



HEALTH AND WELLBEING BOARD

Date: THURSDAY, 2 NOVEMBER 2017 at 2.00 pm

**Committee Room 1
Civic Suite
Catford SE6 4RU**

**Enquiries to: Stewart Snellgrove
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MEMBERS

Councillor Chris Best Aileen Buckton	Community Services, London Borough of Lewisham Directorate for Community Services, London Borough of Lewisham	L
Sir Steve Bullock Val Davison Gwen Kennedy Tony Nickson Roger Paffard Dr Simon Parton Peter Ramrayka Marc Rowland Dr Danny Ruta Brendan Sarsfield Folake Segun Sara Williams	London Borough of Lewisham Lewisham and Greenwich NHS Trust NHS England Voluntary Action Lewisham South London and Maudsley NHS Foundation Trust Lewisham Local Medical Committee Voluntary and Community Sector Lewisham Clinical Commissioning Group Public Health, London Borough of Lewisham Family Mosaic Healthwatch Bromley and Lewisham Directorate for Children & Young People, London Borough of Lewisham	L



Lewisham



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The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

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Lewisham



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MINUTES OF THE HEALTH AND WELLBEING BOARD

Wednesday 6th September 2017 at 3pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock (Chair); Dr Marc Rowland (Vice Chair); Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People); Aileen Buckton (Executive Director for Community Services, LBL); Brendan Sarsfield (Chief Executive, Family Mosaic); Folake Segun (Director, Healthwatch Bromley and Lewisham); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Peter Ramrayka (Voluntary and Community Sector Representative).

IN ATTENDANCE: Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group); Sarah Wainer (Programme Lead, Whole System Model of Care, LCCG); Carmel Langstaff (Portfolio Manager, Whole System Model of Care); Bobbie Scott (Programme Support Officer, Whole System Model of Care); Salena Mulhere (SGM Inter-agency, Service Development and Integration) and Stewart Snellgrove (Clerk to the Board, LBL).

APOLOGIES: Val Davison (Chair of Lewisham & Greenwich Healthcare NHS Trust); Dr Danny Ruta (Director of Public Health, LBL); Roger Paffard (Chair, South London and Maudsley NHS Foundation Trust); Sara Williams (Executive Director for Children & Young People, LBL); Gwen Kennedy (Interim Director of Nursing South London, NHS England); and Tony Nickson (Director, Voluntary Action Lewisham).

Welcome and Introductions

The Chair welcomed everyone to the meeting and shared the apologies from those Board members not in attendance.

1. Minutes of the last meeting

1.1 The minutes of the last meeting were agreed as an accurate record.

2. Declarations of Interest

2.1 There were no declarations of interest.

3. Better Care Fund Plan 2017-19

- 3.1 Martin Wilkinson and Aileen Buckton presented this report. The purpose was to provide Board members with an oversight of the Better Care Fund (BCF) Plan 2017-19 for their sign-off.
- 3.2 The BCF Plan has been overseen by Lewisham Council and Lewisham Clinical Commissioning Group (CCG). Activity supported through the BCF has been developed jointly by commissioners and providers and the Plan has been shared with Lewisham Health and Care Partners (LHCP).
- 3.3 The BCF Plan 2017-19 covers two financial years and is an evolution of the 2016-17 Plan. A report outlining progress made in 2016-17 was presented at the Health and Wellbeing Board on 6 July 2017.
- 3.4 The 2017-19 Plan continues to fund activity in the following areas:
- Prevention and Early Action
 - Community based care and the development of the Neighbourhood Care Networks
 - Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital
 - Estates and IMT
- 3.5 In 2016-17 the financial contribution to the BCF from the CCG was £20.164m, and this has increased in 2017-18 to £20.525m and in 2018-19 to £20.915m. The financial contribution from the Council in 2016-17 was £1.781m, this has been increased in 2017-18 to £1.882m and in 2018-19 to £1.996m. The IBCF grant to Lewisham Council has been pooled into the BCF and totals £7.595m in 2017-18 and £10.470m in 2018-19. The total pooled BCF budget for 2017-18 is £30.002m and £33.381m in 2018-19.
- 3.6 The IBCF is additional funding to local authorities to recognise the growing demand on Adult Social Care. The grant doesn't eliminate all of the existing pressures on Adult Social Care, but it is helping to maintain the foundations of current service provision, particularly in relation to Delayed Transfers of Care and the need for stability and continuity in the care market.
- 3.7 The financial contributions to the BCF have been agreed by the CCG and the Council and agreed through the CCG's and Council's formal budget setting processes.
- 3.8 The BCF arrangements are underpinned by pooled funding arrangements with a section 75 agreement. The Section 75 Agreement Management Group (Adults) oversaw the 2016-17 BCF Plan and will also oversee the 2017-19 BCF Plan and expenditure.
- 3.9 The 2017-19 Plan also outlines targets and plans to deliver against the four national metrics:
- Non elective admissions

- Admissions to residential and care homes
 - Effectiveness of reablement
 - Delayed transfers of care (DTOC)
- 3.10 The allocation of resources to DTOC will be monitored and reviewed in-year to ensure that they are being used to best effect.
- 3.11 The BCF Plan has now been shared in draft form with regional colleagues. Further edits are required before the formal submission deadline, including requested changes that demonstrate the interface between the VCS and housing issues (e.g. how SAIL supports older people with housing concerns).
- 3.12 Both a London and National moderation process will follow over the next few weeks to ensure equity across all BCF Plans.
- 3.13 The Board raised the following questions regarding the BCF Plan 2017-19:

Q: How does monitoring of the BCF work in practice?

A: Quarterly returns must be submitted to demonstrate compliance against national conditions. Some elements contained with the BCF are already part of our core data sets. There are potential financial consequences of not meeting IBCF targets (especially DTOC targets), although these have not yet been formalised. If metrics are not met for emergency admission reductions that have been planned for, we have a joint risk share. This enables the CCG to use BCF funds to pay for this over-activity, that is then provided by hospitals, as a result of BCF schemes not working.

Q: Does local capacity exist to deliver the BCF Plan?

A: The capacity exists, though in the short-term this may come at a financial premium. Attracting and retaining nurses for community based care and care homes is an issue, likewise for social workers some of whom prefer the flexibility offered by agency employment. Further capacity to undertake strategic service redesign and modelling is needed to test out alternative ways of doing things without taking risks with people's care. A bigger challenge is ensuring that the workforce has the appropriate skillset (e.g. in domiciliary care). Workforce development plans need to address these issues, though these are not unique to Lewisham.

Q: What are we doing more or less of in the BCF?

A: The Integration and Transformation programme is wider than the parameters of the BCF Plan itself and the proposed expenditure is not simply propping up what we are doing already. There is a greater focus on early intervention, proactive self-management and the leading of healthier lifestyles. Where multiple conditions present themselves the emphasis is on community-based care, maintaining independence for as long as possible and avoiding hospital admission, where appropriate.

Q: Does the fact that funding for Lewisham and Greenwich NHS Trust is linked to patient admissions present a conflict of interest?

A: LGT is recognised as a provider of acute services and any potential conflict of interest is managed through different contracting processes. LGT contributions and expertise in relation to the BCF Plan is separately aligned through their involvement with other providers like SLAM and GP Federation and through the Lewisham Health and Care partners work which is regularly reported to the Health and Wellbeing Board. The BCF Fund is managed via the Section 75 Agreement Management Group and the BCF Plan is not specifically discussed at Lewisham Health and Care Partners.

Q: Why is there a proposed reduction in the budget for carers' breaks in 2018/19?

A: There is no intention to diminish the carers' breaks service. Not all funding for this service is via the BCF.

Q: How can we ensure that the budget for the Disabled Facilities Grant (DFG) is not underspent?

A: The DFG is used for private rented and Lewisham Homes residents. It is not the only allocation in the borough as RSLs get their own DFG funding. The challenge with DFG awards is in getting the necessary planning permissions, qualified builders etc. Most awards entail substantial alterations to prevent residents from becoming housebound.

3.14 Action: The Board agreed to sign-off the Better Care Fund Plan 2017-19.

The meeting ended at 15:35 hours.

Health and Wellbeing Board		
Title	Declarations of interest	
Contributor	Chief Executive – London Borough of Lewisham	Item 2
Class	Part 1 (open)	2 November 2017

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

2 Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:-
 - (a) that body to the member's knowledge has a place of business or land in the borough; and
 - (b) either
 - (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

(3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

(5) Declaration and Impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

(6) Sensitive information

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

(7) Exempt categories

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

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

Agenda Item 3

HEALTH AND WELLBEING BOARD			
Title	One Public Estate Update		
Contributors	Executive Director for Community Services and Executive Director for Resources & Regeneration	Item No.	3
Class	Part 1	Date	2 November 2017

1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with a progress update on Lewisham and partners' One Public Estate initiative (OPE).

2. Recommendations

- 2.1 The report outlines work undertaken in relation to Lewisham's OPE programme. Members of the Board are recommended to note progress and proposed future funding applications.

3. Strategic Context

- 3.1 The Care Act places a legal duty on local authorities and organisations in the NHS to work collaboratively to improve health outcomes. Since 2010, Lewisham Council and the Clinical Commissioning Group have been working with our provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities. The CCG has developed a Local Estates Strategy which was approved by the Governing Body in September 2016.
- 3.2 Lewisham Health and Care Partners recognise that Lewisham's health and care system needs to change. The current system is not sustainable and we are not achieving the health and care outcomes we should. There are significant health inequalities in Lewisham; too many people live with ill health, high quality care is not consistently available and demand for care is increasing, both in numbers and complexity.
- 3.3 Lewisham is developing an integrated whole system model which fully integrates physical and mental health and social care delivered to the whole population. Health and care partners are focused on the redesign and reshaping of services to transform the way in which residents are encouraged and enabled to maintain and improve their own health and wellbeing, transforming the way in which local health and care services are delivered within the borough, and transforming the way in which people access and are connected to the assets that are available within their own communities and neighbourhoods. The key strands of activity are focussed on prevention and early intervention, community based care delivered through Neighbourhood Care Networks and enhanced care and support. The devolution pilot will focus on the supporting

enablers, specifically estates and workforce development that underpin the transformation of the whole system.

- 3.4 Lewisham Council is a signatory to a cross-London agreement, involving health organisations and local councils, that aims to transform services and improve health and wellbeing outcomes in London through new ways of working together and with the public. Parties to the agreement agreed that a small but essential part of this transformation is the devolution of functions, powers and resources from government and national bodies where that can assist, enable or accelerate improvements.
- 3.5 Lewisham is one of five devolution pilots being developed in London that aim to test the impact of devolving resources, decision-making and powers on accelerating transformation locally.
- 3.6 OPE is a pioneering initiative delivered in partnership by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners. The programme has four core objectives:
 - Creating economic growth
 - More integrated, customer-focused services
 - Generating efficiencies through reducing running costs and capital receipts

4. OPE Update

- 4.1 The Lewisham Partnership submitted an expression of interest in May 2016 and received £50,000 to fund the preparation of a full bid and accompanying Services and Assets Delivery Plan (SADP) for Phase 4 of the OPE Programme. Lewisham's bid was successful and the Partnership were awarded £200,000, from an initial ask of £500,000, to facilitate the progress of three main projects and fund some programme management resource.
- 4.2 The OPE submission outlined three interdependent areas of work:
 - Regeneration – activity focussed on shared use of area specific sites that can deliver new homes, employment and fit for purpose assets.
 - Collaboration – activity to enable the expansion of community based care services, new models of care at home and primary care development.
 - Strategic Estate Planning – activity to maximise the use of existing facilities and co-location of services.
- 4.3 Three projects received funding:
 - Development of a Strategic Plan for Ladywell, centring around the former Ladywell Leisure Centre site but also taking into account other key partnership land holding in the immediate area;

- Reconfiguration of the Lewisham Hospital site for the provision of a neighbourhood “hub” for N2, mental health bed/SLaM re-provision and other new service facilities
 - Reconfiguration of Downham Health and Leisure Centre to facilitate a neighbourhood “hub” for N3
- 4.4 In terms of Governance, a Lewisham Health & Care Partners Estates Steering Group was set up in 2016 and meets on a monthly progress to monitor progress on the key estates related work streams, not just limited to OPE. This reports into the Lewisham Health & Care Partners Board.

Ladywell Strategic Plan

- 4.5 This has not moved forward as quickly as hoped, mainly due to the complexity of the land ownership and the scale of potential development in the area and the need to do more extensive consultation before the development of any wider master-plan proposals. It is intended that work over the next six months will give more focus to the long term future of the former Leisure Centre site, part of which is currently being used for temporary housing provision in the form of Place Ladywell.

Lewisham Hospital Site Reconfiguration

- 4.6 Design and consultation work has started to identify the development opportunity on the hospital site. These proposals focus around land and buildings which don't form part of the acute service provision, including the existing SLaM facility, various surface level car-parking, offices and education buildings.
- 4.7 The outline proposals include potential for new service accommodation, including:
- A neighbourhood “hub” building for N2;
 - A new SLaM mental health facility;
 - Stepdown facility;
 - Care home
 - Skills Academy
- 4.8 The hospital estate provides the potential for significant, self-funded development to respond to the challenges we face and provide investment in trust facilities over the next 10 years. Long Lease residential developments will provide essential capital receipts to fund the non acute development, mentioned above.
- 4.9 In terms of next steps, Lewisham & Greenwich Trust (LGT) have begun to engage the Council's Planning Department with a view to entering into a formal pre-application process in the New Year. The Partnership will continue to engage collaboratively to work towards defining the requirements for the hub building and other elements of the potential service delivery buildings that could come forward.

Downham

- 4.10 First stage of the feasibility study was completed earlier in the year. This was around understanding the building and the PFI contract in more detail as well as which areas of the building could be released and the resulting financial effects on the income within the building.
- 4.11 Alongside this has been work to identify which and what type of services could move into the building. Various stakeholder meetings have taken place between relevant GP, Council, LGT and CCG representatives, the outcome of which was to explore the potential to use Downham Health & Leisure Centre, as well as the Waldron as test sites for taking some out-patient services away from central sites, including the hospital. This is with the caveat, particularly for Downham, that there is a limited amount of clinical space which would be available, and there are significant financial costs associated with making physical changes in the building.
- 4.12 Space planners have been appointed to look at the building and opportunities in more detail, in particular the scope for adapting existing office space to fit more desk space.
- 4.13 Further workshops have taken place more recently, and more detailed engagement between GP, LGT and CCG representatives is taking place before proposals are presented to the Estates Steering Group initially.

5. Future Funding

- 5.1 Funding for Phase 6 of OPE is now open and existing partnerships have been invited to make further applications. It is the intention of the Partnership to apply for funding to further develop existing projects but also explore new opportunities. Specifically the application will seek funding for:
- Further work to support development of the Lewisham Hospital site reconfiguration and N2 Hub;
 - Work to further develop the potential hub opportunity in Downham;
 - Potential for redevelopment of Sydenham Green health facility for new health facilities and housing;
 - Redevelopment potential of health centres in Lee and Honor Oak for new health facilities and housing.
- 5.2 The deadline for applications is Friday 3rd November, therefore at the time of writing this report, the exact funding “asks” have not been finalised and Officers intend to update the Board verbally.

6. Financial Implications

- 6.1 £200,000 was awarded to Lewisham Council and Partners to take forward the projects listed in Section 4 of this report. If the Phase 6

application is successful Lewisham will secure further monies and the financial implications will be considered as part of the application.

7. Legal implications

7.1 There are no specific legal implications from this work.

8. Crime and Disorder Implications

8.1 There are no specific crime and disorder implications arising from this report or its recommendations.

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report.

10. Environmental Implications

10.1 There are no specific environmental implications arising from this report or its recommendations.

11. Conclusion

11.1 This paper has provided an overview of activity in relation to One Public Estate Initiative.

If there are any queries on this report please contact:

Freddie Murray, Asset Strategy, Estates and Property Service Group Manager:
freddie.murray@lewisham.gov.uk / 020 8314 3914.

HEALTH AND WELLBEING BOARD			
Report Title	LB Lewisham Protocol for Safeguarding Partnerships		
Contributors	Chairs of the Lewisham Safeguarding Children’s Board, Lewisham Safeguarding Adult’s Board, Safer Lewisham Partnership, Health and Wellbeing Board, Children’s Young People Strategic Board, and Youth Justice Management Board	Item No.	4a(i)
Class	Part 1	Date: 02 November 2017	
Strategic Context	This report outlines the partnership relationship of the aforementioned boards, with a commitment to working together to shared aims.		

1. Purpose

This report informs members of the Health and Wellbeing Board of the newly created protocol between partnership boards in Lewisham.

2. Recommendation

Members of the Health and Wellbeing Board are recommended to:

- Agree the protocol in relation to role and responsibilities of all partnerships.

3. Policy Context

- i. The key objectives of the LSCB are compliant with those set out in *Working Together to Safeguard Children 2015*, ie, to coordinate work to safeguard children locally and to monitor and challenge the effectiveness of local arrangements.
- ii. Safeguarding Adults Boards are statutory bodies required by the Care Act 2014. Like the Safeguarding Children Board, the main objective of the SAB is to assure itself that local safeguarding arrangements and partners act to safeguard adults at risk, with a strategic oversight of adult safeguarding across the locality.
- iii. Health and Wellbeing Boards were established by the Health and Social Care Act 2012. They are a forum for leaders from the health and care system to work together to improve the health and wellbeing of the local population and reduce health inequalities.
- iv. The Safer Lewisham Partnership is the crime and disorder reduction partnership for the Borough of Lewisham and was established by the Crime & Disorder Act 1988. Its aim is to make Lewisham a safer place and a place where people feel secure by delivering integrated services that tackle crime, antisocial behaviour and substance misuse.

- v. The SLP has oversight of the Lewisham Youth Justice Management Board (YJMB) which was established under the Crime and Disorder Act (1998) to be responsible for the creation and delivery of effective youth justice services. The YJMB is subject to the regulatory framework of the Youth Justice Board as established by the Ministry of Justice and Inspection by HMI Probation.
- vi. Section 10 of the Children Act (2004) requires local authorities and relevant partners to co-operate to improve the well being of children. The local authority must take the lead in making arrangements to promote cooperation between local agencies.

4. Summary of report

Effective services are based on a clear understanding of the needs and views of children and young people and their families and adults. Strategic plans, whether formulated by individual agencies or by partnerships, should include safeguarding as a theme to ensure that existing strategies and service delivery as well as emerging plans for improvement include effective safeguarding arrangements so that residents in Lewisham are safe and their well-being is protected. The two safeguarding boards have a responsibility to scrutinise and challenge these arrangements.

The opportunities presented by a formal working relationship between HWB, SLP, YJMB, LSAB and LSCB and can, therefore, be summarised as follows:

- Securing an integrated approach to the JSNA to include analysis of safeguarding data, including evidence of prevalence of CSE
- Aligning the work of the LSCB Business Plan and LSAB Strategic Plan with the Health and Wellbeing Strategy, the Lewisham Children and Young People Plan and the Safer Lewisham annual plan
- Ensuring safeguarding as “everyone’s business” and as a determinant of health and well-being is reflected in the community safety strategy.
- Evaluating the impact of the Health and Wellbeing Strategy on safeguarding and community safety outcomes; of safeguarding on wider determinants of health outcomes through cross partnership scrutiny and challenge; the Health and Wellbeing Board and Safer Lewisham Partnership for embedding safeguarding and the Safeguarding Boards for overall performance and contribution to the Health and Wellbeing Strategy and Safer Lewisham annual plan
- Identifying a coordinated approach to performance management, service improvement and commissioning.

5. Financial implications

Both the LSCB and LSAB publish financial positions on an annual basis, and is published in their respective annual reports, which are submitted to the HWB.

There are no other specific financial implications as a result of this report.

6. Legal implications

Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

Formal interface between the Health and Wellbeing Board, Safer Lewisham Partnership, Children and Young People's Strategic Partnership Board and the Safeguarding Boards is necessary at key points in order to fulfil respective statutory obligations.

7. Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report.

8. Equalities Implications

The creation of this partnership protocol is intended and likely to have a positive impact on the safeguarding of vulnerable children, and adults.

9. Environmental Implications

There are no environmental implications arising from this report.

Background Documents

Working Together to Safeguard Children (2015)

Further information on the both safeguarding boards can be found at <http://www.safeguardinglewisham.org.uk/>

If there are any queries on this report please contact safeguarding@lewisham.gov.uk



Lewisham
Safeguarding
Children Board



LONDON BOROUGH OF LEWISHAM

Protocol for safeguarding partnerships

Between Lewisham Safeguarding Children Board, Lewisham Safeguarding Adults Board, Children and Young People's Strategic Partnership Board, Health and Wellbeing Board and Safer Lewisham Partnership and Youth Justice Management Board

1. Purpose

This protocol outlines the cooperative relationship between the Lewisham Safeguarding Children Board (LSCB), Lewisham Safeguarding Adults Board (LSAB), Health and Wellbeing Board (HWBB), Children and Young People's Strategic Partnership Board (CYPSPB) Safer Lewisham Partnership (SLP) and the Youth Justice Management Board (YJMB) to safeguard, promote the welfare of children (including those in contact with the criminal justice system) and adults in the Borough of Lewisham. In this context, the protocol confirms:

- Role and responsibility of the partnerships
- Accountability and governance arrangements
- Conflict resolution and challenge.

Collaboration between the partnerships is based on these agreed key principles:

- Commitment to working together to shared aims
- Respect for each partnership's roles, responsibilities and work within the agreed protocol
- Culture of mutual challenge and professional accountability
- Effective interface and regular communication

Responsibility of the LSCB and LSAB in relation to other strategic partnerships and the safeguarding of adults and children

The LSCB and LSAB are not delivery or commissioning bodies. They have a scrutiny and challenge role and will initiate activities which investigate and improve practice in safeguarding adults and children. Both boards have the authority to call to account, for its activity in this respect, any agency represented within the Children' and Young People's Strategic Partnership Board, Health and Wellbeing Board, Safer Lewisham Partnership, Youth Justice Management Board and the other Safeguarding

Board. The work of the LSCB and LSAB contributes to the wider goals of improving the well-being of all adults and children within the Borough of Lewisham. Within the wider governance arrangements their role is to ensure the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard and promote the welfare of adults and children. The LSCB and LSAB will work with partnerships to ensure procedures and processes are in place to minimise risk and maximise the safety of adults and children in Lewisham.

The LSCB and LSAB will:

- Take responsibility for monitoring action to improve safeguarding including action arising from Serious Case Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews
- Hold the other partnerships to account for all their activity as it affects the safeguarding of adults and children, providing appropriate challenge on performance and outcomes
- Audit multi-agency practice and feedback to the other partnerships, highlighting areas of underperformance and driving improvement
- Feedback learning from Serious Case Reviews, Adults Safeguarding Reviews and Domestic Homicide reviews to ensure that lessons are learnt and practice improves
- Highlight gaps in service for other partnerships to consider in their planning.

2. Partnerships

2.1 Lewisham Safeguarding Children Board (LSCB)

- i. The key objectives of the LSCB are compliant with those set out in *Working Together to Safeguard Children 2015*, ie, to coordinate work to safeguard children locally and to monitor and challenge the effectiveness of local arrangements.
- ii. Safeguarding and promoting the welfare of children is defined as:
 - protecting children from maltreatment and preventing impairment of children's health or development
 - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
 - taking action to enable all children to have the best outcomes in life.

- iii. In undertaking these roles, children should be enabled to have optimum life chances and enter adulthood successfully.
- iv. The role of the LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managing staff in constituent agencies.

2.2 Lewisham Safeguarding Adults Board (LSAB)

- i. Safeguarding Adults Boards are statutory bodies required by the Care Act 2014. Like the Safeguarding Children Board, the main objective of the SAB is to assure itself that local safeguarding arrangements and partners act to safeguard adults at risk, with a strategic oversight of adult safeguarding across the locality.
- ii. The focus of the work of Safeguarding Adults Board in Lewisham is adults at risk. The forms of abuse which the Board aims to prevent and address are: physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, discriminatory abuse, organisational abuse, domestic violence, modern slavery and self-neglect.
- iii. The role of the LSAB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to adults at risk by individual agencies and to ensure effective interagency working in this respect. In this regard, the local authority has a responsibility to carry out or cause others to carry out an enquiry if an adult has needs for care and support; is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from the experience or risk of abuse.

2.3 Health and Wellbeing Board (HWB)

- i. Health and Wellbeing Boards were established by the Health and Social Care Act 2012. They are a forum for leaders from the health and care system to work together to improve the health and wellbeing of the local population and reduce health inequalities.
- ii. Board members collaborate to understand the needs of the local community, agree priorities through the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy. The HWB has strategic influence over commissioning decisions across health, public health and social care through

the Health and Wellbeing Strategy and, as a result, patients and the public should experience better coordinated services.

- iii. The HWB provides a forum for challenge and problem solving, bringing together clinical commissioning groups and councils. The HWBB has an interest in the wider determinants of Health and Wellbeing including wider such as housing and education.

2.4 Safer Lewisham Partnership (SLP)

- i. The Safer Lewisham Partnership is the crime and disorder reduction partnership for the Borough of Lewisham and was established by the Crime & Disorder Act 1988. Its aim is to make Lewisham a safer place and a place where people feel secure by delivering integrated services that tackle crime, antisocial behaviour and substance misuse. The SLP aims to build a sense of community and improve the quality of life for people who live in the borough, while preventing and reducing the incidence and fear of crime.
- ii. The SLP achieves its aims through partnership working across the statutory partners of the SLP and with external stakeholders including the Mayor's Office for Policing and Crime (MOPAC) and the voluntary sector, to address local priorities.
- iii. The SLP has oversight of the Lewisham Youth Justice Management Board (YJMB) which was established under the Crime and Disorder Act (1998) to be responsible for the creation and delivery of effective youth justice services. The YJMB is subject to the regulatory framework of the Youth Justice Board as established by the Ministry of Justice and Inspection by HMI Probation. The national goals of the Youth Justice system are
 - a. Reducing First Time Entrants to the youth justice system
 - b. Reducing reoffending
 - c. Reducing the use of Custody
- iv. The YJMB has a specific responsibility to monitor the effectiveness of Community Safety and Public Protection Incident reports and ensure learning points are shared and enacted.

2.5 Children and Young People's Strategic Partnership Board (CYPSPB)

- i. Section 10 of the Children Act (2004) requires local authorities and relevant partners to co-operate to improve the well being of children. The local authority must take the lead in making arrangements to

promote cooperation between local agencies. In 2011 there were changes in relation to the statutory arrangements regarding Children Trust Boards but Lewisham has continued with partnership arrangements which bring together commissioners and providers across the network of services for children in Lewisham .

- ii. The key functions of the Children and Young People's Strategic Partnership Board is to:
 - Analyse local needs drawing on the *Joint Strategic Needs Analysis* and agreeing shared priorities for improvement which are set out in the *Children and Young People Plan*
 - Monitor performance and agree action to address under-performance and promote effective practice
 - Challenge and problem solve across the partnership to drive improvement.

3. Effective communication and engagement between the partnerships in relation to safeguarding

- i. Safeguarding is everyone's responsibility: each organisation and individuals within those organisations must play their full part.
- ii. Effective services are based on a clear understanding of the needs and views of children and young people and their families and adults. Strategic plans, whether formulated by individual agencies or by partnerships, should include safeguarding as a theme to ensure that existing strategies and service delivery as well as emerging plans for improvement include effective safeguarding arrangements so that residents in Lewisham are safe and their well-being is protected. The two safeguarding boards have a responsibility to scrutinise and challenge these arrangements.
- iii. Formal interface between the Health and Wellbeing Board, Safer Lewisham Partnership, Children and Young People's Strategic Partnership Board and the Safeguarding Boards is necessary at key points including:
 - Reciprocal needs analyses that drive the formulation of the Health and Wellbeing Strategy and the annual Safeguarding Boards' business plans, ensuring both that safeguarding boards' needs analyses feed into the JSNA and that the JSNA feeds into safeguarding boards' planning;

- Ensuring each partnership is regularly updated on progress made in the implementation of the Health and Wellbeing Strategy and the individual Board Business Plans in a context of mutual scrutiny and challenge and to feed areas for improvement into planning processes. These expectations are confirmed in *Working Together to Safeguard Children 2015*.
- iv. The opportunities presented by a formal working relationship between HWB, SLP, YJMB, LSAB and LSCB and can, therefore, be summarised as follows:
- Securing an integrated approach to the JSNA to include analysis of safeguarding data, including evidence of prevalence of CSE
 - Aligning the work of the LSCB Business Plan and LSAB Strategic Plan with the Health and Wellbeing Strategy, the Lewisham Children and Young People Plan and the Safer Lewisham annual plan
 - Ensuring safeguarding as “everyone’s business” and as a determinant of health and well-being is reflected in the community safety strategy.
 - Evaluating the impact of the Health and Wellbeing Strategy on safeguarding and community safety outcomes; of safeguarding on wider determinants of health outcomes through cross partnership scrutiny and challenge; the Health and Wellbeing Board and Safer Lewisham Partnership for embedding safeguarding and the Safeguarding Boards for overall performance and contribution to the Health and Wellbeing Strategy and Safer Lewisham annual plan
 - Identifying a coordinated approach to performance management, service improvement and commissioning.

4. Arrangements to secure co-ordination between partnerships in relation to safeguarding

- i. The Independent Chair of the two Safeguarding Boards present their Annual Reports outlining performance against identified priorities /objectives in the previous financial year to the Health and Wellbeing Board in the Autumn each year. This provides opportunity for the Health and Wellbeing Board to scrutinise and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in any refresh of the Health and Wellbeing Strategy. The Independent Chairs also present their Annual Reports to the Safer Lewisham Partnership Board, to Healthwatch and to the CCG, and the LSCB to the

CYPSPB. The Safer Lewisham plan will be presented to both Safeguarding Boards annually.

- ii. Agenda for HWB, SLP, CYPSPB partnership board meetings will be shared with safeguarding chairs.
- iii. The chairs of the safeguarding boards will set the agenda for a meeting with the officer level representatives of the partnerships who will meet twice a year, to share refreshed priorities and plans for the coming financial year to ensure co-ordination and coherence across partnerships.
- iv. This protocol will be reviewed annually or when national guidance affecting any of the partnerships is revised.

5. Domestic Homicide Reviews, Serious Case Reviews and Safeguarding Adult Reviews.

- i. It is important to ensure that there is relevant information sharing between the partnership when an event takes place that would meet the criteria for either a Domestic Homicide Review, a Serious Case Review and/or a Safeguarding Adult Review.
- ii. Where there are possible grounds for both a DHR and a SCR for a child and/or SAR for vulnerable adult then a decision should be agreed by the Chairs as to which process is to take the lead or take precedence. It would be unusual for a DHR, SCR and SAR all to be undertaken as the processes are very similar. The agreement is that that only one review will be undertaken but must cover all the elements needed to cover the areas directed in the statutory process. Completing all three types of reviews would involve unnecessary duplication. The decision should be made no later than one month of the case coming to attention of the relevant Chair person.
- iii. Senior Officers in each of the relevant Directorates will share all the available information about the individuals and the incident to enable the relevant Chairperson(s) to make the decision.
- iv. It is recognised that the DHR process is more prescriptive than SCR /SAR and the type of review will need to ensure all elements are addressed fully and the review includes representatives with a thorough understanding of domestic violence.
- v. When a decision is made that one type of review takes precedence over another type of review, elements of domestic violence, adults at risk and children must be fully addressed as relevant to the case. The review must include representatives with a thorough understanding of these three

elements (as relevant to the case) and the final joint report must be agreed by the Chairs of the SLP, LSCB and LSAB (as relevant).

Draft: May 2017

Final: October 2017

Document owner: Chair of LSCB, Chair of LSAB and Chair of SLP



Nicky Pace
Chair of the LSCB



Michael Preston-Shoot
Chair of the LSAB



Councillor Janet Daby
Chair of the Safer Lewisham Partnership

Mayor Steve Bullock
Chair of the Health and Wellbeing Board



Councillor Paul Maslin
Chair of the Children's Young People Strategic Board
Partnership Board



Graham Robb
Chair of the Youth Justice Management

HEALTH AND WELLBEING BOARD			
Report Title	Lewisham Safeguarding Adults Board Annual Report 2016-2017		
Contributors	Professor Michael Preston-Shoot – Independent Chair – Lewisham Safeguarding Adults Board	Item No.	4b (i)
Class	Part 1	Date: 2 November 2017	
Strategic Context	The annual report provides an overview of the adult safeguarding partnership work carried out in the borough of Lewisham during 2016-2017.		

1. Purpose

This report provides members of the Health and Wellbeing Board with an overview of the partnership work carried out by the Adult Safeguarding Board from April 2016 – March 2017. The reports are for information.

2. Recommendation

Members of the Health and Wellbeing Board are recommended to:

- Note the content of the report.

3. Summary of report

This report contains information on the following:

- What we have accomplished in 2016-2017
- The difference to adults at risk of harm in Lewisham
- Quality Assurance and Organisational Learning
- Current Safeguarding Adult Reviews
- Resources and Funding 2016-2017
- What we will do in 2017-2018
- Performance Report 2016-2017
- LSAB Contact Details and How to Report Your Concerns
- Statements from our partners
 - Lewisham Council Adult Social Care
 - Lewisham Clinical Commissioning Group
 - Metropolitan Police Service - Lewisham
 - Healthwatch-Lewisham
 - South London and Maudsley NHS Foundation Trust
 - Safer Lewisham Partnership

4. Financial implications

There are no financial implications arising from this report.

5. Legal implications

The board are reminded that under the Care Act 2014 Statutory Guidance

(S) 14 (14.160) Every SAB must send a copy of its report to the chair of the Health and Wellbeing Board and

(S) 14 (14.161) It is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board.

6. Crime and Disorder Implications

There are no crime and disorder implications arising from this report.

7. Equalities Implications

There are no equalities implications arising from this report.

8. Environmental Implications

There are no environmental implications arising from this report.

Background Documents

[NHS Lewisham Clinical Commissioning Group Annual Report 2016-2017](#)

[Healthwatch-Lewisham Annual Report 2016-2017](#)

[South London and Maudsley NHS Foundation Trust annual Report 2016-2017](#)

Lewisham Safeguarding Adults Board

Annual Report

2016-2017

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Statement from the Independent Chair



Welcome to the pages of this annual report of the activities of the Lewisham Safeguarding Adults Board (LSAB). I hope that you will find much of interest and of value. The report spans the year April 2016 to March 2017. During that period, in January 2017, I became the Board's Independent Chair and thanks must go to Aileen Buckton, Executive Director Community Services, who chaired the LSAB for a time between the resignation of the previous Independent Chair and my arrival.

The Board is required by the Care Act 2014 to publish an annual report and a strategic business plan. Readers will find previous plans and reports on the LSAB's web pages, which are frequently updated with helpful information. This report provides details of how the strategic plan has been taken forward.

The Board is also required to commission Safeguarding Adult Reviews (SARs) when particular circumstances are met. In this annual report you will find details of two SARs that were commissioned during 2016-2017, with expected completion in the first quarter of 2017-2018. The learning derived from these SARs, and the actions that have been taken to improve services to adults at risk of abuse and harm, will be reported on in next year's annual report. In this report some detail is given of the two cases alongside a report from the case review group overall.

Since taking up my post I have spent some time meeting senior managers, operational managers and front line practitioners across all the organisations that have responsibility in Lewisham for keeping adults safe from abuse and harm. I have been impressed by their commitment and their willingness to share their experience with me. These conversational meetings have been very useful for me in thinking through how the SAB can add value to the work of the different organisations in Lewisham and help to ensure excellence in adult safeguarding policy and practice.

Next year's annual report will cover in detail the changes that we have made and will be making to the work of the Board and its engagement with other organisations in Lewisham. The Board's web pages will be regularly updated with the latest news from the Board and the events that it is planning. Future work plans are now clearly formulated and being implemented, including learning and service development seminars and annual conferences. The Board will be developing policies and procedures for types of abuse and neglect that were included in adult safeguarding by the Care Act 2014, such as self-neglect, and will be working with partner agencies to ensure that the training needs of front line staff and their managers are fully met. Much closer links are being forged with service providers and with Boards responsible for safeguarding children and for safer communities.

Meanwhile, in this report readers will find updates from each of the SAB's partner agencies on their adult safeguarding work, focusing on objectives, achievements and future plans. The volume and types of adult safeguarding activity in Lewisham are also reported, with information too about how the Board's budget has been used. This annual report hopefully gives a sense of momentum, which will be further reflected in the Board's web pages going forward.

Professor Michael Preston-Shoot
Independent Chair

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About us

What we do

The overarching purpose of Lewisham Safeguarding Adults Board (LSAB) is to help and safeguard adults with care and support needs by:

- ✚ **Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;**
- ✚ **Assuring itself that safeguarding practice is person-centred and outcome-focused;**
- ✚ **Working collaboratively to prevent abuse and neglect where possible;**
- ✚ **Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and**
- ✚ **Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Lewisham.**

The Board meets four times each year and has an Independent Chair.

In Lewisham the Board believes that "Safeguarding is Everyone's Business". The Board's pledge to the people of Lewisham is that by working together and in partnership the risk of abuse or harm can be reduced by raising awareness of safeguarding of adults. As intelligence is gathered from across the partnership activity trends can be analysed and areas of concern identified so that preventative measures can be applied to keep people safe.

Our Aims

The work priorities for the Board are directed and shaped by a number of factors including: local demography, analysis of local safeguarding activity information; as well as lessons learned from national or local case reviews, research or new initiatives.

Board Sub-Groups

✚ **LSAB Case Review Group**

A group of professionals from partner agencies who consider referrals for Safeguarding Adult Reviews or other type of review which will enable local or national learning opportunities.

We are creating forums to raise awareness, and task and finish groups to take forward specific issues, such as training.

What is safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Six Safeguarding Principles

👉 Empowerment

People being supported and encouraged to make their own decisions and informed consent.

👉 Prevention

It is better to take action before harm occurs.

👉 Proportionality

The least intrusive response appropriate to the risk presented.

👉 Protection

Support and representation for those in greatest need.

👉 Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

👉 Accountability

Accountability and transparency in delivering safeguarding.

What are the main types of abuse and neglect?

Physical abuse including:

- 👉 assault
- 👉 hitting
- 👉 slapping
- 👉 pushing
- 👉 misuse of medication
- 👉 restraint
- 👉 inappropriate physical sanctions

Domestic violence including:

- 👉 psychological
- 👉 physical
- 👉 sexual
- 👉 financial

- ☞ emotional abuse
- ☞ so called 'honour' based violence

Sexual abuse including:

- ☞ rape
- ☞ indecent exposure
- ☞ sexual harassment
- ☞ inappropriate looking or touching
- ☞ sexual teasing or innuendo
- ☞ sexual photography
- ☞ subjection to pornography or witnessing sexual acts
- ☞ indecent exposure
- ☞ sexual assault
- ☞ sexual acts to which the adult has not consented or was pressured into consenting

Psychological abuse including:

- ☞ emotional abuse
- ☞ threats of harm or abandonment
- ☞ deprivation of contact
- ☞ humiliation
- ☞ blaming
- ☞ controlling
- ☞ intimidation
- ☞ coercion
- ☞ harassment
- ☞ verbal abuse
- ☞ cyber bullying
- ☞ isolation
- ☞ unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse including:

- ☞ theft
- ☞ fraud

- ☞ internet scamming
- ☞ coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- ☞ the misuse or misappropriation of property, possessions or benefits

Modern slavery encompasses:

- ☞ slavery
- ☞ human trafficking
- ☞ forced labour and domestic servitude.
- ☞ traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory abuse including forms of:

- ☞ harassment
- ☞ slurs or similar treatment:
 - ☞ because of race
 - ☞ gender and gender identity
 - ☞ age
 - ☞ disability
 - ☞ sexual orientation
 - ☞ religion

Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission including:

- ☞ ignoring medical
- ☞ emotional or physical care needs
- ☞ failure to provide access to appropriate health, care and support or educational services
- ☞ the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Visit our [website](#) for more information on recognising the signs of abuse and neglect and how you can report it.

What about Making Safeguarding Personal?

In addition to the principles outlined above, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.



**Recognise this from someone you know?
Report hoarding behaviour you notice.
Safeguarding is Everyone's Business**

What we have accomplished in 2016-2017

The LSAB has a representative of the Board at the following community groups:

- ✚ **Lewisham Violence against Women and Girls (VAWG) Forum**
- ✚ **Lewisham Hate Crime Steering Group**
- ✚ **Lewisham Domestic Homicide Review (DHR) Task & Finish group**

The LSAB has ensured representation of the Board at these key events:

- ✚ **Lewisham Carers Day**
- ✚ **Positive Women Conference**
- ✚ **Lewisham Disabilities People's Parliament**

We promised to deliver against the following four priorities:

- Priority 1: Continue to promote partnership working;**
- Priority 2: Prevention and awareness of abuse through training & information sharing;**
- Priority 3: Promote positive practice: Making Safeguarding Personal;**
- Priority 4: Safeguarding Board development.**

Priority 1: Promote partnership working

The Chair of the LSAB has worked with the Chair of LSCB and representatives from Safer Lewisham Partnership and the Health and Wellbeing Board to understand the interfaces of the different types of reviews carried out by the different partnerships across Lewisham. A joint working protocol has been agreed.

Areas of joint responsibility between the adult and children Boards are being considered by the respective Independent Chairs on a regular basis.

Work has progressed on the development of a Multi-Agency Safeguarding Hub (MASH) in partnership with Adult Social Care. Throughout the year the LSAB Business Manager has been an active member of the adult MASH Working Group.

Liaison with other Boards has been progressed by the LSAB Business Manager who is a member of a national Safeguarding Adult Board Managers' online discussion group. The Business Manager is also a member of a tri-borough SAB Business Manager forum.

The LSAB Housing Provider forum has been established with all major social housing providers who work in the borough. The forum has an active membership; and has met twice during the year.

We have explored re-establishing a multi-agency Hoarding Protocol with social housing providers. We discussed this issue with housing providers at the first forum. While welcoming the idea of a 'refreshed' multi-agency joint working protocol each had developed their own processes for dealing with hoarding. As a result focus has shifted to developing a multi-agency policy and set of procedures for managing all cases of self-neglect.

We produced and published a Workforce Development and Audit Check Plan 2016-17. The completed Workforce Development and Audit Check Plan provides localised information including:

-  **Recruitment of Staff and Volunteers**
-  **Competency Categories**
-  **Competency Level Guidance**
-  **Training Available in Lewisham**

The Safeguarding training offer to organisations in Lewisham has been improved and well publicised. Interest in improving knowledge of safeguarding amongst local organisations and the numbers completing safeguarding learning has increased substantially.

Priority 2: Prevention of abuse through training, awareness raising and information sharing

During the year the LSAB Development Officer has been an active member of many community groups throughout the borough. They have been talking with groups of service users or groups representing service users (including their Carers and Advocates). During these meetings awareness of the Board and its approach to the prevention of abuse was actively promoted with information leaflets.

An independent Lewisham Safeguarding Adults Board website has been developed in collaboration with Lewisham Safeguarding Children's Board. Working together on this project provided the opportunity to achieve Value for Money and strengthened joint working between the Boards.

Lewisham Clinical Commissioning Group (LCCG) in partnership with Athena began delivery of Identify and Refer for Improved Safety (IRIS) training to support staff in primary care to identify and refer potential victims of domestic violence.

A project brief has been agreed with Voluntary Action Lewisham to deliver a safeguarding adults awareness training programme for faith groups in 2017-18.

Information Sharing Protocols with the Metropolitan Police and Lewisham Adult Social Care are now in place.

Training is being commissioned on self-neglect, Making Safeguarding Personal, and mental capacity assessments. Learning and service development seminars have been inaugurated. They will be held quarterly. The first focused on learning from Safeguarding Adult Reviews about self-neglect.

Priority 3: Promote positive practice: Making Safeguarding Personal

The principles of Making Safeguarding Personal are embedded into the practice of all Board partner organisations.

We have developed and promoted an effective Safeguarding Adult Review Framework for the borough.

Awareness of the PREVENT project (provided by Safer Lewisham Partnership for the borough) has increased substantially for Board member organisations. The Officer responsible for the project has spoken at many LSAB meetings and forums to achieve the increase. Completion of PREVENT training by member organisations has also increased.

LCCG advise the Board business team of any incidents where the initial fact finding report indicates there may be safeguarding issues and they have commissioned a Serious Incident Review (SIR) from the health provider concerned. Once the SIR is agreed by LCCG it is passed to the Board business team for the Independent Chair's information and consideration of any further action that may be required by the Board.

Successful promotion of the new borough wide S.A.I.L. (Safe and Independent Living) service was achieved via the independent website and promotion at the LSAB Housing Provider Forum.

Via the website the Board provides online information for care providers in Lewisham which includes:

- 👉 Professional Competency and National Competence Framework via the LSAB Workforce Development and Audit Check Plan 2016-17;
- 👉 Current learning and development opportunities available nationally and in Lewisham;
- 👉 Safeguarding Good Practice Standards.

Priority 4: Safeguarding Board development

Reviewed and implemented the LSAB Strategic Plan 2015-18 post implementation of the Care Act 2014.

Reviewed annual safeguarding audits, tailoring them to the function of the individual provider, reducing the burden on auditees.

The role and work of the Board has been promoted at many local events, local groups and voluntary sector providers.

The Board planned the first of what will become annual development days where members review the performance of the Board and meet practitioners and managers to inform future adult safeguarding priority-setting.

The Board commenced work on Safeguarding Adults performance indicators with Lewisham Adult Social Care in line with London Association of Directors of Adult Social Services (ADASS) guidelines and Making Safeguarding Personal (MSP). Progress has been delayed while waiting for the London Safeguarding Adult Board to determine the performance they wish to consider from each Board. This will ensure cross-London comparability, work will recommence following the release of the London Board's performance indicators in 2017-18.

The difference to adults at risk of harm in Lewisham

Lewisham Clinical Commissioning Group Case Studies



Lewisham

Clinical Commissioning Group

Working with individuals and/or families

Lewisham CCG (LCCG) is a commissioning authority and rarely works directly with individuals or families. However, LCCG indirectly supports individuals and families through our work at a range of panels including those, for example, that review the role of public agencies that had engaged with a victim of domestic homicide. During 2016-2017 LCCG has supported three Domestic Homicide Reviews, two in Lewisham and one in London Borough of Bexley.

Working with groups

LCCG is an active member of the groups below, all of which discuss individual and family cases. LCCG contributes clinical input and health oversight to the decision making process.

- ✚ **Multi-agency Adult Safeguarding Committee**
- ✚ **LSAB Case Review Group**
- ✚ **Multi-agency Public Protection Arrangements (MAPPA)**
- ✚ **Multi-agency Risk Assessment Committee (MARAC)**
- ✚ **Domestic Homicide Review Panel(s)**
- ✚ **Prevent Channel Panel**

Working with another agency or agencies

LCCG is a member of safeguarding committees at our main NHS providers; South London and Maudsley NHS Foundation Trust and Lewisham and Greenwich NHS Trust. At these meetings LCCG helps to formulate policy and processes. It scrutinises performance data, and compliance with agreed safeguarding procedures.

Case Study 1

General needs tenancy, domestic violence concern 2016-17.

A resident came to report that she was a victim of Domestic Abuse. When visiting the victim's property her ex-partner was verbally abusive, assaulted and made threats to kill.

The Police were called and the perpetrator was arrested and subsequently granted bail.

Anti-Social Behaviour (ASB) Officer Action

Whilst working with the Police the ASB Officer ensured the tenant was taken to a place of safety immediately. Lewisham Homes worked with Lewisham Council to place the tenant and her children into temporary accommodation. The ASB Officer also referred the tenant to Athena for specialist support.

The ASB Officer contacted the family Social Worker and attended the multi-agency Child Protection meeting. It was agreed that the children were to be placed on the Child Protection Register due to the level of assessed risk and because our tenant had the potential to reconcile with her ex-partner which she had done previously.

The ASB Officer worked with Lewisham Council to initiate a reciprocal housing arrangement with the view to permanently re-house the tenant. For the safety of the victim and her family this would be outside of the borough.

Case Study 2

Sheltered tenancy, domestic violence and mental health concern 2016-2017

A safeguarding referral was made as a result of a resident disclosing that her husband was abusive towards her and sometimes she felt like taking her own life. The resident did not want anyone else to know of the situation but the Independent Living Officer (ILO) had made it clear at the start of the conversation that depending on the nature of the conversation she may have a duty to report it to relevant parties.

ILO action

The ILO worked with the couple, Mental Health Team, Lewisham Homes Anti-Social Behaviour Team and Lewisham Adult Social Care to identify possible support. Although the victim refused any intervention, the perpetrator was willing to accept help.

Following referral a further incident occurred where the perpetrator disclosed to the ILO he had assaulted the victim as he was stressed. The ILO reported the disclosure to the police who attended. The perpetrator was not charged with any offence.

A follow up referral was made to Lewisham Adult Social Care and further discussions with the allocated Social Worker, ILO and residents took place. The perpetrator agreed to a GP referral to

discuss his anger issues. Regular visits from the ILO were put in place to support and encourage the couple to take part in activities within the scheme.

Case Study 3

Sheltered tenancy, possible hoarding concern 2016-2017.

Following feedback from a warm homes visit that a resident had large stacks of papers and books in their flat and was possibly a safeguarding concern, the Independent Living Officer (ILO) visited the resident. The ILO agreed with the resident to make a referral to the community safety team for a home safety fire check. The ILO delayed making a Safeguarding referral, as the resident did not wish for a referral to be made. Previously the resident hadn't engaged with professionals at all but through the ILO came around to the idea and allowed the Home Fire Safety check to go ahead. The visit took place and advice was given; annual checks were agreed.

The resident now has regular visits from the ILO who monitors the safeguarding situation which negated the need to make the Safeguarding referral.



**He normally wears glasses, but the
Care Assistant won't fetch them for him.
If you suspect neglect please report it.
Safeguarding is Everyone's business**

Phoenix Housing Making Safeguarding Personal Case Study



Mr & Mrs A are elderly, have learning difficulties and cannot read or write. A year ago Mrs A fell and broke her hip and now has mobility issues.

Mr P is a young person and neighbour to Mr & Mrs A.

Ms P is the partner of Mr P.

All are Phoenix residents.

Stage 1:

Mr & Mrs A attended an office appointment reporting that they were being harassed by Mr P and wanted help to stop it.

Mr & Mrs A advised that one day when coming back from the shops they saw Mr P and he told them that they owed him £30. Mrs A said that she did not owe any money, Mr P then assaulted Mr & Mrs A, grabbed Mrs A's purse and took a cash card. Mr P stated that Mr & Mrs A would get the card back when the money they allegedly owed is paid.

The assault was witnessed by Ms P. Ms P took the cash card and withdrew £40 giving the cash to Mr P. Mr P stated that he would use this money to buy alcohol and feed his kids.

Mr & Mrs A said that the incident had been reported to the police. When questioned by the police, Ms P advised that she had not had contact with Mr & Mrs A for a long time.

Stage 2:

Mr A went to the shops and bumped into Mr P. Mr P assaulted Mr A and again asked for money. Mr P followed Mr A home and stole jewellery from Mrs A and £40 in cash. Mr P said that he wanted £50 that day and £50 the following Monday.

Stage 3:

On receiving this report from Mr & Mrs A, Phoenix called the police to attend the office and raised concerns about the incidents and Mr & Mrs A's vulnerability.

Police advised that incidents had previously been reported but Mrs A did not want to pursue any action.

Mr & Mrs A require assistance with shopping, cleaning and managing their finances.

A referral to Lewisham Social Care Advice and Information Team (SCAIT) was made by the Housing Management Team and a Social Worker allocated.

Taking into consideration the needs and wishes of Mr & Mrs A, a referral to Lewisham's Emergency Re-housing Panel was also made and Mr & Mrs A were re-housed in sheltered accommodation away from the area.

Following the report made to the police Mr P was arrested and remanded in custody. Mr P was subsequently convicted of robbery and burglary and sentenced to three years in prison. An injunction and possession order were sought by Phoenix and Mr P's property was recovered.

Lewisham & Greenwich NHS Trust Case Studies



Case Study 1

Mrs X aged 75 years was admitted to University Hospital Lewisham (UHL) with gross constipation, abdominal pains and immobility. She had been discharged from UHL with a package of care in place and a plan to have a hospital bed in her home so that her care could be given safely. A letter was sent a week after her discharge by the Occupational Therapy (OT) team highlighting concerns that Mrs X's husband did not agree for a hospital bed to be delivered and had tried to block delivery of this. The OT team highlighted that this would jeopardise Mrs X's well-being. A letter of concern was sent to Mrs X's GP and to Lewisham Adult Social Care who followed up the case by undertaking home visits to investigate the concerns.

It appeared from reading the medical and multi-disciplinary notes and from further discussions with multi-agencies that Mr and Mrs X's relationship had been under strain for many years and this was compounded by housing issues, lack of space, drug and alcohol abuse and Domestic Violence. Mrs X was formally assessed by the medical and safeguarding team as having mental capacity to make decisions about her discharge arrangements. The safeguarding team spent two sessions with Mrs X and she reported feeling better because she was being listened to and she was beginning to walk again using a Zimmer frame and get her strength back. Prior to her admission she had chronic constipation which is why she felt unable to stand or walk. She said her sofa was too low for her to get up from and that this led to her immobility as she 'just lay there' and her husband and family ignored her. Mrs X had a commode next to the sofa but was unable to get to it and became more unwell and despondent. Mrs X felt surrounded by mess and felt that her family had too many issues to support her in a positive way.

Mrs X's hair was very matted at the back of her head and she had not washed her hair for about a year as she could not manage this. The ward team supported Mrs X with her hair and appearance and this helped her to feel human again. She reported feeling better than she had done for years. Mrs X said that her husband and sons did not want her as she was a nuisance due to her health problems. There had been issues with the hospital bed being too large and taking up too much space in the family flat which was overcrowded and dirty. Mrs X reported that her husband said that she 'should go to hospital if she wants a hospital bed' and that she should stay there. She had felt very isolated, unwanted and alone.

Mrs X was aware that she would need a hospital bed if she were to go home with a package of care in order to promote her mobility and well-being. However, Mrs X decided that she did not wish to go home at all and would prefer to be cared for elsewhere.

Mrs X responded well to regular care input, meals, mobilising and support with personal care and medication. One morning the safeguarding team visited Mrs X and she was enjoying her breakfast which was a bowl of cornflakes and cup of tea and reported that she felt 'cared about and cared for'. The medical team, social work staff, occupational therapists and safeguarding team worked together with Mrs X to find her the right placement and to receive the care she wanted. A referral

was also made to counselling services to support Mrs X as she wanted emotional support. Mrs X was able to work with the safeguarding team and multi-disciplinary team and to discuss options available to her. Mrs X started to benefit from this support and felt more empowered to make the decision that she did not wish to live with her husband or family and she wanted to be 'cared for'. Mrs X moved into sheltered housing with extra-care and was able to access the care and support she needed and also engage in social activities which Mrs X reported made her happy which she had not felt for many years. Mrs X also accessed befriending support and made new friends which she was delighted with.

Case Study 2

On an elderly care ward the Adult Safeguarding Advisor was carrying out their duties. The Ward Manager asked for supervision and support regarding a patient. The patient (who had a diagnosis of dementia) had been assessed by the medical team and found not to have capacity to make a safe decision about her discharge destination. A best interests meeting had been held that morning to discuss discharge options. The patient had expressed to staff that she wanted to go home to her sheltered accommodation with support.

The patient's son who attended the meeting became very angry and stated his mother could not go back home as the heating 'did not work'. The Ward Manager advised the hospital safeguarding team that the behaviour demonstrated by the patient's son during the meeting intimidated the staff. A decision was not reached and the meeting was curtailed.

Outside of the meeting, the Warden from the patient's sheltered accommodation told ward staff that the patient's son had been turning the heating off (the heating had been serviced professionally and was functioning perfectly). It was also disclosed that the patient's son had access to the patient's finances but there was no formal lasting power of attorney in place. The warden advised the patient often had no food, and did not have money to purchase essential supplies such as underwear.

Adult Safeguarding advised the ward that they should raise a safeguarding alert and the Ward Manager actioned this advice swiftly. Formal consent was gained from the patient before the concern was shared. The patient said she would like to buy underwear and go back home. The patient told the ward manager that she was fond of her son and he was 'all she had' although 'he got angry'. The referral was received electronically by the safeguarding team and was passed with a summary of concerns (highlighting the son's attitude towards the Multi-Disciplinary Team) to the hospital social work team. The next day the Safeguarding Advisor discussed the case with the operational manager of the hospital social work team. It was decided a Section 42 enquiry would be initiated, a safeguarding adult manager and enquiry officer were appointed and a case conference was arranged. An application to the Court of Protection was also going to be considered at this stage.

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Quality Assurance and Organisational Learning

The Board conducts annual audits on safeguarding practice in Lewisham.

The following organisations completed the audit:

- ↳ Lewisham & Greenwich NHS Trust
- ↳ London Fire Brigade
- ↳ Lewisham Clinical Commissioning Group
- ↳ Lewisham Joint Commissioning
- ↳ National Probation Trust
- ↳ London Ambulance Service
- ↳ South London and Maudsley NHS Trust (SLaM)

Audit Result Highlights

- ↳ SLaM holds a quarterly safeguarding adults committee which has strong representation from external stakeholders.
- ↳ Lewisham & Greenwich NHS Trust's Learning Disability Lead has produced short videos demonstrating how people with a learning disability can access services.
- ↳ Lewisham Clinical Commissioning Group will hold a Health Safeguarding Conference titled "Neglect" June 2017.
- ↳ London Fire Brigade are active participants in Safeguarding Adult Reviews and have made significant contributions to those reviews where they can provide subject matter expertise (for example, following fire deaths).
- ↳ London Ambulance Service produced a series of 4 bespoke Dementia Films for ambulance service staff. The films featured patients' carers, experts and ambulance staff. The films were shared nationally with other UK Ambulance Trusts.

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Safeguarding Adult Reviews

During 2016-2017 the Case Review Group has revised its terms of reference. Its membership has been clarified and strengthened; the group now includes senior staff representation from the three statutory partners (Local Authority, LCCG and Police), two NHS Trusts and a local authority solicitor.

The group has sought reassurance that staff members in partner agencies know how to refer cases to the group for consideration as safeguarding adult reviews. The Safeguarding Adults Board website contains the forms that agencies should complete when making referrals to the group.

The group has instituted a regular system of reporting on cases involving drug and alcohol related deaths. Quarterly reports will be received from Joint Commissioning (Addictions) and any significant issues requiring learning and service development will be taken to the Safeguarding Adults Board for discussion and action.

The group has determined that quarterly learning and service development seminars should be held at which recommendations from safeguarding adult reviews will be shared, followed by consideration of the strengths and vulnerabilities of adult safeguarding policies, procedures and practices in Lewisham. Action plans can then be agreed to ensure that disseminated lessons from safeguarding adult reviews are learned and applied in the Lewisham context.

The group has liaised with other Safeguarding Adults Boards in respect of two cases which ultimately did not require action by the Lewisham Safeguarding Adults Board.

The group now receives information relating to CQC inspections of service providers in Lewisham and will investigate any case where there are significant safeguarding concerns.

During 2016-2017 the group has commissioned two safeguarding adult reviews, which are due for completion early in 2017-2018. Findings from these reviews will be disseminated and learning and development seminars held to raise awareness of principles of good practice that have been drawn from each case.

Lewisham Case Review Group - Reviews in Progress

Adult AA involves the death of an adult as a result of fire.

Introduction

Lewisham Safeguarding Adults Board (LSAB) has determined that this death satisfies the Care Act 2014 (Section 44) statutory requirement for a Safeguarding Adult Review (SAR). The LSAB has decided that an overview model, which documents events and analyses their causes, is appropriate in the circumstances; thereby satisfying the statutory guidance that the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined.

Scope of the SAR

An independent overview author has been appointed to:

- ☞ **Document and examine the events leading up to the fire;**
- ☞ **Review the original reasons for and suitability of Adult AA's placement and the outcomes of subsequent placement reviews;**
- ☞ **Review care plans, mental capacity assessments, physical ability assessments, and risk assessments relating to Adult AA;**
- ☞ **Examine the standards of practice within the care home;**
- ☞ **Consider whether these comply with national standards and/or local policies, procedures and guidance, with particular attention given to care planning and risk assessment as well as smoking;**
- ☞ **Evaluate whether these meet statutory and/or regulatory requirements and guidance (e.g. Health & Safety, Fire Safety, the Mental Capacity Act, and National Patient Safety Alerts etc.).**

Methodology

The independent overview author will work with a panel of the SAB to:

- ☞ Prepare a composite headline chronology;
- ☞ Consider the review and learning of individual agencies since the incident and focus on good practice, identify aspects for further improvement and areas where multi-agency action is required;
- ☞ Undertake an analysis of causes and remedial actions recommended within management reports for professionals, individual agencies and across the multi-agency safeguarding system;
- ☞ The SAR investigation will seek to avoid duplicating the work of investigations by other authorities (H.M. Coroner, London Fire Brigade, Metropolitan Police Service and Care Quality Commission) but rather draw on these for information and advice as well as providing an opportunity to collate the findings of them all and explore any gaps.

In terms of specific methodology the independent over view report has been asked to:

- Utilise where beneficial the NHS Root Cause Analysis (RCA) Tool as the model is tried and tested in healthcare. It has features which assist in identifying multiple causes and/or contributory factors, focusing on those with the greatest potential to cause (and therefore prevent) future incidents.

It is expected that the SAR will:

- ↳ Identify and summarise relevant data (e.g. documents, interviews, records, logs etc.).
- ↳ Invite individual agencies to undertake their own analysis and then be in a position to consider these in the round.
- ↳ Describe the chronology of events.
- ↳ Carry out an overview analysis to identify contributory factors (here it may be possible to utilise the National Patient Safety Agency Contributory Factor Classification Framework).
- ↳ Order contributory factors by importance/impact.
- ↳ Identify policy, procedure and practices that may require improvement and recommend how and who needs to act and with what urgency.

The approach and methodology are intended to identify themes, solutions and achievable recommendations which could prevent similar occurrences and facilitate learning both specific to the incident and more broadly from the later life and subsequent death of Adult AA.

Adult BB involves another death as a result of fire.

Terms of Reference & Proposed Methodology

The approach taken in this SAR is based on systems analysis as this allows for both a detailed examination based on the chronology and can consider direct service delivery actions, decision making, and adherence to good practice, legal requirements and relevant policy.

In addition, and in light of Adult BB's involvement with mental health services, consideration of any contributory factors (root cause analysis) will be considered.

This methodology would allow for key learning to be identified and recommendations regarding policy and/or practice to be highlighted.

Terms of Reference and Areas of Enquiry

Consider in detail key events to identify the actions and decision making of all professionals/agencies that were involved in those events, and to consider any outcomes having regard to:

- ☞ Were there any delays in decision making and were these a potential factor in the key incident.
- ☞ Given the information available, was the decision not to conduct a MH Assessment on one specific evening reasonable? Was a full risk assessment carried out?
- ☞ Did the referral of Adult BB to another London Borough (rather than London Borough of Lewisham) have any impact on decision making?
- ☞ Were there any undue delays in the referral from Emergency Duty Triage services to normal hours' services?
- ☞ Take into account any findings from the IPCC report when published.
- ☞ Consideration of relevant legislation (Mental Health Act (MHA) and Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS).
- ☞ Safeguarding guidance (both London wide and for individual agencies).
- ☞ Any other relevant policy or practice guidelines for individual agencies and any national advice or guidance.
- ☞ Was Making Safeguarding Personal (MSP) considered at any point?
- ☞ Review and outline the previous history of Adult BB and his involvement with mental health services or other health, social care or community services to establish whether or not there are any links with the key events that have prompted this review.
- ☞ Specifically consider the mental health review that was conducted by the GP.
- ☞ Attempt to contact with Adult BB's relatives regarding the SAR and, as far as possible, to gain their engagement.

The context of the above is to ensure that the key principle of the SAR is to promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

Resources and Funding 2016-2017

The Board employs an Independent Chair; the Chair is employed on a part-time basis. The Board also employs a full time business team consisting of: Business Manager, Development Officer and Administrator. The core funding for the partnership is provided by the Board's statutory partners; Lewisham Council, Metropolitan Police Service, Lewisham Clinical Commissioning Group, Lewisham and Greenwich NHS Trust & South London and Maudsley NHS Trust. Additionally, London Fire Brigade makes a voluntary contribution.



LSAB Budget 2016-2017

	2016 – 17 Annual Budget	2016 – 17 Variance
Employee Costs		
Salaries	152, 460	-152,460
Staff Development and Training	0	445
Expenditure		
Advertising, Publicity and Marketing	10,000	-10,000
Professional Services	82,600	-82,465
ICT Hardware	0	944
ICT Software	0	2,824
Supplies and Service Recharge	0	59
Private Contractors	0	5,009
Total Expenditure	245,060	-87,638
Total Income	94,880	1,500
Total Net Expenditure	150,180	-86,138
	Underspend	69,772

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What we will do in 2017-2018

The agreed Board priorities for 2015-2016 will be continued during 2016-17 as set out in the LSAB Strategic Plan 2015-2018.

Priority 1: Promote partnership working;

Priority 2: Prevention of abuse through training, awareness raising & information sharing;

Priority 3: Promote positive practice: Making Safeguarding Personal;

Priority 4: Safeguarding Board development.

Promote partnership working

- ☞ Continue to develop and promote partnership working between the Board and community groups.

Prevention of abuse through training, awareness raising and information sharing

- ☞ Continue to raise awareness of adult safeguarding.
- ☞ Raise awareness of Information Sharing relating to safeguarding.
- ☞ Commission Masterclasses on Making Safeguarding Personal, Self-neglect, Mental Capacity Assessments and Information-sharing.
- ☞ Conduct a workforce training needs analysis to inform future commissioning of training.

Promote positive practice: Making Safeguarding Personal

- ☞ Hold a Safeguarding Adults Conference, to promote the role of the Safeguarding Adults Board; provide best practice workshops for professionals and provide local networking opportunities.
- ☞ Exploration of a local safeguarding protocol covering the health provision.
- ☞ Recognise the number of Serious Incidents investigated by health services. Identify lessons learned which can be applied across a range of settings.

Safeguarding Board development

- ☞ Review the role and operation of the Board and its sub-groups.
- ☞ Review the policy and procedure needs for the Board, ensuring that Board requirements are appropriately separated from other operational needs.
- ☞ Facilitate a Development Day for Board members.
- ☞ Establish task and finish groups on performance management, training and any other issues identified.

Performance Report 2016-2017

London Borough of Lewisham Safeguarding Data 2016-17

The Council collects information about safeguarding adults work in Lewisham, so they are more able to know how well people are being safeguarded. The information helps the LSAB to agree future plans. Lewisham council submits the Safeguarding Adults Collection (SAC) data to the Department of Health for collation and comparison. The following data and commentary are extracts from this data.

Concerns and Enquiries

In 2015-16 Concerns and Enquiries were grouped together in the first year of the new Safeguarding Adults Collection (SAC). The combined number of people that Concerns and Enquiries were raised for in 2015-2016 was 436.

In 2016-17 reporting requirements changed and Concerns and Enquiries were separated. During the year 2016-17 Lewisham received 706 Concerns and Enquires on residents of Lewisham. Of the 706, 183 progressed to Section 42 statutory Safeguarding Enquiries and 20 non statutory enquires were completed.

The growing numbers of people who have Concerns raised reflects the increased knowledge and awareness of Adult Safeguarding, combined with an increased number being raised in relation to Self-Neglect, that did not progress through to a Section 42, but were dealt with via the normal Care Management route.

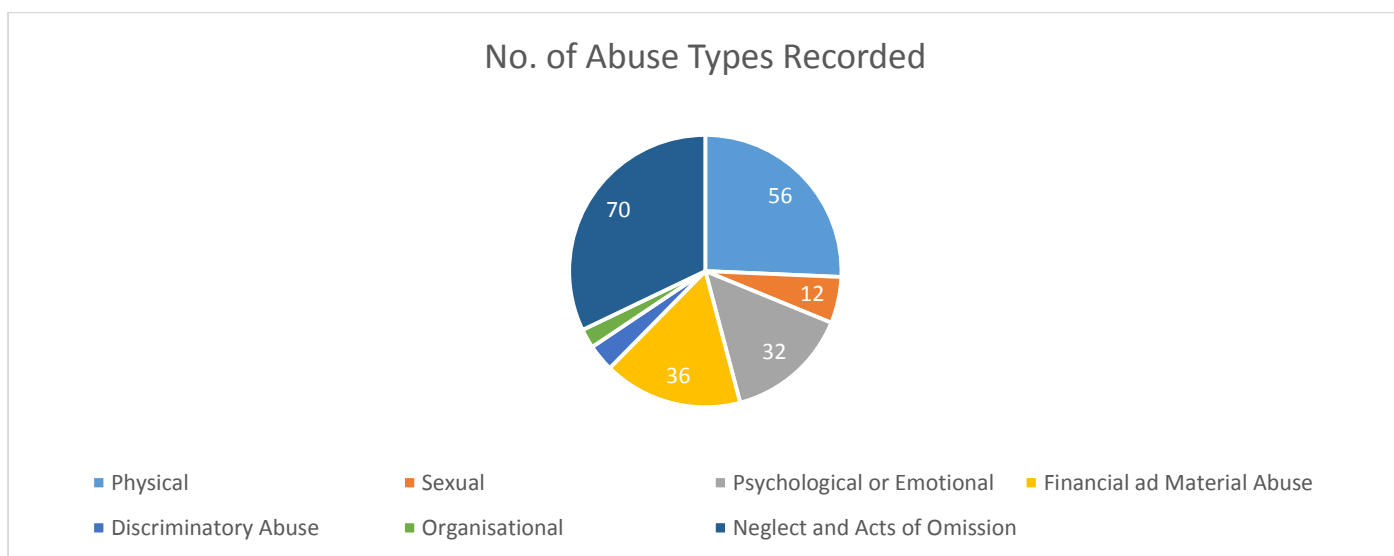
It is recognised by Safeguarding leads that the conversion rate is lower than would be expected. An audit of the activity was completed. The audit identified that a higher level of Section 42 enquiries should have been recorded. The audit confirmed that the actions carried out ensured safety and wellbeing for the person was achieved.

During 2016-17 the council saw no significant variance from 2015-2016 in relation to Gender, Age or Ethnicity profiles.

In 2017-18 further training will be undertaken by all staff regarding thresholds and defining the point at which a Section 42 is initiated. Enquiry. Regular Data Quality and Assurance processes will be further implemented together with the introduction of a Multi-Agency Safeguarding Hub (MASH), which will lead to a more consistent approach with regards to what action is to be taken following receipt of a concern.

Abuse type

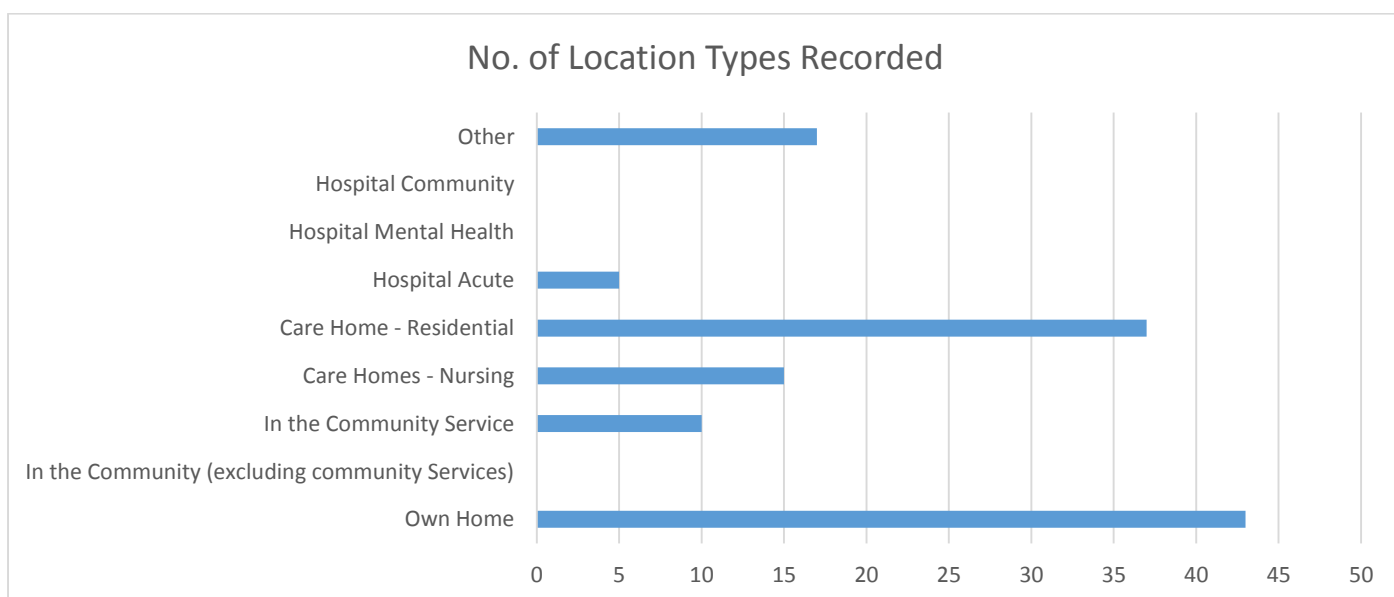
The chart below shows the most common types of abuse recorded by people experiencing a Section 42 enquiry.



Neglect, Physical and Financial types of abuse continue to be the top 3 reasons leading to Section 42 Enquiries. The council has seen a significant decrease in enquires relating to organisational abuse. This is due to the success of multi-agency working which has focused on early identification and quality assurance of practice and standards of care at an early stage so as to prevent these issues becoming a safeguarding concern.

Abuse location

Abuse can happen anywhere; for example in someone’s own home, in a public place, in hospital, or in a care home. The chart below shows the number of recorded location types.



Risk at home is still our main common location for Section 42 Enquires, followed by Residential and Nursing homes.

People living at home are still more likely to encounter risks from family and friends and known individuals as opposed to Service Providers. A more detailed analysis of this will inform the focus of work for the safeguarding partnership in 2017-18.

In Residential and Nursing homes we have seen a 13% decrease in the number of Section 42 enquiries in comparison with the previous year. We have continued to work closely with care home providers to ensure that quality and standards of care are improved in partnership with Lewisham CCG and CQC. Regular providers meetings are held and a Safeguarding Nurse Advisor is now in place to support both Care Homes and Personal Care Providers in relation to clinical issues and the promotion of good practice.

There has also been a decrease in the number of Section 42's in relation to Hospital Settings compared to the data from the previous year (14%). The decrease is in part due to the development of Pressure Ulcer panels that monitor and investigate these types of concerns to ensure that a proportionate level of enquiry is provided for those cases that, in the past, would have progressed to a Section 42 enquiry unnecessarily.

The data suggests that during the year there were no Section 42 enquiries identified as taking place in the community (i.e. Street, Shops, Parks, etc.). However, there are 17 recorded in the category as other. Additionally, the data would also suggest that there were no Section 42 enquiries in Mental Health Hospital settings.

Further analysis of the data has identified these as recording errors which will be addressed in 2017-18 as part of the on-going Safeguarding Training and agreements with South London and Maudsley NHS Trust, regarding performance management reporting.

A priority for 2017-18 is to develop refined reports that will provide a greater level of intelligence and understanding of the data. This will allow for easy identification of safeguarding trends and improve our oversight of the quality of practice and recording.

Safeguarding outcomes

All safeguarding Concerns and Enquiries have resulted in the person at risk of abuse or neglect being helped to stay safe from harm.

The council has implemented the 'Making Safeguarding Personal' approach to practice. This is to ensure the person at risk is the focus of any safeguarding work. The outcomes they wish to achieve as a result of the safeguarding work is determined by them or with support from an advocate.

During 2017-18 reports will be developed to enable us to monitor if 'Making Safeguarding Personal' outcomes are being met.

Statements from our Partners

Lewisham Council Adult Social Care



Adult Safeguarding Priorities 2016-17

- ✚ On-going implementation of the London Multi-Agency Adult Safeguarding Policy & Procedures, launching and embedding Lewisham Practitioners Protocol.
- ✚ Redesign of safeguarding pathway and workflow processes in line with the Care Act 2014 and the London Multi-Agency Adult Safeguarding Policy & Procedures.
- ✚ All staff to receive training with focus on identifying and recording individual's identified outcomes or wishes.
- ✚ Embedding the principles of Making Safeguarding Personal across all adult services.
- ✚ Development of a Community Pressure Ulcer Panel in partnership with Lewisham Clinical Commissioning Group and Lewisham and Greenwich NHS Trust to oversee and review all pressure ulcer investigations, and identify those cases involving potential neglect which would require a Section 42 safeguarding enquiry.
- ✚ In partnership with the Royal Borough of Greenwich, REED and Training Provider, review safeguarding training requirements. Commission additional training for Safeguarding Enquiry Officers and Safeguarding Adult Managers (SAMs).
- ✚ Review working functions between SCAIT and Multi-Agency Safeguarding Hub (MASH).

Adult Safeguarding Achievements 2016-2017

The summary below highlights some of the work that has been undertaken during 2016-2017.

- ✚ Lewisham Safeguarding Practitioners Protocol was developed to reflect the London Multi-Agency Safeguarding Policy and Procedures;

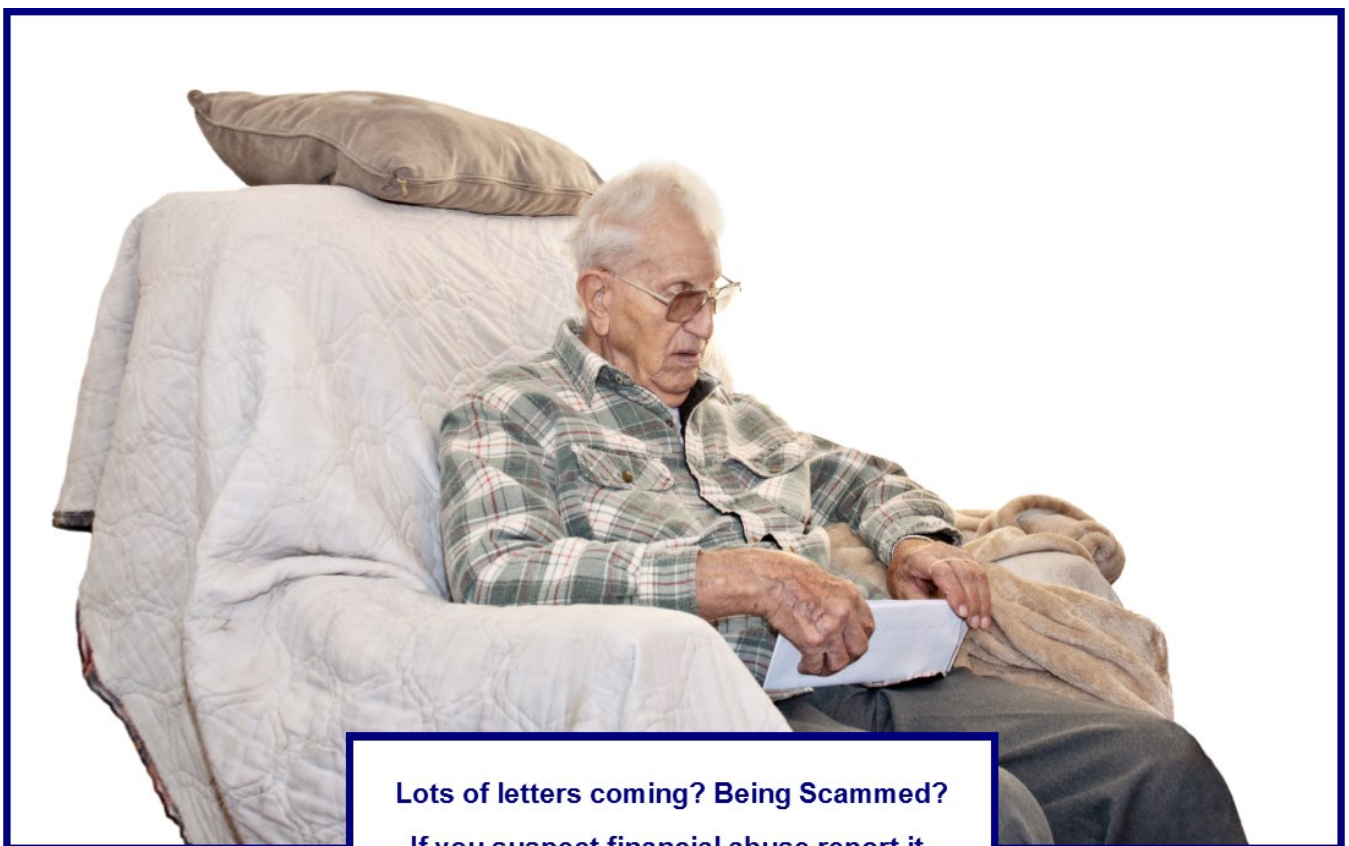
- ✚ Incorporated Making Safeguarding Personal (MSP) into the safeguarding process and protocols to ensure the person at risk is at the centre of practice, enabling them to decide what outcome they want to achieve from the safeguarding process;
- ✚ Introduced a new Safeguarding Module in Lewisham Adult Case Management System (LAS) to ensure compliance with the Care Act 2014 and the London Multi-Agency Safeguarding Policy and Procedures. In particular, to ensure that the desired outcomes of the adult at the centre of the safeguarding enquiry could be captured and reported. A questionnaire to evaluate the effectiveness of the safeguarding intervention also forms part of the module. All staff received training on the implementation of the module.
- ✚ During 2016-2017 the majority Adult Social Care staff responsible for acting as Enquiry Officer or Safeguarding Adult Manager (SAM) received training. Further training is planned for 2017-2018;
- ✚ The Deprivation of Liberty Safeguards (DoLS) team received additional resources in order to manage the continued increase in referrals as a result of changes to legislation in 2014. A 51% increase was seen in the number of applications under the safeguards in 2016-2017 compared to 2015-2016. Despite this, there is no waiting list for assessments and the vast majority of authorisations were completed within statutory timescales;
- ✚ Additional resources were also provided to fund a small team to begin the process of taking Community DoLS to the Court of Protection to ensure that any deprivation in settings other than care homes or hospitals were appropriately authorised;
- ✚ Reviewed working functions between the Social Care Advice and Information Team (SCAIT) and the Children's MASH Hub. Work commenced on the development of an adult MASH and proposals will be implemented in 2017-2018;
- ✚ All staff involved in the safeguarding process receive regular supervision to ensure that standards are maintained and we continue to learn and improve practice;
- ✚ Developed the Community Pressure Ulcer Panel in partnership with Lewisham & Greenwich NHS Trust & Lewisham Clinical Commissioning Group;
- ✚ In November 2016 we had positive feedback from a Peer Challenge that focused on the following areas of our Safeguarding work: The Safeguarding Adults Board, the management of DoLS and the interface with the provider market and other partners to ensure that quality assurance issues are managed effectively.

Adult Safeguarding Plans 2017-2018

The information below presents the safeguarding plans for Lewisham Adult Social Care in 2017-2018.

- ✚ **Continue to focus on the quality of safeguarding work, this will include independent audits of practice, ensuring lessons learnt are embedded;**
- ✚ **Continue to support the Lewisham Safeguarding Adults Board in future developments;**
- ✚ **Further embed Making Safeguarding Personal and review how we use the intelligence from the feedback mechanism;**

- ✚ Further develop a quality assurance framework by improving the analysis of qualitative and quantitative data to support and shape the continual development of staff competencies and local policies;
- ✚ Continue to implement the recommendations from the Peer Challenge and internal audit recommendations;
- ✚ Further refinement of our safeguarding pathways to include referrals from mental health as part of the proposals to develop an Adult MASH;
- ✚ Work with partner agencies to increase awareness of Human Trafficking and Modern Slavery and contribute to the development of local protocols. Training will be rolled out across Lewisham by staff who have received specific train-the-trainers training;
- ✚ Focus on reducing risks of safeguarding for people living in their own home.



**Lots of letters coming? Being Scammed?
If you suspect financial abuse report it.
Safeguarding is Everyone's Business**

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Lewisham Clinical Commissioning Group



Lewisham

Clinical Commissioning Group

Adult Safeguarding Priorities for 2016-2017

Lewisham Clinical Commissioning Group's (LCCG) main adult safeguarding priorities for 2016/17 were:

- ☞ **Update & publish the Clinical Commissioning Group's (CCG's) Safeguarding in Commissioning Policies.**
- ☞ **Strengthen adult safeguarding support for Primary Care in Lewisham including completing a training needs analysis and continued support to improve the identification and referral of women at risk of domestic violence.**
- ☞ **Review how the CCG receives assurance of provider adult safeguarding performance, issues and compliance.**
- ☞ **Review and write up the lessons learned from the Care + Partnership failure.**
- ☞ **Continue to drive a reduction in pressure ulcers acquired in care homes.**
- ☞ **Develop a health safeguarding conference programme for health and social care professionals working across Lewisham.**

Main Adult Safeguarding Achievements 2016-2017

- ☞ The CCG carried out a major review of its key Safeguarding in Commissioning Policy for children and adult safeguarding. The rewrite brought the policy up to date with the Care Act (2014) and new London Procedures for Adult Safeguarding.
- ☞ During the year the CCG completed a training needs analysis for General Practice adult safeguarding. The needs analysis included links to training resources and was agreed by the Lewisham Medical Committee and the CCG Membership Forum.
- ☞ The CCG has provided leadership and clinical support to the Identify and Refer for Improved Safety (IRIS) project in primary care which aims to support primary care colleagues to identify women at risk of domestic violence and to increase referrals from primary care to specialist domestic violence advocacy and support.
- ☞ A new process for seeking assurance from healthcare providers was agreed with the CCG's Integrated Governance Committee and a new Health Safeguarding Operational

Group (HSOG) was established. The HSOG will seek documentary evidence of compliance with children and adult safeguarding procedures using agreed reporting tools.

- ✚ Following the safeguarding and quality failures and eventual closure of the services provided by the Care Plus Partnership in Lewisham the CCG led a learning event to identify lessons for across the health economy. The learning event attracted representatives from some 16 commissioners including CCGs across London and NHS England. The Care Quality Commission and representatives from Adult Social Care took part in the review which was facilitated and written up by an independent expert. The report identified 25 lessons divided into three domains:
 - ✚ Preventative Activity: Commissioning Services for People with Neuro-behavioural needs and Acquired Brain Injury.
 - ✚ Proactive Activity: Monitoring the Quality of Care: Identifying and responding to early signs of poor care.
 - ✚ Responsive Activity: Managing Organisational Failures and Abuse.

The Learning Review has been widely circulated and published on the CCG's website.

- ✚ LCCG has led processes to continue to reduce the incidence of pressure ulcers acquired in residential care homes by leading the Community Pressure Ulcer Panel and supporting care homes with the analysis of causes of new pressure ulcers, the provision of guidance and support to prevent pressure ulcers and for best practice in pressure ulcer management. A reduction in the incidence of community acquired pressure ulcers has been seen but it is too early to say if this reduction can be sustained.
- ✚ LCCG established a programme of health safeguarding conferences to improve knowledge and share best practice in adult and children safeguarding issues across the health economy. The first of the conferences was held in 2017 and discussed best practice for health in domestic violence. Some 60 professionals from health and social care attended the event provoking a lively and informed discussion.

Adult Safeguarding Plans for 2017-2018

Key plans for Adult Safeguarding in 2017-2018 include:

- ✚ **Establish sound safeguarding supervision arrangements for the Adult Safeguarding Team;**
- ✚ **Embed the role of the new Safeguarding Nurse Advisor in the work of the team;**
- ✚ **Develop a Safeguarding Dashboard and share appropriate data with Lewisham Safeguarding Adults Board;**
- ✚ **Organise three Health Safeguarding Conferences in the year to promote safeguarding best practice in health across the Borough;**
- ✚ **Update the Adult Safeguarding pages on the CCG's website to provide a resource suitable for the public, CCG employees and members;**
- ✚ **Ensure that health plays a leading role in the Lewisham Safeguarding Adults Board;**
- ✚ **Continue to lead the Community Pressure Ulcer Panel to achieve improved care and continued reduction in the number of community acquired pressure ulcers;**

- ✎ Support the development of the Local Authority's Multiagency Quality Assurance and Information Group (MAQUAIG) so that the CCG plays its part in ensuring that safeguarding intelligence is shared with multi-agencies effectively;
- ✎ Develop an action plan for ensuring that the CCG fulfils its role in relation to Female Genital Mutilation;
- ✎ Continue to support the Lewisham Violence against Women and Girl's Strategy specifically through leadership of the Identification and Referral to Improve Safety (IRIS) Project.



**Modern Slave or Model Employee?
You have a duty to report Modern Slavery.
Safeguarding is Everyone's Business**

Metropolitan Police Service – Lewisham



The role of the police in adult safeguarding

The Care Act 2014 reinforced the fact that the police play a critical role in safeguarding adults. Since then a growth in demand on police services from domestic abuse, sexual offences, child protection, mental health and hate crime has led to review of how we best protect vulnerable people.

In 2017-2018 the Metropolitan Police Service (MPS) are putting in place a safeguarding framework and Board, developing better insight on safeguarding. There is now a lead for safeguarding at Management Board and a new Commander Safeguarding post which brings all these areas together.

Commander Richard Smith is the Adult Safeguarding Lead for the MPS. He has introduced a working group consisting of staff from across the MPS to implement best practice. This group is currently working on revising the pan London procedure for dealing with adult safeguarding issues and also developing a template for information sharing agreement to ensure information sharing between agencies is as swift and straight forward as possible. It is likely that the issue of safeguarding vulnerable people is going to be split into 12 specific work streams to allow there to be clarity of roles and a dedicated strand lead, practitioners and subject matter experts in each area.

The proposed work streams are:

- ✚ **Vulnerable adults, (including elder abuse and abuse of disabled people);**
- ✚ **Mental health, drug and alcohol dependency & suicide prevention;**
- ✚ **Missing people;**
- ✚ **Harmful traditional practices;**
- ✚ **Domestic abuse;**
- ✚ **Stalking & harassment;**
- ✚ **Child sexual exploitation and abuse;**
- ✚ **Modern slavery & Human Trafficking;**
- ✚ **Gang exploitation / child criminal exploitation & youth offending;**
- ✚ **Rape and serious sexual offences;**
- ✚ **Child protection;**
- ✚ **Staff engagement: (a) wellbeing & morale, (b) making safeguarding everybody's business.**

A change over the next year to a Basic Command Unit (BCU) model of policing will change how police approach the protection of vulnerable people and increase the police's capability with more officers dedicated to prevention. This structure aims to improve problem solving, early intervention, appropriate referrals and the targeting of the highest harm offenders.

Police will continue to respond to identified risks around a lack of coordination internally and externally with partner agencies. We will provide a single point of referral for victims into police services for investigation Domestic Abuse, Child abuse and Sexual Offences. The MPS will promote professional and problem solving as core responsibility of every officer meaning they will look for potential safeguarding issues when attending seemingly unrelated matters e.g. report of a burglary.

The last 12 months has seen considerable progress made in relation to Adult Safeguarding within the Metropolitan Police. The appointment of a new Mayor and new Commissioner has led to a move away from a focus on traditional acquisitive crime types and a greater emphasis on Safeguarding Vulnerable people.

The MOPAC police crime plan gives the priorities as:

-  **Violence Against Women and Girls,**
-  **Keeping children and young people safe; and**
-  **Hate Crime and intolerance.**

Locally, within Lewisham, the Adult Safeguarding lead remains as Detective Superintendent Tara McGovern and DCI Martin Stables who are both passionate and experienced in this area. DCI Stables attends the central working group. There have been a number of safeguarding investigations where Police and Adult Social Care have worked closely together to protect vulnerable people in Lewisham. Work is on-going to try to improve communication and relationships between safeguarding teams in Lewisham with the possibility of an adult Multi-Agency Safeguarding Hub (MASH) being created.

It is believed that 40% of police work has a mental health element to it. Lewisham Police are working closely with South London and Maudsley NHS Trust to improve response to those in mental health crisis. A Mental Health Tool Kit is being developed to provide information and guidance to front line officers on how best to deal with Mental Health issues.

Healthwatch Lewisham



Our role, as the independent champion for people who use local health and social care services, is to ensure that local people are at the heart of services provided. We actively seek the views from all sections of our community to find out what is going well, what needs to be improved, and incorporate them into our priorities.

We also ensure that individuals are given the opportunity to get involved and help shape the services of the future through a range of engagement activities.

Healthwatch is a statutory member of Lewisham Adult Safeguarding Board and this enables us to inject issues raised by local people into how safeguarding is developed.

Adult Safeguarding achievements 2016-2017

- ✚ Ensured that our Board, staff and volunteers are trained to understand and follow up any safeguarding concerns identified by us or raised with us in our work.
- ✚ Supported awareness raising of safeguarding issues amongst our communities as part of our on-going engagement activities.
- ✚ Reviewed and updated our Safeguarding Adults at Risk Policy.
- ✚ Participated in Lewisham's Peer Review of Adult Social Care Services – with a focus on Safeguarding.

Adult Safeguarding plans for 2017-2018

- ✚ **Continue to be represented on the Board and contribute to Board business.**
- ✚ **Contribute as a member of the Safeguarding Audit Assessment Review Panel.**
- ✚ **Survey experience of users of domiciliary care and report findings to the Board.**
- ✚ **Support awareness raising and provide feedback to community partners and communities as part of other engagement activities.**

South London and Maudsley NHS Foundation Trust



South London and Maudsley NHS Foundation Trust

South London and Maudsley (SLaM) services in Lewisham work with individuals and their families in ensuring any safeguarding concerns identified are reported and responded to in line with Section 42 Care Act requirements and best practice.

This includes:

- ✚ Identifying client centred outcomes adhering to the Making Safeguarding Personal Agenda.
- ✚ SLaM works with groups in the Lewisham such as Voiceability.
- ✚ SLaM works in partnership with Lewisham Adult Social Care providing integrated community mental health services across the borough.

SLaM Summary:

The Trust's key objectives of providing high quality clinical care and treatment, delivered sensitively, consistently and based on evidence that works, are all highly supportive of our duty to ensure that people who use Trust services are safeguarding from abuse, neglect and improper treatment (Regulated Activities 2014: Fundamental Standard 13).

Since the Care Act created a statutory footing for adult safeguarding and the NHS became subject to the legal Prevent and Channel duties in July 2015, SLaM has continued to develop and improve processes and practice to meet these requirements throughout 2016-2017.

Key Priorities 2016-2017

1. Activity Monitoring

- ✚ Improve Safeguarding collection.
- ✚ Utilise Electronic Patient Journey Templates to create improved reporting on safeguarding concerns and outcomes.
- ✚ Audit Safeguarding activity variation across services to identify emerging themes and trends.

This priority has been completed.

2. Incidents and Allegations

- a. Offer bespoke safeguarding training to ensure safe recruitment and managing safeguarding concerns involving employees, contractors and volunteers.

- b. Streamline interfaces between NHS Serious Incident Investigations and Section 42 Care Act enquiries.

Part a. This priority has been completed.

Part b. An interface process between NHS Serious Investigations and Section 42 Care Act enquiries has been agreed with London Borough of Lewisham and Lewisham Clinical Commissioning Group.

3. Review Safeguarding infrastructure

- ☞ Review infrastructure within the Trust.
- ☞ Identify lead for clinical Academic Groups with safeguarding expertise.
- ☞ Identify resources to support Borough level safeguarding work.

This action has been completed. Recommendations will be made at the end of Quarter 1 of 2017-2018.

4. Review Safeguarding Training Offer

- ☞ Identify staff who are required to undertake Level 3 Safeguarding training due to guidance changes.
- ☞ Submit a proposal to create a safeguarding trainer post.

Completion of this action has been delayed until the publication of the NHS England Safeguarding Adults: Roles and Competencies for Health Care Staff. Initial meetings have been held between the Safeguarding lead for the Trust and the Education and Development department.

5. Bethlem Royal Hospital and London Borough of Bromley application of Care Act duties agreement

- ☞ Agree application of Care Act duties at Bethlem Royal Hospital.

This priority is in progress.

Key Priorities for 2017-2018

- ☞ **Increase the dedicated Safeguarding Adults infrastructure across the Trust so that it has the capacity and resources required to meet aligned partners and NHS England expectations and ensure that people who use Trust services are safeguarded.**
- ☞ **Embed quarterly PREVENT reporting in line with NHS England requirements.**
- ☞ **Support the introduction of the Learning Disabilities Mortality Review (LeDeR) programme. Identify Trust lead for LeDeR Programme.**
- ☞ **Analyse the results of the 2017 Trust wide Safeguarding Adults audits to identify areas that require focus and quality improvement.**
- ☞ **Agree a standardised set of safeguarding adults Quality Indicators with the 4 borough Clinical Commissioning Group's, in line with contracting requirements.**

Safer Lewisham Partnership



Lewisham's Sustainable Communities Strategy 2008-20 set the Local Strategic Partnership a goal of making Lewisham the best place in London to live, work and learn. Delivering on this depends on our success in creating a climate where 'people feel safe and live free from crime, anti-social behaviour and abuse'.

Through effective partnership working and effective engagement with communities the Safer Lewisham Partnership works to bring about a consistent reduction in the number of victim based offences, and to improve the quality of life of its residents. To do this successfully we aim to deliver a strategy which is strategically relevant, robustly delivered and responsive to the needs of local communities.

Adult Safeguarding Priorities 2016-2017

The Safer Lewisham Partnership set the following 4 priorities in March 2016:

- ☞ **Peer on peer abuse—under 25 year olds in relation to serious youth and group violence with particular focus on knife enabled crime, child sexual exploitation and domestic abuse.**
- ☞ **All strands of violence against women and girls with particular focus on Domestic abuse, sexual abuse, and FGM. This includes male victims within the defined strands of human trafficking, sexual violence, prostitution, domestic violence, stalking, forced marriage, 'honour'-based violence and female genital mutilation (FGM).**
- ☞ **Focus on work in relation to identified geographical hotspots, premises and people of interest and using regulatory and enforcement provisions across the partnership and community as appropriate. This includes business crime and community safety related issues that impact on local residents. This links with work under the strands of Organised Crime including drugs as a driver for violence, firearms, human trafficking, Child Sexual Exploitation, Economic crime and cybercrime.**
- ☞ **Better understand, respond, monitor and reach out to specified groups in relation to a multi-agency approach to hate crime.**

Priority 1 - Peer on peer abuse

- Partnership enforcement and environmental operation - Proactive partnership approach to tackling an increase in street robberies in a geographical location which contributed towards approximately 60% of the net increase in robbery as a whole.
- Community Trauma Work - Work is being developed between statutory partner agencies and community groups to consider a community led approach to tackling serious youth violence. This work will start to tackle the issues of community trauma, lack of trust in organisations and build a 'trusted adult' model within the community.

Priority 2 - Violence against women and girls

- Positive Women's Conference - Women from the Muslim community wanted to raise awareness of domestic violence and provide information on how women specifically can stay safe and receive help and support if they are suffering from such abuse. The conference explored what services were available to women seeking support with domestic abuse and or sexual violence and how to access these safely.

Priority 3 - Identified geographical hotspots, premises and people of interest - Organised Crime

- Banking Protocol - The Lewisham Crime, Enforcement & Regulation Service have been heavily involved with the MPS Falcon and Sterling Teams from Serious and Organized Crime Specialist Crime Directorate 7 and London Trading Standards in preparing a more holistic response to organised rogue traders and other scammers and fraudsters by local police and local authority law enforcers. The initiative also enhances the response by banks, building societies and other financial service providers, to suspicious activity, encouraging the rapid call to police (and local authority where such protocols exist), the securing of evidence such as CCTV, physical evidence e.g. documents with potential forensic opportunities, vehicle registration marks and description. Also to raise staff's awareness of what may be suspicious activity such as unusual or large amounts being withdrawn, or apparently vulnerable customers being accompanied by 'strangers'.

Priority 4 - Hate crime

- Hate Crime Third Party Reporting Site - Lewisham's network has been revisited, re-established and the reporting sites are currently being retrained to receive and deal with reports from the community Lewisham's Third Party Reporting scheme aims to deliver a coordinated response to hate crime by bringing together key agencies to work in partnership to ensure victims and witnesses have access to support and protection, and offenders are brought to justice which will help create a safer and more cohesive community.
- Launch of Hate Crime App - Safer Lewisham Partners are working to use new and innovative initiatives to enable victims to report hate crime. In 2016 Lewisham championed the MOPAC-supported hate crime reporting smart phone application '*Self-Evident*'.

2017-2018 Priorities

The Borough partners and residents have identified the following as being essential for our collective approach:

- ✚ **Reduction in harm and vulnerability being critical as part of an overall prevention, intervention and enforcement strategy.**
- ✚ **Clear focus on reducing violence in all its forms.**
- ✚ **Focusing on redesigning and delivering services that supports and provides a victim centric approach. Seeking to ensure that all contact and outcomes by all agencies puts victims at the forefront. Reducing fear, harm and re-victimisation is critical.**
- ✚ **Considering contextual analysis and location risks.**
- ✚ **Improving confidence and satisfaction in police, local authorities and public services.**

The Partnership will continue to deliver and focus on Police and Crime Commissioners identified areas within the Police and Crime Plan 2017-2021 which include:

- ✚ **A better police service**
- ✚ **A Criminal Justice System for London**
- ✚ **Keeping children and young people safe**
- ✚ **Violence Against Women and Girls**
- ✚ **Hate crime and counter terrorism**



LSAB Business Team contact details

Got a question for us? Want more information on Safeguarding Adults partnership work in Lewisham? Get in contact with us

Email: LSAB@lewisham.gov.uk

Tel No: 020 8314 3117

[LSAB Website](#)

How to report your concerns

If you suspect that you or an adult you care about may be at risk of abuse or neglect call Lewisham Council's Adult Social Care Access and Information Team (SCAIT) on 020 8314 7777 alternatively if you have concerns about the immediate safety of an adult at risk then please contact the Police on 999.

There are a number of ways you can contact SCAIT

The team can be contacted Monday - Friday 9am - 5pm

Tel: 020 8314 7777 (select option 1)

Fax: 020 8314 3014

[Email SCAIT](#)

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Appendices

Partner Annual Reports

- ☞ [NHS Lewisham Clinical Commissioning Group Annual Report 2016-2017](#)
- ☞ [Healthwatch-Lewisham Annual Report 2016-2017](#)
- ☞ [South London and Maudsley NHS Foundation Trust annual Report 2016-2017](#)

Guide to common safeguarding words and phrases

Sometimes the language used regarding safeguarding can be confusing and difficult to understand. Here are simple explanations to common safeguarding words and phrases.

Abuse

Abuse is the breaching of someone's human and civil rights by another person or people. It may be a repeated or single act; it can be unintentional or deliberate and can take place in any relationship or setting. It includes: physical harm, sexual abuse, emotional and psychological harm, neglect, financial or material abuse, and harm caused by poor care or practice or both in institutions such as care homes. It may result in significant harm to, or exploitation of, the person being abused.

Adult at risk

Anyone aged 18 years or over who may be unable to take care of themselves due to age-related frailty, visual or hearing impairment, severe physical disability, learning disability, mental health problem, substance misuse or because they are providing care for someone else and therefore may be at risk of harm and serious exploitation.

Concern

A concern is when the local authority is first told that an adult at risk may have been abused, is being abused, or might become a victim of abuse. Anyone can raise an alert: professionals, family members, adults at risk and members of the public. Often an alert is raised because of a feeling of anxiety or worry for an adult at risk. This feeling can arise because the adult at risk has told you what they are experiencing, you have seen abuse or something risky happening, or you have seen other signs and symptoms such as bruises.

Clinical Commissioning Group (CCG)

A governing body of local GPs who plan and buy local health and care services that local communities need, including: urgent and emergency care; most community health services; and mental health and learning disability services.

Deprivation of Liberty Safeguards (DoLS)

Rules that ensure special protection is given to people who cannot make a decision ('lack capacity') to consent to care or treatment (or both) that will be given in a care home or hospital and stops them doing what they want to do ('deprives them of their liberty'). The hospital or care home has to get special permission to give the care or treatment and must make decisions that are in the person's 'best interests'.

Healthwatch

Healthwatch is the independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

Mental Capacity Act (MCA 2005)

A law that supports and protects people who may be unable to make some decisions for themselves (people who 'lack capacity') because of a physical or mental disability or ill-health. It includes a test professionals can perform to tell whether someone can make decisions or not. It covers how to act and make decisions on behalf of people who 'lack capacity'. It is often used for decisions about health care, where to live and what to do with money.

Our Partners

Organisations that are members of Lewisham Safeguarding Adults Board.

Safeguarding adults

All work that enables adults at risk to retain independence, wellbeing, choice and to stay safe from abuse and neglect.

Safeguarding Adults Review

A Safeguarding Adults Board must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange an SAR if an adult has not died but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

Safeguarding Enquiry

An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place.

HEALTH AND WELLBEING BOARD			
Report Title	Annual report of the Lewisham Children's Safeguarding Board		
Contributors	Nicky Pace Independent Chair Lewisham Safeguarding Children Board Stephen Kitchman, Director of Children's Social Care	Item	4c(i)
Class	Part 1	Date	2 November 2017

1. Summary and Summary of the Report

The Lewisham Children Safeguarding Board (LCSB) is required to publish an annual report to outline the work of the Board in the previous year and identify areas where further work will be required in the forthcoming year.

2. Recommendations

The Health and Wellbeing Board is asked to comment on and note the contents of the report.

3. Policy Context

Statutory Guidance within 'Working Together to Safeguard Children,' requires each LSCB to publish an annual report on the effectiveness of child safeguarding and the promotion of the welfare of children in the local area. The report should provide an assessment of the performance of local safeguarding services and show how areas of development will be addressed. Working Together requires that the report is submitted to the Chief Executive of the Council and the Chair of the Health and Wellbeing Board.

4. Details

The Lewisham Safeguarding Children Board comprises all partner agencies with a key contribution to child protection and safeguarding in the Borough. In developing the Annual Report partners contributed to the evidence detailed and summaries of relevant safeguarding activity for the period 2016/17.

5. Financial implications

The operation of the LSCB is funded partly by the council and partners. There are no specific financial implications to this report.

6. Legal implications

Section 13 of the Children Act 2004 requires each Local Authority to establish a local safeguarding children's board for their area and specifies the organisations and individuals (other than the local authority) that should be represented on the board.

The LSCB has a range of roles and statutory functions including developing local safeguarding policies and procedures and scrutinising local arrangements. The strategy, objectives and functions of the LSCB are described as follows:

- Coordinate what is done by each personal body whoever sits on the board for the purpose of safeguarding and promoting the welfare of children in the area.
- To ensure the effectiveness of what is done by each personal body for those purposes.

The revised Working Together 2015 guidance places responsibilities on the LSCB to deliver a stronger leadership role around local safeguarding practice and directly influence multi-agency and single agency requirements as well as requiring the establishment of a single assessment approach and supporting framework. The revised regulatory framework also includes a judgement on the effectiveness of local safeguarding boards with a focus on assessing the impact of the board's activity on frontline practice and the positive difference made to children and local communities.

The partnership structure will need to change in the light of the Children and Social Work Act 2017 but detailed statutory guidance is still awaited.

7. Crime and disorder implications

There are no crime and disorder implications arising from this report.

8. Equalities implications

The work of the LSCB is particularly focused on the protection of vulnerable groups in the child population, such as those with disabilities and girls at risk of violence and sexual exploitation. The majority of data considered by the LSCB is analysed using equalities data where that is available.

9. Environmental implications

There are no environmental implications arising from this report.

10. Background documents and originator

Please contact Stephen Kitchman on 020 8314 8140 for any queries



**Lewisham
Safeguarding
Children Board**



Annual Report 2016-2017

A foreword from the Independent Chair,

Nicky Pace

As the Independent Chair of the Lewisham Safeguarding Children Board (LSCB) I am pleased to present the Annual Report for the period April 2016 to March 2017. Local Safeguarding Children Boards were established with the purpose of ensuring that agencies keep local children and young people safe and that where they have intervened they have made a positive difference in children's lives. The LSCB has a really important role in coordinating and ensuring the effectiveness of what is done by each and every person involved in protecting children and it carries statutory responsibilities for safeguarding children in Lewisham. It is made up of senior managers within organisations in Lewisham who hold responsibility for safeguarding children in their agencies, such as children's social care, police, health, schools and other services including voluntary bodies. The LSCB monitors how they all work together to provide services for children and ensure children are protected.

The national review into LSCBs has also been published this year, the recommendations of which were accepted in full by Government. The changes to safeguarding boards and the functions they carry out will form part of the Children and Social Work Bill progressing through parliament. This will make significant changes to the organisation of the safeguarding partnerships and a number of functions that the Board currently fulfils. Our challenge over the next year will be to ensure that replacing LSCBs with something better will need to be done carefully and building on what we know works well. There will be key principles we must still adhere to when deciding the structure and form of local arrangements and agreement on the core functions of multi-agency partnership. The next year will also see significant changes in the delivery models within police and health which need to be carefully monitored to ensure the focus and delivery of services to vulnerable children, young people and families is not adversely affected.

Lastly, I would like to thank all the Board staff, for their continued support in the smooth functioning and promotion of the LSCB. I would also like to thank members of the Board, from across the partnership of our voluntary, community and statutory services and all the frontline practitioners and managers for their commitment, hard work and effort in keeping children and young people safer in Lewisham.



Nicky Pace

LSCB Independent Chair

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A foreword from the Independent Chair, Nicky Pace

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Chapter 1 Effectiveness of the Board


The Board is required to report on progress against the priorities set for the previous year, look forward and plan any changes to the safeguarding priorities for the local area for the next year. We also take into account national priorities and local needs, and any issues arising from SCRs and multi-agency audits. When deciding our priorities, we acknowledge that our core business of safeguarding children is on-going, including identifying, assessing and providing services and help to those children who need protection. In deciding the Board's improvement priorities, we consider how well we have delivered our priorities from the previous year and if further work is needed.

During 2016-17, the LSCB's comprehensive business plan and key priorities accelerated a range of improvements to both the safety and welfare of children and young people in Lewisham.

1.1 Summary of our priorities and achievements for 2016-2017

A summary of our key Priorities for 2016-2017	A summary of our key achievements for 2016-2017
<p>Priority 1: Neglect Improve the effectiveness of agencies and the community in identifying and addressing neglect.</p>	<ul style="list-style-type: none"> • The LSCB continued to provide a comprehensive rolling programme of safeguarding training to inform practitioners knowledge and skills in order to appropriately identify and address matters of neglect. • A Neglect Task Group has been put in place, tasked with the development of a multi-agency Neglect strategy and audit tool. • Consultation process has been completed with partner agencies regarding the draft Neglect Strategy and Audit Tool. • Development and implementation of the Continuum of Need document to support professionals with ensuring the child / family is receiving the right support according to the level of need identified. • LSCB Escalation Policy has been revised to ensure staff escalate matters appropriately where children and young people are not being protected.
<p>Priority 2: Governance and Performance Increasing the effectiveness of the LSCB as a truly effective agent in securing positive outcomes for children, in protecting them from abuse and exploitation.</p>	<ul style="list-style-type: none"> • Revised LSCB Performance Framework to ensure key indicators from across the partnership are captured and considered by the Board. • Revised audit schedule to ensure it includes single and multi-agency audits. • Revised governance structure and reporting framework, including terms of reference for LSCB, Executive Board and all task groups. • Partnership protocol revised. Chairs of all partnership boards now meet on a regular basis. • New Section 11 audit proposal accepted by the LSCB, to be implemented during 2017-18. • Escalation Policy now in place; Process for resolving professional differences. • Ensuring a comprehensive programme of safeguarding training for all professionals working with children and young people in Lewisham.
<p>Priority 3: Communication The LSCB raises the profile of safeguarding across the Borough, amongst</p>	<ul style="list-style-type: none"> • New LSCB website commissioned to improve communication with professionals, parents and carers, schools and the community and to ensure it raises the profile of safeguarding matters and the work of the LSCB.

practitioners, stakeholders and the community with a particular focus on the most vulnerable or at risk.	<ul style="list-style-type: none"> Quarterly newsletters to ensure key safeguarding messages reaches professionals across the partnership.
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A summary of our key Priorities for 2016-2017	A summary of our key achievements for 2016-2017
<p>Priority 4: Consultation and Engagement Ensuring that the voices of children and young people influence learning, best practice and the work of the LSCB.</p>	<ul style="list-style-type: none"> Children and young people were actively involved in the development with the new LSCB branding. The logo was designed by a young person.  Development of the LSCB website to use as an interactive tool with children and young people.
<p>Priority 5: Child Sexual Exploitation Increasing the effectiveness of agencies and the community in identifying and addressing Child Sexual Exploitation</p>	<ul style="list-style-type: none"> 2 weeks of activity to raise awareness of sexual exploitation – coinciding with national CSE awareness day, 18 March 2017. Establishment of the strategic LSCB MET sub group – Missing, Exploitation, Trafficking. Weekly MET operational meetings to discuss individual cases, monthly MET tactical meetings to look at trends / hotspots etc. Establishment of the MET list. Commissioning of St Christopher’s to conduct return home interviews with children and young people after a missing episode. Development of a comprehensive MET dashboard.

This Annual report highlights progress and improvements across the partnership over the past year and evidences both effective joint working and single agency focus on safeguarding and promoting the welfare of our children and young people in Lewisham. This Annual report covers the work of all the subgroups of the Board and the activity over the last year and evidences the concerted and proactive actions taken to address areas identified in audits or data where practice may not be effective. The report comments on the key areas of statutory responsibility of the Board: the work of the CDOP (Child Death Overview Panel), multiagency training and the impact on front line staff’s practice, Private Fostering and allegations against professionals.

The Board regularly reviews the performance of professionals working with children through its programme of multi- agency audits and by examining the results of single agency audit work. This year the Board has examined progress and understanding of Domestic Violence and Abuse and Child Sexual Exploitation (CSE). More details of this work can be found in the main body of the report. The Board has reviewed and revised its processes for undertaking section 11 audits in the last year and a new process will be rolled out in the autumn.

The Board has completed three Serious Case reviews in the last year only one of which has been published on the LSCB website. Learning from these cases has resulted in actions being undertaken prior to publication of the report and have helped shape the Boards priorities for this year.

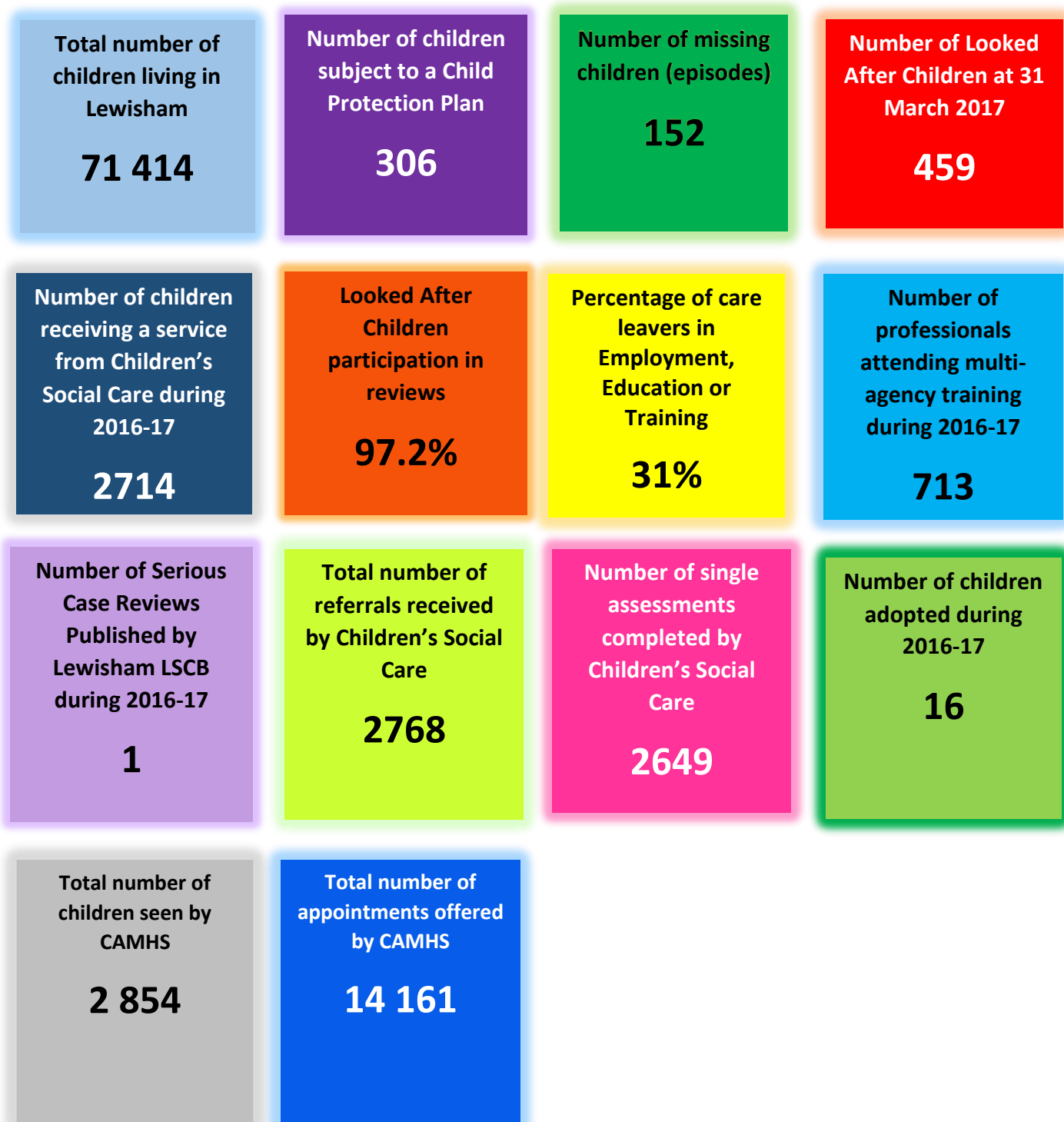
Much is being done to keep children and younger people safer in Lewisham. There is a strong focus on improving practice to reduce risk and secure better outcomes for children. Agencies are not complacent and recognise where there is a need to improve systems and processes to ensure more consistent and effective practice.

The full report gives a detailed picture of how all partner agencies have worked together to keep children and young people safer. The report is structured as follows:

- Task group reports provide more detail on how the LSCB Task Groups delivered against the agreed Business Plan for 2016-2017.

- Reports on the statutory functions of the LSCB including private fostering, allegations against professionals, Looked after children and Early help /MASH.
- Individual statutory and voluntary agency reports describe how they contributed to safeguarding children in the borough – successes, challenges and plans.

LSCB Performance Data



Chapter 2 LSCB Key Priorities for 2017-2019

The LSCB has set 5 key priorities for 2017-19. These priorities were informed by:

- Feedback received from LSCB members during a development session in February 2017.
- LSCB quality assurance activity and analysis of performance data.
- Learning from Serious Case Reviews, both local and national.
- The local needs identified in the Joint Strategic Needs Assessment (JSNA).

1.	Neglect	Improve the effectiveness of agencies and the community in identifying and addressing neglect.
2.	Governance, Performance, Analysis and outcomes	Increasing the effectiveness of the LSCB as a truly effective agent in securing positive outcomes for children, in protecting them from abuse and exploitation.
3.	Self-harm and suicide	To ensure that parents and professionals are aware of the risks associated with self-harm behaviour and suicide ideation so children and young people can be better supported from harming themselves.
4.	Voice of the Child and Community	Ensuring that the voices of children and young people, as well as the Lewisham community, influence learning, best practice and the work of the LSCB.
5.	Missing, Exploitation and Trafficking	Increasing the effectiveness of agencies and the community in identifying and addressing Child Sexual Exploitation, children going missing and being trafficked.

Chapter 3 LSCB Task Groups

3.1 Monitoring, Evaluation and Service Improvement Task Group (MESI)

Chaired by Karen Neil, Interim Service Manager for Quality Assurance, Children's Social Care, Lewisham Council

The purpose of the MESI Task Group is to monitor and evaluate the effectiveness of what is being done by the LSCB partners individually and collectively to safeguard and promote the welfare of children and share lessons from individual agency audits, multi-agency audits and performance data. The MESI task group is responsible for providing the LSCB with assurance of sustained improvement in practice and better outcomes for children. The MESI group also determines an annual Audit Programme which also contributes to the assurance that services are working in accordance with statutory and good practice guidelines.

3.1.1 Multi-agency audit on domestic violence and abuse

Tackling domestic violence remains a concern across the Lewisham Partnership. We know that the volume of domestic violence and abuse (DVA) incidents and crimes detected by the police is increasing in Lewisham, and across London. The MESI task group of the LSCB conducted a multi-agency audit on the subject of DVA as part of their annual audit programme.

The audit involved a range of services across the partnership such as, schools, Lewisham and Greenwich NHS Trust, General Practitioners, CAMHS, Police, Youth Offending Service and Children's Social Care.

There was positive cooperation from partners in participating in this audit. The audit showed that there was clear consistency with partners, in the supervision of domestic violence and abuse cases. Staff felt confident in discussing cases with their managers, and seeking advice on putting plans in place to manage risk. The audit also identified areas for improvement, specifically, consistent use of the risk assessment toolkit, and working more with specialist agencies who support victims of domestic violence and abuse. This will be a priority for the Board next year.

The audit identified three key messages/themes across partner agencies. They are as follows:

- The importance of DVA concerns being logged / recorded on case files / systems.
- Promotion of the RIC Assessment Toolkit and for this to be consistently used by partners.
- Promotion of DVA support services and referral routes.

A number of recommendations were made based on the outcome of the audit, which has been transferred into a SMART action plan for tracking. There are recommendations for every agency, however, some of the partnership recommendations include;

- Services need to ensure that information regarding potential violent adults are shared with colleagues across the partnership.
- All services to ensure that staff are aware of the Risk Identification Checklist and how to use this to assess the risks of domestic violence.
- Services to review the impact of DVA training offer to staff.

The MESI Group continues to monitor progress of all the recommendations from the audit. It is important to note that tackling domestic violence and abuse continues to be a priority for the partnership, and progressing the recommendations from this audit will be a major focus for the Board.

3.1.2 Multi-Agency Audit on Child Sexual Exploitation (CSE)

A multi-agency audit on CSE commenced in 2016/2017 to test the quality of planning and intervention in cases of CSE. An audit template was created and distributed with auditors' prompts and criteria to consider. All cases selected were young women aged between 15 and 17 at the point of audit, two were of Black-Caribbean heritage, one of Black-African/White-British background with the remaining young woman being of a White-British background, totalling four young people, selected at random.

Themes

- Impact of being "in care" and how this may alter the perception of risk and the processes that should be followed.
- Importance of good information sharing to identify and understand risk.
- Impact of older siblings' life events and how this can feed into assessment and intervention work.
- How to improve engagement at an earlier stage, especially with sexual health services
- The awareness and use of CSE Screening Tools
- Importance attached to early identification & early signifiers-missing episodes, non-engagement, challenging behaviours in home and school settings.
- How focussed assessments are within Children's Social Care on the particular issues and vulnerabilities associated with missing episodes and the increased possibility of CSE and other related issues become a feature.

The audit has now been completed, with planning for the learning themes currently in progress. An audit has also been completed as part of a London Wide Department of Health funded programme of CSE on effective recovery interventions and our aim will be to marry the outcomes for Lewisham with our multi-agency programme.

3.1.3 New Section 11 Process

The independent chair of the Lewisham LSCB proposed a new Section 11 process to be introduced as this has been tried and tested in other boards and appears to give a much more accurate and meaningful account of safeguarding arrangements across the partner agencies, focusing on evidence from frontline staff and less on self-assessment.

The process consists of an online survey for all staff who work with children and young people across all agencies. The activity needs to provide both qualitative and quantitative information thus enabling a full and rounded analysis of compliance with section 11 responsibilities across a wide and diverse range of agencies and it is suggested including schools (fulfilling their s175 responsibilities), GPs and faith groups / churches within the process.

After completion of the survey / questionnaire by as many members of staff as possible, each agency would carry out a self-assessment of the results. Leading on from this, each agency who, as a result of the self-assessment, had identified areas for learning and improvement, would be asked to complete an action plan and return it with their audit analysis form to the LSCB. The final part of the process involves the LSCB interviewing a sample of agencies to identify gaps, strengths and weaknesses in safeguarding practice across agencies as well as identifying areas for improvement through learning and development. The agencies action plans would be scrutinised and monitored 6 months into the year with requests for updates. The Board will produce an overarching report following analysis of the results including an action plan for learning from the audit process. This will form a baseline and template to measure agencies progress.

This process will give a targeted approach to addressing key safeguarding themes coming out of the audit thus improving the safety and wellbeing of all children and young people in the Borough.

3.2 Missing, Exploited and Trafficked Task Group (MET)

Co-Chaired by Stephen Kitchman, Director of Children's Social Care, and Geeta Subramaniam-Mooney, Head of Crime Reduction & Supporting People, Lewisham Council

Lewisham's vision is to safeguard children and young people from harm as a result of going missing, child sexual exploitation, trafficking or exploitation arising as a consequence of being the victim of trafficking including County Line drug dealing. A multi-agency focus on risk, harm and vulnerability is crucial. To achieve this, 4 key areas for activity have been identified:

- Understanding and Identification.
- Prevention.
- Intervention and Support.
- Disruption and Justice.

Understanding the areas of Missing, Exploitation and Trafficking together, are one of the LSCB's key priorities and the activities are monitored through a working action plan and scrutinised on a regular basis to determine progress.

3.2.1 Sub-Group Activity in 2016/2017

Peer-on-Peer Abuse

In April 2016, the Safer Lewisham Partnership prioritised peer-on-peer abuse of under 25 year olds based on its annual strategic needs assessment and emerging trends. The Partnership recognised the separate focus on areas such as Serious Youth Violence, Child Sexual Exploitation, Domestic Abuse and Harmful Sexual Behaviour but was keen to understand if there were any cross overs, similar risk indicators and crucially any learning to be shared in considering young people as complex adolescents and not labelled, often negatively.

Coupled with the LSCB priority of CSE, this led to our engagement with a thematic audit conducted by Dr Carlene Firmin in 2016, the below gives a broad picture of the issues:-

- *Between 01/08/2014 - 31/07/2015 there were 466 reported incidents of sexual activity with a child (aged 17 and under) which either occurred in Lewisham or whose victims resided in Lewisham.*
- *122 of these were recorded as Non-Crime Child Sexual Exploitation (CSE).*
- *17% of total reports of CSE and sexually related reports were raised externally.*
- *The CSE profile in Lewisham is predominantly peer-on-peer.*
- *82% of victims are female. The peak age of victims is 14 - 15 years. 42% of victims were Black and 41% were White.*
- *96% of suspects were either male or unknown. The peak age of suspects is 18 - 19 years. Where ethnicity was known 52% of suspects were Black and 37% were White.*
- *There were no geographical hotspots identified.*

The audit of our CSE approach was undertaken by the University of Bedfordshire. The following areas were highlighted:

The MET process and Serious Youth Violence Prevention Panel was seen as a strength. There was recognition that the peer-on-peer abuse and its different forms and different responses were clear and had the link up for adolescent risk.

There was comment about the language used by practitioners with positive reflection. The chairing of meetings was recognised as strong, balancing sympathetic approaches to professional approaches. It was noted that professionals really care about the young people and really know the cases. There was drive and commitment in senior management and clear agreement to ensure the contextual engagement agenda was developed going forward.

MET (Missing, Exploited, Trafficked Strategy)

A comprehensive MET strategy has been developed, and was signed off by the LSCB in September 2016. This incorporated the Lewisham response with a multi-agency strategic framework of operational weekly meetings, monthly tactical meetings and bi-monthly strategic meetings in place, feeding into the wider LSCB Board. The strategic meeting received reports from the tactical group and oversees the action plan arising from the strategy. The strategy group is assisted by a multi-agency data set relating to this area.

Ref	Indicator	Service / Agency	Time frame	Data / Number	Analysis of information / data : outcome of cases
1.	Number of cases <u>referred</u> to Children's Social Care where child sexual exploitation is a presenting need (<i>victims and perpetrators disaggregated</i>)	Children's Social Care	April May June	4 10 20	Presenting needs are recorded at the point of contact (not referral). The figures shown are the number of <u>contacts</u> where CSE was stated as a risk factor.
2.	Number of cases <u>assessed</u> by Children's Social Care where child sexual exploitation is a presenting need (<i>victims and perpetrators disaggregated</i>)	Children's Social Care	April May June	7 9 11	We are only able to report the number of assessments <u>completed</u> each month where CSE has been identified as a risk factor.
3.	Number of children and young people going missing or absent from home / care and education (breakdown by month).	Children's Social Care	April May June	Care Missing 5 Home Missing 19 Care Absent 36 Home Absent 7 Care Missing 4 Home Missing 13 Care Absent 46 Home Absent 17 Care Missing 5 Home Missing 8 Care Absent 42 Home Absent 17	Number of <u>episodes</u> missing or absent from care or home each month. NB children in care can have multiple short periods of unauthorised absence reported in any one month.

3.3 Policies Procedures & Training Task Group (PPT)

Chaired by Maureen Gabriel, Designated Nurse for Safeguarding and Looked After Children, Lewisham Clinical Commissioning Group

The PPT aim is to develop, review and evaluate the Board's Safeguarding Training Programme as well as developing and shaping key policies and procedures of the Safeguarding Board and across the wider partnership, and to assure the LSCB that statutory agencies have appropriate safeguarding policies and procedures in place. The LSCB has adopted and uses the Pan London Child Protection Procedures but local policies have been developed to address local issues.

3.3.1 Policies & Procedures

The PPT Task Group reviewed and endorsed the following multi-agency policies, procedures, protocols and guidance, all of which are available to view on the LSCB website www.safeguardinglewisham.org.uk

New policies:

- LSCB Neglect Guidance and Strategy.
- Lewisham Child Death Overview Procedure.
- Early Help Strategy and Continuum of Need document with associated forms.
- Missing, Exploited, and Trafficked Strategy.
- Resolving Professional Differences Protocol.
- Female Genital Mutilation Protocol.

Reviewed policies:

- Information Sharing Protocol for MARAC Partners.

3.3.2 Single Agency Training

An evaluation of single agency safeguarding training provision was introduced and partner agencies were asked to present the outcomes of the evaluation of their in-house safeguarding children courses. In addition the LSCB received assurance on the effectiveness of the single agency training provided by individual partner agencies.

3.3.3 LSCB Training Programme

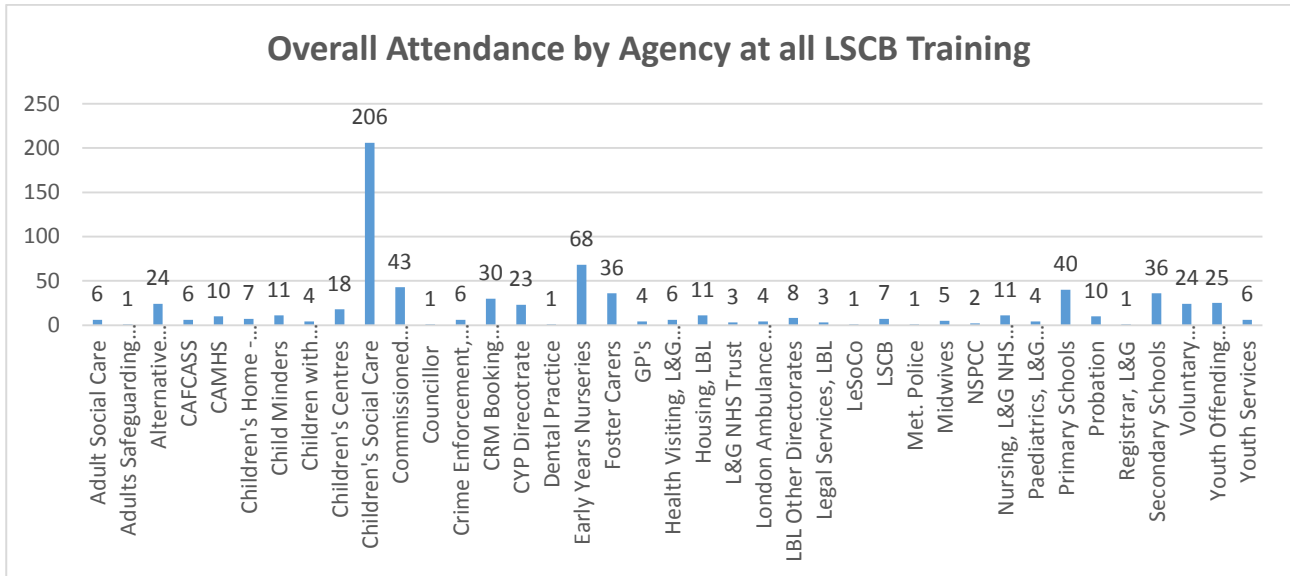
The LSCB commissions, monitors and quality assures the multi-agency safeguarding training for Lewisham. A three point evaluation process monitors the quality and impact of safeguarding training on practice through scaling measurements recorded pre course, course completion and three months after the training is completed. Feedback gathered through evaluation processes indicates that LSCB Training is well received by multi-agency staff.

Quotes from participants included the following:

“Very thought provoking and stimulating. The facilitator was fantastic”

“Encouraged critical thinking, but also helpful insights from the trainer's experience”

Training Programme Summary



Training Delivered

- Advanced Domestic Violence (x1 date = 13 delegates)
- Children and Substance Misuse (x1 date = 9 delegates)
- Children Missing from Education (x2 dates = 28 delegates)
- Child Sexual Exploitation 1 hour Briefing (x1 = 20 delegates)
- Child Trafficking (x1 date = 8 delegates)
- Counter Trafficking, Modern Slavery & Prostitution (x2 dates = 25 delegates)
- Female Genital Mutilation (x4 dates = 46 delegates)
- Forced Marriages and Honour Based Violence (x1 = 12 delegates)
- Harmful Cultural Practice (x1 date = 31 delegates)
- Introduction to Child Sexual Exploitation (x1 date = 16 delegates)
- Learning from Domestic Homicide Reviews (x1 date = 18 delegates)
- Lewisham MARAC Briefing (x2 dates = 24 delegates)
- Neglect – An Analytical Approach (x4 dates = 66 delegates)
- Professional Curiosity – Learning from SCR's (x1 = 12 delegates)
- Safeguarding & Gangs (x2 dates = 28 delegates)
- Safeguarding Level 2 (x4 dates = 60 delegates)
- Safeguarding Level 3 (x2 dates = 33 delegates)
- Safeguarding Sexually Active Young People (x2 dates = 25 delegates)
- Safer Recruitment (x1 date = 15 delegates)
- Self-Harm in Young People Awareness (x1 date = 18 delegates)
- Sexually Harmful Behaviour – Supporting Women affected by CSE (xx3 dates = 37 delegates)
- Supporting Young People Affected by CSE (x1 date = 21 delegates)
- Understanding Gangs & Gang Activity (x2 dates = 34 delegates)
- Understanding the Different Strands of VAWG (x2 date = 25 delegates)
- Working with Challenging & Hard to Help Families (x1 date = 19 delegates)
- Workshop to Raise Awareness of Prevent (Lunchtime briefing x1 = 21 delegates; Greater Depth Half Day x1 = 20 delegates)
- Young Carers & Hidden Harm (x2 dates = 20 delegates)

There were no requests from delegates for disability adjustments to be made.

70% of training courses offered were accepted by partners. The LSCB's sub group of PPT will be prioritising this area next year

960 delegate spaces were available from the whole programme. 713 places were used.

E-Learning
233 Individuals completed Safeguarding Level 1

Evaluation of Training Process 2016-2017

Stage 1 was taken on the day before the course started. Stage 2 was taken immediately after the course. Stage 3 was requested 3 months following the training with certificates being withheld until a response had been received. The Evaluation Process for 2017-2018 has been improved by Stage 1 being taken at the point of application so the trainer has an understanding of the delegates level of need. Stage 2 is taken immediately after the course in exchange for a certificate. Stage 3 will be taken at the 3 month stage by a telephone survey for training on Domestic Violence, Neglect, Safeguarding Children Affected by Parental Substance Misuse, Safeguarding Levels 2 & 3, Self-Harm in Young People Awareness, Sexual Violence and Young People Awareness, Supporting Young People Affected by CSE, and Working with Challenging & Hard to Help Families.

3.4 Communications & Publications Task Group (C&P)

Chaired by Nikki Thorpe, LSCB Development Officer

The C&P task group's aim is to increase understanding and awareness of issues relating to safeguarding and promoting the welfare of children amongst practitioners, stakeholders, the community and children and young people in the Borough. This includes promoting the work of the LSCB and ensuring people know what to do when they are concerned about a child's safety or welfare and focus on the most vulnerable and at risk. This was achieved by the design, creation and establishment of an LSCB website www.safeguardinglewisham.org.uk ensuring:-

- All agencies have a common understanding and definition of safeguarding with clear high quality safeguarding briefings, and flyers/leaflets in line with key messages identified through the work of the LSCB.
- Children, young people, the community, practitioners, and stakeholders have access to high quality current safeguarding advice and guidance.

New Branding of the LSCB

The LSCB offered a competition with a £50 WHSmith Voucher as a prize, to all Lewisham school children to design a logo that reflects the work of the LSCB. The winner was an 11 year old student. Our new branding was launched in the summer of 2016.



3.5 Case Review Panel (CRP)

Chaired by Nicky Pace, Independent Chair of the LSCB

The Case Review Panel is a multi-agency group of the LSCB tasked with considering cases which might meet the threshold for a serious case review (SCR). The LSCB will conduct a SCR when a child is seriously harmed or dies as a result of abuse or neglect, following the criteria set out in *Working Together to Safeguard Children 2015*. The purpose of the review is to identify how professionals and organisations can improve the way they work together to protect children.

The CRP of the LSCB put in place a protocol and referral pathway to support professionals with the decision and process for referring a case to the CRP for consideration of a serious case review. Particular focus was ensuring that when a child death was reported that the Rapid Response meeting considered whether the case needed to be referred for a SCR.

When the criteria for a serious case review is not met but there are possible learning / key issues arising from the case, the Panel might recommend a multi-agency case review to ensure actions are taken and lessons are learnt from the case to ensure children are safeguarded.

3.5.1 Published Serious Case Reviews in Lewisham, 2016-2017

During this period, the LSCB published one SCR. This is a case involving three children R, S and W (known as Case RSW) and was a joint review with Croydon Safeguarding Children Board. A summary of the case is below.

- The serious injury to Child W whilst in the care of her mother and her mother's partner.
- The identification and recognition of neglect over the lifetime of very young children.
- The frequency with which the family moved between at least 3 London boroughs.
- Concerns about the long term impact of domestic abuse and mother's mental health problems, largely associated with childhood trauma.
- The challenges faced by young parents (20 and 21 at the time) caring for 3 children who at that time were aged 4 and under.

This very young family of 3 children were living together in Lewisham. In January 2015 police attended an incident however before this concluded the family left Lewisham to take up residence in Croydon, but soon after moving their mother went to stay with a new partner at another address in Croydon taking the 3 children with her.

Lewisham had made all 3 children subject to Child Protection Plans for Neglect. However, in February 2015, the mother and the three children were reported as missing as no one knew of their exact whereabouts. Lewisham and Croydon Children's Social Care were then in communication about the transfer of case responsibility from Lewisham to Croydon.

On 13.04.15 her mother and her mother's new partner presented Child W, aged 6 months, to hospital. She was very poorly having sustained multiple injuries and appeared neglected. Her injuries which were life threatening included 26 bruises on her body. The injuries were so severe they required specialist neurosurgical intervention.

All 3 children were removed into care and care proceedings were commenced. The children's mother and her new partner were arrested on suspicion of GBH to Child W, however, the police investigation concluded with no further action. Child W has since made a full recovery from her injuries.

An action plan was put in place for both Lewisham and Croydon LSCBs and progress is being tracked on a regular basis. All actions for Lewisham services are now almost complete. The key learning has been;

1. Improving the assessment of neglect.
2. Improving the interface between early help services and statutory intervention.
3. Understanding the vulnerability and needs of young parents who are caring for very young children.
4. Interpretation of procores.
5. Children's lived experience (*voice of the child*).

The full report can be accessed on the LSCB website www.safeguardinglewisham.org.uk.

3.5.2 Unpublished Serious Case Reviews (SCR) in Lewisham, 2016-2017

We have completed 3 SCRs during this period, however, at the time of this report the details for two of the three cases are not ready for publication. The recommendations and actions arising have been worked on by all agencies during this time to ensure we have learned lessons and improved practice as a result.

3.6 Child Death Overview Panel

Chaired by Pauline Cross, Consultant Midwife in Public Health/Public Health Strategist

The principles that underpin the Child Death Review functions are clearly set out in:

- Working Together to Safeguard Children 2015
- London Child Protection Procedures, 5th Edition, November 2015
- London Child Death Overview Panel Procedures, 2009
- London Rapid Response Procedure, 2009

Chapter 5 of Working Together to Safeguard Children places duties on Local Safeguarding Children Boards to review deaths of all children who normally reside in the area. This has been a statutory duty since April 2008.

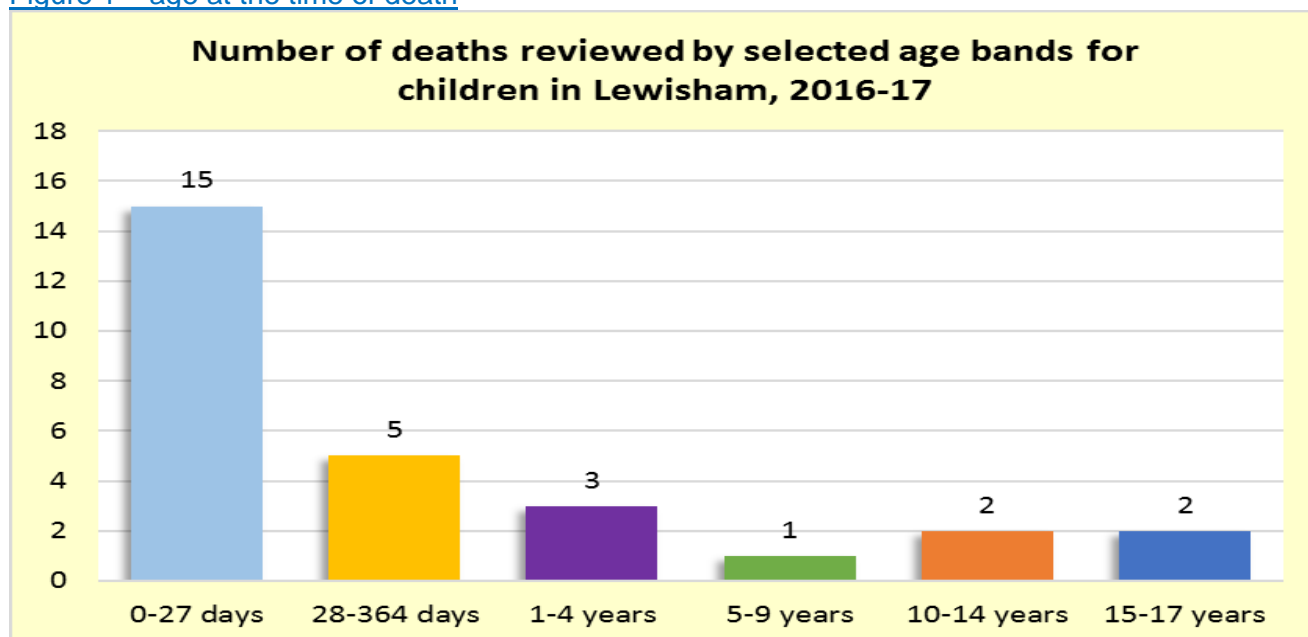
Activity in 2016/2017

There were 28 deaths reviewed by the Lewisham Child Death Overview Panel in 2016/2017. From 1st April 2008 to 31st March 2017 a total of 266 deaths of children under the age of 18 years have been notified to Lewisham. Of those deaths, a total of 253 had been reviewed by Lewisham Child Death Overview Panel by 31st March 2017.

Type of Death

18 of the 28 (64%) deaths reviewed by the panel in 2016/17 were expected and 10 (36%) were unexpected.

Figure 1 – age at the time of death

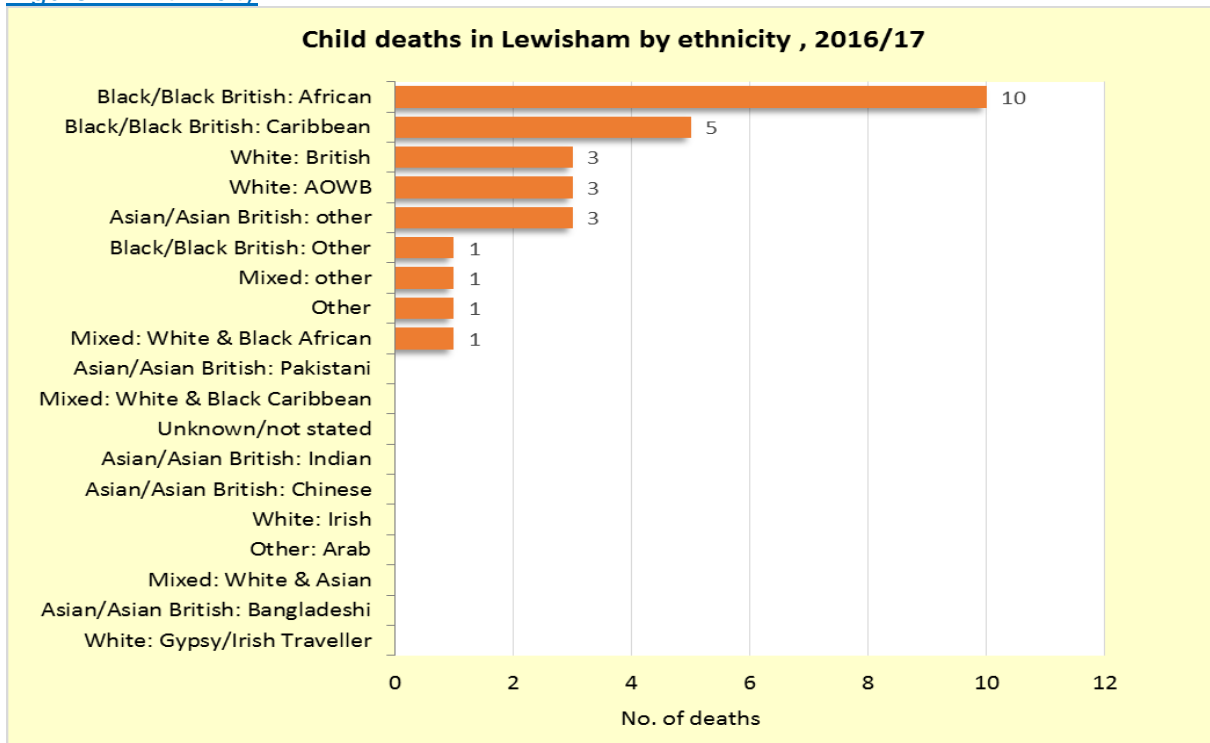


A total of 20 (71%) of the deaths reviewed in 2016/2017 occurred in the first year of life; 15 of these were in children who died when they were aged less than one month old.

Sex

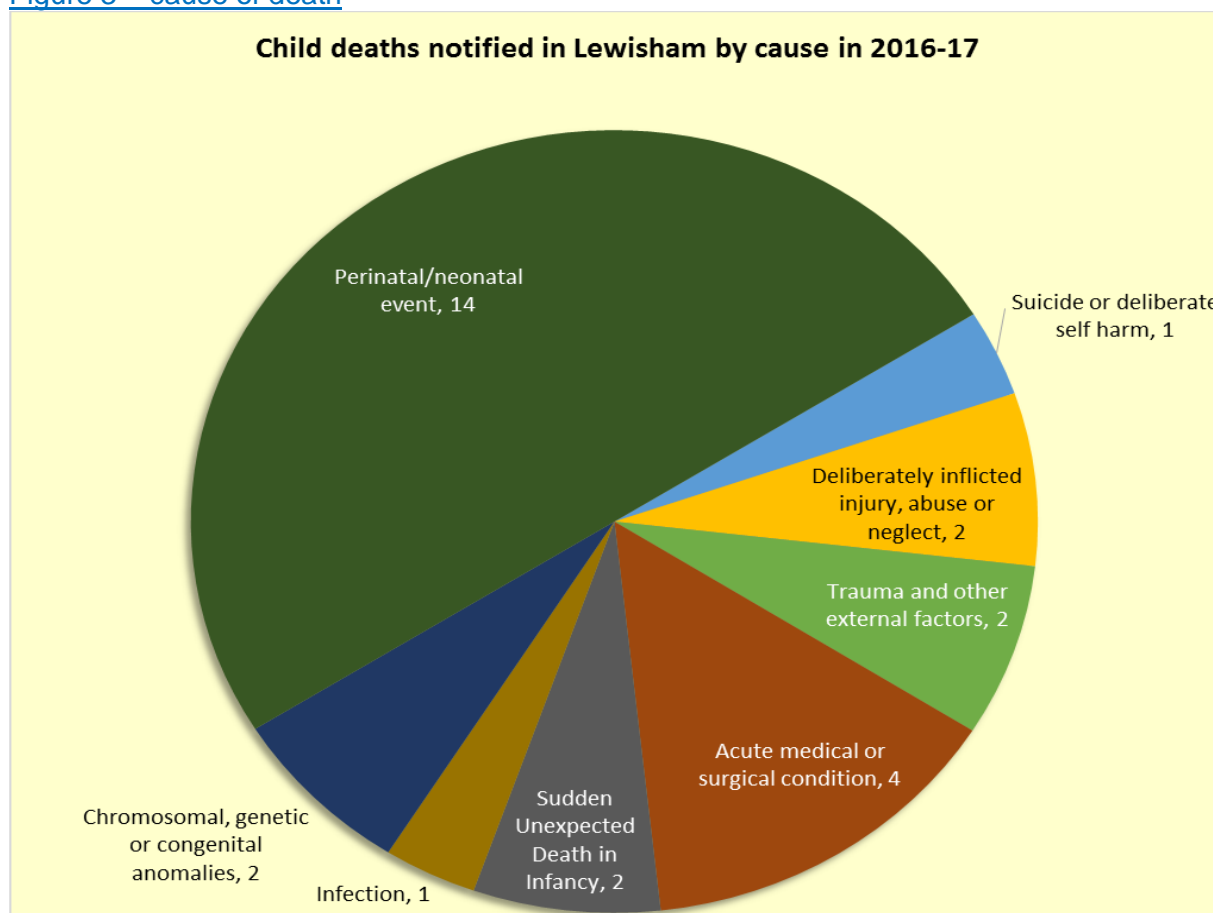
17 of the deaths were boys, while 11 were girls.

Figure 2 – Ethnicity



Of the 28 deaths reviewed in 2016/2017, 25 (89%) were in children from a black and minority ethnic background. Yet again, a disproportionate number of deaths occurred in this group.

Figure 3 – cause of death



As in previous years, the most common cause of death was extreme prematurity.

Learning and actions from the deaths of children: Programmes of work initiated by Lewisham CDOP in 2016/17

- CDOP quarterly newsletter
- Prevention of Prematurity
- Prevention of youth violence
- Safer Sleep Campaign 2016/2017
- Water Safety on Holiday 2016/2017
- Suicide Prevention in Children
- An overarching bereavement pathway

Our CDOP never lose sight of the fact that the death of a child is an absolute tragedy and has a lasting impact on the family and those involved with the child.

To access the full CDOP annual report, please click [here](#).

Chapter 4 Lewisham Early Help & Multi-Agency Safeguarding Hub (MASH)

4.1 Early Help

A lot of work was undertaken during 2016-17 in regards to developing the Lewisham Early Help Strategy and new MASH process. The vision for early help in Lewisham is to:

Provide children, young people and families with the right help, at the right time, in the right place.

An Early Help programme was set up to review and refine the way that Early Help was delivered in Lewisham. It addressed the 3 Ofsted recommendations from the Inspection report published in 2016 that related to the way Early Help was delivered in the Borough at the time, as well as setting out how Early Help will be delivered across the partnership in a period of increased need and reduced resources. A coherent and effective approach to delivering help and support to families in need has been developed through the Early Help Strategy. In Lewisham we define Early Help as:

'Those children and young people at risk of harm (but who have not yet reached the 'significant harm' threshold and for whom a preventative service would reduce the likelihood of that risk or harm escalating) identified by local authorities and partners.'

The Early Help Strategy sets out the strategic approach to Early Help in Lewisham. This includes how our Early Help approach aligns with our aims and priorities set out in the Children and Young People Plan 2015-18, a summary of need, the way that professionals will work to deliver Early Help, an overview of the current service offer, as well as the practical steps that will be taken to translate the vision into practice. A copy of the [Early Help Strategy](#) is available via the LSCB website.

A new Lewisham Early Intervention / Help Team structure has been developed and put in place. This now includes a function that tracks the progress of families at agreed intervals where either a referral has not been accepted by Children's Social Care but targeted intervention is required or a family has been identified as a 'troubled family'. This is to ensure that agreed actions have taken place and that outcomes have been recorded and evidenced effectively.

The Previous Targeted Family Support Service and Family Intervention Project were re-commissioned into one integrated Family Support Service which became operational in October 2016.

The previous LSCB Threshold document has been replaced with the [Continuum of Need \(CON\)](#). This document aims at ensuring there is a common understanding by all professionals working with children and families in Lewisham about how children's needs are understood and best met. It provides a framework which enables professionals to assess and review any concerns that they have about a child and helps to determine which services and what sort of professional activity should be employed to reduce these concerns, always with the aim of reducing both unmet need and the potential for future harm. The model deals with all levels of need up to and including specialist services provided by Children's Social Care and helps to establish therefore the thresholds for statutory social work intervention.

The CON document is the product of a very high level of partnership collaboration. It will need to be used as an intuitive working document for all professionals to consult and work to and as such has been designed to be practicable, easy to understand and interpret.

To assist professionals in identifying and responding to need a new Early help Assessment tool has been developed that can be used with families to identify need and form a plan for a multi-agency Team Around the Family (TAF) support network as appropriate. Practitioners within the new Early help Team have started to be engaged in rolling this out across the partnership and supporting other professionals with delivery of these revised tools as needed. Please refer to the LSCB website for the [Early Help Strategy & Forms](#).

4.2 MASH

The revised Lewisham MASH model was developed during 2016-17, which now contains a greater number of partner agencies with clear processes and information sharing protocols in place for sharing family intelligence where required. There are clear service standards in place for the timeliness of information being provided. This approach ensures that robust, well informed decisions can be made on families that are directed to the MASH in a timely way.

A 'single front door' approach has been implemented as part of the development of the MASH. This is for all contacts and requests for support where there are concerns about children and young people (specialist level and Early Help). It contains a triage function that plays a key role in ensuring that requests for support reaching the MASH are appropriate and that all requests received are directed quickly to the appropriate place.

Chapter 5 Private Fostering

A privately fostered child is defined as ‘a child who is under the age of 16 (18 if disabled) and who is cared for, and provided with accommodation, by someone other than:

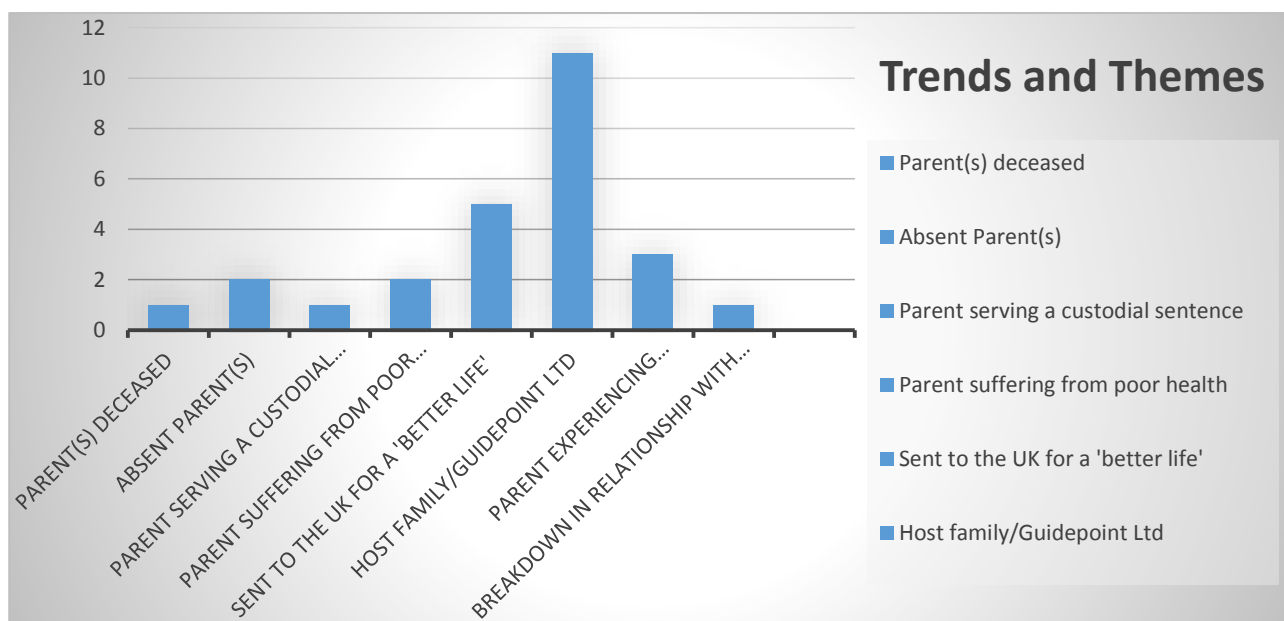
- the parent a person who is not the parent but who has parental responsibility, or
- A close relative defined in this context as a brother, sister, aunt, uncle, grandparent or step-parent.

A child who is looked after in their own home by an adult is not considered to be privately fostered. Children who are privately fostered are amongst the most vulnerable and the Local Authority must be notified of these arrangements.

In the period 2016/17 a total of 48 private fostering arrangements were in place. As of the 31st March 2017, there were 23 Privately Fostered Children.

From the period 01/04/2016 to 31/03/2017 Children’s Social Care received 37 notifications of possible new private fostering arrangements in Lewisham.

From 2016 the DFE no longer publish statistics on notifications of private Fostering arrangements and they have closed the private fostering data collection for local authorities. This means that we are unable to report on the Private Fostering activity of our statistical neighbors.



As detailed above within Lewisham we have a significant number of Chinese students staying with Host families whilst studying, this totalled 40.7%.

We also have a large number of children who have been sent to the UK to stay with distant family members for a ‘better life’.

A continuing trend for Lewisham private fostering are children whose parent(s) are suffering from physical/mental health difficulties which made them unable to care for their children.

Chapter 6 Local Authority Designated Officer (LADO)

Working Together to Safeguard Children March 2015 (HM Government) sets out arrangements for sharing information about allegations of abuse made against staff or volunteers working with or in contact with children. The guidance is clear that allegations against people who work with children are not dealt with in isolation and that the needs of children are appropriately considered by staff in children's social care.

Allegations made against adults working with children and reported to the Local Authority Designated Officer

Table 1

CONTACTS 2016 – 2017

2016/2017	CONTACTS RECEIVED
Q1	23
Q2	53
Q3	46
Q4	93
GRAND TOTAL	215

In 2016-2017 we developed a contact spreadsheet which reflects the amount of contacts from agencies to LADO. This table demonstrates the level of contacts made to LADO which did not always reach threshold for LADO referral, which largely consisted of calls to LADO for advice and consultation. There was a total of 215 contacts of which, 130 (**60.4%**) met threshold for LADO referral in the year.

REFERRALS SUBSTANTIATED 2016 – 2017

Table 2

2016/2017	REFERRALS RECEIVED	STRATEGY MEETINGS <i>(out of the referrals received the number that went on to have strategy meetings)</i>	ALLEGATIONS SUBSTANTIATED
Q1	23	22	11
Q2	32	18	5
Q3	28	16	8
Q4	47	31	3
GRAND TOTAL	130	87	27

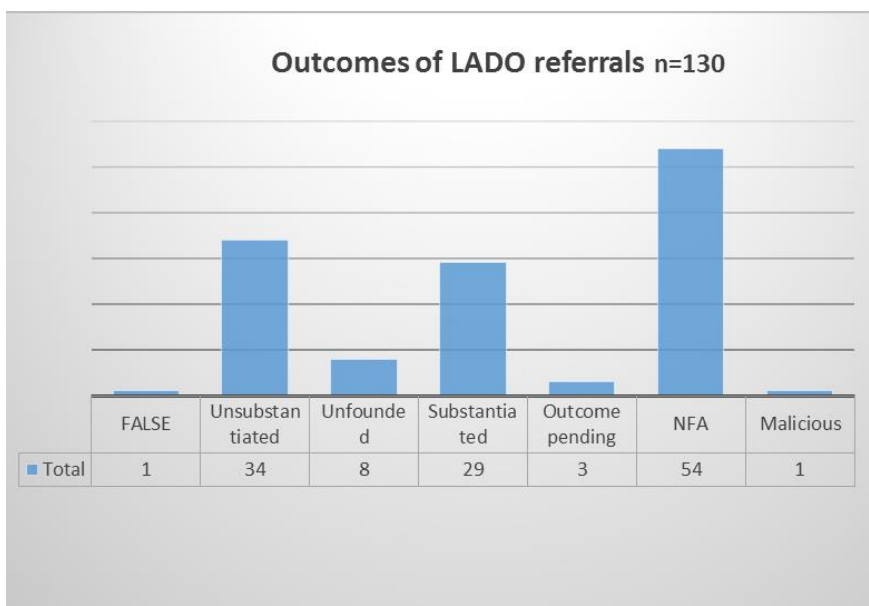
- In quarter 1(Q1 2016/17 there were a total of 23 referrals, 11 **(48%)** of which were substantiated, with 12 **(52%)** being unsubstantiated. The number of allegations that were substantiated fell to 5 **(15.6%)** in quarter 2 despite an increase in referrals.
- The figure for substantiated allegations remained was **28.5%** in quarter 3 and there was a dramatic fall to 3 **(6.38%)** in quarter 4. A high number of referrals resulted in LADO strategy meetings – at 87 **(66.9%)** out of a total of 130 referrals, suggesting that there was sufficient concern within the situation referred to warrant further exploration but that at conclusion only 27 **(20.7%)** reached a “substantiated” outcome.

Table 3 –Outcomes of LADO referrals 2016 – 2017

	Outcomes of LADO referrals
FALSE	1
Unsubstantiated	34
Unfounded	8
Substantiated	29
Outcome pending	3
NFA	54
Malicious	1
Grand Total	130

These outcomes reflect all the possible outcomes outlined in statutory guidelines. The majority of most referrals resulted in No Further Action by LADO at 54 **(41.5%)**. The destination for these cases was internal investigations by the agency concerned. Outcomes were clear-cut with most remaining referrals ending in either Unsubstantiated (26.1%) or Substantiated **(22.3%)**.

Chart 1 –Outcomes of LADO referrals 2016 - 2017



Agency: Primary Schools	
Outcome	Total
FALSE	1
Unsubstantiated	3
Unfounded	1
Substantiated	7
NFA	14
Grand Total	26

There was a decrease in referrals from Primary Schools from a total of 44 referrals in 2015 /2016 to 26 in total for 2016 to 2017. This is almost half of last year's figure. Last year 20 out of 44 were unsubstantiated **(45.5%)** while this year shows a figure of 7 **(26.9%)** being substantiated with 4 being unsubstantiated and unfounded.

The figure of 14 cases ending in no further action reflects the number of referrals to LADO which ended in an internal investigation process by the schools, following consultation and strategy planning with LADO.

Tables to show Outcomes of Referrals by Agency type 2016-2017

Agency: Secondary School	
Outcome	Total
Unsubstantiated	5
Unfounded	3
Substantiated	9
NFA	8
Grand Total	25

There was a slight increase in referrals from Secondary Schools from a total of 19 in 2015/2016 to 25 in total for 2016 to 2017. Last year 15 out of 19 were unsubstantiated **(78.9%)**, with **21.1% substantiated** while this year shows that 9 **(36%)** were substantiated.

This year's data also reflects the cases which were referred to LADO but returned to the school for internal investigation at **(32%)**

Agency: Foster Carers -non LBL	
Outcome	Total
Unsubstantiated	2
Substantiated	1
NFA	3
Grand Total	6

There was a decrease in allegations against private and voluntary foster carers living in Lewisham, from 12 in 2015/16 to 6 in 2016-17 **(50%)**. Only 1 referral in 6 was substantiated **(16.6%)**

Agency: Foster carers - LBL	
Outcome	Total
Unsubstantiated	2
Substantiated	4
Outcome pending	1
NFA	3
Grand Total	10

There was minimal increase in allegations against Lewisham foster carers from 9 in 2015/16 to 10 in 2016/17. One allegation is still pending while 3 allegations had no further action by LADO but passed to the fostering team for internal management and support. 4 allegations were substantiated **(40%)**

Agency: Childminders/nurseries	
Outcome	Total
Unsubstantiated	10
Unfounded	2
Substantiated	3
NFA	13
Grand Total	28

There remains a high level of early years allegations in nursery and child -minding settings although they have decreased from 45 **(26.7%)** in 2015/16 to 28 **(21.5%)** in 2016/17. The outcomes also reflect no further action by LADO **(46.4%)** either to internal investigation and or referral to Ofsted for ongoing monitoring.

Agency: Any Other	
Outcome	Total
Unsubstantiated	12
Unfounded	2
Substantiated	5
Outcome pending	2
NFA	13
Malicious	1
Grand Total	35

The figure for all other settings remains consistent with last year, being 36 referrals in 2015/16 to 35 this year. Most were unsubstantiated **(34.2%)** or ended in no further action by LADO **(37%)**.

All contacts with the LADO are carefully assessed and information gathered to determine whether a LADO process is needed. LADOs across London have reported an increase in contacts, likely to be related to highly publicised cases of historical abuse and the highlighting of current safeguards to prevent such situations re-occurring. Locally, the increase in contacts is also attributable to a greater understanding of the LADO role following signposting and networking activity. There is also a much more comprehensive system of recording that enables cases to be clearly highlighted. The role is now a standalone post within Children’s Social Care as part of the Council’s investment in key safeguarding and Quality Assurance functions. This also will enable greater development of the role, particularly in relation to key areas of vulnerability in schools and looked after environments and help forge a distinct identity for the role.

The work with schools continues in order to understand and address the issues behind the decreased referral rate. There has been a reduction in referral, particularly at primary stage and awareness raising events will continue to be held with Headteachers and Designated Leads to examine the causes of allegations and how these are responded to. Discussion groups would be particularly helpful in looking at the individual and collective experience of schools in dealing with allegations against staff and responding appropriately so that both staff and pupils are dealt with sensitively. Awareness around the threshold for LADO referral is something that will continue to be flagged particularly given the high level of contact with LADO for advice and consultation, particularly from education partners.

LADO will address the breakdown in the “Any Other” category in order to consider in more detail an increase in referrals from health, residential homes and voluntary organisations such as Scouts.

Chapter 7 Performance of the Disclosure and Barring System (DBS) for Screening Staff across Lewisham Council

7.1 Changes in legislation to DBS requirements for School Governors

The LSCB has requested an annual report to provide assurance that the Council has systems in place for processing and maintaining DBS clearances for its employees.

The school governance (Constitution and Federations) (England) (Amendment) Regulations 2016 came into force on 18th March 2016. Governors appointed before 1st April 2016 are required to have an enhanced DBS check by 1st September 2016. Governors appointed after 1st April 2016 are required to have an enhanced DBS check by 21 days after their appointment.

The legislation has been introduced to improve the regulatory framework for maintained school governance and to provide reassurance to the governing body that an individual is not disqualified from holding office as a governor due to criminal convictions. It also brings maintained schools in line with single academy trusts and directors/trustees of multi academy trusts.

7.2 Current process in Lewisham

The HR Division process DBS clearances for all new staff joining Lewisham Council for posts requiring DBS clearance and DBS renewals for all existing staff who have had initial clearances which are due for renewal three years after the initial clearance.

80% of the checks processed are for schools staff and the HR Division works closely with the Schools' HR team who liaise directly with all the schools. DBS checks are also undertaken for other organisations and Council services such as Fostering and Adoption.

Generally, no member of staff in a post requiring a DBS can commence unsupervised work with children or adults requiring care without a DBS clearance. However, a business case may be submitted and a risk assessment made to start staff ahead of the check.

In schools it is common practice, in line with DfE guidance, to start members of staff pending a DBS clearance. Where a positive disclosure is returned this is investigated by the Schools' HR team in liaison with the relevant Head Teacher. The Head Teacher is required to ensure that the member of staff does not have unsupervised access to children. If there is any concern, the Head Teacher is strongly advised by HR to suspend a member of staff pending investigation and clearance.

As there are risks associated with this practice, this process was further strengthened in June 2013 following recommendations from the LSCB. School based staff/volunteers do not start until they have a disclosure application registered with the DBS or they are able to produce an in date disclosure from their previous employer. The latter does not mean that a new Lewisham disclosure is not sought at the earliest opportunity.

7.3 Current issues with the Metropolitan Police impacting on the DBS process

Approximately 76,000 disclosure applications are held up in a backlog at the Metropolitan Police. It is estimated that these outstanding applications go back to October/November 2015. The Metropolitan Police have put in additional resources to address this backlog.

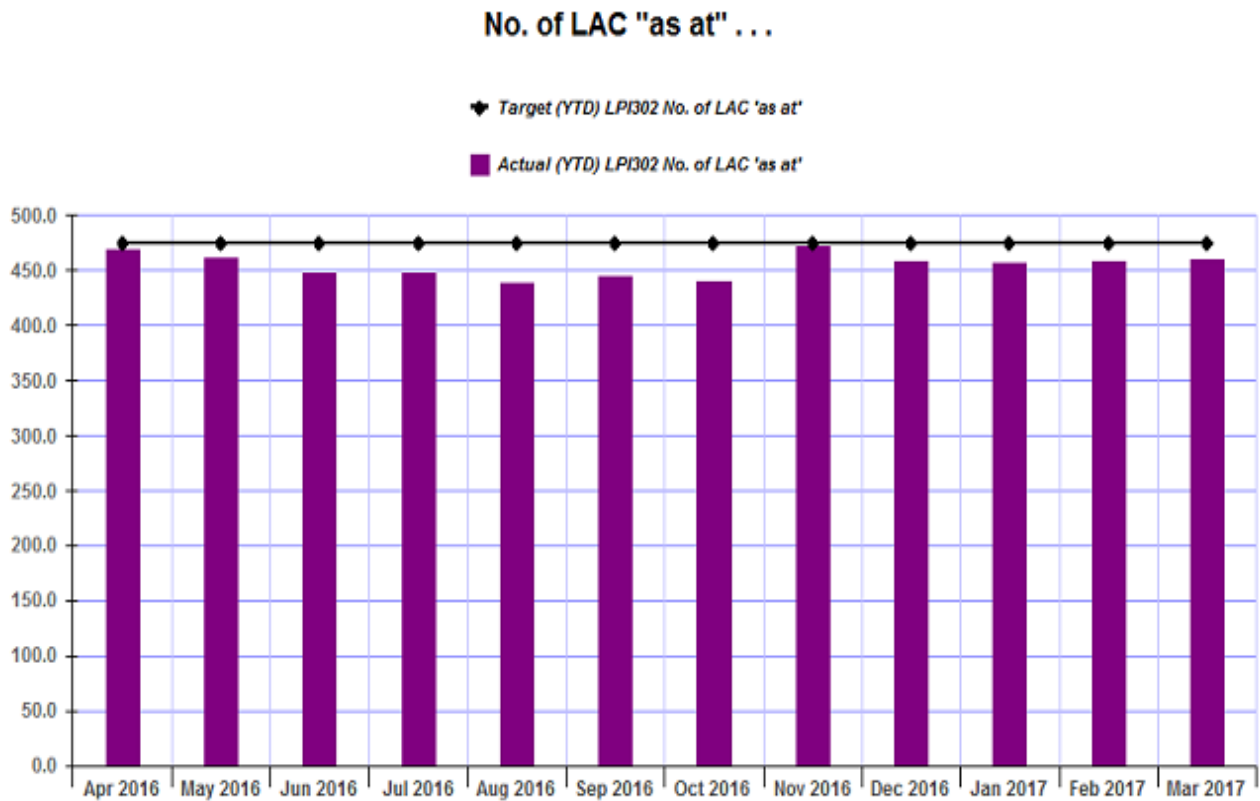
The Council carries out approximately 4,000 checks each year. This is a combination of new starters and 3 year rechecks across the Corporate Council and Schools. To minimise the risk of having outstanding DBS results, managers and Head Teachers are now being asked to submit recheck applications 6 months before the current disclosure expires instead of 3 months before which was the previous agreement.

Historic evidence indicates that cases where staff commit a criminal offence after they are employed are rare. The few cases that can be recalled have been declared to the manager/head teacher or nominated officer at the time the offence was committed.

The introduction of a self-declaration form is currently being considered corporately, which will be completed by new starters and recheck staff whilst the disclosure result is outstanding. This process has already been introduced in schools.

Chapter 8 Looked After Children

8.1 Number of Looked After Children



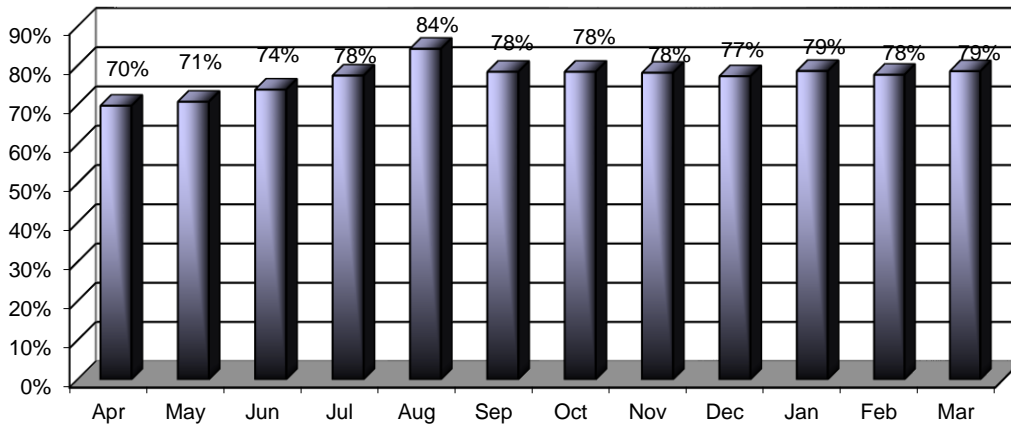
Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
463	468	461	448	448	438	444	440	472	458	457	458	459

The number of Looked After Children remained stable throughout 2016-17, at a figure of 460, which brings Lewisham closer in line to its statistical neighbours. At March 2017 Lewisham had 67.9 (per 10,000) of the child population who were Looked After Children compared to our statistical neighbours at 65.1; nationally the comparable figure is 60.0 (March 2016).

8.2 Placement Stability

The stability of Looked After Children is a priority for Lewisham Council and continues to be among the highest priorities for the service. Achieving placement stability for children in long-term care is key to improving their outcomes in other areas. Where this can be achieved in foster-care, Lewisham is also encouraging Staying Put arrangements, which allows a more supported transition for Care Leavers whereby young people remain with their foster cares post the age of 18. As at March 2016 we had 35 young people who were in Staying Put arrangements, representing an increase from 26 in the previous year.

% of CLA under 16 who had been looked after cont. for at least 2.5 yrs, who had been in same foster placements for at least 2 yrs
(Target : 2016 - 2017 = 72%)

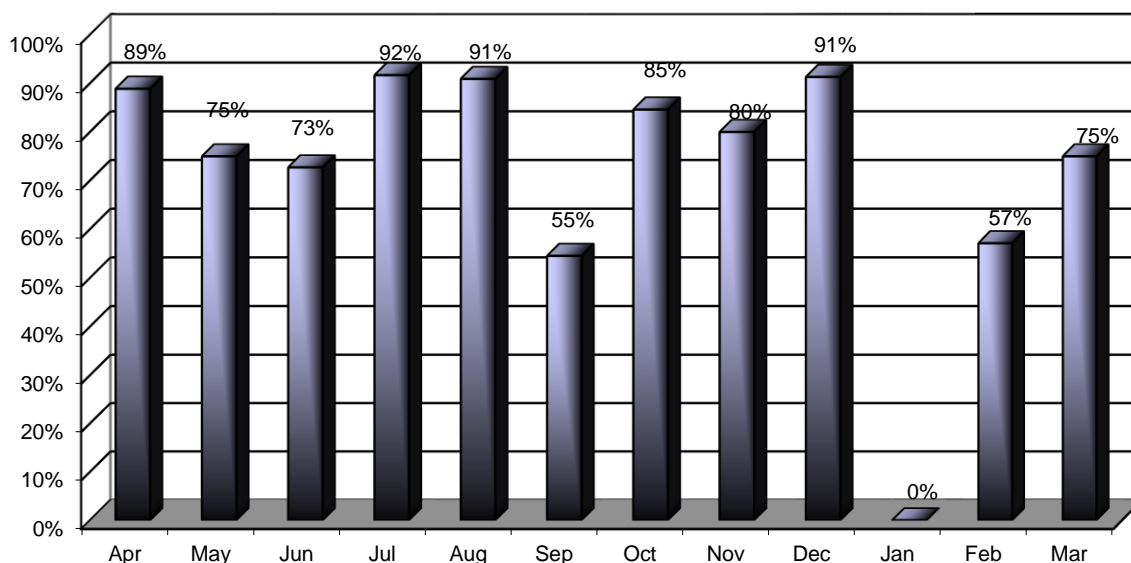


8.3 Health Outcomes

The health of Lewisham Looked After Children remains a priority for all professionals involved in their care. A number of our children and young people experienced neglectful parenting prior to becoming looked after. Consequently they may not have accessed appropriate primary health care including services such as immunisations and dental care.

In order to mitigate these difficulties all looked after children should receive an initial health assessment within 28 working days of becoming looked after. Depending on their age, these are followed up at 6 and 12 month intervals. We are striving to ensure we meet our target of 97% timeliness, it is important to note that due to small numbers of entrants to the care system one young person can have a dramatic effect on monthly percentages for timeliness.

% CLA, who have had an initial health assessment within 28 days of BLA
(Target 2016-2017 =97%)



The emotional well-being of Looked After Children is a key component of their Care Plan. In order to measure this, one of the tools used by Lewisham is a Strengths and Difficulties Questionnaire (SDQ). This is a standardised test based on key areas of behaviour and development in age related bands. These are completed by carers on an ongoing basis and used as part of the care planning for children. In March 2017, the average SDQ score for Lewisham LAC was 13.7%. This is in line with statistical neighbours and the England average.

Lewisham currently has a team, known as Symbol within our Child and Adolescent mental Health Service CAMHS, which is dedicated to supporting looked after children and promoting placement stability. Additionally, there is a family therapist and clinical psychologist based within our Virtual School, whose focus is to promote education achievement. They work with the professional network around the child rather than directly with the child or young person in a clinic-based setting. This has worked well for some young people and it is positive to be able to offer a range of interventions to meet some of the challenges and complexities these young people face.

8.4 Safeguarding Looked After Children

Children who go missing and the possible link to CSE are a key concern for the Adoption, Looked After and Leaving Care service. Unfortunately, for a number of this cohort, going missing has been an established pattern of behaviour prior to them coming into care. All of the young people have individual plans to manage this risk but for some it can be a difficult pattern to break particularly during the early stages of their care history.

For some young people missing activity is linked to gang affiliation and offending, including county lines, which is the practice of young people from urban areas working with established drug dealers to transport drugs to more rural and coastal areas. In December 2016, Lewisham commissioned a new independent service, the St Christopher's Runaways project, to provide independent return interviews to young people who go missing.

In March 2017, 17% of Lewisham LAC were placed in residential provision. Of those placed, a further 17% live more than 20 miles from Lewisham, this is below statistical neighbours at 19% but above the England average of 14%. This in part reflects the lack of specialist provision in the Greater London area.

In relation to Offending, 11% of the LAC population have been convicted or are the subject of a youth caution. The Looked After service is working closely with the Youth Offending Service.

Chapter 9 Partnership Activity to Safeguard Children

9.1 Safer Lewisham Partnership

The Safer Lewisham Partnership set the following 4 priorities in March 2016:

- Peer on peer abuse – under 25 year olds in relation to serious youth and group violence with particular focus on knife enabled crime, child sexual exploitation and domestic abuse.
- All strands of violence against women and girls with particular focus on Domestic abuse, sexual abuse, and FGM. This includes male victims within the defined strands of human trafficking, sexual violence, prostitution, domestic violence, stalking, forced marriage, ‘honour’-based violence and female genital mutilation (FGM).
- Focus on work in relation to identified geographical hotspots, premises and people of interest and using regulatory and enforcement provisions across the partnership and community as appropriate. This includes business crime and community safety related issues that impact on local residents. This links with work under the strands of Organised Crime including drugs as a driver for violence, firearms, human trafficking, Child Sexual Exploitation, Economic crime and cybercrime.
- Better understand, respond, monitor and reach out to specified groups in relation to a multi-agency approach to hate crime

Priority 1 - Peer on peer abuse

We said we would take the following action:

- All agencies taking a proactive approach to identifying those at risk of and those involved in peer on peer abuse. This includes a targeted approach to provide help if they want it, or enforcement if they do not take the help.
- All partners working collectively to look at environmental and geographical risks and take action to reduce these.
- Campaign and related work to ensure all Lewisham residents are aware of the issues, the risk indicators and what to do to for support and help. Developing a single message and a joint Adult Community Response.

Serious youth violence has increased slightly (2.7%) though at a lesser rate than for the capital. (251-258 offences)	Youth Violence, a wider group of violent offences against young people has declined. (1.2%, 731 – 722 offences)	Knife Crime with injury (u25), has decreased against the general trend. (1%, 81-72 offences)
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Partnership enforcement and environmental operation: a proactive partnership approach to tackling an increase in street robberies in a geographical location which contributed towards approximately 60% of the net increase in robbery as a whole.

A local partnership approach was applied to the problem and involved mapping key neighbourhood vulnerabilities including the presence of large numbers of vulnerable adults who were providing a market for dealers. Competition between local youths was partially attributable to competition over sales and the Local Authority implemented a focused deterrence approach targeting trap houses where drugs were being manufactured after the cuckooing of local addicts. Solving such a complex problem involved a delicate interplay of safeguarding and enforcement functions.

Overall possession orders were served on properties and a list of individuals were collated for Criminal Behaviour Orders, applications prohibiting entry to the area and attaching non-association requirements for key individuals.

A mapping of physical estate vulnerabilities was also undertaken and access points were blocked off, as well as SNT patrols increased in the area. The Serious youth Violence team also worked with the RSLs in the area in a comprehensive knife sweep.

In December the robbery volume declined by over 90%

Community Trauma Work: Work is being developed between statutory partner agencies and community groups to consider a community led approach to tackling serious youth violence. This has included piloting a Parent led support group for parents in the north of the Borough. This work will start to tackle the issues of community trauma, lack of trust in organisations and build a ‘trusted adult’ model within the community. In addition, the use of restorative justice approaches within the community and within key schools in the location will embed a culture of support and community healing.

A communities of Practice approach has been adopted to enable members of the Community with professionals in the area to understand the issues collectively, work together to implement actions and to support each other in moving forward. This work will continue, embedding this ethos and community led model in the geographical area.

Priority 2 - Violence against women and girls

We said we would take the following action:

- Work closely with enforcement agencies in aligning a greater victim support ethos at all processes through the Criminal Justice system
- Campaign and related work to ensure all Lewisham residents are aware of the issues, the risk indicators and what to do to for support and help
- Support and develop the Child House Model in relation to improving services, support and a single investigative approach for young victims of sexual violence.

There has been a significant rise in rates of sexual violence (11.9%) and rape (20.8%), (rates of underreporting are as high as 90% on some estimates)	Domestic Abuse Violence With Injury offences have risen (9.9%)	All domestic abuse has seen a slight reduction of 1.8%
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Positive Women’s Conference: Women from the Muslim community wanted to raise awareness of domestic violence and provide information on how women specifically can stay safe and receive help and support if they are suffering from such abuse. These Muslim women wanted a conference which provided information on access to vital statutory and community services. It was ensured that all meetings prior to the conference were confidential and the women’s cultural needs were understood. It was important to acknowledge the sensitive nature of the conference and maintain partnership working to help create community cohesion and address domestic violence within Lewisham.

The conference explored what services were available to women seeking support with domestic abuse and or sexual violence and how to access these safely – those services represented included the NHS, Police, Community support services, Immigration and Sexual Health. Over 60 women attended.

Priority 3 - Identified geographical hotspots, premises and people of interest - Organised Crime

We said we would take the following action:

- Multi agency Partnership activity to reduce crime and fear of crime in identified areas
- Developing a business crime partnership approach to areas of greatest victimisation.
- Developing the work and understanding of risk and vulnerability linked to County lines and drug dealing to prevent further young people being recruited to this organised crime. This work will seek to reduce overall violence linked to drugs in Lewisham and linked to Lewisham individuals.
- Multi agency partnership activity specifically targeting known premises of concern i.e. Brothels, licensed premises, rogue landlords, using an approach which supports the victims involved.
- Developing a pan London approach to a local approach to tackling organised and serious crime

Robbery Total has reduced from 769 in Jan 2016 to 760 in January 2017	Robbery Business has risen by 1 incident in this time, from 77 to 78	93% of people said that they felt Very or Fairly safe during the day 57% of people said they felt Very or Fairly safe at night (residents survey Feb 2017)
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Banking Protocol: The Lewisham Crime, Enforcement & Regulation Service have been heavily involved with the MPS Falcon and Sterling Teams from SC&O7 and London Trading Standards in preparing a more holistic response to organised rogue traders and other scammers and fraudsters by local police and local authority law enforcers. Lewisham CERS have joined a pilot whereby when police receive a 999 or 101 call to a suspected fraud in action, participating local authorities will provide a rapid response as this is an area where enforcement legislation often overlaps between police and council enforcement.

The Banking Protocol is a national initiative between the banking/financial industry and law enforcement. In London the MPS Falcon prevention team have developed a corporate immediate response protocol for Borough Operation Command (BOCU) Response Officers. In Lewisham the initiative includes a local authority rapid response.

The initiative also enhances the response by banks, building societies and other financial service providers, to suspicious activity, encouraging the rapid call to police (and local authority where such protocols exist), the securing of evidence such as CCTV, physical evidence e.g. documents with potential forensic opportunities, vehicle registration marks and description. Also to raise staff's awareness of what may be suspicious activity such as unusual or large amounts being withdrawn, or apparently vulnerable customers being accompanied by 'strangers'.

Priority 4 - Hate crime

We said we would take the following action:

- A detailed assessment of the current understanding of the issue including Community Characteristics, Incidents, Victims, perpetrators, Locations and Times, Current Responses
- Training in our collective response to hate crime.
- Reflecting and reviewing our response to the needs of victims of hate crime.
- Increasing our support and enforcement based on people and places of note identified via our local assessment.

- Increase public awareness of hate crimes and educate groups about strategies to reduce their vulnerability to hate crimes.
- Review, develop and publicise specific initiatives that have been undertaken to encourage and/or improve the reporting of hate-crime victimisations including on-line apps, and third party reporting sites
- Collaborate with educational institutions work with students, staff, and the public about hate crimes and hate groups' recruitment tactics and emphasise community cohesion, integration and tolerance.

Racist and religious hate crime increased by 11.6% (454 – 514 crimes)	Homophobic crime reduced by 9.1% (87-79 crimes)	Anti semitic increased by 83% (1-6 crimes). Islamophobic crime reduced by 30.5% (36-25 crimes)
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Lewisham's **Hate Crime Third Party Reporting Sites** network has been revisited, re-established and the reporting sites are currently being retrained to receive and deal with reports from the community

Lewisham's Third Party Reporting scheme aims to deliver a coordinated response to hate crime by bringing together key agencies to work in partnership to ensure victims and witnesses have access to support and protection, and offenders are brought to justice which will help create a safer and more cohesive community.

The aims of third party reporting of hate crime are:

- To support and encourage increased reporting of hate crime and hate incidents to establish a better understanding of the needs of different communities and target resources effectively.
- To enable victims and witnesses of hate crime incidents to make reports at independent community locations, where they feel safe and comfortable.
- To improve information sharing between partner agencies and promote joint working to increase community safety.
- To send a clear message across all communities that hate crime is unacceptable, that victims will be supported and protected and perpetrators will be held to account.

Launch of Hate crime App: Safer Lewisham Partners are working to use new and innovative initiatives to enable victims to report hate crime. In 2016 Lewisham championed the MOPAC-supported hate crime reporting smart phone application '**Self Evident**', promoting it at Lewisham People's Day, through the Safer Neighbourhood Board, the Safer Lewisham Business Forum and a range of youth, vulnerable adult, housing and faith for a across the borough.

Lewisham is hoping to increase the public use of this, both as a method of reporting a crime and as a tool to gather evidence.

This reporting avenue is also being promoted to and through Lewisham Council staff, the Lewisham Council website and to partners across a range of services.

<https://www.witnessconfident.org/self-evident-app>

Current profile:

Over the last twelve months the borough's performance has largely mirrored trends which have been occurring nationwide, the most notable of which is a general stabilisation or marginal reduction of acquisitive crime, coupled with a sustained increase in violent and sexual offences. Burglary, already at a historic low in the borough has continued to decrease, as has Motor Vehicle crime. Similarly theft offences have decreased by an incremental margin. Whilst much national attention has focused on a spike in hate crime, racially and religiously aggravated hate crime declined significantly by 9% with no major community tensions recorded by police.

Number of Offences	12 months to January 17 (year)		12 months to January 16 (year)	
	Lewisham	Met Total	Lewisham	Met Total
Total Crimes	24,635	763,410	24,556	737,948
Homicide	6	104	4	116
Violence Against the Person (Total)	8,849	234,930	8,590	223,172
Rape	273	6,314	226	5,466
Other Sexual	418	11,181	391	10,480
Robbery (Total)	838	23,062	846	21,731
Robbery (Person)	760	21,416	769	20,004
Robbery (Business)	78	1,646	77	1,727
Burglary (Total)	2,065	68,737	2,151	70,373
Burglary Residential	1,413	43,036	1,453	44,421
Burglary Non-Residential	652	25,701	698	25,952
Gun Crime	87	2,385	87	1,851
Motor Vehicle Crime	2,295	79,164	2,425	71,979
Domestic Crime	3,115	74,389	3,171	73,101
Racist & Religious Hate Crime	514	16,836	454	14,255
Homophobic Crime	79	2,034	87	1,825
Anti-Semitic Crime	6	514	1	462
Islamophobic Crime	25	1,204	36	1,070

When considering trends the following crime types impact significantly on the Boroughs total notifiable offences –

Non Domestic Violence With Injury offences have been increasing on the borough since April 2016, and in five of the last seven months volumes have been higher than the 3 year average.

This equates to 7.6% of Total Notifiable Offences.

Common Assault offences have shown a significant upward trend on the borough, following a trend of steady increases since November 2013. The borough has recorded offence volume higher than the 3 year average in six of the last seven months. This equates to 9.8% of Total Notifiable Offences. Lewisham is currently in the top 4 London boroughs for Domestic Abuse and equates to 12.6% of Total Notifiable Offences. The borough is also in the top 10 for Total Sexual Offences and Knife Crime. All of the rankings for these high harm crimes have remained consistent.

There were a total of 1,718 **CSE** enquiries recorded on the MPS crime system in 2016 (up from 1,675 at the end of FY 2015/16). Eight in ten enquiries are deemed to be within the lowest risk category.

Lewisham accounted for 44 enquiries, or 3% of the total (ranking the borough 19th out of 32 for volume). 25% of these cases were categorised as medium or high risk.

Residents' voice

Through a borough wide survey undertaken 201 people responded. The following areas were identified:

Burglary 29.5% Knife Crime 27.5% Robbery 6.5% Drug or Alcohol Related 7.5%

When asked the specific question of if they were a young person or the parent/carer of a young person, what concerns them most today, the responses highlighted

Street Robbery 24% Street violence 16% Cyber Bullying 15%
 Through a Public Attitude Survey conducted in relation to the Police, Lewisham is currently recording 79% victim satisfaction (ranked 13th in London) and 68% 'good job' confidence levels for residents of the borough (21st of the 32 London boroughs).

PAS Question	Overall Result %	London Ranking
Do you know how to contact your local policing team?	37.8	17
Local information provision	43.4	16
Police are dealing with the things that matter to people in this community	77.9	12
Police can be relied on to be there when you need them	77.1	22
The police in this area treat everyone fairly regardless of who they are	72.6	27
The police in this area listen to the concerns of local people	76.9	18

The borough is currently performing well in terms of dealing with the things that matter to the local community.

A focus on the inequalities observed towards victim satisfaction and public perception, for Lewisham, there is a strong White / BAME gap around perceptions towards the police (i.e., there is more than an 7.1% difference in terms of whether the police treat everyone fairly– White 75.4%, BAME 68.3%) will require focus.

9.2 Children and Adolescent Mental Health Service (CAMHS)

Lewisham CAMHS is Tier 3 Service offering therapeutic interventions to children and young people up to the age of 18 who experience enduring moderate to serious/complex mental health concerns that impact on daily living.

Services are located across three sites within Lewisham Borough:

- **Kaleidoscope:** CAMHS Generic Team (Horizons), Neuro-Developmental Team (NDT), CAMHS Pediatric Liaison Service Team (PLS) and Crisis Team
- **Lewisham Park:** Lewisham Young People's Service (LYPS), Symbol (Looked After Children)
- **Holbeach:** Adolescent Resource Team – forensic (ARTS)

There have been some recent changes in Lewisham CAMHS service; the two generic teams covering east and west of the borough have merged into one team called Horizons team.

The combined team is embarking on a service transformation initiative called Choice And Partnership Approach (CAPA). Other teams will be mainstreamed into CAPA subsequently. As part of this transformation resources have been secured to tackle an unsustainable high waiting list. CAPA will streamline resources to offer a more collaborative, timely, effective and efficient service to children, young people and families. Through these change which embed standardization and scrutiny, safeguarding processes will be enhanced.

A new, specific team, the Crisis Team was set up in May 2016. The Crisis team assess young people with serious and enduring mental health problem presenting at Lewisham Hospital A&E. Previously, this work was carried out across the service by clinicians on a rota basis. Now with a dedicated team, a more coherent and continuous service can be offered, professional relationships developed and practices and protocols established, which enhance safeguarding processes through experienced clinicians and collaborative working.

Lewisham CAMHS Activity:

- **Number of referrals received:** 1,627
- **Number of referrals accepted:** 1,162
- **Appointments offered:**
 - Patients seen: 2,854
 - Appointments offered: 14,161
 - Follow up appointments attended: 9,860

Outcome measures:

Outcomes in terms of mental health for children are monitored Trust wide via CGAS (Children's Global Assessment Scale) and Strengths and Difficulties Questionnaire, both of which are CAMHS key performance indicators.

Number of patients eligible for paired CGAS, % recorded and showing improvement:

	2016									2017		
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Eligible	503	471	442	483	459	422	445	433	423	426	410	396
Recorded%	98.4%	97.7%	97.7%	99%	98%	98%	97%	96%	96%	97%	97%	97%
Target%	95%	95.0%	95.0%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Variance%	3.4%	2.7%	2.7%	4%	3%	3%	2%	1%	1%	2%	2%	2%
Improved%	72.5%	71.7%	70.8%	71%	71%	71%	71%	71%	70%	69%	70%	70%

Lewisham CAMHS routinely use routine outcome measures. CAMHS are monitored on the use of routine outcome measures as part of their CYPIAPT membership.

Safeguarding Children Supervision arrangements:

CAMHS staff have regular clinical and management supervision, which includes discussions of safeguarding children. CAPA clinical discussions groups include safeguarding issues which are recorded onto Trust Electronic Clinical Records (ePJS).

Safeguarding Children advice is also given by Safeguarding Children Leads and duty seniors.

Identified areas of concern / challenges and priorities for the coming year:

- **Identified Concern: Lewisham CAMHS Waiting List**

The total number of referrals waiting to be seen for an assessment has continued to increase during the period of 2016-2017. In particular the generic service waiting times are high due to staffing and complexity of cases.

Action: Lewisham CAMHS is currently undergoing transformation to address waiting times and throughput.

- **Identified a weakness in data collection around safeguarding children referral's made to MASH.**

SLaM staff have been using a new function, Safeguarding Children template, on the Electronic Patient Records System (epjs) to record all safeguarding children activity. The trust are currently in the process of compiling this data. Prior to this all clinical staff recorded safeguarding activity data onto a team Safeguarding Spreadsheet for monitoring and data collection; we are currently still asking staff to record on these spreadsheets until the data from the Safeguarding template can be compiled.

Action: CAMHS Safeguarding Children Lead and team managers to remind staff to complete the Safeguarding Children template to record all safeguarding activity to enable a robust monitoring of Children Protection Referrals/attendance at Child Protection Conferences and also provide safeguarding assurances. We have also requested that each CAMHS team continue to record any safeguarding children activity onto their team spreadsheets.

9.3 Lewisham and Greenwich NHS Trust (LGT)

Lewisham and Greenwich NHS Trust (LGT) provide a range of acute health care services at Queen Elizabeth Hospital (QEH) in Woolwich in the Royal Borough of Greenwich and the University Hospital Lewisham (UHL) and community health services in the London Borough of Lewisham. LGT also delivers the Family Nurse Partnership Programme within both boroughs.

How have we made a difference for children?

Learning from Care Quality Commission (CQC), Children Looked After and Safeguarding Inspection (CLAS) in November 2016 and Serious Case Reviews (SCRs) has resulted in a review of the Maternity Safeguarding Pathway (MSP). This will ensure that unborn babies, children and their families who could benefit from early support are identified as soon as possible. All woman booking for antenatal care are routinely asked about Female Genital Mutilation (FGM), Domestic Abuse (DA), mental health support and who will be involved in the new baby's life. The Trust is part of the early adopter FGM Risk Indicator System (RIS) to ensure an electronic flag is automatically generated for children living in homes where FGM is a factor.

The Safeguarding Team contribute to Lewisham's Multi-Agency Safeguarding Hub (MASH) through information sharing to support multi-agency risk assessment and decision making to safeguard children.

LGT is part of the LSCB's Missing, Exploitation and Trafficking (MET) structure. This strengthens the LGT contribution to the identification of young people at risk of Child Sexual Exploitation, peer-on-peer abuse, harmful sexualised behaviour. The Lewisham LSCB MET strategy and CSE assessment toolkit has been disseminated across the LGT workforce and incorporated into training. Help to support children and their families to be aware of possible CSE warning signs was achieved through the Spotting the Signs of CSE guidance and the NSPCC PANTS campaign.

The Safeguarding Children Policy is being reviewed to reflect updated guidance on Modern Slavery, Radicalisation and the Mental Capacity Act.

The Trust's Managing Allegations against those who work with children, Domestic Abuse Policy and Therapeutic Holding Policy have been reviewed and updated.

Weekly safeguarding training is offered to help staff know what to do if they are worried about a child. Training is updated annually and has focused on CSE, Gang involvement, self-harm, neglect and learning from SCRs.

The Trust Intranet site was reconfigured in December 2016 with a specific Safeguarding Children page. This page also give links to the LSCB website, national and local guidance such as FGM, DA and CSE. The Safeguarding Team produce a quarterly newsletter on current topics. The electronic record keeping system continues to be rolled out across the Trust as part of the Information Technology Strategy. This will provide better evidence of the child's journey through LGT services. The Safeguarding Team became part of agile working, through the use of the community mobility strategy in 2017. This has enabled improved 'live time' information sharing within the multi-disciplinary forums.

All children subject to a Child Protection Plan are flagged on the system and routine notifications of attendance is shared with allocated social workers. Referrals to Children's Social Care are now sent via secure email which has resulted in more timely information sharing. Outcomes of referrals are routinely monitored in the weekly safeguarding meetings.

The Safeguarding Team reviews Emergency Department attendances using a Red, Amber, Green (RAG) system. This supports timely information sharing with partner agencies.

Safeguarding supervision is available via reflective learning forums held quarterly.

An Independent Domestic Abuse Advocate (IDVA) and Learning Disabilities nurse are on site to help with domestic abuse and learning disability support.

Evidence for and evaluation of effectiveness

The number of early help assessments and referrals made to and accepted by Children's Social Care has increased, highlighting that staff are identifying children and young people who could benefit from early help or who are at risk of significant harm.

The Trust revised its governance structure in 2016 to have a Safeguarding Assurance Group and Safeguarding Committee which is chaired by a Non-Executive to provide objectivity and rigour. The meetings monitor, review and escalate the Safeguarding Risk Register, Strategic and Operational action plans and annual audit programme.

There is good trust representation at LSCB meetings and task groups and contribution to the quality assurance framework. Training continues to reinforce and raise awareness of current safeguarding issues.

9.4 London Ambulance Service (LAS)

Safeguarding Risks

The LAS safeguarding risks are reviewed by the Safeguarding Committee. The risks for 2016-17 are detailed below:

- There is a risk that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably MARAC requests for information.
- There is a risk that due to our inability to link safeguarding referrals and identify previous referrals made to Social Services, this will impact on our ability to escalate any continued safeguarding concerns identified, which will impact on patient care.
- There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.
- There is a risk that the Trust is unable to meet statutory requirements of providing safeguarding supervision, by trained professionals. This will result in an impact on staff performance and welfare and the Trust will not be compliant with the Children Act and Care Act pertaining to safeguarding.
- Safeguarding referrals will suffer. They will be delayed, miss-referred etc. Also information governance will be impacted. The risk impact those patients and others who are the subject of referrals and to whom we owe statutory duties of care.
- There is a risk that the Trust is unable to provide assurance that it is compliant with safeguarding training requirements for clinical and non-clinical staff.
- Children involved in youth violence may suffer greater harm as a result of a safeguarding referral not being made and appropriate help and support may not be provided by the local authority or other agencies as a result.

Work Plan

The implementation of the work plan is monitored by the Trust's Safeguarding Committee. The work plan contains the actions that are required to ensure the Trust is compliant with legislation, national documents / recommendations and learning from incidents. Good progress has been made with the actions identified for completion during 2016-17.

Education and Training

Safeguarding training is critical to protecting children, young people and adults at risk of harm. Front-line staff must have the competencies and support to recognise signs of maltreatment and to take appropriate action. All staff employed or contracted by the Trust have a duty to safeguard and promote the welfare of children, young people and adults and should know what to do if they have any concerns. The Trust Quality Improvement Programme (QIP) is in the process of developing a system that will capture all statutory and mandatory training across the Trust, and safeguarding will use this system from April 2017.

All clinical staff including those in the Emergency Operations Centre (EOC) receive level 2 safeguarding on their initial induction course and refresher training on the Core Skills Refresher (CSR) course annually.

Views of parents / carers / children / young people

Friends and Family test has been introduced across all of the CYP areas and feedback is monitored and shared with staff.

Safeguarding and parents notice boards are within key clinical areas. All areas have posters advising children and young people they can be seen alone if they wish to speak with a member of staff.

A leaflet explaining child protection processes has been developed. A Children's Complaint Leaflet is available across sites.

Multi language posters on DA have been developed by maternity services.

The use of interpreting services via telephone or face to face is available.

What have we learned?

- All emergency department's attendances are reviewed by the safeguarding team to support early identification of need.
- Reviewing and strengthening of information sharing pathways continues to keep children in mind.

What do we need to do better?

- Improve children's engagement and feedback.
- Support staff with Early Help identification.
- Extend safeguarding supervision availability.

Examples of effective practice

Safeguarding Team has embraced agile working to share timely, 'live' information to support risk assessment and action planning.

Discharge documentation for GPs now contains specific safeguarding concerns questions to support information sharing.

Appendix A Overview of the Lewisham Safeguarding Children Board

The LSCB is a statutory body and was established in 2006 in accordance with the statutory duties set out in the '*Children Act 2004*'. The activities undertaken by the LSCB reflect the requirements of the Act, and are based upon the objectives set out in Chapter 3 of '*Working Together to Safeguard Children 2015*':

- (a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area, and
- (b) To ensure the effectiveness of what is done by each such person or body for those purposes.

The LSCB brings together all the main organisations which work with children and families in Lewisham, with the aim of ensuring that they work together effectively to keep children safe. The LSCB stands alongside Lewisham's Children and Young People Strategic Partnership Board and other partnership forums (please see structure chart below). The LSCB holds responsibility for identifying the safeguarding aspects of all of the Every Child matters five outcomes, and has a key role in overseeing the 'Staying Safe' outcome as identified within the Lewisham Children and Young People's Plan 2015-18 (CYPP). The LSCB has a responsibility to ensure that organisations are fully meeting their safeguarding obligations effectively, and can hold them to account if they are not.

The LSCB endeavour to ensure that children and young people are:

- safe from abuse, maltreatment, neglect, violence and sexual exploitation,
- secure, stable and cared for; and helps to reduce the likelihood of them suffering from:
 - accidental death and injury
 - bullying, exploitation and discrimination
 - crime and anti-social behaviour

The LSCB works to achieve this by:

- Leading collaboration across all agencies in the community
- Developing and setting policies and procedures
- Monitoring and auditing the implementation of these policies and procedures
- Conducting audits to ensure the effectiveness of what is done by agencies individually and collectively to safeguard and promote the welfare of children
- Ensuring appropriate multi-agency training is available and effective
- Promoting awareness and action in the wider community
- Conducting Serious Case Reviews when a child dies or is seriously harmed and abuse or neglect is suspected to improve practice across agencies
- Conducting Child Death Reviews to better understand how and why children in the locality die and use these findings to take action to prevent other deaths

The LSCB Main Board

This is made up of representatives of the member's agencies. Board members must be sufficiently senior so as to ensure they are able to speak confidently and sign up to agreements on behalf of their agency, and make sure that their agency abides by the policies, procedures and recommendations of the LSCB.

The Executive Board

The Executive Committee manages the business and operations of the LSCB, ensuring there are clear governance arrangements in place and drives forward the strategic priorities as outlined in the Business Plan.

Independent Chair

The LSCB has an Independent Chair who is subject to an annual appraisal to ensure the role is undertaken competently and that the post holder retains the confidence of the LSCB members. The Chief Executive of Lewisham Borough Council and Executive Director for CYP appoints the Chair.

Lewisham Borough Council

Whilst the Chair and the Board itself is independent, Lewisham Council is responsible for establishing and maintaining the Safeguarding Children Board (LSCB) on behalf of all agencies.

The Executive Director of Children Services and the Director of Children's Social Care are required to sit on the Main Board of the LSCB as this is a pivotal role in the provision of children's social care within the local authority.

Leader of the Lewisham Borough Council

The ultimate responsibility for the effectiveness of the LSCB rests with the Chief Executive of the Council. Regular meetings take place throughout the year between the LSCB Independent Chair, the Executive Director for Children and Young People and the Chief Executive to ensure appropriate communication regarding decision making processes and escalation of matters where needed.

Lead Member for Children's Services

The role of Lead member holds responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people. The Lead Member contributes to the LSCB as a participating observer and is not part of the decision-making process.

Partner Agencies

All partner agencies in Lewisham are committed to ensuring the effective operation of the LSCB. This is supported by the LSCB governance document and partnership protocol, which sets out the governance and accountability arrangements.

Designated Professionals

Health commissioners should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the local area. Designated professionals are a vital source of professional advice on safeguarding children matters to partner agencies and the LSCB. There are Designated Doctors and Nurse Role's in post for Lewisham who play an active role in the LSCB and its task groups.

Lay Members

Lewisham LSCB has two local residents acting as Lay Members who support stronger public engagement in local child protection and safeguarding issues and contribute to an improved understanding of the LSCB's work in the community. Both Lay Members play an active role in the work of the LSCB and its task groups.

LSCB Financial arrangements for 2016-17

Income:

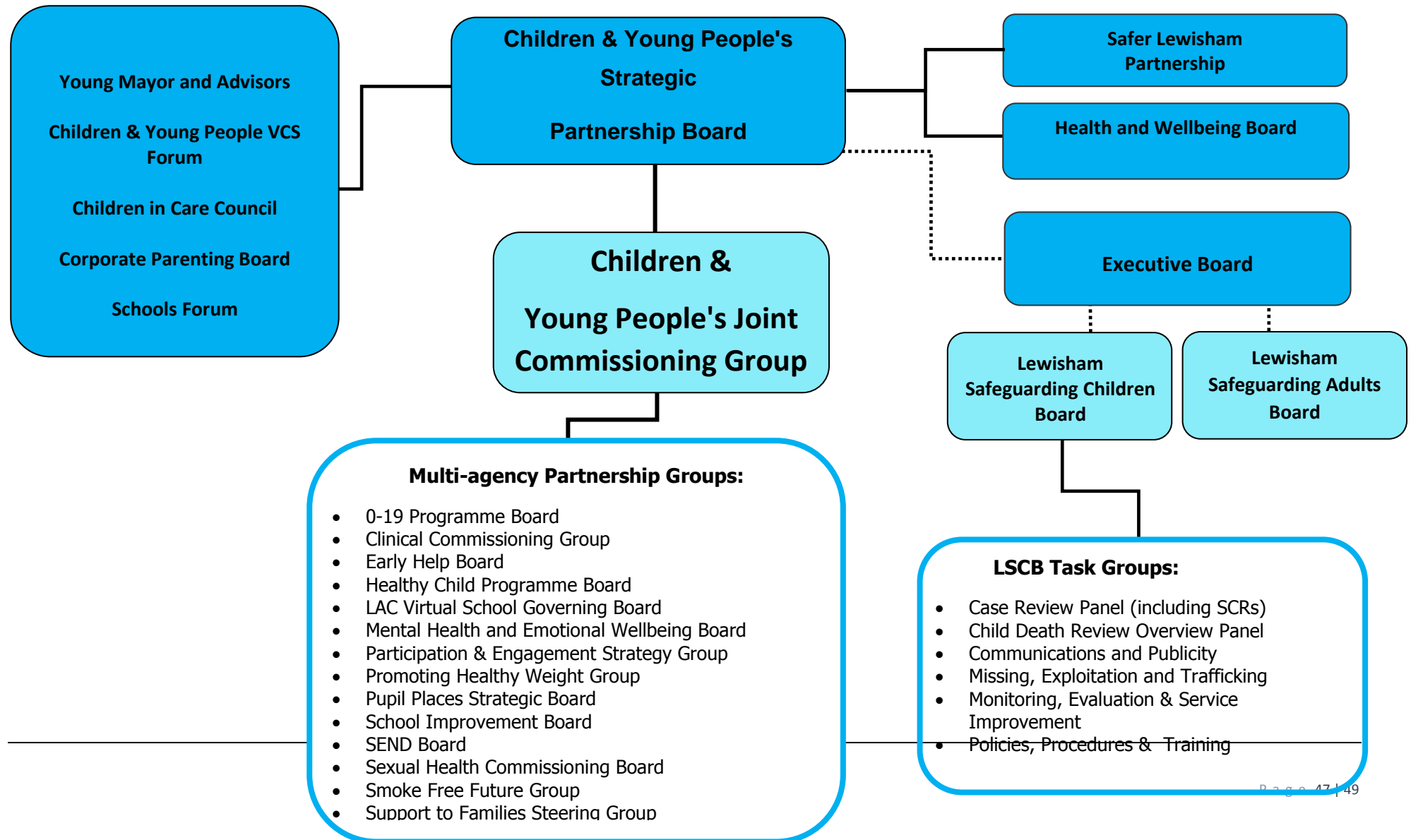
Organisation	Percentage	LSCB contribution
Lewisham CCG	26%	45,110
LBL Children's & Young People's service	48%	83,280
*Cafcass	not applicable	550
*London Probation	not applicable	2,000
*Metropolitan Police Service	not applicable	5,000
Lewisham & Greenwich Healthcare Trust	13%	22,555
South London and Maudsley	13%	22,555
Total:		181,050

Expenses:

The salaries of all LSCB staff are paid from the LSCB budget. An amount of £10k has been allocated to deliver the annual LSCB training programme. However, it is recommended to increase this amount to £15 000 from 2017/18 to ensure the deliverance of 'good' multi-agency safeguarding training across the partnership. Training will therefore remain free of charge for all professionals in Lewisham who works with children and young people.

Other expenses include matters such as the maintenance of the LSCB website, stationery, room bookings and refreshments, IT equipment, agency cover, external contractors, staff training, leaflets, campaigns etc.

CYP Strategic Partnership Structure





Together Everyone Achieves More for Children



HEALTH AND WELLBEING BOARD			
Report Title	Lewisham Annual Public Health Report 2017		
Contributors	Dr Danny Ruta, Director of Public Health; Dr Catherine Mbema, Consultant in Public Health	Item No.	5
Class	Part 1	Date	2 November 2017

1. Purpose

- 1.1 The purpose of this report is to provide members of the Health and Wellbeing Board with the proposed content of the Annual Public Health Report (APHR) for 2017. The theme of the APHR this year is 'Mental Health and Wellbeing' and the report focuses primarily on communicating with members of the Lewisham community about mental health and wellbeing in the borough.
- 1.2 The 2017 APHR will adopt a new online format to enhance accessibility of the report for members of the public.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the content of the report and direct as required any further analysis or commentary.

3. Policy Context

- 3.1 The Health and Social Care Act 2012 stated that the production of an APHR is a statutory duty of the Director of Public Health, which the local authority is responsible for publishing.
- 3.2 The APHR topic selected for this year is Mental Health and Wellbeing following on from the publication of the Lewisham Public Mental Health and Wellbeing Strategy in November 2016. The strategy was produced in response to the relatively high level of mental health need in Lewisham (for example 1.31% of people on GP registers in Lewisham are recorded as having a serious mental illness in comparison to 0.9% in England overall), and the subsequent impacts of mental ill health for the population. The strategy has four overarching aims:
- To improve mental health and wellbeing for all in Lewisham across the life course

- To attempt to bring together all initiatives in Lewisham that impact positively upon mental health and wellbeing under one strategic ambition
- To increase and optimise the use of community assets for mental health and wellbeing initiatives
- To reduce stigma and increase awareness amongst the public and professionals of factors which build resilience, protect and improve mental health and wellbeing

An action plan for this strategy will be finalised at the end of November 2017 and will facilitate the achievement of a concrete set of strategic actions over the next year.

In line with the aims of this strategy, the APHR will take a public health approach focusing on promotion of mental wellbeing and prevention of mental ill health. The APHR will also focus on communicating with members of the public about mental health and wellbeing in Lewisham in order to contribute to the aims of the strategy, particularly in relation to increasing public awareness and reducing stigma.

3.3 The APHR will be presented to the Healthier Communities Select Committee at it's meeting on 1st November 2017.

4. Background

4.1 The APHR has been produced in partnership with key stakeholders that were involved in the development of the Public Mental Health and Wellbeing Strategy, including colleagues from Lewisham Council and Lewisham Clinical Commissioning Group.

4.2 The APHR this year will adopt an online microsite format with webpages featuring a combination of written text, user-friendly data presentation, images and short videos. This communication medium was chosen in line with the target audience for the report i.e. members of the public, and in recognition of the increasing use of online communication channels to disseminate health information. Between 2007 and 2016, there was a 33% increase in the proportion of adults using the internet to look for health-related information, with 51% of adults now using the internet to do this (Source: Office for National Statistics, 2017).

5. Summary of the APHR 2017

5.1 The focus of the APHR this year is on communicating with members of the public about mental health and wellbeing in Lewisham taking a public mental health approach. The APHR therefore aims to:

- Provide user-friendly information about the levels of mental health and wellbeing in Lewisham, including information about risk and protective factors

- Provide real-life stories from Lewisham residents across the course of life about living with and through mental ill health
- Provide information on the strategies, initiatives and interventions being delivered in Lewisham that aim to promote mental wellbeing and prevent mental ill health
- Provide information about where residents can seek help if concerned about their mental ill health to ensure that mental ill health is identified and treated at the earliest possible opportunity.

5.2 The following sections will therefore be included in the online microsite:

- **Section 1: Introduction**

This section will include video introductions to the report from Dr Danny Ruta, Director of Public Health, Cllr Muldoon, Chair of the Healthier Communities Select Committee, and Cllr Jonathan Slater, Mental Health Champion for Lewisham.

- **Section 2: Why is this topic important for Lewisham?**

This section will include key mental health data summarised in three infographic sheets (factors related to mental ill health, mental health profile of Lewisham and impacts of mental ill health).

- **Section 3: What is it like to live with mental ill health?**

This section will include a series of five real-life stories from Lewisham residents about their experience of mental ill health.

- **Section 4: What we you do to keep mentally well?**

This section will include a summary of the Five Ways to Wellbeing (Be Active, Keep Learning, Give, Take Notice and Connect), which are the evidence-based ways that people can use to improve their mental wellbeing. This section also provides local examples of how residents can take part in any of the Five Ways to Wellbeing.

- **Section 5: What can we do to help others keep mentally well?**

This section will focus on mental health literacy and provides a profile of mental health first aid training, including what it is, how this training can be accessed locally and the experience of local councilors that have recently received the training.

- **Section 6: What is happening to help improve mental health and wellbeing in Lewisham?**

This section will provide a brief overview of initiatives taking place nationally (Heads Together and Time to Change campaigns); in London (THRIVELDN); and in Lewisham (Bromley Lewisham Mind Mindful Mums programme, Youth MHFA, Public Mental Health and Wellbeing Strategy, and Dementia Friendly Communities work) to help improve the mental health and wellbeing of residents.

- **Section 7: Where can you go if you need help with your mental health?**

This section will highlight key resources available for residents with concerns about their mental health or the mental health of others.

5.3 The online microsite is currently being developed within the public health team in liaison with the communications team at LBL. The microsite is planned to go live at the end of November 2017.

6. Financial Implications

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

7. Legal Implications

7.1 The requirement to produce an APHR is set out above.

8. Crime and Disorder Implications

8.1 There are no specific crime and disorder implications arising from this report.

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report.

10. Environmental Implications

10.1 There are no specific environmental implications arising from this report.

11. Conclusion

11.1 The report focuses on the topic of Mental Health and Wellbeing and aims to communicate with members of the Lewisham community primarily around promoting mental wellbeing and preventing mental ill health. The report will do this using a new online microsite format to enhance accessibility and engagement with the report.

Agenda Item 6

HEALTH AND WELLBEING BOARD			
Report Title	South East London Sustainability and Transformation Plan: Update		
Contributors	Our Healthier South East London Programme Team Martin Wilkinson, Chief Officer, Lewisham CCG	Item No.	6
Class	Part 1	Date	2 November 2017
Strategic Context	The report provides an update on strategic planning processes for South East London		

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on the NHS South East London Sustainability and Transformation Plan. The report is for information.

2. Recommendation

Members of the Health and Wellbeing Board are recommended to:

- Note the progress of these programmes of work.

3. Policy Context

Planning guidance was published on 22 December 2015 which set out the requirement for the NHS to produce five year Sustainability and Transformation Plans (STP). These are place based, whole system plans driving the Five Year Forward View. The Board has received regular reports.

4. Summary of report

The five priority areas of the Our Healthier South East London (OHSEL) plan are as follows:

1. Developing consistent and high quality community based care (CBC), primary care development and prevention
2. Improve quality and reducing variation across both physical and mental health
3. Reducing cost through provider collaboration
4. Developing sustainable specialised services
5. Changing how we work together to deliver the transformation requires

4.1 STP ratings

NHS England and the Department of Health recently announced the first ratings for STPs. OHSEL is pleased to have been rated as 'advanced' – the second highest category.

This is good recognition of the work we have done since 2013 in bringing health and social care together to plan the best ways to deal with the financial, quality and capacity challenges we have. Our collective leadership has been rated "advanced" - the highest grade.

Regulators have been clear that STP ratings should not be taken as a comment on the performance of STPs to date. Rather, it indicates the relative starting points on the road to better care, often driven by a range of historical factors.

NHS England has published this baseline assessment in the 'STP progress dashboard' alongside NHS Improvement's single oversight framework for provider trusts and the CCG improvement assessment framework.

The dashboard will be updated annually so that in future the public can track progress - the methodology and metrics will evolve over time as we learn more about its effectiveness and develop additional indicators.

NHS England has made its assessments based on three evaluation criteria- hospital performance, patient focused change, (which includes GP access, cancer standards and mental health) and transformation, including leadership and finance.

4.2 Finances

OHSEL has a meeting with NHS regulators later in October to discuss our progress with aligning wider SEL financial operational plans with wider SEL financial planning.

Note that SEL is in the Capped Expenditure Process (CEP) for those STP areas which contain organisations which have been unable to agree financial targets with regulators. The CEP process is explained in more detail on the OHSEL public website here:

<http://www.ourhealthiersel.nhs.uk/news-events/news.htm?postid=34755>

We are working with each of the organisations to develop their own forecasts to ensure that there is a consistent approach taken across the system. This exercise will allow OHSEL to demonstrate the normalised financial position of the south east London footprint up to and including 2020/21.

4.3 London Mayor's report into London STPs

The King's Fund and Nuffield Trust recently published a [report on London STPs](#), commissioned by the Mayor of London. Although the report presents challenges to the NHS on finances, the report cites in particular OHSEL's work on cancer for praise.

The report broadly supports the direction of travel in London but expresses a degree of skepticism in the ability to deliver out of hospital provision without further investment.

The Mayor's response focused on public and patient engagement and that his support for plans is reliant on demonstrating engagement/support and general validation of clinical safety.

4.4 STP delivery progress

- **Accountable care** – in line with the next steps in the Five Year Forward View. Experts in the development of integrated organisations, Credo, have been appointed following a competitive procurement for a two month role to look at the complex organisational and care structures in south east London, speak to stakeholders, and make some recommendations on the options available for moving us forward. This is about how the SEL health and care services can work in a more integrated way, building on existing good work, and that it is likely to be more about a “system of systems and networks”, rather than involving organisational change.
- **Finance back office** - All five providers have signed up to a proposal to develop a single ledger system.
- **Delivery plans** have been developed for four priority areas set out in NHS England's recent Five Year Forward View delivery update (mental health, cancer, urgent and

4.5 Estates: OHSEL has received around £20 million, through the [Estates and Technology Transformation Fund](#), to support ten new estates projects across south east London. All of these projects are expected to be completed by 2019/2020 – the majority are in primary care. In addition, there is around £3.5 million being invested in improving GP premises across south east London in 2017/18

OHSEL is also looking at how it can increase the use of clinical space in our existing buildings. Currently some buildings are only used 40% of the time, we want to increase this to 90%.

4.6 Cancer: Funding has been secured to run advanced communication skills and psychological support training to address skills gaps across the south east London cancer services workforce. Cancer nurse specialists are helping to identify staff who need to complete training, and roll out is expected to start before Christmas.

Amanda Shewbridge, Macmillan Nurse Programme Manager for Living With and Beyond Cancer has set up a group involving lead cancer nurses from the three Trusts, members of psychological support services, allied health professionals, Macmillan GPs, and representatives from commissioning, primary care and Transforming Cancer Services for London. Together they are starting work to address gaps and spread best practice in key elements of recovery including – standardising data collection, holistic needs assessments, cancer care reviews, and pan London reporting.

5. Financial implications

The strategic plans reflects the financial plan and savings required to deliver a financially balanced position over the five year period.

6. Legal implications

Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area. This is recognised in the strategic priorities identified in the development process.

7. Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report.

8. Equalities Implications

In order to ensure that the strategy is informed by the diverse population in south east London and to enable full understanding of the potential impact on communities with protected characteristics (as well as complying with the Equalities act 2010), carers and, the socially and economically deprived, equalities analyses will be conducted throughout the programme.

9. Environmental Implications

There are no environmental implications arising from this report.

Background Documents

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 can be found at www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

Further information on the Our Healthier South East London programme can be found at www.ourhealthiersel.nhs.uk

If there are any queries on this report please contact Charles Malcolm-Smith, Deputy Director (Strategy & OD), Lewisham CCG, e-mail charles.malcolm-smith@nhs.net

Agenda Item 8

HEALTH AND WELLBEING BOARD			
Report Title	Health and Wellbeing Board Work Programme		
Contributors	Principal Officer, Policy, Service Design and Analysis	Item No.	8
Class	Part 1	Date:	2 November 2017

1. Purpose

- 1.1 This report presents the Health and Wellbeing Board with the current work programme (included as Appendix A) for discussion and approval.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are invited to:

- Review the current work programme and propose additional items to be included as appropriate.
- Note the update on the work of the Strategy Review Group.

3. Strategic Context

- 3.1 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham’s Sustainable Community Strategy and in Lewisham’s Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to *Shaping our Future*’s priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 There are a number of core duties defined in the Health and Social Care Act 2012 which underpin the work of Health and Wellbeing Boards. These include:
- To encourage the integration of health and social care commissioning and provision;
 - To undertake a Joint Strategic Needs Assessment (JSNA) to identify the health and wellbeing priorities of the local population;
 - To develop a joint Health and Wellbeing Strategy outlining how the board intends to achieve improvements to local health outcomes.

4. Background

- 4.1 The work programme is a key document for the Health and Wellbeing Board. It allows the Board to schedule activity, reports and presentations across the year. It also provides members of the public and wider stakeholders with a clear picture of the Board's planned activity.
- 4.2 The HWB has agreed to consider and approve the work programme at every meeting. In adding items to the work programme, the Board has agreed to specify the information and analysis required in the report, so that report authors are clear as to what is required.
- 4.3 The Health and Wellbeing Board Agenda Planning Group convenes prior to each meeting of the Board with organisational representation from across the Board's members. In addition to reviewing the work programme, the Agenda Planning Group also identify new issues or emerging topics that have arisen since the Board last met. These are included as draft agenda items for approval by the Chair (if required for the pending Board meeting), or added to the work programme if required for subsequent meetings.
- 4.4 The HWB has previously agreed that the work programme will include regular progress updates on the Health and Wellbeing Strategy and standing items in relation to both the South East London Sustainability and Transformation Plan and also on the local transformation and integration activity taking place within the Whole System Model of Care (including Adult Integrated Care) Programme being delivered by Lewisham's Health and Care Partners.
- 4.5 The HWB is also required to approve the Joint Strategic Needs Assessment priorities and consider the findings and recommendations from any completed JSNA topics. These findings will inform the Board's approach to achieving improvements in local health and wellbeing outcomes.

5. Work programme

- 5.1 The work programme (see Appendix A), includes those items which the Board has agreed to consider over the course of the year. Board members are also requested to consider additional items to be included in the work programme as appropriate.
- 5.2 The following items have been added to the work programme, or amended, since the last HWB meeting:
 - HWB Performance Dashboard Exceptions Reporting has been moved from November 2017 to March 2018

6. Strategy Review Group

- 6.1 In July 2017, the Board agreed to the setting-up of a Strategy Review Group whose main objectives are to:
- Evaluate performance and Direction of Travel against existing aims and priorities within the Health and Wellbeing Strategy
 - Assess whether the strategy in its existing form is effectively aligned to current drivers of the Health and Wellbeing agenda (e.g. STP, Better Care Fund Plan, Accountable Care System, One Health Lewisham etc.)
 - Identify options to re-position the strategy so that it remains fit for purpose to 2023 and the way forward is clearly signposted
 - Identify options for the effective monitoring of the strategy
 - Present options back to the Health and Wellbeing Board on 1st March 2018 for their consideration and future agreement
- 6.2 Membership of the Review Group consists of representatives from the Council, CCG, Whole System Model of Care, One Health Lewisham, Public Health, Healthwatch, VCS, SLaM and LGT.
- 6.3 The Review Group is meeting every 3-4 weeks between now and at least February 2018, with targeted pieces of work taking place between meetings. There have been two meetings to date: 11 October and 1st November 2017.

7. Schedule of meetings

- 7.1 The Board is scheduled to meet three times per municipal year (April-Mar). In 2018-19 there will be local elections taking place in May 2018. As an executive board of the Council, the HWB will be unable to meet during this period. This would delay the first meeting of the new municipal year until June 2018 – a seven month interval between Board meetings. As such at the meeting of the Board in July 2017 it was agreed that an additional meeting would be held – now scheduled for 1st March 2018. Future meetings will therefore run as follows: November 2017, March 2018, June 2018, October 2018 and February 2019.
- 7.2 The requirements upon the Board to make decisions, reach agreement or to be formally consulted does not always align itself with the three scheduled meetings per year. Therefore, some last minute amendments to the work programme and the scheduling of Board meetings may be required.
- 7.3 Workshops are scheduled for the intervening months to enable the Board to informally examine issues in more depth or to provide development opportunities for the Board. The next workshop has been scheduled for 29th November 2017, with a focus on mental health. These will include agenda items on the Black Thrive initiative (LB Lambeth) and also the findings of the Housing Select Committee review into housing and mental health issues.

8. Financial implications

- 8.1 There are no specific financial implications arising from this report or its recommendations.

9. Legal implications

- 9.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:
- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
 - To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
 - To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
 - To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
 - To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
 - To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.
- 9.2 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 9.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 9.4 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

- 9.5 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:
<http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/>
- 9.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
1. The essential guide to the public sector equality duty
 2. Meeting the equality duty in policy and decision-making
 3. Engagement and the equality duty
 4. Equality objectives and the equality duty
 5. Equality information and the equality duty
- 9.7 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:
<http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>

10. Equalities implications

- 10.1 There are no specific equalities implications arising from this report or its recommendations.

11. Crime and disorder implications

- 11.1 There are no specific crime and disorder implications arising from this report or its recommendations.

12. Environmental implications

- 12.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact Stewart Snellgrove,
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Lewisham on: 020 8314 9308 or by e-mail at
stewart.snellgrove@lewisham.gov.uk

Health and Wellbeing Board – Work Programme 2017/18

2 November 2017			
Item	Report Title	Lead Organisation(s)	Presented By
1	Safeguarding: <ul style="list-style-type: none"> • Lewisham Safeguarding Children Board (LSCB) – Annual Report • Lewisham Safeguarding Adults Board (LSAB) – Annual Report • Protocols 	LBL (Chairs of Independent Safeguarding Boards)	Nicky Pace / Michael Preston-Shoot
2	One Public Estates Update	LBL	Freddie Murray
3	Annual Public Health Report	LBL	Danny Ruta
4	South East London Sustainability and Transformation Plan: Update	CCG	Martin Wilkinson
5	Whole System Model of Care – Accountable Care System Update	CCG/LBL	Martin Wilkinson
6	Health and Wellbeing Board Work Programme	LBL	Salena Mulhere
7	Air Quality Campaign Plan 2017-18	LBL	<i>Information Item</i>
8	South East London Clinical Commissioning Group Review	CCG	<i>Information Item</i>

February 2018 (TBC)			
Item	Report Title	Lead Organisation(s)	Presented By
1	Pharmaceutical Needs Assessment – Revised Assessment	LBL	Danny Ruta
2	Health and Wellbeing Strategy Refresh	LBL/CCG	<i>TBC</i>
3	South East London Sustainability and Transformation Plan: Update	CCG	Martin Wilkinson
4	Performance Dashboard Update – Exceptions Reporting	LBL	Trish Duffy
5	Whole System Model of Care	CCG/LBL	Sarah Wainer
6	Health and Wellbeing Board Work Programme	LBL	Salena Mulhere
7	Adult Social Care Local Account 2017-18	LBL	<i>Information Item</i>

Agenda Item 9

HEALTH AND WELLBEING BOARD			
Report Title	Air Quality Campaign 2017		
Contributors	Executive Director for Community Services	Item No.	9a
Class	Part 1	Date:	2 November 2017

1. Summary

- 1.1 Local Authorities have a statutory requirement with regards to air quality and the Mayor approved the draft Air Quality Action Plan 2016 – 2021 in December 2016 to meet these requirements. The Plan detailed measures to help improve air quality in the declared Air Quality Management Areas (AQMAs).
- 1.2 Whilst it is important to focus on these areas, it is clear that a borough wide approach and focus is required to help reduce emissions and reduce exposure.
- 1.3 This wide scale ambitious Campaign is proposed to help bring about behavioural change by all whilst providing a focused approach with children, schools, transport and infrastructure projects coupled with an evidenced based approach and knowledge generating where research is undertaken.
- 1.4 A copy of this report on the Air Quality Campaign 2017 was discussed and approved by Mayor and Cabinet on 19 July 2017.

2. Purpose

- 2.1 To provide a detailed communications Plan to build on the agreed Air Quality Action Plan 2016-2021; focusing on strong leadership, supports behavioural change promoting sustainable transport infrastructure, and Public health approach and awareness raising.

3. Recommendation

- 3.1. That the Health and Wellbeing Board notes the contents of this report.

4. Policy context

4.1. The Air Quality Campaign supports the following Council Priority:

- Clean, Green and Liveable – improving environmental management, the cleanliness and care for roads and pavements and promoting a sustainable environment.

4.2. The Air Quality Campaign also supports the following Sustainable Community Strategy priority:

- Clean, green and liveable – where people live in high-quality housing and care for and enjoy their environment.

4.3. The Air Quality Campaign aligns with the approved Air Quality Action Plan (AQAP) which provides actions that work towards the above priorities, promoting sustainable transport infrastructure that supports behavioural change and increasing opportunities for walking and cycling, which is also a goal of Lewisham's Transport Local Implementation Plan (LIP). 'Public health and awareness raising' is one of the action category areas within this AQAP and supports the Health and Wellbeing Strategy. It will have a positive influence on mental health and wellbeing and with lifestyle changes in transport could bring improvements to the level of obesity within the borough. Improving local air quality is also part of the Lewisham Local Development Framework Core Strategy.

4.4. Cabinet and Councillor identified champions are driving this Campaign to set foundations in place to look to support our ambition of reduced exposure and reduced emissions in the decade to come.

5. Background – link to the Air Quality Action Plan 2016-2021

5.1. European legislation (Directive 2008/50/EC) details the pollutants that occur in ambient air which have the potential to impact on human health. The Directive sets concentration values for each pollutant and a date by which the limit values should be achieved. Failure to meet the limit values by the deadlines can result in fines being levied against an EU member state by the European Commission.

5.2. Local authorities in the UK have a statutory duty to manage local air quality under Part IV of the Environment Act 1995. Following this Act, a National Air Quality Strategy was published in 1997 (reviewed in 2007) and the Air Quality (England) Regulations 2000 set objectives for several pollutants including NO₂. The dates for compliance with limit values in the Air Quality Directive, was extended for NO₂, to January 2015. The UK has failed to meet these limit values.

5.3. A European Supreme Court ruling on the Government's breach of NO₂ limits

required work on a comprehensive plan to meet pollution limits as soon as possible. The Department of the Environment, Fisheries and Rural Affairs (DEFRA) submitted an Air Quality Action Plan to the European Commission for their assessment at the end of 2015. This provided extra powers to the Mayor of London to manage air quality within London.

- 5.4. The Mayor of London has recently introduced the London Local Air Quality Management (LLAQM) framework, which is the statutory process used by London local authorities to review and improve air quality within their areas and replaces the previous requirement for yearly reporting to DEFRA.
- 5.5. The areas of Air Quality Action presented in the GLA guidance are within the following categories:
 - Controlling emissions from development and buildings (including construction);
 - The involvement of Public Health and raising public awareness on air quality;
 - Reducing emissions from delivery servicing and freight (including Councils procurement);
 - Reducing our own Borough fleet vehicle emissions; and
 - Actions that encourage and enable transport modal shifts away from conventional car use (with the necessary infrastructure).
- 5.6. Guidance from GLA provides each London borough with Focus Areas; this allows for an enhanced focus on problem areas within a wider AQMA. Some areas have been identified within the AQAP but it is anticipated that further actions will be introduced during the course of the 5 year period as and when funding is made available. The S106, CIL and LIP funding are being considered for resourcing future actions within these Focus Areas.
- 5.7. The Council was successful in a London Mayor Air Quality Funding (MAQF) bid for £200,000 for the production, implementation and monitoring of a Framework Construction Logistic Plan along the Evelyn Corridor. This is to bring reduction in emissions from construction traffic in an area where a lot of development is taking place. It also falls within one of the boroughs designated Focus Areas. This action has been included in the AQAP.
- 5.8. To be successful in any future bids for MAQF money we must maintain our Cleaner Air Borough Status (CABS). The criteria for CABS is grouped under six themes: political leadership; taking action; leading by example; using the Planning system; informing the public; integrating air quality into the public health system. It requires a continued commitment to air quality monitoring.
- 5.9. All of the air quality action areas required consultation across many teams and agreed sign off for the actions being implemented. A steering group with specific working groups was set up to review the actions and consider the implementation and monitoring, in line with the GLA guidance. The teams involved were, Transport Planning, Road Safety and Sustainable Transport, Parking, Highways, Planning

Policy, Development Control, Sustainable Resources, Procurement and the Public Health.

- 5.10. Air pollution has harmful effects on human health, the economy and the environment. It is the largest environmental risk to public health and contributes to cardiovascular disease, lung cancer and respiratory diseases. Poor air quality affects everyone. It can have long term impacts on anyone living in areas of high pollution and short-term effects on vulnerable groups, such as the young, old and those with existing medical conditions. It is estimated that long-term exposure to air pollution reduces life expectancy by an average of six months. Evidence is emerging that air pollution can increase the risk of premature birth and low birthweight.
- 5.11. Many effective actions to address air pollution aim to reduce emissions by increasing levels of active transport, such as walking and cycling. Increased levels of active transport improves health and wellbeing, for example, by reducing levels of diabetes, cancer, obesity, heart disease, depression. Active travel can improve mental health and wellbeing, improve social and environmental connectedness. Consequently, the links between air quality and health should not be seen in isolation from a broader partnership agenda and action to improve health and wellbeing and reduce the burden of major diseases facing the local population.

6. The Campaign

- 6.1 The Campaign aims to galvanise borough-wide action to address air quality issues in Lewisham. It seeks to both reduce emissions to improve air quality, and reduce exposure to poor air quality. To achieve this, the campaign will:
- Show the Council as a best-practice example to inspire other organisations to take action e.g. cleaner council fleets, electric charging points, cycle racks, lobby TfL etc.
 - Have clear and consistent messaging that targeted at key audiences in the borough, is coordinated across the year and uses a range of appropriate channels
 - Take an evidence-based approach, drawing on available research to maximise effectiveness of actions and to build new knowledge through research partnerships with academic units investigating air quality issues
 - Encourage residents to sign a pledge of actions to improve air quality
 - Identify and support air quality champions to lead change in communities, contributing to an ethos of community development
 - Work with partners to support behaviour change e.g. NHS staff to encourage those with long term conditions to sign up to air pollution alerts.
 - Work with partners as critical friends e.g. Ella Roberta Foundation
- 6.2 **Key messages**
- We are making Lewisham the best place to live, work and learn in London by tackling air pollution to make our borough a clean and green place.
 - Everyone who lives and works in Lewisham can make our air cleaner by signing up to Lewisham clean air pledge.

6.3 Top air quality facts ¹

1. [Long term](#) exposure to air pollution reduces life expectancy by six months despite whether effects of exposure are experienced or realised at the time.
2. [Short term](#) exposure to air pollution tends to affect people with existing heart and lung conditions.
3. Walking not only reduces exposure to air pollution, it improves fitness levels, prevents diseases like heart attacks and diabetes, improves mental health and helps people connect with their local community and environment.

6.4 Lewisham Clean Air Pledge

All individuals, agencies, and businesses signing this pledge will show a strong commitment to tackling this issue.

(Sign the Lewisham Clean Air Pledge committing to do at least one of the following things to help improve air quality)

1. I will walk, cycle or use public transport instead of driving my car
2. I will sign up to get a daily air pollution text alert: www.airtext.info
3. I will make my next car an electric or a petrol & electricity-fuelled car
4. I will walk my children to school
5. I will switch off my car engine when stationary, loading or waiting

6.5 There may be a number of ACTIONS which demonstrate our collective commitment. Many of these have already been agreed via the Air Quality Management Plan 2016-2021.

Examples include:

- Green roof where evidence suggests support
- No driving to school day/ close roads for school start and end times
- Smart benches sharing messages
- Tree planting/ green corridors / creating green routes
- Council/ NHS/ Schools lead by example
- Signage to advise the Lewisham is a Clean Air Borough.
- Low emission logistics – The London boroughs of Lambeth, Croydon, Southwark, Wandsworth and Greenwich are all working together to reduce the number of deliveries made to its administrative buildings. By changing the way goods are purchased we can effectively reduce the number of delivery trips made by suppliers; this in turn will reduce congestion and improve air quality
- AQMP 16-21
 - 20mph roads
 - planting trees and providing green space
 - Fleet upgrade
 - Electric points roll out
 - Minimising emissions from New Developments’.
 - Expanding the Council’s Sustainable Transport Infrastructure’ – EVCPs / providing safe and low pollution walking and cycling routes/ ‘Raising Public Health and Awareness’ / ‘Collaboration with the GLA and other London Boroughs on Air Quality Initiatives’
 - improved use of planning for resourcing monitoring

¹ Londonair.org.uk

- Parking / CPZ differential charging

6.6 Working with children and within the School environment is seen as critical to the behavioural change approach. Working with young people through the young mayor's advisors and school councils the campaign will be peer led and developed. Examples include;

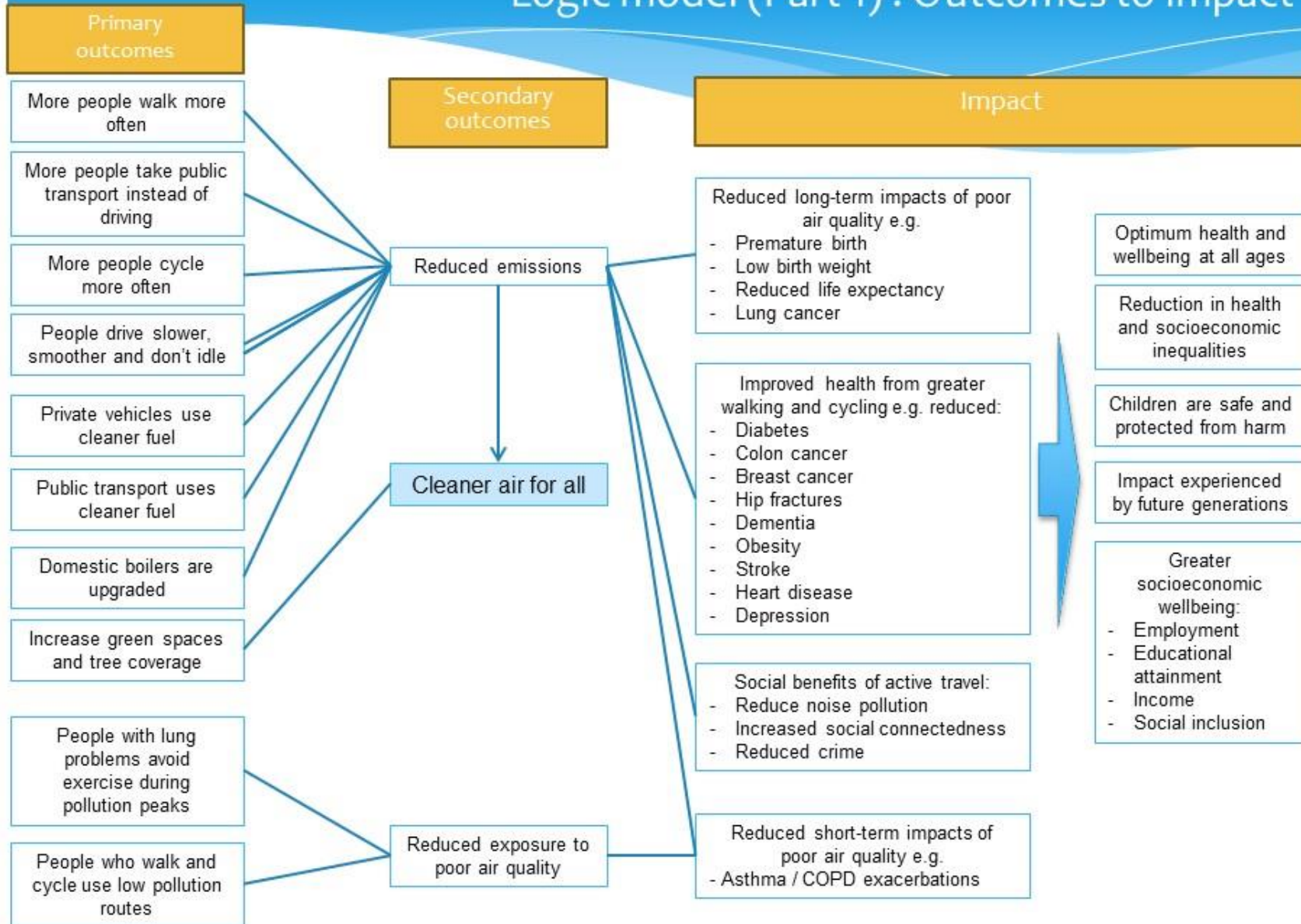
- School children measuring of air quality in their daily lives
- Anti-idling scheme
- Audit of schools in identified high areas and action
- walking to school / travel plans
- youth champions
- more schools signed up to the 'gold standard', school air quality champions recruited and fewer people driving to school
- pupils competitions to enhance the campaign and behaviour change
- Lewisham air text app – (see appendix B)

6.7 The campaign aims to use an evidence-based approach to ensure that it has the greatest impact to improve air quality and public health. This will include:

- Using evidence to inform policy. Where research has been undertaken to understand air pollution and how best to tackle it, it will be incorporated into the evolving campaign. The NICE guidance "Air Pollution: outdoor air quality and health" will further influence this campaign following its publication later this month.
- Supporting leaders to understand and use the latest evidence: A series of masterclasses held by leading researchers in air quality and public health will be arranged for councillors and senior managers.
- Supporting residents to understand and use the latest evidence: In addition to the general communications plans, we will be hosting a number of events to link residents with academics. For example, the Council has worked with the MRC-PHE Centre for Environment and Health at King's College London to host a public engagement event in borough in June 2017 that will focus on air quality. This will be followed by a public conference in 2018 that will aim to showcase the Council's and partners' actions to address air quality in the borough and further co-develop actions for future years.
- Generating new knowledge on air quality: Through our partnership with the Environmental Research Group at King's College London, the campaign include undertaking research in the borough to generate new knowledge. For example, projects to monitor air pollution levels that include school children as part of their curricula.
- Understanding the impact of the campaign: Evaluations will be embedded within interventions undertaken as part of the campaign to understand their impact and shape their further development.
- Learning from other boroughs: Action will be informed by collaborations with other boroughs that are focusing action on improving air quality.

6.8 Measuring impact and outcomes across short, medium and long term will be essential to the campaign. The following outlines the approach for demonstrable change.

Logic model (Part 1) : Outcomes to impact



Logic model (Part 2): Action to Outcomes

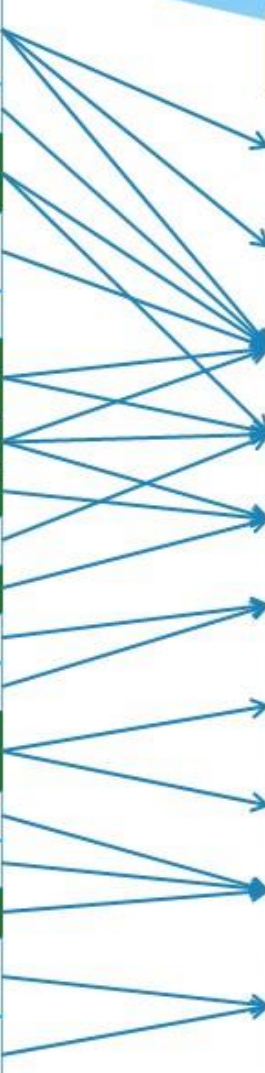
Selected actions

- Public information / awareness campaigns e.g. year round comms, school children measure local air quality
- Supporting walking to school schemes
- Active Design – comprehensive planning policy to facilitate walking and cycling
- Awareness campaigns e.g. No Driving to School Day
- Audit schools in high-risk areas > focal action
- Expanding the Council's Sustainable Transport Infrastructure – EVCPs
- Schools sign up to "gold standard"
- Anti-idling campaigns
- Council-based action: better cycling facilities
- 20mph roads
- Cleaner Council fleets
- Council action: electric charging points
- Council-based action: lobby TfL for cleaner, easier public transport
- Tree planting
- Green roof
- Improved and added green spaces
- Residents informed about peaks in air pollution
- Smart benches to inform about pollution levels

Primary outcomes

- Domestic boilers are upgraded
- People who walk and cycle use low pollution routes
- More people walk more often
- More people cycle more often
- People drive slower, smoother and don't idle
- Private vehicles use cleaner fuel
- More people take public transport instead of driving
- Public transport uses cleaner fuel
- Increase green spaces and tree coverage
- People with lung problems avoid exercise during pollution peaks

Selected high impact actions



7. Financial Implications

- 7.1. The agreed Air Quality Action Plan 2016-2021 identified that costs will be funded from the original budget, but will require additional funding through S106 or CIL and Lip. Many of the actions within the Action Plan are transport projects which the Council is already committed too, and where LIP funding has already been allocated. In relation to costs and as an example, the Council has committed cost from LIP to the sum of £2.5 million for the Quietways project, which is identified as a priority area for the Air Quality Action Plan delivering associated air quality improvements; £1.2 million committed costs from LIP for the 20 mph remedial intervention, which has the potential for bringing air quality improvements by reducing congestion. There is in the region of £2 million LIP funding/year of which some projects will provide wider air quality benefits and integration of this campaign with LIP is being considered to maximise funding, particularly in the GLA identified Air Quality Focus Areas. The MAQF project along the Evelyn Corridor is within one of the Air Quality Focus Areas and has been match funded through Transport funding to provide an additional £100,000 over the 3 year period 2016-19.
- 7.2. In relation to other areas of air quality actions to be delivered, the S106/CIL is currently being considered as a potential source of funding, over the five year term of this campaign.
- 7.3. There is also a need to maintain our existing air quality monitoring commitment which requires ongoing maintenance and replacement costs. This is currently partly being covered through the S106 funding process (which is limited to expenditure on monitoring at locations where a large development is taking place), but there has been a bid to the Regeneration and Capital board for a more guaranteed funding stream for replacement of old equipment and for future further air quality monitoring requirements.
- 7.4. For the campaign additional funding is identified of £39K to support the communications, Low emission logistics, apprentice to help deliver this work, academic research support, and events/ conferences. (see appendix A for full details)

8. Legal Implications

- 8.1. Section 82 (1) of the Environment Act 1995 provides that every local authority “shall from time to time cause a review to be conducted of the quality for the time being, and the likely future quality of air within the authority’s area.” Section 83 (1) of the said 1995 Act requires local authorities to formally designate an “air quality management area” (“AQMA”) where air quality objectives are not being achieved, or are not likely to be achieved within the relevant period, as set out in the Air Quality (England) Regulations 2000.

- 8.2. Following designation of an AQMA, an air quality “Action Plan” should be completed. With the newly adopted London Local Air Quality Management process, London Boroughs are to provide Annual Status Reports to the GLA on progress with Air Quality Actions and reporting on air quality monitoring. Previously Progress Reports were submitted to DEFRA.
- 8.3. In the Mayor of London’s Policy Guidance 2016 (LLAQM.PG (16)) it states the following: ‘The establishment of the LLAQM system reflects the fact that the Mayor [of London] has broad powers of intervention under section 85 of the 1995 Act... Specifically, under section 85(5), the Mayor [of London] may give directions to boroughs requiring them to take such steps specified in the directions as he considers appropriate for the implementation of any European Union air quality obligations (e.g. under relevant EU directives).
- 8.4. As was noted within paragraph 5.3 above, the Supreme Court ruled in favour of a party (ClientEarth) against the UK Government for failing to achieve minimum air quality standards. It concerned, particularly a breach of Nitrogen dioxide limits and objectives set under the EU Ambient Air Quality Directive (2008/ 50/ EC) in parts of London. The Government in the judgment that was handed down on 29th April 2015, was ordered by the Supreme Court to prepare new air quality plans to achieve the nitrogen dioxide limits as soon as possible. The 2016 Mayor of London’s Policy Guidance which is noted above, reinforces the objectives. Further, the Mayor of London’s Policy Guidance states: ‘Proper participation in the LLAQM system and compliance with the relevant Mayoral advice and guidance should render statutory intervention by the Mayor unnecessary.’
- 8.5 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.6 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.

It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above.

8.7 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

8.8 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

8.9 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

8.10 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

9. Crime and Disorder Implications

9.1. There are no crime and disorder implications associated with this report.

10. Equalities Implications

10.1. The majority of the AQMAs declared are to the north of A205, encompassing all

of the north of the borough.

- 10.2. Poor air quality is often associated with areas of deprivation and consequently tends to disproportionately affect the health of the most disadvantaged. There is no data on the specific households affected by the exceedances of NO₂ within the AQMAs but the Index of Multiple Deprivation suggests that there are many areas to the north of the borough that are deprived which fall within an AQMA.
- 10.3. This campaign is aimed at tackling poor air quality however tend to have wider benefits and actions introduced will also improve air quality throughout the borough. Therefore, there are no adverse equality implications associated with this report.

11. Environmental Implications

- 11.1. The Air Quality Action Plan will allow the local authority to fulfil its statutory obligations under the Environment Act 1995 which are aimed at improving air quality.
- 11.2. An Air Quality campaign will have positive benefits for the environment. A synergy exists between actions aimed at improving the quality of the air we breathe locally and tackling carbon emissions and improving public health and well-being.

12. Conclusion

- 12.1. This Campaign links to the already agreed Air Quality Action Plan 2016-2021 and aims to develop a borough wide behavioural change programme to bring about reductions in emissions and reduction in exposure to all those in Lewisham. This focus, Political leadership, and focused public health approach meets some of the requirements within the Air Quality Action Plan.

GLOSSARY

Particulate Matter – Dust, soot, and other tiny bits of solid materials that are released into and move around in the air. Particulate matter sources include burning of diesel fuels, road construction, and industrial processes. Particulates 10 microns or less in diameter (approximately seven times smaller than human hair) are classified as PM₁₀. PM_{2.5} is potentially more hazardous and is defined as particulate matter smaller than 2.5 microns.

Nitrogen Dioxide – It is a product of combustion, with sources including petrol and diesel fuels. It has a variety of environmental and health impacts. It is a respiratory irritant which may exacerbate asthma and possibly increase susceptibility to infections.

µg/m³ - A measure of concentration in terms of mass per unit volume. A concentration of 1 µg/m³ means that one cubic metre of air contains one microgram (millionth of a gram) of pollutant.

Annual Mean - The annual mean is the average concentration of a pollutant measured over one year. This is normally for a calendar year.

S106 – Is a funding agreement mechanism, which make a development proposal acceptable in planning terms that would not otherwise be acceptable.

CIL - Community Infrastructure Levy is a planning charge, introduced by the Planning Act 2008 as a tool for local authorities in England and Wales to help deliver to support the development of their area.

LIP – Local Implementation Plan is TfL allocated money to the London boroughs to spend on projects which support the Mayor's Transport Strategy.

Background documents

Appendix A – financial breakdown

Appendix B – Air Quality Action Plan 2016-2021

If there are any queries on this report please contact Christopher Howard, Senior Environmental Protection Officer, at christopher.howard@lewisham.gov.uk or on 020 8314 6418 OR Geeta Subramaniam-Mooney, Head of Crime Reduction and Supporting People, Geeta.Subramaniam@lewisham.gov.uk, 0208 314 9569 OR Katie Cole, Consultant Public Health, Katie.cole@lewisham.gov.uk

Appendix A

Expenditure Commitments	Location	Supplier	Costs	LIP/S106 Funding	Existing Budget	Outstanding Amount
Anti Idling campaign	3 or 4 individual events included in contract	Idling Action London	£3,000		£3,000	
	School promotion and materials for events	Miscellaneous	£5,000	£5,000		
Branding and Marketing	Borough wide	Youtube film £3k, Facebook ads £2k, animation £500, JC Decaux posters £600	£6,000			£6,000
Apprentice for Air Quality campaign	Borough wide	Internal	£10,000			£10,000
Low Emission Logistics	Council and Business	London Borough partnership	£13,000			£13,000
Schools audit	Nominated schools through \gla work		£100,000	*£100,000		
Academic input / local app / research	Borough wide	Kings	£15,000	**£15,000		
Events/ Conferences	Borough wide	LBL	£10,000	£5,000		£5,000
TOTAL			£162,000	£125,000	£3,000	£34,000

* TfL Audit of three primary schools in Lewisham will require funding from Lip and S106 to pay for AQ measures. We will seek to identify funds within Lip in 18/19 for actions arising from the audit, but figure is an estimate of potential costs. There is the potential allocation of funds from S106 of £50,000 which may be able to be used in 2017/18. **The [Kings App](#) would be used for school routes and for publicity material and is proposed to be allocated via S106 funds.



- Map centered on Lewisham switchable between Nowcast / Annual Map and monitoring sites.
- Monitoring site info including current levels, historic data and comparison to UK objectives
- Transport points on map (Tube/Bus/Bike hire)
- Ability for Lewisham to add 'Points of interest' to the map (pop-up shops, new green spaces, events, walking & cycling routes etc).
- Low pollution routing – allowing residents to find the lowest pollution walking or cycling route between two points in Lewisham.
- News page for Lewisham to feed news stories and events into app. (upcoming weekend events etc)
- Daily pollution forecast from Kings
- App notifications (selectable by user) for:
 - Pollution forecasts (daily or only moderate>)
 - Monitoring stations (when changes banding levels)
 - News items
 - Ad-hoc messages (Lewisham can send any text to users)

HEALTH AND WELLBEING BOARD			
Report Title	South East London CCG Review		
Contributors	SEL CCG Review Programme Martin Wilkinson, Chief Officer, Lewisham CCG	Item No.	9b
Class	Part 1	Date:	2 November 2017
Strategic Context	The report provides an update to the executive leadership arrangements for Lewisham CCG and the other CCGs in south east London		

1. Purpose

- 1.1 This report provides an update for members of the Health and Wellbeing on the executive leadership arrangements across the Clinical Commissioning Groups (CCGs) in south east London. This report is for information.

2. Recommendation

- 2.1 Members of the Health and Wellbeing Board are invited to note the proposed changes that have been agreed by the Governing Body of Lewisham CCG.

3. Policy Context

- 3.1 NHS England published the Five Year Forward View (2014) and more recently the Five Year Forward View - Next Steps (2017) that set out new and different approaches to the commissioning and delivery of health and care services. Each CCG is developing proposals for new population based approaches to commissioning (often referred to as accountable care systems). They are also part of a south east London Sustainability and Transformation Partnership (STP) along with providers, local authorities and residents – the STP seeks to deliver system improvement and sustainability within the context of the south east London strategic plan - [Our Healthier South East London](#)

4. Background

- 4.1 The SEL CCGs have a long history of collaboration however, in order to more effectively address the current and continued requirements of CCGs (individually and collectively) a new leadership structure is proposed, alongside a review of wider arrangements over a longer period. The intention of these proposals is therefore both to better support the requirements of these organisations in the short and

medium term, and also to enable the capacity and local focus required to deliver the longer term objectives (e.g. Accountable Care type systems).

- 4.2 The south east London CCG review has been overseen by a Sponsor board that is co-chaired by the Chairs of NHS Bromley CCG and NHS Lambeth CCG. That board has been supported by a steering group drawn from CCG executive directors and subject matter experts, sub-groups (focused on Communications, Human Resources and Governance), review focused workshops and a small programme management office.
- 4.3 Importantly the review was instigated using a set of agreed principles. They make a commitment to developing and pursuing proposals that enhance and optimise current and future commissioning arrangements that will improve the health and care outcomes that residents receive. They set a requirement to secure best value from the money they spend on their functions.
- 4.4 Critically the principles also established clear fixed points for the review:
- That CCGs (as clinically led, membership based, locally focused and sovereign bodies) will remain in all six boroughs, each with a Governing Body and a Clinical Chair
 - That arrangements will pay due regard to commissioning across health and social care locally, recognising the importance of the relationship and joint working with local authorities at borough level.
 - Clear consideration must be given to those functions that might optimally be organised and delivered at scale, across the six CCGs
- 4.5 The Sponsor board also made a clear commitment to reinvestment of any funds freed up by proposals, in to local borough based capacity for transformation. The primary focus of the review was not to secure the delivery of management cost reductions. Whilst this remains true, the Five Year Forward View – Next Steps, equally sets a clear expectation that CCGs will take action to reduce management costs in the same period.

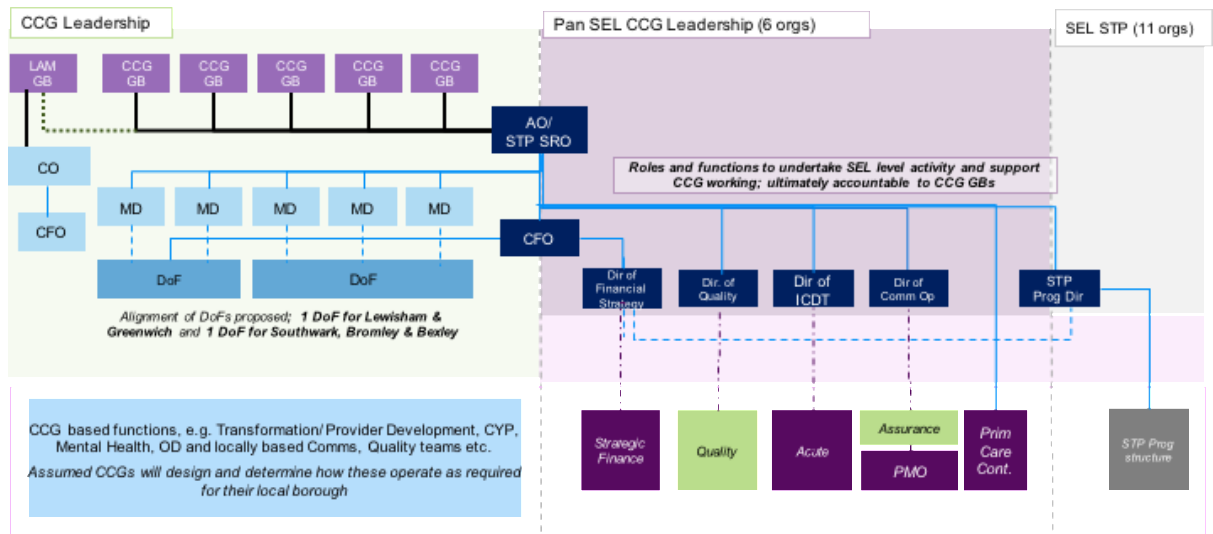
5. Summary of report

- 5.1 Phase one proposals have been agreed by the Governing Bodies of all six CCGs, and consultation with staff between 2nd and 23rd October. Importantly they relate to the executive leadership team across the six CCGs that will serve our clinically led and sovereign Governing Bodies for each borough and across the STP.
- 5.2 The proposals relate to a core set of south east London executive leadership roles focused upon system wide and local delivery. They assume that local managerial leadership teams will be retained in each borough, working to these arrangements, and whilst these proposals are to be applied consistently across the CCGs it is

anticipated that local CCGs will design the local management teams that best serve their populations needs and support the clinical leadership of commissioning. This is with the exception of any 'at scale' teams or resources agreed - either existing or that will be required. The Sponsor board will ensure the appropriate involvement of clinical and managerial input any such review, ahead of receiving recommendations.

5.3 **Figure one** provides a proposed organisational chart for the leadership arrangements and proposed changes are outlined below:

Figure one: Proposed Leadership structure – please note where roles relate to some or all CCGs, or the STP footprint as a whole



5.4 The structure seeks to address those elements of the case for change that are amenable to change through different executive leadership arrangements, recognising this will be one part of the solution. The team of local and south east London roles proposed seeks to address the need to lead a response that is both local and south east London wide at the same time. The autonomy invested in locally facing teams is significant and together with a more coherent response to system wide issues it is our expectation that this will accelerate transformational work whilst operating within the management cost envelope available to us.

Accountable Officers and Managing Directors

Accountable Officers

5.5 Proposals describe the establishment of a single accountable officer for five of the six CCGs and the retention of the current Accountable Officer role for NHS Lambeth CCG and NHS Croydon CCG. This five borough post will be accountable to, and be a member of, each of the five Governing Bodies and will be lead an executive team that seeks to secure optimal leadership of local and pan south east London commissioning activities. They will work with and allow local leadership teams to focus upon the needs of their borough whilst

working through a small team of south east London Directors to ensure the effective management of activities at that scale (across all six CCGs). The single Accountable Officer will also be the STP Leader for south east London.

Managing Directors

- 5.6 A Managing Director role will be established for each of the five CCGs. They will report to the Accountable Officer and will be responsible for all aspects of local commissioning activities of their CCG working to the Governing Body and through a local CCG senior management team. They will form part of the south east London executive team but their predominant focus, enacted with considerable autonomy, will be on borough based local delivery, and importantly the transformation that will support the achievement of accountable care. The Managing Director would be a voting member of the Governing Body to which they relate and will work closely with the Chair and local clinical leadership to secure local delivery of CCG plans.

CCG Financial leadership and accountability

- 5.7 The financial leadership arrangements described in 5.9 and 5.10 relate to financial activity of the five CCGs (note the STP based finance role described in 5.19). These proposals seek to provide a combination of co-ordinated focus to local financial leadership whilst enhancing strategic capacity and opportunities. Whilst local Directors of Finance will be shared across either two or three boroughs, they will retain local finance teams and their scope of focus will not mirror current arrangements for Chief Financial Officers that span a variety of other, non-finance responsibility unless a local CCG arrangement is made for this.

Chief Financial Officers

- 5.8 Mirroring the Accountable Officer arrangement, the proposal is to establish a single Chief Financial Officer (CFO) for the five of the six CCGs¹ and the retention of the current Chief Financial Officer for NHS Lambeth CCG. This leadership position will report to the Accountable Officer and will be a member of the Governing Bodies to ensure they can provide visible and effective financial leadership both across south east London and for individual CCGs. Again, they will ensure the coordinated leadership of both system wide financial activities and support local teams in support of borough based strategies. Importantly the single CFO will develop and lead a coherent financial strategy for the benefit of all CCGs in south east London and they will manage a team of Finance Directors (see 5.10 and 5.19) focused and dedicated to local or system wide activities.

¹ Although they will also have oversight responsibility for the Director of Strategic Finance which is an STP based role (e.g. covers the entire south east London footprint)

Directors of Finance

- 5.9 Under these proposals there will be two locally focused Directors of Finance – one for NHS Lewisham CCG and NHS Greenwich CCG, and one for NHS Bexley CCG, NHS Bromley CCG and NHS Southwark CCG. These Director posts will work with absolute local focus whilst being part of the overall south east London executive teams. They will report to the single Chief Financial Officer but work with and for the local Governing Bodies, their Managing Director and leadership teams. They will also manage local finance teams for their respective boroughs. Importantly they will give focus to local CCG financial performance and support local transformation activities.

South east London CCG leadership roles

Director of Commissioning Operations

- 5.10 This new post will lead a series of functions on behalf of all CCGs in south east London with the dual advantage of ensuring a coordinated and comprehensive leadership response to those areas, whilst ensuring that local leadership teams are supported to meet their responsibilities and have, as a result, dedicated time for locally focused delivery and transformation activities.
- 5.11 The responsibilities will include leading the response to system wide assurance, a single coordinated programme management office response to all CCG collaborative activity and for the wider STP, coordination of pan south east London governance requirements and a lead responsibility for pan south east London commissioning requirements - including Integrated Urgent Care (111) and commissioning and management of commissioning support services contracts. They will be supported by an Operations team that will work with other Directors and CCG management teams (the composition of which will be determined in later phases of the review to ensure appropriate alignment to local teams).

Director of the Integrated Contracts Delivery Team (ICDT)

- 5.12 From September 2017 onwards acute, contracting for the six CCGs will be undertaken by a single team and this proposed post, already established in existing collaborative arrangements, will be a confirmed member of the south east London executive team. The post holds responsibility for all elements of acute (and where integrated contracts exist – community services) contracting as well as playing a vital role in co-producing, with CCGs, acute commissioning intentions and QIPP plans, and developing new approaches contracting approaches to reflect and support accountable care arrangements. The team is multi-disciplinary, combining contracting, finance, quality and performance disciplines to give a coherent, comprehensive and expert response to this critical area of delivery.
- 5.13 They will ensure a coordinated approach to acute contract management alongside management of key constitutional target

delivery including A&E, Referral to Treatment and Cancer performance. They will work closely with local CCG teams to ensure a cohesive approach to contracting, management of performance and delivery.

Director of Quality

- 5.14 This new role will work with and through existing quality teams, rightly established across the wider structure in both local CCG settings and provider facing teams. With a clinical background, they will champion the quality and safety agenda and lead the spread of best practice, the development of consistent quality standards and their delivery, whilst taking action to address quality issues that span more than one borough or provider. This aims to support and supplement continued local quality and safety activities.
- 5.15 Importantly, they will also take the lead for the delivery of the Transforming Care Programme across south east London and be responsible for developing (across commissioner and the STP system) approaches to workforce development, professional leadership and clinical networks.

STP leadership roles

- 5.16 The south east London executive leadership team will also host and provide leadership resources to the south east London STP, reporting to the STP Lead (agreed to be the single Accountable Officer for the five CCGs (once appointed), by the STP Leadership²). Importantly the roles below are already established within the current leadership system for south east London but have, to date, been performed by long term interim appointments that have either ended or will end by January 2018.

STP Programme Director

- 5.17 The post will report to the STP lead and will lead the STP programme covering all members of the partnership. They will be responsible for the management of this complex programme spanning clinical service redesign (including specialised services), provider collaboration and wider system transformation. They will coordinate the delivery of the STP working through the STP's governance structure and work streams and with clinical leaders. To do this they will be supported by the STP's existing Programme Directors, Senior Responsible Officers and the established STP team (the composition of which will be re-visited as part of the later phases of the review).

Director of Strategic Finance

- 5.18 This Director position is proposed to report to the single Chief Financial Officer for the five CCGs and will work with the STP

² The Job description for the Accountable Officer role will include the STP leadership responsibility

Programme Director and wider STP team to lead the financial planning to support the delivery of the STP and the financial aspects of the programmes of work it pursues. The post will also provide expertise and support to each boroughs transformation work as a member of the south east London Executive leadership team. They will be supported a small financial strategy team.

Operating model for the leadership team

- 5.19 Under the leadership of a single Accountable Officer for five of the six south east London CCGs, the proposed executive management team will be accountable to and deliver upon the priorities of those five CCG Governing Bodies. It is important to note that the pan south east London Director positions, reporting to that single Accountable Officer will also be responsible for functions that serve all six CCGs, including NHS Lambeth CCG.
- 5.20 They will give priority to supporting the delivery of locally focused objectives either through direct delivery or by taking responsibility 'once', for appropriate activities in order to free local leadership and teams to focus on borough activities and working with local authorities and other partners. Plans, either local or pan south east London, will be developed by CCGs in discussion with and championed by their clinical leadership, working with their members.
- 5.21 The Accountable Officers will be accountable to their respective CCG Governing Bodies and NHS England (through their accountability to NHS England's Chief Executive). Day to day management of the new five borough Accountable Officer arrangement will be need to be determined in agreement with CCG chairs. Irrespective of the chosen practical arrangement, this principle of accountability to the Chair(s) remains.

6 Financial implications

- 6.1 The total costs of the proposed leadership team is expected to be cost neutral. Whilst the cost is similar to current arrangements, it is important to note that the structure anticipates the removal of any requirement for interim recruitment going forward and provides additional whole time equivalent directors and the capacity they bring.
- 6.2 The structure also ensures the remainder of the review is well placed to derive best value from commissioning resource spend as it allows the cessation of wider consultancy contract support for the STP; facilitates a review of overall spend on current 'at scale' delivery resourcing relating to the STP team and the CSU contract delivery teams; and it allows for the potential for other 'at scale' consolidation relating to functions such as finance and assurance.

7 Legal implications

- 7.1 There are no legal implications arising from the content of this report.

8 Crime and Disorder Implications

- 8.1 There are no crime and disorder implications arising from the contents of this report.

9 Equalities Implications

- 9.1 The proposals seek to secure the right combination of local and STP wide resource required for delivery and transformation locally, whilst ensuring there is an ability to provide oversight, coordination and system delivery at south east London level in future to meet the health inequalities needs and equalities considerations for local populations.
- 9.2 An Equality Impact Assessment (EIA) has been completed prior to staff conclusion.

10 Environmental Implications

- 10.1 There are no environmental implications arising from the contents of this report.