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Healthier Communities Select Committee Agenda

Wednesday, 2 March 2016

7.00 pm,

Council Chamber

Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: Simone van Elk (020 831 46441)

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

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 2 March 2016.

Barry Quirk, Chief Executive
Thursday, 25 February 2016

Councillor John Muldoon (Chair) Councillor Stella Jeffrey (Vice-Chair) Councillor Paul Bell Councillor Colin Elliott Councillor Ami Ibitson Councillor Jacq Paschoud Councillor Pat Raven Councillor Joan Reid Councillor Alan Till Councillor Susan Wise Councillor Alan Hall (ex-Officio) Councillor Gareth Siddorn (ex-Officio)	
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MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 13 January 2016 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Colin Elliott, Ami Ibitson, Jacq Paschoud, Pat Raven, Joan Reid and Alan Till.

APOLOGIES: Councillor Susan Wise

ALSO PRESENT: Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People), Aileen Buckton (Executive Director for Community Services), Matthew Henaughan (Community Resources Manager), Joan Hutton (Interim Head of Adult Assessment & Care Management), Gerald Jones (Service Manager, Community Education Lewisham), James Lee (Service Manager, Inclusion and Prevention and Head of Cultural and Community Development), Georgina Nunney (Principal Lawyer), David Walton (Community Assets Manager), Simone van Elk (Scrutiny Manager) and Nigel Bowness (Healthwatch Bromley and Lewisham)

1. Minutes of the meeting held on 12 November 2015

- 1.1 **RESOLVED:** that the minutes of the meeting held on 12 November 2015 be agreed as an accurate record.

2. Minutes of the meeting held on 8 December 2016

- 2.1 Councillor Jacq Paschoud noted that she had a declaration of interest for the meeting on 8 December, namely that one of her family members is in receipt of a package of social care.
- 2.2 **RESOLVED:** that the minutes of the meeting held on 8 December 2015 are agreed as an accurate record, subject to this amendment.

3. Declarations of interest

- 3.1 The following non-prejudicial interests were declared:

Councillor Muldoon is a governor of the South London and Maudsley NHS Foundation Trust

Councillor Jacq Paschoud has a family member in receipt of a package of adult social care

Councillor Colin Elliot is a Council appointee to the Lewisham Disability Coalition

Councillor Raven has a family member in receipt of a package of adult social care.

4. Leisure Centre Contracts Performance update

- 4.1 David Walton (Community Assets Manager) introduced the report. The following key points were noted:

- The majority of the borough's leisure centres are managed by Fusion Lifestyle. Only the Downham leisure centre is under contract with 1Life. Although there are different contracts in place for these two contractors, the aims for the contracts are the same.
- Attendance for the leisure centres has increased over the last year, especially amongst certain target groups, as listed in paragraph 5.2.4 of the report. Capital investment in the leisure centres has generally been followed by an increase in participation rates.

4.2 David Walton, James Lee (Head of Culture and Community Development) and Aileen Buckton (Executive Director for Community Services) answered questions from the Committee. The following key points were noted:

- The data on usage presented in the report is based on the registered members of the leisure centres. It is difficult to capture statistics on users' age, background or whether they're a resident of the borough for people who pay for occasional usage.
- There is anecdotal evidence that the Glass Mill leisure centre is particularly busy during the early morning and later afternoon/early evening. This could be due to commuters taking advantage of its location near the station but is difficult to say definitively.
- Paragraph 5.2.9 of the report contained an error in the statistics on the usage of the Council's free swimming scheme to be corrected after the meeting.
- The electricity bill for the Glass Mill leisure centre is considerably higher than the other leisure centres. This is due to the fact that Glass Mill does not have a gas supply so uses electricity to heat everything including its pool where the other leisure centres use gas to heat their pools. Overall Glass Mill's utility bill is significantly lower than the other leisure centres.
- There has been 'lifecycle' investment for refurbishments in the Bridge leisure centre including the toilets. There have not been complaints in recent times about the state of the toilets in the Bridge leisure centre. The pool at the Bridge leisure centre had been closed for refurbishment when asbestos was discovered in the ceiling. This issue is being addressed and the pool area is set to reopen in March.
- The Bridge leisure centre is considered the weakest building in the leisure centre portfolio. Instead of continuing to reinvest in repairs to a building with defects, one consideration is to look at redeveloping the site completely. This is being looked at as part of the review of the leisure centre contracts for the saving on the leisure centres scheduled for 2017-18.
- The numbers of people following up on a GP referral to the Exercise on Referral and Active Heart schemes and completing the schemes is low. The referral scheme as a whole is under review.
- The usage of leisure centres by users with a disability reduced in the last year. Two groups responsible for group bookings for disabled users have had to cancel their bookings with Fusion due to a reduction in grant funding. The Royal Society for the Blind are looking into organising exercise sessions for blind people outside the leisure centres, such as for example guide running.
- Fusion have instituted a yearly check on the eligibility of residents for the Be Active Card. This resulted from people continuing to use scheme after they had moved out of the borough or moved from benefits into work. Officers would initiate a conversation with Fusion about how this eligibility check would relate to residents who are eligible due to a condition that does not change with time.
- There is an on-going water leak in a meeting room in Glass Mill with an unknown cause. The leak is coming from the Health Suite above the room. Dye tests have been carried out in an attempt to identify the source of the leak but this has been unsuccessful so far. Defects to the building are still generally the responsibility of the developer to fix as the building is still in a guarantee period.

4.3 **RESOLVED:** that the Committee note the report.

5. Adult Learning Lewisham annual report

5.1 This item was discussed after item 7 (London Health and Care Collaboration Agreement and London Devolution Pilots).

5.2 Gerald Jones (Service Manager Adult Learning Lewisham) introduced the report. The following key points were noted:

- The success rates for Adult Learning Lewisham (ALL) were the highest they had ever been. The success rate combines measurement of whether people have completed a course with whether people have achieved their intended learning outcomes.
- The funding for accredited and non-accredited courses will be combined into one grant from central government.
- ALL has developed a number of partnerships in the last year. One significant one is where ALL is working with schools to offer family learning courses to parents whose children are most at risk of underperforming.
- ALL has specified nine different areas of impact that non-accredited courses have for learners. These areas of impact provide evidence for the benefits non-accredited courses can have. The impact may not be straightforward to measure and evidence, but that doesn't mean the benefits do not exist. Learners are being asked about these areas of impact when they start a course. They are also encouraged to write themselves a postcard, that is sent to them 6 months after completing a course encouraging themselves to engage with ALL's telephone calls asking for longer term feedback on the impact the course has had on their lives.
- The Department for Business Innovation and Skills may look to develop a London wide funding body for adult learning. Further education colleges across London are experiencing funding problems. Colleges may merge or specialise in specific areas of education. Community education in this context can provide important services that are complementary to the work done by further education colleges.

5.3 Gerald Jones responded to questions from the Committee. The following key points were noted:

- The new funding arrangements are not finalised yet so it may be that justification is needed for the provision of non-accredited courses.
- ALL does encourage learners to progress after completing a course, and not stay engaged in the same course continuously, and it also wants to continue to engage new learners. Funders don't necessarily appreciate it if a group of people attend the same course year after year.
- The subject area of Neighbourhood Learning in deprived communities is named after a central government funding stream. ALL communicates about these courses with the abbreviation NLDC and doesn't emphasize the mention of deprived communities.
- ALL provides small scale learning, and can feel closer to home and safer for many people than attending a large further education college. The provision of ALL supports the provision of colleges but isn't necessarily the same.
- Although it can be very beneficial for people to (re)learn skills at a later stage in life and retrain to enter new career paths, the current funding situation is that people tend to need student loans to be able to retrain.

5.4 The representative from Healthwatch Lewisham and Bromley noted that:

- As well as a need for digital inclusion and improving people's literacy skills, many people could also benefit from courses in financial inclusion. It was noted that a

representative from Healthwatch would meet with an officer from ALL to discuss how they could signpost people to financial literacy courses.

5.5 **RESOLVED:** that the Committee noted the report.

6. Implementation of the Care Act 2014

6.1 Joan Hutton (Head of Adult Assessment and Care Management) introduced the report. The following key points were noted:

- There is a work programme in place to support the implementation of the Care Act. Phase two of the implementation was due to come in in April 2016 but this has been postponed until possibly 2020.
- The Care Act requires Councils to provide assessments and support services for carers equal to those given to service users. There has been an increase in the number of requests for assessment, but not the massive increase that was originally expected. This reflects the national picture.
- Officers are developing quality assessments of providers in the market for adult social care services as part of the Council's responsibilities for adult safeguarding. This allows officers to identify possibly vulnerable providers.
- Work is being prepared for the implementation of the Dilnot reforms, in case the date for implementation is pushed forward. Currently the implementation is not expected until 2020.

6.2 Joan Hutton answered questions from the Committee. The following key points were noted:

- Officers are focused on developing relationships with the people that require care services so that assessments are done in an appropriate way. The new ways of working under the Care Act enable people's problems to be solved in the ways they prefer them to be solved.
- The Council works with a charity called My Support Broker which advises on improving access to digital services for people who aren't used to using the internet.
- Prevention services are provided by Linkline services, enablement services and the support and advice provision amongst others. Sometimes improvements in someone's physical environment can add to prevention of further problems, so the Council doesn't just offer advice to increase prevention. There is a GP referral system where GPs can refer residents to these services, which is more proactively used in some areas of the borough than others.
- The support services provided to carers depend on the type of carer. Paid carers do not qualify for an assessment and any subsequent support. Volunteers also do not qualify, but family and friends do.
- Advocacy is provided by an independent service. The uptake of the service wasn't that high and work is being done to promote the service amongst practitioners so they can advise people of the service. The uptake has slowly increased over time.
- The Council has regular contract and quality control meetings with the services it commissions. To date the feedback received by the Council has been good.

6.3 The Committee made the following comments:

- There had been an announcement in the Local Government Chronicle that day that the Better Care Fund £1bn payment for performance scheme was being stopped. It was agreed that further information on the implications would be provided to the Committee after the meeting.

- Paragraph 6.2.6.1 of the report showed that due to a delay in the award of contracts the budgeted amount of £2.2m for the payment of travel time to home carers would not be spent until 2016/17. The question was raised why the payment of travel time could not occur earlier. It was resolved that the Committee would be provided with information about whether travel time was being paid for before 2016/17.
- There was a query about how the travel time paid to care workers in agencies would be calculated. It was resolved that the Committee would be provided with details about the calculation of travel time.

6.4 **RESOLVED:** that the Committee noted the report, and the Committee would be provided with the information listed in paragraph 6.3 above.

7. London Health and Care Collaboration Agreement and London Devolution Pilots

7.1 This item was moved forward on the agenda to be discussed directly after agenda item 4.

7.2 Aileen Buckton introduced the report. The following key points were noted:

- All London Boroughs and London CCGs have signed up to the Health and Care Collaboration Agreement. The agreement describes how the borough and CCGs aim to work together in a collaborative way.
- There has also been agreement between the Chancellor of the Exchequer and London for a programme of devolution in London. This agreement is not as detailed as some other areas of the country where devolution is taking place such as for example Manchester.
- Neither of these agreements contain changes to the governance arrangements for the local authorities involved.
- The health and care pilots are designed to test out whether devolution can help on a sub-regional level with the integration of health and adult social care. Lewisham Council's pilot is a continuation of the work on health and adult social care integration that the Council is already engaged in.
- The bid for devolution that London Councils put forward was signed by the leaders of all London Boroughs. It asks central government for three things: a) flexibility for the use of estates owned by the NHS; b) support in developing terms and conditions of employees working in joint teams; c) suspension of the tariff that's used to pay hospitals for the care they deliver to encourage increased preventative work. A business case needs to be developed for all these three asks of central government.
- A press release was issued which implied that Lewisham's health and care devolution pilot was focused on the integration between mental and physical health. This is a reflection of the current situation of integration of health and care in Lewisham but is not the focus of the pilot.

7.3 Aileen Buckton and Georgina Nunney (Principal Lawyer) answered questions from the Committee. The following key points were noted:

- The benefits to patients from devolution are similar to the benefits from the integration programme. If estates owned by the NHS become available to community based teams more easily then patients would see the benefits of community based teams realised more quickly.
- The Mayor of Lewisham has signed the London Health and Care Collaboration Agreement as Chair of Lewisham's Health and Wellbeing Board. That agreement has also been signed by Lewisham CCG. The legal status of the agreement and what obligations, if any, it would put Lewisham Council under, could not be specified at the time of the meeting.

- The London Devolution Bid is a statement of intent that does not bind Lewisham Council to anything.

7.4 The Committee made the following comments:

- All Members should receive a briefing on what devolution agreements had been signed by the Council, whether these agreements were binding and what these agreements were binding the Council to, if anything.
- A simple message about what the London devolution deal entails was also needed for residents and for Members to share with residents.

7.5 **RESOLVED:** that the Committee noted the report, and requested that a briefing be provided to all Members on the status of any devolution agreement relevant to London.

8. Select Committee work programme

7.1 Simone van Elk introduced the report. The Committee discussed its programme of work and agreed the agenda for the next meeting.

7.2 **RESOLVED:** that the work programme be noted.

9. Referrals to Mayor and Cabinet

None

The meeting ended at 9.25 pm

Chair:

Date:

Agenda Item 2

Healthier Communities Select Committee			
Title	Declaration of interests		
Contributor	Chief Executive	Item	2
Class	Part 1 (open)	2 March 2016	

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;
 - (b) and 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)

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Agenda Item 3

Healthier Communities Select Committee		
Title	South London and Maudsley NHS Foundation Trust - CQC Compliance Inspection Results and actions	
Contributor	Scrutiny Manager	Item 3
Class	Part 1 (open)	2 March 2016

1. Purpose

- 1.1 The Care Quality Commission (CQC) carried out an inspection of services within South London and Maudsley NHS Foundation Trust on the week of 21st to the 25th September 2015.
- 1.2 This report provides the Committee with a summary of the results of the CQC inspection as well as the actions the Trust plans to take as a result.

2. Recommendations

- 2.1 The Committee is asked to:
 - Note the content of the 'South London and Maudsley NHS Foundation Trust CQC Compliance Inspection Results and actions report September 2015' in **Appendix A**.
 - Direct any questions to the representatives from the South London and Maudsley NHS Foundation Trust present at the meeting.

For further information please contact Simone van Elk, Scrutiny Manager on 020 8314 6441.

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**Report: CQC Compliance Inspection Results and actions,
Sept 2015**

Lewisham's Healthier Communities Select Committee

2nd March 2016

By: Quality Team: South London and Maudsley NHS Foundation Trust

1. Introduction

The Care Quality Commission (CQC) carried out an inspection of services within the Trust on the week of 21st- 25th September 2015.

The number of visits has been broken down below:

TYPE	#VISITED BY CQC
INPATIENT	53 (+ 8 Revisits)
COMMUNITY	24 (+ 4 Revisits)

The Inspection carried out involved the following care pathways:

Areas visited

Care Pathways
Acute wards for adults of working age and PICUs
Long stay/rehabilitation mental health wards for working age adults
Forensic inpatient/secure wards
Child and adolescent mental health wards
Wards for older people with mental health
Wards for people with a learning disability or autism
Community-based mental health services for adults of working age
Mental health crisis services and health-based places of safety
Community-based mental health services for older people
Community mental health services for people with a learning disability or autism
Community mental health services for children and young people

2. Outcomes

The CQC published its final report and ratings on their website on the 8th January 2016 which are outlined below:

Final updates for publication						
Name of provider	SLAM					
	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Forensic inpatient / secure wards	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement
Wards for people with a learning disability or autism	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Good	Good
Mental health crisis services and health based places of safety	Requires Improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Requires Improvement	Good	Good	Good	Good	Good
Community mental health services for people with a learning disability or autism	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Overall	Requires Improvement	Good	Good	Good	Good	Good

← Overall provider

Following the final report published on the 8th January 2016, the Trust has recently drafted and submitted action plans to the CQC which cross over both localised improvements and Trust wide developments which include but are not exhaustive:

- Improving risk assessment processes
- Improving food
- Reducing restraint
- Improving environmental safety
- Ensuring equipment safety
- Ensuring inpatients' rights

Also

- Checking of personal alarms
- Safe carriage of medicines
- Completion of Fit and Proper Person's check

3. Detailed Outcomes and Actions

Further details regarding key areas are broken down further below:

Improving risk assessment processes

The inspection found that in some areas risk assessments carried out did not have consistent completion, or sufficiently detailed, responsively up dated, recorded in right place and linked to actions.

Whilst inconsistent practices regarding risk assessments came up across the Trust particular areas of concerns were acute wards, Older adults' wards and home treatment teams. The actions that have been agreed following the visit include:

Actions

- Redesign of ePJS
- EObs project
- Revising and strengthening training
- Ongoing audit

Improving food

The findings from the CQC visit outlined that the Trust should be responding better to individual and cultural need. This was found to be an issue particularly in forensic wards and Older Adults wards

Actions

- New menu developed
- Improve menu booking
- Retendering of catering contract
- Tighter monitoring and feedback
- Regular patient feedback, centrally collated

Reducing restraint

A 'Must Do' action for the Trust was to reduce the incidence of restraint, particularly prone, and improve recording. This was an issue Trustwide in all inpatient services, particularly acute adult wards.

Actions

- Improve detail/process of reporting (complete)
- Complete Trust Violence Reduction Strategy (including NICE guidance)
- Roll out 4 Steps to Safety on all inpatient wards
- Review training to ensure best practice and emphasis on accurate recording

Improving Environmental Safety

The visit highlighted the need for ensuring specific risks are managed (fire escape), removal of blind spots, fully implementing fire precautions, always ensuring that specific ligature risks are clinically managed safely. This was an issue particularly Place of Safety, Heather Close, ES1.

Actions

- Specific actions for Place of Safety, ES1, Heather Close
- Completion of ligature reduction programme
- Visual management - audit of environmental risks

Ensuring equipment safety

The CQC highlighted the need across the Trust for consistent speedy access to ligature cutters, consistent and timely checks on all equipment in all inpatient wards; particularly Rehabilitation wards, acute wards, Greenvale.

Actions

- Review of emergency equipment standards
- Improved audit processes re: equipment
- Centralised online equipment audits to improve governance

Staffing numbers and right skills

Sufficient staff available on acute wards, staff fully confident to work with people with dementia on Older People's Wards, were all issues picked up during the CQC visit. This was for all services but particularly Acute Wards, Kent CAMHs and Wards for Older Adults

Actions

- Continue current focus on recruitment, including focused reward schemes
- Continue to develop new and innovative workforce models
- Improved vacancy adverts and social media campaigns
- Outdoor recruitment campaign (e.g escalators at Waterloo Underground)
- Process improvements in recruitment system – speedier and more efficient to reduce delays
- Increase in notice periods
- Review of training needs in Older Adults services

Ensuring Inpatient's rights

The visit highlighted the need for the Trust to improve in ensuring that privacy and dignity needs are sensitively met and that informal patients are fully aware of their rights and that blanket restrictions do not prevent individual needs being met. This was raised as an issue in all inpatient areas, particularly Acute Wards, Hayworth Ward, Heather Close, Tony Hillis Unit.

Actions

- Standards to be developed and audited re: observation windows on bedrooms
- Development of standardised information re: informal patient rights which will be made fully visible and available in different forms on relevant wards
- Review of restrictive practices on Rehabilitation Wards to ensure individual needs can be met.

4. Trust Quality Summit and ongoing work

There was a Trust Quality Summit on the 20th January 2016 with stakeholders including representation from the Health and Scrutiny Committees; the CQC outlining the final feedback and results and partners worked together to consider how they could help the Trust achieve the improvements required. The CQC's report provides the Trust with an agenda and action plan for making necessary improvements for issues that was raised and will form much of the Trust Quality Priorities for the forthcoming year.

Agenda Item 4

Healthier Communities Select Committee		
Title	Healthwatch report: The Vietnamese Community and Access to Health and Wellbeing Services in Lewisham	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	2 March 2016

1. Purpose

- 1.1 HealthWatch Bromley and Lewisham has written a report titled 'The Vietnamese Community and Access to Health and Wellbeing Services in Lewisham'.
- 1.2 Through this report, Healthwatch Bromley and Lewisham draw attention to experiences of access to health and social care services faced by members of the Vietnamese community living in Lewisham. The report presents themes that emerged through Healthwatch engagement and highlights the key issues that are important for this community. Recommendations are provided, where possible, with the aim to support decision making and commissioning of services which will improve access for this community.
- 1.3 Healthwatch Bromley and Lewisham has provided their report to the Healthier Communities Select Committee, and requested that the Committee provide a response to the report and its recommendations.

2. Recommendations

- 2.1 The Committee is asked to:
 - Note the content of the report on 'The Vietnamese Community and Access to Health and Wellbeing Services in Lewisham' in **Appendix A**.
 - Direct any questions to the representatives from Healthwatch Bromley and Lewisham present at the meeting.
 - Formulate a response to the recommendations in the report as per the Healthwatch Lewisham and Bromley Report & Recommendation Response form in **Appendix B**

For further information please contact Simone van Elk, Scrutiny Manager on 020 8314 6441.

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The Vietnamese Community and Access to Health and Wellbeing Services in Lewisham



January 2016

Healthwatch Bromley and Lewisham, Community House, South Street, Bromley,
BR1 1RH, 0208 315 1916



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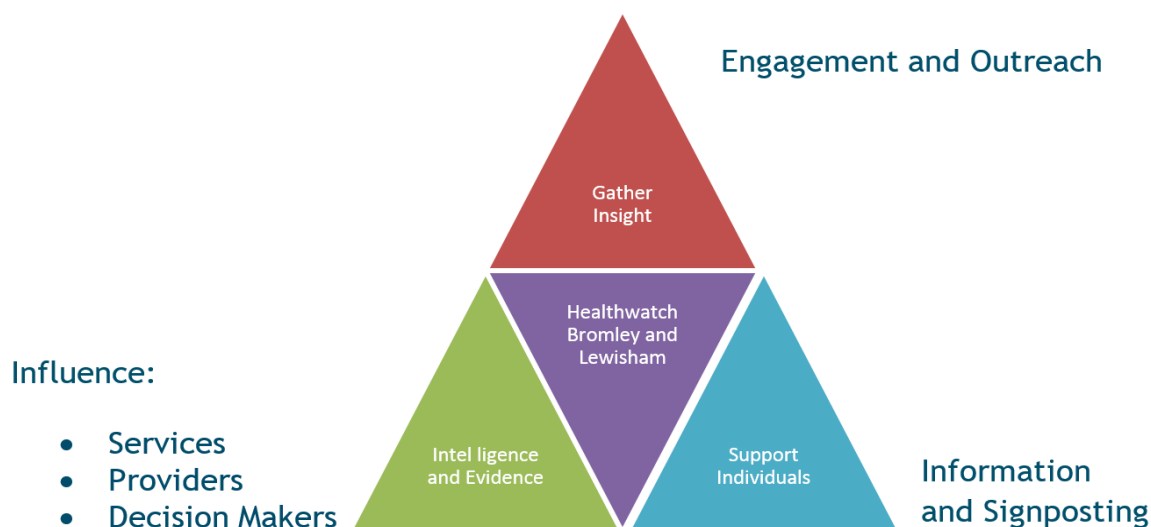
1. About Healthwatch Bromley and Lewisham

Healthwatch Bromley and Lewisham (HWBL) is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Bromley and Lewisham as an independent health and social care organisation is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Bromley and Lewisham (HWBL) gives children, young people and adults in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Our approach is to encourage broad public involvement and to inform, influence and help shape future commissioning and provision.



- We gather insight through our engagement, outreach and participation activities.
- We listen to views and experiences of local health and social care services and help people share their views and concerns about health & social care
- We use what we have heard in our Influencing role -
 - telling service providers and commissioners and those who monitor services what the public have told us;



- asking providers and commissioners questions and make suggestions so that services are fair for everyone;
 - using our Enter and View powers to visit some services to see and report on how they are run;
 - sitting on both Bromley and Lewisham Health and Wellbeing Board and on other decision-making or influencing groups, ensuring that the views and experiences of patients and other service users are taken into account;
 - recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC).
- We support individuals by providing information and signposting about services so they can make informed choices. We also signpost people to the local independent complaints advocacy service if they need more support.

2. Acknowledgements

Healthwatch Bromley and Lewisham would like to thank FORVIL for providing a platform to engage with their members and to the Lewisham Health Improvement team for organising a focus group at Waldron Health Centre. We would like to thank Jack Shieh O.B.E. Director of Vietnamese Mental Health Services who provided information on mental health issues related to the community.

We would like to encourage people who speak up on behalf of seldom heard groups to consider this report in their work and to consider joining Healthwatch Bromley and Lewisham to amplify this voice.

3. The Vietnamese community of Lewisham

Lewisham has a population of about 286,000 people and is the 15th most ethnically diverse local authority in England with two out of every five residents from a black and minority ethnic background. ¹

Lewisham Joint Strategic Needs Assessment (JSNA) 2016 data estimates of the breakdown of ethnic groups present in Lewisham are shown in Figure 1. Non-white ethnic groups in Lewisham account for 41% of the population.

FORVIL (Federation of Refugees from Vietnam in Lewisham) estimate that there are 4000 - 4500 members of the Vietnamese community in Lewisham. About one-tenth (i.e. about 400 to 450) are elderly. Children under 18 make up one-third (1/3) of this community (i.e. about 1500).

¹ Lewisham's Joint Strategic Needs Assessment 2016 (<http://www.lewishamjsna.org.uk/>)



In 2011, Vietnamese was the 3rd most requested language for translation services in the borough after French and Polish.²

Buddhism and Christianity are the two main faiths followed by the Vietnamese community.

The Runnymede Trust have reported that of the people born in Vietnam that live in London; over 1/3 live in the boroughs of Lewisham, Southwark and Hackney.³

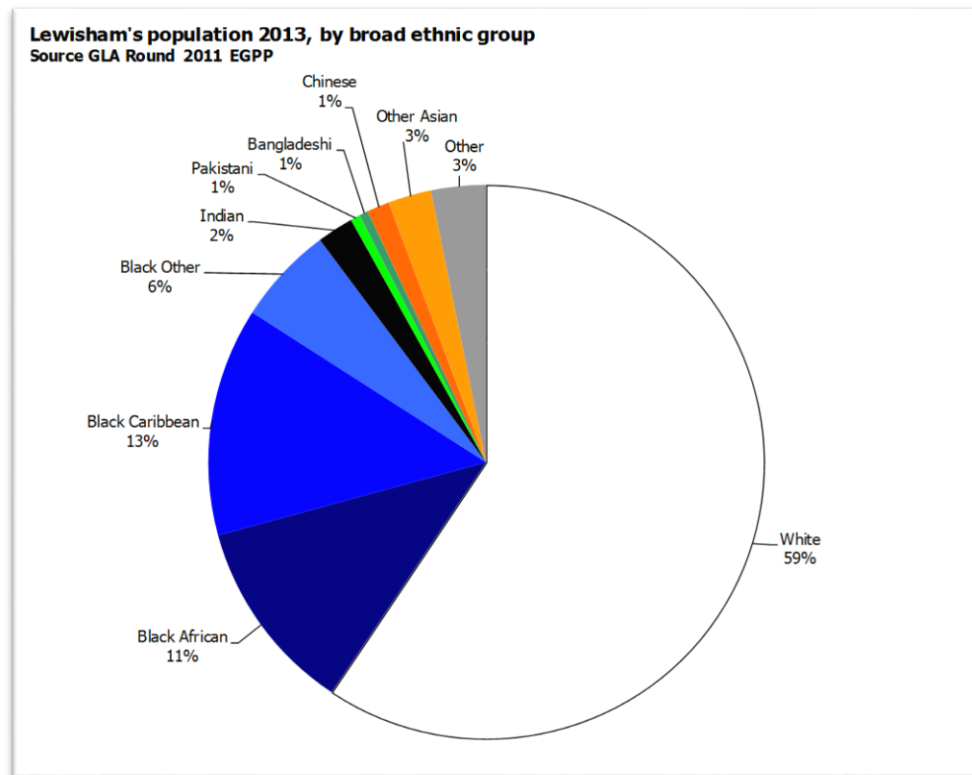


Figure 1⁴

4. Purpose of the engagement

National evidence suggests that public bodies and services need to do more to take protected characteristics within communities into account when developing services. The Department of Health in 2012 published an NHS Patient Experience Framework developed by the NHS National Quality Board. It provides evidence based guidance on a number of issues known to affect the patient experience.⁵

² London Borough of Lewisham - Translation, Interpretation and Transcription Service

³ The Vietnamese Community in Great Britain -30 Years On, Runnymede Trust, 2007

⁴ Lewisham JSNA, 2016

⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215159/dh_132788.pdf



These include the need for respect for cultural issues, the need for information, communication and education as well as for emotional support.

People from BME communities report numerous issues with access to health services. Barriers include dissatisfaction with mainstream services which they perceive as lacking in understanding and consideration. This situation can result in poorer health compared to other groups, with unnecessary visits to Accident and Emergency, higher rates of hospital admission, and the likelihood of more complex, intrusive interventions.⁶



It has been reported that an inability to speak English or understand its written form, unfamiliarity with the complex British health and social services system, lack of knowledge about relevant social welfare allowances, Vietnamese cultural beliefs, mainstream approach of services, lack of sympathy and support from professionals, and financial difficulties are all obstacles to Vietnamese gaining access to health services.⁷

Through this report, Healthwatch Bromley and Lewisham draw attention to experiences of access to health and social care services faced by members of the Vietnamese community living in Lewisham. The report presents themes that emerged through Healthwatch engagement and highlights the key issues that are important for this community. Recommendations are provided, where possible, to support decision making and commissioning of services which will improve access for this community.

The report will be submitted to commissioners at NHS Lewisham Clinical Commissioning Group and Lewisham Council to the Lewisham Health and Wellbeing Board, Lewisham Healthier Communities Select Committee, Healthwatch England and local providers of services. The report will be made public on Healthwatch Bromley and Lewisham websites.

5. Methodology

Healthwatch Bromley and Lewisham gathered information about access to services for Vietnamese people living in Lewisham through focus groups and one-to-one conversations and by participating in a health event. This engagement took place

⁶ Good Access in Practice, BME Health Forum 2010

⁷ Runnymede Trust 2007



between September and December 2015. The two focus groups were attended by 33 people



Additional information has been gathered through seven one-to-one conversations and conversations with community leaders and stakeholders.

The first focus group was carried out with members of FORVIL's Vietnamese Elders Club based in Deptford. The participants were mainly over 65 and nearly half of them were men.

The second focus group took place at Waldron Health Centre. The participants were mainly middle age and elderly women with multiple long term conditions.

In order to ensure that people felt comfortable about sharing their experiences, engagement was supported by interpreters who were known to the participants and were part of the community. The interpreters were invaluable in supporting the process and acted as a bridge between HWBL and this close knit community.

Participants were asked to share experiences that had taken place in the last 12-24 months.

HWBL gathered equality and diversity data alongside the prevalence of long term conditions amongst the participants. This can be found in Appendix 2.



6. Findings: The Themes

6.1 GP Services

6.1.1 Good Practice

We are pleased to report that many people were happy with their GPs and the care provided by them. Few problems were shared and some people shared positive experience.

One participant who suffers from a long term condition, shared that their GP after not seeing the patient for a 'long time', arranged an interpreter and called a patient to book a check-up appointment.

Another participant praised her GP for being caring and understanding because the GP took time to listen and understand the patient.

'He (the GP) listened even with my limited English. I showed him the old prescription so he understood.'

The patient stressed that the doctor had a positive attitude, looked at him and did his utmost to help despite the communication barrier. Most importantly this doctor took time to listen which was valued by the patient and provided reassurance.

One elderly lady was grateful for her GP and repeatedly said the GP saved her life. She developed a condition that worried her and made her very anxious *'I thought I (was going to) die, but the doctor helped me'*.

Participants with positive experiences praised GP professionalism and good medical care and stressed the importance of positive staff attitude including: a caring approach, good listening skills, making eye contact and making an effort to understand in spite of possible language barriers. Participants said that it was important to be treated with respect and gave examples such as explaining issues such as treatment plans, reasons behind a diagnosis and explaining prescribed medication to the patient.

Participants also said they valued their GPs for referring them to further services appropriately and providing a follow up appointment in a timely manner.

6.1.2 Difficulties in Booking Urgent Appointments

The overwhelming majority of negative stories were in relation to access to GP services, especially booking urgent appointments. Many people told HWBL they struggle to see a GP when they need to. One elderly man expressed his concern and frustration by asking a rhetorical question *'If you can't book a GP appointment what do you do?'* Another participant confirmed those concerns by saying: *'not easy to see a GP'*. HWBL heard that as a result many participants seek help at Lewisham's Emergency Care Department. One participant said that if she couldn't



get an appointment with her GP she would *'... go to the hospital (A&E) and wait there until I'm seen and treated.'*

Participants reported that when they try to ring in the morning to book an emergency appointment the phone is constantly engaged. By the time their call reaches reception there are no more appointments available. A mum told Healthwatch *'My son (had) a problem. He had a high temperature but phone always engaged. By the time I get through there are no more appointments'*.

Participants felt frustrated that they had no way of accessing GPs in an urgent situation. They felt that the booking system creates an impossible barrier that they cannot overcome. Many agreed that when they fail to book an urgent care appointment and are told to ring back the next day, they are faced with the same issue the following day. *'Getting an appointment is so hard. They always say 'ring back tomorrow'. But the same thing happens the next day'*. Another female participant added her experience: *'When I wanted to see a GP it took a few days to get an appointment'*.

Many elderly participants complained that the only way of getting an appointment on the day is to queue at the GP surgery early in the morning. *'If I want to see a GP on the day I need to be ready by 7:00 am'* said an elderly man. He told HWBL this is not easy for him especially when he is not well. Many participants shared his experience and some reported that queuing not always results in getting an appointment. Participants felt that frail or people who are unwell may not be able to go out in the morning and queue for an appointment to see a GP. An elderly man said: *'I ring it takes days, if I go to book in person it take months'*.

Participants also complained they face long waiting times for pre-booked appointments and that these are often not appropriate if a patient needs to see a doctor urgently.

Some participants expressed dissatisfaction with waiting times for GP appointments. An elderly man shared an anecdote about reception's computers not always working or having a system error.

6.1.3 Delay in Diagnosis and Referrals

Some participants told Healthwatch that they experienced delays in their diagnosis or weren't offered appropriate tests in a timely manner to assist with the diagnosis of their conditions.

A mother told Healthwatch she had continued to raise her son's behavioural issues with her GP for a number of years. After her son started school the mother received complaints about his behaviour. She asked local support groups including FORVIL for advocacy and eventually with their support, her son was referred for an assessment and diagnosed with Autism. The mother expressed her frustration



with the system that left her to cope with the problem on her own for many years. She told HWBL that she felt let down by her GP.

Another participant shared her frustration with local services for not providing help for her condition. Following an accident she suffered with back pain and regularly went to her GP about this. She was offered physiotherapy which didn't help. Eventually after three years she has been diagnosed with slipped disks. When speaking to Healthwatch she expressed her frustration that her GP had, in her opinion, underplayed her condition and didn't offer appropriate tests or treatment in a timely manner. At the time of our research she was facing another 3-6 months of waiting before treatment at the hospital. She wasn't told what the treatment would be, what improvement it may bring or what the next steps would be.

A female participant told us that her husband had been coughing a lot and suffered with chest pain. He repeatedly went to see his GP and was given paracetamol, but didn't insist on further tests or treatment as he 'didn't want to make trouble'. The patient's wife grew worried about his health and insisted she went with him to plead for help for her husband. As a result he was offered tests and was diagnosed with terminal lung cancer. Sadly the patient later died. The participant told Healthwatch she was upset with health services for ignoring her husband's complaints and not sending him for tests to diagnose his condition. She wanted to ensure that this doesn't happen to anyone else.

6.2 Communication and Interpreting services

6.2.1 Cultural differences

One of the cultural traits that resonated strongly throughout both focus groups was a desire or unwillingness to impose on clinical staff. Often we heard that they



'wouldn't want to trouble anyone'.

All the community leaders we spoke to explained that this is an important cultural trait that many people from the Vietnamese community share. This can result in not insisting on accessing appropriate services until they hit a crisis point.

6.2.2 Eligibility to an interpreter

Healthwatch found out that participants were not always clear about eligibility and entitlement to interpreting services and how they can access the service. Many said they have mixed experiences with some having access to a face-to-face



interpreter and others being given conflicting information, by health professionals, about using friends and family to translate. Healthwatch heard that the telephone interpreting services aren't always available and participants said they aren't offered access to interpreters when booking appointments with receptionists. One participant was told by her GP she *'cannot get an interpreter'*. Another participant told Healthwatch *'My GP has no interpreter and it's hard to communicate. I have to take a friend who can speak English with me'*. Another participant reported that for eight years of using services at Guys Hospital she was only once provided with an interpreter.

6.2.3 Cancellation of appointments due to lack of interpreter availability.

Healthwatch heard that many Vietnamese people do not have easy access to interpreting services and that this affects their access to health care. Some people said they experienced long waiting times for interpreting services and others had hospitals and GP appointments cancelled as a result of no interpreter being available and failed appointments when interpreters failed to attend booked appointments. This is particularly frustrating for the patients when the appointment was pre-booked and the patients had to wait for a long time to access it. One patient told Healthwatch she waited two hours for an interpreter at hospital but he/she didn't turn up. As a result her appointment was postponed to another date. The participants felt frustrated as in order to manage her long term condition she needs regular appointments. She said *'it was waste of my (her) time and waste of time and money for the NHS'*.

Another participant said *'I've waited for half an hour for an interpreter, despite my appointment being booked in advance'*.

Another participant told Healthwatch similar story *'I waited 20 minutes for an interpreter at a hospital. No interpreter was provided and I was told to go home and bring a relative to the re-booked appointment'*.

6.2.4 Quality of the interpreting

Participants said they are not happy with the quality of interpreting services available on the phone. One member described the interpreters as *'young students who don't understand Vietnamese people who live in London and don't know the medical language very well'*. A lot of people echoed this statement. One hard of hearing participant shared his experience of going to a GP but couldn't understand and/or hear the interpreter on the phone. He grew increasingly frustrated and started raising his voice in response to not being able to hear the caller. He was prompted by the GP to lower his voice, which led to more frustration. He was asked to leave the room.



6.2.5 Using family members as interpreters

Several people told Healthwatch that they use family members or friends as interpreters. They said that although this was a regular occurrence they weren't comfortable in taking their relatives to appointments to translate. This was especially true for those with long term conditions. Family members and friends don't know medical terminology well enough to convey all the information in an appropriate way. A second generation Vietnamese woman told Healthwatch that she interprets for her parents, however she is finding it increasingly difficult to attend medical appointments with them as she is employed full time and they require frequent visits to health services. She told Healthwatch that her experience is shared by many of her friends and neighbours who are part of the community.

6.2.6 Best Practice, What Should A Good Interpreting Service Look Like?

Participants told Healthwatch that they are registered at the Kingfisher Surgery and have access to a face to face interpreter. The majority of the people who had access to this service were happy and shared a very positive experience. *'I use the Kingfisher surgery because it's close to my house and they have an interpreter'* one patient told Healthwatch. *'Kingfisher are good because they arrange an interpreter for us'* confirmed another. An elderly man said that *'The current interpreters don't know patients and can't communicate the message properly. It's important to understand cultural differences and (different) Vietnamese accents'*.

Participants agreed that they wished they had access to an interpreter who was part of their community and knew about them rather than a stranger on the phone. They agreed that the interpreter should be someone from the local community with knowledge of the local issues and of local health and social care services. They felt that the role should not just be that of an interpreter but an advocate and a spokesperson, someone who knows the history and background of the patients. This person would act as a bridge and facilitate a dialogue between patients and service providers. Participants agreed that



in addition to interpreting and advocacy this person should also provide information and signposting and they would like to see this person being involved in the community and accessible.

6.3 Staff Attitudes - Communication Barriers

Healthwatch was pleased to hear that many participants had positive comments about staff attitudes. In particular, participants praised staff at Lewisham Hospital for being polite and caring. Despite hearing positive comments many participants shared negative experiences. One female participant told Healthwatch she felt ignored and dismissed by her GP who didn't explain her diagnosis clearly and the prescribed treatment. As a result she didn't trust his opinion and continued to worry about her condition.

Some participants said the receptionists at GP surgeries should treat people with *'more respect'* and *'be more mindful when dealing with people who don't speak English as their first language'*. Participants agreed that talking to receptionists often made them feel confused especially when they were communicating through the phone. A second generation Vietnamese woman told Healthwatch about her parents' experience. Her parents don't speak English well and tried to book an appointment in person at the GP surgery. The conversation wasn't easy as both parties didn't understand each other well and consequently the couple were told that there were no appointments available. Their daughter then rang the surgery's reception and was offered an appointment. The family felt unhappy with the treatment, although they acknowledged that the receptionists may not be trained or equipped to deal with people who don't speak English as their first language.

6.4 Mental Health

Community leaders that we spoke to suggested that there is an increasing issue with mental health in the community. One community leader suggested that as a result of communicational and cultural barriers it is difficult to pick up and diagnose dementia.

We met with the Vietnamese Mental Health Services Director. He explained that people with mental health issues experience particular barriers in accessing services. The communication barrier becomes more of an issue when treating mental health and presents an obstacle especially when accessing talking therapies.

In our focus groups mental health was not raised by participants.



6.5 Long term conditions and Self-Care

Many participants said that they only knew the name of their condition and didn't know much about self-care. They also didn't understand what medicines they're taking and how the medicines work. Some participants told Healthwatch that after attending training provided by the Health Improvement Team their knowledge and motivation to self-care significantly improved.

6.6 Knowledge of the system and A&E

Participants told Healthwatch that they do not fully know or understand the health and social care system. One person said that her understanding of the system is to *'go to GP during day time and at night to go to A&E'*. Another added *'if you go to A&E you know you'll be treated'*. Many people said they were *'told off'* for coming to A&E. A mother told Healthwatch she risked her son's health by taking him to Waldron walk in centre instead of A&E as she was told to use A&E only for emergencies. *'I was so worried I took my son straight to hospital. They said I should have gone to GP. When my son has trouble breathing. I took him to the Waldron and they said it is an emergency and said I should have gone to A&E'*.

A few older participants told Healthwatch that it was hard for them to navigate the system. One gentleman said: *'I had difficulty trying to ring the hospital. It's always a voicemail. It's hard to understand the options. Sometimes I press the wrong button and then I have to do the whole thing again. It takes a long time'*.

7. Conclusion

Participants of the focus groups were generally happy with the NHS and keen to engage with services. We found out that this community shared common experiences both good and bad.

However we also identified that this community faces health inequalities in the form of barriers when accessing services and information.

By far the most comments received were about access to GP services. The service provided by GP surgeries varies and while many patients are happy with care received and being able to access to face to face interpreters, others encounter difficulties when accessing their GP's.

Communication and translation services was a significant issue with the quality of interpreters, eligibility criteria and availability of the service reported as an issue.

Staff attitudes was also an issue to many members of the community.



8. Recommendations

As a result of our findings through our engagement with Vietnamese community members in Lewisham, Healthwatch Bromley and Lewisham sets out the following recommendations to improve access to services for the Vietnamese community.

COMMISSIONERS AND PROVIDERS:

- Improve access to GP services including improving access to urgent appointments and improving booking systems. Consideration should be given to people with communication barriers especially elderly, parents of young children and those with long term conditions.
- Identify, promote and encourage the existing good practice amongst GPs including having a caring approach, good listening skills and strong communication when faced with communication barriers.
- Improve staff attitudes towards patients by increasing the emphasis on listening to the patient, attitude, taking time to understand the community members.
- Clarify and publicise the eligibility criteria for interpreting services for Lewisham residents.
- Improve access to interpreting services.
- Provide appropriate training for front line reception staff to enable improved communication and cultural awareness.
- Improve diagnosis and support for people with mental health issues who don't speak English as their first language.

COMMISSIONERS:

- Consider investing in local service providers for the provision of face to face interpreting services and advocacy.
- Increase the provision of information for seldom heard groups including the Vietnamese community on how to access services.
- Continue to support and fund established groups to deliver health improvement training including self care for long term conditions and a healthy eating courses.



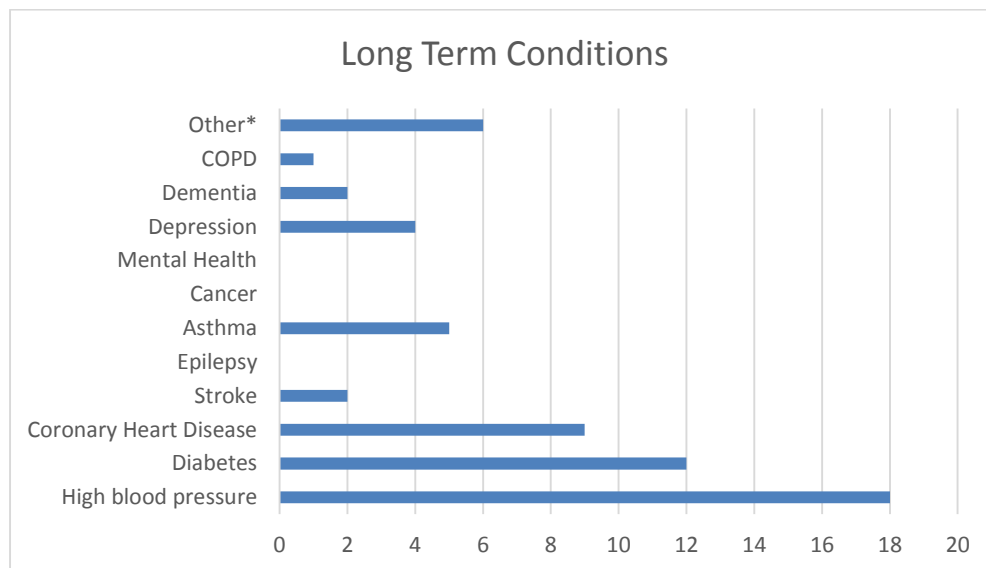
9. Appendices

Appendix 1 - Equality and Diversity Data and Long Term Conditions

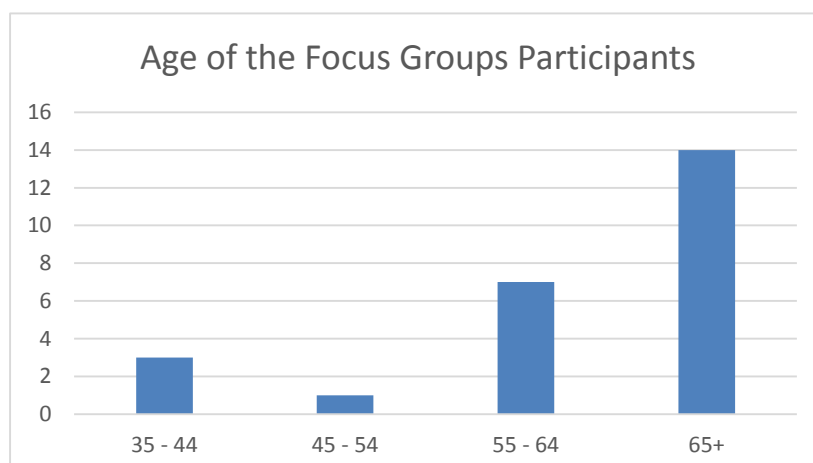
Healthwatch engaged with people from the Vietnamese Community in Lewisham through a variety of forms including two focus groups attended by 33 people. Out of those we collected 25 feedback forms.

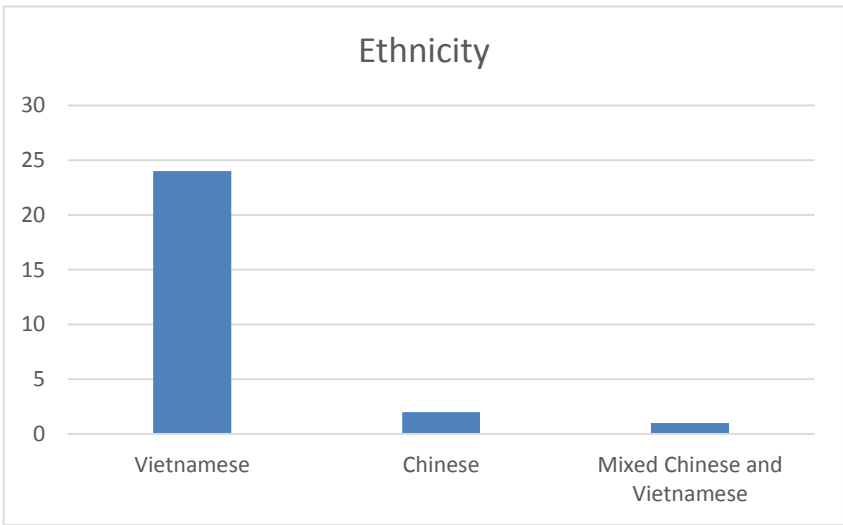
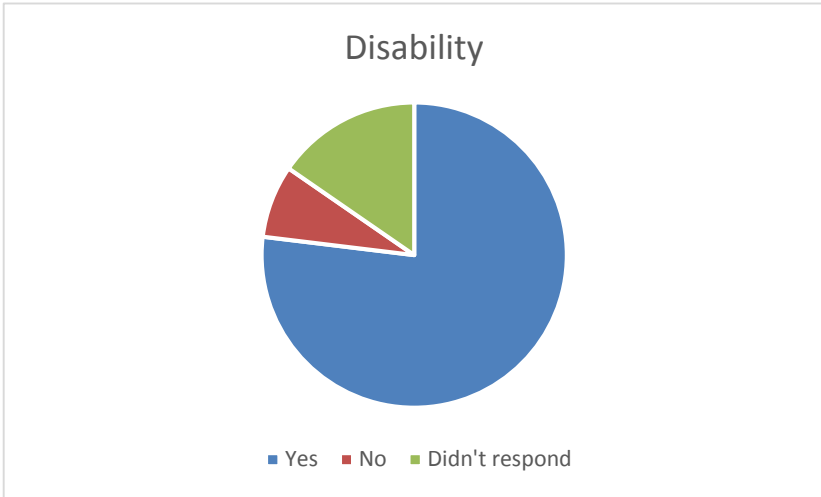
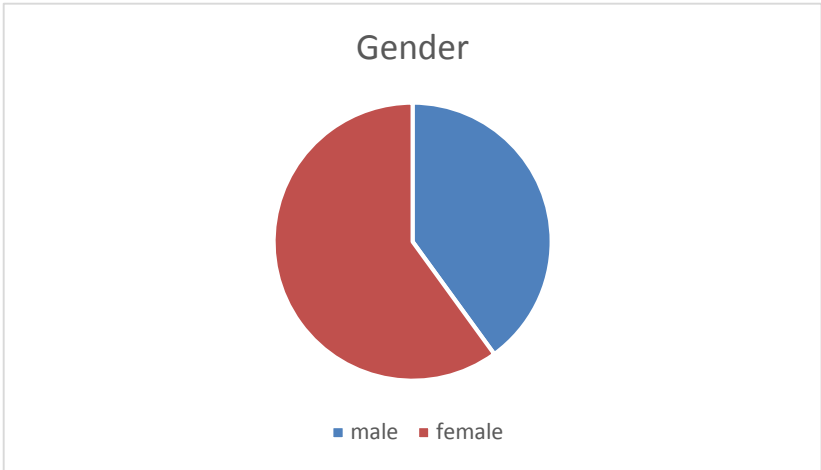
In addition, people told Healthwatch that the average time spent in UK is 24.5 years (based on 11 respondents).

Five respondents were parents or guardians of a child/children under 16 years of age and three were carers.



*Others consisted of: Migraine, Cholesterol (x2), Arthritis, Gout, and Stress





Appendix 2 - Healthwatch Bromley's core functions

They are:

- Gathering the views and experiences of service users, carers, and the wider community
- Making people's views known
- Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny
- Referring providers or services of concern to Healthwatch England, or the CQC, to investigate
- Providing information to the public about which services are available to access and signposting people to them
- Collecting views and experiences and communicating them to Healthwatch England
- Work with the Health and Wellbeing board in Bromley on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).





The Vietnamese Community and Access to Health and Wellbeing Services in Lewisham

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You can download this publication from www.healthwatchlewisham.co.uk



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Community House
South Street
Bromley
Kent
BR1 1RH

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions

Report & Recommendation Response Form

Report sent to	
Date sent	
Details of report	
Date of response provided	
Response (If there is a nil response please provide an explanation for this within the statutory 20 days)	
Signed	
Name	
Position	

January 2016

For office use only	
Date response received	
Within 20 days?	

Healthier Communities Select Committee			
Title:	Lewisham Safeguarding Adults Board Annual Report for 2014-15		
Contributors:	Executive Director for Community Services	Item:	5
Class:	Part 1 (Open)	02 March 2016	

1. Purpose

- 1.1 This report and accompanying papers provide the Healthier Communities Select Committee with detail of the work of the Lewisham Safeguarding Adults Board (LSAB).
- 1.2 The Annual Report for 2014-15 summarises the key messages from the Lewisham Safeguarding Adults Board (LSAB). The report also highlights the activity that has taken place during 2014-15 to ensure that all organisations in Lewisham work in partnership to promote safeguarding adults and the prevention of abuse.

2. Recommendations

- 2.1 It is recommended that the Healthier Communities Select Committee:
 - Note and comment on the achievements outlined in the annual safeguarding report 2014-15.
 - Note and comment on the goals that were set for 2015-16.
 - Note the plan for bringing forward publication of the 2015-16 LSAB Annual Report.
 - Note the significant increased demand relating to Deprivation of Liberty Safeguards (DOLs).

3. Background

- 3.1 The Care Act 2014 was the most comprehensive overhaul of the social care system since 1948, consolidating the law on adult care in England into a single statute. It set out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect. The act established Adult Safeguarding Boards as a statutory requirement of equivalent status to Children's Safeguarding Boards.
- 3.2 Statutory Guidance was published in October 2014, with most areas of the Act being implemented from April 2016. Implementation of the cap on care costs was subsequently deferred, by the government, to 2020.
- 3.3 The Deprivation of Liberty Safeguards (DoLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes, hospital environments and supported housing through the use of a rigorous, standardised assessment and authorisation process. They aim to protect those who lack capacity to consent to arrangements made in relation to their care and/or treatment, but who

need to be deprived of their liberty in their own best interest to protect them from harm. They also offer the person concerned the rights:

- To challenge the decision to deprive them of their liberty;
- For a representative to act for them and protect their interests; and
- The right to have their status reviewed and monitored on a regular basis.

4. Policy Context

- 4.1 The Care Act 2014 introduced new safeguarding duties for local authorities including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; hosting safeguarding adults boards; carrying out safeguarding adults reviews; and arranging for the provision of independent advocates.
- 4.2 People and organisations must work together to prevent and stop both the risks and experience of abuse or neglect. They must promote the adult's wellbeing and have regard to their views, wishes, feelings and beliefs when deciding on any action. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.
- 4.3 The Local Authority is the lead agency for adult safeguarding and other statutory agencies have a 'duty to co-operate' with the Board. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.
- 4.4 Safeguarding duties apply to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - 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 either the risk of, or the experience of abuse or neglect.
- 4.5 Local Policy context: Pan-London Multi-agency policy and procedures
- 4.5.1 Publication of the Pan-London multi-agency policy and procedures, updated to take account of the changes introduced by the Care Act, was initially expected in April 2015, but was not launched until 08 February 2016. The Association of Directors of Adult Social Services (ADASS) has requested that boards adopt from April 2016, a very short timescale.
- 4.5.2 LSAB members will be asked to report to the March Board meeting on their progress towards updating their operating protocols in line with the new Pan-London arrangements.
- 4.6 Local Policy context: The Deprivation of Liberty Safeguards (DoLS)
- 4.6.1 This report last year informed the committee of the impacts which the Supreme Court judgment ("P v Cheshire West and Chester Council and another" and "P and Q v Surrey County Council") which lowered the threshold for a deprivation and

significantly widened the scope of the Mental Capacity Act Deprivation of Liberty Safeguards.

4.6.2 Lewisham saw a ten-fold increase in applications received rising from 36 in 2013 – 14 to 353 in 2014-15. In 2013 - 2014 only 36% of applications made led to an authorisation, compared with 72% in 2014 – 2015

5. The Lewisham Safeguarding Adults Board Key Achievements 2014-15

5.1 The activity and next steps of this Board were reported to the Committee in the previous financial year. The outcome of work undertaken in 2014/15 is described below.

5.2 The overarching purpose of the board 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 its area.

5.3 The Board meets four times a year and has an independent Chair, Chris Doorly, who is also the Chair of the Lewisham Safeguarding Children's Board.

5.4 The main focus for the Board in 2014-15 was preparation for compliance with the Care Act 2014 following implementation in April 2015. With statutory guidance only published in October 2014 there was little lead-in time. However significant progress was achieved, by the Chair, the Interim Business Manager and Board Member organisations.

5.5 The Lewisham Safeguarding Adults Quality Assurance framework was agreed and further work undertaken to develop a clear picture of the specific assurances and evidence the Board will need to be confident that adults at risk in Lewisham are safeguarded.

5.6 An audit utilising the NHS England Safeguarding Adults at Risk Self-Assessment tool was undertaken followed by two challenge and support (learning) events where all member organisations could consider the self-assessments produced and produce improvement plans.

5.7 Safeguarding Board members worked to ensure their policies and processes comply with the Care Act & statutory guidance. A series of presentations to each LSAB meetings to demonstrate the required measures of compliance commenced in December 2014 with the South London & Maudsley NHS Trust.

5.8 Lewisham & Greenwich NHS Trust introduced a pressure ulcer panel to review all pressure ulcer incidents. The panel offers a consistent approach to the review and

management of pressure ulcers and, by only using the single Root Cause Analysis investigation tool, releases time for the staff to effectively manage their clinical duties. This panel was recognised as the 'safeguarding strategy meeting', where incidents are escalated as safeguarding concerns, to prevent any time delays in the reporting process. Analysis has shown that the implementation of the panels has enabled and engaged the staff effectively in the identification of, and the management of pressure ulcers. There was a reduction in the total number of grade 3 and 4 pressure ulcers reported as serious incidents in 2014 - 2015.

5.9 No Safeguarding Adult Reviews (SARs) were required in Lewisham in 2014 – 15, but the LSAB received reports of Domestic Homicide reviews undertaken in Lewisham along with the learning and recommendations which have been shared within the safeguarding partnership.

6. Goals set for 2014-15

6.1 Delays in recruiting staff to the Safeguarding Adults Board Team significantly impacted on the achievement of goals set out in the annual report. Recruitment took place in the summer of 2015 with all three members of the team commencing by the second week in December 2015.

6.2 Goals delayed

6.2.1 The delay from April 2015 to February 2016 delayed the goals of:

- I. *Review of existing LSAB policies, protocols and procedures to ensure they are Care Act compliant; and events to share learning from current guidance, local and national cases and practice from Safeguarding Adults activity.* This work has commenced and will continue into 2016 – 17.
- II. *Produce an information pack on safeguarding adults for GPs and Primary Care services - work was being led by the LCCG, due to a change of personnel in the lead role for safeguarding it has been delayed until early 2016.*
- III. *Consider the demographic data of Lewisham and correlate with Safeguarding Adults information.* This work was awaiting the arrival of capacity within the LSAB support team. Early work on this will be reported to the Board in March. Attempts to try to identify those adults at most serious risk (risk stratification), and those who will not engage with services so that early intervention and prevention work can be targeted will now take place in 2016 – 17.
- IV. *Redesign the Safeguarding Adults web page (on the LBL website) to provide information about the LSAB.* While the Safeguarding Adults web page has been updated to ensure compliance with the Care Act including a small amount of information about LSAB, work on the development of an LSAB page or independent website is now planned for 2016 – 17.
- V. *Roll out Making Safeguarding Personal (MSP) phase 2 projects – in accordance with the Care Act requirements, Lewisham Adult Social Care completed the phase 1 MSP project. The LGA published their evaluation of the Making Safeguarding Personal initiative in November 2015. This*

evaluation will be used to work with partners in 2016 – 17 (phase 2 projects) to embed the approach which ensures:

- A personalised approach that enables safeguarding to be done with, not to, people;
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'; and
- An approach that utilises social work skills rather than just 'putting people through a process'.

7. Future LSAB annual reports

- 7.1 This LSAB annual report relates to the 2014 – 15 business year, almost 12 months ago. This delay has previously been caused by waiting for validated data from the Health & Social Care Information Centre (HSCIC) to whom data for the Safeguarding Adults Collection (formerly known as Safeguarding Adults Return) is submitted. Data has to be submitted in by the end of the first week in June following the end of the data year. Data is normally validated by the beginning of November.
- 7.2 HSCIC has strict rules about the use of unvalidated data. While the LSAB would be able to publish its own data prior to the publication of national data, it would have to note that the data is provisional subject to later validation by HSCIC. LSAB could only compare with its own information from previous years; no national comparison data would be available for analysis. There is also the risk that prior to validation, there could be an error in data submitted then published.
- 7.3 LSAB discussed this at its December 2015 meeting and decided that the LSAB Team would strive to get the 2015 – 16 Annual Report published by July 2016, making it more contemporaneous. As part of this process the Chair has requested that board member organisations submit Safeguarding reports to their own governance structures, and then submit these to the LSAB Team to extract content for inclusion in the LSAB annual report. The report itself will reduce in size and complexity, making it more succinct and reader-friendly.

8. Financial implications

- 8.1 The Lewisham Safeguarding Adults Board (09 December 2014) referred the framework and future funding of the Board to the board's Executive Core Group meeting (23/02/15). This meeting agreed that the Adults Board should be funded, through the partnership agreement, using the same funding arrangements as the Children's Safeguarding Board.

9. Legal implications

- 9.1 There are no additional legal implications arising from this report.

10. Crime and disorder implications

- 10.1 There are no specific crime and disorder implications arising from this report. The LSAB works in close collaboration with Safer Lewisham Partnership to ensure joint approaches to overlapping issues such as domestic violence and hate crimes.

11. Equalities implications

- 11.1 The LSAB has the lead role in promoting the fact that every adult in Lewisham has the right to live safely and free from abuse; and that Safeguarding is 'everybody's business'. The LSAB Team is working with a variety of statutory and local third sector organisations to publicise and promote that the Board is there to: make sure that local safeguarding arrangements are in place; help to prevent abuse and neglect taking place; and, ensure agencies respond appropriately when concerns are raised.
- 11.2 Analysis of safeguarding activity provides information relating to Equality Act 2010 protected characteristics. It also provides data (over time) on trends in types of people being abused, type and location of risk and the alleged perpetrators etc. This will assist the Board in identifying potential targeted activity and interventions aimed at those most at risk.

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 Phil Byron, LSAB Business Manager, on 020 8314 7672.

Background documents

The Care Act 2014: [Care Act 2014 Part 1: factsheets - Publications - GOV.UK](#)

Care and Support Statutory Guidance 2014: [Care Act 2014: statutory guidance for implementation - Publications - GOV.UK](#)

Protecting adults at risk: [Pan-London 2016 Multi-agency Policy and Procedure to safeguard adults from abuse](#)

The Mental Capacity Act 2005: [Mental Capacity Act 2005 Code of Practice](#)

Making Safeguarding Personal: [Making Safeguarding Personal Evaluation Report](#)

Lewisham Safeguarding Adults Board Annual Report April 2014 - March 2015

Produced Jan 2016

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Foreword



I am very pleased to introduce this Annual Report, which covers the period of work in preparation to the introduction of the Care Act 2014.

From April 2015 Lewisham Safeguarding Adults Board (LSAB) will need to step up to the requirements of the Care Act and work is currently underway to achieve this. This report lays out the actions which have been taken to date and the priorities for the coming year in taking this work forward. In addition, it should be noted that funding has been agreed to enable the LSAB to have a comprehensive business support team to enable this work to go forwards. This will ensure that all sectors of the community are made aware of how to access safeguarding services, and meet the need for all professionals to understand their respective roles in safeguarding, as well as embedding this at an organisational level across the partnership.

I would like to thank all those who have contributed to the Board this year, including both Board members, individuals and partners who have chaired the sub groups and contributed to the Boards work. I look forward to working with the Lewisham Partnership in the coming year in fully implementing the Care Act and in ensuring that Adults at risk in Lewisham increasingly receive effective and person-centred services which truly meet the outcomes which they are seeking.

Chris Doorly
Independent Chair: Lewisham Safeguarding Adults Board
January 2016

Executive summary

The main focus for the Board in 2014-15 was preparation for compliance with the Care Act 2014 following implementation in April 2015. With statutory guidance only published in October 2014 there was little lead-in time. However significant progress was achieved, by the Chair, Interim Business Manager and Board Member organisations.

A majority of the board partnership agencies modified and revised their existing training to meet the requirements of the Care Act and the Safeguarding National Competency Framework.

The Lewisham Safeguarding Adults Quality Assurance framework was agreed and further work undertaken to develop a clear picture of the specific assurances and evidence the Board will need to be confident that adults at risk in Lewisham are safeguarded.

The Safeguarding Adults at Risk Self-Assessment Audit was completed by key organisations and two challenge and support events held. Resulting compliance action will be monitored by the Board.

Recruitment for the Lewisham Safeguarding Adults Board Team, Business Manager, Development Officer and Administrator, will take place in 2015 – 16. This team will help to ensure that the Board carries out its role and function in compliance with the Care Act 2014 and relevant statutory guidance.

Abbreviations

ASC	Adult Social Care
AWLD	Adults with Learning Disabilities
CQC	Care Quality Commission
DoLS	Deprivation of Liberties Safeguards
GP	General Practitioner
HWB	Health and Wellbeing Board
LAS	London Ambulance Service
LBL	London Borough of Lewisham
LCCG	Lewisham Clinical Commissioning Group
LFB	London Fire Brigade
L&GNHST	Lewisham & Greenwich NHS Trust
LSAB	Lewisham Safeguarding Adults Board
MPS	Metropolitan Police Service
MSP	Making Safeguarding Personal
MASH	Multi-Agency Safeguarding Hub
NHS	National Health Service
Q&P	Quality and Performance
SLAM	South London and Maudsley NHS Trust

Introduction

This report details the work of the Lewisham Safeguarding Adults Board (LSAB) for the year ending March 2015. The key priorities for the work of the partnership during the year include:

- A progress summary on the priorities identified by the board last year
- Preparation the LSAB for its statutory role
- Understanding the National and Local influences that affect safeguarding adults
- The impact of Deprivation of Liberty Safeguards new court ruling
- A summary of work undertaken by the board and its' members during 2014 - 15
- Priorities for the next year

The Lewisham Safeguarding Adults Board (LSAB)

This section describes how the Board operates and how it worked towards its statutory role which came into force on 1st April 2015. The overarching purpose of the board 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 its area.

The Board meets four times a year and has an independent Chair, Chris Doorly, who is also the Chair of the Lewisham Safeguarding Children's Board. Chris has a background in the management of social care services as well as within the regulation and inspection of care services. She has been the Independent Chair of the LSAB for four years.

In Lewisham the Board believes that "Safeguarding is Everyone's Business". Its pledge to the people in 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.

The approach and work of the LSAB is underpinned by

The six Safeguarding Adults Principles:

- Empowerment** Presumption of person-led decisions and informed consent.
- Prevention** It is better to take action before harm occurs.
- Proportionality** Proportionate and 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.

The current membership of the LSAB:

- Metropolitan Police Lewisham
- Lewisham and Greenwich Healthcare NHS Trust
- South London and Maudsley NHS Foundation Trust
- Lewisham Homes
- Lewisham Strategic Housing
- Lewisham Adult Social Care
- Lewisham Children and Young People's services
- Lewisham Crime Reduction and Supporting People Services
- Lewisham Clinical Commissioning Group
- London Fire Brigade
- London Ambulance Services
- Voluntary Action Lewisham
- Healthwatch Lewisham
- London and Quadrant Housing Group
- London Probation Trust
- Community Rehabilitation Company
- Lewisham Public Health
- Lewisham Joint Commissioning Group
- NHS England

Governance and operational structure

The LSAB is a self-governing independent body with a set of legal responsibilities and duties which came into force on the 1st April 2015. The Board's work is supported through the activities of four sub-groups (which became five groups in late 2014 - 15) which focus on key work streams to enhance the effectiveness of the Board. The membership of these sub-groups includes representatives from local organisations as well as the organisations represented on the LSAB itself. Diagram 1 shows the sub-groups that report to the LSAB

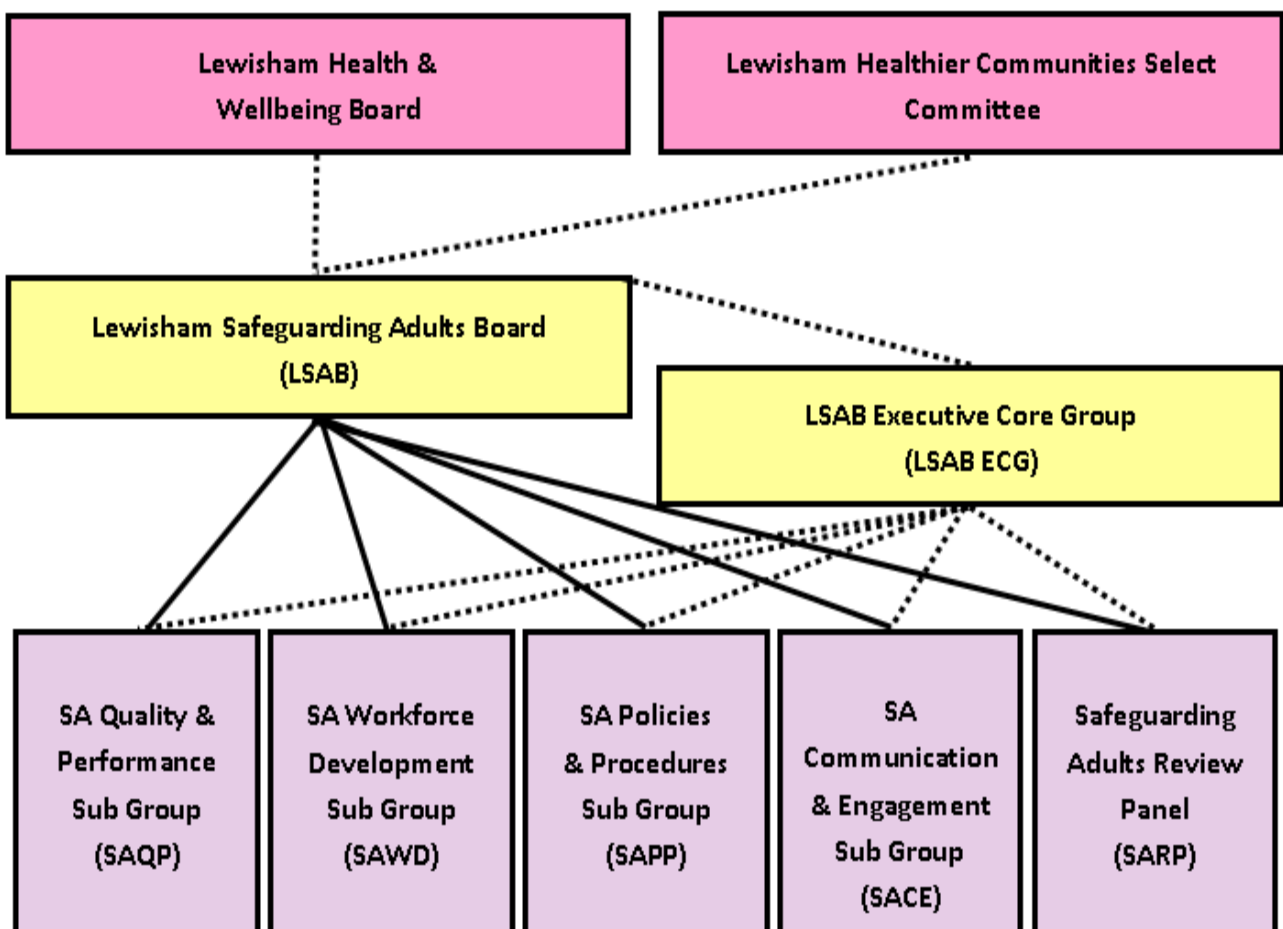
directly and link to the LSAB Executive Core Group (ECG) as part of the governance process

The governance of the Board and sub-groups is supported by the Executive Core Group (ECG). Members of the Executive Core Group are Chief Officers from the following organisations: the Local Authority, the Metropolitan Police Service, the Clinical Commissioning Group, South London and the Maudsley NHS Foundation Trust, Lewisham Healthcare NHS Trust, Joint Commissioning for the LBL and the LCCG, Public Health for Lewisham and the Chair of the Board. The LSAB Executive Core Group meets three times a year to review the effectiveness of the partnership arrangements supporting safeguarding adults work in Lewisham. It also assists with resolving any barriers to this work and keeps a strategic steer on the work of the LSAB. The sub-groups can also bring issues to the attention of the ECG with the agreement of the LSAB Chair.

The LSAB currently provides the annual report to the Healthier Communities Select Committee of the Council in order to provide assurance of how well safeguarding adults is progressing in Lewisham and to identify any areas of concern or challenge. In addition the Annual Report is shared with the Lewisham Health and Wellbeing Board, which is a multi-agency group with statutory responsibilities. The Care Act 2014 implementation is likely to evolve these relationships further.

Diagram 1

Lewisham Safeguarding Adults Board and sub-groups



Progress report of the LSAB's work towards key objectives

The work priorities for the board are directed and shaped by a number of factors including: local demography alongside analysis of local safeguarding activity information; as well as lessons learned from national or local case reviews; and research or new initiatives. This section details the key priorities from last year's report (2013 - 14) and the progress achieved during 2014 - 15:

LSAB objectives for 2014 - 15

The Board's priority objectives for 2014 - 15 going on into 2015 - 16 are set out below. The activities were aligned to the sub-groups and work streams of the Board. As anticipated much of the year has been occupied with establishing process and structure in preparation for the Care Act implementation most of the project activity will be undertaken in year 2 - 2015 - 16.

The strategy and business plan development began in earnest following the publication of the Care & Support Statutory Guidance in October 2014.

1. Governance, partnership and resources objectives (the LSAB)

- a) Increase the effectiveness of partnership working through joint projects that enhance prevention and reduction of risk to vulnerable adults in the community. For example ensuring that Home Fire Safety visits referrals to the London Fire Brigade are included on assessment checklists for all staff who visit people in the community.

Outcome

Commissioners have worked with Domestic Care Providers in the Borough to introduce an amendment to the local protocol for assessments to include criteria which trigger a referral to the London Fire Brigade for a Home Fire Safety visit.

- b) Complete the governance and strategic strengthening for the operation of LSAB and its activities to comply with the Care Act 2014.

Outcomes

Building on priority 1 from last year's objectives and as shown in the structure (Diagram 1), operation of the LSAB was revised to comply with the requirements of the Care Act 2014.

A RAG (red, amber and green) rated Care Act Compliance Plan for the Board was developed through the Executive Core Group to set the agenda for the work of the sub-groups going forward. Review of the sub-groups and compliance tasks required identified the need to separate the tasks of the Best Practice, Policy and Procedures and Workforce Development group into two separate working groups the Safeguarding Adult Workforce Development group (SAWD) and the Safeguarding Adult Policies and Procedures group (SAPP).

- c) There is a need for the board to have a permanent and robust infrastructure similar to that of the Lewisham Safeguarding Children Board to meet the statutory requirements of the Care Act 2014. The ECG will explore how the Board can be funded from contributions from the partnership.

Outcome

The ECG member agencies agreed a proposal to jointly fund a small team consisting of a Business Manager, Development Officer and Administrator to be recruited in 2015.

Policies, protocols and procedures objectives

- a) Complete the work to establish the new arrangements for care of pressure sores across the health and social care economy.

Outcomes

In May 2014 by Lewisham & Greenwich NHS Trust introduced a pressure ulcer panel at University Hospital Lewisham to review all pressure ulcer incidents. The panel offers a consistent approach to the review and management of pressure ulcers and, by only using the single RCA investigation tool, releases time for the staff to effectively manage their clinical duties.

In relation to safeguarding it was agreed that the panel would be recognised as the safeguarding strategy meeting, where incidents are escalated as safeguarding concerns, in order that there were no initial time delays in the reporting process. It then offers assurance that the appropriate risk assessment has been carried out, as the immediate actions taken on recognition of the pressure ulcer are noted on the synopsis and also indicated within the Serious Incident report which identifies what actions had been completed to ensure the patient is made safe.

There was a reduction in the total number of grade 3 and 4 pressure ulcers reported as serious incidents in year 2014 - 2015. Analysis of this work has shown that the implementation of the panels has enabled and engaged the staff effectively in the identification of, and the management of pressure ulcers. Further work in 2015 - 16 is planned to expand approaches to improve the early identification and treatment of pressure sores in community settings.

- b) Review all existing LSAB policies, protocols and procedures to ensure they are Care Act compliant.

Outcome

This work is delayed until 2015 – 16, awaiting the arrival of the new Pan-London policy and procedures. Interim policies are in place.

- c) Produce a standard information pack on safeguarding adults for GPs and Primary Care services.

Outcome

This work was being led by the LCCG, due to a change of personnel in the lead role for safeguarding it has been delayed until early 2016.

2. Training and workforce development objectives

- a) Roll out Making Safeguarding Personal (MSP) phase 2 projects and embed the learning from phase 1 MSP across the partnership.

Outcome

Progress has been slow and due to other service priorities and changes to the organisational structure. Phase 2 requires re-establishing alongside the wider rollout of Making Safeguarding Personal across the partnership.

- b) Review the training available to ensure it meets current requirements and is Care Act compliant.

Outcome

A majority of the board partnership agencies have modified and revised their existing training to meet the Care Act standards and requirements. The LSAB annual audit process includes detailed information on training carried out and the impacts.

3. Safeguarding Adult Reviews objectives

- a) Promote learning from Safeguarding Adult reviews and other serious incident enquiries occurring nationally and locally.

Outcome

During 2014 - 15 the LSAB has heard reports of the Domestic Homicide reviews that have been undertaken in Lewisham and the learning and recommendations have been shared within the safeguarding partnership. There were no Safeguarding Adult reviews undertaken in Lewisham in 2014 - 15.

4. Quality and Performance objectives

- a) The completion and implementation of the Lewisham Quality Assurance Framework across the partnership including arrangements for safeguarding adult's performance and quality assurance reporting to the LSAB.

Outcome

The Lewisham Quality Assurance framework was agreed at Board. Further work was undertaken to develop a clear picture of the specific assurances and evidence the LSAB would need to be confident that adults at risk are safeguarded in Lewisham. This is known as the Lewisham Safeguarding Adults Assurance Window and underpins work to be undertaken through the LSAB Business plan.

- b) Complete the Safeguarding Adults at Risk Self-Assessment Audit process (2014 - 15) and analyse the outcomes to inform the agency's and the LSAB's strategy and business plan.

Outcome

The audit process was completed by key organisations and two challenge and support events held where all member organisations could consider the self-assessments produced. The agency action plan from each assessment forms the basis of the agency's overall Safeguarding Adults Action plan which is monitored by the Board.

- c) Consider the demographic data of Lewisham and correlate with Safeguarding Adults information.

Outcome

This work has been deferred to 2015 - 16 awaiting the arrival of capacity within the LSAB support team.

5. Communication and Engagement objectives

- a) Hold further events to share learning from current guidance, local and national cases and practice from Safeguarding Adults activity.

Outcome

This development work will follow publication of the Pan-London policy and procedures in 2015 - 16.

- b) Redesign the Safeguarding Adults web page (on the LBL website) to provide information about the LSAB and link to partner website.

Outcome

This piece of work has been part of a larger project to redevelop the Adult Social Care webpages as part of the Lewisham Council website begun in early 2015. The individual LSAB webpage is now in development and should be available in early 2016.

- c) Implement use of the Board 'brand' for publicity and information.

Outcome

The brand has been widely used for LSAB documents and reports. It is intended to extend its use on a planned webpage hosted on the Lewisham Council website.

The national and local context for the LSAB

National Context

The Care Act 2014

The Care Act legislation and guidance have had a significant impact on safeguarding adults practice and the role of the safeguarding adults' boards during 2014 - 15.

In summary, the changes that the Care Act 2014 introduces are:

- That it puts safeguarding adults boards on a statutory footing;
- It makes safeguarding enquiries a corporate duty for councils under Section 42 of the Care Act;
- It makes safeguarding adult reviews (former serious case reviews) mandatory when certain thresholds have been met and the parties believe that safeguarding failures have had a part to play;
- Places duties to co-operate over the supply of information on relevant agencies;
- Places a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them;

- Re-enact existing duties to protect people's property when in residential care or hospital;
- Places a duty of candour on providers about failings in hospital and care settings, and creates a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide.

Mental Capacity Act Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes, hospital environments and supported housing through the use of a rigorous, standardised assessment and authorisation process. They aim to protect those who lack capacity to consent to arrangements made in relation to their care and/or treatment, but who need to be deprived of their liberty in their own best interest to protect them from harm. They also offer the person concerned the rights:

- To challenge the decision to deprive them of their liberty;
- For a representative to act for them and protect their interests; and
- The right to have their status reviewed and monitored on a regular basis.

DoLS help ensure that an institution only restricts liberty safely and correctly and only when all other less restrictive options have been explored. The Local Authority manages this process and reports to the local Safeguarding Adults Board. In March 2014 the Supreme Court judgment in the case of "*P v Cheshire West and Chester Council and another*" and "*P and Q v Surrey County Council*" lowered the threshold for a deprivation and significantly widened the scope of the Mental Capacity Act Deprivation of Liberty Safeguards themselves. The impact on Lewisham is described in the report from Lewisham Adult Social Care Service.

Care Quality Commission

During 2014 - 5 the Care Quality Commission (CQC) continued its reorganisation process in response to the recommendations from the report on the Winterbourne View Hospital and the Robert Francis report on Mid Staffordshire Hospital. A new strategy and plans for service changes were developed and consulted on nationally.

Following the outcome of the consultation the following changes were implemented:

- New inspection regimes for NHS services and mental health trusts were established
- New fundamental standards put in place, chief inspectors appointed
- Five basic questions asked of services including 'Are they safe?'
- Appointment of lead inspectors of teams specialising in certain areas of care with skilled and expert staff
- Programmes for failing providers to quickly take action to protect those people affected
- Processes for listening to carers and people's experience of services
- Publish better information for the public
- More thorough tests for those applying to be care providers

- Closer working with partners in health and social care to improve quality and safety of care and coordinate work more effectively

The CQC Safeguarding protocol put in place in early 2103 defined their relationship to local SAB's so that work could be undertaken together to deliver safer services. The new CQC approach to inspection has overlapping areas with the role and priorities of SABs. It further reinforces the need to work closely so that there is efficient oversight of the standard and quality of service delivery.

Local Context

Demographics and demand for services in Lewisham

The following information describes the demographic context that impacts on safeguarding activity.

Some 275,000 people live in Lewisham. The borough has a young population, with a quarter of residents aged between 0 – 19. By contrast, just less than 10% of the population is aged over 65. By 2021, Lewisham's population is expected to increase to 321,121, an increase of over 44,000 residents in a 10 year period. The number of residents aged over 65 is projected to be 9%.

There is no common definition of disability, but 14% of residents identify themselves as being limited in carrying out day-to-day activities. Just over 8% of residents identified themselves as providing unpaid care to a friend or relative. This percentage has remained the same since the 2001 Census.

As a locality, Lewisham is the 15th most ethnically diverse local authority in England. Two out of every five Lewisham residents are from a black or minority ethnic background. There are over 170 languages spoken in the borough.

Lewisham is the 31st most deprived local authority in England, and relative to the rest of the country, its levels of deprivation are increasing.

From Lewisham's Joint Strategic Needs Assessment (JSNA) we know that, in general, people in Lewisham feel healthy - with 83% of residents identifying themselves as having good or fairly good health. However, 5% identify themselves as having poor or very poor health.

Approximately 8,600 people received a service from Lewisham Adult Social Care Services in 2014 - 15 (an increase of almost 63% from 2013 - 14). Of these 6,062 (+ 89%) were aged 65 or older, with approximately 52% having physical health problems or physical disability as their primary need (previously 72%). 4.6% (previously 27%) had a primary mental health need, with 1% having a learning disability. For 18 to 64 year olds, just fewer than 2,600 received a service (an increase of approx. 24%). Of these, just below 30% had physical health or physical disability as a primary need for support, 25% (previously 29%) had a learning disability and 7% (previously 41%) had mental health problems.

It is noticeable, especially for the 65+ group, that there has been a substantial rise in numbers who have received a service in the year 2014 - 15. This is largely attributable to the dramatic changes, under the then impending Care Act, in the way adult social care and its services were re-organised and shifted towards prevention, to meet the needs of people and enable them to remain living independently in the community for longer. Two simple examples of this would be a shift to re-ablement or short term services to get people who have experienced a planned or unplanned hospital episode back living independently in the community and assessing the needs of every carer to support them caring for someone in the community.

The changes in the reporting framework required by the Health & Social Care Information Centre - from *Referrals, Assessments and Packages of Care* (RAP) to *Short and Long-Term Support* (SALT) data. SALT is a more outcomes focused data that we use to record the changes required by the Care Act has also had an effect on the type of data we collect for this particular statutory return.

Report of the Safeguarding Adult activity in Lewisham

This section describes the detail of safeguarding activity carried out by Lewisham Adult Social Care Services and partnership agencies. This activity reported annually to the Department of Health is compared to other London boroughs and established national trends. Details of the comparator boroughs can be found in appendix 2 of this report. A summary of key data is set out below.

Safeguarding Adult Reviews

There were no safeguarding Adult Reviews during 2014 - 15.

Reports from organisations represented on the LSAB

Lewisham Adult Social Care Services

In this section are the reports from Lewisham Adult Social Care Services on the Safeguarding Adult return 2014 - 15 (for which the local authority has lead responsibility), the Mental Capacity Act, and Deprivation of Liberties scheme activity. Case studies have been used to illustrate the content of these sections.

Lewisham Adult Social Care Services offer all forms of personal care and practical assistance for people in need, aged 18 and over. This support could be needed because of age, illness, disability, or a range of other social or health related circumstances.

Lewisham Council is the lead agency for safeguarding adults in Lewisham and provides the service which receives concerns raised about adults at risk. It provides the legal investigative response and manages the processes for making the person safe and reducing or removing the risk, in conjunction with partner agencies and services.

The service is provided through the Adult Social Care Services (ASCS) that have lead workers specially trained to investigate and manage the safeguarding adult process. All

social workers, occupational therapy staff and support planners receive mandatory safeguarding adult training. Key operational managers and senior social workers receive additional training to act as safeguarding adults' managers in order to manage safeguarding adult casework from initial referral to conclusion of the case.

Safeguarding Adult practice is monitored as part of regular supervision that workers receive, and audited on a regular basis. Cases which involve organisational abuse, health care services, care home or domestic care providers are usually scrutinized at a multi-agency meeting to confirm if the harm or abuse has taken place and ensure appropriate remedial action is taken by the provider agency. This forum reports to the Safeguarding Board and the Safeguarding Adult Review Group meeting using the LSAB Quality Assurance Framework.

Information regarding the quality or safety of a provider service is shared with commissioning colleagues and other agencies (as required) to ensure that improvements or regulatory action is undertaken.

A majority of the improvement actions for Lewisham's Adult Social Care Service identified within the Safeguarding Adults at Risk Audit 2014 were complementary to those objectives identified as priorities in the LSAB Annual report 2013 - 14. These included strengthening governance, developing the quality and performance framework, and improving communications (both internally and externally). These improvements have been partially completed as described above. Some actions such as establishing new policy and procedures to comply with the Care Act have been partially completed with interim arrangements in place until such time as the new Pan-London Policies & Procedures are completed; these are expected to be launched in February 2016.

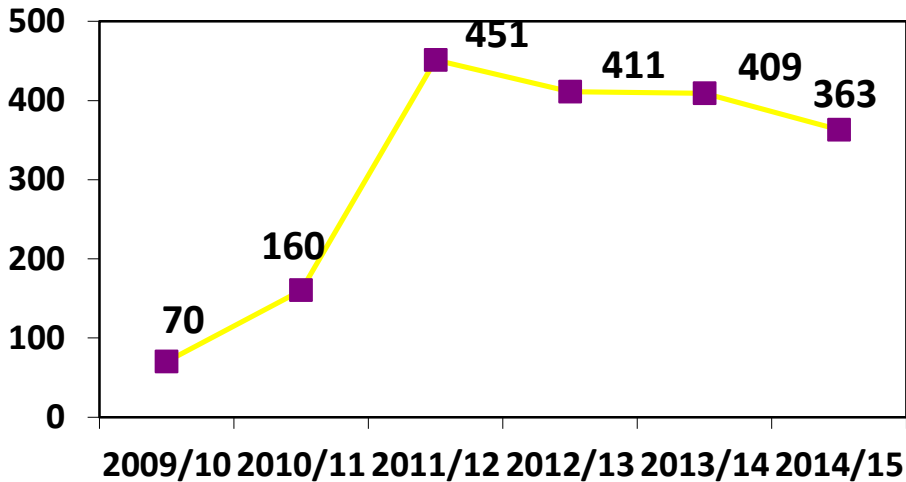
Safeguarding Adults Collection (formerly Return) 2014 - 15

Introduction

- The relatively new collection of data began in 2013 - 14. Originally called Safeguarding Adults Return, the acronym (SAR) was too easily confused with the Safeguarding Adult Review, so has been changed to Safeguarding Adults Collection (SAC).
- It records details of safeguarding referrals relating to adults aged 18 and over in England.
- For the purposes of this return, a safeguarding referral is where a concern is raised about a risk of abuse and this instigates an investigation under the safeguarding process.
- The data within this return does not include any cases relating to self-neglect or self-harm.
- The SAC 2014 - 15 covers the reporting period 1 April 2014 - 31 March 2015.
- During this reporting period there have been no Serious Case Reviews.

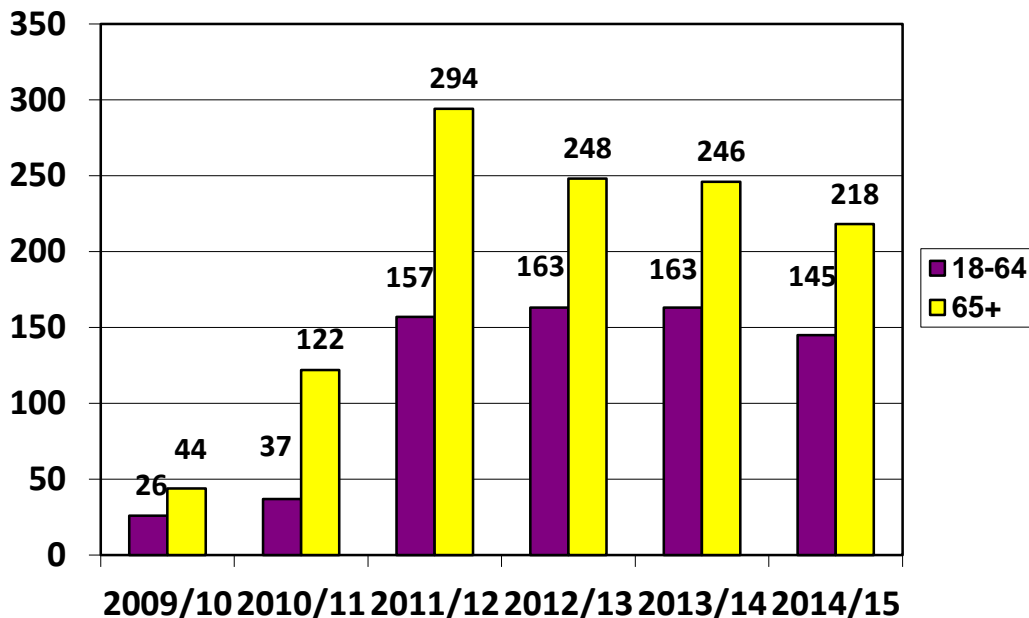
Number of referrals

In 2014 - 15 there were **363** safeguarding referrals relating to adults in Lewisham. This is the third consecutive year in which the number of referrals has decreased. Of all referrals in 2014 - 15, 88% of adults were already known to the Council.



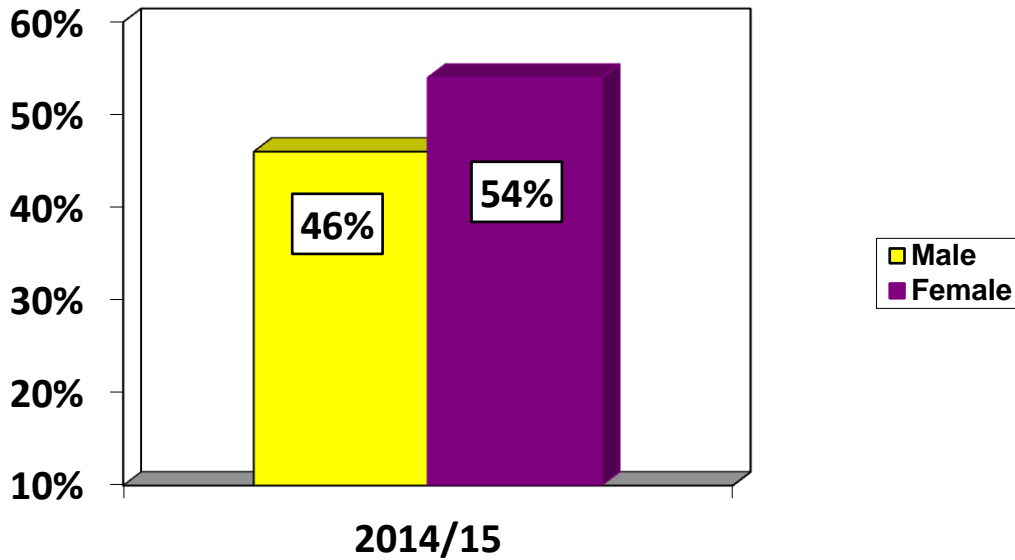
Referrals by age

In 2014 - 15, 60% of safeguarding referrals related to older adults aged 65+. The overall percentage of referrals for older adults aged 65+ remains unchanged for the last three years.



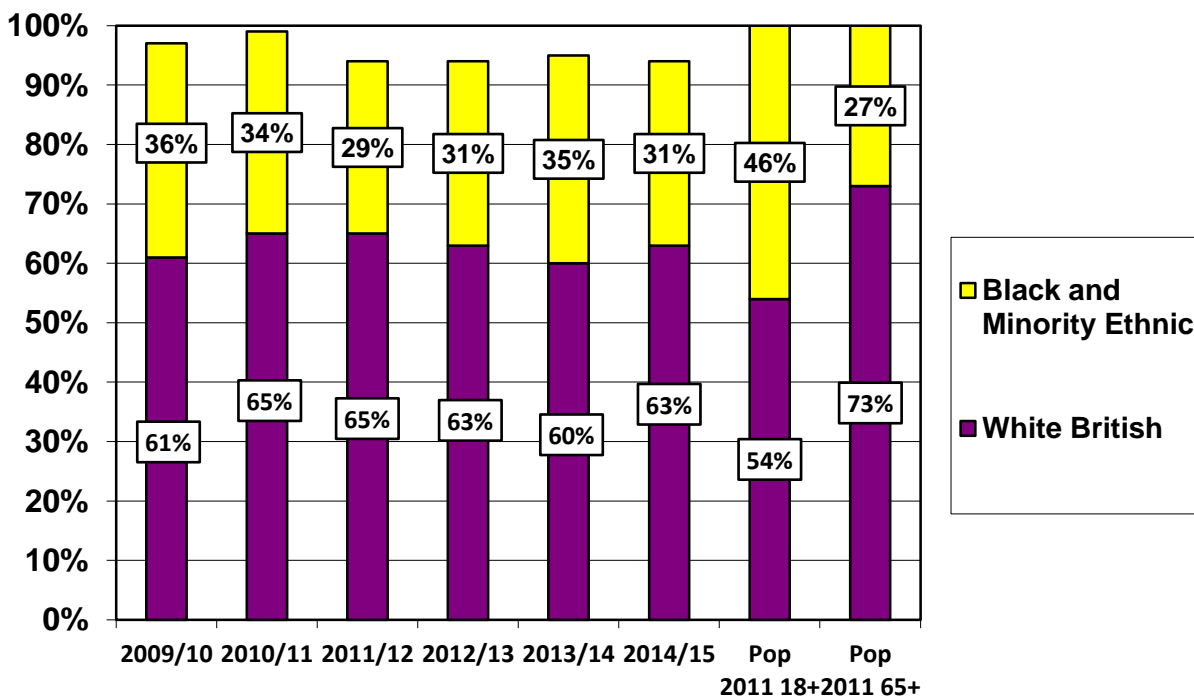
Referrals by gender

In 2014 - 15, just over half (54%) of the 363 safeguarding referrals were for female adults. This was 8% higher than the referral of male adults. The gender was unknown for one adult referral



Referrals by ethnicity

In 2014 - 15, the percentage of adult referrals from the BME community (31%) was lower than the overall borough profile for this community (46%) according to 2011 Census data. However, across all adult referrals the majority were for those aged 65+. The overall borough profile for BME falls to 27% at 65+. Therefore the 31% of BME adult referrals is more closely aligned to this profile.

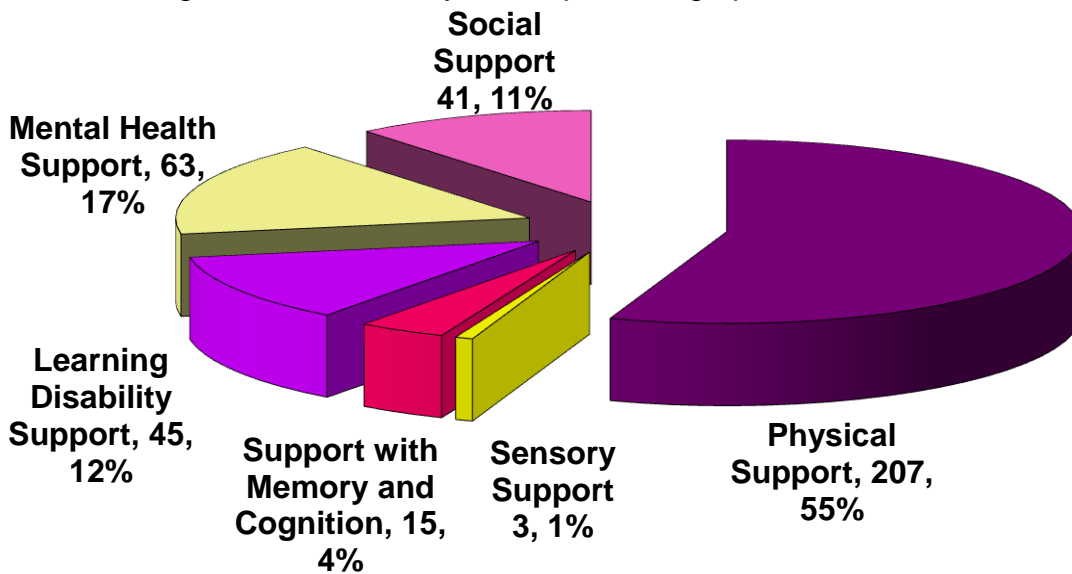


Primary Support Reason

- Primary Support Reasons (PSRs) describe what type of support is being provided to the adult at risk.
- PSR is determined through a social care risk assessment or review and then recorded on the local care management system.
- Each **different PSR** that was active at the time of the safeguarding incident is recorded regardless of whether they relate to short or long term support. Some of the individuals at the time when they were referred for safeguarding either were assessed as needing or were receiving care for more than one primary support need. For example an individual being safeguarded who has existing mental health needs and recently experienced a serious accident resulting in a physical health need would count as having two primary support needs even if the 'disability' is only temporary.
- As such, the number of PSRs recorded may be higher than the total number of adult referrals.

Number of individuals by PSR

In 2014 - 15, there were 374 PSRs recorded. More than half of adult referrals recorded physical support as the PSR. Mental health support (17%) was the second most common reason, though this has fallen by seven percentage points since 2013 - 14.



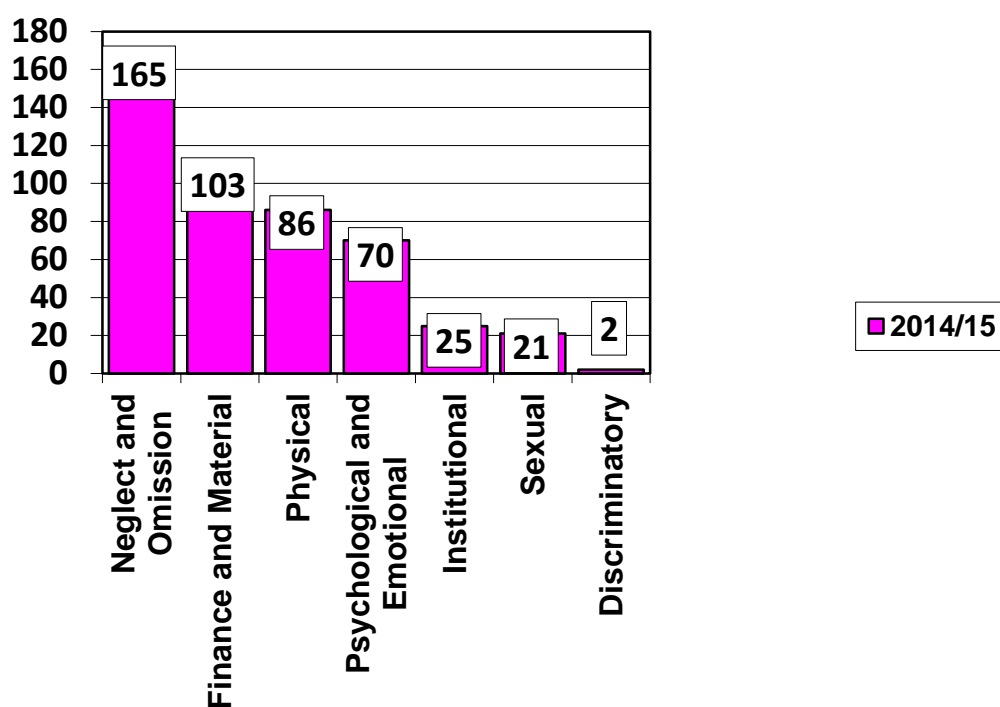
Type of risk – definitions

The type of risk describes the nature of the allegations made, such as physical or sexual. Multiple types of risk may be included in each adult safeguarding referral. The definitions for types of risk are as follows:

Classification	Definition
Physical	Includes hitting, slapping, pushing, kicking, misuse of medication and restraint or inappropriate sanctions.
Sexual	Includes rape and sexual assault, sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.
Psychological	Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks.
Finance and Material	Includes, theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Neglect and Omission	Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Discriminatory	Includes abuse based on a person's race, sex, disability, faith sexual orientation, or age, other forms of harassment, slurs or similar treatment or hate crime/hate incident.
Institutional	Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.

Type of risk – completed referrals

In 2014 - 15 the most common type of risk reported for completed referrals (358) was neglect and omission, cited in 165 referrals. This was also the most common type of risk reported in 2013 - 14. The figures in the chart below represent the number of actual risks reported, a total of 472 and the table below details the number of risks reported for each completed investigation (referral).



Breakdown of the numbers of multiple types of risk for each safeguarding referral completed in 2014 – 15.

Number of types of risk reported per completed referral				
	1 type of risk	2 types of risk	3 types of risk	4 types of risk
Numbers of referrals	254	77	26	1
Percentage of the total number of completed referrals	71%	21%	7%	>1%

Location of risk - definitions

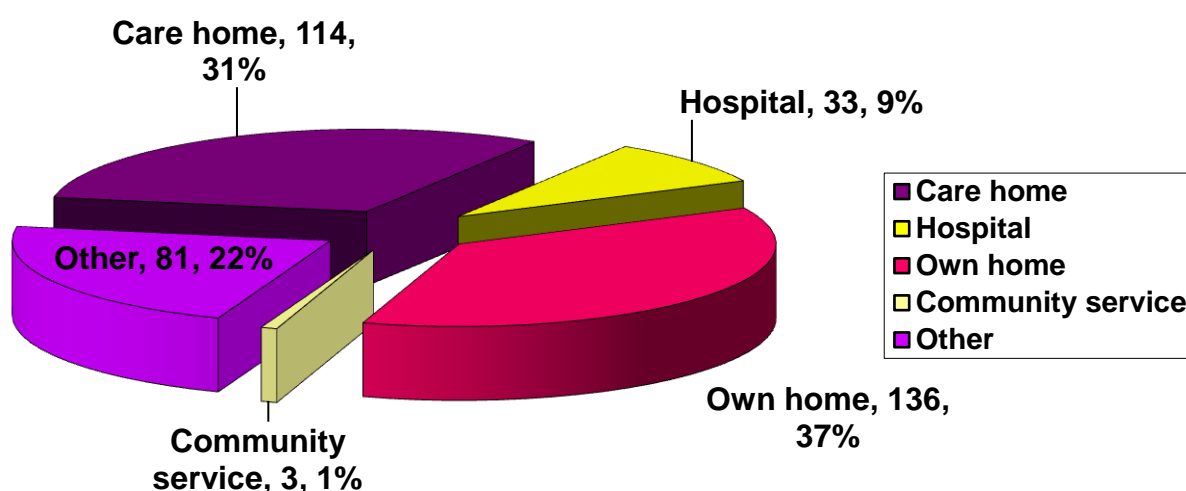
The location of risk describes where the alleged safeguarding incident took place. Multiple locations may be reported per referral. Notes about location types are as follows:

Classification	Notes
Care Home	Can include residential and nursing homes. Can be used whether the person is at the care home on a permanent or temporary basis.
Hospital	Can include any type of hospital premises. The individual at risk could be a patient or a visitor.
Own Home	The residence where the adult at risk usually lives. Includes property owned by the individual, family or friends. Can include rented or supported accommodation.
Community Service	A location that provides a service to the local community. Can include things like community centres, a library, school or church, a hostel a GP or Dental Surgery.
Other	Includes any other setting that does not fit into one of the above categories. This could include public places, offices, retail property or other people's homes.

Location of risk – completed referrals

In 2014 - 15 the most common location where the alleged safeguarding incident took place was the individual's own home, cited in 136 referrals.

There were 33 incidents alleged to have taken place in a hospital setting, a decrease from the 65 cited in the previous year.



Definitions of actions

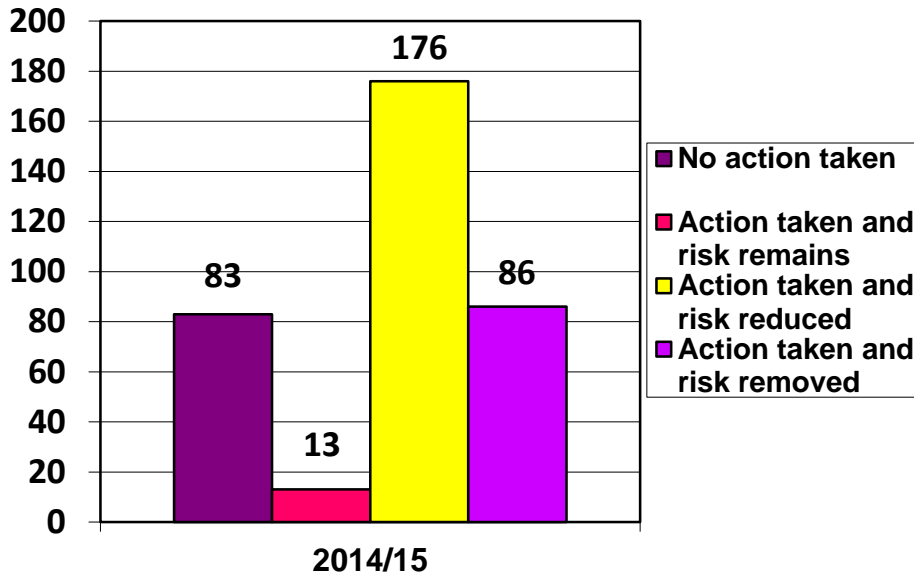
Action can include anything that has been done as a result of the initial safeguarding concern (alert) or subsequent investigation (referral). It includes things like disciplinary action for the alleged perpetrator, increased monitoring of the adult at risk, referral to a counsellor or a referral for a social care assessment. **Action does not include the investigation itself.**

The definitions for results of actions taken are as follows:

Classification	Definition
Action taken and risk remains	If action has been taken as a result of the alert/referral but the circumstances causing the risk is unchanged and the same degree of risk remains. It is acknowledged that there are valid reasons why a risk remains, for example in the case of an individual wanting to maintain contact with a family member who was the source of the risk but the safeguarding officer refers the individual at risk for counselling.
Action taken and risk reduced	If action has been taken as a result of the alert/referral and the circumstance causing the risk has been mitigated to some degree. It is acknowledged that there are valid reasons why a risk is reduced rather than removed, for example if an incident occurred in a care home where the perpetrator was not identified but the individual at risk was to be monitored more closely going forwards.
Action taken and risk removed	If action has been taken as a result of the alert/referral and the circumstances causing the risk has been completely removed so the individual is no longer subject to that specific risk. This could happen if a care worker in a care home is the perpetrator and they are dismissed as a result of their behaviour.
No action Taken	This category was previously called No Further Action but the definition remains the same. This category should only be used where no safeguarding action has taken place at all during the case and no further action is planned. The category name has been changed since it was found to be misleading and this has caused errors in previous returns.

Results of actions taken

Actions that were taken either by the Council or other organisations such as the police or a care home, reduced or removed the risk in almost three-quarters (73%) of cases. In only 13 cases (4%) was action taken, but the risk remained



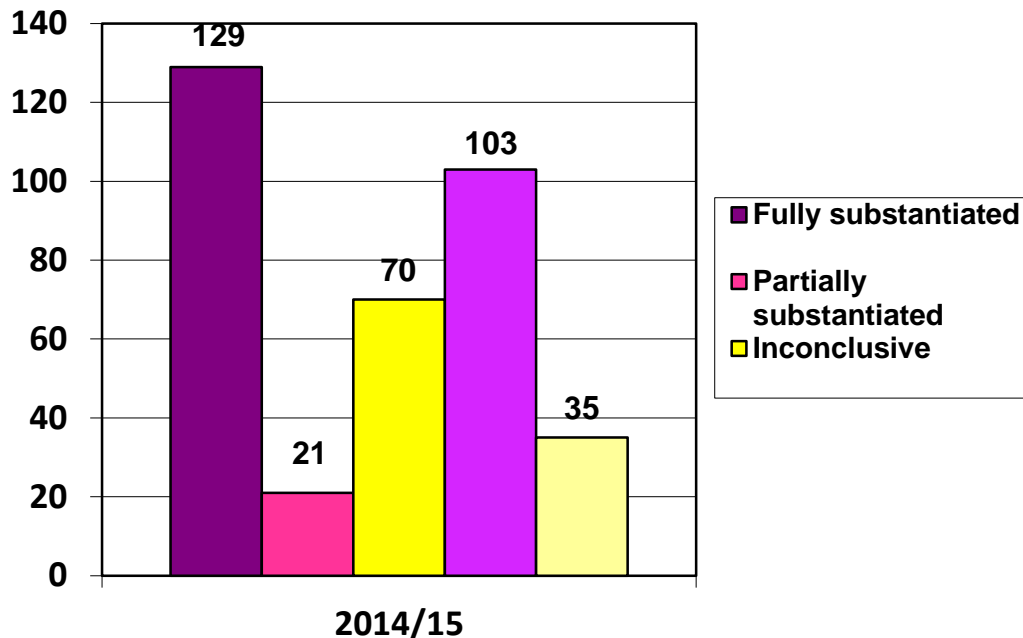
List of conclusions

The conclusion of a referral is a professional judgement about whether the allegations made are believed to have happened on the balance of probabilities. There is only one conclusion per concluded referral but there can be multiple entries if there are multiple sources of risk. The list of conclusions is as follows:

Classification	Definition
Fully Substantiated	Where all allegations were believed to have happened on the balance of probabilities.
Partially Substantiated	Where one or more, but not all, of the allegations were believed to have happened on the balance of probabilities. For example, a referral that includes allegations of physical abuse and neglect, where the physical abuse can be proven on the balance of probabilities, but there is not enough evidence to support the allegation of neglect.
Inconclusive	Refers to cases where there is insufficient evidence to allow a conclusion to be reached. This could happen if the case involves one person's word against another and no other witnesses have been found or if a key witness had passed away.
Not Substantiated	Refers to cases where the allegations are not believed to have happened on the balance of probabilities.
Investigation Closed	Refers to cases where the individual at risk does not want an investigation to proceed and the investigation is ceased. In some cases where the individual does not want an investigation to proceed, the investigation must continue because of a duty to protect others in that environment. In these cases, the conclusion would be recorded in one of the above categories.

Conclusions per completed referrals

Of the 358 completed referrals in 2014 - 15, over one-third (36%) were **fully substantiated**. Over a quarter (28%) was **not substantiated**. The **investigation ceased** in 10% of completed referrals.



Mental capacity categories

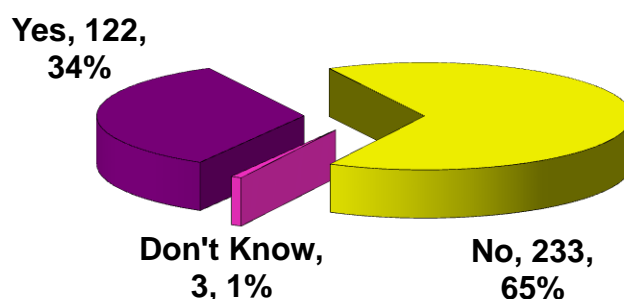
The mental capacity of individuals involved in referrals that concluded during the reporting period is recorded as part of the return. The list of capacity categories are as follows:

Classification	Definition
Yes	Where a Mental Capacity Act Assessment has taken place and found the individual to be lacking capacity.
No	Where a Mental Capacity Act Assessment has taken place and found the individual does not lack capacity OR Where no-one has reason to believe that the individual lacks capacity.
Don't Know	Where the safeguarding officer does not know whether the individual at risk died or became seriously ill before they could be spoken to.
Not recorded	Where the capacity of the individual at risk has not been recorded on the local system.
Of the concluded referrals recorded as "yes", in how many of these cases was support provided?	For every referral in which an individual lacks the capacity to make decisions about the safeguarding incident, practitioners should ensure that appropriate support is provided by an independent advocate, friend or family member.

Mental capacity by completed referrals

In over one-third of completed referrals in 2014 - 15, the adults involved were found to be lacking mental capacity. In 116 out of these 122 cases (95%), appropriate support was provided by an independent advocate, friend or family member.

Number of concluded referrals					
	18-64 Years	65-74 Years	75-84 Years	85-94 Years	95+ Years
Number of "Yes" classifications	44	16	34	21	7
Number for whom support was then provided	41 (93%)	16 (100%)	32 (94%)	21 (100%)	6 (86%)



Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) came into effect on 1st April 2009. They protect the human rights of vulnerable adults by providing for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

The local authority has lead responsibility for administering this service on behalf of all health and social care partners and for ensuring that any deprivation is properly authorised and reviewed. Six assessments must be completed before a local authority can assure itself that the necessary requirements are met and an authorisation of the deprivation of liberty can be granted. The Local Authority has a statutory duty to ensure that where a person has no family or friends to represent them, Independent Mental Capacity Advocates (IMCA) and Paid Representatives are commissioned to support the person during the assessment process and for the length of the authorisation itself.

The Safeguarding Board has a responsibility to oversee how these duties are carried out and receive regular reports on the use of restrictions or restraints granted by the authorisation of a DoLS order by the supervisory body (the Local Authority).

The Supreme Court (Cheshire West) Judgement

On 19 March 2014, the Supreme Court handed down a landmark judgment in the case of “P v Cheshire West and Chester Council and another” and “P and Q v Surrey County Council”.

The judgment clarified the test and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. Using the revised test for a deprivation, a person is now deemed to be deprived of their liberty if they are; under continuous supervision and control, are not free to leave, and if they lack the capacity to consent to these arrangements. This is referred to as the ‘acid test’.

The ruling also determined that people in other settings such as Supported Living environments or living in their own homes, could, in certain circumstances be deprived of their liberty. Deprivations of liberty in these settings must be authorised by the Court of Protection as opposed to using the DoLS process.

The Supreme Court also held that factors which are NOT relevant to determining whether there is a deprivation of liberty include the person’s compliance or lack of objection and the reason or purpose behind a particular placement. It was also held that the relative normality of the placement, given the person’s needs, was not relevant. This means that the person should not be compared with anyone else in determining whether there is a deprivation of liberty.

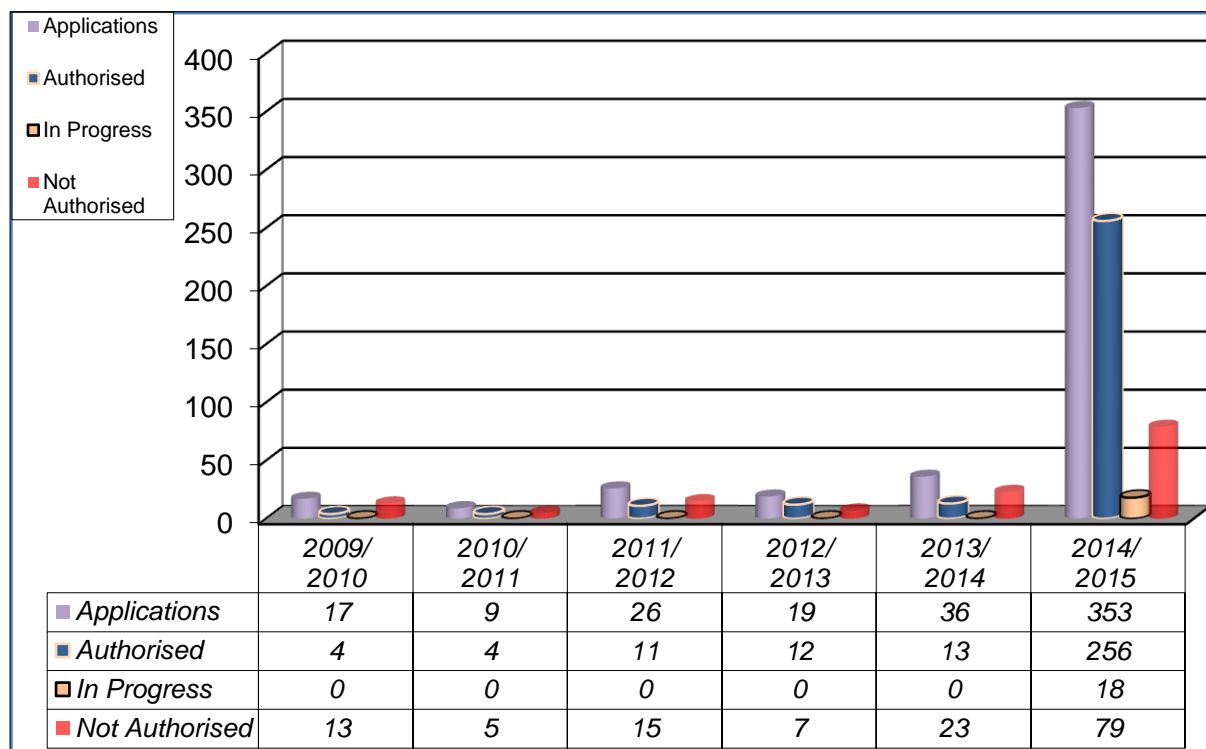
As a result of these changes a much greater number of service users and patients are now subject to a deprivation of liberty and now come under the protection of the DoL Safeguards.

The impact of the Cheshire West Judgement post March 2014.

It is positive that a greater number of people now fall under the protection of the safeguards. For example, there was an increase in the number of referrals for people with a learning disability in 2014 – 15, as awareness of the safeguards increased. Those with learning disability represented 25% of the total number of referrals, compared to only 3% the previous year.

However the ruling has had a significant impact on Local Authorities and Managing Authorities (Hospitals and Care Homes) and on IMCA services across the country. In line with national figures, Lewisham saw a ten-fold increase in the number of referrals received in comparison to the previous year, receiving 353 applications as compared to 36 in 2013 - 14. The lowering of the threshold and the fact that certain factors can no longer be considered as relevant when assessing whether a deprivation of liberty is occurring, means that a far greater percentage of applications now lead to an authorisation being granted. In 2013 - 2014 only 36% of applications made led to an authorisation, compared to 72% in 2014 - 2015, and all of these authorisations will need to be reviewed and renewed, following the same 6 - assessment process.

Unlike other Local Authorities, Lewisham have not implemented a waiting list and the majority of all assessments have been completed within the statutory timeframes.



Local and Government Response to Judgement

The increased activity has meant that significant additional resources have had to be identified to fund Independent Mental Health Assessors (IMCA's), Independent Best Interest Assessors, Paid Representatives, training, and DoLS Coordinators to ensure that Lewisham fulfills its statutory duties.

In March 2014 Lewisham re-provisioned its IMCA contract, increasing the capacity of DoLS IMCA's and Paid Representatives in order to cope with the increased demand.

In March 2014 a House of Lords select committee conducting a post-legislative scrutiny of the Mental Capacity Act found that DoLS were not "fit for purpose" and called for them to be replaced. The committee also recommended that the new system should extend to cover people in supported living arrangements, not just hospitals and care homes. In the summer of 2014 the Law Commission commenced their review of DoLS with the aim of publishing recommendations for reform and a draft Bill, in the summer of 2017.

A major review of the DoLS forms and paperwork was completed by an ADASS (Directorate of Adult Social Services) led task-group, with new forms introduced early in 2015, aimed at reducing the bureaucracy associated with the DoLS process.

Mental Capacity Act /DoLS Case Study

Mrs. S is a 92 year old with diagnosis of dementia who has lived in a nursing home for 3 years after it was felt that she could no longer be supported in the community. Mrs. S settled quickly in her placement and she informed family and professionals that she was happy with the care being provided, however her dementia has declined in the last 2 years and she is now deemed to lack the mental capacity to consent to her care and treatment. Due to her cognitive impairment and general frailty she requires intensive support with all activities of daily living. Two carers provide assistance with personal care several times a day using a hoist to assist with transfers, and she is closely supervised when mobilising to reduce the risk of falls.

She can be unsettled in the evening so half hourly observations are carried out during the night to ensure her safety and well-being. Occasionally Mrs. S becomes agitated and distressed when staff are attending to her personal care. Staff use distraction techniques and do all that they can to provide reassurance at these times and she very quickly settles and calms down after these episodes. She has never asked to leave and has made no attempts to do so. She has a care plan that includes regular activities, and 3 times a week her niece comes and takes her out shopping and to visit her sister who lives close by.

In the case of Mrs. S she would now, post Cheshire West come within the scope of the Safeguards, where previously she would not. The Best Interest Assessor's focus is now on in determining whether the 'acid test' is met.

For the Best Interest Assessor this is a case of determining the subjective and objective elements of the care plan. What care and treatment is provided and how frequently helps to demonstrate the degree of constant/continuous supervision. In the case of Mrs. S this is clearly evidenced by the presence of frequent personal care interventions, dependence on staff for mobilising, and the monitoring at night.

Control is clearly evident by the high degree of support provided and her lack of capacity to consent to it. Essentially she is wholly dependent on staff to assist with all care, in order to provide this staff control what happens to her, decide how it happens and who provides the care. Despite the evidence of frequent trips out with her niece Mrs. S is still not free to leave, this element of the acid test is about what staff would do if Mrs. S made an attempt to leave the home, either to go out (unaccompanied) or to leave more permanently. If the answer is that they would stop her then she is not free to leave.

Pre Cheshire West, a decision as to whether a deprivation of liberty existed was more complicated, relying on a list of factors which had been considered relevant over a series of cases presented to the Courts. Broadly speaking, high weight would have been given to whether Mrs. S was objecting to her placement; whether she had made meaningful attempts to leave, the degree and intensity of the care being provided, including how frequently any restraints and restrictions were used and the impact on Mrs. S, and finally, the 'Rule of normality' i.e. whether the care provided would be different for any other person with the same health issues.

When considering all of these elements Mrs. S would not have been seen as being deprived of her liberty as she was not making meaningful attempts to leave, the restrictions in place were not of the degree and intensity to tip into a deprivation of her liberty and she would fail the relative normality test.

Cheshire West has given Best Interest Assessors a clearer test to apply when considering whether a deprivation of liberty exists, bringing more people under the protection of the safeguards.

South London & Maudsley NHS Foundation Trust

South London and Maudsley NHS Trust (SLAM) provides mental health services across the boroughs of Lewisham, Southwark, Lambeth and Croydon. It also provides a range of National Specialist mental health services as well as Substance Misuse services within the boroughs of Greenwich, Bexley and Wandsworth. In addition the trust provides a Child and Adolescent Mental Health Service for Kent and Medway including an inpatient unit. The Trust covers a large geographical area and has community based services across all of the above boroughs as well as four hospital sites at The Maudsley Hospital, The Bethlem Royal Hospital, Lambeth Hospital and The Ladywell Unit at Lewisham University Hospital.

Internally, the Trust is divided into a number of Clinical Academic Groups (CAGs) which provide services across borough boundaries. The Trust has integrated adult mental health services within its four core boroughs. Community Mental Health Teams (CMHTs), for adults of working age, in these boroughs undertake some delegated adult social care functions including formal multi-agency safeguarding adults processes. Within Lewisham SLAM services, this work is overseen by the Local Authority Head of Social Care for adult mental health services. This post holder is based at The Ladywell Unit. Within non-integrated teams, staff undertake safeguarding adults' roles and responsibilities in line with NHS England, CQC and regional multi-agency guidance

Internal governance arrangements for safeguarding adults

The Trust Director of Nursing takes an executive leadership role for Safeguarding at board level, and chairs the Trust Safeguarding Committees (both Adult's and Children's committees).

The Trust has a Director of Social Care, who has director-level responsibility for safeguarding within the Trust.

Starting in April 2015, the Trust has a substantive position of Safeguarding Adults Lead. The Trust Safeguarding Adults Lead officer reports to the Director of Social Care and also liaises closely with the Director of Nursing. The Trust leads work across the organisation ensuring compliance, as a regulated provider, with safeguarding adult's responsibilities. The Trust has up-to-date key policies for Safeguarding Adults, Prevent Strategy, Mental Capacity Act & DoLS as well as relevant HR policies relating to safer recruitment, whistleblowing etc.

The Trust Safeguarding Adults Committee meets every two months, colleagues from Social Care and Clinical Commissioning Groups are invited to attend. Lewisham is represented via the Adult Mental Health Head of Social Care and also the Safeguarding Adults Lead Nurse from the Lewisham Clinical Commissioning Group (CCG).

The Trust Safeguarding Adults Lead attends and provides a quarterly report to Lewisham CCG's Safeguarding Executive Committee. SLAM also has designated Directors who are assigned responsibility in representing the Trust at the Local Safeguarding Adults Boards.

Within the four core boroughs, the Heads of Social Care have a leadership role in relation to Local Authority delegated safeguarding adults work within CMHT's and other services. Within some of the core boroughs (including in Lewisham adult mental health), there is also a Senior Practitioner who leads on adult safeguarding activity.

Following the introduction of the Care Act in April 2015, within the Trust there is an expectation that the Safeguarding Adult Manager role will have oversight and scrutiny of any Section 42 multi-agency enquires is undertaken by a Local Authority Social Worker working within adult mental health. This is in order to ensure statutory compliance.

The Trust raises safeguarding alerts to the relevant Local Authority in line with policy. Within Adult Mental Health (AMH), these alerts are managed via CMHT's or the Head of Social Care based at The Ladywell Unit. Any alerts for service users who are under services other than AMH (e.g. older adults or learning disabilities teams), are alerted via the Lewisham Social Care Advice & Information Team (SCAIT).

The Head of Social Care maintains a spread sheet recording necessary data for the Local Authority Safeguarding Adults Returns. They report 65 Safeguarding Alerts were made to Lewisham Adult Mental Health Social Services during the period 2014 - 15.

SLAM is introducing an improved system for centrally capturing data on safeguarding alerts made to various Local Authorities from across the Trust.

Safeguarding adults training and the outcomes

Safeguarding training is available to staff under the Core Skills Framework training. Equality, Diversity and Human Rights are also now part of the mandatory skills suite. SLAM's mandatory training requirements conform to the National Skills Training Framework (NSTF) which has set the minimum national standards for the NHS in 10 core subjects.

Safeguarding training is mandatory for all staff with no exceptions but the levels of training are dictated by the individual's role to ensure that the standards are met according to the NSTF and Safeguarding Boards.

Training requirements:

- Safeguarding Adults Alerters Training is for all Non Clinical staff.
- Safeguarding Adults Alerters Plus Training is for all clinical staff.
- Mental Capacity Act Training and Deprivation of Liberty Safeguards training is mandatory for all inpatient qualified nurses, junior doctors and ward managers.
- Equality, Diversity and Human Rights became mandatory for all staff in April 2014.
- Evidence of training is monitored monthly by the Education and Training dept. monthly reports are sent to all departments and quarterly reports go the Safeguarding Boards.
- Compliance with mandatory training is monitored through the Mandatory Training Committee and at CEOPMR. Low compliance is highlighted and monitored by both Education and Training and Strategy and Business and within the CAG's performance management meetings.
- Action plans are required to be in place to address areas of concern and how they can be improved.
- Annual training targets are set at the beginning of each year in order to ensure that we can achieve the compliance targets and reported on quarterly at the Education and Training Trust Committee.

Prior to April 2014 Safeguarding Adults Alerters and Alerters Plus compliance were not being recorded separately. The statistics are for training provided by the Trust and does not include training figures for training provided by the Local Authority (LA).

Compliance with Training

Safeguarding Adult Alerters 2014 - 15	78%
Safeguarding Adults Alerters Plus 2014 - 15	62%

This excludes any data for staff who may have undertaken Level 3 or Level 4 Safeguarding Adults training externally.

In November 2014, the Trust changed to the WIRED system for monitoring mandatory training. This monitors internally provided mandatory training of SLAM employees only. Previously local training logs maintained within teams and CAGs recorded and monitored training. During transfer of this locally held data to WIRED it was recognised that some staff had undertaken the wrong level of training commensurate to their role or had undertaken external training only. Thus a "clean up" exercise was undertaken which affected overall compliance figures.

Due to concerns regarding training compliance data, this issue was escalated to the Trust Board and CAGs were asked to work to improve compliance with mandatory safeguarding adults training.

Additionally some staff, particularly those working within integrated CMHT's can access Level 3 or 4 Safeguarding Adults training via the Local Authority / SAB. Most clinical staff within Lewisham CMHT's have undertaken this training over the past 3

years. This training is mandatory for Local Authority Social Work staff within AMH services

Local Safeguarding Adult achievements for 2014 - 15

The Trust recognises that it has significant work to do to improve safeguarding adults' performance and demonstrating quality measures and outcomes. SLAM has lacked any internal central systems for monitoring its own safeguarding adult's activity in a systematic way, due to an expectation that its Local Authority colleagues undertook most of this work.

However, in March 2014, a Director of Social Care was appointed and commenced in post. This is a new role, which has strategic oversight of delegated Local Authority functions across the four core boroughs of the Trust. Additionally an interim Trust Safeguarding Adults Lead was in post during 2014 - 15, providing cover until a new permanent post was created and substantive post holder recruited. The existing Trust Safeguarding Adults Lead commenced in post on 7th April 2015.

During 2014 - 15, the Interim Safeguarding Adults Lead worked to undertake a Savile Report for the Trust as required by the Lampard Enquiry. This was a significant piece of work.

The Trust worked to strengthen its internal safeguarding adult's governance arrangements during 2014 - 15. The new Director of Nursing took on the executive leadership for safeguarding. This responsibility had previously been held by the Medical Director. The terms of reference for the Trust Safeguarding Adults Committee were reviewed and the Trust Safeguarding Committee began to report to the Quality Sub-committee, which is a sub-committee of the Trust Board. This enabled better escalation of concerns and provided transparency, oversight and better scrutiny of the work of the safeguarding committees.

Progress was also made on improving the internal infrastructure needed to ensure better safeguarding adults awareness and practice across the organisation. Thus each CAG has identified a senior clinician to lead on safeguarding adults responsibilities.

Additional work was undertaken to improve the Trust Safeguarding Adults Intranet site, ensuring that key guidance and policy is easily available, in addition to the Local Authority Safeguarding Adults Process documentation form each of the SLAM 4 core boroughs.

The Trust Director of Social Care also set up a Care Act Delivery Group to ensure that Trust services (particular integrated services) were aware of the changes being introduced within social care due to the Care Act 2014.

Concerns were escalated to the Trust Board regarding the need to create internal systems to ensure better safeguarding adults quality assurance mechanisms.

Agency actions identified from the safeguarding adults' audit 2014 and any outcomes achieved so far.

Action was identified that the Trust needed to strengthen its Safeguarding Adults Leadership. Hence two permanent senior Nursing posts were created, one for Trust Safeguarding Adults Lead and one for a new Trust Safeguarding Children's Lead / Named Nurse (as the previous post holder had left). During 2014 - 15, these posts were covered by interim arrangements. However, the two new substantive post holders commenced their roles in April 2015.

A Consultant Psychiatrist within Mental Health of Older Adults services took on the role of Trust Clinical Lead for MCA/DoLS issues.

Action was also identified that some policies needed revision, and thus the Trust MCA/DoLS policy was revised and a Best Practice Guidance booklet created for Trust clinical staff. The Trust Whistleblowing policy was also revised.

The Trust Safeguarding Adults (2013) policy was also given light touch revision during March 2015, to ensure initial compliance with the new Care Act.

Action was identified that amendments should be made to the Trust Datix and Electronic Patient Journey (EPJs) systems to enable better recording and capture of date related to safeguarding adult's activity. This work began in April 2015.

Action was identified on the need to formally identify a Prevent Lead for the Trust and to introduce a policy and Prevent/WRAP training. The new Safeguarding Adults Lead has now taken on the role as Trust Prevent lead and introduced a policy and new mandatory training on the Prevent strategy; this training commenced in July 2015. To date over 15% of the relevant clinical workforce have attended a Workshop to Raise Awareness of Prevent (WRAP). In line with NHS England guidance, SLAM is aiming for 90% compliance by April 2018.

The Trust is now very engaged with local Prevent/Channel processes and has begun to raise a number of Prevent Notifications. The Trust has worked closely with the Lewisham MPS Prevent Officer.

The Trust also identified from the 2014 SAAF Audit that it needed to review and strengthen its representation at local Safeguarding Adults Boards. The Executive Lead for Safeguarding thus designated certain Service Directors to attend specific SAB's on behalf of SLAM. The Service Director for Mental Health of Older Adults & Dementia CAG now attends the Lewisham SAB for the Trust.

It was identified in the 2014 SAAF that the Trust needed to improve person centred safeguarding adult's activity/outcomes and also provide written information to service users on safeguarding adults issues. Thus the new Safeguarding Adults Lead created posters for staff areas and patient information leaflets for service users. These were printed and delivered and circulated to all wards/teams during September 2015. PDF copies and a link to the designated printers are available for staff to access additional copies via the Trust Intranet.

Work was also commenced on creating new Trust wide Safeguarding adults process documentation that reflected the Care Act and Making Safeguarding Personal agendas. This work began from April 2015 and will be further outlined in planned actions on the following page of this report.

Safeguarding adult serious incidents or management reviews

There were no SLAM Lewisham services safeguarding adults serious incidents or /management reviews relating to the period 2014 - 15.

Planned actions to be undertaken during 2015 - 16

Actions to be undertaken during 2015 - 16 are focused on improving the Trusts governance and quality assurance in relation to safeguarding adult's activity.

Work was commenced to improve the interface between the Trusts Serious Incident (SI) process and safeguarding adult's activity. Thus there is close working links between the Trusts Safeguarding Adults Lead and the Trust Patient Safety Lead.

Changes were requested to the Datix Incident reporting system to allow for better reporting of safeguarding adults concerns in relation to incidents. The Datix system now requests information on, following an incident involving a service user, whether a Safeguarding Alerts alert has been made to a Local Authority. It also then allows for drop down menu options to choose the relevant Local Authority and also to specify the category of alleged harm/abuse and the source of the alleged risk.

These changes were approved and built into the system in September and went live in early October. This will enable much more detailed reporting of the number and type of alert made to each of the Trusts four core Local Authority partners (and other Local Authorities as relevant).

Additionally, work commenced in April 2015 to address the issue of Trust staff using different Safeguarding Adults process paperwork depending on which borough their service was based/located. Working across a number of Local Authority areas, this issue caused confusion for staff.

Discussion was had with partner agencies and agreement reached on designing a common set of Care Act compliant Safeguarding Adults process documentation, from raising an alert to planning, undertaking, analysing and closing/reviewing an Enquiry.

These pan-SLAM templates have now been developed, agreed and following sign off by the Trust Safeguarding Adults Committee, are being introduced (as Word documents) for use across the Trust.

Work will commence from November 2015 to programme these templates into the Trusts electronic record system (EPJs). This will also allow for the documents to be securely electronically transferred between the Trust and our partner Local Authorities.

By building the templates in the EPJ system, it will be possible to create and run reports demonstrating each stage of a safeguarding adult's enquiry and to record and measure defined outcomes including client centred outcomes in line with the Making Safeguarding Personal agenda.

These developments will significantly improve the Trusts data capture on safeguarding adult's activity and help provide the ability to better monitor performance and quality.

The Trust is also currently undertaking a Trust wide audit of safeguarding adults work including a qualitative audit looking at self-reported levels of training, knowledge and supervision and a quantitative audit looking at recording keeping in relation to safeguarding adults work. This audit is due to complete by end of Q3 2015 - 16.

Work continues to ensure consistent representation by SLAM at Local Safeguarding Adults Boards. Designated Service Directors are assigned to each of the Trust's 4 core Local SAB's. The new Chief Operating Officer will be working to strengthen links at Director level between SLAM and its local borough specific partner agencies, including the Local Authority and CCG.

The Trust has also committed to a financial contribution to the running of the Lewisham Safeguarding Adults Board.

Metropolitan Police Services – Lewisham

Adults at risk have a fundamental human right to be protected from crimes, exploitation and abuse from anyone, particularly those people entrusted with their care - the very people who they should be able to rely on them to keep them safe from harm e.g. health professionals, carers, family members etc.

The Metropolitan Police Service (MPS) has introduced a Safeguarding Adults at Risk policy that outlines guidance to all MPS staff as to the identification, support and care to be given to Adults at Risk.

This policy establishes clear guidelines and accountability for the identification of vulnerability, the recording and effective investigation of incidents involving adults at risk.

The aims of this policy are to:

- Prevent and detect crimes against adults at risk and by working in partnership with other agencies;
- To ensure the safety and protection of victims experiencing or at risk of experiencing abuse by working in effective partnership with other agencies to safeguard adults at risk;
- Hold perpetrators of abuse of adults at risk accountable for their actions, and to prevent abuse.

This policy applies to adults at risk who:

- Are adults identified as being Vulnerable using the MPS Vulnerability Assessment Framework (VAF);
- Have care and support needs as defined by the Department of Health;
- Are adults at risk who experience abuse or have been subject to a crime that has been perpetrated on them by a person:
- In a position of authority;
- Where there is an expectation of trust;
- Who has been providing them with care either in a care setting (e.g. care home, hospital) or in their own home;
- Where the crime manager has particular concerns about the risk to or vulnerability of the victim or the impact of the incident on the community.

The Care Act 2014 replaces the previous Department of Health definition of a 'vulnerable adult':

"A person aged 18 years or over who is or may be at risk of abuse by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation."

The scope of adult safeguarding has now has been widened to include:

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs)
- (b) Is experiencing, or is at risk of, abuse or neglect, and
- (c) As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Adults with care and support needs who may fall outside the scope of the policy must still be dealt with in accordance with the Care Act 2014 legislation (i.e. they must be referred into Local Authority Safeguarding Adult procedures).

Within the Borough of Lewisham responsibility for the investigation of 'Adult at Risk' allegations of crime is led by the Community Safety Unit.

Where an adult is identified by a member of staff as being vulnerable using the MPS Vulnerability Assessment Framework (VAF) this is recorded on an Adult Coming to Notice (ACN) report on the MERLIN system. This is then routed to the Local Authority via the Public Protection Desk (located within Lewisham Multi Agency Safeguarding Hub MASH).

MPS Safeguarding adult's responsibilities:

- Executive Adult Safeguarding lead - Chief Superintendent Kate Halpin
- Strategic Adult Safeguarding lead - Superintendent Jo Oakley
- Designated Adult Safeguarding Manager (DASM) - Detective Chief Inspector Justin Davies
- Community Safety Unit (CSU) manager - Detective Inspector Jon Summers
- CSU SPOC for Adult Social Care - DC Tom Williams

Safeguarding adults training and outcomes

During the course of 2014 - 2015 local training was delivered at Lewisham to all operational teams in regards to safeguarding that included adult and child safeguarding, ACN reports and missing person reports.

All staff up to the rank of Inspector have completed a computer training programme in regards to conducting the MPS Vulnerability Assessment Framework.

All staff up to the rank of Chief Inspector have received training in relation to mental health / capacity during the bi annual Officer Safety Training programme.

Local Safeguarding Adult achievements for 2014 - 15

All performance data is obtainable through MPS PIB.

Actions identified from the safeguarding adults' audit 2014

Agreed representation on the various boards has been made and implemented.

All MPS have access to relevant material and resources with quick links to resources and 'how to' guides available on the safeguarding adults policy pages.

Corporate and local training has been delivered throughout the year as detailed above. Additionally all staff working within the safeguarding environment are encouraged to make use of and attend partnership training.

All MPS have access to relevant material and resources with quick links to resources and 'how to' guides available on the safeguarding adults policy pages.

All safeguarding policy and procedures are available to members of the public via the internet. The met police website has multiple language versions as well as audio description. All officers coming into contact with adults at risk have access to remote interpreters via Language Line.

All MPS services are subject to confidence and satisfaction surveys. This is additionally supported by a well embedded complaints system designed to address issues as well as inform corporate learning.

Safeguarding adult serious incidents or management reviews

No adult safeguarding reviews undertaken during course of review period.

One relevant action from Domestic Homicide Reviews (child) in regards to incorporation of adults within MASH process. The preparedness of Lewisham Adult Social Services to incorporate adults within the MASH process has been agreed as a term of reference for the independent review of MASH reporting to the LSCB. This piece of work is on-going.

Planned actions to be undertaken during 2015 - 16

MASH review as previously detailed.

Corporately the MPS is currently reviewing all safeguarding under the Protecting Vulnerable Persons project. This will influence the delivery of adult safeguarding across the MPS, although no detail has been published to date.

Lewisham Clinical Commissioning Group

NHS Lewisham Clinical Commissioning Group (LCCG) commissions services for people in Lewisham, including:

- GP primary care services (jointly with NHS England)
- Community services (e.g. Health Visiting, Physiotherapy) from Lewisham and Greenwich NHS Trust

- Hospital services from Lewisham and Greenwich Trust, Kings College Hospital and Guys and St Thomas
- Mental health services from South London and the Maudsley.

We work with other partners such as London Borough of Lewisham (LBL) and other CCGs in London all of whom are committed to working within the pan-London multi-agency procedures.

As a commissioning organisation the CCG has a statutory duty to ensure that all health providers from whom they commission services promote the welfare of Children and Adults. This includes specific responsibilities for Looked-after Children and supporting the Child Death Overview process (NHS Commissioning Board NHS England) and Adult Serious case reviews.

The LCCG employs a Designated Nurse for Safeguarding Children and Looked-after Children. Additionally it ensures the expertise of the Designated Doctor for Safeguarding Children, Looked-after Children and Child Death Review are available.

The LCCG employs a Designated Safeguarding Adult Manager who is the lead for Mental Capacity (MCA) and Prevent. The CCG will continually review its safeguarding capacity as the landscape for safeguarding changes.

Internal Governance

The LCCG has three board level Corporate Objectives as part of its Annual Operating Plan. One of these is “Laying the foundation for whole system change and sustainability in future years” which includes building on processes for assuring quality. The LCCG sees safeguarding as part of our wider quality assurance agenda and there is a section on safeguarding objectives and actions that were agreed by the Governing Body.

The LCCG has a Quality Assurance Framework approved by the Governing Body which sets out how quality is monitored at provider and population level. The flow chart on the last page of the assurance framework shows how quality is monitored and quality exceptions are escalated through to the Governing Body. Safeguarding is clearly shown as part of the quality assurance framework.

The LCCG’s overarching governance committee structure is shown in the Governance Committee Structures Chart which shows that the Health Safeguarding Group sits within the Governing Body’s committee structure.

The LCCG has established a health safeguarding assurance group. The Health Safeguarding Group receives assurance from partner agencies that they have appropriate processes to identify issues and implement learning. The Health Safeguarding Group reports to FLAG (our key quality assurance meeting) which reports to the Delivery Committee of the Governing Body. The Health Safeguarding Group is chaired by the Senior Clinical Director of the Governing Body responsible for Quality.

The LCCG's main quality assurance committee is the For Learning and Action Group (FLAG) which receives reports from the Health Safeguarding Group and its minutes and which escalates concerns to the Governing Body via the Delivery Committee. FLAG Group is chaired by the Senior Clinical Director of the Governing Body responsible for Quality.

Training

The LCCG demonstrates Prevent training compliance by ensuring data is captured and fed back to HNS England via the Prevent return (86% compliance November 2015). The CCG facilitates E Learning and face to face mandatory training for both Children and Adult safeguarding training.

The LCCG is completing a business case to further support GPs and Primary Care teams in the education of safeguarding. This will include supporting the IRIS project in Domestic Homicide review and best practice, Prevent and raising the profile of FGM. A Primary Care Safeguarding Nurse will be appointed. The Nursing Home Compliance Nurse continues to work closely with this sector in RCA analysis of community acquired pressure ulcers and generally raising standards especially around medicines management encouraging learning.

The LCCG will provide additional support in the management and compliance of MCA via audit and use of best practice in nursing and residential homes with the support of the Nursing Home Compliance Nurse and will support training as necessary.

The LCCG continues to support the work of the Pressure Ulcer Panel held at the acute trust by supporting and facilitating the learning at these events.

Achievements

The priorities which emerged for 2013 - 14 were:

- To finalise and agree new pressure ulcer pathway arrangements for all providers and the CCG, and between these NHS organisations and the LSAB; and
- To establish further contacts with all health providers to engage with the LCCG Health safeguarding group.

LCCG has gone above and beyond priorities for 2013 - 14. Achievements for 2014 - 15 are as follows:

- The key aims for LCCG was to review and establish a single process for the management of care for Pressure Ulcers within the health and social care economy across the borough. This has been established. (Weekly Pressure Ulcer Panel meeting). The provider and CCG working relationships are good. Work also continues in the Pressure Ulcer Working Group to progress learning. This work has enabled the CCG to retrieve data that demonstrated vulnerable groups of individuals who have acquired community pressure ulcers who are not in receipt of District Nursing Services or are in or not in

receipt of Domiciliary Care. This data could influence future service provision in caring for the frail elderly at home.

- The LCCG has continued to monitor both NHS and private providers in relation to safeguarding activity including training in Safeguarding and PREVENT through the LCCG Health Safeguarding Group. We have also now progressed this to a slightly different model in that we deliver safeguarding education as well at these meetings. Our aim is to share learning.
- The appropriate safeguarding policies and Governance structure including a Nurse Director with responsibility for safeguarding and a DASM is in place.
- The CCG has progressed process in relation to *Serious Incident Review*. CCG scrutiny is in place to review the management of process and scrutiny of events and learning thus facilitating safeguarding.
- The CCG has also progressed solutions in the management of leg ulcers. Commissioners were concerned about the low rate of healing of leg ulcers in Lewisham (only 13% of leg ulcers healed within 16 weeks NICE guidance is 80%) and a needs analysis, wound prevalence and service review was undertaken from November 2014 to March 2015. The CCG commissioned a specialist provider in wound care (Accelerate) to carry this out. All services that managed patients with wounds were reviewed; Adult Community Nursing, Foot Health, Acute Tissue Viability and in-patient wards, Lymph oedema Service, Practice Nursing and Nursing Homes. (Leg ulcers are painful and debilitating and affect a higher incidence of patients with diabetes and circulatory problems). In addition, a review of the dressing spend was provided and this supported many of the key findings.
- The Wound Prevalence Needs Analysis undertaken in February 2015 demonstrated a higher than expected wound prevalence for the size and age of the population.

In partnership with Lewisham and Greenwich NHS Trust and Accelerate CIC, Lewisham Clinical Commissioning Group are commissioning an outcomes based pilot looking at improving the lives of people with non-healing lower limb ulcers. This pilot will be underpinned by education, the development of leg ulcer guidelines and complex medical management. The following arrangements are implemented:

The pilot will be provided every Wednesday with a focus on:

- Accelerate specialist service supporting the development of Wound Care Champions and the community medical and nursing teams
- Twice monthly complex leg ulcer assessment led by Consultant Dermatologist Dr Richard Bull. (A national expert in the medical management of complex leg ulceration).
- The complex assessments will be managed primarily in Downham Health Centre as well as some home visits in Neighbourhoods 3 & 4. A Nurse Specialist will work alongside the Wound Care Champions in Adult Community Nursing every Wednesday.

Lewisham CCG has set out to improve medicines health optimisation and patient outcomes. This example is provided by the LIMOS specialist pharmacy team which

aims to improve medicines optimisation and associated patient outcomes. Commissioned by NHS Lewisham CCG, the service is provided by a team from Lewisham and Greenwich NHS Trust. LIMOS provide a formal pathway for the referral of patients with medicines-related problems across traditional boundaries, to ensure that patient-centred care is delivered. The service has been operational since February 2014 and all medicines related issues for referred individuals are reviewed by the team.

At least one third of over 75's in the UK take 4 or more medicines regularly and this increases to an average of 8 medications per person in nursing homes. The number of medicines taken by older people has been steadily increasing for the last three decades. These have made poly-pharmacy the "rule" rather than the "exception" for many patients, however there is increasing evidence which associates poly-pharmacy with increased adverse drug events, hospital admissions, increased health care costs and non-adherence.

Current situation

- Following referral from GPs, pharmacists or social services, the LIMOS team review and assess all medicines for referred individuals with assessments undertaken in hospital or community.
- Following liaison with the GP, community pharmacist and the social service team, an integrated and deliverable pharmaceutical care plan is developed and agreed with the patient and all those involved in their care. LIMOS provide regular follow up to patients, communicating with the patient or carer until identified issues are resolved.
- Analysis of interventions made during the first fourteen months of operation of the scheme have shown that just over 150 A & E attendances, resulting in nearly 30 hospital admissions, would have occurred if LIMOS had not intervened. Validation of this risk assessment has been undertaken by medical colleagues within primary and secondary care.

Additionally Lewisham CCG attends and engages with the following groups:

- The Lewisham Safeguarding Adults Board
- The MCA Steering Board Meeting
- The LGNT Pressure Ulcer panel to assure ourselves that lessons learned re pressure ulcers are implemented.
- The Pressure Ulcer Joint Working Group
- The LCG leads a Clinical Quality Review Group with LGNT which has oversight of safeguarding issues.
- The Violence Against Women Group (VAWG)
- The MCA DoLS Network Members meeting
- The Multi Agency Safeguarding Conferences
- The SLAM Adults Safeguarding Committee
- The LCCG has a CQRG with SLAM

Additionally the LCCG uses the standard NHS contract which embeds contractual arrangements for safeguarding. As previously highlighted the LCCG also employs a Care Homes Clinical Compliance Nurse to monitor contract compliance in the care home sector (including privately funded clients).

The LCCG has a transparent collaborative approach to sharing and monitoring action plans across the health economy. For example Risk Summit 2015 Private Provider.

Although Lewisham has not conducted a SCR it has been actively involved in a Risk Summit with NHS England and holding private providers to account for quality provision to Acquired Brain Injured clients. This has included audit across all establishments and review of product evidence, interview and direct observation according to NHS England framework. These audits resulted in additional serious safeguarding concerns raised which have been progressed to the Local Authority. The private provider has been asked to respond to allegations of Organisational Abuse and the relevant meetings have been scheduled for November 2015. The learning from the events so far has encouraged Lewisham to robustly raise concerns with CQC, HSE and the London Fire Brigade and the GMC in order that clients are safeguarded. Additional Risk Summit meetings have been held and are scheduled for December 2015 in partnership with NHS England. LCCG has worked closely with other commissioners and joint commissioners to raise awareness and responsibility in keeping adults at risk safe.

LCCG will continue to encourage the completion of a SMART action plan from provider as a result of the audits carried out and will continue in partnership with NHS England and others to monitor the quality delivery of this organisation. We have requested commissioners to assure themselves that clients are safeguarded. All relevant alerts have been progressed to LAs and Commissioners.

LCCG will continue to support work around DHR and will support the IRIS project in the management of training a skilled workforce to support adults at risk and domestic violence and associated risks.

LCCG has taken part in NHS England Deep Dive and any additional papers relevant to this and this paper for assurance may be requested from Fiona.mitchell19@nhs.net. The concepts within the Mental Capacity Act 2005 and Human Rights Act 1998 will be the basis of LCCGs interface with safeguarding.

Lewisham Homes

Lewisham Homes is an Arms' Length Management Housing Organisation. Lewisham Homes manages Lewisham Council's housing stock and also own a small number of properties themselves. Lewisham Homes deal with all aspects of housing including repairs to properties, tenancy management, income collection, care-taking services and grounds maintenance of estates. All tenants are nominated by Lewisham Council.

Lewisham Homes has a responsibility to report any safeguarding concerns that come to their attention and to participate in any multi agency meetings involving their residents, where necessary.

Internal governance

Lewisham Homes has a Designated Adult Safeguarding Manager (DASM), the Director of Housing. There is also deputy DASM who is the Housing Manager.

A Vulnerability Coordinator was appointed in December 2014 to oversee the organisation's approach to safeguarding and vulnerability and to mitigate any risks.

Lewisham Homes has a dedicated secure email box for safeguarding referrals. All referrals are reviewed by a Vulnerability Coordinator, Housing Manager or Housing Team Leaders.

Referrals are made to Lewisham Council's social services where necessary. Referrals and outcomes are recorded on a secure spread sheet.

Training

E-learning was introduced in 2014 - 15 and was completed by 8 members of staff in that financial year. Previously face-to-face training has been carried out for 332 staff members.

In 2014 - 15 a safeguarding induction briefing for managers was created and distributed by the Human Resources team to new managers.

Each role in the organisation is designated as needing either mandatory or desirable safeguarding training. The need for this training depends on the job role and contact with the public. All front line staff, managers and Directors are required to complete the training.

2014 - 15 achievements

Lewisham Homes monitor the number of safeguarding alerts that are raised each year. In 2014 - 15 there were 16 concerns about adults passed to Adult Social Services or the Community Mental Health Teams as safeguarding concerns.

Concern	No. of referrals
Adults at risk of abuse	6
Adults at risk of neglect	8
Other	0
Total number of concerns	16
Total referrals passed to ASC/CMHT	16

Actions undertaken from the 2013 - 14 annual report

The Hate Crime and Domestic Abuse toolkits, policies and procedures were reviewed in 2014 - 15, as outlined in the 2013 - 14 report.

A Vulnerability Co-ordinator was appointed in December 2014 to manage the organisation's approach to vulnerable clients and lead on safeguarding concerns.

Lewisham Homes also discussed the Hoarding Panel process with Lewisham Council, as promised in the 2014 - 15 report.

Planned actions for 2015 - 16

In 2015 - 16 safeguarding awareness will be incorporated into the Corporate Induction for all staff.

In 2015 - 16 a review of the mandatory and desirable training for all job roles in the organisation will be undertaken. Also in 2015 - 16 the e-learning course will be reviewed to ensure it complies with the Care Act changes.

Lewisham & Greenwich NHS Trust

Introduction

All staff within Lewisham & Greenwich NHS Trust has a responsibility for the safety and wellbeing of patients and colleagues. It is a fundamental human right to be able to live life free from harm and abuse. The Lewisham & Greenwich NHS Trust Safeguarding Adults at Risk Policy and Procedure clearly sets out the roles and responsibilities of its staff for safeguarding and protecting adults at risk. The policy was reviewed and updated in 2014.

Lewisham & Greenwich NHS Trust has invested significantly in the Adult Safeguarding Team and the team is now up to full establishment. The Adult Safeguarding Team maintain a high clinical presence across all its sites and assist staff in the implementation of and adherence to the policy, with the ultimate aim of the protection of adults at risk.

The team now consists of:

- One Adult Safeguarding Manager
- Two Adult Safeguarding Advisors
- One Adult Safeguarding Administrator
- One Learning Disabilities Safeguarding Advisor (employed by the Lewisham Learning Disabilities Team)

The Adult Safeguarding Team are also responsible for Deprivation of Liberty Safeguards (DoLS), Learning Disabilities, Domestic Violence, and the PREVENT agenda (the Home Office strategy for the identification and prevention of radicalisation).

Lewisham & Greenwich NHS Trust continue to support the Adult Safeguarding Board and its sub-groups to ensure health is represented accordingly.

Performance

The average number of alerts raised by staff during the reporting period 2013 - 14 was 36 alerts per month. This is an increase on the previous year (average of 30 alerts per month). This increase in quarter 4 is attributable to the integration of Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital. In partnership with Social Care, a decision is then made as to whether the alert is progressed onto a referral. The Adult Safeguarding Team actively encourages staff to raise concerns via the alert process. This is to ensure staff feel they are able to raise a concern even if they are not sure that it meets the safeguarding threshold.

The Trust always volunteers to participate in the yearly Self-Assessment and Assurance Framework for Adult Safeguarding and has shared this year's completed framework with its multi-agency partners. The framework was completed to reflect adult safeguarding across the whole organisation.

What the Trust is doing well - achievements

The Trust has many policies and procedures that reflect the adult safeguarding agenda. These include specific safeguarding policies and also policies that refer or relate to adult safeguarding. Most of these policies have recently been reviewed and integrated to provide guidance to staff across all sites.

There is evidence of the Trusts commitment to adult safeguarding from patient and staff level, right up to the Trust Board. This is evidenced by the Trust reporting structure, quality dashboards, assurance reports and the safeguarding plan.

2014 has seen a significant increase in the number of Deprivation of Liberty Safeguard Applications. The Lewisham & Greenwich NHS Trust has responded to this increase in activity and reviewed its restraint and restriction procedures.

Areas for improvement - challenges

During 2015 the Adult safeguarding Team aim to work on its monitoring systems to reflect fair and equal care/treatment for all adults at risk that are referred to the service. The team have an agreed action to introduce a monitoring form during 2014 - 2015. This will also include identifying the desired patient outcome from the alert. Evidence from the monitoring form will be used to identify any required actions and will be reported via the Adult, Children & Young People Safeguarding Committee. Identifying the patients' "desired outcome" will also provide evidence towards the "keeping safeguarding personal" agenda.

The PREVENT agenda has been a challenge to the organisation over the past year. However, Lewisham & Greenwich Trust has made significant progress with PREVENT training since this has been included in the Trust Induction. The Trust will continue to work on the promotion of the PREVENT agenda and it is expected that this work will increase the number of Channel referrals.

The Adult Safeguarding Team need to work on a patient/public information leaflet about how to raise a safeguarding concern within the organisation. To date this information is provided on posters and is also detailed on the Trust internet site.

During 2015 a priority for the team will be preparing for its statutory requirements set out within the forthcoming Care Act.

LSAB summary analysis of activity and themes from the year 2014 – 15

This section of the report initially looks at the SAR data to identify high risk individuals or groups within the Lewisham community to inform the partnership where resources will need to be targeted and inform planning of objectives for the coming years. The second part examines the reports contributed from individual agencies and how their safeguarding experiences and activities will also shape the vision and objectives for the partnership as a whole.

What the data from the SAR tells us about who is at risk in Lewisham

Referrals continue to drop from a high of 451 in 2011-12 to 363 in 2014-15 while the proportion of referrals for older adults remains around 60%. Older adults (65+) with a physical disability, including a sensory impairment, continue to be the most likely to be referred with around 60% being female. The national statistics shows that rate of referral increases with age where the 75-84 age group are three times more likely to be referred for safeguarding than the England average. The over 85 age group are almost ten times more likely to be referred for safeguarding than the England average.

Neglect and acts of omission continues to be the most common risk with 165 (35%) of a total of 472 reported risks involving 358 completed referrals. This correlates with changes in reported risk across England and London wide over the past two years. The second highest category of risk for Lewisham is 'finance and material' at 103 reported risks (22%) which is in contrast to the figures for England (17%) and London boroughs overall (20%) where the second highest risk was physical abuse at 27% and 24% respectively. This also reflects an on-going trend in Lewisham over the past 3 years where reporting of physical and financial abuse is occurring at relatively the same rate. This would suggest that all training, information and publicity should specifically address these risks to raise awareness and detection.

What are the Key themes emerging from the member organisational reports?

In commenting on the approach to safeguarding for organisations in the safeguarding adults partnership it is important to recognise that reorganisation and change has been a constant feature over recent years. Some of it in response to new legislation and guidance bringing additional workload and new priorities, or changes in practice and care and others in response to reductions in budgets and funding. Therefore it is vital for the Board to take on the lead role in coordinating and overseeing services as required in the Care Act to ensure delivery of the most effective and efficient arrangements.

As anticipated and described above most of the activity within agencies has been about strengthening governance, reviewing safeguarding adults' policies, procedures and processes to be Care Act compliant. This has included a focus on providing safeguarding adults training and building awareness throughout organisations. There has been investment in resources to improve recording practices through the provision of new posts, information and tools to support practice at all levels. This work and activity data needs to be shared with the Board, to meet the Board's legal requirement to satisfy itself that

effective arrangements are in place to safeguard adults and inform future planning. This is reflected in the objectives below.

The Care Act has firmly placed the LSAB at the centre of accountability for the safety and quality of service provision across both statutory and independent sectors. The Board is now required to have a strategy and business plan that addresses the detail of how this accountability is enacted by partners. Most organisations have developed, or are developing, internal planning arrangements to produce a safeguarding adult's action plan which relate to the cycle of the annual Safeguarding Adults at Risk audit and the planning agenda of the LSAB. In future the LSAB will need to play a strategic role bringing together this individual organisational planning and service delivery through the work of the sub-groups to use the collective power of the partnership to strengthen joint-working, align processes and improve the outcomes for individuals.

Several key organisations have now built in the capacity to record performance information about safeguarding activity although this does not include outcomes for individuals except in Lewisham's Adult social Care Service .It is clear that further work is needed to embed the Making Safeguarding Personal approach across the partnership.

In addition there is no feedback from service users or carers or the wider community incorporated into the reports which could inform service planning processes. This is a key priority for future planned work as both a requirement of the Care Act and to raise awareness and focus on prevention of harm or abuse.

LSAB main objectives for 2015-16

These objectives have been developed from the information in this report and in particular the summary above:

1. Review the LSAB Compact (governance framework) to ensure there are clear lines of accountability for Board member organisations.
2. Every agency to have a plan for implementation of the 2014 Care Act's safeguarding adult requirements, including having identified Safeguarding Adult lead officers (or Designated Adult Safeguarding Managers) in place.
3. Each Board member organisation to agree appropriate representation on LSAB working groups, as required.
4. Complete the development of the LSAB Strategy, including short and long term business plans, to clarify how to achieve a safer Lewisham for vulnerable adults.
5. Develop different types of performance and quality measures (LSAB Quality Assurance Framework), to ensure that standards are improved and changes have a positive impact.
6. Lead in the dissemination of Making Safeguarding Personal approaches in all safeguarding activity using the learning from the national MSP projects.
7. Ensure suitable policies and procedures for safeguarding adults are in place at each Board member organisation.

8. Support exploration of the option to develop of an adult Multi-Agency Safeguarding Hub (MASH) with LBL's Adult Social Care and the Metropolitan Police Service.
9. Ensure that an appropriate advice and information strategy is in place.
10. Establish a clear gateway for safeguarding referrals to the Local Authority and establish the authority's co-ordination role of for all safeguarding adult investigations.
11. Determine the Safeguarding Adult Review process and other types of review, as appropriate.
12. Make sure that the 'voice of the user' is heard and influences the work of LSAB in 2016-17.

Appendix 1

Record of Attendance at the Safeguarding Adults Board

The LSAB Compact requires that a report of the record of attendance of representatives from partner agencies is produced for the annual report Overview of Agency Attendance at the LSAB April 2014 - March 2015.

Agency Attendee	April 2014	June 2014	Sept 2014	Dec 2014	Mar 2015
Metropolitan Police Service	✓	✓	✓	✓	✓
London Ambulance Service NHS Trust	✗	✗	✗	✗	✗
London Fire Brigade	✓	✓	✗	✓	✓
Lewisham & Greenwich NHS Trust	✓	✓	✓	✓	✓
L&Q Housing Group	✓	✓	✓	✗	✓
Voluntary Action Lewisham	✓	✓	✓	✓	✓
Lewisham Homes	✓	✓	✗	✓	✓
LBL Children & Young People's Services	✓	✗	✗	✓	✓
LCCG - Nurse Lead	✓	✓	✓	✓	✓
LCCG - GP Lead	✗	✗	✗	✓	✓
Lewisham and Bromley Healthwatch	✓	✓	✓	✗	✓
Crime Reduction -LBL	✓	✗	✗	✗	✓
Director Community Services LBL	✓	✓	✗	✓	✓
Adult Social Care- LBL	✓	✓	✓	✓	✓
Joint Commissioning - LBL	✗	✗	✗	✓	✓
National Probation Trust	✓	✗	✗	✓	✓
Lewisham Public Health	✗	✗	✗	✓	✗
CQC	✗	✗	✗	✗	✗
South London & Maudsley NHS Foundation Trust - SLAM	✓	✓	✓	✗	✓
LBL Strategic Housing	✗	✓	✗	✗	✗

Appendix 2

Glossary of terms

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 (safeguarding adult)

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.

Alleged perpetrator(s) or Person/organisation alleged to have caused harm or risk

Anyone who has been accused of abusing or neglecting an adult at risk, where this has not yet been proved.

Alleged victim(s)

Adult at risk, who may have been abused, harmed or neglected by someone else, where it has not yet been proved that they are a victim.

Clinical Commissioning Group (CCG)

Groups of GPs which, from April 2013, will design 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.

Commissioners

People who purchase services, often from voluntary and independent sector organisations, to provide health and care services.

Care Quality Commission (CQC)

Independent regulator of health and care services in England. CQC inspects providers such as hospitals, dentists and care homes to ensure the care they provide meets government quality and safety standards.

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'.

Health and Wellbeing Board

Forums that bring together key health and social care leaders to work in a more joined-up way to reduce health inequality and improve local wellbeing. They will listen to local community needs, agree priorities and encourage health and social care commissioners to work better together to meet local needs.

Healthwatch

Taking over from Local Involvement Networks in April 2013 to give patients a voice when decisions are made about their care and when services are being commissioned. Healthwatch Lewisham reports directly to Healthwatch England.

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.

Partner agencies

Organisations that are members of the 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

An SAB 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.

Service providers

Organisations that deliver health and/or social care services.

Service user

A person who is a customer or user of a service particularly used in relation to those using social care services.

Unpaid carer

Family, friends or neighbours who provide unpaid support and care to another person. This does not include those providing care and support as a paid member of staff or as a volunteer.

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Agenda Item 6

Healthier Communities Select Committee		
Title	Health and Care Devolution in London	
Contributor	Scrutiny Manager	Item 6
Class	Part 1 (open)	2 March 2016

1. Purpose

- 1.1 At the last Committee meeting on 13 January 2016, officers provided information on the London Health and Care Collaboration Agreement as well as the London Devolution Pilots, one of which is being run in Lewisham by the Council and the CCG, supported by local partners Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust,
- 1.2 Officers will provide a verbal update on health and care devolution at this Committee meeting.

2. Recommendations

2.1 The Committee is asked to:

- Receive a verbal update from officers on Health and Care Devolution in London

For further information please contact Simone van Elk, Scrutiny Manager on 020 8314 6441.

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Healthier Communities Select Committee			
Report Title	Autism Spectrum Housing Progress Report		
Key Decision	No	Item No.	7
Ward	All		
Contributors	Executive Director for Community Services Executive Director for Customer Services		
Class	Part 1 INFORMATION ITEM	Date:	2 March 2016

1 Purpose of Report

- 1.1 The purpose of the report is to provide an update on progress made by the Council's Housing and Autism Group in identifying an alternative housing solution for autistic adults in Lewisham.

2 Recommendations

It is recommended that members of the Healthier Communities Select Committee:

- 2.1 Note the information contained in this report and the progress which has been made in identifying a potential future partner to deliver a supported housing scheme for people with Autism in Lewisham.

3 Policy Context

- 3.1 The contents of this report are consistent with the Council's policy framework. It supports the achievements of the Sustainable Community Strategy policy objectives:

- Ambitious and achieving: where people are inspired and supported to fulfil their potential.
- Empowered and responsible: where people can be actively involved in their local area and contribute to tolerant, caring and supportive local communities.
- Healthy, active and enjoyable: where people can actively participate in maintaining and improving their health and well-being, supported by high quality health and care services, leisure, culture and recreational activities.

- 3.2 The content is also in line with the Council policy priorities:

- Strengthening the local economy – gaining resources to regenerate key localities, strengthen employment skills and promote public transport.

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

4 Background

- 4.1 At its meeting on 2 December 2014 the Healthier Communities Select Committee, received an address from the Chair of the Campaign in Lewisham for Autism Spectrum Housing (CLASH). The Committee requested that the Mayor considered urgently, provision to meet the housing needs of adults diagnosed with autism spectrum disorder living in Lewisham.
- 4.2 The Mayor received a report on 18 February 2015 which contained an officer response to that referral, setting out the activity that was already underway, in partnership with CLASH, in order to meet those housing needs.

5 Housing and Autism Group

- 5.1 A Housing & Autism group was set up three years ago, with the objective of identifying deliverable options to meet the housing needs of adults diagnosed with autism spectrum disorder living in Lewisham.
- 5.2 Members of the project group include officers from the Council's housing, adult social care, public health and, joint commissioning teams, alongside representatives of CLASH and the Burgess Autistic Trust. More recently, representatives from a specialist Housing Association, Birnbeck Housing, have also been in attendance. The objectives of the project group are to:
- Establish a better understanding the level and nature of autism in the Borough
 - Investigate existing housing services and placements for autistic children and adults
 - Investigate potential sources of funding both current and future, revenue and capital
 - Investigate options for the provision of an autism-specific housing scheme for local adults either within existing stock or new supply
- 5.3 The meeting is chaired by the Housing Strategy and Programme Manager, meetings are held bi-monthly and are usually well attended. Discussions have concentrated on two main areas, the provision of housing units for autistic adults and how the services required to support these clients to live independently would be commissioned and funded.

6 What options are currently available to those who are eligible for housing support?

- 6.1 Under certain circumstances people with autism may qualify for the Councils' housing register. Band 3 of the Council's housing register includes medical priority, which is awarded by the Council's medical advisor if they are satisfied that current accommodation is aggravating the person's health issues and if the person or their household is not moved to alternative accommodation, it would result in that person suffering a significant deterioration in their health.
- 6.2 There are circumstances in which this could apply to people with autism. For example, the housing circumstances of a person with autism may make that person particularly anxious, in a way that would not be the case for somebody who did not have autism.
- 6.3 Healthier Communities Select Committee will be aware that the pressure the Council is experiencing in making accommodation available to those who need it – even those who qualify for housing – is extreme and at present there is no indication that it will relent. There are currently more than 8,500 households on the housing register, of whom 2,080 households are on bands 1 and 2, and so would be considered to have a greater housing priority than the client group in question. Furthermore, there are nearly 600 households who are homeless and housed in bed and breakfast accommodation, a situation that is so severe that now 80% of 2 and 3 bed properties that become available are let directly to homeless households.
- 6.4 In short, the pressure on available housing is great, and the number of units that become available for this client group is few.
- 7 What options are currently available to those who are eligible for social care support?**
- 7.1 If following a Community Care Assessment an adult with autism is found to have eligible needs under the Care Act 2014, they may be eligible for support services in their own home or a residential/supported living placement.
- 7.2 The estimated prevalence for autism in adults has been variable due to differences in the way autism was diagnosed and defined³. Relatively newer reports suggest a prevalence of 400,00-500,00 adults in the UK have autism, or 116 per 10,000⁴. (*Dr Ratna Ganguly, Autism In Lewisham 2013*)
- 7.3 It is not possible to give a totally accurate number of people with autism living in Lewisham, as the current social care recording systems do not have Autism as a category for Support Reasons or Service User Group.

- 7.4 For those Lewisham residents with a Learning Disability as a primary support reason it is estimated that 20% are on the autistic spectrum and of those approximately 50% are living in their own/family homes and 50% are in supported living, residential care or residential college.
- 7.5 There are also a number of people with Autism Spectrum Disorder who do not have a Learning Disability who are eligible for services under the Care Act 2014 and who are in receipt of support from Social Care.

8 What is the gap?

- 8.1 The housing needs of adults with autism are extremely varied. For some people who are eligible for care services under the Care Act 2014, there will be the option of residential care or packages of care. At the other end of the spectrum some adults with autism may be able to live independently.
- 8.2 For those autistic adults who are not eligible for services under the Care Act 2014, NHS Lewisham Clinical Commissioning Group has commissioned Burgess Autistic Trust to provide information and support services in areas such as benefits, accommodation, training and employment and education.
- 8.3 The 'gap' that has been of particular concern to CLASH, and which has been the focus of the project group, is the lack of options that are available to those adults with autism who are neither eligible for services under the Care Act 2014, nor who are able to live totally independently. This gap covers a range of needs but might broadly be described as supported housing.
- 8.4 There is currently no supported housing provision in Lewisham that is specific to adults with autism, and the group has been working over the past two years to develop a new service model to address that gap.

9 Proposed Future Service Model and progress

- 9.1 The basis of a new model to fill this gap would be the provision of a small scheme, upon which a specialist autism provider would enter into a lease and offer a support service to the tenants. This type of accommodation would be suitable for adults with low level support needs, with support workers funded by an element of service charge covered by Housing Benefit. The support element of this proposal could be delivered by the Burgess Autistic Trust (BAT), which is already the specialist provider for this client group in the borough.
- 9.2 BAT and Council Officer's identified Birnbeck Housing Association as a possible partner for delivering this scheme. Birnbeck is a small

developing Housing Association which specialises in supported housing for people with autism, and supported housing for people with mental health issues. Representatives from Birnbeck have attended the Housing and Autism Group and they are interested in working with the Council to develop new build supported housing for people with Autism.

- 9.3 The Council identified a site which may be suitable for the development of New Build supported housing for people with Autism and asked Birnbeck and BAT to develop a proposal which could be delivered there, or at an alternative site if necessary. The scheme will deliver a minimum of 4 self-contained one-bed flats with an element of shared space to encourage socialisation. Detailed designs will be developed in partnership with the members of the Housing And Housing Working Group.
- 9.4 Officers will present a report to Mayor and Cabinet in due course which will set out in more detail the mechanism for delivering such a supported housing scheme and will seek formal authority to transfer land to Birnbeck, subject to the final negotiations and detailed proposals.
- 9.5 BAT and CLASH have identified a number of potential future tenants who could be suitable candidates for the proposed scheme.

10 Next Steps and Conclusion

- 10.1 Council Officers will continue to work with Birnbeck and BAT to develop a proposal for a supported housing scheme based on the model outlined in this report.
- 10.2 Subject to Mayor and Cabinet approval to proceed with the proposals, please find below indicative timeframes for the project:

Summer 2016 – Submit Planning application
Autumn 2016 – Planning permission determined
Early 2017 – Start on Site
Early 2018 – Flats available for let
- 10.3 Council Officers will present a report to Mayor and Cabinet which will provide details of the proposed site and the mechanism for transferring the land to a supported housing provider to deliver the scheme.
- 10.4 Please note that at this stage there are many factors which could impact on the timeframes for delivering this project. These include a range of factors which are site-specific, as well as other factors like the availability of GLA funding. Council officers are working with BAT and Birnbeck to minimise possible delays.

11 Financial Implications

- 11.1 The proposal set out in this report are at an early stage and no specific financial implications can yet be identified. Once the proposal is developed the financial implications, most significantly in respect of the land transfer and procurement, will be set out in the report to Mayor and Cabinet.

12 Legal Implications

- 11.1 With respect to the Council's social care duties these are set out in the body of the report

13 Crime and Disorder Implications

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

14 Equalities Implications

- 14.1 There are no equalities implications arising from this response report.

Background Documents

None

If you have any queries relating to this report please Jeff Endean, Housing Strategy and Programmes Manager, on 020 8314 6213

Agenda Item 8

Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	8
Class	Part 1 (Open)	Date	2 March 2016

1. Purpose

- 1.1 To provide Members of the Select Committee with an overview of the work programme for 2015-16 and to advise the Committee about the process for agreeing the 2016-17 work programme.

2. Summary

- 2.1 At the beginning of the municipal year each select committee is required to draw up a work programme for submission to the Overview and Scrutiny Business Panel. The Panel considers the suggested work programmes and coordinates activities between select committees in order to maximise the use of scrutiny resources and avoid duplication.
- 2.2 The meeting on 2 March is the last scheduled meeting of the Healthier Communities Select Committee in the 2015-16 municipal year. This report provides a list of the issues considered in 2015-16 and asks the Committee to put forward suggestions for the 2016-17 work programme.

3. Recommendations

- 3.1 The Select Committee is asked to:
- note the completed work programme attached at **appendix B**;
 - review the issues covered in the 2015-16 municipal year;
 - take note of the key decisions attached at **appendix C**;
 - consider any matters that it may wish to suggest for future scrutiny.

4. Healthier Communities Select Committee 2015-2016

- 4.1 The Healthier Communities Select Committee had 8 meetings in the 2015-16 municipal year:
- 21 April 2015
 - 25 June 2015
 - 9 September 2015
 - 14 October 2015

- 12 November 2015
 - 8 December 2015
 - 13 January 2016
 - 2 March 2016
- 4.2 Along with all other select committees, the Healthier Communities Select Committee has devoted considerable attention to the proposals put forward as part of the development and delivery of the Lewisham Future Programme. It is anticipated that all overview and scrutiny committees will be tasked with reviewing further Lewisham Future Programme proposals in the 2016-17 municipal year.
- 4.3 The Committee's completed work programme is attached at **appendix B**.

5. Planning for 2016-17

5.1 Eight meetings will be scheduled for 2016-17 municipal year. A work programme report will be put forward at the first Healthier Communities Select Committee meeting of the 2016-17 year for members to review, revise and agree. The report will take account of the Committee's previous work and may incorporate:

- issues arising as a result of previous scrutiny;
- issues that the Committee is required to consider by virtue of its terms of reference;
- items requiring follow up from Committee reviews and recommendations;
- issues suggested by members of the public;
- petitions;
- standard reviews of policy implementation or performance, which is based on a regular schedule;
- suggestions from officers;
- decisions due to be made by Mayor and Cabinet.

Issues arising from the 2015-16 work programme

5.2 The Committee has already indicated that there are matters it feels should be considered for further scrutiny, these are:

- Development of Neighbourhood Care Networks;
- Transition from children's to adult social care - specifically regarding the progress against the key areas of development identified in the response from Mayor and Cabinet presented at the November meeting to the referral made by the Committee in June;
- that the committee receives information from the CCG about the wider issue of access to GP services as part of the 2016/17 work programme and considers a review into the wider issue of access to GP services;

Healthier Communities Select Committee terms of reference

5.3 The Committee's terms of reference are included at **appendix A**.

- 5.4 The Council's constitution sets out the Committee's powers, based on the legal underpinning of the Council's Overview and Scrutiny Committee by legislation: in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. The Committee has the ability to call decision makers to account for a decision or any series of decisions made. The Committee may also decide to call officers from partner organisations to answer questions about the delivery of health care services in the borough.
- 5.5 The Committee's areas of responsibility, include, but are not limited to:
- Public health
 - Adult social care
 - Services for disabled people
 - Day care provision
 - Delivery of healthcare by partners
- 5.6 The Committee is also required to review proposals for substantial changes in services and decide whether or not consultation is required in the instance that those changes will have a significant impact on local people.

6. Financial Implications

There are no financial implications arising from this report.

7. Legal Implications

In accordance with the Council's Constitution, all scrutiny select committees must devise and submit a work programme to the Business Panel at the start of each municipal year.

8. Equalities Implications

- 8.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.2 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.

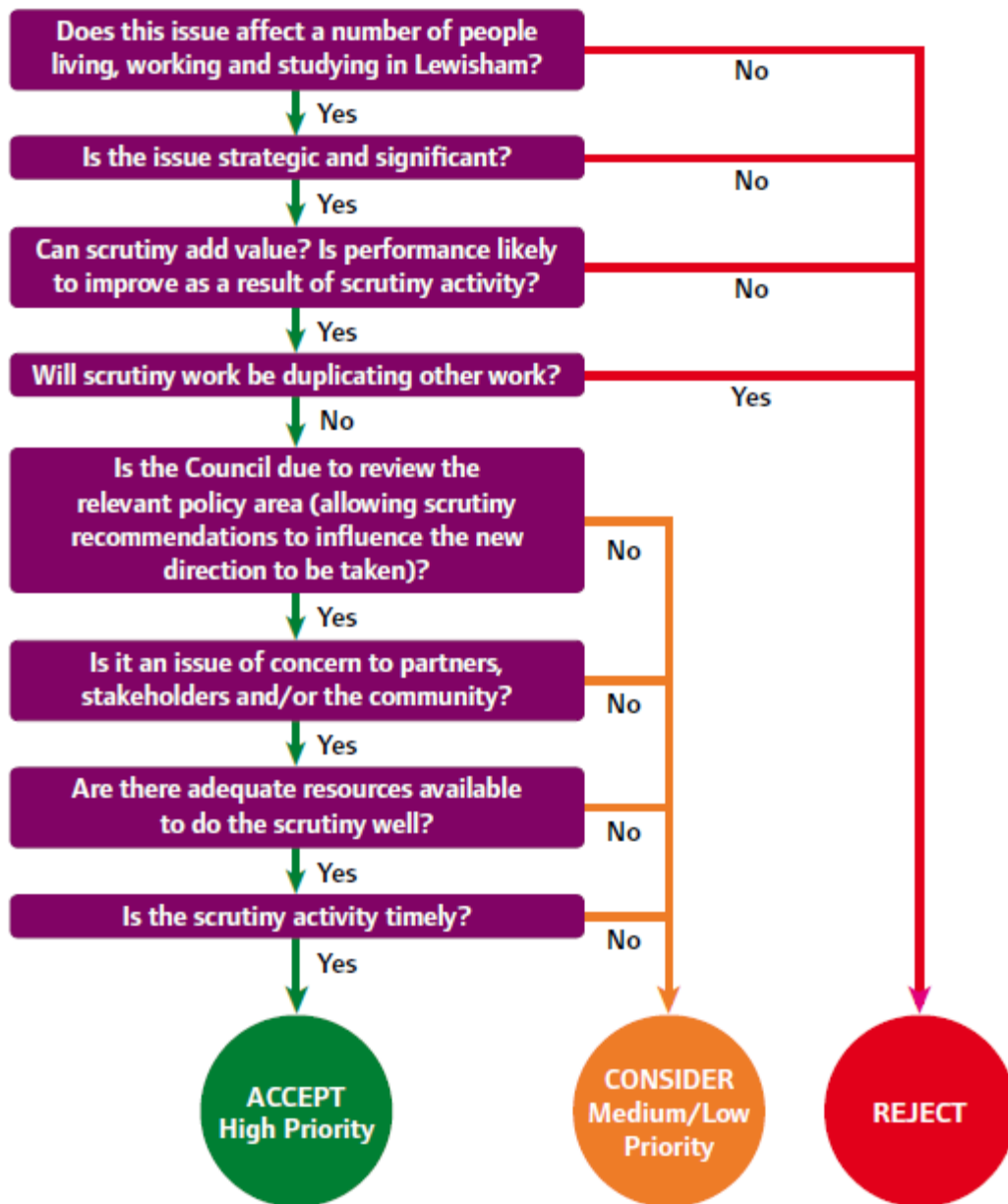
- 8.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Scrutiny work programme – prioritisation process



Appendix A

Healthier Communities Select Committee terms of reference

(a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. For the avoidance of doubt, however, decisions to refer matters to the Secretary of State in circumstances where a health body proposes significant development or significant variation of service may only be made by full Council.

(b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.

(c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations

(d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.

(e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.

(f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).

(g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee .

(h) To review and scrutinise the Council's public health functions.

(i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:- people with learning difficulties people with physical disabilities mental health services the provision of

health services by those other than the Council provision for elderly people the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations lifelong learning of those aged 19 years or more (excluding schools and school related services) Community Education Lewisham other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over 38

(j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

NB In the event of there being overlap between the terms of reference of this select committee and those of the Children and Young People Select Committee, the Business Panel shall determine the Select Committee which shall deal with the matter in question.

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Work item	Type of item	Priority	Strategic priority	Delivery deadline	21-Apr	25-Jun	09-Sep	14-Oct	12-Nov	08-Dec	13-Jan	02-Mar
Lewisham future programme	Standard item	High	CP9	On-going			Savings		A14 and A16			
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Apr								
Select Committee work programme	Constitutional req	High	CP9	Apr								
SLaM specialist care changes	Consultation	High	CP9	Apr								
Health and social care integration	Standard item	Medium	CP9	Apr								
Healthwatch annual report	Standard item	Medium	CP9	Jun								
Development of the local market for adult social care services	Standard item	Medium	CP9	Oct								
CQC update	Standard review	Medium	CP9	Jun								
Day centres consultation	Standard review	High	CP9	Jun								
Reinvesting Public Health savings	Standard item	Medium	CP9	Sep								
Public health annual report	Performance monitoring	Medium	CP9	Sep								
LCCG commissioning intentions	Standard review	Medium	CP9	Oct								
Transition from children's to adult social care	Standard review	Medium	CP9	Jun								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	Medium	CP9	Nov								
Lewisham hospital update	Standard item	Medium	CP9	n/a					removed			
Leisure centre contract	Performance monitoring	Medium	CP9	Jan								
Implementation of the Care Act	Standard review	Medium	CP9	Jan								
Adult learning Lewisham annual report	Performance monitoring	Medium	CP9	Jan								
Adult safeguarding	Standard item	Medium	CP9	Mar								
Campaign in Lewisham for Autism Spectrum Housing	Information item	Medium	CP9	Mar								
Lewisham and Greenwich NHS Trust Quality Account	Standard item	Medium	CP9	Jun								
South East London Strategy	Standard review	High	CP9	Ongoing								
Adult Social Care Integration - All Member briefing	Information item	Medium	CP9	Oct								
SLaM CQC Inspection report	Performance monitoring	Medium	CP9	Mar								
State of the local health economy	Information item	High	CP8	Dec								
Health and care devolution in London	Standard item	High	CP8 and CP1	Jan								
Healthwatch report - The Vietnamese community and Access to health and wellbeing services in Lewisham	Standard item	High	CP1, 8 and 9	Mar								
DNAs review	In-depth review	High	CP9	Mar								

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

Meetings					
1)	Tue	21 April	5)	Thu	12 November
2)	Thur	25 June	6)	Wed	13 January
3)	Wed	9 September	7)	Wed	2 March
4)	Wed	14 October			

Shaping Our Future: Lewisham's Sustainable Community Strategy 2008-2020		
	Priority	
1	Ambitious and achieving	SCS 1
2	Safer	SCS 2
3	Empowered and responsible	SCS 3
4	Clean, green and liveable	SCS 4
5	Healthy, active and enjoyable	SCS 5
6	Dynamic and prosperous	SCS 6

Corporate Priorities		
	Priority	
1	Community Leadership	CP 1
2	Young people's achievement and involvement	CP 2
3	Clean, green and liveable	CP 3
4	Safety, security and a visible presence	CP 4
5	Strengthening the local economy	CP 5
6	Decent homes for all	CP 6
7	Protection of children	CP 7
8	Caring for adults and older people	CP 8
9	Active, healthy citizens	CP 9
10	Inspiring efficiency, effectiveness and equity	CP 10

FORWARD PLAN OF KEY DECISIONS

Forward Plan March 2016 - June 2016

This Forward Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"* means an executive decision which is likely to:

- (a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;
- (b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
November 2015	Pathways to Employment phase 2 procurement decision	02/02/16 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
January 2016	Enlargement of Holbeach Primary School Contract Variation	02/02/16 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2015	Catford Stadium Redevelopment Funding of Footbridge Additional Costs	10/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2015	Consultation Results and Waste Regulations Assessment for Proposed Changes to Waste and Recycling Service	10/02/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
December 2015	Council Budget 2016-2017	10/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2015	Annual Pay Statement	10/02/16	Janet Senior, Executive		

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		Mayor and Cabinet	Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2015	Estate Sweeping and Bulk Waste Collection Services	10/02/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
January 2016	Public Health Contracts with Lewisham and Greenwich Trust	10/02/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
October 2015	Award of Contracts Tier 4 Services and Day Programmes People with Substance Misuse Services	10/02/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
January 2016	Contract Variation and Single Tender Action for PLACE/Ladywell	16/02/16 Overview and Scrutiny Business Panel	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2015	Reprocurement of Healthwatch and NHS Complaints Advocacy	16/02/16 Overview and	Aileen Buckton, Executive Director for		

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	Service	Scrutiny Business Panel	Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
January 2016	Catford Regeneration Housing Zone Bid	17/02/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2015	Council Budget Update	17/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2015	Determined School Admissions Arrangements for 2017/18	17/02/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2015	Determination of the applications to establish a neighbourhood forum and to designate a neighbourhood area for Deptford	17/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2015	Future of Beckenham Place Park Consultation	17/02/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		

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			Councillor Rachel Onikosi, Cabinet Member Public Realm		
January 2016	Ravensbourne Flood Alleviation Scheme	17/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
June 2014	Surrey Canal Triangle (New Bermondsey) - Compulsory Purchase Order Resolution	17/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
January 2016	New Bermondsey Housing Zone Bid Update	17/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
January 2016	Update on Proposal to Enlarge Sir Francis Drake Primary School via Priority Schools Bulding Programme	17/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2015	Main Grants Report 2016/17	17/02/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		

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January 2016	Award of contract to deliver community breastfeeding support service	22/02/16 Overview and Scrutiny Business Panel	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
February 2016	Discretionary Housing Payments for People Affected by Welfare Reform	22/02/16 Overview and Scrutiny Business Panel	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Gambling Policy 2016-2019	24/02/16 Council	Aileen Buckton, Executive Director for Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
January 2016	Gypsy and Traveller Local Plan Early Public Consultation	24/02/16 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2015	Council Budget 2016-17	24/02/16 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
January 2016	Business Rates Write Off	02/03/16	Janet Senior, Executive		

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		Mayor and Cabinet	Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
January 2016	Catford Regeneration Partnership Ltd Business Plan 2016-17	02/03/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2015	Deferred Payment Agreement Arrangements Care Act 2014	02/03/16 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
August 2015	Housing Allocations Policy	02/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Private Rented Sector Proposed Additional Licensing scheme for Flats over Commercial Premises	02/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2016	St Winifred's Catholic Primary School Making of Instrument of Government	02/03/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin,		

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Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member for Children and Young People		
December 2015	Award of Contracts for Residential Detoxification Services	02/03/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
January 2016	Tender award for SEN and Disability Information Advice and Support Service	15/03/16 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2015	'A natural Renaissance for Lewisham (2015-2020)' The Borough's Biodiversity Action Plan.	23/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
January 2016	Beeson Street Scheme Approval and Proposed form of investment partnership/procurement route	23/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Brasted Close Housing Development	23/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan,		

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			Cabinet Member Housing		
November 2015	Discharge into Private Rented Sector Policy	03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Hostels/Private Sector Leased Service Transfer to Lewisham Homes	23/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Housing Led - Regeneration Sites, parts 1 & 2	23/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Lewisham Homes Management Agreement	23/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Phoenix Homes Community Housing Development Agreement	23/03/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	Catford Regeneration Partnership Ltd Business Plan 2016-17	30/03/16 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith,		

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			Deputy Mayor		
February 2016	2016 School Minor Works Contract	05/04/16 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
May 2015	Formal Designation of Crystal Palace & Upper Norwood Neighbourhood Forum and Area	04/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2015	Temporary Accommodation Procurement Strategy	04/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2016	Processing of Dry Recyclables Contract	05/16 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		