delays - Weekly senior escalation teleconferences across the Trusts and Adult Social Care on unresolved delays issues • Monthly escalation and discussion at systems leaders transfer of care group to ensure this remains a system priority and gets ownership across partners • Choice – revised discharge protocol full implementation • Intermediate Care provision - business case for increased bed based intermediate care to address identified gap in provision approved from IBCF • Availability of nursing care provision – commissioning strategy for in-borough nursing care provision to be increased including for people with complex needs and EMI and purchasing of additional beds in the neighbouring boroughs • Residential Care assessment delays to be addressed through expanded trusted assessor scheme • Data recording and assurance, including enhanced monitoring and analysis of published data and reviewing pre-publication data to challenge mis-attributed delays • Agreed protocol with Housing to ensure avoidable delays on homelessness and strategies to reduce other housing related delays related to repairs and adaptations <p>The agreed winter pressures plan, incorporating CCG funding as well as BCF funding, sets out the areas of investment planned to reduce anticipated pressures on patient flow based on learning from previous winter plans. This includes extra resources for the commissioning of residential care, nursing care and home care.</p> <p>Although it is anticipated that the actions will improve performance it is not expected that the nationally set target will be delivered in the short term due to local system pressures and capacity issues.</p>
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Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole.
Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	470	643	The care home admissions target has been rebased taking into account actual levels of demand experienced during 2017/18 and 2018/19 with a view to containing current levels of growth. The 2018/19 plan was based on 2015/16, a low baseline year which is now no longer considered comparable given the significant annual increase in older people with dementia requiring care home support. To minimise the number of people needing to be admitted to care homes the BCF will be funding increased bed based intermediate step down options in 2019/20, funded from iBCF growth and plans are in place for extra care expansion. In the longer term this is expected to reduce total care home admissions. The majority of BCF funded services contribute directly or indirectly to the objective of supporting people in their own home for as long as possible, delaying or avoiding the need for more intensive support. Additional growth for home care is funded in the current plan, aimed at driving up the quality of care at home. Partnership Southwark neighbourhood model workstream includes multi-agency care co-ordination with the aim of helping people in their own homes, avoiding admission to hospital and care homes.
	Numerator	124	172	
	Denominator			
		26,367	26,760	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England; <https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2016basedprojections>

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.8%	85.0%	In 2018/19 the rate achieved was 85%. This is considered to be an appropriate target taking into account the high needs levels of service users. The BCF plan for 2019/20 includes substantial growth for Intermediate Care Southwark (including our integrated Rehabilitation & Reablement and Urgent Response Teams) as a way of ensuring reablement outcomes are maximised and also assisting to prevent hospital admissions and facilitate timely transfers of care. Bed based options will be expanded which should impact positively on performance and outcomes for service users, including a reduction in long term residential placements. There is also a focus on the extent to which service users require long term care following reablement, including establishing firmer move on pathways after Reablement including the Southwark Resource Centre and Community Rehab and Falls Service and ensuring service users are linked into voluntary supports.
	Numerator	533	571	
	Denominator	600	672	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Southwark

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Do the governance arrangements described support collaboration and integrated care? Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?	Yes			
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers: - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes	Links to Partnership Southwark documentation - see summary at https://www.southwarkccg.nhs.uk/our-plans/partnership-southwark/Pages/default.aspx		
	PR3	A strategic, joined up plan for DFG spending	Is there confirmation that use of DFG has been agreed with housing authorities? Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care? Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on?</p> <p>Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Yes			
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes			

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%

E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E10000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.0%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.6%	2.0%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.8%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	83.9%	88.9%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E09000007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.2%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.4%	29.5%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.1%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.0%	52.4%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.7%	46.3%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

E10000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E10000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.2%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E06000015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E06000059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E06000059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E06000059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E06000059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E08000027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.8%	0.3%
E09000009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.7%	3.5%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.3%	85.1%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.6%	6.8%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.0%	1.2%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E09000010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.

APPENDIX 2**Dated****Dec 2019**

LONDON BOROUGH OF SOUTHWARK**and****NHS SOUTHWARK CLINICAL COMMISSIONING GROUP**

**FRAMEWORK PARTNERSHIP AGREEMENT RELATING
TO THE BETTER CARE FUND PLAN FOR
COMMISSIONING OF HEALTH AND SOCIAL CARE
SERVICES****2019 - 2020**

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THIS AGREEMENT is made on day of April 2017

PARTIES

- (1) **THE MAYOR AND BURGESSES OF THE LONDON BOROUGH OF SOUTHWARK** (the "Council")
- (2) **NHS SOUTHWARK CLINICAL COMMISSIONING GROUP** (the "CCG")

BACKGROUND

- (A) The Council has responsibility for commissioning and/or providing social care services on behalf of the population of the borough of Southwark.
- (B) The CCG has the responsibility for commissioning health services pursuant to the 2006 Act in the borough of Southwark.
- (C) The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose. The Partners may agree to extend the use of pooled funds to include funding streams from outside of the Better Care Fund.
- (D) Section 75 of the 2006 Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- (E) The purpose of this Agreement is to set out the terms on which the Partners have agreed to collaborate and to establish a framework through which the Partners can secure the future position of health and social care services through lead or joint commissioning arrangements. It is also the means through which the Partners will pool funds and align budgets as agreed between the Partners.
- (F) The aims and benefits of the Partners in entering in to this Agreement are to:
 - a) improve the quality and efficiency of the Services;
 - b) meet the National Conditions and Local Objectives;
 - c) make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the Services;
 - d) deliver the overall aims and objectives of the Better Care Fund Plan in particular the development of stronger integrated community based health and care services, successfully reducing and preventing the need of service users for more intensive support; and
 - e) deliver the specific aims and objectives of individual service schemes set out in annex 1 to the Better Care Fund Plan.
- (G) The Partners have jointly carried out consultations on the proposals for this Agreement with those persons likely to be affected by the arrangements.
- (H) The Partners are entering into this Agreement in exercise of the powers referred to in Section 75 of the 2006 Act and/or Section 13Z(2) and 14Z(3) of the 2006 Act as applicable, to the extent that exercise of these powers is required for this Agreement.

1 DEFINED TERMS AND INTERPRETATION

1.1 In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

2000 Act means the Freedom of Information Act 2000.

2004 Regulations means the Environmental Information Regulations 2004.

2006 Act means the National Health Service Act 2006.

Affected Partner means, in the context of Clause 24, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event

Aligned Commissioning means a mechanism by which the Partners jointly agree how Services shall be commissioned but does not involve delegation of any Functions to the other Partner. For the avoidance of doubt, an aligned commissioning arrangement does not involve the delegation of any Functions pursuant to Section 75.

Agreement means this agreement including its Schedules and Appendices.

Annual Report means the report produced by the Partners in accordance with Clause 20.6

Approved Expenditure means any additional expenditure approved by the Partners in relation to an Individual Service above any Contract Price.

Authorised Officers means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement.

Better Care Fund means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners.

Better Care Fund guidance: the "Integration and Better Care Fund Planning Requirements for 2017/19" published by NHS England which sets out the requirements of the Better Care Fund.

BCF Pooled Fund means the pooled fund set up under this Agreement in relation to the Better Care Fund

BCF Programme Manager means the individual given the responsibilities of the BCF Programme Manager in accordance with Clause 7.4 and Schedule 1 Scheme 4.

BCF Scheme means an Individual Scheme established under the Better Care Fund Plan and BCF Schemes shall be construed accordingly

Better Care Fund Plan means the plan attached at Schedule 4 setting out the Partners plan for the use of the Better Care Fund.

CCG Statutory Duties means the Duties of the CCG pursuant to Sections 14P to 14Z2 of the 2006 Act

Change in Law means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any judgment of a relevant court of law which changes binding precedent in England after the date of this Agreement

Commencement Date means 00:01 hrs on 1st April 2019.

Confidential Information means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and:

- (a) which comprises Personal Data or Sensitive Personal Data or which relates to any patient or his treatment or medical history;
- (b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or
- (c) which is a trade secret.

Contract Price means any sum payable to a Provider under a Provider Contract as consideration for the provision of goods or Services and which, for the avoidance of doubt, does not include any Default Liability.

Delivery Costs means the indirect costs incurred by a Partner in commissioning Services under any Scheme Specification where this is not expressly set out in the Scheme Specification as Approved Expenditure. Such costs include, but are not limited to all legal costs (including all costs incurred as a result of any legal challenge), human resources, management and IT costs, contract monitoring and audit costs and employment costs (including all costs incurred as a result of any legal challenge)

Default Liability means any sum which is agreed or determined by Law or in accordance with the terms of a Provider Contract) to be payable by any Partner(s) to the Provider as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part) under the relevant Provider Contract or (ii) any act or omission of a third party for which any or all of the Partners are, under the terms of the relevant Provider Contract, liable to the Provider.

Financial Contributions means the financial contributions made by each Partner to a Pooled Fund in any Financial Year.

Financial Year means each financial year running from 1 April in any year to 31 March in the following calendar year.

Force Majeure Event means one or more of the following:

- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
 - (b) acts of terrorism;
 - (c) acts of God;
 - (d) fire or flood;
 - (e) industrial action;
 - (f) prevention from or hindrance in obtaining raw materials, energy or other supplies;
 - (g) any form of contamination or virus outbreak; and
 - (h) any other event,
- in each case where such event is beyond the reasonable control of the Partner claiming relief

Functions means the NHS Functions and the Health Related Functions

GDPR means the (EU) General Data Protection Regulation 2016/679.

Health Related Functions means the health related functions of the Council, specified in Regulation 6 of the Regulations

Host Partner means for each Pooled Fund the Partner that will host the Pooled Fund

Health and Social Care Partnership Board: see Partnership Board

Health and Wellbeing Board means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.

Improved Better Care Fund (iBCF) means the Improved Better Care Fund (iBCF) grant paid to the council by the Department for Communities and Local Government (DCLG) with grant conditions as specified in the grant determination letter issued on 24 April 2017 including the requirement to pool the grant into the BCF pooled budget.

Indirect Losses means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis.

Individual Scheme means one of the schemes which has been agreed by the Partners to be included within this Agreement as documented in a Scheme Specification.

Integrated Commissioning means arrangements by which both Partners commission Services in relation to an individual Scheme on behalf of each other in exercise of both the NHS Functions and Council Functions through integrated structures.

Law means:

- (d) any statute or proclamation or any delegated or subordinate legislation;
- (e) any enforceable community right within the meaning of Section 2(1) European Communities Act 1972;
- (f) any guidance, direction or determination with which the Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Partner(s) or relevant third party (as applicable); and
- (g) any judgment of a relevant court of law which is a binding precedent in England.

Lead Commissioning Arrangements means the arrangements by which one Partner commissions Services on behalf of the other Partner in exercise of both the NHS Functions and the Council Functions.

Lead Commissioner means the Partner responsible for commissioning an Individual Service under a Scheme Specification in exercise of the other Partner's Functions.

Losses means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

Month means a calendar month.

National Conditions mean the national conditions relating to the Better Care Fund as set out in the NHS England Planning Guidance as are amended or replaced from time to time.

National Guidance means any and all guidance in place from time to time published by the NHS Commissioning Board or the Department of Health in relation to the Better Care Fund. See also Better Care Fund guidance.

NHS Functions the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the CCG.

Non Pooled Fund means the budget detailing the financial contributions of the Partners which are not included in a Pooled Fund but are held by one of the Partners in relation to this Agreement.

Non-Recurrent Payments means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause 10.6.

Overspend means any expenditure from a Pooled Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year in respect of the budget for the particular Services as set out in the relevant Scheme Specification.

Partner means each of the CCG and the Council, and references to "**Partners**" shall be construed accordingly.

Partnership Board means the Health and Social Care Partnership Board being the group of senior Council and CCG officers that oversees the monitoring of section 75 agreements, supporting the Health and Wellbeing Board in its Better Care Fund leadership function. Terms of Reference are set out in Schedule 2

Permitted Budget means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service.

Permitted Expenditure has the meaning given in Clause 7.5.

Personal Data means Personal Data as defined by the GDPR.

Pooled Fund means any pooled fund established and maintained by the Partners as a pooled fund in accordance with the Regulations

Pooled Fund Manager means such officer of the Host Partner for the relevant Pooled Fund established under an Individual Scheme as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause 8.

Provider means a provider of any Services commissioned under the arrangements set out in this Agreement.

Public Health England means the SOSH trading as Public Health England.

Quarter means each of the following periods in a Financial Year:

1 April to 30 June

1 July to 30 September

1 October to 31 December

1 January to 31 March

and "**Quarterly**" shall be interpreted accordingly.

Quarterly Report means the report produced by the Partners in accordance with Clause 20.2

Regulations means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended).

Scheme Specification means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement.

Scheme Lead means the individual appointed to act as the operational lead in respect of each Individual Scheme

Sensitive Personal Data means Sensitive Personal Data as defined in the GDPR.

Services means such health and social care services and such equipment or other goods required as part of a service as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

Provider Contract means an agreement for the provision of Services entered into with a Provider by one or more of the Partners in accordance with the relevant Individual Scheme.

Service Users means those individual for whom the Partners have a responsibility to commission the Services.

SOSH means the Secretary of State for Health.

Third Party Costs means all such third party costs (including legal and other professional fees) in respect of each Individual Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the Health and Social Care Partnership Board.

Working Day means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

- 1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made there under and any conditions attaching thereto. Where relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.
- 1.3 Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement.
- 1.4 Any reference to the Partners shall include their respective statutory successors, employees and agents.
- 1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
- 1.6 Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.
- 1.7 In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assigns.
- 1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.
- 1.9 In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.
- 1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing.
- 1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at

the rate prevailing on the date such other currency first became legal tender in the United Kingdom.

- 1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

2 TERM

- 2.1 This Agreement shall come into force on the Commencement Date.
- 2.2 This Agreement shall continue until it is terminated in accordance with Clause 22.
- 2.3 The duration of the arrangements for each Individual Scheme shall be as set out in the relevant Scheme Specification.

3 GENERAL PRINCIPLES

- 3.1 Nothing in this Agreement shall affect:
- 3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or
- 3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any local authority function.
- 3.2 The Partners agree to:
- 3.2.1 treat each other with respect and an equality of esteem;
- 3.2.2 be open with information about the performance and financial status of each; and
- 3.2.3 provide early information and notice about relevant problems.
- 3.3 For the avoidance of doubt, the aims and outcomes relating to an Individual Scheme may be set out in the relevant Scheme specification.

4 PARTNERSHIP FLEXIBILITIES

- 4.1 This Agreement sets out the mechanism through which the Partners will work together to commission services. This will include the establishment of one or more of the following:
- 4.1.1 Lead Commissioning Arrangements;
- 4.1.2 Integrated Commissioning;
- 4.1.3 Aligned Commissioning
- 4.1.4 the establishment of one or more Pooled Funds
- in relation to Individual Schemes (the "Flexibilities")
- 4.2 The Council delegates to the CCG and the CCG agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.
- 4.3 The CCG delegates to the Council and the Council agrees to exercise on the CCG's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health Related Functions.

- 4.4 Where the powers of a Partner to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements designed to achieve the greatest degree of delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.

5 FUNCTIONS

- 5.1 The purpose of this Agreement is to establish a framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.
- 5.2 This Agreement shall include such Functions as shall be agreed from time to time by the Partners relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.
- 5.3 Where the Partners add a new Individual Scheme to this Agreement a Scheme Specification for each Individual Scheme substantially in the form set out in Schedule 1 shall be completed and agreed between the Partners. The Scheme Specifications agreed at the Commencement Date are set out in Schedule 1 part 2
- 5.4 The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement and have undertaken the relevant consultation.
- 5.5 The introduction of any Individual Scheme will be subject to business case approval by the Health and Social Care Partnership Board

6 COMMISSIONING ARRANGEMENTS

- 6.1 The Partners shall work in cooperation and shall endeavour to ensure that the NHS Functions and Health Related Functions are commissioned with all due skill, care and attention.
- 6.2 The Partners shall work in cooperation and endeavour to ensure that the relevant Services as set out in each Scheme Specification are commissioned within each Partners Financial Contribution in respect of that particular Service in each Financial Year.
- 6.3 The Partners shall agree in writing prior to any new Provider Contracts being entered into how the liability under each Provider Contract shall be apportioned in the event of termination of the relevant Individual Scheme.
- 6.4 The Partners shall comply with the commissioning arrangements as set out in the relevant Scheme Specification.
- 6.5 Each Partner shall keep the other Partners and the Health and Social Care Partnership Board regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund.

7 ESTABLISHMENT OF A POOLED FUND

- 7.1 In exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain such pooled funds for revenue expenditure as set out in the Scheme Specifications.
- 7.2 Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement, the Scheme Specifications and any National Guidance and Law
- 7.3 At the Commencement Date it is agreed that there shall be a single Pooled Fund established for the Better Care Fund which will cover all of the Scheme Specifications (the "BCF Pooled

Fund"). The BCF Pooled Fund will be hosted by the Council. The Partners agree that further Pooled Funds may be added to this Agreement after the Commencement Date in accordance with Clause 8 and Clause 30.

- 7.4 The Partners have agreed that a designated officer will have the duties of BCF Programme Manager which includes the responsibility for the operational oversight of this Agreement as set out in Schedule 1 Part 2 Scheme 4. The designated officer undertaking the role of the BCF Programme Manager shall be part funded from the BCF Pooled Fund in proportion to the time taken on the role as agreed by the Health and Social Care Partnership Board.
- 7.5 It is agreed that the monies held in a Pooled Fund may only be expended on the agreed Service plans of the Better Care Fund as set out in Schedule 1 including the following:
 - 7.5.1 the Contract Price;
 - 7.5.2 where the Council is to be the Provider, the Permitted Budget;
 - 7.5.3 Approved Expenditure where set out in the relevant Scheme Specification;
 ("Permitted Expenditure")
- 7.6 The Partners may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of each Partner.
- 7.7 For the avoidance of doubt, monies held in the Pooled Fund may not be expended on Default Liabilities, Third Party Costs or Delivery Costs except where this is expressly agreed in advance by the Health and Social Care Partnership Board.
- 7.8 Pursuant to this Agreement, the Partners agree to appoint a Host Partner for each of the Pooled Funds set out in the Scheme Specifications. At the Commencement Date it is agreed that the Council shall be the Host Partner for the BCF Pooled Fund. The Host Partner shall be responsible for:
 - 7.8.1 holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;
 - 7.8.2 providing the financial administrative systems for the Pooled Fund; and
 - 7.8.3 appointing the Pooled Fund Manager;
 - 7.8.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.

8 POOLED FUND MANAGEMENT

- 8.1 If the Partners wish to introduce a new Pooled Fund, the Partners shall agree:
 - 8.1.1 which of the Partners shall act as Host Partner for the purposes of Regulations 7(4) and 7(5) and shall provide the financial administrative systems for the Pooled Fund;
 - 8.1.2 which officer of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations.
- 8.2 The Pooled Fund Manager shall have the following duties and responsibilities:
 - 8.2.1 the day to day operation and management of the Pooled Fund;
 - 8.2.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement and the relevant Scheme Specification;

- 8.2.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund;
- 8.2.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
- 8.2.5 reporting to the Health and Social Care Partnership Board in line with the relevant Scheme Specification;
- 8.2.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement;
- 8.2.7 preparing and submitting to the Health and Social Care Partnership Board quarterly reports (or more frequent reports if required) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Board to monitor the effectiveness of the Pooled Fund and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met.
- 8.2.8 preparing and submitting reports to the Health and Wellbeing Board as required by it.
- 8.2.9 preparing and submitting reports to other Council and CCG committee meetings and relevant management meetings as required
- 8.3 In carrying out their responsibilities as provided under Clause 8.2 the Pooled Fund Manager shall have regard to the National Guidance and recommendations of the Health and Social Care Partnership Board and shall be accountable to the Partners.
- 8.4 The Health and Social Care Partnership Board may agree to the viring of funds between Individual Schemes and, where relevant, between Pooled Funds.

9 NON POOLED FUNDS

- 9.1 Any Financial Contributions agreed to be held within a Non Pooled Fund will be notionally held in a fund established for the purpose agreed by the Partners in advance. For the avoidance of doubt, a Non Pooled Fund does not constitute a pooled fund for the purposes of Regulation 7 of the Partnership Regulations.
- 9.2 When introducing a Non Pooled Fund the Partners shall agree:
 - 9.2.1 which Partner if any shall host the Non-Pooled Fund
 - 9.2.2 how and when Financial Contributions shall be made to the Non-Pooled Fund.
- 9.3 The Host Partner will be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund, meeting all required accounting and auditing obligations.
- 9.4 At the Commencement Date the Partners agree that the BCF Joint Risk Reserve will be held by the Council as a Non-Pooled Fund in accordance with the BCF Joint Risk Reserve Agreement.
- 9.5 Both Partners shall ensure that Services commissioned using a Non Pooled Fund are commissioned solely in accordance with the relevant Scheme Specification.

10 FINANCIAL CONTRIBUTIONS

- 10.1.1 The amount each Partner will contribute in relation to the Better Care Fund is set out in the Better Care Fund Plan financial template (Annex X). In 2019/20 the contributions are as follows:

Source	Income
CCG:	
Minimum CCG Contribution	£22,654,606
Council:	
DFG	£1,486,043
iBCF	£15,751,933
Winter Pressures Grant	£1,570,648
Additional LA Contribution	£0
Additional CCG Contribution	£0
Total	£41,463,230

- 10.2 Schedule 1 sets out the schemes that will be funded from the total pooled budget and the lead agency who will receive the funding to deliver the scheme.
- 10.3 The Financial Contribution of the CCG and the Council to any Pooled Fund or Non-Pooled Fund for the First Financial Year of operation for each Individual Scheme shall be as set out in the relevant Scheme Specification.
- 10.4 The Partners may agree to make additional contributions to the Pooled Fund in respect of additional Services as set out in revised Scheme Specifications and agreed by the Health and Social Care Partnership Board.
- 10.5 When determining the Partners contributions to the Pooled Fund in Financial Years subsequent to the First Financial Year, the Partners shall take into account any changes in the National Conditions and any local planning considerations. The Health and Social Care Partnership Board shall agree the Financial Contributions which shall then be submitted to the Health and Wellbeing Board for ratification.
- 10.6 Subject to National Guidance, Financial Contributions will be paid quarterly in arrears as set out in the relevant Scheme Specification otherwise agreed in advance by the Health and Social Care Partnership Board.
- 10.7 No provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to the Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in the Health and Social Care Partnership Board minutes and recorded in the budget statement as a separate item.

11 NON FINANCIAL CONTRIBUTIONS

- 11.1 The Scheme Specification shall set out non-financial contributions of each Partner including staff, premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of Provider Contracts and the Pooled Fund).

12 RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS

Risk share arrangements

- 12.1 There are no defined risk sharing arrangements as part of the agreement, but the Health and Social Care Partnership Board are able to agree a risk sharing arrangement as set out in Schedule 3.
- 12.2 Note: There will be no performance payment risk share arrangements in 2019/20 as the non-achievement of performance targets is not associated with a financial penalty.

Overspends

- 12.3 Overspends shall be dealt with in accordance with Schedule 3.

Underspend

- 12.4 In the event that expenditure from any Pooled Fund or Non Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year the Partners shall agree how the surplus monies shall be spent, carried forward and/or returned to the Partners. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners and the terms of the BCF Risk Share Arrangements in schedule 3.
- 12.5 All partners are obliged to provide transparent information to the Pooled Fund Manager on potential Underspends at the earliest possible stage to enable the Health and Social Care Partnership Board to consider remedial action and/or potential alternative uses of the funding.

13 CAPITAL EXPENDITURE

- 13.1 Except as provided in Clause 13.2 neither Pooled Funds or Non Pooled Funds shall normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Partners. If a need for capital expenditure is identified this must be agreed by the Partners.
- 13.2 The Partners agree that capital expenditure may be included in Pooled Funds where this is in accordance with Better Care Fund Requirements and set out in the relevant Scheme Specification.

14 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

15 AUDIT AND RIGHT OF ACCESS

- 15.1 All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the relevant Pooled Fund and shall require the appropriate person or body appointed to exercise the functions of the Audit Commission under section 28(1)(d) of the Audit Commission Act 1998, by virtue of an order made under section 49(5) of the Local Audit and Accountability Act 2014 to make arrangements to certify an annual return of those accounts under Section 28(1) of the Audit Commission Act 1998.
- 15.2 All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.

16 LIABILITIES AND INSURANCE AND INDEMNITY

- 16.1 Subject to Clause 16.2, and 16.3, if a Partner ("First Partner") incurs a Loss arising out of or in connection with this Agreement (including a Loss under any Individual Scheme) as a consequence of any act or omission of another Partner ("Other Partner") which constitutes negligence, fraud or a breach of contract in relation to this Agreement or any Provider Contract then the Other Partner shall be liable to the First Partner for that Loss and shall indemnify the First Partner accordingly.
- 16.2 Clause 16.1 shall only apply to the extent that the acts or omissions of the Other Partner contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Partner acting in accordance with the instructions or requests of the First Partner or the Partnership Board.
- 16.3 If any third party makes a claim or intimates an intention to make a claim against either Partner, which may reasonably be considered as likely to give rise to liability under this Clause 16. the Partner that may claim against the other indemnifying Partner will:
- 16.3.1 as soon as reasonably practicable give written notice of that matter to the Other Partner specifying in reasonable detail the nature of the relevant claim;
 - 16.3.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Partner (such consent not to be unreasonably conditioned, withheld or delayed);
 - 16.3.3 give the Other Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.
- 16.4 Each Partner shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement.
- 16.5 Each Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement.

17 STANDARDS OF CONDUCT AND SERVICE

- 17.1 The Partners will at all times comply with Law and ensure good corporate governance in respect of each Partner (including the Partners respective Standing Orders and Standing Financial Instructions).
- 17.2 The Council is subject to the duty of Best Value under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.
- 17.3 The CCG is subject to the CCG Statutory Duties and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the CCG Statutory Duties and clinical governance obligations.
- 17.4 The Partners are committed to an approach to equality and equal opportunities as represented in their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the service.

18 CONFLICTS OF INTEREST

The Partners agree a process for identifying and managing conflicts of interest arising in respect of this Agreement.

19 GOVERNANCE

- 19.1 Overall strategic oversight of partnership working between the Partners is vested in the Health and Well Being Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.
- 19.2 The Partners have established the Health and Social Care Partnership Board to:
 - 19.2.1 Agree the Better Care Fund Plan for recommendation to the Health and Wellbeing Board;
 - 19.2.2 Agree key decisions around implementation of the Better Care Fund Plan and subsequent strategic development of the Better Care Fund Plan including agreeing any variations to the Better Care Fund Plan and this Agreement;
 - 19.2.3 Agree how to deal with Overspends and Underspends including any changes in levels of funding related to each Scheme Specification;
 - 19.2.4 Agree expenditure from any jointly held Risk Reserve ;
 - 19.2.5 Review quality of the Services
 - 19.2.6 Receive high level progress reports from the BCF Programme Manager on a quarterly basis; AND
 - 19.2.7 Consider the wider strategy on integration.
- 19.3 The Partners will consider and agree any revisions to the governance framework that may be required to meet the objectives of the Better Care Fund or related reporting requirements. The Health and Social Care Partnership Board is based on a joint working group structure. Each member of the Health and Social Care Partnership Board shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them to make decisions which enable the Health and Social Care Partnership Board to carry out its objects, roles, duties and functions as set out in this Clause 19 and Schedule 2.
- 19.4 The terms of reference of the Health and Social Care Partnership Board are set out in Schedule 2
- 19.5 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.
- 19.6 The Health and Social Care Partnership Board shall be responsible for ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund and agree regular reports to the Health and Wellbeing Board.
- 19.7 Each Scheme Specification shall confirm the assurance and governance arrangements in respect of each Individual Service and the mechanism of how that Individual Service is reported to the Health and Social Care Partnership Board, and Health and Wellbeing Board.

20 REVIEW

- 20.1 Each Scheme Lead shall provide a monthly monitoring report to the BCF Programme Manager in line with the requirements set out in the relevant Scheme Specification.

- 20.2 The BCF Programme Manager shall produce a Quarterly Report and submit this to the Health and Social Care Partnership Board who shall undertake a quarterly review of this Agreement and the implementation of the BCF Plan.
- 20.3 The Quarterly Report shall conform to National Guidance and shall include:
 - 20.3.1 an evaluation of performance against the Performance Targets and the agreed performance measures targets and priorities in respect of each Scheme Specification;
 - 20.3.2 review of expenditure against plan
 - 20.3.3 the quality of the Services provided and funded
 - 20.3.4 the effectiveness of integration and delegated Functions the exercise of which are the subject of the Arrangements.
- 20.4 The BCF Programme Manager shall produce an annual report which will be submitted to the Health and Social Care Partnership Board who shall undertake an annual review. An “**Annual Review**” will include the elements set out at Clause 20.2 above and in addition shall consider the Financial Contributions for the subsequent year in accordance with Clause 10.4, and any changes proposed in relation to the Services, the structure of these Arrangements or the Better Care Fund.
- 20.5 Quarterly Reviews and Annual Reviews shall be conducted in accordance with National Guidance and in good faith.
- 20.6 The Health and Social Care Partnership Board shall following approval of the Annual Review prepare a joint Annual Report in accordance with any National Guidance and documenting the matters referred to in this Clause 20. A copy of this Annual Report shall be provided to the Partnership Board and Health and Wellbeing Board.
- 20.7 In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

21 COMPLAINTS

- 21.1 During the term of the Agreement, the Partners may develop and operate a joint complaints system for some Services. The application of a joint complaints system will be without prejudice to a complainant's right to use either of the Partners' statutory complaints procedures where applicable.
- 21.2 Prior to the development of a joint complaints system or after the failure or suspension of any such joint complaints system the following will apply:
 - 21.2.1 where a complaint wholly relates to one or more of the Council's Health Related Functions it shall be dealt with in accordance with the statutory complaints procedure of the Council;
 - 21.2.2 where a complaint wholly relates to one or more of the CCG's NHS Functions, it shall be dealt with in accordance with the statutory complaints procedure of the CCG;
 - 21.2.3 where a complaint relates partly to one or more of the Council's Health Related Functions and partly to one or more of the CCG's NHS Functions then a joint response will be made to the complaint by the Council and the CCG, in line with local joint protocol;
 - 21.2.4 where a complaint cannot be handled in any way described above or relates to the operation of the arrangements made pursuant to this Agreement or the content of this

Agreement, then the Health and Social Care Partnership Board will set up a complaints subgroup to examine the complaint and recommend remedies and report to the Board.

22 TERMINATION & DEFAULT

- 22.1 This Agreement may be terminated by any Partner giving not less than 3 Months' notice in writing to terminate this Agreement provided that such termination shall not take effect prior to the termination or expiry of all Individual Schemes unless agreed by the Partners and post termination arrangements have been approved by the.
- 22.2 Each Individual Scheme may be terminated in accordance with the terms set out in the relevant Scheme Specification provided that the Partners ensure that all Better Care Fund Requirements continue to be met.
- 22.3 If any Partner ("Relevant Partner") fails to meet any of its obligations under this Agreement, the other Partners (acting jointly) may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partners may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 23.
- 22.4 Termination of this Agreement and/or any Individual Scheme (whether by effluxion of time or otherwise) shall be without prejudice to the Partners' rights in respect of any antecedent breach and the provisions of Clauses 12.3, 12.4, 12.5, 15, 16, 21, 22, 25, 26, 27, 28, 32, 33, 37 or 39.
- 22.5 In the event of termination of this Agreement, the Partners agree to cooperate to ensure an orderly wind down of their joint activities and to use their best endeavours to minimise disruption to the health and social care which is provided to the Service Users.
- 22.6 Upon termination of this Agreement for any reason whatsoever the following shall apply:
 - 22.6.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to service users, employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;
 - 22.6.2 where either Partner has entered into a Provider Contract which continues after the termination of this Agreement, unless otherwise agreed or the Partner holding the Provider Contract agrees to accept ongoing responsibility for funding the Provider Contract, that Partner shall take all reasonable steps to bring the Provider Contract to an end as soon as possible following termination. Following the termination of this Agreement, unless otherwise agreed, until the termination of the Provider Contract both Partners shall continue to contribute to the Contract Price in accordance with the relevant proportion in which the relevant Provider Contract relates to commissioning for CCG Functions and Council Functions and will enter into all appropriate legal documentation required in respect of this;
 - 22.6.3 where there are Lead Commissioning arrangements in place, the Lead Commissioner shall make reasonable endeavours to amend or terminate a Provider Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Commissioner in breach of the Provider Contract) where the other Partner requests the same in writing Provided that the Lead Commissioner shall not be required to make any payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment;
 - 22.6.4 where a Provider Contract held by a Partner relates all or partially to Services which relate to the other Partner's Functions then provided that the Provider Contract allows the

other Partner may request that the Provider Contract is assigned in whole or part upon the same terms mutatis mutandis as the original Provider Contract.

- 22.6.5 the Partnership Board shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and
- 22.7 On termination the member of staff designated as undertaking the duties of the BCF Programme Manager will remain employed by the Partner who is the employer immediately prior to the termination. The relevant employer shall bear any costs in relation to the employee as a result of termination.
- 22.8 Termination of this Agreement shall have no effect on the liability of any rights or remedies of either Partner already accrued, prior to the date upon which such termination takes effect.
- 22.9 In the event of termination in relation to an Individual Scheme the provisions of Clause 22.6 shall apply mutatis mutandis in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).

23 DISPUTE RESOLUTION

- 23.1 In the event of a dispute between the Partners arising out of this Agreement, either Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute.
- 23.2 The Authorised Officers shall meet in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 23.1, at a meeting convened for the purpose of resolving the dispute.
- 23.3 If the dispute remains after the meeting detailed in Clause 23.2 has taken place, the Health and Social Care Partnership Board shall convene an exceptional meeting as soon as possible after the relevant meeting and in any event within fourteen (14) days of the date of the meeting for the purpose of resolving the dispute.
- 23.4 If the dispute remains after the meeting detailed in Clause 23.3 has taken place, the Partnership Board shall convene an exceptional meeting as soon as possible after the relevant meeting and in any event within fourteen (14) days of the date of the meeting for the purpose of resolving the dispute.
- 23.5 If the dispute remains after the meeting detailed in Clause 23.4 has taken place, dispute shall be referred to the Health and Wellbeing Board for the purpose of resolving the dispute.
- 23.6 If the dispute remains after the meeting detailed in Clause 23.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the Partners. To initiate a mediation, either Partner may give notice in writing (a "**Mediation Notice**") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither Partner will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.
- 23.7 Nothing in the procedure set out in this Clause 23 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

24 FORCE MAJEURE

- 24.1 Neither Partner shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Partner or incur any liability to the other Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.
- 24.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.
- 24.3 As soon as practicable, following notification as detailed in Clause 24.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 24.4, facilitate the continued performance of the Agreement.
- 24.4 If the Force Majeure Event continues for a period of more than sixty (60) days, either Partner shall, subject to Clause 22.2, have the right to terminate the Agreement by giving fourteen (14) days written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause.

25 CONFIDENTIALITY

- 25.1 In respect of any Confidential Information a Partner receives from another Partner (the "**Discloser**") and subject always to the remainder of this Clause 25, each Partner (the "**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:
- 25.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and
- 25.1.2 the provisions of this Clause 25 shall not apply to any Confidential Information which:
- (a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or
 - (b) is obtained by a third party who is lawfully authorised to disclose such information.
- 25.2 Nothing in this Clause 25 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.
- 25.3 Each Partner:
- 25.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement; and
- 25.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 25.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 25;
- 25.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

26 FREEDOM OF INFORMATION AND ENVIRONMENTAL PROTECTION REGULATIONS

- 26.1 The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Act to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.
- 26.2 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Act. No Partner shall be in breach of Clause 26 if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Act.

27 OMBUDSMEN

The Partners will co-operate with any investigation undertaken by the Health Service Commissioner for England or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

28 INFORMATION SHARING

The Partners will seek to agree an information governance protocol and in so doing will ensure that the operation this Agreement complies with Law, in particular the GDPR.

29 NOTICES

- 29.1 Any notice to be given under this Agreement shall either be delivered personally or sent by facsimile or sent by first class post or electronic mail. The address for service of each Partner shall be as set out in Clause 29.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:
- 29.1.1 personally delivered, at the time of delivery;
 - 29.1.2 sent by facsimile, at the time of transmission;
 - 29.1.3 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and
 - 29.1.4 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.
- 29.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the facsimile was transmitted on a tested line or that the correct transmission report was received from the facsimile machine sending the notice, or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).
- 29.3 The address for service of notices as referred to in Clause 29.1 shall be as follows unless otherwise notified to the other Partner in writing:
- 29.3.1 if to the Council, addressed to

The Strategic Director of Children's and Adults Services

Southwark Council 160 Tooley St. London, SE1 2QH

29.3.2 if to the CCG, addressed to

The Chief Officer

NHS Southwark CCG

160 Tooley St. London, SE1 2QH

30 VARIATION

- 30.1 No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.
- 30.2 Where the Partners agree that there will be a new Scheme Specification or an amendment to a current Scheme Specification the Health and Social Care Partnership Board shall agree the new or amended Scheme Specification and this must be signed by both Partners.

31 CHANGE IN LAW

- 31.1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.
- 31.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.
- 31.3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 23 (Dispute Resolution) shall apply.

32 WAIVER

No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

33 SEVERANCE

If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

34 ASSIGNMENT AND SUB CONTRACTING

The Partners shall not sub contract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, which shall not be unreasonably withheld or delayed. This shall not apply to any assignment to a statutory successor of all or part of a Partner's statutory functions.

35 EXCLUSION OF PARTNERSHIP AND AGENCY

- 35.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship

of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

35.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:

35.2.1 act as an agent of the other;

35.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

35.2.3 bind the other in any way.

36 THIRD PARTY RIGHTS

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

37 ENTIRE AGREEMENT

37.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

37.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

38 COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

39 GOVERNING LAW AND JURISDICTION

39.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

39.2 Subject to Clause 23 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

IN WITNESS WHEREOF this Agreement has been executed by the Partners on the date of this Agreement

THE COMMON SEAL OF **THE MAYOR
AND BURGESSES OF THE LONDON
BOROUGH OF SOUTHWARK** was
hereunto affixed in the presence of

Authorised Signatory

Date:

Signed and Sealed for on behalf of
**SOUTHWARK CLINICAL
COMMISSIONING GROUP**

Authorised Signatory

Date:

SCHEDULE 1– SCHEME SPECIFICATIONS

Part 1

Standard BCF template

Scheme ref no.
Scheme name
Scheme lead
What is the strategic objective of this scheme?
Overview of the scheme
The delivery chain
The evidence base
Investment requirements
Budget holder – council or LA
Impact of scheme
Feedback loop -outcomes and PIs
What are the key success factors for implementation of this scheme?

Part 2 – Services Schedule –

ID BCF plan	Scheme	Lead and budget holder	2019/20	Page ref
Theme 1 -				
1	Hospital discharge	LA	£1,790,453	
2	Reablement	LA	£1,936,738	
3	Neuro rehab team	CCG	£197,886	
14	Shared budget for complex joint discharge	LA/CCG	£176,120	
41	Discharge to Assess – council costs	LA	£260,000	
40	Discharge to Assess – CCG costs	CCG	£100,313	
18	Night Owls - overnight intensive homecare	LA	£224,000	
31	Housing worker – discharge team	LA	£50,000	
35	Contingency – council staff	LA	£300,000	
4	Intermediate Care	LA	£1,137,563	
	Sub-total – hospital discharge		£6,173,073	
Theme 2-				
7	Community Health Enhanced Rapid Response /@home	CCG	£,4,216,105	
10	Care home pharmacist	CCG	£47,095	
8	Enhanced Primary Care Access - 7 day services	CCG	£743,000	
9	Self -management for long terms conditions	CCG	£307,000	
	Sub-total		£5,313,200	
Theme 3-				
11	Home care quality improvement	LA	£1,900,000	
33	Dementia - Enhanced neighbourhood support	LA	£184,177	
34	End of life care	LA	£152,905	
12	Disabled Facilities Grant	LA	£1,486,043	
27	Protect Adult Social Care - Residential Care	LA	£2,010,610	
	Sub-total		£5,733,735	
Theme 4				
13	Voluntary sector preventative services	LA	£1,248,251	
15	Voluntary sector carers work	LA	£400,000	
16	Carers strategy	LA	£450,000	
17	Telecare	LA	£566,000	
5	Community equipment: council cost	LA	£400,000	
6	Community equipment: joint contingency for 19/20	LA/CCG	£164,000	
	Sub-total		£3,228,251	
Theme 5				
19	Mental Health Reablement	LA	£151,632	
21	Community mental health services	LA	£655,000	
22	Mental Health discharge worker	LA	£50,000	
32	Mental Health Broker	LA	£50,000	
23	Mental Health Complex Cases worker	LA	£60,000	
20	Psychiatric Liaison (AMHPs and reablement)	LA	£300,000	
24	Mental Health – personal budgets	LA	£600,000	
25	Learning Disabilities – personal budgets	LA	£211,000	
26	Enhanced Psychological Support for those with LD (£29k Local Authority, £210k CCG)	CCG /LA	£239,000	
	Sub-total		£2,316,632	
Misc				

28	Care Act Funding	LA	£1,000,000	
29/30	Service development and change management	CCG/LA	£375,758	
	Sub-total			
			£1,375,758	
	Total (Core BCF)		£24,140,649	
Improved Better Care Fund grant				
36	Sustaining quality in home care	LA	£10,327,850	
39	Re-ablement and intermediate care including step down accommodation	LA	£999,749	
37	Improving and Investing in local nursing care	LA	£4,174,334	
38	Transformation fund	LA	£250,000	
	Sub-Total iBCF		£15,751,933	
Winter Pressures Grant				
42	Residential care for older people	LA	£400,000	
43	Nursing Care for older People	LA	£300,000	
44	Home care for older people	LA	£870,648	
	Sub-total Winter Pressures Grant		£1,570,648	
	Grand Total BCF		£41,463,230	

Schedule 1 part 2 continued : DETAILED SERVICE SPECIFICATIONS SEE ANNEX 1

To follow

Schedule 2: – Health and Social Care Partnership Board

Insert Terms of reference

SCHEDULE 3 – RISK SHARE OVERSPENDS AND UNDERSPENDS

- 1 **BCF Risk Share Arrangements** There are no defined risk sharing arrangements as part of this agreement, but the Health and Social Care Partnership Board are able to agree a risk sharing arrangement in the event of overspends as set out below.

There are no risk share agreements in the BCF for 2017/19.

2 **Overspends in Pooled Fund**

- 2.1 The contribution to the cost of the relevant Individual Service from the Pooled Fund will be capped at the level set in the Scheme Specification. Any spend above this must be funded by additional contributions from either or both Partners. The responsibility for the contribution from each Partner will in the first instance be calculated by reference to which Partner's Function is being exercised. The Health and Social Care Partnership Board may agree alternative arrangements for funding the Overspend.
- 2.2 Subject to Paragraph 3.2, the Host Partner for the relevant Pooled Fund shall manage expenditure from a Pooled Fund within the Financial Contributions allocated for each Service as set out in each Scheme Specification and shall ensure that the expenditure is limited to Permitted Expenditure.
- 2.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs PROVIDED THAT the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and agreement to any such Overspend has been obtained in writing from the Health and Social Care Partnership Board in accordance with Paragraph 3.3 of this Schedule.
- 2.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the Health and Social Care Partnership Board is informed as soon as reasonably possible and the provisions of the relevant Scheme Specification and this Schedule 3 shall apply. The Health and Social Care Partnership Board will consider the case for permitting an overspend, and if so its funding source. The Overspend could be funded via redirecting funds from elsewhere in the Pooled Fund (such as virement from an underspending Service), or by agreeing alternative funding sources outside the Pooled Fund from either or both of the Partners. Where the amount is less than £50,000, a budget transfer from an underspending BCF scheme to an overspending BCF scheme can be agreed by the co-chairs of the Health and Social Care Partnership Board between meetings, and formally reported to the next meeting.

Overspends in Non Pooled Funds

- 2.5 Where either Partner forecasts an overspend in relation to a Partners Financial Contribution to a Non-Pooled Fund that Partner shall as soon as reasonably practicable inform the other Partner and the Health and Social Care Partnership Board. Responsibility for the overspend shall, unless otherwise agreed by the Health and Social Care Partnership Board, rest with the Partner in respect of whose Function the overspend has occurred.
- 2.6 Where there is a Lead Commissioning Arrangement the Lead Commissioner is responsible for the management of the Non-Pooled Fund. The Lead Commissioner shall as soon as reasonably practicable inform the other Partner and the Health and Social Care Partnership Board.

Underspend

- 2.7 In the event that expenditure from any Pooled Fund or Non Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year the Partners shall agree how the surplus monies shall be spent, carried forward and/or returned to the Partners. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners and the terms of the Performance Payment Arrangement.

- 2.8 All partners are obliged to provide transparent information to the Pooled Fund Manager on potential underspends at the earliest possible stage to enable the Partnership Board to consider remedial action and/or potential alternative uses of the funding.

Schedule 4 – BETTER CARE FUND PLAN

The Southwark Integration and Better Care Fund Plan template for 2019/20 approved by NHS England is attached in appendix 1

Item No. 14.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		Gateway 1 - Children's Residential Care and Independent Fostering Agencies (IFA)	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Jasmine Ali, Children, Schools and Adult Care	

FOREWORD – COUNCILLOR JASMINE ALI, CABINET MEMBER FOR CHILDREN, SCHOOLS AND ADULT CARE

Southwark council is corporate parent to 450 children in care and 526 care leavers, a role that we rightly take seriously. Finding the right placements for children in our care is one of our key considerations. Once we get this sorted out, we can concentrate on improving our children and young people's outcomes in everything from health to education and employment attainment.

With this in mind, the following report proposes a new procurement strategy for children's residential care and Independent Fostering Agencies.

The report seeks the authority of cabinet to join an existing Dynamic Purchasing Vehicle through an established commissioning partnership – The West London Alliance (WLA). The partnership is currently between several local authorities including Barnet, Brent, Ealing, Hammersmith and Fulham, Harrow, Hounslow and Hillingdon.

Southwark is already engaging in major partnerships to better serve looked after children; we're currently leading the Regional Adoption Agency. It is also helpful to note that this collaborative approach to local authorities working together isn't new. It was proposed in the Independent Fostering Review (2017), where it was advocated by Sir Martin Narey as a safeguard to prevent IFAs from making a profit from foster care placements.

By joining the West London Alliance, the council will be in a good position to explore opportunities to engage in shared services and joint working. This will help us to increase quality of service and at the same time make for a more efficient service. Savings can be made by a reduction in administrative effort. Subsequently, this will allow partnering authorities to identify competitive suppliers, who should offer more competitive prices and increased quality based on an expected increase in business.

This new arrangement will help us to fulfil our commitment to the children in our care - as set out on the council's four year sufficiency strategy (2018-2022) and approved by the Corporate Parenting Committee in 2017. Crucially, it will enable us access a larger variety of placements for the children in our care. This will help us to make sure that we can meet different needs, including any physical disability, enabling siblings to live together and find placements that will have the least disruption to the child's education.

The estimated value of the contract is £13 million per annum, for a period of three years, making a total approximate contract value of £39 million. Cabinet are asked to approve the report so that Southwark can join the West London Dynamic Purchasing System to give the Southwark more flexibility and choice which will benefit the children in our care.

RECOMMENDATIONS

1. That the cabinet approve the procurement strategy outlined in this report for the delivery of Children's Residential Care and Independent Fostering Agencies (IFAs), via the West London Alliance's Framework that operates as a Dynamic Purchase Vehicle (DPV) the estimated value of approximately £13 million per annum, for a period of three years making a total approximate contract value of £39 million with a start date of March 2020.
2. That the cabinet note that approval of the procurement strategy would also involve joining the West London Alliance, with an estimated cost of £89,000 per annum for an initial term of three years from 1 March 2020 to 28 February 2023, making an estimated total cost of £252,000 for three years which includes a one-off implementation cost of £12,000 in year 1.
3. That the cabinet approve the delegation of the award decision in the Gateway 2 contract to the strategic director for children's and adults' services in consultation with the lead cabinet member for children's schools and adults' services as detailed in paragraph 51 of this report.

BACKGROUND INFORMATION

4. Southwark Council's four-year Sufficiency Strategy (2018-2022) was considered by the Children's and Adults' Department Contract Review Board (DCRB) and approved by the council's Corporate Parenting Committee on 6 November 2017. The strategy was co-developed with colleagues in Health, Children's Social Care, Carers, and Children Looked After and care leavers. The strategy is accompanied by an Action Plan which focuses on creating appropriate placement opportunities for Children Looked After to ensure good outcomes, including safety and stability, educational achievement and good health outcomes.
5. The successful delivery of the procurement will primarily support areas 2, 6, 10, 11, and 15 in table 1 below:

Table 1 Key Deliverables for Southwark's Sufficiency Strategy 2018-2022

1.	Effective Early Help and Edge of Care Services.
2.	A greater range of fostering placement types within our fostering service matched to the needs of our children.
3.	Reduced need for children to enter care through lower numbers of looked after children.
4.	Good use of Family Group Decision Making processes to enable families to develop their plans to safely reduce the need for children to enter care or lifelong links.
5.	Permanence for children entering care at earliest opportunity.
6.	More placements matched to needs of the child.
7.	Siblings kept together whenever in their best interests.
8.	Increased short term and long-term placement stability.
9.	Increase the number of in-house Southwark foster carers and IFAs where appropriate.
10.	Increase the number of Children and Young People (CYP) living in family settings.
11.	Reduce the number of children placed in residential care.

12.	Reduce the placement number and costs of semi-independent placements.
13.	Child and Adolescent Mental Health Service (CAMHS) and Clinical Commissioning Group (CCG) working together with social care to deliver timely assessments, treatment, and funding of therapeutic help for children and young people.
14.	Robust quality assurance of independent providers with clear outcomes measures for the child.
15.	Innovative and creative solutions.

6. The council has a statutory duty under the Children Act 1989 (section 22c) to provide sufficient placements in the locality, as far as reasonably practical, to meet the accommodation needs of our Children Looked After and of our Care Leavers. The Children Act 1989 requires that the priority consideration for placing a child, is that the placement is the most appropriate available to meet the child's needs, including any physical disability, enabling of siblings to live together if appropriate, and least disruptive to the child's education.
7. The council wishes to provide sufficient accommodation that delivers a balance of being closer to Southwark whilst having skills and expertise to effectively support our children and young people, who experience complex needs and challenging behaviours.
8. Despite the best efforts of the council, there are still some Looked After Children placed in residential care and Independent Foster Care Agencies. However, there numerous campaigns to attract local foster carers are promoted and delivered. Table 2 below demonstrates the number of looked after children as of August 2019, compared to the same period in 2018. The total number of Looked After Children also includes 18+ years old who access other type of accommodation and for the purpose of this procurement is excluded.

Table 2 – Number of Looked After Children August 2019 and August 2018

LAC	2018-2019	Year to date 2019-2020
In-house Fostering	177	153
IFAs	167	149
Residential/secure units	27	32
Total number of LAC	458	452

9. The council currently uses 'spot purchase' (for the purpose for this report 'spot purchase means ad hoc) principle for procuring placements from providers who are listed on the London Care Placement (LCP) framework, which is hosted by London Council's in addition to our in-house foster carers for IFAs and Residential.
10. For IFA, suggest average discount rates but there is no obligation on providers to comply. For Residential LCP have no long-term placement discounts. The notice period, which is from 7 to 28 days doesn't provide sufficient stability for these placements. Residential care costs currently incur a retainer cost.

11. Table 3 below demonstrates the spend for Looked After Children placements in 2018-2019.

Table 3 – Spend for Children Looked After Placements in 2018-2019.

Type of placement	Spend LAC only £000	All Aged Disability (AAD) cases £000	2018/19 Spend including AAD £000
In-house fostering	£6,300	£155	£6,455
IFA	£6,519	£549	£7,069
Residential	£6,413	£1,682	£8,095
Total	£19,233	£2,387	£21,620

12. Southwark prefers to bring looked after children back into the local community, however, from time to time due to safety reasons or because of specialists needs young people are placed out of borough. This means often there is less control over the management of health and educational outcomes. Table 4 below compares the percentages of young people placed out of borough between 2017-2018 and 2018-2019, this represents a decrease of 3% when compared to the previous year.

Table 4 – Number of Looked After Children placed out of borough 2018-2019 and

LAC	2017-2018	2018-2019
Out of borough placements	54 (25%)	36 (22%)

13. The council experiences challenges with regards to high spend on individual out of borough 'spot purchasing' of residential placements. This can often be due to foster care placements breaking down. This is particularly evident amongst young people 13 years old and above; often related to their challenging behaviour.
14. As the council is aware, better outcomes are associated with long-term placement stability, it wishes to secure the best of residential placements for looked after children to meet their individual needs. A DPV framework will not in itself provide placement stability but will support better financial management of placements.
15. On 3 October 2019, Cabinet Member for Children, Schools and Adults' Care agreed to the Gateway 0 – Pre-procurement Strategic Assessment for Children's Residential Care and IFA report which sets out the business case for joining an existing framework to achieve better value for money for Looked After Children placements in Southwark.

Summary of the business case/justification for the procurement

16. On 31 March 2019, there were 453 Looked After Children (which is 38 less than in 2018 for the same period).

17. As in paragraph 5 of this report, providing appropriate accommodation is a statutory duty for Southwark Council, as such in joining an established DPV framework will enable Southwark to work collaboratively with other boroughs. Therefore, provider better prices, market intelligence/capacity and stability for Looked After Children.
18. Southwark Council anticipate by working collaboratively with other boroughs it will provide commissioners with improved intelligence regarding capacity in the market to undertake collective strategic market management and shaping.
19. The council is seeking to:
 - i. Ensure that placements for looked after children are available and appropriate to meet the child's needs, including any physical disability, enabling of siblings to live together if appropriate, and least disruptive to the child's education.
 - ii. Drive negotiations with high cost/volume providers to deliver better terms or efficiency savings and manage adherence and enforcement of ceiling rates.
 - iii. Ensure the council fulfils its duty under the Children Act 1989 (section 22c) to provide sufficient placements in the locality, as far as reasonably practical, to meet the accommodation needs of our Looked After Children and 18+ Care Leavers.
 - iv. Ensure that the council fulfils its commitment as set out in the council's four-year sufficiency Strategy (2018-2022) for Looked After Children.

Market considerations

20. Southwark Council is currently placing some children and young people out of borough to ensure their needs are met in appropriate placements as there are insufficient in-borough provisions. This is not unique and other London boroughs are also making out of borough placements.
21. The council does not have its own residential home in-borough for Looked After Children, however, as part of a review of young people in residential care, commissioning and children's social care are developing an options appraisal, in line with the GWO report, for opening an in-house children's home which will focus on those most likely to be placed beyond the 20-mile radius due to their challenging and complex needs.
22. Currently the council have access to approximately 36 IFA providers on the West London Alliance that is utilised however there are 30 that is on the DPV that is not utilised which will likely lead to more choice for placing Looked After Children.
23. The growing cost of pressures on Local Authorities this market means that it can often be difficult to manage inflationary pressures from providers as such joining a DPV will maximise the benefit of scale.

KEY ISSUES FOR CONSIDERATION

Options for procurement route including procurement approach

24. The following options have been considered.

Option 1: Do Nothing

25. This is not an option, if the council does not provide these services it would be in breach of statutory duties.

Option 2: Provide all the services in-house

26. Southwark Council has an in-house Fostering Service with stretch targets to achieve net increases in the number of local foster cares. This would still not meet demand nor achieve the same efficiencies as joining a DPV framework.
27. There are no children's residential care homes within the borough. This means that Southwark children and young people will be placed out of borough, usually in another London borough but they could be placed beyond a 20-mile radius from Southwark. This applies in the main to those children and young people who foster care cannot be identified for. Commissioners are developing an options appraisal with a view to opening an in-house children's home but due to the predicted timescale this currently is not a viable option.

Option 3: Continue with the current procurement arrangements

28. The council currently procures Residential and Independent Fostering Agencies (IFAs) via the London Care Placements (LCP) framework, in addition to our in-house foster carers.
29. For IFAs, LCP suggests average discount rates but there is no obligation on providers to comply, including some for sibling placements. For Residential LCP have no long-term placement discounts. The notice period, which is from 7 to 28 days does not provide sufficient stability for these placements. Residential care costs also currently incur a retainer cost.
30. The disadvantages to these uncertainties and ability to manage providers and the market rate advantages that are possible with collaborative frameworks.

Option 4: The Council Develop a framework for Independent Fostering and Residential care

31. Commissioners have identified that the advantage of undertaking a single Authority procurement for a Southwark Independent Fostering and Residential Care may be having greater control over who delivers the services. However, councils that commission collaboratively have achieved greater collective leverage and influence over fee negotiations, terms of contracts and outcomes expected to be delivered.
32. As a single Local Authority it would not be possible to achieve the same level of intelligence or influence to undertake strategic market management and shaping, or ensuring the council receives the most financially beneficial price.

Option 5: Joining an external established Framework Agreement

33. Joining an external framework offers the opportunity to:
 - i. Standardise best practice
 - ii. Maximise our purchasing power to secure efficiencies

- iii. Develop a joint sufficiency plan and market position statement
 - iv. Encourage diversity in the residential and foster care market and
 - v. Improve placement choice and stability.
34. There are a number of frameworks available which may have been suitable to meet Southwark's needs, such as the South London Commissioning Programme Dynamic Purchasing System. This has only recently gone out to procurement and is not yet established.
 35. The West London Alliance (WLA) DPV which has total membership of 11 Authorities made up of 10 London Boroughs and Buckinghamshire County Council. The DPV is hosted and managed by Ealing Council and was established in 1998.
 36. The framework operates as a Dynamic Purchasing Vehicle (DPV) is fully compliant with the Public Contract Regulations 2015 for IFAs and Residential care and means that providers can apply to be part of the framework at any time.
 37. The West London Alliance framework has been established since 1998 and includes approximately 66 providers for IFAs, 36 of which are providers used by the council. There are just under 400 providers for Residential Care registered on the DPV.
 38. The council would work with current providers who wish to join the WLA DPV framework for IFAs and Residential care.

Proposed procurement route including procurement approach

39. The procurement would make use of a tried, tested and established DPV which offers the opportunity for collective influence and provides the opportunities to drive improved quality and cost.
40. The benefits of the West London Alliance (WLA), for our Looked After Children will be achieved by utilising the assets of the sub-regional partnership in order to provide sufficient accommodation that delivers a balance of being closer to Southwark whilst having the skills and expertise to effectively support Southwark's children and young people, who experience complex needs and challenging behaviours.
41. Joining the DPV offers opportunities for collective Local Authorities to influence and drive improvements in quality and cost for Southwark Council and children and young people. Joining the DPV enables the council to commission placements from independent providers for fostering and residential provision, through one central system to deliver best value for money prices for member Authorities.
42. By joining an established DPV it will provide an opportunity for the council to work with other Boroughs with potential Foster Carers and Residential providers, to ensure that the future provider landscape is shaped in a way that meets the needs of Southwark's Looked After Children.
43. The DPV, which is Local Authority lead, will be expected to manage inflationary pressures as a sub-region via enforcement of contract clauses, ensuring discount

and credit regimes are applied consistently (permanence, siblings etc.) and commercial negotiations with key suppliers capitalising on collective market influence. This will form part of the Terms and Conditions of West London Alliance and the Provider.

44. The proposed timetable for the council to join the West London Alliance Framework (WLA), Dynamic Purchase Vehicle and mobilisation of procurement approach is March 2020.
45. The cost of WLA Membership is detailed in the financial implications in this report

Identified risks for the procurement

46. The key risks are set out below. The Children Looked After The Sufficiency Strategy Working Group, Commissioner and Commissioning Contract team will regularly review these risks.

No.	Risk	Risk Rating	Mitigation
1.	Delay in realising outcomes	Medium	This is a standing item for monitoring by the Project Board and will also be monitored by Commissioners and Contract Management
2.	Reliant of all existing providers signing up to the DPV	Low	The Dynamic Purchasing Vehicle has been operating for a number of years and is well established as a way of seeking and attracting business for providers
3.	We do not have ownership of the IT Platform	Medium	Although we do not have ownership, we would purchase the licence for 3 years.
4.	Implementation/mobilisation	Low	Continue to make use of our existing arrangements through the London Care Placements until Southwark have fully mobilised to the DPV. Work closely with the commissioners and Permanence team to develop robust roadmap for implementation.
5.	Financial Risk: Failure to achieve proposed cost benefits.	Medium	Negotiations take place through the DPVs and LAs are supported by a dedicated Commissioning/Contracting function.
6.	Supply Growth – attract new services throughout the life of the contract	Low	Negotiations take place through the DPVs and LAs are supported by a dedicated Commissioning/Contracting function.

Key /Non Key decisions

47. This report deals with a key decision.

Policy implications

48. The council's fairer future commitment for all children and young people to have healthy lives and make a successful transition into adulthood, to be supported with Education, Health and Children's Social care by all working together to support and empower children and young people develop skills and use opportunities to become active, valued members of society.
49. This procurement will meet the council's commitments and values as set out in the council Plan 2018-2022, specifically meeting the commitment towards Southwark being 'a place to call home,' 'a place to belong,' offer 'a healthier life,' and 'a safer community'.
50. This procurement strategy seeks to achieve the following objectives and outcomes for Looked after Children:
 - i. The proposal supports the Children Act 1989 and, Section 22G of the Act, the 'Sufficiency Duty,' in accordance with the Children Leaving Care Act 2000, the Housing Act 1996, Social Care Standard Outcomes Framework and the Sufficiency: Statutory Guidance on Securing Sufficient Accommodation for Children Looked After.
 - ii. The 2014-2017 Placement and Sufficiency Strategy for Looked After Children which was refreshed for the 2018-2022 strategy is required to ensure that Southwark Council fulfils its statutory obligations to:
 - Ensure the adequate supply of high-quality accommodation and support; and
 - Meet the needs of, and improve the outcomes for Looked After Children, young people, and children on the edge of care.
 - iii. The sufficiency duty requires that each Local Authority providing children's services, must:
 - Take steps to secure, so far as reasonably practicable, sufficient accommodation within the local authority's area which meets the needs of children that the local authority are looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area; and
 - The Sufficiency Guidance, published by the Department for Children, Schools and Families in 2010, describes the necessity for Local Authorities to make the "right placement in the right place at the right time."

Procurement Project Plan (Key Decisions)

Activity	Complete by:
Enter Gateway 1 decision on the Forward Plan	01/10/2019
DCRB Review Gateway 1	11/12/2019
CCRB Review Gateway 1	28/11/2019
Brief relevant cabinet member (over £100k)	07/01/2020
Notification of forthcoming decision - Cabinet	27/01/2020
Approval of Gateway 1: Procurement strategy report	04/02/2020
Scrutiny Call-in period and notification of implementation of Gateway 1 decision	12/02/2020
Forward Plan Gateway (if Strategic Procurement) Gateway 2	19/11/2019
DCRB Review Gateway 2:	22/01/2020
CCRB Review Gateway 2	09/01/2020
Notification of forthcoming decision – despatch of Cabinet agenda papers	27/01/2020
05.02.Approval of Gateway 2: Contract Award Report	06/02/2020
End of scrutiny Call-in period and notification of implementation of Gateway 2 decision	06/02/2020
Contract award	07/02/2020
Add to Contract Register	07/02/2020
Contract start	01/03/2020
Initial contract completion date	28/02/2020

51. This delegation required is for the approval of joining an established Dynamic Purchasing Vehicle (DPV) framework.

TUPE/Pensions implications

52. There are no TUPE/pension implications for the council as an employer as the council does not deliver the services provided by the IFA's or residential placements which will be contracted under the DPV directly. TUPE regulations apply where on a service provision change activities cease to be carried out on the council's behalf by a contractor and are instead carried out by another contractor on its behalf, where there is an organised grouping of employees whose principal purpose is the carrying out of that activity, and where the activity is to be carried out otherwise than in connection with a single specific event or task of short-term duration. Only those employees assigned to the transferring activity will transfer.
53. The current arrangements include spot purchasing for each current individual child/sibling subject to the need for the service. If there are sufficiently disparate current providers acquired under spot purchasing, and those current contracts are

for a finite period for specific individual children/siblings with no future expectation of work, it is more unlikely that TUPE applies to the award of future contracts on similar terms of engagement under the DPV, as 'work in hand' is unlikely to be 'activities' as defined under TUPE. In addition IFAs and residential placement providers would need to demonstrate that they have an organised grouping of employees whose principal purpose is the carrying out the activity on behalf of the council. However further TUPE advice needs to be sought at the stage for the preparation of the documentation to join the DPV, and for any GW2 reports as those conducting this work need to be alive to the fact that TUPE will be fact sensitive.

Development of the tender documentation

54. The DVP Framework is compliant with the Public Contract Regulations 2015. Specifications for the main specification and services, as well as terms and conditions are set out as part of the framework via the DPV.

Advertising the contract

55. The tender and framework have been advertised in line with the Public Contract Regulations 2015 and continues to have an advert for providers interested in joining the DPV.

Evaluation

56. The WLA have set evaluation criteria for assessing organisations applying to join the DPV. There are cost parameters set up for placements let under the framework but providers have the opportunity to submit quotations for each placement when an outline portrait is sent via the online portal.

Community impact statement

57. The project will ensure that looked after children are placed in suitable family-based environments where possible and they will supported to access the right level of education, physical health and well-being/mental health services to appropriately meet their individual needs.
58. The Southwark community will benefit in terms of supporting siblings and family networks to stay together where possible and allow Southwark children to thrive and grow in the communities.
59. WLA works in accordance with the Public Sector Equality Duty under the Equality Act 2010, which requires the council to have due regard to the needs of those individuals and groups having a protected characteristic under the Act.
60. **Age:** The age of the looked after children for which the provisions is targeted range from 0 – 18 years of age although for some young people they can leave care at 16 and receive a leaving care service. Fostering ends at the age of 18 but young people can stay on a 'Staying Put' basis.
61. **Disability:** All individuals affected by this statement will have access to the service.
62. **Sex:** As of 31 March 2019, there are 40% females and 60% males in Independent Fostering Agencies and 38% females and 62% males in Residential Care. The total

looked after children population at 31 March 2019, 40% female and 60% male. There is no discrimination on the basis of sex for accessing the service.

- 63. **Race:** This service is open to all Looked After Children regardless of their ethnicity.
- 64. **Sexual Orientation:** This service is open to all Looked After Children, regardless of their sexual orientation of the Looked After Children.
- 65. **Religious/Belief:** The religious belief of the Looked After Children affected is unknown but the service is open to all.
- 66. **Maternity/Pregnancy:** Children can come into the council care once they are born.
- 67. **Gender Reassignment:** The service is open to all Looked After Children, although no data regarding gender reassignment is maintained..
- 68. **Marriage/Civil partnership:** There is no data regarding marital/civil partnership status in relation to Looked After Children but as the service is open to all regardless of their marital/civil partnership status.

Social Value considerations

- 69. The Public Services (Social Value) Act 2012 requires that the council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the well being of the local area can be secured. The details of how social value will be incorporated within the tender are set out in the following paragraphs.
- 70. The council's Fairer Futures Procurement Framework requires that, where appropriate, contractors and subcontractors engaged by the council to provide works or services within Southwark pay their staff at a minimum rate equivalent to the London Living Wage. For those providers outside greater London, the Real UK Living Wage would be paid. Appropriate conditions requiring the payment of the London Living Wage/Real UK Living Wage will be included in the terms and conditions of the contract.
- 71. The councils Fairer Procurement Framework is designed to ensure best value and continued improvement in everything purchased by the council. The Strategy ensures compliance with best value, probity and transparency principles, with all organisations in any given market following the same rules.
- 72. The council's Fairer Futures Procurement Framework requires that, where appropriate, contractors and subcontractors engaged by the council to provide works or services within Southwark pay their staff at a minimum rate equivalent to the London Living Wage rate, where appropriate. Appropriate conditions requiring the payment of the London Living Wage will be included in the terms and conditions of the contract.

Economic considerations

- 73. The council will be seeking to support local placements where these are in the best interests of Looked After Children.

74. Local companies will be able to join the DPV and if successful, will help promote local jobs to local people who will support Looked After Children.
75. The council has made a commitment to ensure that the London Living Wage (LLW) benefits were extended to not only the council's directly employed staff but also those who work for the council through contracts.

Social considerations

76. The council will ensure all Looked After Children are placed in suitable placements and receive appropriate support to meet their individual social, physical, mental health and educational needs.
77. The council's Fairer Future Procurement Framework is designed to ensure best value and continued improvement in everything purchased by the council. The policy ensures compliance with best value, probity and transparency principles, with all organisations in any given market following the same rules.

Environmental/Sustainability considerations

78. The council will ensure permanency of foster care placements especially for adolescents with behaviour that challenges including arrangements under Staying Put post 18 years old.
79. As a minimum providers will be expected to have environmental policies in place for their organisations.

Plans for the monitoring and management of the contract

80. Since January 2018, the council established a Sufficiency Strategy Steering Group. The contract will be performance managed by the council's Quality and Performance team in the Children's and Adults' Services Strategic Directorate as well as day to day oversight by Social Workers and Independent Reviewing Officers as and when required. Performance reports will be taken via DCRB in line with the Contract Standing Orders.
81. Review with West London Alliance to ensure that the London Living Wage within London or that the Real Living UK Living Wage for any outside London.
82. The contract will be monitored and managed in respect of:
 - Performance measurement of providers on the DPV
 - Service users outcomes
 - Ofsted rating of providers
 - Triangulating provider KPI data
 - Information provided to manager every provider on the framework DPV in terms of cost and quality.

83. Performance reports will be done in line with contract standing orders.

Staffing/procurement implications

84. The procurement process can be managed within current resources.

Financial implications (CAS19/015)

85. The financial implications relate to the Children Looked After budget and spends for the years quoted. As part of the 2019-2020 budget, £250K was agreed as saving through use of in-house foster carers rather than through use of Independent Foster Agencies.
86. The financial implications are stated within the report in terms of the budget and spend for the years quoted for Looked After Children. As part of the 2019-2020 budget, £250,000 was agreed as saving through use of in-house foster carers rather than through use of independent Foster Agencies. The budgets stated for 2019-2020 IFA's are stated after allowing for that saving.
87. A cost finding modelling exercise (see Table 6) has been undertaken for Independent Fostering Agencies, based on the West London framework for existing clients for 2020-21 who are currently with the providers which are on the West London Alliance framework. This model is based on assumptions, that these clients will be moved from existing contract to WLA. This is a prudent approach to the cost avoidance that in the first year there will be 50% Looked After Children to be moved to the West London Alliance Framework and second year 70% and third year 90% will be moved.

Table 6: Projected Cost Avoidance

Projected cost avoidance - IFAs				
	50%	70%	90%	
Budget needed to fund the contract	Savings for 2020-21	Savings for 2020-21	Savings for 2020-21	Cumulative savings for 3 years
0-16 years	83,835	111,547	149,868	345,251
16-17 years	12,939	19,761	25,407	58,106
WLA cost	(92,000)	(80,000)	(80,000)	(252,000)
Cost Avoidance	4,774	51,308	95,275	151,357

88. The council is required to pay the West London Alliance a membership fee for accessing services. This is £15,000 p.a. for the access to both the Residential Care and Independent Fostering Dynamic Purchasing Vehicle frameworks. Additionally a cost for access to use the online tool of £50,000 p.a., CarePlace which provides access to datahub, eBrokerage, eContracting & the provider Directory. There is also an implementation cost of £12,000 in year 1.
89. The DPV (Dynamic Purchasing Vehicle) for Looked After Children will also be utilised for Residential Care Service. The details of the Looked After Children will be referred onto the secure IT platform and potential providers will provide a quote

against the profile of the child or young person's needs. The utilisation of the DPV will save LBS from the current retainer cost we incur.

Legal implications

90. Please see concurrent from the director of law and democracy.

Consultation

91. Young people and care leavers were consulted and have helped to develop the Sufficiency Strategy through the 'I' Statements and they will ensure that the changes to the way that we currently commission services in Southwark, best meet the needs of our Looked After Children and Care Leaver population.
92. Half of our current providers are already signed up to WLA and any existing and new providers have the ability to join the DPV as and when they want, and so have the opportunity to respond to any new requests we put through the DPV.

Other implications or issues

93. None

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Finance and Governance (Financial Concurrent Reference Number as above)

94. The arrangement was set out in the GW0 report. This noted that the arrangement would cover the residential budget of £5.4m 2019-20 (forecast £5.1m – 26 placements as at November 2019) and the IFA budget of £8m 2019-20 (forecast £7.9m – 155 placements as at November 2019) which was net of a £0.25m agreed saving for movement from IFA.
95. The report notes ongoing costs £80,000 pa for 3 year plus a one off fee of £12,000. This will need to be funded from savings/ discounts (volumes/ siblings etc) on the new arrangements from the commencement of the arrangement from 1 March 2020 to 28 February 2023.
96. Financial modelling indicates there will be sufficient savings to be made to fund the cost of the membership fees in the first year with greater savings to be achieved in future years. This model is based on assumptions, that these clients will be moved from existing contract to WLA.
97. Using the DPV (Dynamic Purchasing Vehicle) for Residential Home clients will save us the retainer cost.

Head of Procurement

98. This report seeks approval from cabinet to utilise the WLA DPV to procure the services of Residential Care and IFA's for a period of three years from March 2020 until February 2023. The cost to utilise the WLA is £252,000 for three years with a one-off implementation fee of £12,000 and an approximate spend on Residential Care and IFA's of £39m over the three years.

99. This report confirms that Southwark Council is allowed to access the WLA DPV terms and conditions and that the services meet the tendering requirements of the Public Contract Regulations 2015 (PCR15) and conforms to the council's Contract Standing Order. This procurement route should maximise competition and ensure that the council achieves the best value for money.
100. Paragraphs 85 to 88 of this report confirm that monitoring and management will be in place for the duration of this contract and confirms that LLW will be paid

Director of Law and Democracy

101. This report seeks approval of the procurement strategy for the delivery of Children's Residential Care and Independent Fostering Agencies, as detailed within the recommendations.
102. The nature and estimated value of the services required are such that their procurement is subject to the application of the (EU) Public Contracts Regulations 2015 which, amongst other things would require expressions of interest to be sought through the publication of a contract notice in the Official Journal (OJEU). However, the report recommends the use of an existing framework managed by the London Borough of Ealing on behalf of the West London Alliance which has been procured in accordance with the EU Regulations and which the council is permitted to access on payment of a membership fee. The exercise of that option would avoid the need for the council to conduct a separate EU compliant tendering exercise.
103. The decision to approve the proposed procurement strategy is one which is reserved to the cabinet under the council constitution.
104. The community impact statement set out from paragraph 62 of this report summarises the effect of the Public Sector Equality Duty contained in section 149 of the Equality Act 2010, and in making procurement decisions the council must consider and have due regard to any effects of the decision on the community at large and on people identified as possessing "protected characteristics", as defined in the Act.

BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
GW0 - Pre-procurement strategic assessment for Children's Residential Care and Independent Fostering Agencies (IFA)	Children, Adults' and Families Commissioning Team / Long Term Conditions and Wellbeing, Children, Adults and Families 4 th Floor, (Zone E Hub 4), P O Box 64529 London SE1P 5LX	Linda Fontaine 0207 525 7934
Link: http://moderngov.southwark.gov.uk/mgDecisionDetails.aspx?Id=50021151&Opt=1		
Looked After Children and Care Leavers Placement Sufficiency Strategy 2018-2022	Children, Adults' and Families Commissioning Team / Long Term Conditions and Wellbeing, Children, Adults and Families 4 th Floor, (Zone E Hub 4), P O Box 64529 London SE1P 5LX	Linda Fontaine 0207 525 7934
Link (please copy and paste into your browser): http://moderngov.southwark.gov.uk/documents/s72012/Appendix%201%20Sufficiency%20Strategy%20for%20Looked%20After%20Children%202018-2022.pdf		
Council Plan 2018-2022	Children, Adults' and Families Commissioning Team / Long Term Conditions and Wellbeing, Children, Adults and Families	Council Plan 2018-2022
Link: https://www.southwark.gov.uk/council-and-democracy/fairer-future/council-plan		

APPENDICES

Appendix	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Jasmine Ali, Children, Schools and Adult Care		
Lead Officer	David Quirke-Thornton, Strategic Director for Children’s and Adults’ Services		
Report Author	Linda Fontaine, Senior Joint Commissioning Officer, Children’s and Young People		
Version	Final		
Dated	23 January 2020		
Key Decision?	Yes		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		Comments Sought	Comments included
Strategic Director of Finance and Governance		Yes	Yes
Head of Procurement		Yes	Yes
Director of Law and Democracy		Yes	Yes
Director of Exchequer (For Housing contracts only)		N/a	N/a
Contract Review Boards			
Departmental Contract Review Board		Yes	Yes
Corporate Contract Review Board		Yes	Yes
Cabinet Member		Yes	Yes
Date final report sent to Constitutional Team			23 January 2020

Item No. 15.	Classification: Open	Date: 4 February 2020	Meeting Name: Cabinet
Report title:		Gateway 2 – Contract Award Approval Local Community Offer (VCS Hubs)	
Ward(s) or groups affected:		All wards	
Cabinet Member:		Councillor Jasmine Ali, Children, Schools and Adult Care	

FOREWORD – COUNCILLOR JASMINE ALI, CABINET MEMBER FOR CHILDREN, SCHOOLS AND ADULT CARE

I am pleased to report good progress on the procurement strategy for a new older people's hub.

This follows the Gateway One report I brought to Cabinet on 24 July 2018 introducing new ways of working based on a new model for older people and people with disabilities.

With each of the hubs comes significant investment in the local voluntary sector: approximately £1.1m allocated for the Older People's Hub and £400,000 for the Disability Hub.

The following Gateway Two proposes that we award the contract for the information and support hub for older people to Age UK Lewisham and Southwark. Age UK will lead and work with a wide range of voluntary sector organisations (many of whom we are already working with) to enable the council to better manage increasing demand at its "front door". They will assist individuals living within the borough to access information, advice and support, linking to community opportunities and services to support independence and wellbeing.

As lead councillor for adult care, I am familiar with many of the organisations supporting our older people. From the attached report, and from what I have seen of Age UK here in Southwark and the effective way they work with smaller providers, I am satisfied that this partnership will realise new ways of working to benefit all older people and staff involved in this exciting new hub. This will activate our positive policy of 'no wrong door', so that people who need our services only have to tell their story once to access them.

This new collaborative model will see the co-location of some Southwark council operational staff alongside workers from key Voluntary and Community Sector organisations, which are already providing many of the existing advice and signposting services through grant arrangements.

The fact that the Mental Health and Wellbeing Hub has been so successful in achieving our vision to raise quality for our service users fills us with confidence that the new Older People's Hub with Age UK at the helm will drive up the quality of care and enable a greater preventative approach that will benefit our older residents.

At the time of writing the council is unable to propose a contract award for the People with Disability Hub. It was disappointing that those who came forward to lead this hub were wide of the mark. They did not meet our minimum standards so the prospect of delivering the hub model and vision was out of the question.

There will be a seamless service for older people, as existing arrangements will continue until the new contract begins and TUPE arrangements are place in June 2020. Existing arrangements for People with Disabilities services will continue while the department, in partnership with key stakeholders including service users, will consider the way forward. New market stimulation or even the combination of future contracts on the mental health and wellbeing hub will be under consideration.

In the meantime I ask Cabinet to support the following Gateway Two paper on the contract award for a new hub for our older people in this borough.

RECOMMENDATIONS

1. That cabinet approves the award of Lot 2 contract for the Local Community Offer (Information and Support Hub) for older people and their carers to Age UK Lewisham and Southwark for a period of 3 years from 1 June 2020 with an option to extend for a further 2 years (1+1) for a maximum contract value of £5,444,030.
2. That cabinet notes that Lot 1 contract for Local Community Offer (Information and Support Hub) for All Age Disabilities and Carers approved in the gateway 1 report will not be awarded at this time and a further review of the required service is being explored with a timescale of March 2020 for agreeing next steps.
3. That cabinet note that the current arrangements expire on the 31 March 2020 and will be extended until 31 May 2020 to cover the period until the new contract starts on the 1 June 2020.

BACKGROUND INFORMATION

4. A Gateway 1 (GW1) procurement strategy report had been submitted and approved in July 2018 for the Southwark Local Community Offer (Information and Support Hub) services. The GW1 set out the council's intention to create two Hub models that will support the council to manage its "front door" by assisting individuals living within the borough to access information, advice, navigation and facilitation support that will link with preventative community opportunities across Southwark to support independence and wellbeing.
5. The procurement strategy proposed two new hubs, one which will support people with disabilities and their carers and one which will support older people and their carers will work closely with the Wellbeing Hub for people with mental health, a service that is already established.
6. The development of the two new hubs will provide more coordinated and tailored access to support and advice for Southwark residents.
7. Southwark Council has a number of older person and disability providers delivering various information, advice, navigation, befriending and social interaction services through grant arrangements. The grants have been

extended for a period of one year from 1 April 2019 to 31 March 2020 with an option to extend for a further two months up until 31 May 2020.

8. The GW1 procurement strategy report had set out that the hub model would consist of a separate lead provider for each of the hubs that will be responsible for offering a comprehensive range of support services through the development of a local network that connects community groups and local organisations.

Procurement project plan (Key Decision)

Activity	Completed by/ Complete by:
Forward Plan for Gateway 2 decision	11/11/2019
Briefed relevant cabinet member (over £100k) for GW1	12/06/2018
Approval of Gateway 1: Procurement Strategy Report	18/07/2018
Publication of OJEU Notice	08/04/2019
Publication of Opportunity on Contracts Finder	10/04/2019
Closing date for receipt of expressions of interest and SQ submission	08/05/2019
Completion of SQ short-listing of applicants	28/05/2019
Invitation to initial tender	29/05/2019
Closing date for return of initial tenders	27/06/2019
Completion of evaluation of initial tenders	18/07/2019
Negotiation Rounds	04/09/2019
Invitation to final tender	05/09/2019
Closing date for return of final tenders	18/09/2019
Completion of evaluation of final tenders	07/10/2019
CCRB Review Gateway 2:	28/11/2019
DCRB Review Gateway 2:	11/12/2019
Notification of forthcoming decision – dispatch of Cabinet agenda papers	28/01/2020
Approval of Gateway 2: Contract Award Report	04/02/2020
Scrutiny Call-in period and notification of implementation of Gateway 2 decision	12/02/2020
Debrief Notice and Standstill Period (if applicable)	25/02/2020
Contract award	26/02/2020
Add to Contract Register	27/02/2020
Publication of award notice in Official Journal of European (OJEU)	28/02/2019
Publication of award notice on Contracts Finder	28/02/2019
TUPE Consultation period (if applicable)	29/05/2020

Activity	Completed by/ Complete by:
Contract start	01/06/2020
Contract completion date	31/05/2023
Contract completion date – if extension(s) exercised	31/05/2025

KEY ISSUES FOR CONSIDERATION

Description of procurement outcomes

9. The procurement brings a number of provisions delivering various information, advice, navigation, befriending and social interaction services together as a joined up and holistic approach for older people and their carers in Southwark. There will be one lead provider that will deliver the hubs for older people and their carers. The lead provider is required to manage the front door service, work in partnership with the council as well as develop and manage a network of partners to deliver an information, advice and sign posting service to Southwark residents. The network is listed in appendix A.
10. The Local Community Offer (Information and Support Hubs) will deliver the following outcomes for residents which link to the Southwark Outcomes Framework:
 - Residents feel more able to access services at an early point and in times of crisis.
 - Residents have increased opportunities and support to volunteer.
 - Residents have improved access to community services.
 - Residents feel services are provided in a holistic way.
 - Residents feel that they have access to services to improve their wellbeing.
 - Residents feel more confident to maintain their independence without the need for higher levels of support.
 - Organisations can demonstrate they work more frequently in partnership across communities.

Key/Non Key decisions

11. This report is a key decision.

Policy implications

12. This contract award supports the council's statutory responsibility referenced in the Care Act 2014 to provide information advice, signposting and navigation support to enable people to remain independent, healthy and well.
13. The Care Act 2014 requires Southwark Council to:
 - Promote people's wellbeing and independence.
 - Prevent, delay or reduce care and support needs.
 - Provide information and advice on the choice of social care available.
 - Support people to fully participate in assessing their care and support needs.

14. This contract also supports Southwark's Council's commitment to a 'healthy life'. The provision of this service will contribute to the delivery of this commitment.

Tender process

15. An advert for the contracts was placed in the following places:
 - The Official Journal of the European Union (OJEU)
 - Procontract
 - Contracts Finder.
16. The tender process took the form of a Competitive Procedure with Negotiation. As the value of these contracts was over the EU threshold for light touch services, there was a requirement to follow the Light Touch Regime prescribed by the (EU) Public Contracts Regulations 2015 and advertise the tender in OJEU.
17. The council received Selection Questionnaires (SQ) from five organisations, some of which submitted a SQ for both lots.
18. Four organisations submitted a SQ for Lot 1 All Age Disabilities Hubs and three organisations submitted a SQ for Lot 2 Older Persons Hubs.
19. The contract for Lot 1 Disabilities Hubs could not be recommended for award as the tender submissions did not meet the quality threshold in a number of key areas. Therefore, this report focuses on the tender outcome of the Lot 2 Older Persons Hubs.
20. Three organisations submitted a SQ for Lot 2 Older Persons Hubs.
21. Each SQ submission was checked first for completeness and compliance before they were submitted to finance colleagues for evaluating the organisations economic and financial standing.
22. All three organisations passed the economic and financial standing stage of the SQ. The financial assessments were carried out in three parts and against the following criteria:
 - Credit score of 40 or higher.
 - Financial risk assessment for the Council by analysis of key ratios.
 - A minimum turnover of 1.5 times the annual contract value.
23. To achieve an overall pass in the financial assessment, applicants needed to meet all of the above criteria or satisfy the council that their financial assessment (in the case of credit checks) was sufficiently stable to deliver the services required from this tender.
24. The three organisations that passed the financial assessment were then evaluated on their responses to the technical questions in Stage 3 of the SQ evaluation.
25. Technical questions for Lot 2 Older Peoples Hub were evaluated by five council officers across commissioning and adult services.

26. One bidder who had submitted a SQ failed to meet the threshold score required to be invited to tender. Two organisations passed stage 3 of the SQ evaluation for Lot 2 Older Person's Hubs and were invited to tender.

Initial tender evaluation

27. The ITT stage for the Competitive Procedure with Negotiation comprised of an initial ITT stage for each lot in which bidders were requested to submit an initial tender for the lots they were bidding for. The initial tender was evaluated by an evaluation panel of officers from commissioning and adult services.
28. The quality evaluation for the initial tender was made up of six main questions and two sub-questions, meaning eight method statement responses were evaluated. The method statements were weighted in relation to their relative importance, as was set out in the tender documents.
29. A moderation meeting took place after each evaluator had individually scored each method statement and a consensus score for each method statement was achieved following this process.
30. On completion of the initial tender evaluation, bidders were invited to participate in negotiations with a negotiation panel.

Negotiation stage

31. The purpose of the negotiation stage was to enter into dialogue with bidders to ensure they fully understood the requirements of the service specification and then provide them with an opportunity to transpose their understanding in their final bids.
32. Negotiations were conducted on aspects of a bidder's tender, specifically on their proposed:
 - Service delivery model;
 - Workforce strategy;
 - Network and partnership management: and
 - Mobilisation plan.
33. The bidders' ability to perform as a lead provider role and manage a network of partners to fulfil the service specification in its entirety was also discussed.
34. The council held two rounds of negotiations for each bidder and in agreement with the bidders, concluded the negotiation stage once all parties were fully satisfied that the discussions held had enabled the bidders to submit revised tenders that reflect the discussions at the final stage.
35. Once the negotiation stage had been concluded, both organisations were invited to tender for Lot 2 Older Person's Hub.

Final tender evaluation

36. Two final tenders were received for Lot 2 Older Person's Hub.

37. Final tenders were evaluated using a quality split of 55% method statements, 15% social value and 30% price. The total annual contract value was estimated at £1.1m per annum for Lot 2 Older Person's Hub. All bids received were within this estimated value.
38. The final quality evaluation was made up of six method statements and three sub-questions, meaning nine method statement responses were evaluated. Some of the method statements in the final ITT stage differed from the initial ITT stage. The final ITT method statements focused on the key areas:
- Service Delivery
 - Network and Partnership Working
 - Social Value
 - Mobilisation
 - Risk Assessment & Business Continuity.
39. For the method statement on social value, the new Social Value Portal was used for bidders to submit their response.
40. The final tender submissions were assessed by the same evaluation panel that had assessed the initial tender submissions and had also taken part in the negotiations.
41. A moderation meeting took place after the evaluators had individually scored the method statements and a consensus score for each method statement was achieved following this process.
42. The price evaluation weighting for this procurement was 30%. The 30% weighting was split into the following sub-weights as per Table A, to reflect the added value of bidders being able to deliver services over and above the services listed in the specification. These services are the 'Desirable Services'.

Table A – Hubs price evaluation weightings

No.	HUBS Price Categories	Sub Weightings
1.	Lead Provider Management Costs	5%
2.	Essential Services	10%
3.	Desirable Services	15%
Total		30%

Note: All bidders included 'Desirable Services' in their bids.

43. The price evaluation was based on the weighted scores for the above price categories.

Final Evaluation Scores

44. The final evaluation scores for each bidder comprised of a quality score for the method statements and a price score for the contract price.
45. To pass the quality evaluation, five selected questions had a minimum score of 3 out of the available score of 5.
46. For Lot 2, one bidder failed to meet the minimum score of 3 on four of the five questions. Therefore, failed the quality evaluation for this tender having scored 9

points out of the required 15, resulting in the bidder not meeting the quality threshold for this tender and being excluded from the final evaluation.

Tender Outcome

47. The outcome of this tender has ensured that only prospective providers who have demonstrated that they can meet the requirements below are recommended for contract award:

- Past experience in delivering similar services.
- The ability to implement and execute a hub model comprising a lead provider and provider network.
- The ability to work collaboratively with the council's adult social care teams.
- The ability to manage a "front door" and information and advice service to assist individuals to maintain their independence and reduce the demand on statutory services.

Lot 2 – Tender outcome and recommendation

48. Age UK is an incumbent provider part of a consortium of six local charities called COPSINS who provide services to older people in Southwark. Having delivered services to Southwark residents for over a century, Age UK, along with its network of partners have a depth of local knowledge and understanding of the needs and requirements of Southwark's older population.

49. Through the two negotiation rounds held with Age UK and the negotiation panel comprising Assistant Director (AD) of Commissioning, AD of Older Persons and Physical Disabilities Team, Strategic Commissioning Manager and the Service Development Manager, the panel conveyed to Age UK the areas within the initial tender that needed to be strengthened, namely:

- Lead provider model needed to demonstrate how Age UK would perform as a lead provider and not as an equal partner of the COPSINS consortium.
- Partnership arrangements needed to demonstrate the processes and accountabilities in place to support the network arrangements.

50. Age UK's final tender had incorporated the required improvements by the negotiation panel and therefore could demonstrate the bidders ability to deliver the service in accordance with the specification. Their final method statements will be part of the contract documentation.

51. The recommendation is to award the Lot 2 contract, for Local Community Offer (VCS Hubs) for Older People and their Carers, to Age UK.

Plans for the transition from the old to the new contract

52. TUPE will apply upon the award of the contract. A three month mobilisation period is in the procurement project plan and it is anticipated that this will allow sufficient time to enable a smooth transfer from the existing provider to the new provider.

53. Existing contracts and grant arrangements will be extended from 31 March 2020 until 31 May 2020 to cover the period from the old to when the new contract commences.

Plans for monitoring and management of the contract

54. The contract will be managed by the contract management team who sit within the Commissioning Division.
55. The monitoring arrangements will provide information on whether or not the contract is performing as expected. Quarterly reports will reflect the outcomes that have been achieved against the agreed targets.
56. Six monthly reports and an Annual Performance Report as set out in the contract standing orders will be produced for consideration by the new Strategic Quality and Contract Review Board on behalf of DCRB.

Identified risks for the new contract

57. The following risks and associated mitigations have been identified;

Risks	Mitigation or control	Likelihood
Service pressure and increasing demand on operational colleagues.	Ensure co-location and shared working approaches are implemented during mobilisation phase.	Medium
Lot 1 All Age Disabilities and Carers contract not being awarded.	Current contracts will be extended to cover the time needed to review alternatives for Lot 1 contract. A GW3 to extend current contracts will be considered in February 2020	Medium

Community impact statement

58. The older person's hub is intended to provide information, advice, navigation and signposting support, to some of the Borough's most vulnerable residents, as well as supporting the council to more effectively respond to, and manage its demand for support
59. Officers are mindful of the need to have due regard to the Public Sector Equality Duty imposed by section 149 of the Equality Act 2010, which requires the council to:
- Eliminate discrimination, harassment, victimisation or other prohibited conduct
 - Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it and
 - Foster good relations between persons who share a relevant protected characteristic and those who do not share it.
60. A further equality impact assessment will be undertaken in order to ensure that the service delivery model remains appropriate for all service users. The health and wellbeing of Southwark residents will be at the core of the work for this service.

Social Value considerations

61. The Public Services (Social Value) Act 2012 requires that the council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the well being of the local area can be secured. The social value considerations included in the tender (as outlined in the gateway 1 report) are set out in the following paragraphs in relation to the tender responses, evaluation and commitments to be delivered under the proposed contract.
62. The council's Fairer Futures Procurement Framework requires payment of the London Living Wage (LLW), where appropriate. It is appropriate for all staff working on this contract to be paid LLW. It is expected that payment of the LLW by the successful bidder will result in quality improvements for the service users. These should include a higher calibre of multi-skilled operatives that will contribute to the delivery of the services and will provide best value for the council. It is therefore considered appropriate for the payment of LLW to be required. Following award, these quality improvements will be monitored as part of the contract review process.
63. The successful bidder has satisfied the requirements of the council by committing to pay the LLW. The successful bidder has also committed to making other positive contributions to the wider community via the Social Value Portal scoring 8.9% out of the allocated 15% for their response to the following:

Social Value Portal

National Themes, Outcomes and Measures	Question	Proxy Value (with weightings)	Target Number	Target Social Value
NT1	No. of local people (FTE, Full Time Equivalent) employed on contract for one year or the whole duration of the contract, whichever is shorter.	£37,209.00	16	£595,344.00
NT3	No. of employees (FTE, Full Time Equivalent) taken on who are long term unemployed (unemployed for a year or longer)	£15,085.95	2	£30,171.89
NT6	No. of jobs (FTE, Full Time Equivalent) created for people with disabilities	£13,234.70	6	£79,408.20
NT8	Local school and college visits e.g. delivering careers talks, curriculum support, literacy support, safety talks (No. hours, includes preparation time)	£14.80	120	£1,776.24

National Themes, Outcomes and Measures	Question	Proxy Value (with weightings)	Target Number	Target Social Value
NT14	Total amount (£) spent with VCSEs within your supply chain	£0.44	1,559,121	£692,249.72
NT20	Demonstrate commitment to work practices that improve staff wellbeing, recognise mental health as an issue and reduce absenteeism due to ill health. Identify time dedicated for wellbeing courses (internal staff)	£97.75	320	£31,279.04
NT29	No hours volunteering time provided to support local community projects	£14.80	420	£6,216.84
SW2	Other staff/volunteer hours dedicated to health and wellbeing activities (for services user/Southwark residents) – Only in addition to the essential and desirable elements of the service specification	£14.80	63	£932.53
Total Social Value Amount				£1,437,378.46

64. The social value portal has calculated a target of £1.4m for the duration of this contract. This equates to social value worth £280k per annum (26% of annual contract value).

Economic considerations

65. The procurement of a Hub to support older people and their carers is a cost effective way of ensuring residents have equal access to preventative services, people do not wait for an assessment to find out that they are not eligible for social care services and they receive information, advice or guidance to address the issue(s) they are concerned about. This approach will also support the council to effectively manage demand so that adult social care support is received by residents with the highest level of need. The Hub model will help Southwark Council manage budget pressures and sustainability of services.
66. The successful bidder has demonstrated social value in their bid by committing to create apprenticeships for local people and encourage and fully support the engagement of volunteers across the services as stated in their Social Value "Terms of Measure" response.

Social considerations

67. This service supports council plan commitments objectives to promote independence and well-being by funding activities and services to facilitate

community representation and voice in the areas of health and social care. This will further the aim of promoting inclusive and representative community participation in the planning, commissioning, delivery and quality of these services in Southwark.

Environmental/Sustainability considerations

68. There are no environmental /sustainability considerations.

Market considerations

69. The market for the Older Person's Hub is stable and well developed. There has been a strong Voluntary Community Sector presence in Southwark for a number of years. Many of the providers already work collaboratively as part of a consortium.

Staffing implications

70. Staffing and contract management resources will be met within the Children's and Adults' Commissioning Teams.

Financial implications

71. The annual contract value for the proposed new contract is £1,088,000. There is sufficient budget available to fund this from the Adult Social Care budget.
72. The Older Person's Hubs is fully funded from the Better Care Fund's through the Voluntary Sector Preventative services and the Voluntary Sector Carers schemes. Therefore it is important that the new contract fulfils BCF monitoring requirements.
73. The recent Spending Round confirmed the BCF to continue for 2020-21. However its future in the medium and long term remains uncertain.

Legal implications

74. Please see concurrent from the Director of Law and Democracy

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Finance and Governance (52TJ201920)

75. The Strategic Director of Finance and Governance notes the contents of this report and in particular the issues addressed in the Financial Implications. Officers must work closely with CCG colleagues to ensure compliance with BCF conditions and to mitigate any future funding risks.

Head of Procurement

76. This report seeks approval from the Cabinet to award of the Local Community Offer (Information and Support Hub) for older people and their carers Lot 2 to Age UK for a period of 3 years with the possibility to extend twice by 12 months for a total cost of £5,444,030.

77. The Local Community Offer (Information and Support Hub) for older people and their carers were procured as 'light touch' services, and as the value of those services exceeds the relevant EU threshold of £615k, they have been tendered in accordance with the light touch regime under the Public Contract Regulations 2015 (PCR15). The report confirms that this procurement was conducted through an EU Competitive Procedure with Negotiation, which was advertised on OJEU, in compliance with the requirements of the EU Procurement Regulations and in accordance with the strategy proposed in the relevant Gateway 1 and the council's CSOs.
78. This report confirms the monitoring and management arrangements that will be in place during the life of the contract.

Director of Law and Democracy

79. This report seeks approval of the award of a contract for the Local Community Offer (Information and Support Hub – Lot 2) for older people and their carers, as detailed in paragraph 1.
80. The services which comprise the proposed contract fall within one of the categories of "light touch" services as defined in the (EU) Public Contracts Regulations 2015. The report describes from paragraph 16 how the contract has been procured in accordance with those Regulations, using the competitive procedure with negotiation. This is a more flexible procedure which preserves competition between interested providers whilst allowing the council to discuss all aspects of the contract with each candidate.
81. The proposed contract award is also consistent with relevant domestic legislation and with the requirements of the council's Contract Standing Orders (CSOs). As a strategic procurement (as defined in the CSOs) the decision to approve the award recommendation is one which is reserved to the Cabinet.
82. The community impact statement set out from paragraph 58 notes that a further equality analysis will be undertaken in order to assess the impact of the service delivery model on service users. This exercise will assist the council to demonstrate how officers have had due regard to the Public Sector Equality Duty in this procurement, as required under the Equality Act 2010.

APPENDICES

No	Title
Appendix A	List of providers in the network

AUDIT TRAIL

Cabinet Member	Councillor Jasmine Ali, Children, Schools and Adult Care		
Lead Officer	David Quirke-Thornton, Strategic Director for Children’s and Adults’ Services		
Report Author	Samantha Edwards, Procurement Manager		
Version	Final		
Dated	15 November 2019		
Key Decision?	Yes		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments included	
Strategic Director of Finance and Governance	Yes	Yes	
Head of Procurement	Yes	Yes	
Director of Law and Democracy	Yes	Yes	
Contract Review Boards			
Departmental Contract Review Board	Yes	Yes	
Corporate Contract Review Board	Yes	Yes	
Cabinet Member	Yes	Yes	
Date final report sent to Constitutional Team		23 January 2020	

APPENDIX A**List of Providers in the Network**

Older Person's Hubs	
Lead Provider	Network of Providers
Age UK Lewisham and Southwark	<ol style="list-style-type: none"> 1. Blackfriars Settlement 2. Link Age Southwark 3. Southwark Carers 4. Southwark Pensioners Centre 5. Time and Talents

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Paula Thornton Tel: 020 7525 4395

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Jasmine Ali	1	Duncan Whitfield	1
Leo Pollak	1	David Quirke-Thornton	1
Other Councillors		Michael Scorer	1
		Kevin Fenton	1
Jane Salmon	1	Caroline Bruce	1
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Kieron Williams		Total:	
Ian Wingfield			28
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Victoria Olisa			
Gavin Edwards			
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Helen Dennis			
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