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HEALTH AND WELLBEING BOARD

Date: THURSDAY, 27 APRIL 2017 at 2.00 pm

Committee Room 4
Civic Suite
London SE6 4RU

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MEMBERS

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

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MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 15 November 2016 at 2pm

ATTENDANCE
PRESENT: Mayor Sir Steve Bullock (Chair); Dr Marc Rowland, Chair (Chair of Lewisham Clinical Commissioning Group and Vice-Chair of the Health and Wellbeing Board); Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People); Aileen Buckton (Executive Director for Community Services, LBL); Dr Danny Ruta (Director of Public Health, LBL); Sara Williams (Executive Director for Children & Young People, LBL); Magna Aidoo (Healthwatch Bromley and Lewisham); and Peter Ramrayka (Voluntary and Community Sector Representative).

IN ATTENDANCE: Tim Higginson (Chief Executive, Lewisham and Greenwich NHS Trust); Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group); Susanna Masters (Corporate Director, Lewisham Clinical Commissioning Group); Sarah Wainer (Programme Lead, Whole System Model of Care, LCCG); Folake Segun (Director, Healthwatch Bromley and Lewisham); Catherine Mbema (Public Health Speciality Registrar) and Stewart Snellgrove (Clerk to the Board, LBL).

APOLOGIES: Elizabeth Butler (Chair of Lewisham & Greenwich Healthcare NHS Trust); Gwen Kennedy (Interim Director of Nursing South London, NHS England); Tony Nickson (Director, Voluntary Action Lewisham); Roger Paffard (Chair, South London and Maudsley NHS Foundation Trust); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Brendan Sarsfield (Family Mosaic).

Welcome and Introductions

The Chair welcomed everyone to the meeting and invited Board members to introduce themselves

1. Minutes of the last meeting and matters arising

1.1 The minutes of the last meeting were agreed as an accurate record, with no matters arising.

2. Declarations of Interest
There were no declarations of interest.

3 Whole System Model of Care: Community-Based Care; Communications and Engagement; and Adult Integrated Care Programme Update

3.1 Sarah Wainer presented an update on the action being taken by Lewisham Health and Care Partners (LHCP) Executive Board to develop new partnership arrangements for the delivery of community based care. The LHCP are proposing to secure external consultancy to identify options for

the governance of these proposed partnership arrangements. Once this work is concluded, partners will report back to the Health and Wellbeing Board on the options that have been considered and the preferred option for development.

3.2 LHCP is supported by a number of steering groups, including a Communications and Engagement Steering Group. The Group is currently developing and implementing a communications and engagement strategy and plan. As part of this work, a set of core messages have been produced and will be further enhanced over time. A set of pledges have also been drafted, outlining what Health and Wellbeing Board members will do to support the improvement of health and wellbeing across the borough. These will be expanded to provide concrete examples of what health and care partners are doing or will be doing to fulfil their pledges.

3.3 The Adult Integrated Care Programme continues to be one of the key delivery vehicles for integration activity and LHCP continue to oversee the activity and deliverables that have been agreed within the 2016/17 programme, including workstreams for Prevention and Early Intervention, Neighbourhood Community Teams and Enhanced Care and Support.

3.4 Members of the Board made the following comments regarding the report:

- The 'Pledges' should also demonstrate how residents will be supported to improve their own health and wellbeing.
- GPs could be used more effectively as a communications channel to signpost and promote healthy living programmes such as free swims for the over 60's.

3.5 Action: The Board approved the recommendations contained within the report.

4. South East London Sustainability and Transformation Plan: Update

4.1 Martin Wilkinson provided the Board with a summary of the South East London Sustainability and Transformation Plan (STP), which has now been published.

4.2 The STP is a place-based, all-partner whole system plan driving the NHS Five Year Forward View locally. The plan must meet quality and performance standards whilst ensuring financial sustainability. The STP is the single application and approval process for transformation funding for 2017/18 and thereafter.

4.3 The STP focuses on five priority areas:

- Developing consistent and high quality community based care (CBC), primary care development and prevention
- Improving quality and reducing variation across both physical and mental health
- Reducing cost through provider collaboration
- Developing sustainable specialised services
- Changing how we work together to deliver the transformation required

4.4 The STP also includes a plan to develop two elective orthopaedic centres. These will bring together routine and complex care onto sites with ring-fenced facilities. The rationale is that this will minimise cancellations and ensure critical mass for certain procedures. The centre will work as part of a clinical network and link with local hospitals and community-based settings. Formal public consultation on this specific proposal will run for 12-14 weeks, with feedback to the Committee in Common to decide whether to proceed in Spring 2017.

4.5 Further updates on the SEL STP will be provided at future meetings of the Board, with a focus on specific areas within the delivery plans e.g. Urgent Care, Community Based Care etc.

4.6 Members of the Board made the following comments regarding the report:

- Public expectations and anxiety with regards to STPs are increasing as the publication date for Plans moves closer. It will be challenging to distinguish Lewisham apart from this wider context and some of the more negative messaging playing out nationally.
- It should be made explicitly clear to the local population that the SEL STP requires all A&E and Maternity Units to remain open.
- The Autumn Statement will set out future funding for social care and without a strong financial base it will be difficult to make progress on the delivery of the STP.
- The representative for the Voluntary and Community Sector recognised the opportunities for engagement on the STP and draft proposals regarding the elective orthopaedic centre.

4.7 Action: The Board noted the progress of the STP and agreed that future meetings will focus on specific areas within the delivery plan.

5. Draft Partnership Commissioning Intentions for Adults 2017/18 and 2018/19

5.1 Susanna Masters provided the Board with an overview of the draft Partnership Commissioning Intentions for Adults.

5.2 NHS Lewisham Clinical Commissioning Group (LCCG) and Lewisham Council are responsible for commissioning the majority of health and care services in Lewisham. The 'Intentions' set out the shared plans and priorities to commission health and care for adults for the next two years (2017-19. There are separate Partnership Commissioning Intentions for children and young people's services.

5.3 The intentions are intended to give health and care partners and the public an initial understanding of the specific commissioning areas that will be focussed on – Prevention and Early Action, Planned Care and Urgent and Emergency Care – in order that they may provide feedback to inform future planning.

5.4 Members of the Board made the following comments regarding the report:

- The health and wellbeing advice and brief interventions delivered by community pharmacies as part of the 'Healthy Living Pharmacies' initiative may be impacted by the national reduction in funding. This is due to take effect from December 2016, though may be staggered.

5.5 Action: The Board agreed the recommendations contained within the report.

6. Lewisham Annual Public Health Report 2016

6.1 Danny Ruta presented the 2016 Annual Public Health Report (APHR) to the Board, which is themed on tackling obesity. It focuses on the Whole System Approach to Obesity, of which Lewisham is working alongside Leeds Beckett University as one of four national pilot sites. The report also profiles the Jamie Oliver / Sustain Sugar Smart initiative which Lewisham was the first London borough to launch in October 2016. Wider information on the entire population is also provided through the Public Health Performance Dashboards.

6.2 The APHR is a useful tool to recruit organisations from across the sector to sign-up to these initiatives and help promote an environment that supports healthy weight and wellbeing as the norm. Both Lewisham Hospital and Millwall Football Club have signed-up to the Sugar Smart initiative, and eight schools in Lewisham are running the Daily Mile, where all children in the school are allowed to run outdoors for 12 minutes each day. The aim is to get 80-90% of primary schools involved in this initiative.

6.3 Members of the Board made the following comments regarding the report:

- The workplace needs to be added to the whole system approach to tackling obesity, and reflected in the strategy.
- The possibility of having local high-profile individuals (e.g. Olympic athletes) to champion these programmes should be explored
- There should be engagement with local sports clubs to help expand these initiatives.

6.4 Action: The Board noted the contents of the report.

7. Lewisham Public Mental Health and Wellbeing Strategy 2016-19

7.1 Catherine Mbema provided members of the Board with an overview of the Lewisham Public Mental Health and Wellbeing Strategy 2016-19 which was launched on 10th November 2016. This strategy contributes directly to the priority area within Lewisham's Health and Wellbeing Strategy to improve mental health and wellbeing in Lewisham between 2015 and 2025.

7.2 The main overarching aims of the strategy are:

- To improve mental health and wellbeing for all in Lewisham across the life course.
- To attempt to bring together all initiatives in Lewisham that impact positively upon mental health and wellbeing under one strategic ambition.

- To increase and optimise the use of community assets for mental health and wellbeing initiatives.
- To reduce stigma and increase awareness amongst the public and professionals of factors which build resilience, protect and improve mental health and wellbeing.

7.3 An action plan is being developed with the support of a multi-agency working group, and robust evaluation measures will be put in place to monitor the intended impacts of the strategy.

7.4 Members of the Board made the following comments regarding the report:

- All service areas need to show due consideration to mental health issues as part of their routine service delivery. This strategy is a step in the right direction.
- Links between physical and mental health are strongly reflected in the SEL Sustainability and Transformation Plan and mental health is at the forefront of the STP agenda.

7.5 Action: The Board noted the contents of the report.

8. Healthwatch Annual Report 2015-2016

8.1 Folake Segun presented the Board with an executive summary of the Healthwatch Lewisham Annual Report 2015-2016.

8.2 During 2015-16 Healthwatch have:

- Carried out focused engagement with over 100 people from Tamil, Polish, Vietnamese and Turkish communities.
- Gathered the views of over 70 young people and young carers, aged between 10 and 17 in discussions about their mental health.
- Worked with 74 local organisations in partnership-building.
- Contributed 500 hours of additional capacity through the work of 17 volunteers.
- Utilised 7 local hubs across four Lewisham localities to deliver information and listen to people's experiences on health and wellbeing services.

8.3 Action: The Board noted the delivery and outcomes for 2015-16 that were contained within the Healthwatch Annual Report.

9. Health and Wellbeing Work Programme

9.1 Stewart Snellgrove presented the Health and Wellbeing Board with a draft work programme for discussion and approval. The following items have been added to the work programme, or amended since the last Board meeting:

- Neighbourhood Networks: Update on Community Development (March 2017).

- Joint Strategic Needs Assessment (JSNA) update has been brought forward from July 2017 to March 2017, to better align with business planning processes.
- Local Account has been re-scheduled to March 2017.

9.2 The Board made the following comments regarding the report:

- Future meetings should provide focus for discussion on specific areas within the Sustainability and Transformation Plan.

9.3 Action: The Work Programme for the Board will be updated accordingly.

The meeting ended at 15:15 hrs.

Health and Wellbeing Board		
Title	Declarations of interest	
Contributor	Chief Executive – London Borough of Lewisham	Item 2
Class	Part 1 (open)	27 April 2017

Declaration of interests

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

1 Personal interests

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

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

2 Disclosable pecuniary interests are defined by regulation as:-

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:-

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either
(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

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

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

(3) Other registerable interests

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

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council

(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party

(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

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

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

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not 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)

Questions to be answered and information to be at hand before strategic decisions in the area can be taken

The Forum's "Save our NHS" Group, having worked on these matters over the past six months or so, would respectfully suggest that, as well as consideration of the matters highlighted in bold throughout this submission, the following information needs to be to hand before the HCSC and Mayor and Cabinet can make properly informed proposals and decisions on these difficult matters.

Residential Care Homes

1) **How many residential care homes are there in the borough?**
2) **How many beds are there in average and in total?**
3) **Are there any distinctions in the type of care given?**
4) **How many beds in each home (or on average and in total) does the Council have under contract?**
5) **How many care homes have opened in the last five years?**
6) **How many care homes have closed over the same period?**
7) **Have any care homes withdrawn from or refused to consider contracts with the Council? And if so how many and what reasons were given?**
8) **How does the Council receive and monitor feedback from service users (and/or their families)?**

Care in the home

1) **What has the budget been for social care each year since 2010?**
2) **How many individual care packages and how many total hours have been provided in the community each year?**
3) **How many care agencies providing care in the person's home are there in the Borough?**
4) **How many of these have started up in the last five years?**
5) **How many agencies have closed in the same period?**
6) **Have any withdrawn from Council contracts? And if so how many and for what reasons?**
7) **Have any refused to consider Council contracts? And if so how many and for what reasons?**
8) **Are there distinctions in the range of work the care agencies provide? And if so what are they?**
9) **How does the Council receive and monitor feedback from service users (and/or their families)?**

and, crucially,

10) **If someone no longer can qualify for help with social care but cannot afford to pay commercial rates what happens to them and does the Council arrange any monitoring of their situation? If so, what monitoring is done and by whom?**

Generally

1) **What is happening on the "front-line" with the "preventative" services given cuts to the voluntary sector (e.g. the closure of small lunch clubs)?**
2) **Do you have any data on attendance at A&E by Lewisham residents over 65 and delayed discharge at Lewisham Hospital?**

Judy Harrington and Cathy Ashley
"Save our NHS" Group of the LPF
December 2016

Health and Wellbeing Board		
Title	Comments of the Healthier Communities Select Committee on the integration of health and social care in Lewisham	
Contributor	Healthier Communities Select Committee	Item 3a
Class	Part 1 (open)	27 April 2017

1. Summary

This report informs the Health and Wellbeing Board of the views of the Healthier Communities Select Committee following evidence received from the Lewisham Pensioners' Forum during the third evidence session of the committee's review of health and adult social care integration – on 12 January 2017.

2. Recommendation

The Health and Wellbeing Board is recommended to:

- refer to the questions submitted by the *Save Our NHS* group of the Lewisham Pensioners' Forum, and
- agree to provide a response reassuring the committee that officers have considered the answers to these key questions in drawing up proposals.

3. Further context

At its meeting on 12 January 2017, the Healthier Communities Select Committee received a report from the *Save Our NHS* group of the Lewisham Pensioners' Forum as part of the committee's review of health and adult social care integration.

The committee also took oral evidence from a representative of the group, and after discussion and questioning, resolved to refer the questions listed in the group's written evidence to the Health and Wellbeing Board.

The committee is seeking reassurance that officers are aware of the answers to these questions and have considered this pertinent information throughout the ongoing work to integrate health and adult social care in Lewisham.

The full list is attached to this report as appendix 1.

4. Financial implications

There are no financial implications arising out of this report.

5. Legal implications

The Constitution states that 'the Council has appointed the Healthier Communities Select Committee to carry out, among other things, the scrutiny of health bodies under the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and other relevant legislation in place from time to time'. The Constitution provides for the Healthier Communities Select Committee to review and

scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Executive/Council, including the Health and Wellbeing Board. It is the duty of the Executive body to respond within 2 months of receipt of the report/recommendations.

6. Further implications

At this stage there are no specific environmental, equalities or crime and disorder implications to consider.

Background papers

Healthier Communities Select Committee Agenda (12 January 2017)

If you have any queries about this report, please contact John Bardens, Scrutiny Manager (ext. 49976) or Kevin Flaherty, Business and Committee Manager (ext. 49327)

Health and Wellbeing Board			
Report Title	Response To Referral From Healthier Communities Select Committee – Integration of Health and Social Care in Lewisham		
Key Decision	No		Item No. 3b
Contributors	Executive Director for Community Services		
Class	Open	Date: 27 April 2017	

1. Purpose:

1.1 This report sets out the proposed response to the referral made by the Healthier Communities Select Committee following the Committee's consideration of evidence provided to it as part of an evidence gathering session for the Committee's review of the integration of health and social care in Lewisham.

2. Recommendations:

The Board is asked to:

2.1 Approve the officer response to the referral by the Healthier Communities Select Committee, and

2.2 Agree that this report be forwarded to the Select Committee.

3. Background:

3.1 At its meeting on 12 January 2017, the Healthier Communities Select Committee received a report from the Save Our NHS group of the Lewisham Pensioners' Forum as part of the committee's review of health and adult social care integration.

3.2 The committee also took oral evidence from a representative of the group, and after discussion and questioning, resolved to refer the questions listed in the group's written evidence to the Health and Wellbeing Board.

4. Referral and Response

4.1 <u>Referral</u>
The committee is seeking reassurance that officers are aware of the answers to the questions posed by the Lewisham Pensioners Forum, and have considered this pertinent information throughout the ongoing work to integrate health and adult social care in Lewisham. The full list

of questions from the Pensioners Forum is attached to this report as appendix 1.

Officer Response

4.2 *Officers can confirm that the answers to the questions asked by the Pensioners Forum are known and all pertinent information is considered throughout the ongoing integration work. Detail regarding each specific question is attached as appendix 2 for further information.*

5. Financial Implications:

5.1 There are no direct financial implications arising from this response.

6. Legal Implications:

6.1 The Constitution states that 'the Council has appointed the Healthier Communities Select Committee to carry out, among other things, the scrutiny of health bodies under the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and other relevant legislation in place from time to time'. The Constitution provides for the Healthier Communities Select Committee to review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Executive/Council, including the Health and Wellbeing Board. It is the duty of the Executive body to respond within 2 months of receipt of the report/recommendations.

7. Equalities Implications:

7.1 There are no direct equalities implications arising from this response.

8. Environmental Implications:

8.1 There are no environmental implications arising from this response.

Background documents

If you would like further information on this report please contact stewart.snellgrove@lewisham.gov.uk on 020 8314 9308.

Residential Care Homes

1) How many residential care homes are there in the borough?

Sixteen (16) homes for older adults are registered with Care Quality Commission (CQC) in Lewisham. There are 8 specific residential only homes, 5 homes that are dual registered and 3 that are nursing only.

2) How many beds are there in average and in total?

There are a total of 554 beds, an average of 34.6.

3) Are there any distinctions in the type of care given?

The homes can support Residential Elderly Frail, Residential Elderly Mentally Infirm (EMI), Nursing Elderly Frail and nursing EMI.

4) How many beds in each home (or on average and in total) does the Council have under contract?

The Council has no long-term beds under block contract. The Council block contracts one residential bed and one nursing bed for respite. As at end December 2016, Lewisham had 340 people placed on spot contracts.

5) How many care homes have opened in the last five years?

One residential care home has opened in the last five years with 48 beds.

6) How many care homes have closed over the same period?

Two care homes have closed in the past five years. There was a total of 100 beds possible, but 70 in use at the time of closure.

The Council has in that time supported the development of a 78 bed Extra Care service in 2015 and a further 60 bed service is due to open in September 2017.

7) Have any care homes withdrawn from or refused to consider contracts with the Council? And if so how many and what reasons were given?

No care homes have withdrawn or refused to consider contracts with the Council.

8) How does the Council receive and monitor feedback from service users (and/or their families)?

The Council, as part of its quality assurance of care homes talks directly to residents and families. They also review correspondence from residents and families that has been sent directly to the care homes.

9) Additional information

There are also 25 homes registered as residential with CQC for people with mental health support needs. Occasionally older adults with specific high support needs related to their mental health conditions may be placed there. There are four homes that might be used in these circumstances, totalling 27 possible beds.

Care in the home

1) What has the budget been for social care each year since 2010?

Adult Social Care Net Budget

£ (M)

09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
70,021	70,403	75,175	76,241	81,812	78,958	71,050	70,413

2) How many individual care packages and how many total hours have been provided in the community each year?

Due to technical issues we are unable to provide information on previous years, but we are able to confirm that:

On average we support 6200 people with adult social care in any one year. At any point in the year there are on average 3300 people getting care.

We average 28,000 hours of care per week, this includes care provided by agencies and Direct Payments, this equates to approximately 1.4 million hours of care per year.

3) How many care agencies providing care in the person's home are there in the Borough?

There are a total of 46 agencies registered with the Care Quality Commission with premises in Lewisham.

4) How many of these have started up in the last five years?

In the last five years 26 Home Care agencies has registered with CQC.

5) How many agencies have closed in the same period?

The Council does not hold this information.

6) Have any withdrawn from Council contracts? And if so how many and for what reasons?

No.

7) Have any refused to consider Council contracts? And if so how many and for what reasons?

None have refused after being awarded following competitive tender process.

8) Are there distinctions in the range of work the care agencies provide? And if so what are they?

There are no distinctions - all four lead providers are contracted with Lewisham Adult Social Care and Health to provide home care provisions for people who meet the National Eligibility Criteria for care and support in their homes. This includes:

- Personal care (for example help with washing, using the toilet and getting out of bed, ensuring food and drink consumption), to maintain wellbeing, working with healthcare professionals such as dieticians, occupational therapists, continence specialists etc., as required.
- Practical care (for example assistance with shopping, light meal preparation, bill paying, housework, domiciliary tasks).
- Assistance with medication.
- Proactively raising issues as they arise and liaising with local health and social care staff such as GPs, pharmacists and district nurses and care managers, noting and flagging any health concerns promptly with the appropriate person to ensure these are acted on.
- Working closely with health staff as part of a Multidisciplinary Team (MDT).
- Monitoring and implementing a joint health and local authority Care Plan as may be agreed.
- Emergency support when family carers are suddenly unavailable.
- Assistance to be as independent as possible at home which might include the use of technologies such as Telecare and Telehealth.
- Social tasks such as helping to reduce isolation, motivating, liaising with other involved people including family carers and local organisations.
- Tasks that contribute to achieving the outcomes that have been identified in the service users' and their Carers' support plan.

The Service Provider will also provide skilled help for people who have complex support needs, for example people with advanced dementia or people with severe or moderate learning disabilities and severe and enduring mental health conditions.

The Service Provider will also provide skilled help to those who may be reluctant to accept services and will work in a positive way to engage Service Users in their service provision.

9) How does the Council receive and monitor feedback from service users (and/or their families)?

A Contracts and Quality Assurance Officer and a lead providers is assigned to one of four neighborhoods. The Contracts and Quality Assurance Officer (CQAO) conducts quarterly Key Performance Indicator (KPI) monitoring visits to the Agency. The CQAO/Council receives feedback from service user and/or their families through the following avenues:

- Face to face - Service user interview questionnaire completed in the person's home
- Telephone - Service user interview questionnaire
- Service user postal questionnaire
- Quality Alerts – concerns raised to visiting professionals by service user/families are forwarded to the CQAO to investigate

- Feedback from service review - Social Worker/Support Planner or Neighbourhood leads
- Feedback from concerns raised to Lewisham Complaints Team
- Feedback from concerns raised in Multi Agency Safeguarding Case Conference

10) If someone no longer can qualify for help with social care but cannot afford to pay commercial rates what happens to them and does the Council arrange any monitoring of their situation?

The aim of adult social care help is to support people to regain their independence, so in it is a positive outcome if a service has ended. However it may well be that the person has regained their skills with personal care, but still requires help with domestic care, as an example. The Care Act 2014 is very specific that it must be two or more tasks of daily living that makes a person eligible for adult social care support. Services would never be withdrawn if that was not the case.

Before any service is ended, staff would check upon benefits and make sure that incomes are maximised, and only make the change once this has happened. The welfare benefits people are paid by central government area mechanism to allow people to pay privately for lower levels of care. We always insure that benefits checks are undertaken and people access their entitlement

As part of our approach, staff also look to help people needing that type of support to think about their own personal network to see what other help may be available to them. For those who feel unable to set up alternative care arrangements staff provide that help.

We help people access the voluntary sector and professional groups who are extremely active within neighbourhoods and provide regular feedback on individual cases as they become known. This allows targeted dialogue at a local level to help resolve any issues.

Following on from any involvement, and the ending of a service, there is no follow up with that person as such. However, it is always made clear to people, that should their situation change then they should not hesitate to make contact again with the department.

Generally

1) What is happening on the "front-line" with the "preventative" services given cuts to the voluntary sector (e.g. the closure of small lunch clubs)?

To support these changes the Council has placed an even stronger emphasis upon collaboration and partnership with the voluntary sector and health partners, in order to maximise opportunities for preventative schemes. A good example of this is the safe and independent living scheme (SAIL) which is already working well in Southwark and has good take up, we hope for similar in Lewisham. Anyone can refer to SAIL for a range of health and well-being needs, support to improve living conditions, and other help is available around safety, security and income. It is particularly useful for GP's who often see the neediest people coming to the surgery. We know from working with a variety of older residents in Lewisham through the Community Connections scheme that it is these issues that have the greatest impact on long term health and well-being, often rooted in social isolation.

To further strengthen community provision the community development workers of Community Connections continue to make strong links with newly formed groups in the four neighbourhood communities of Lewisham. The focus of their work is to support the group's development and help with their ability to manage long term with change. The interest groups they support are wide and diverse, but good feedback has been received about their success, and the networks are growing. An example of a very strong initiative that has a rolling programme in all the four neighbourhoods is the 'Techy Tea ' party, which is an opportunity for those with limited skills in the new technologies to learn some more and meet with others.

We have found through working with these groups where the gaps in services exist, and as an example have identified befriending as one of the key areas for development. In terms of looking differently at resource availability, Community Connections are growing a supply of volunteers who have shown an interest in giving back to the Lewisham community, so they are well placed to support a new befriending scheme. This shows the way we are shaping provision and it is very much about tailoring available resources to where there is a demand.

A much broader community forum has recently been established to bring together representation from all sectors of Lewisham's community sector and it is tasked to improve on already established foundations for developing community based support.

2) Do you have any data on attendance at A&E by Lewisham residents over 65 and delayed discharge at Lewisham Hospital?

Adult Social Care does not have access to Lewisham and Greenwich Trust figures on attendance at A&E by Lewisham residents over 65. We are able to confirm nationally published figures for quarter 3, 2016-17 (October – December), at 31st December 2016 there had been 71,715 A&E attendances from adults into A&E. The figures published do not allow us to segregate under 65 adults from over 65's.

In the first 9 months of the year 2016/17, we have had 3 delayed discharges at Lewisham Hospital.

In the first three reportable quarters of 16/17, Lewisham Adult Social Care attributable delays totalled 12 people = 183 days.

Hospital reporting delay	No. of People Delayed	No. of Days reported
Lewisham Hospital	3	70
Kings	5	76
Princess Royal	4	11
Other	1	26

No adults social care delays have been due to Packages of Care in the community.

During this period 2 delays have been due to the legal process that needs to be undertaken in relation to understanding the status of people who have "no access to public funds", in particular the issues have related housing problems.

The remaining Adult Social Care delays have been due to sourcing complex Residential and Nursing EMI placements, the issues relating to this are highlighted above.

HEALTH AND WELLBEING BOARD			
Report Title	South East London Sustainability and Transformation Plan: Update		
Contributors	Our Healthier South East London Programme Team Martin Wilkinson, Chief Officer, Lewisham CCG	Item No.	4
Class	Part 1	Date: 27 April 2017	
Strategic Context	The report provides an update on strategic planning processes for South East London including proposals around elective orthopaedic services		

1. Purpose

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

2. Recommendation

Members of the Health and Wellbeing Board are recommended to:

- Note the progress of these programmes of work.

3. Policy Context

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

The Board received a previous report at its meeting in November 2016.

4. Summary of report

4.1 STP Governance & Programme Support

Appendix 1 shows the current governance and accountability arrangements for the STP programme. Under national guidance we have established a leadership team (the quartet) of four individuals from across each part of our system and revised our joint governance arrangements, through the development of a Strategic Planning Group involving all local NHS organisations, local government and patient representatives. The quartet are:

- Amanda Pritchard, CEO Guys and St Thomas NHST (overall SRO)
- Andrew Bland, CO Southwark CCG
- Andrew Parson, Chair Bromley CCG
- Barry Quirk, CEO Lewisham Council

STP delivery will be considerably strengthened this year by two important appointments. The procurement for consultancy support to the programme has concluded with the preferred bidder identified as EY. The contract covers implementation support, programme management and analytics, modeling and performance tracking. EY started work on week commencing 23rd January.

In addition, Julie Lowe, former chief executive of Ealing Hospital and North Middlesex Hospital, has joined the programme as Programme Director for collaborative productivity.

4.2 Orthopaedic consultation postponed until spring

Public consultation into proposals to develop elective orthopaedic centres has been postponed until spring 2017. In response to feedback from stakeholders, and agreed at the Committee in Common, we are further developing the consultation materials to more clearly describe an option where services are consolidated to three sites. We are also developing more information on infection rates and cancellations, and a more user friendly explanation of the finances.

This will allow the public to consider the pros and cons of both a two-site consolidation and a three-site consolidation. To assist with this, Guy's and St Thomas', Lewisham and Greenwich, and King's trusts have agreed to work together on a shared description of a three-site option and to further analyse the financial and non-financial impacts of consolidation.

4.3 OHSEL to widen involvement during 'civic engagement' period

Since 2014, we have been discussing the challenges facing local health services and potential solutions with local people, which has formed the foundation of our plans. During 2017, we aim to extend the reach of our conversations, inviting more local people and interest groups to find out about our developing plans and contribute their views.

OHSEL has evolved from a commissioner-led strategy into a 'whole system' Sustainability and Transformation Plan (STP). The STP is not a blueprint, but rather a series of developing plans for different clinical areas, which are at different stages of development.

A six-month programme of 'civic engagement' – a dialogue with the people of south east London – will be launched in March. This will create more opportunities for local people to hear about the plans direct from NHS leaders and tell us what they think. This will include a public event in each borough, briefing stakeholders in each borough, a programme of social media engagement and communications and engagement plans for each STP workstream. Feedback will be collated, published and responded to
In line with our long-standing approach.

4.3 Trust NEDs, governors and lay members event

The programme organised a session on 2nd February to bring south east London trust non-executive directors (NEDs), governors and lay members up to speed on the development of the STP for south east London.

The session was to ensure that NEDs, governors and lay members are sighted on the STP's content and governance and to seek views on how they might keep informed and involved, with the development and delivery of the STP.

4.4 New care models – learning from vanguards

As part of our work around new care models to deliver community-based care, West Wakefield Health and Wellbeing vanguard presented their experiences to commissioner, provider, voluntary sector and citizen representatives from across south east London with the aim of stimulating local discussions. The vanguard is a multi-speciality community new care model – learning from vanguards provider (MCP) – and is a model that we are currently considering as the next stage in the development of local care networks to deliver place-based care across traditional provider boundaries.

This learning event, which took place on Wednesday 11 January, is part of the work that will help local borough teams and the local care networks move forward with their plans. There are 50 vanguards across the UK, selected to take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

A separate report on local work to develop our neighbourhood care networks is included in the Board agenda.

4.5 Patient involvement

We have been seeking additional Patient and Public Voice (PPV) representation on several clinical and supporting workstreams. Applications have come in from south east London's diverse voluntary and community organisations as well as from individual members of the public. Successful applicants will complement existing PPV representation and join the Patient and Public Advisory Group (PPAG), a peer support group.

Local people play an important role in developing our ideas for improving health services and have been involved in OHSEL from the outset. We aim to have at least two PPVs and one member of Healthwatch on each OHSEL clinical project group.

4.6 The journey towards more digital healthcare

Developments in IT and other digital technologies present a huge opportunity for us to advance the way we care for patients. An ambitious vision for south east London has been set out in our Local Digital Roadmap (LDR), which

examines the opportunities to exploit new technology over the next five years and beyond. Our digital vision focuses on:

- being paper-free at the point of care by 2020
- using digital technology to empower patients to have more control over their day-to-day care
- making real-time data analytics possible at the point of care
- successfully compiling and analysing health and social care data to support population health planning, effective commissioning and research

Digital technology will enable us to change the way we deliver care and achieve financial sustainability. It will also drive better outcomes for patients.

5. Financial implications

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

6. Legal implications

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

7. Crime and Disorder Implications

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

8. Equalities Implications

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

9. Environmental Implications

There are no environmental implications arising from this report.

Background Documents

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

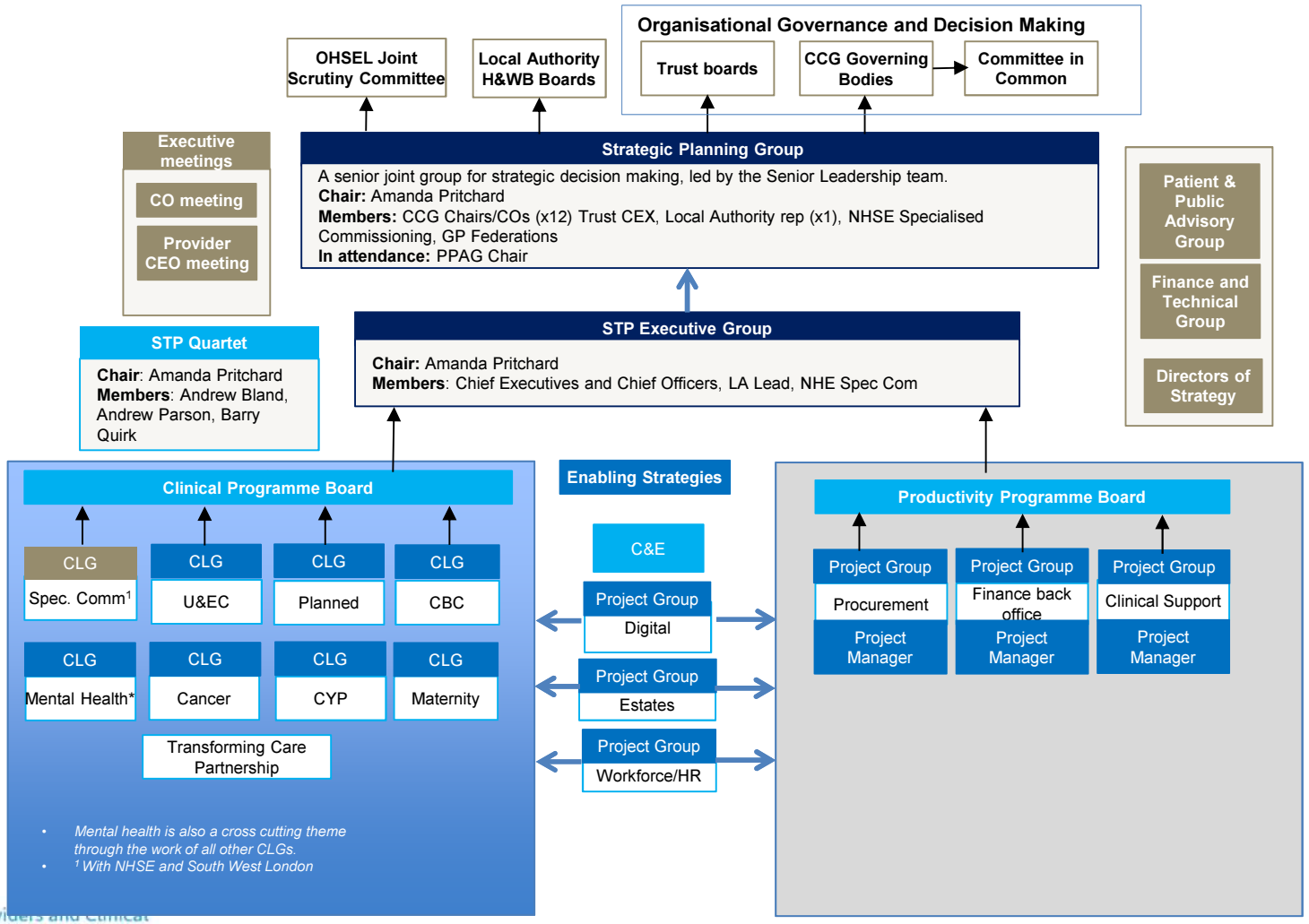
Further information on the Our Healthier South East London programme can be found at www.ourhealthiersel.nhs.uk

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

Our Healthier South East London
Improving health and care together

NHS

STP Governance and Accountability



HEALTH AND WELLBEING BOARD				
Report Title	Better Care Fund			
Contributors	Whole System Model of Care Programme Lead		Item No.	5
Class	Part 1	Date:	27 April 2017	
Strategic Context	Please see body of report			

1. Purpose

1.1 This report provides Members of the Health and Wellbeing Board with an update on Better Care Fund (BCF) planning for 2017-18 and 2018-19.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are asked to:

- Note the delay in the publication of the Better Care Fund Planning Guidance;
- Agree that, if required, an additional meeting of the Health and Wellbeing Board be arranged as soon as the date for submission of the plan is known so that it can be signed off by the Health and Wellbeing Board.

3. Strategic Context

3.1 The Health and Social Care Act 2012 requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

3.2 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.

3.3 The Government's Spending Review in November 2015 announced a requirement for all areas to have a plan for integration between social care and health by 2017, to be implemented by 2020.

3.4 The Better Care Fund (BCF) is a joint health and social care integration fund managed by Lewisham Council and Lewisham Clinical Commissioning Group. The strategic framework is set out in the national BCF policy framework and planning guidance.

4. The Better Care Fund Policy Framework and Planning Guidance

4.1 The Policy Framework for the implementation of the BCF in 2017-18 and 2018-

19 was only published on 31 March 2017. At the time of writing the detailed planning requirements and allocations that underpin the framework were in the process of being finalised.

4.2 The Policy Framework for the BCF covers two financial years (2017-19) to align with NHS planning timetables.

4.3 The number of national conditions has been reduced from 8 in 2016/17 to 4 in 2017-19. The BCF Plan is required to demonstrate that the following national conditions have been met:

- Plans to be jointly agreed and signed off by the Health and Wellbeing Board;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out-of-hospital services; and
- Managing Transfers of Care.

4.4 As in 2015/16 and 2016/17 the plan will outline targets and plans to deliver against the four national metrics:

- Non elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care

4.5 The main change to the Framework from last year is the inclusion of a new grant for adult social care announced in the 2015 Spending Review and 2017 Spring Budget as the 'Improved Better Care Fund (iBCF)'.

4.6 The new iBCF grant will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. The Government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and spent on adult social care. The draft conditions have been shared and can be summarised as:

- The grant must be used for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.
- A recipient local authority must:
  a) pool the grant funding into the local BCF,
  b) work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care); and
  c) provide quarterly reports as required by the Secretary of State.
- The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed.

5. BCF Plan 2017-18 and 2018-19

5.1 As in 2016/17 the BCF Plan will be developed by Lewisham Council and Lewisham CCG.

5.2 The BCF Plan 2017-18 and 2018-19 will be an evolution of the 2016/17 Plan and, subject to the planning guidance, is expected to continue to fund activity in the following areas:

- Prevention and Early Intervention
- Primary Care including supporting extended access to GP services.
- Community based care and the development of neighbourhood care networks
- Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital.
- Estates and IMT

6. BCF Timetable

6.1 The timetable for assurance and approval of BCF plans will be published in the Planning Guidance.

6.2 The delay in the publication of the Planning Guidance is likely to result in a tight timetable for submission of our local BCF Plan and it is possible that approval and sign off of the plan will fall in the period between this meeting of the Health and Wellbeing Board and the next. Members are asked therefore to agree that, if required, an additional meeting of the Health and Wellbeing Board be arranged. However if the timetable allows the plan will be presented for sign off at the July meeting.

6.3 In the meanwhile, a review of the 2016/17 BCF plan is taking place and a first draft of the 2017-18 and 2018-19 plan is being prepared addressing the key areas as set out Policy Framework.

7. Governance

7.1 The BCF arrangements are underpinned by pooled funding arrangements with a section 75 agreement. (A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner).

7.2 The Section 75 Agreement Management Group (Adults) oversees the 2016/17 BCF Plan and will also oversee the 2017-2019 BCF Plan and expenditure.

8. Financial Implications

8.1 There are no financial implications arising from this report. Monitoring of the activity supported by Better Care Funding continues to be undertaken by the Section 75 Agreement Management Group (Adults).

9. Legal implications

9.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

9.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

10. Crime and Disorder Implications

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

11. Equalities Implications

11.1 Although there are no specific equalities implications arising from this report, Equalities Analysis will be undertaken where necessary to inform the BCF plan.

12. Environmental Implications

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

13. Conclusion

13.1 This information report provides an update on the Better Care Fund and invites members to agree the recommendations set out in paragraph 2.1.

13.2 If you have problems opening or printing any embedded links in this document, please contact stewart.snellgrove@lewisham.gov.uk (Phone: 020 8314 9308)

13.3 If there are any queries on this report please contact sarah.wainer@nhs.net (Phone: 020 3049 1880)

HEALTH AND WELLBEING BOARD				
Report Title	Whole System Model of Care: Neighbourhood Care Networks			
Contributors	Whole System Model of Care Programme Lead and Head of Cultural and Community Developments		Item No.	6
Class	Part 1	Date:	27 April 2017	
Strategic Context	Please see body of report			

1. Purpose

1.1 This report provides members of the Health and Wellbeing Board with an update on the development of Neighbourhood Care Networks (NCNs) in Lewisham. Lewisham's Neighbourhood Care Networks cover two key elements:

- A local care network of health and care providers as set out in the Sustainability and Transformation Plan for south east London linked to;
- A network of voluntary and community sector organisations.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are asked to note the current position and to endorse the planned next steps for the development of neighbourhood care networks in Lewisham.

2.2 If Members of the Health and Wellbeing Board are content to endorse the current and planned development of Lewisham's neighbourhood care network as set out in this report, a more user friendly narrative on NCNs will be developed and case studies produced to communicate and demonstrate the positive impact that the NCNs are having on people's health and wellbeing.

3. Strategic Context

3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to Shaping our Future's priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham's Health and Wellbeing Strategy was published in 2013 and refreshed in 2016.

3.4 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

3.5 The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around new models of care.

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

3.7 *Our Healthier South East London*, the STP for South East London was published in November 2016. It encourages health and care partners to form local care networks to deliver more joined up health and care services in the community.

3.8 The development of neighbourhood care networks is also contributes to the delivery of the priorities outlined out in the Lewisham's Children & Young People's Plan (CYPP). The plan sets out the vision for improving outcomes for all children and young people, including the priority outcome of being healthy and active, and delivered through the Children's and Young People's Strategic Partnership Board.

4. Local Context

4.1 Lewisham's Health and Care Partners (LHCP)[1] are working to deliver a sustainable health and care system that will better support people:

- to maintain and improve their physical and mental wellbeing
- to live independent and fulfilled lives
- to access high quality care when needed.

4.2 Lewisham's Neighbourhood Care Networks (see the diagram at Annex A) bring together local care networks (delivered by Lewisham's health and care partners) and the networks of voluntary and community sector organisations within the same model.

4.3 As envisaged within *Our Healthier South East London*, LHCP are developing a local care network in each neighbourhood to transform the way in which community based care is delivered. Local care networks will deliver support and care which is:

Proactive and Preventative – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need and the activities, opportunities and support available, to maintain their health and wellbeing and to manage their own health and care more effectively.

Accessible to all – so that adults have improved access to local health and care services, and so that children have increased access to community health services

[1] Lewisham Health and Care Partners are Lewisham Council, Lewisham Clinical Commissioning Group, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust, One Health Lewisham (GP Federation)

and early intervention support. And for everyone to have clear access to urgent care when needed;

Co-ordinated – so that people receive personalised care and support, closer to home, which integrates physical and mental health and care services, to help them to live independently for as long as possible.

4.4 Alongside the local care networks sit the other key element of Lewisham's Neighbourhood Care Networks, the voluntary and community sector. Lewisham's well-established voluntary and community sector has a major role in building strong and resilient communities and in supporting residents' health and wellbeing. Bringing together membership from across the sector, the Stronger Communities Partnership Board is co-ordinating and supporting community development across the borough and helping people connect with opportunities, activities and support available locally to maintain and improve their health and wellbeing. This includes establishing community development partnerships in each neighbourhood to interact with health and care partners (see section 6.1b).

4.5 Lewisham will continue to strengthen and develop connections both within and across its local care networks, as envisaged within *Our Healthier South East London*, and build stronger links within and across the voluntary and community sector, through the neighbourhood community development partnerships.

5. Neighbourhood Care Networks - Activity to date

5.1 Although some services may be networked on a borough wide level where it is appropriate to do so, LHCP have organised a range of health and care services on a neighbourhood footprint to create four 'local care networks' based around GP registered lists in the following geographical areas: (1) North Lewisham (2) Central Lewisham (3) South East Lewisham and (4) South West Lewisham . By operating at this smaller scale, local care networks can more easily develop local connections between services, co-ordinate care and strengthen relationships between professionals. A map of the current neighbourhood areas by GP and ward is shown at Annex B.

5.2 A number of tools, services and partnerships have been developed to improve the co-ordination of care and support and strengthen connections across each local health and care network. These include:

- **Neighbourhood Community Teams** (NCTs) These virtual teams bring together district nurses, social work staff and therapists (also see Multi-disciplinary Meetings below).
- **Multi-disciplinary Meetings** bring together members of the Neighbourhood Community Teams with other health and care professionals such as GPs and Mental Health workers to plan and arrange holistic coordinated care for patients and service users with complex needs. Guidance to support professionals attending these meetings has been produced.
- **Neighbourhood Co-ordinators** support health and care staff within each neighbourhood to improve multi-disciplinary working and facilitate effective liaison

between health and care providers across Lewisham for patients and services users with complex needs.

- **Lewisham's Single Point of Access** has a team of advisers who can support residents requiring general health and care information and advice.

5.3 The voluntary and community sector continues to support and work alongside Lewisham's health and care partners to improve and maintain people's health and wellbeing. A number of tools, services and partnerships have been developed to strengthen connections with the voluntary sector and to link people to advice, care and support available locally:

- **Lewisham SAIL Connections** is a quick and simple referral service. It connects vulnerable people aged 60+ with local services that support them in maintaining their independence, safety and wellbeing. Anyone can make a SAIL referral by answering the yes/no questions on a simple checklist.
- **Community Connections** is a local health and wellbeing project delivered by Age UK Lewisham and Southwark in conjunction with a consortium of voluntary sector partners in Lewisham.
- **Community Support Facilitators** work with individuals to improve their wellbeing by helping the individual to engage with local activities, opportunities and services.
- As part of the project, **Community Development Workers** also support organisations and groups to build and develop local resources, promote partnership working and support the development of networks between voluntary and community organisations.

5.4 The neighbourhood care network model is also being applied to existing services that work with children and young people and being further developed through the re-commissioning and re-design of children's centres and health visitor services. Using this model, the delivery of midwifery, children's centres and health visiting will be integrated and will form part of the neighbourhood care network for children. It will also bring together the sources of information on services and advice for children and young people into one single point. There may be additional specific services to support children and young people that should be included and work is underway through the children's joint commissioning team to identify these.

6. Neighbourhood Care Networks – next steps

6.1 Partners across Lewisham are now focused on:

- Strengthening the local care network of professionals delivering care and support
- Strengthening the network of voluntary and community sector organisations
- Strengthening the relationships between the statutory and voluntary sectors

(a) Strengthening the network of professionals delivering care and support

- LHCP have agreed to explore **new governance and partnership arrangements** between the statutory partners that enable joint decision making and joint accountability for the delivery of community based care. This work is underway

and developments will be reported back to the Health and Wellbeing Board in due course.

- Within each of the neighbourhood areas, LHCP are aiming to create **neighbourhood hub premises** to accommodate a range of community based services. These hubs will provide fit-for-purpose, flexible, adaptable and accessible premises for the delivery of health and care and, by bringing services together, support networking across the system. This includes clarifying any services for children and young people delivered in the hubs and ensuring clear links with the children's centre and health visiting neighbourhood model.
- The functionality of the existing **health and social care website and the directory of services** will be improved. The website will be refreshed by April 2017. We also plan to extend the reach of the website to offer bespoke information and advice to those who use it. In addition, information for children and young people will be brought together into a single source.
- Clinical support from general practice has been identified to **improve the mechanisms for referrals** to the support, opportunities and activity available within each neighbourhood, and to raise awareness across general practice on what is currently available.
- Across the health and care system, work will continue to look at how individual **services and pathways could be better aligned or integrated** to improve patient and user experience and outcomes.
- LHCP will also focus on **improving communication** across the borough on how networks are being supported and developed, sharing more widely the information contained in this report.

(b) Strengthening the network of voluntary and community sector organisations:

- To further strengthen networking across the neighbourhoods, the Stronger Communities Partnership Board is establishing four **Neighbourhood Community Development Partnerships**. These neighbourhood partnerships, delivered by Community Connections, will bring together voluntary and community sector organisations and groups in that area to support community development.
- Although these partnerships will vary from neighbourhood to neighbourhood, building on existing forums and infrastructure, they will adhere to the following overall **principles for community development** in Lewisham:
    - Maximize effectiveness by optimising and aligning the use of community development resources and workforce across the borough
    - Build on what works with a strong evidence base
    - Build on current assets and networks
    - Inform the neighbourhood development plans of the neighbourhood community development partnerships (see 6.1c below)
    - Build capacity by recruiting, supporting and training local volunteers
- Community Connections workers will encourage local community groups to engage with each partnership, organise the partnership meetings, and play a key role in aligning the work programmes of the different community development workers in each neighbourhood to **maximize the use of resources and avoid duplication**.

(c) Strengthening the relationships between the statutory and voluntary sectors:

- The **Neighbourhood Community Development Partnerships** will play a key role in strengthening connections between voluntary and community sector organisations and statutory partners in the area to build stronger, healthier communities. The partnerships will engage with statutory agencies working in the area to share information, identify priorities and raise and resolve issues of community concern.
- Each partnership will produce a **neighbourhood community development plan**, informed by Community Connections' gaps analysis, identifying key priorities. This plan will inform the future work of the local partnership, including local health and care partners. There will also be a small grant fund of £25k per partnership to deliver local solutions to the local priorities identified.
- **Clinical input from general practice** will be available to support community development through the Neighbourhood Community Development Partnerships.

7. Communication and Engagement

7.1 The Lewisham Health and Care Partners Executive Board is supported by a number of steering groups, including a Communications and Engagement Steering Group. This group is accountable for developing and undertaking effective system wide communication and engagement activity.

7.2 If members of the Health and Wellbeing Board are content to endorse the current and planned development of Lewisham's neighbourhood care network as set out in this report, the Communications and Engagement Group will develop further the narrative on NCNs and develop case studies to show the positive impact that the NCNs are having on people's health and wellbeing.

8. Financial Implications

8.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from activity to support the development of the local health and care network(s) or the neighbourhood community development partnerships will need to be agreed by the delivery organisations concerned and be subject to confirmation of resources. The funding available in future years will of course need to take account of any required savings or any other reduction in overall budgets and national NHS planning guidance.

9. Legal implications

9.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

9.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

10. Crime and Disorder Implications

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

11. Equalities Implications

11.1 Although there are no specific equalities implications arising from this report, the development of local health and car networks and the work undertaken by the Neighbourhood Community Development Partnerships will continue to focus on improving health and care outcomes and reducing inequalities across the borough.

12. Environmental Implications

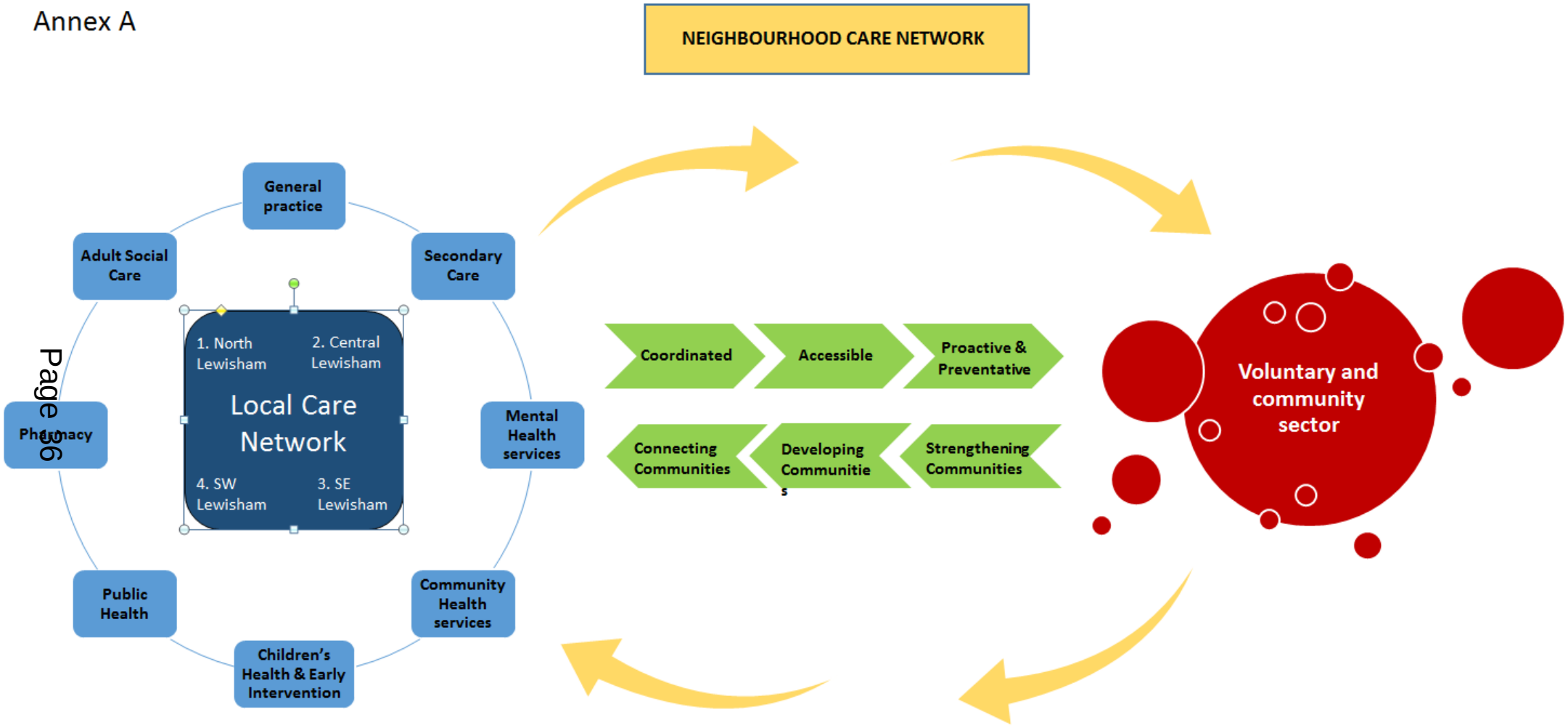
12.1 There are no specific environmental implications arising from this report or its recommendations.

13. Conclusion

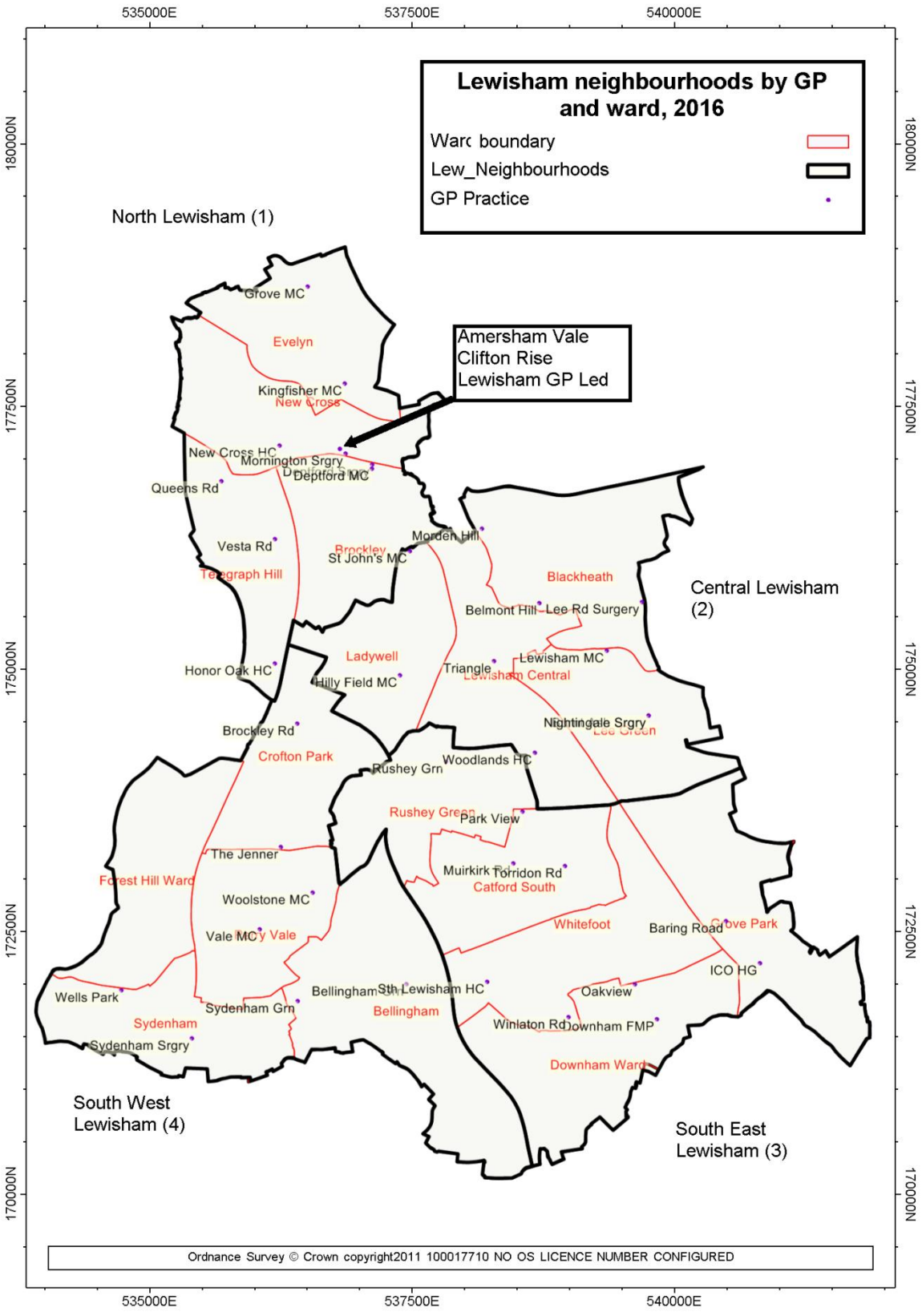
13.1 Members are invited to note the contents of the report.

If you have problems opening this document, please contact: stewart.snellgrove@lewisham.gov.uk (Phone: 020 8314 9308) or if there are any queries on the content of this report please contact sarah.wainer@nhs.net (Phone: 020 3049 1880).

Annex A


NEIGHBOURHOOD CARE NETWORK
General practice
Secondary Care
Mental Health services
Community Health services
Children's Health & Early Intervention
Public Health
Pharmacy
Adult Social Care
1. North Lewisham
2. Central Lewisham
Local Care Network
4. SW Lewisham
3. SE Lewisham
Coordinated
Accessible
Proactive & Preventative
Connecting Communities
Developing Communities
Strengthening Communities
Voluntary and community sector

Annex B - Lewisham neighbourhoods by GP and ward



HEALTH AND WELLBEING BOARD			
Report Title	**Health and Wellbeing Board Performance Dashboard Exceptions Report**		
Contributors	Director of Public Health	Item No.	7
Class	Part 1	Date:	27 April 2017
Strategic Context	Please see body of report		

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on performance against its agreed priorities within the Health & Wellbeing Strategy and the performance indicators for the Better Care Fund.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to note performance as measured by health and care indicators set out in the attached dashboard at Annex A.

3. Strategic Context

3.1 The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy, and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to the priority outcome in Shaping our Future that communities in Lewisham should be Healthy, Active and Enjoyable – where people can actively participate in maintaining and improving their health and wellbeing.

3.3 The Health and Social Care Act 2012 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs). Lewisham's Health and Wellbeing Strategy was published in 2013.

3.4 The Health and Social Care Act also required health and wellbeing boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

4. Background

4.1 In response to the request from members of the Board, the Director of Public Health has worked alongside colleagues within Adult Social Care, Children's Services and the Clinical Commissioning Group (CCG) to produce a dashboard of indicators which would assist members in monitoring health and wellbeing improvements across Lewisham and the effectiveness of the integrated adult care programme.

4.2 The dashboard also includes a number of indicators (including those on low birth weight, immunisation and excess weight) that are also included in the 'Be Healthy' priority of the Children and Young People's Partnership Plan.

5. Health and Wellbeing Board Performance Dashboard Update

5.1 The dashboard is based on metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Better Care Fund Frameworks. These metrics have been selected to assist members in their assessment of the impact and success of the plans and activities in relation to the Health and Wellbeing Strategy.

5.2 Updated indicators since the previous period of data availability ('worsening' indicators are marked with a red arrow in the dashboard in Annex A) are highlighted below, together with a commentary on actions being taken to improve the position where it is worsening.

5.3 Overarching Indicators of Health & Wellbeing

In the overarching indicators section, there have been a couple of changes in the indicators. Firstly, the Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare has been retired after May-15. Secondly, the **premature CVD mortality rate in Lewisham has decreased from 84.9 to 80.4** (DSR per 100,000) placing Lewisham similar to England from the previous year where Lewisham was significantly higher than England. New Life expectancy figures for 2013-15 have been updated, however there is no significant change compared to previous years.

5.5 Priority Objective 1: Achieving a Healthy Weight

New figures around childhood obesity (2015/16) and Breastfeeding prevalence (2015/16) have been released compared to last dashboard. **A noticeable improvement on excess weight on reception year children which is now statistically similar to London**. The improved performance in 2015/16 reflects a reduction in both overweight and obesity prevalence and the downward trend over the past years is likely to be due to multiple factors including a systematic approach across the partnership to tackle obesity. **There was also a reduction in Year 6 children excess weight compared to 2014/15 but this is still significantly higher than England**. Breastfeeding prevalence is similar to last year's performance and is still significantly higher than England.

5.6 Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

Premature all cancer mortality rates have increased from 146.1 (2012-14) to 153.9 (2013-15) directly aged standardised rate per 100,000 population, **placing Lewisham rate from similar to England position to significantly higher than England**. This difference is largely due to male cancer mortality, particularly lung and bowel cancer. However the general trend over the past 10 years is coming down across the nation.

No significant change was seen in cancer screening coverage compared to the previous reporting period and all three screening coverage indicators (Breast, cervical and Bowel) seem to be significantly lower than England and **Cervical screening uptake has been decreased to 72% (2015) to 69% (2016)** .This could be due to the change in the service specification for Sexual Health Services, where routine smear

testing is no longer offered. This change was made due to the pressures on public health budgets and the fact that the **financing of cervical screening is through the GP contract.**

A joint strategic needs assessment (JSNA) for cancer has been initiated by Public Health to further examine the trends seen in our cancer indicators. The JSNA will identify local needs around cancer prevention, early identification and treatment, and drive action to address any issues identified. The JSNA is due to report in April 2017.

5.7 Priority Objective 3: Improving Immunisation Uptake

Figures for immunisation uptake are now provided as an average for the last four quarters to make the figures less susceptible to quarter by quarter fluctuation. **There is noticeable decline in flu immunisation uptake rates from 71% (2014/15) to 68% (2015/16) and it is below the 75% target and England average.**

The final annual figure for MMR2 uptake in 2015/16 has been updated, demonstrating an increase as reported in the previous year dashboard update due to the substantial increase in MMR2 uptake in the last quarter of 2015/16. This relates to extensive work undertaken by the Lewisham Immunisation Coordinator who identified a problem with vaccination data recording by GP practices. Over a period of several months many Lewisham GP practices were using the wrong READ codes to record MMR2 vaccination after migrating to EMIS web. The Immunisation Coordinator has now corrected this problem. In addition, a GP registrar has been carrying out work with individual GP practices to ensure that children are invited for MMR1 and 2 vaccinations at the appropriate age.

No new updates are available on the declining HPV vaccine uptake rates. Public Health and School Nursing are developing an action plan to address the recent fall in HPV coverage. This decline appears to relate to increasing numbers of parents withholding consent for their daughters to be vaccinated, as well as changes to the dosage schedule and delivery in schools.

5.8 Priority Objective 4: Reducing Alcohol Harm

No change in the data available compared to the previous dashboard report. The rate of alcohol related admissions has increased since the previous reporting period, from 606 per 100,000 in 2013/14 to 644 per 100,000 in 2014/15. Alcohol Brief Intervention Training has been taking place throughout the year and has been well attended, and it is hoped this will have a positive impact on reducing future admissions when the 2015/16 data become available.

5.9 Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

Two new updates are available for smoking indicators. **The smoking prevalence in 2015 among 18+ adults (current smokers) which has decreased from 21.1% to 16.6% and Lewisham is now statistically similar to England. The rate of 4 week smoking quitters has reduced from 680 quitters per 100,000 population in 2014/15 to 547 per 100,000 in 2015/16.** Although the rate of four week quitters has dropped significantly, the overall reduction in smoking prevalence probably reflects the number of smokers who successfully quit through the Lewisham Stop Smoking Service in 2015/16, as well as local public health resources invested in wider tobacco control (including illegal and illicit tobacco products), and national changes in attitudes to smoking. However, it is important to closely monitor Lewisham's smoking

prevalence, as the number of smokers who successfully quit through traditional stop smoking services is decreasing both locally and nationally due to a number of factors, including:

- a change in the formulation of national mass media messages (from directly encouraging access to stop smoking services to promoting population-level quit attempts, e.g. Stoptober, Health Harms and Quit Kits)
- an overall reduction in the quantity and duration of advertising and publicity at a national level
- changes in commissioning arrangements for stop smoking services that have included a reduction in local budgets for both services and promotional activity
- increasing use of nicotine vaporisers (e-cigarettes) by smokers who are trying to either stop or cut down is likely to have had an impact

5.10 Priority Objective 6: Improving mental health and wellbeing

Prevalence of Serious Mental Illness has increased fractionally from 1.28% in 2014/15, compared to 1.27% in 2013/14. The rate remains higher than the England average but the increase is not statistically significant. **Prevalence of Depression in Adults has risen from 6.40% in 2014/15 to 7% in 2015/16**. This increase is statistically significant; however the prevalence is still significantly lower than England.

In response to the continuing high level of mental health need in the borough, a Public Mental Health and Wellbeing strategy has been developed for Lewisham (previously presented to the Health and Wellbeing Board). An action plan is currently being developed for this strategy by public health alongside key partners. The plan will seek to implement more upstream measures to address the high levels of mental health need locally.

5.11 Priority Objective 7: Improving sexual health

The rate of chlamydia diagnoses per 100,000 young people aged 15-24 years has reduced from 1224 to 1187, and the **percentage of people presenting with a late diagnosis of HIV has also dropped from 41.4% to 38.2%**, but neither of these improvements are statistically significant. Similarly the abortion rate per 1,000 women aged 15-44 has seen a very marginal, non-significant rise from 25 to 25.6.

5.12 Better Care Fund Performance Metrics

No new data are available since the dashboard was reported in July 2016.

6. Financial implications

There are no specific financial implications arising from this report, however the board may wish to consider how resources are utilised in regards to poorly performing indicators.

7. Legal implications

As part of their statutory functions, members of the Board are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and well-being of the area and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

8. Crime and Disorder Implications

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

9. Equalities Implications

There are no specific equalities implications arising from this report or its recommendations, but the dashboard highlights those areas where health inequalities exist in Lewisham and can be monitored.

10. Environmental Implications

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

11. Summary and Conclusion

The increased uptake of the second dose of Measles Mumps and Rubella vaccine at five years being accurately reflected in performance has been a key break through. The Director of Public Health has written to GP Surgeries, Health Visitors and School Nurses to acknowledge this success.

Although there are a number of indicators that show a decline in performance, issues have been identified and actions are being taken forward.

If you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Snellgrove (Stewart.Snellgrove@lewisham.gov.uk; 020 8314 9308), who will assist.

If there are any queries on this report please contact Dr Danny Ruta, Director of Public Health, Community Services Directorate, Lewisham Council, on 020 8314 8637 or by email danny.ruta@lewisham.gov.uk

Annex B: Definitions and Data sources

1a/1b. Life Expectancy at Birth (Male/Female)	
Definition	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.
Numerator	Number of deaths registered in the respective calendar years
Denominator	ONS mid-year population estimates for the respective calendar years
Data source	PHOF 0.1ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023

2. Under 75 Mortality Rates from CVD	
Definition	Mortality from all circulatory diseases (ICD-10 I00-I99 equivalent to ICD-9 390-459).
Numerator	Deaths from all circulatory diseases, classified by underlying cause of death (ICD-10 I00-I99, ICD-9 390-459 adjusted), registered in the respective calendar year(s).
Denominator	2011 Census based mid-year pop estimates
Data source	NHSIC - P00400 Data https://www.indicators.ic.nhs.uk/download/NCHOD/Data/06A_076DRT0074_12_V1_D.csv Specification https://www.indicators.ic.nhs.uk/download/NCHOD/Specification/Spec_06A_076DRT0074_V1.pdf

3. Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (DSR)	
Definition	Directly age and sex standardised potential years of life lost to conditions amenable to healthcare in the respective calendar year per 100,000 CCG population.
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD).
Denominator	Unconstrained GP registered population counts by single year of age and sex from the HSCIC (Exeter) Systems; supplied annually on 1 January for the forthcoming calendar year.
Data source	NHOF 1a (NHSIC P01559 – CCGOI 1.1) Data https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_1.1_I00767_D_V5.xls Specification https://www.indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_1.1_I00767_S_V4.pdf

4. Low birth weight of all babies	
Definition	Percentage of live and stillbirths weighing less than 2,500 grams
Numerator	Number of new born babies weighing less than 2500gms
Denominator	Number of all births
Data source	CHIMAT Child health Profiles for Lewisham http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101634 Original source is from ONS

5. Number of practitioners attending Brief Intervention Training	
Definition	The number of practitioners who have attended Brief Intervention Training)
Numerator	N/A
Denominator	N/A
Data source	Lewisham Public Health

Priority Objective 1: Achieving a Healthy Weight

6. Excess weight in Adults	
Definition	Percentage of adults classified as overweight or obese
Numerator	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Data are from APS6 quarters 2-4 and APS7 quarter 1 (mid-Jan 2012 to mid-Jan 2013). Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2
Denominator	Number of adults with valid height and weight recorded. Data are from APS6 quarters 2-4 and APS7 quarter 1 (mid-Jan 2012 to mid-Jan 2013).
Data source	PHOF 2.12 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Active People Survey (APS), England

7a/7b. Excess weight in Children - Reception Year/ Year 6 Children	
Definition	Proportion of children aged 4-5 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.
Numerator	Number of children in Reception (aged 4-5 years) or Year 6 (aged 10-11) and classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex
Denominator	Number of children in Reception (aged 4-5 years) or Year 6 (aged 10-11) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England
Data source	PHOF 2.06 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: HSCIC National Childhood Measurement Programme (NCMP)

8. Maternal Obesity	
Definition	Maternal obesity is defined as obesity during pregnancy. Obesity is defined as BMI which is 30 or higher. increases health risks for both the mother and child during and after pregnancy and is a risk factor for childhood obesity. Statistics on the prevalence of maternal obesity are not collected routinely in the UK, hence this data is taken from information received from Lewisham and Greenwich Trust for women booked at Lewisham University Hospital. Therefore it should be noted that the data does not only refer to Lewisham residents.
Numerator	Number of women whose BMI was 30 or higher at booking appointment.
Denominator	Number of women attending booking appointment.
Data source	University Hospital Lewisham Data

9. Breastfeeding Prevalence 6-8 weeks	
Definition	This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age.
Numerator	Number of infants at the 6-8 week check who are totally or partially breastfeeding.
Denominator	Number of infants due for 6-8 week checks.

Data source	PHOF 2.02ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Department of Health Integrated Performance Monitoring Return

Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

10a. Cancer screening coverage - breast cancer	
Definition	The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March
Numerator	Number of women aged 53–70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years
Denominator	Number of women aged 53–70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.
Data source	PHOF 2.20i http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Health and Social Care Information Centre (Open Exeter)

10b. Cancer screening coverage - cervical cancer	
Definition	The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March
Numerator	The number of women aged 25-49 resident in the area (determined by postcode of residence) with an adequate screening test in the previous 3.5 years plus the number of women aged 50-64 resident in the area with an adequate screening test in the previous 5.5 years
Denominator	Number of women aged 25–64 resident in the area (determined by postcode of residence) who are eligible for cervical screening at a given point in time.
Data source	PHOF 2.20ii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: Health and Social Care Information Centre (Open Exeter)

10c. Cancer screening coverage - bowel cancer	
Definition	The number of persons registered to the practice aged 60-69 invited for screening in the previous 12 months who were screened adequately following an initial response within 6 months of invitation.
Rate of Proportion	Screening uptake %: the number of persons aged 60-69 invited for screening in the previous 12 months who were screened adequately following an initial response within 6 months of invitation divided by the total number of persons aged 60-69 invited for screening in the previous 12 months.
Data source	Cancer Commissioning Toolkit GP Profiles Data https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters Specification https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Documents NB: Data in the performance indicator portal is local data from London Bowel Screening hub obtained via Open Exeter.

11. Early diagnosis of cancer	
Definition	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin). This indicator is labelled as experimental because of the variation in data quality: the indicator values primarily represent variation in completeness of staging information.
Numerator	Cases of cancer diagnosed at stage 1 or 2, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin

Denominator	All new cases of cancer diagnosed at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin
Data source	PHOF 2.19 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: National cancer registry

12. Conversion of Two Week Wait Referrals to Cancer Diagnosis	
Definition	The number of Two Week Wait (GP urgent) referrals where cancer is suspected for patients registered at the practice in question
Rate or proportion	The proportion of Two Week Wait Referrals which result in a confirmed cancer diagnosis.
Data source	CCG source - to be confirmed

13. Under 75 Mortality from all cancers	
Definition	Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population
Rate or proportion	Rate
Numerator	Number of deaths from all cancers
Denominator	Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands up to 74).
Data source	Public Health England http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000044/pat/6/par/E12000007/ati/102/are/E09000023/iid/40501/age/163/sex/4

Priority Objective 3: Improving Immunisation Uptake

14. Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age	
Definition	All children for whom the CCG is responsible who received two doses of MMR on or after their 1st birthday and at any time up to their 5th birthday as a percentage of all children whose 5th birthday falls within the time period. Estimates for local authorities are based on CCGs, which include all people registered with practices accountable to the CCG.
Numerator	Total number of children who received two doses of MMR on or after their 1st birthday and at any time up to their 5th birthday.
Denominator	All children in the responsible population whose 5th birthday falls within the time period. The CCG is responsible for all children registered with a GP whose practice forms part of the CCG, regardless of residency, plus any children not registered with a GP who are resident within the CCG's statutory geographical boundary.
Data source	PHOF 3.03 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC.

15. Uptake of Human Papilloma Virus (HPV) vaccine in girls in Year 8 in Lewisham Schools	
Definition	The percentage of girls aged 12 to 13 years for whom the CCG is responsible who have received all doses of the HPV vaccine. Estimates for local authorities are based on CCGs, which include all people registered with practices accountable to the CCG.
Numerator	Number of Year 8 schoolgirls (aged 12 to 13 years) who have received all three doses of the HPV vaccine.

Denominator	Number of Year 8 schoolgirls (aged 12-13). The CCG is responsible for all children registered with a GP whose practice forms part of the CCG, regardless of residency, plus any children not registered with a GP who are resident within the CCG's statutory geographical boundary.
Data source	PHOF 3.03xii http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 NB: Data in the performance indicator portal is local data from GP systems obtained via EMIS Web. Original source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE. Available from HSCIC.

16. Uptake of Influenza vaccine in those over 65 years of age	
Definition	Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September and 31st January each financial year.
Numerator	Number of adults aged 65 years and over vaccinated between 1st September and 31st January of the financial year.
Denominator	Adults aged 65 years and over. The CCG is responsible for all adults registered with a GP whose practice forms part of the CCG, regardless of residency.
Data source	PHOF 3.03 xiv http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original source: PHE https://www.gov.uk/government/organisations/public-health-england/series/vaccine-uptake

Priority Objective 4: Reducing Alcohol Harm

17. Alcohol Specific Hospital Admission	
Definition	The number of hospital admissions due to alcohol-specific conditions, directly age standardised rate per 100,000 population.
Numerator	The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause. See LAPE user guide for further details - http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Denominator	ONS mid year population estimates
Data source	PHOF 6.01 http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#gid/1938132833/pat/6/ati/102/page/6/par/E12000007/are/E09000002/iid/91384/age/1/sex/4

Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

18. Smoking Prevalence (18+)	
Definition	Prevalence of smoking among adults aged 18+
Numerator	The number of persons aged 18+ who are self-reported smokers in the Integrated Household Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Denominator	The number of persons aged 18+ who are self-reported smokers in the Integrated Household Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Data source	PHOF 2.14 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source: ONS Integrated Household Survey

19. 4 week smoking quitters	
Definition	This indicator relates to clients receiving support through the NHS Stop Smoking Services. A client is counted as a self-reported 4-week quitter if they have been assessed 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff on a cigarette in the past two weeks. The indicator is a

	count of treatment episodes rather than people, so an individual who undergoes two treatment episodes and has quit at four weeks in both cases are counted twice.
Numerator	Number of self-reported 4-week smoking quitters.
Denominator	Population aged 16 or over.
Data source	Data – Local NHS Stop Smoking Service database. Specification https://nascis.hscic.gov.uk/download.ashx?src=MetaDataPdf&file=JSNA_Metadata_NI+123.pdf

20. Smoking at time of delivery	
Definition	Number of women who currently smoke at time of delivery per 100 maternities. Data includes all women resident within the CCG's boundary, and no data are available to break down the CCG denominators for different areas within the CCG.
Numerator	Number of women known to smoke at time of delivery.
Denominator	Number of maternities.
Data source	PHOF 2.03 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 NB: Latest available quarter data from NHS Stop smoking service database.

Priority Objective 6: Improving mental health and wellbeing

21. Prevalence of Serious Mental Illness	
Definition	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
Numerator	Patients with schizophrenia, bipolar affective disorder and other psychoses
Denominator	CCG responsible population
Data source	National GP Practice Profiles http://fingertips.phe.org.uk/profile/general-practice/data#mod,3,pyr,2013,pat,19,par,E38000098,are,-,sid1,2000003,ind1,-,sid2,-,ind2,- Original Source: HSCIC QOF http://www.hscic.gov.uk/catalogue/PUB12262

22. Prevalence of Depression	
Definition	The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.
Numerator	Patients aged 18 and over with depression, as recorded on practice disease registers.
Denominator	CCG responsible population
Data source	Original Source: HSCIC QOF http://www.hscic.gov.uk/catalogue/PUB12262

23. Improving Access to Physiological Therapies (IAPT) referrals entering treatment (%)	
Definition	The proportion of patients who have been referred to IAPT that have actually entered treatment
Numerator	The number of accepted referrals
Denominator	The total number of referrals
Data source	Lewisham and Greenwich Trust

24. Proportion of those accessing IAPT who moved to recovery (%)	
Definition	The proportion of IAPT patients who successfully moved to recovery
Numerator	The number of IAPT [patients who have moved to recovery
Denominator	The total number of IAPT patients
Data source	Lewisham and Greenwich Trust

Priority Objective 7: Improving sexual health

25. Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24

Definition	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence
Numerator	The number of people aged 15-24 diagnosed with chlamydia
Denominator	Resident population aged 15-24
Data source	PHOF 3.02i http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original Source http://www.chlamydiascreening.nhs.uk/ps/data.asp

26. People presenting with HIV at a late stage of infection (%)	
Definition	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available withing 91 days and indicating a count of less than 350 cells per mm^3 as a percentage of number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days.
Numerator	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days and indicating a count of less than 350 cells per mm^3
Denominator	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days.
Data source	PHOF 3.04 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023

27. Legal Abortion rate for all ages	
Definition	Legal Abortions: Age Standardised Rate per 1000 resident women aged 15-44
Numerator	Number of all Legal Abortions
Denominator	Number of resident women aged 15-44
Data source	ONS via DH. Detailed data obtained through Local commissioners. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307650/Abortion_statistics__England_and_Wales.pdf

28. Teenage conceptions	
Definition	Conceptions in women aged under 18 per 1,000 females aged 15-17
Numerator	Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967.
Denominator	Number of women aged 15-17 living in the area.
Data source	Public health outcomes framework 2.04 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000023 Original source: ONS

Better Care Fund Indicators

29. Percentage of older people (65+) still at home 91 days after discharge from hospital into rehabilitation/reablement services	
Definition	This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – a key outcome for people receiving reablement. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.
Numerator	Number of older people (aged 65 and over) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This should only include the outcome for those cases referred to in the denominator.
Denominator	Number of older people (aged 65 and over) discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the clear intention that they will move

	on/back to their own home (including a place in extra care housing or an adult placement scheme setting).
Data source	Better are Fund Metric

30. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	
Definition	This is a two part-measure reflecting the number of admissions of younger adults (part 1) and older people (part 2) to residential and nursing care homes relative to the population size of each group. The measure compares council records with ONS population estimates.
Numerator	Number of council-supported permanent admissions of older adults to residential and nursing care, excluding transfers between residential and nursing care (aged 18-64 – part 1 and aged 65 and over - part 2)
Denominator	Size of older adult population in area (aged 65 and over)
Data source	Better Care Fund Metric

31. Delayed Transfers of Care (Days Delayed per 100,000 population 18+)	
Definition	This measures the impact of hospital services and community based care in facilitating timely and appropriate transfer from hospital. However the measure looks at the total number of days of delay, rather than the number of patients that were delayed.
Numerator	Number of delays
Denominator	18+ Population
Data source	Better Care Fund Metric

32. Total Non-Elective Admissions	
Definition	Composite measure of: • unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages); • unplanned hospitalisation for asthma, diabetes and epilepsy in children; • emergency admissions for acute conditions that should not usually require hospital admission (all ages); and • emergency admissions for children with lower respiratory tract infection.
Numerator	Total avoidable emergency admissions for primary diagnoses covering those in all four metrics above, by local authority of residence (NB. This is not the same as adding admissions from the separate metrics as the four separate metrics overlap to some degree and this will therefore lead to 'double counting')
Denominator	Mid-year ONS population estimates
Data source	Better Care Fund Metric

33. Patient Experience (Proportion of people feeling supported to manage their long term conditions) %	
Definition	Proportion of people feeling supported to manage their long term conditions
Numerator	Number of survey respondents who answered positively that they do feel supported to manage their long term conditions
Denominator	Total survey respondents
Data source	Better Care Fund Metrics

Health and Wellbeing Board Performance Dashboard - March 2017

	Updated indicators	Frequency	Latest Period of Availability	Previous Available Period (Lewisham)	Latest Available Period (Lewisham)	Lon	Eng	England Benchmark	Direction from Previous Period	Data Source
Overarching Indicators										
1a	**Life Expectancy at Birth (Male)(yrs)**	**Annual**	**2013-15**	**78.8**	**78.8**	**80.2**	**79.5**	**sig low**		ONS
1b	**Life Expectancy at Birth (Female)(yrs)**	**Annual**	**2013-15**	**83.2**	**83.1**	**84.1**	**83.1**	**similar**		ONS
2	**Under 75 from CVD mortality (DSR)**	**Annual**	**2013-15**	**84.9**	**80.4**	**77.4**	**74.6**	**similar**		NHSIC - P00400/ PHOF 4.04i
3	**Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (DSR) (retired -May 15)**	**Annual**	**2014**	**1988.3**	**2212.6**	**-**	**2064.5**	**sig high**	**-**	**NHSOF 1A - ONS (CCG 1.1 DSR)- P01559**
4	Low Birth Weight of all babies (%)	Annual	2014	7.8	7.8	7.7	7.4	sig high		P00455/CHIMAT Profle 2014
5	Number of Practitioners attending Brief Intervention Training	Annual	2015-16	-	110	-	-	-	-	Local Data
Priority Objective 1: Achieving a Healthy Weight										
6	**Excess weight in Adults (%)**	**Annual**	**2013-15**	**60.7**	**60.3**	**58.8**	**64.8**	**similar**		PHOF 2.12
7a	**Excess weight in Children - Reception Year (%)**	**Annual**	**2015/16**	**23.7**	**22.5**	**22.0**	**22.1**	**similar**		PHOF 2.06
7b	**Excess Weight in Children - Year 6 (%)**	**Annual**	**2015/16**	**38.9**	**38.2**	**38.1**	**34.2**	**sig high**		PH NCMP Profiles
8	**Maternal Excess Weight at <13 weeks gestation(%)**	**Annual**	**2015/16**	**42.0**	**45.8**	-	-	-		LGT Data
9	**Breastfeeding Prevalence 6-8 weeks (%)**	**Annual**	**Q1 2015/16-Q4 2015/16**	**75.9**	**75.7**	-	**42.8**	**sig higher**		NHS ENGLAND
Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years										
10a	**Cancer screening coverage - breast cancer (%)**	**Annual**	**2016**	**65.7**	**66.3**	**69.2**	**75.5**	**sig lower**		PHOF 2.20i
10b	**Cancer screening coverage - cervical cancer(%)**	**Annual**	**2016**	**71.7**	**69.4**	**66.7**	**72.7**	**sig lower**		PHOF 2.20ii
10c	**Cancer screening coverage - bowel cancer (%)**	**Annual**	**2016**	**43.3**	**44.8**	**48.8**	**57.9**	**sig lower**		PHOF 2.20iii
11	**Early diagnosis of cancer (%)**	**Annual**	**2014**	**45.6**	**47.3**	**48.2**	**50.7**	**-**		**PHOF 2.19 – experimental statistics**
12	**Conversion of Two Week Wait Referrals to Cancer Diagnosis**	**Annual**	**2015/16**	**4.5**	**4.2**	**5.5**	**7.8**			PHE Fingertips Cancer Services Portal
13	**Under 75 mortality from all cancers (DSR)**	**Annual**	**2013-15**	**146.1**	**153.9**	**129.7**	**138.8**	**sig high**		NHSIC - P00381/ PHOF 4.05i
Priority Objective 3: Improving Immunisation Uptake										
14	**Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age (%)**	**Annual**	**2015/16**	**76.9**	**84.9**	**81.7**	**88.2**	**<95%**		Local Immunisation cover data
15	HPV Vaccine Update (All Doses) %	Annual	2014/15	82.9	73.4	79.2	-	-		PHOF 3.03xii
16	**Uptake of Influenza vaccine in persons 65+ years of age %**	Annual	**2015/16**	71.4	68	66.4	71	**<75%**		PHOF 3.03xiv
Priority Objective 4: Reducing Alcohol Harm										
17	Alcohol related admissions (ASR per 100,000 pop)	Annual	2014-15	606	644	526	641	similar		PHOF 2.18
Priority Objective 5 : Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking										
18	**Smoking Prevalence in adults (18+) - current smokers (APS)(%)**	**Annual**	**2015**	**21.1**	**16.6**	**16.3**	**16.9**	**similar**		PHOF 2.14
19	**4 week smoking quitters (crude rate per 100,000)**	Annual	**2015-16**	680	547	473.0	440	**sig high**		Smoking Quitters
20	**Smoking status at time of delivery (%)**	**Annual**	**2015-16**	**4.9**	**4.5**	**4.9**	**10.6**			HSCIC
Priority Objective 6: Improving mental health and wellbeing										
21	**Prevalence of Serious Mental Illness (%)**	**Annual**	**2015/16**	**1.27**	**1.28**	**1.07**	**0.90**	**sig high**		**QOF**
22	**Prevalence of Depression 18+ (%)**	Annual	**2015/16**	6.4	7	6.0	8.3	**sig high**		QOF
23	Improving Access to Physiological Therapies (IAPT) referrals entering treatment (%)	Annual	2015/16		6.9	-	-	-	-	IAPT Annual Report
24	Proportion of those accessing IAPT who moved to recovery (%)	Annual	2015/16	-	35.0	-	-	-		IAPT Annual Report
Priority Objective 7: Improving sexual health										
25	**Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24 (crude rate)**	**Annual**	**2015**	**1224**	**1187**	**554**	**361**	**sig high**		**PHOF 3.02i/3.02ii (NCSP & CTAD)**
26	**People presenting with HIV at a late stage of infection (%)**	**Annual**	**2013-15**	**41.4**	**38.2**	**33.5**	**40.3**	**similar**		**PHOF 3.04**
27	**Legal Abortion rate for all ages (crude rate per 1000 women aged 15-44 yrs)**	**Annual**	**2015**	**25.0**	**25.6**	**20.7**	**16.2**	**sig high**		**ONS Abortion Stats**
28	Teenage conceptions (Rate per 1,000 15-17 Yr olds)	Annual	2014	33.1	31.3	21.5	22.8	sig high		PHE Sexual Health Profile
Better Care Fund Metrics										
29	Proportion of Older People (65+) who were still at home 91 days after discharge from hospital (%) (shoaib sawal)	Annual	2015/16	87.9	88	-	-	-		Better Care Fund
30	Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual	2015/16	566.2	559.9	-	-	-		Better Care Fund
31	Delayed Transfers of Care (Days Delayed per 100,000 population 18+)	Annual	2015/16	-	568.3	-	-	-	-	Better Care Fund
32	Total Non Elective Admissions	Annual	2015/16	-	25229	-	-	-	-	Better Care Fund
33	Patient Experience (Proportion of people feeling supported to manage their long term conditions) %	Annual	2015/16	59.1	56	-	-	-		Better Care Fund

Key

sig high -signficantly higher than England; sig low - significantly lower than England
similar - statistically similar to England
DSR - Directly Standardised Rates
ASR - Age Standardised Rates
ISR - Indirectly standardised Rates
Lew - Lewisham; Lon - London; Eng - England

Statistically significant declining performance

Statistically significant Improving Performance

newly updated indicators

Statistically Better than England
Statistically Similar to England
Statistically Worse than England
Blank where no statistical comparison could be made
Where performance is notably lower but other areas data is not statistically robust to compare

Latest period highlighted

Arrows Indicate up or down performance of current year /qtr from previous yr/qtr

Links to Source with their abbreviations

http://www.phoutcomes.info/	Public Health Outcomes Framework (PHOF)
http://www.phoutcomes.info/profile/sexualhealth	Public Health England Sexual Health Profiles
https://www.indicators.ic.nhs.uk/webview/	NHS Indicator Portal (NHSIC) by Health and Social Care Information Centre (HSCIC)
http://www.hscic.gov.uk/qof	Quality and Outcomes Framework (QOF) by HSCIC
http://ascof.hscic.gov.uk/	Adult and Social Care Outcomes Framework (ASCOF)
http://www.productivity.nhs.uk/	NHS Better Care Better Value Indicators
https://www.nhscomparators.nhs.uk/NHSComparators/HomePage.aspx	NHS Comparators by HSCIC

HEALTH AND WELLBEING BOARD			
Report Title	Lewisham CCG Annual Report 2016/17		
Contributors	Charles Malcolm-Smith, Deputy Director (Strategy & OD), Lewisham CCG	Item No.	8
Class	Part 1	Date: 27 April 2017	
Strategic Context	The report provides an update on Lewisham CCG's annual report and accounts for 2016/17		

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on the CCG's annual report and accounts for 2016/17. A requirement of the Health & Social Care Act 2012 is that the report includes the CCG's contribution to local plans and strategies and that the Board is consulted in this regard in the preparation of the annual report.

2. Recommendation

Members of the Health and Wellbeing Board are asked to:

- Note the deadline for the CCG Annual Report and accounts for 2016/17 and its outline content areas
- Comment on the CCG's relationship with the Board and contribution to local plans and strategies

3. Policy Context

Lewisham CCG is required to publish, as a single document, an annual report and accounts. NHS England will incorporate this into their consolidated accounts which, in turn, form part of the Department of Health's consolidated accounts incorporating all its arm's length bodies.

NHS England has communicated a structure for the annual report and accounts as per the Department of Health manual for accounts, which provides guidance on preparing and completing annual report and accounts. By 31st May the CCG must submit full audited and signed annual report and accounts, as approved in accordance with the CCG scheme of delegation and signed and dated by the accountable office and appointed auditors.

4. Summary of report

The overall structure of the report will cover:

I. Performance report
    a. An overview
    b. A performance analysis
II. Accountability report
    a. Corporate governance report
    b. Remuneration and staff report
III. Financial statements

The performance report overview will provide a short summary of the organisation from the Chief Officer , i.e. its purpose, key risks to the achievement of its objectives and how it has performed during the year. While the analysis will report on the most important performance measures and provide longer term trend analysis where appropriate. Key measures to typically report on include financial performance, the CCG assurance framework, Better Care Fund metrics, outcome framework and any local indicators (quality, patient safety etc), and NHS Constitution standards.

The CCG's positive relationship with the Health & Wellbeing Board and other local partners, and contribution to the delivery of local strategies and priorities will be integral to the report, for instance the work of the Lewisham Health & Care Partners and adult integration programme in the development of the whole system model of care. This has been reflected in reports that the Board has received at its July and November meetings, as well as the partnership commissioning intentions that the Board has agreed. Comments and feedback from members of the Board on the CCG's contributions to these areas, and others, are welcomed.

The draft report and accounts will be subject to review by NHS England and CCG audit committee and auditors. The final report will be available to the Board.

5. Financial implications

The annual report and accounts will include the CCG's financial position and main areas of expenditure.

6. Legal implications

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

7. Crime and Disorder Implications

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

8. Equalities Implications

The report will include an explanation of how the CCG has discharged its duty to reduce inequalities under section 14T of the health and social care act 2012. This will involve assessing how effectively we have discharged our duty to have

regard to the need to reduce inequalities, acting in consultation with the Health& Wellbeing board.

9. Environmental Implications

The annual report includes a sustainable development update, including, travel energy use and carbon footprint.

Background Documents

The Department of Health manual for accounts can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/521881/DH_GAM_1617.pdf

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

HEALTH AND WELLBEING BOARD				
Report Title	Health and Wellbeing Board Work Programme			
Contributors	Principal Officer, Policy, Service Design and Analysis		Item No.	9
Class	Part 1	Date:	27 April 2017	

1. Purpose

1.1 This report presents the Health and Wellbeing Board with a draft work programme (included as Appendix 1) for discussion and approval.

2. Recommendations

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

- Approve the draft work programme and propose additional items to be included as appropriate
- Agree that an additional meeting of the Health and Wellbeing Board be scheduled to review and sign off the Better Care Fund Plan 2017-19 prior to submission to NHS England
- Discuss future scheduling of meetings and workshops

3. Strategic Context

3.1 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to *Shaping our Future's* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

3.3 There are a number of core duties defined in the Health and Social Care Act 2012 which underpin the work of Health and Wellbeing Boards. These include:

- To encourage the integration of health and social care commissioning and provision;
- To undertake a Joint Strategic Needs Assessment (JSNA) to identify the health and wellbeing priorities of the local population;
- To develop a joint Health and Wellbeing Strategy outlining how the board intends to achieve improvements to local health outcomes.

4. Background

4.1 The work programme is a key document for the Health and Wellbeing Board. It allows the Board to schedule activity, reports and presentations across the year. It also provides members of the public and wider stakeholders with a clear picture of the Board's planned activity.

4.2 The HWB has previously agreed that the work programme would include regular progress updates on the Health and Wellbeing Strategy and a progress update in relation to the Adult Integrated Care Programme as a standing item.

4.3 The HWB is also required to consider the Joint Strategic Needs Assessment. It has been proposed that the Health and Wellbeing Strategy Implementation Group takes responsibility for reviewing and assessing recommendations from completed JSNA topics and proposing priorities to the Health and Wellbeing Board.

4.3 The HWB has agreed to consider and approve the work programme at every meeting. In adding items to the work programme, the Board has agreed to specify the information and analysis required in the report, so that report authors are clear as to what is required.

4.4 The Health and Wellbeing Board Agenda Planning Group may also propose items for inclusion on the work programme, and will seek approval for their inclusion from the Board.

5. Work programme

5.1 The draft work programme (see Appendix 1), includes those items which the Board has agreed to consider over the course of next year. Board members are also requested to consider additional items to be included in the work programme as appropriate.

5.2 The standing item on the Adult Integrated Care Programme has been amended to a report on the whole system of care as previously discussed and agreed by the Board.

5.3 The following items have been added to the work programme, or amended, since the last HWB meeting:

- JSNA has moved from April 2017 to July 2017
- Quality Accounts added to July 2017

5.5 An additional formal meeting of the Health and Wellbeing Board will also need to be scheduled as soon as the deadline for submission of the Better Care Plan 2017-19 is known. This will enable the Board to review and sign off the Plan prior to submission to NHS England.

5.6 It was proposed that a regular update on the Health and Wellbeing Strategy be provided to the Board. Updates will be scheduled at the agenda planning meeting.

5.7 The Board is required to consider the Pharmaceutical Needs Assessment. This will be undertaken every two years. This will be added to the work programme when a date for the next PNA has been agreed.

6. Schedule of meetings

6.1 Currently the Board is scheduled to meet formally three times per year (April, July and November 2017).

6.2 Workshops have previously been scheduled for the intervening months to enable the Board to informally explore issues in more depth or to provide development opportunities for the Board.

6.3 The requirements upon the Board to make decisions, reach agreement or to be formally consulted does not always align itself with the three scheduled meetings per year. As such, the future scheduling of meetings and/or workshops needs to be discussed by the Board to ensure that it remains fit for purpose.

7. Financial implications

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

8. Legal implications

8.1 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

8.2 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

8.3 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

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

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

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

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

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

9. Equalities implications

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

10. Crime and disorder implications

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

11. Environmental implications

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

If there are any queries on this report please contact Stewart Snellgrove, Principal Officer, Policy, Service Design and Analysis, London Borough of Lewisham on: 020 8314 9308 or by e-mail at stewart.snellgrove@lewisham.gov.uk

Appendix A

Health and Wellbeing Board – Work Programme

27th April 2017				
Item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	**Healthier Communities Select Committee Referral on Lewisham Pensioners' Forum Report 12 01 17**		Agreement	LBL
2	**SEL Sustainability and Transformation Plan (STP) – Update**		Discussion	CCG/LBL
3	**Better Care Fund Planning 2017-19**		Agreement	CCG/LBL
4	**Whole System Model of Care**		Discussion	CCG/LBL
5	**Performance Dashboard Update – Exceptions Reporting**		Agreement	LBL
6	**Lewisham Clinical Commissioning Group Annual Report 2016-17 Update**		Agreement	CCG
7	**Health and Wellbeing Board Work Programme**		Agreement	LBL/CCG
8	**Information Items:** • **Lewisham Safeguarding Children's Board Annual Report 2015-16** • **Adult Social Care Local Account 2016-17**		Information	LBL

6th July 2017				
Item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	**Whole System Model of Care**		Agreement	CCG/LBL
2	**JSNA Update**		Agreement	LBL
3	**Quality Accounts**		Agreement	LGT / SLaM
4	**Health and Wellbeing Board Work Programme**		Agreement	LBL

2nd November 2017				
Item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	**Whole System Model of Care**		TBC	CCG/LBL
2	**Annual Public Health Report**		Agreement	LBL
3	**Performance Dashboard Update – Exceptions Reporting**		Agreement	LBL
4	**Health and Wellbeing Board Work Programme**		Agreement	LBL
5	**Healthwatch Annual Report: Executive Summary**		Discussion	Healthwatch
6	**Adult Social Care Local Account 2017-18**		Information	LBL

HEALTH AND WELLBEING BOARD				
Report Title	Lewisham Safeguarding Children Board Annual Report 2015-16			
Contributors	Business Manager for Lewisham Safeguarding Adults Board		Item No.	10a
Class	Part 1 (Open)	Date: 27 April 2017		

1. Purpose

1.1 This report and accompanying copy of the Lewisham Safeguarding Children Board (LSCB) Annual Report for 2015-16 demonstrates the work that has and continues to be undertaken across a range of agencies and partnerships to safeguard children in Lewisham. It also sets out the Key LSCB priorities going forward.

2. Background

2.1 Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board for their area and specifies the organisations and individuals (other than the local authority) that should be represented on the LSCB.

2.2 Section 14 of the Children Act 2004 sets out the objectives of the LSCB, which are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area,

(b) to ensure the effectiveness of what is done by each such person or body for those purposes

2.3 The LSCB is required to publish an annual report on the effectiveness of safeguarding in their area and the challenges that still remain. The Board is expected to challenge the work of its members, both collectively and individually, assess performance and highlight strengths and weaknesses.

3. Policy Context

3.1 Effective safeguarding arrangements for children in every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part, and

- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

3.2 Working Together to Safeguard Children 2015 specifies that Local Safeguarding Children Boards should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. The local framework should cover the full range of reviews and audits which are aimed at driving improvements to safeguard and promote the welfare of children. Some of these reviews (i.e. SCRs and child death reviews) are required under legislation. The different types of review include:

- Serious Case Reviews for every case where abuse or neglect is known or suspected and either:

(a) A child dies, or
(b) A child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child,

- Child death review, a review of all child deaths

- Review of a child protection incident which falls below the threshold for a SCR, and

- Review or audit of practice in one or more agencies.

3.3 Two Serious Case Reviews were published by the LSCB during 2015/16. The full reports can be accessed on the LSCB website http://www.safeguardinglewisham.org.uk/lscb/lscb/serious-case-review/serious-case-review

4. Lewisham Safeguarding Children Board

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

- Safe from abuse, maltreatment, neglect, violence and sexual exploitation,
- Secure, stable and cared for, and helps to reduce the likelihood of them suffering from:

  - Accidental death or injury
  - Bullying, exploitation and discrimination
  - Crime and anti-social behaviour

4.2 The attached LSCB annual report for 2015/16 sets out the work and developments by the Board and its task groups during this period. It also highlights the key priorities going forward for 2016-18.

5. Changes and developments for the LSCB

5.1 The LSCB meets 4 times a year and is independently chaired. Following the resignation of the former chair in March 2016, the Executive Director for Children Services has acted as interim chair until the new chair was appointed in October 2016.

5.2 Board partners continue to contribute financially to ensure efficient funds for the work of the Board, which includes the salaries of the Independent Chair, Business Manager, Development Officer and Administrator, as well as the LSCB annual training programme. Please see page 10 of the annual report for a breakdown of financial contributions.

5. LSCB Priorities

5.1 The following key priorities for the LSCB to take forward during the period of 2016-18 were decided on at a Development Day event in February 2016.

- Improving the effectiveness of agencies and the community in identifying and addressing neglect.
- Increasing the effectiveness of the LSCB as a truly effective agent in securing positive outcomes for children, in protecting them from abuse and exploitation.
- Raising the profile of safeguarding across the Borough, amongst practitioners, stakeholders and the community with a particular focus on the most vulnerable or at risk.
- Ensuring that the voice of children and young people influence learning, best practice and the work of the LSCB.
- Increasing the effectiveness of agencies and the community in identifying and addressing Child Sexual Exploitation.

6. Financial Implications

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

7. Legal Implications

7.1 There are no legal implications arising from this report.

8. Crime and Disorder Implications

8.1 There are no specific crime and disorder implications arising from this report. The LSCB works in close collaboration with Safer Lewisham Partnership to ensure joint approaches to overlapping issues such as domestic violence, hate crimes and ‘Prevent’ (the government's counter-terrorism strategy).

9. Equalities Implications

9.1 As highlighted earlier in this report, The LSCB has the lead role in promoting the fact that every child in Lewisham has the right to live safely and free from

abuse and neglect; and that Safeguarding is 'everybody's business'. The LSCB 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. In particular the team is working with local organisations to reach out to smaller communities which may be harder to engage in order to spread the Board's messages across all sections of the community.

9.2 The LSCB's comprehensive Performance Framework assists with identifying trends and areas for development which enables the Board to specifically target activity and interventions aimed at those children and young people most at risk.

10. Environmental Implications

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

If there are any queries on this report please contact Marinda Beaton, LSCB Business Manager, on 020 8314 3391 or email marinda.beaton@lewisham.gov.uk

Background documents

Working Together to Safeguard Children
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Children Act 2004
http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/1106-2004PDF-EN-01.pdf

Local Safeguarding Children Boards Regulations 2006
http://www.legislation.gov.uk/uksi/2006/90/pdfs/uksi_20060090_en.pdf

Lewisham Safeguarding Children Board

Annual Report 2015/16

A FOREWORD FROM THE INTERIM CHAIR

Sara Williams, Interim LSCB Chair

Welcome to the annual report of the Lewisham Safeguarding Children Board (LSCB) 2015/16.

The LSCB is a multi-agency partnership that works to safeguard and promote the welfare of the children of the Borough of Lewisham by working with, and scrutinising, the work of those with key responsibilities for keeping children safe. These include staff working in health, children's social care, police, probation and education settings as well as charity and voluntary sector organisations working with children in Lewisham. Our focus is on the safety of the most vulnerable and at risk of harm and ensure that positive outcomes for children remain a priority.

In October 2015 the LSCB was inspected by Ofsted and whilst recognising many strengths across the board, the inspection highlighted a number of areas that required improvement. We recognise that much remains to be done as we meet new challenges in protecting children effectively at a time that budgets of many partner agencies continue to reduce.

We have also been working with our partners in tackling child sexual exploitation and improving our arrangements for meeting our statutory responsibility to monitor any deaths of children in the Borough. We will also be working to strengthen our quality assurance and scrutiny functions.

The Independent Chair, Chris Doorly left the LSCB in spring 2016 and is to be credited for the leadership and direction of the board over the last 12 months.

We will continue to see a lot of changes in Lewisham agencies in the coming year as they continue to respond to changes in organisational structures coupled with reduced budgets. The LSCB will continue to hold them to account through these times to ensure children remain protected.

Despite some challenging times professionals working in the Borough have continued to consistently put children in Lewisham first and I am confident we will see agencies work in ever closer partnership to protect children and to find new and better ways to provide efficient, effective and accessible services.

By working together to safeguard children and engaging our whole community I am confident we can make Lewisham a safer place for children to live and grow up in.

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CHAPTER 1

1.1 Summary of our priorities and achievements for 2015-2016

A summary of our key Priorities for 2015-2016	A summary of our key achievements for 2015-2016
• To ensure that our multi agency partnership have access to adequate training to equip them with appropriate knowledge and skills to identify the signs of child sexual exploitation and to act appropriately and in accordance with the Pan London CSE Protocol.	• The LSCB continued to provide a comprehensive rolling programme of safeguarding to inform practitioners knowledge of the risk factors associated with Child Sexual exploitation at foundation and intermediate level. • We also ensured that our multi agency workforce and local communities were able to access information and guidance on responding to CSE through the LSCB website • The LSCB supported the multi-agency initiative 'if you see something say something' designed to raise awareness of CSE across the community.
• To ensure that appropriate policies and procedures were in place to improve identification of FGM risks and support the community appropriately to avoid such abuse from taking place	During 2015/2016, our key achievements included; • To mark 6th Feb 2016 The International Day of Zero Tolerance, a special FGM training workshop for Lewisham councillors was organised, with 16 councillors in attendance. • As part of efforts to highlight International Women's Day, a FGM Mandatory Duty Conference was held on 10th March for safeguarding professionals with over 60 in attendance. • FGM training and awareness-raising for social workers, teachers, and other professionals via the LSCB training programme. • Community engagement – Challenging taboos about FGM prevention by creating 'sister circles' of informal women's groups, where women of all ages from FGM affected communities meet. • Development of a local FGM protocol – in response to the mandatory duty, a multi-disciplinary working group has been set up to produce guidance for professionals on how to tackle FGM, and support affected communities • We also ensured that our multi agency workforce were able to access information and guidance on responding to CSE through the LSCB website and newsletters

• To ensure the voice of children and young people influences the work and priorities of the LSCB	• We engaged with groups of children and young in schools to ask them their views about safeguarding priorities for Lewisham. • We raised the profile of the LSCB through competitions ran in schools invited children to design our new logo • A series of consultation events with children and young people were undertaken by the LSCB with a key focus on staying safe. • We consulted young people on the design and content of the new LSCB website • Lewisham has supported young people to be involved in International Voluntary trips giving them to opportunity to work with children and young people less fortunate than themselves. • Children in Care Council members regularly meet with Corporate Parents and discuss issues raised by children in care. They have had discussions about keeping safe online, gangs and general health and wellbeing. • Children in care Council members contributed to Lewisham's Children and Young People's Plan 2015–2018.
Provide secure and consistent support for looked after children	• We monitored arrangements for looked after children through our challenge and scrutiny functions and close working with the Children in Care Council and Corporate Parenting Board
• Reduce the risk of harm to children and young people and ensure they feel safe and are protected from abuse and neglect.	• The LSCB commissioned and quality assured a rolling programme of safeguarding training to professionals throughout the year equipping our multi agency workforce with the skills needed to work with vulnerable children, young people and families to keep them safe from harm. • We ensured that local safeguarding policies and procedures were relevant, current and accessible to professionals. • We ensured that lessons learned from serious case reviews are shared with the multi-agency work force and lead to improvements in practice • We have continued to strengthen our approach to scrutiny and audit through our quality assurance activity • We have raised awareness of key safeguarding issues throughout our website and newsletters.

1.2 Strategic Priorities for 2016 – 2018

These priorities have been developed through consultation with partners and stakeholders, and our local children and young people. The Business Plan describes our priorities over the next two years and will be subject to regular review to ensure it remains relevant to the needs of our community.

There are five key priorities and these will all be underpinned by a focus on embedding learning and improvement and developing our understanding of the child's journey through services in Lewisham**.** These are as follows:

- Improving the effectiveness of agencies and the community in identifying and addressing neglect.
- Increasing the effectiveness of the LSCB as a truly effective agent in securing positive outcomes for children, in protecting them from abuse and exploitation.
- Raising the profile of safeguarding across the Borough, amongst practitioners, stakeholders and the community with a particular focus on the most vulnerable or at risk.
- Ensuring that the voices of children and young people influence learning, best practice and the work of the LSCB.
- Increasing the effectiveness of agencies and the community in identifying and addressing Child Sexual Exploitation.

1.3 Ofsted Inspection of Services 2015

The inspection identified that children's services in Lewisham require improvement to be good. While standards for children looked after have been maintained and those for care leavers have improved, those for children in need of early help and protection had deteriorated. Although some early help services resulted in positive outcomes for children, it was considered that services needed to improve their overall coordination.

The Local Safeguarding Children Board was judged as requiring improvement in order to be judged as being good. The need for an Early Help focus was identified as well as the aligned need for an up-to-date threshold document. The need for a clearly identified governance role for the board's child sexual exploitation (CSE) sub-group was also seen a need requiring a focussed multi-agency response.

Performance reporting was identified as a particular area for development. Corrective measures had been put in place to address this deficit but greater accuracy of reporting was identified as needed to strengthen multi-agency practice which was reviewed and identified within this inspection.

1.3 The Borough of Lewisham

Lewisham has a population of some 297,000 [i](the 13th largest in London and the 5th largest in Inner London). The population of the borough has increased by some 16,000 since the 2011 Census and over the next 20 years is forecast to be amongst the fastest growing in London. Population growth in Lewisham is driven primarily by the birth rate (rather than in-migration) there some 5,000 live births each year.

In terms of population profile, children and young people aged 0-19 comprise 73,700 (some 25 per cent) of the borough's overall population. By contrast, those aged 65 and over, make up some 10 per cent of the population.

The ethnic profile of the borough reveals that 54 per cent are White and 46 per cent are of Black & Minority Ethnic (BME) heritage. Within the BME population, Black African's are the fastest growing ethnic group representing some 25 per cent of the BME population. By contrast Lewisham's schools population is 76 per cent BME.

There are some 116,000 households in the borough. Of these, some 11.5 per cent are lone parent households with dependent children. This is up on the 10.5 per cent of lone parent households with dependent children reported at the time of the 2001 Census. Over the past 15 years there has been a significant change in household tenure across the borough, with the percentage of residents living in the private rented sector increasing from some 14 per cent in 2001 to 25 per cent in 2011.

Average life expectancy for males in Lewisham is 78.7 years (significantly worse than the England average) and 83 years for females (not significantly worse than the England average). Smoking, cardiovascular disease and cancer are the biggest causes of death in the borough. As it relates to children's health, obesity (year 6) and under-18 conceptions are the two areas where outcomes for Lewisham are significantly worse than the England average. Across the borough some, 14.5 per cent of residents describe themselves as living with a long term illness (a proxy for disability) and just under 10% describe themselves as carers (providing one or more hours of unpaid care per week).

About 69 per cent of Lewisham's overall population is of working age (16-64). Overall, Lewisham's unemployment rate is 6.4 per cent; this is above the London average of 6.1 per cent as well as the Great Britain average of 5.2 per cent. Median income in Lewisham is £30,500 this is below the London average. Some three in ten of the borough's 73,000 children live in poverty.

In the index of Multiple Deprivation, Lewisham ranks as the 48th most deprived of all 326 local authorities, placing it in the 20% most deprived areas in England. Pockets of deprivation are spread throughout the borough, but the areas of the highest deprivation are found in Evelyn, Lewisham Central, Rushey Green, Whitefoot and Bellingham wards.

Lewisham has the highest proportion of children and young people (29.6%) in economic deprivation in England (*Indicies of Multiple Deprivation 2015)*

1.4 Vulnerable Groups

Children can become vulnerable and subsequently be at increased risk of harm for a variety of reasons. National serious case reviews demonstrate that children living in households where there is domestic abuse, substance misuse or their parents are mentally ill are known to be at a greater risk.

We also understand the long-term damaging effects of neglectful parenting on children, and recognise that neglect and poverty are significant risk factors for children in the Lewisham area.

We recognise that children who go missing from school or missing from home are also placed in greater danger of harm. Despite this it is not always possible to know the complete picture of the children whose safety is at risk because some abuse or neglect may be masked. To counter this partners in the LSCB have identified some groups of children that are understood to be at particular risk. This helps ensure that their needs are understood and that they form part of our local picture.

This annual report details our understanding of the categories of children and young people identified as being vulnerable and in need of protection.

CHAPTER 2

2.1 About the LSCB

The statutory objections and functions of the LSCB is set out in section 14 of the Children Act 2004, which are:

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

The Board is made up of senior representatives from all the main agencies and organisations in Lewisham with responsibility for safeguarding and promoting the welfare of children and young people. The LSCB fulfils its statutory role in coordinating local work by:

- Developing robust policies & procedures
- Participating in the planning and commissioning of services for children in Lewisham
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done

We ensure the effectiveness of local work by:

- Monitoring what is done by partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews and other multi-agency case reviews, audits and deep-dives and sharing learning opportunities
- Collecting and analysing information about child deaths
- Publishing an Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Lewisham.

2.2 LSCB Membership

Main Board

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

Executive Board

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

Task groups

Membership of the task groups are made up of staff from bodies or agencies represented at the LSCB, who are co-opted to ensure each group has the relevant expertise and knowledge to deliver the LSCB Business Plan. Membership of the task groups can include Board Members.

The LSCB task groups are as follow:

- Monitoring, Evaluation and Service Improvement (MESI)
- Policies, Procedures and Training (PPT)
- Missing, Exploitation and Trafficking (MET)
- Communications and Publications (C&P)
- Serious Case Review Sub Committee

2.3 Key LSCB Roles

Independent Chair

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

Lewisham Borough Council

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

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

Leader of the Lewisham Borough Council

The ultimate responsibility for the effectiveness of the LSCB rests with the Leader of the Council.

Lead Member for Children's Services

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

Partner Agencies

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

Designated Professionals

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

Lay Members

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

The Children and Young Persons Strategic Partnership

Lewisham Children and Young Peoples Strategic Partnership (CYPSP) is made up of representatives from agencies across Lewisham committed to working together to improve all outcomes for children. Governance is delivered through a Board structure with formal responsibility for strategic planning, commissioning services, and promoting effective integrated working. The CYPSP is responsible for producing a plan which outlines how improvements in service delivery and design will be made.

The LSCB reports quarterly to this body and also has a role in holding them to account to ensure they commission the services that are needed based on the agreed safeguarding priorities.

Health and Wellbeing Board

This Board brings together leaders from the Council, NHS and partner agencies to develop a shared understanding of local needs, priorities and service developments.
The LSCB reports annually to the Health and Well-being Board and will hold it to account to ensure that it tackles the key safeguarding issues for children in Lewisham.

Joint Protocols

Lewisham LSCB, CYPSP and Health and Well-being Board have established a joint protocol outlining working arrangements between the three Boards.

Financial arrangements

Board partners continue to contribute to the LSCB budget in addition to providing a variety of resources in kind. Contributions from partners for 2015-16 were £181,050

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

The salaries of the LSCB business unit, which include the Independent Chair, Business Manager, Development Officer and Administrator are paid for from the LSCB annual budget.

Serious Case Review costs are covered on a case-by-case basis by the agencies directly involved with the review. The LSCB budget does not hold a contingency fund for Serious Case Reviews.

The amount of £10 000 was allocated towards a LSCB multi-agency training programme for 2015-16.

CHAPTER 3

3.1 Child Sexual Exploitation, Missing, and Trafficked Children

Throughout the year the work of the LSCB CSE Sub Group identified a number of young people at risk of sexual exploitation. It was identified that some agencies required additional support in recognising the risk factors and seeking appropriate support to safeguard these children. During the year work was undertaken to raise awareness of CSE through working with Head teachers, School Leaders and Designated Safeguarded Leads in Education. This work has been effective in increasing the shared awareness of the risk factors, in particular the relationship between poor attendance or children going missing for part of the school day and the risk of CSE. This led to an improvement in the monitoring and tracking and identifying young people at risk and ensuring that they are signposted or referred to the relevant services for support.

Work also commenced in early 2016 to develop a joint list/matrix which is a combination of vulnerable children identified as being at risk of exploitation and abuse. We are working to include any young people flagged as displaying early signs of being at risk of exploitation, criminality or displaying harmful sexual behaviour. Analysis is then able to promote a larger risk and vulnerability model based on current data.

The Council and LSCB have supported a police initiative 'Operation Make Safe' with a theme "if you see something say something" designed to raise awareness about CSE in local businesses and licensed premises and to support them to spot the warning signs and take appropriate action.

Operational (weekly), Tactical (monthly) and Strategic (quarterly) Missing, Exploited and Trafficked (MET) meetings are held and these include all significant agencies, such as Police, Children's Social Care, Health, Education, Youth MARAC, Trilogy and other Practitioners who work directly with these young people. The names of young people are put forward by any of the attendees, other agencies or professionals who and in this instance have a MET concern about a child/young person. These case are discussed and a lead person is identified and a clear plan of action devised that includes timescales and safety planning.

The weekly MET meetings comprise of representatives from the above agencies and is delivered through practitioners devising, on a case by case basis a clear safety plan which is implemented and reviewed.

The Monthly MET meetings comprise of Managers from the above agencies who discuss themes and trends and joint action to address these.

The quarterly MET meetings comprise of Senior Managers from the above agencies and the LSCB and this strategic group looks at the alignment of strategic planning and resourcing against themes identified within the monthly meetings.

3.2 Missing Children and Young people

Children's Social Care employs a Missing Child Liaison Officer (MCLO) who works jointly with the police to monitor and track the welfare of all children missing from home and to conduct return interviews. The MCLO works closely with the specialist Child Sexual Exploitation Social Worker and the MET to ensure that there is a joined up approach to working with this vulnerable group of young people.

In the 2015/16 performance year there were 1336 missing reports for young people aged 17 or under. There were a further 537 reported as absconders giving a total of 1873 Merlin reports. Of those young people that were reported as missing 40 were deemed High Risk. 1296 were assessed as Medium risk. From the total number of missing persons 268 went missing more than once, 71 were reported as missing more than 5 times and 22 missing more than 10 times.

3.3 Private Fostering

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

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

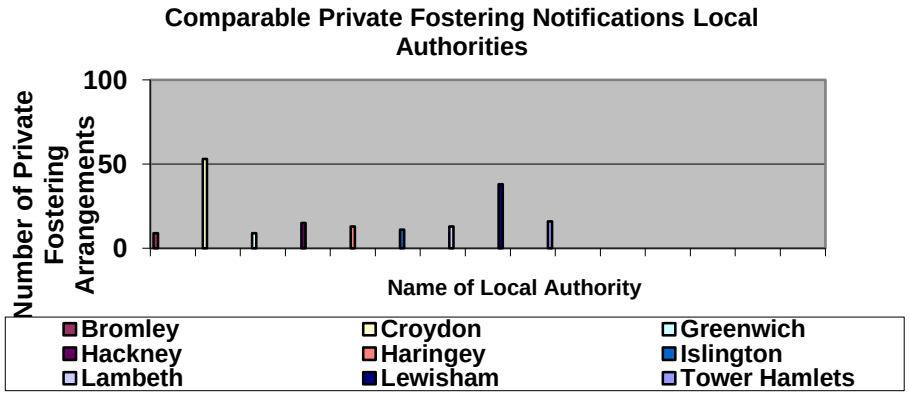
A child who is looked after in their own home by an adult is not considered to be privately fostered. Children who are privately fostered are amongst the most vulnerable and the Local Authority must be notified of these arrangements.

In 2015/16 we had 52 children who we classified and worked with as Privately Fostered Children. As of the 31st March 2016, there were 22 Privately Fostered Children.

It is a statutory requirement to visit privately fostered children every six weeks for the first twelve months . This means that every child has to be seen at least 9 times with an interval of no more than 6 weeks between visits. If one of these visits takes place outside of the six weeks period the local authority is deemed to have failed in its duty to comply with statutory visiting requirements. It is not possible to satisfy this requirement in all cases because we have a large number of privately fostered young people who study in the UK and return to their family who live abroad during the holiday period.

73% of private fostered children in the above cohort were visited at intervals of no longer than 6 weeks . This is above the national average.

According to DfE statistical release on private fostering 2015, Lewisham has the 2nd largest number of private fostering arrangements in London, with only Croydon having a higher number.



3.4 Children who offend or are at risk of offending

Lewisham Youth Offending Service has five Key Performance Indicators:

1. To reduce the number of first time entrants to the Youth Justice System
2. To reduce the rate of proven reoffending
3. To reduce the use of custody (remand and sentenced)
4. To increase participation in education, training and employment
5. To increase the number of young people living in suitable accommodation

Lewisham has achieved an improvement across several performance indicators.

- The number of remand bed nights reduced during 2015/16 to 2010 bed nights from 2861 in the previous year. Young people were supported on bail programmes in the community with varying levels of intensity. Not only has this improved the likely outcomes for those young people but there has also been a budgetary saving which has been reinvested into other areas of the service.

- The number of young people in Education, Training and Employment has increased with 81.3% of young people in suitable ETE at the end of their Order. This is an increase from 75% in the previous year and has been linked to the greater emphasis we have placed on working in schools and colleges, and targeting our NEET population.

- Young people in suitable accommodation has remained relatively stable with 93% of young people in suitable accommodation at the end of their Order across 2014/15 and 2015/16. Of those who were deemed to be in unsuitable accommodation at the end of their Order, the main reason was due to an on-going period of Remand which continued past their custodial sentence.

Lewisham has a number of areas where performance has declined and these remain a priority focus for the service.

- While there has been an overall 3.9% reduction in the number of re-offenses by reoffender, in comparison to an increase of 4.5% average across London, the number of young people reoffending still remains too high, with too many new offences being committed by young people. The number of young people reoffending increased by 10.4% to 48.9% with the number of offences increasing by 6%.

- While Lewisham's use of custody has reduced from 40 custodial disposals in 2014/15 to 29 in 2015/16, the rate at which Lewisham young people receive custodial disposals is still very high. Lewisham have the 4th highest custodial sentence rate in London.

- The number of First Time Entrants to the Youth Justice Systems has increased by 19.2% while nationally there has continued to be a reduction.

3.5 Female Genital Mutilation (FGM)

Female genital mutilation (sometimes referred to as female circumcision or cutting) refers to procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Nationally the estimated prevalence of women affected by FGM was 0.5% of the female population. London has the highest national prevalence of women affected by FGM at an estimated 2.1% of the female population, with Southwark (4.7%) and Brent (3.9%) having the highest prevalence rates of any local authority in the country. The Borough of Lewisham's estimated prevalence of women affected by FGM is 2.5%, which is higher than the national prevalence estimates.

During 2015/2016, our key achievements included;

- To mark 6th Feb 2016 The International Day of Zero Tolerance, a special FGM training workshop for Lewisham councillors was organised, with 16 councillors in attendance.
- As part of efforts to highlight International Women's Day, a FGM Mandatory Duty Conference was held on 10th March for safeguarding professionals with over 60 in attendance.
- FGM training and awareness-raising for social workers, teachers, and other professionals via the LSCB training programme.
- Community engagement – Challenging taboos about FGM prevention by creating 'sister circles' of informal women's groups, where women of all ages from FGM affected communities meet.
- Development of a local FGM protocol – in response to the mandatory duty, a multi-disciplinary working group has been set up to produce guidance for professionals on how to tackle FGM, and support affected communities.
- Dedicated LSCB Newsletter – Providing a briefing on FGM, signs and symptoms and long term effects, mandatory reporting guidance, Lewisham procedures, plus signposting to resources and training.

3.6 Child and Young Person's Mental Health and Wellbeing

Future in Mind transformation investment enabled CAMHS to develop several service areas over 2015-16. A dedicated emergency response team, working closely with Lewisham Hospital, offers timely and effective care pathways to the growing numbers of children and young people who present in crises; additional resource has expanded the Neurodevelopmental Disorders team which has speeded up response times and created a more multi-disciplinary approach; the Paediatric Liaison Team resource has been enhanced to enable more service users experiencing health related emotional difficulties to access timely interventions; and, the establishment of a post for parents experiencing emotional problems is expected to positively impact on their children's mental health across the service.

Links with the LBL Youth Offending Service has enabled the establishment of a team delivering a manualised Functional Family Therapy approach as a specific care pathway for young people on the edge of anti-social behaviour and criminal behaviour

An initiative within the Children Looked After team, in conjunction with the LBL Education Department's Virtual School, has provided a new systemic, outreach service for networks supporting looked after children. Other new developments to widen the support and delivery of services include planned group interventions to support foster carers and increased outreach provision to enhance service user engagement.

Within the challenge of austerity and increasing presentations of complexity and risk Lewisham CAMHS is looking to continuously evaluate its outcomes and processes to learn and develop more efficient and effective services. The aim of the forthcoming year is to work with commissioners to reduce waiting times in the generic service and enhance care pathways and outcomes.

3.7 Early Help (including Common Assessment Framework (CAF)

The Ofsted Inspection in October 2015, judged that the early help offer in Lewisham required improvement. Particular areas for development were identified which included the need for a more cohesive and co-ordinated approach, the need for improvements in the quality of assessments and an improved method of tracking and evaluating outcomes for families receiving early help.

The following key work streams have been identified for completion within the next 12 months:

1) Completing and Implementing a new Early Help Strategy.
2) Re-commissioning the Targeted Family Support Service and the Family Intervention Project.
3) Developing a new Early Intervention Service with clear pathways.
4) Developing a new single front door into LBL's children's services including the redesign of online and digital solutions to accessing information.
5) Working with partners in developing new tools for assessment, plans and reviews.
6) Ensuring the multi-agency workforce is equipped with the right skills to undertake high quality work with families that prevents the need for more specialist interventions as appropriate.

Multi-agency collaboration is crucial to achieving positive outcomes for families through the delivery of the right help and support at the right time. The approach and delivery of early help across the partnership is being overseen by a multi-agency Early Help Board to ensure that the strategy is implemented and that outcomes are tracked and delivered.

3.8 Multi Agency Safeguarding Hub (MASH)

In December 2012 the Lewisham Safeguarding partnership endorsed the establishment and development of the current MASH. The function of the MASH is to process contacts from partner agencies in relation to child welfare matters and establish through a multi professional information sharing process the level of need in relation to these referrals and the correct pathway for the need to be met. The MASH operates as a multi-agency triaging service and last year processed approximately 22,000 contacts. Some partner agencies are physically co located with Children's Social Care staff in the MASH and others are virtual partners.

The current Lewisham MASH is located and resourced within the Referral and Assessment Service. This is highly unusual as the vast majority of MASH agencies exist as discrete systems, separate from Children's Social Care operational services. A decision was made in mid-2015 that the effectiveness of the MASH should be reviewed and the recent OFSTED inspection reported that the Lewisham MASH needed development.

A MASH review was therefore commissioned in February 2016 and delivered with the following key recommendations:

- A review of the resourcing of both the Children Social Care and partnership elements of the MASH to ensure timely decision making.
- A dramatic overhaul of MASH workflow and IT processes to reduce the significant level of duplication undertaken within the team.
- To improve the engagement of partner agencies both within the MASH and with regard to governance.
- The Introduction of revised governance and a management structure at both strategic and operation levels.

A MASH Governance Structure has now been put in place. A strategic Steering group meets and has agreed a project plan to implement the changes recommended by the MASH review. A MASH partnership operational group has been set up to deliver the MASH Project Plan and the implementation date is November 2016.

Robust decision-making at the “front door” through a multi-agency Triage process within the MASH will ensure that families receive the right help, from the right service at the right time, that professionals receive a swift response to their requests and children’s social care are able to focus their energy and resources on their work with families at the acute level of need.

The revised MASH will also ensure that thresholds for Children’s Social Care are based on rational and consistent criteria which is understood by the partnership and that cases will be processed in a timely and efficient way with a partnership perspective embedded. It will also allow a greater targeting of those children who require a specialist service form the Referral and Assessment service which will in turn improve the throughput of cases through the whole system.

The Early Help strategy which targets services for those children who without such services would be at risk of significant harm is dependent on identifying this cohort of children through consistent and agreed criteria. This can only be delivered through the implementation of the revised MASH. Currently there is a great deal of misplaced activity within the partnership and Children’s Social Care in relation to the assessment and meeting of children’s needs which is wasteful of resources and offers a compromised service to children and families.

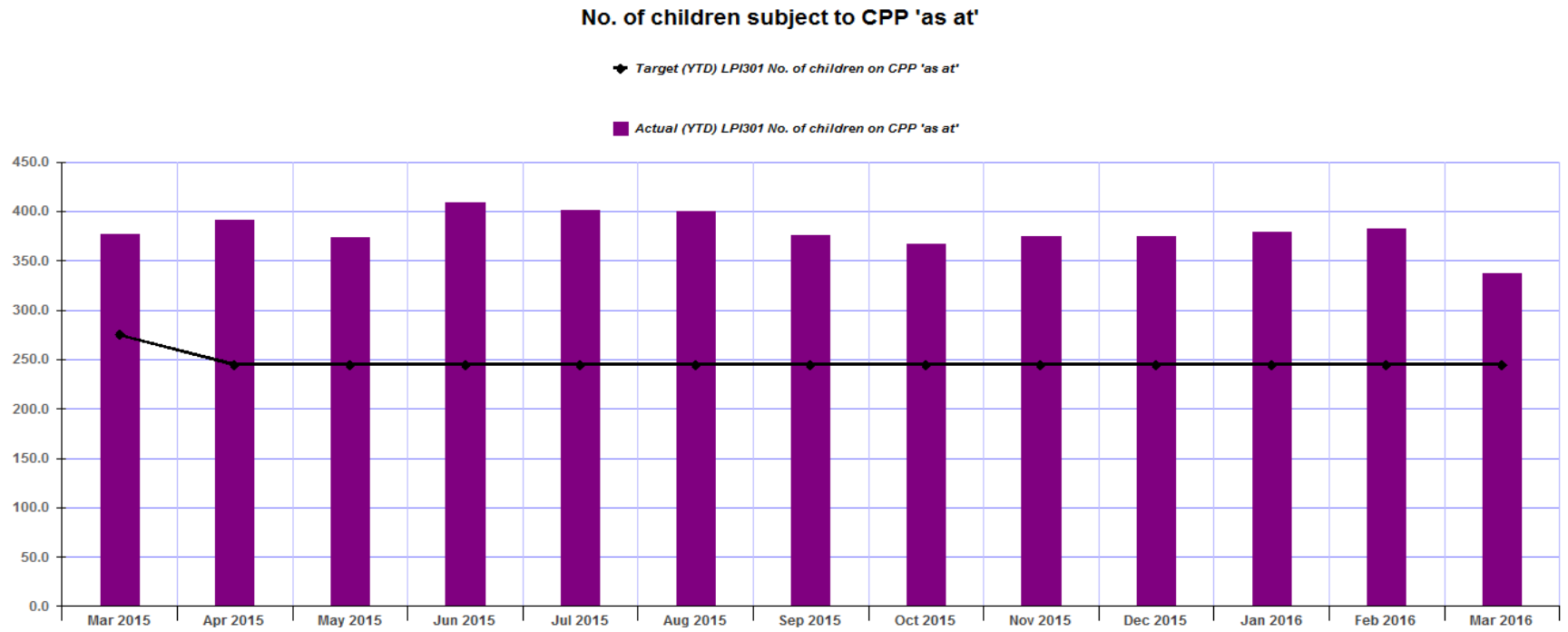
3.9 Children in Need

As at 31st March 2016, there were 1539 CIN cases held within the London Borough of Lewisham. Child in need work is an area of development in Lewisham and we are working to ensure clear arrangements and guidance is in place to support children in need by implementing revised arrangements for service provision and updating the associated performance framework.

3.10 Children Subject to Child Protection Planning

There has been a marked increase in the number of children subject to a child protection plan over the last 5 years. From 2011 to 2015, the numbers of children subject to a child protection plan has increased by 55%. This trend has increased pressure on Children Social Care (CSC) and the wider partnership with agencies providing intensive services and co-ordination to vulnerable children, although numbers subject to a plan as at 31 March 2016 had decreased from 377 (end of March 2015) to 337 (40 children).

Number of children subject to CPP at 31 March 2016 • The number subject to CPP at 31 March decreased from 377 in 2015 to 337 in 2016



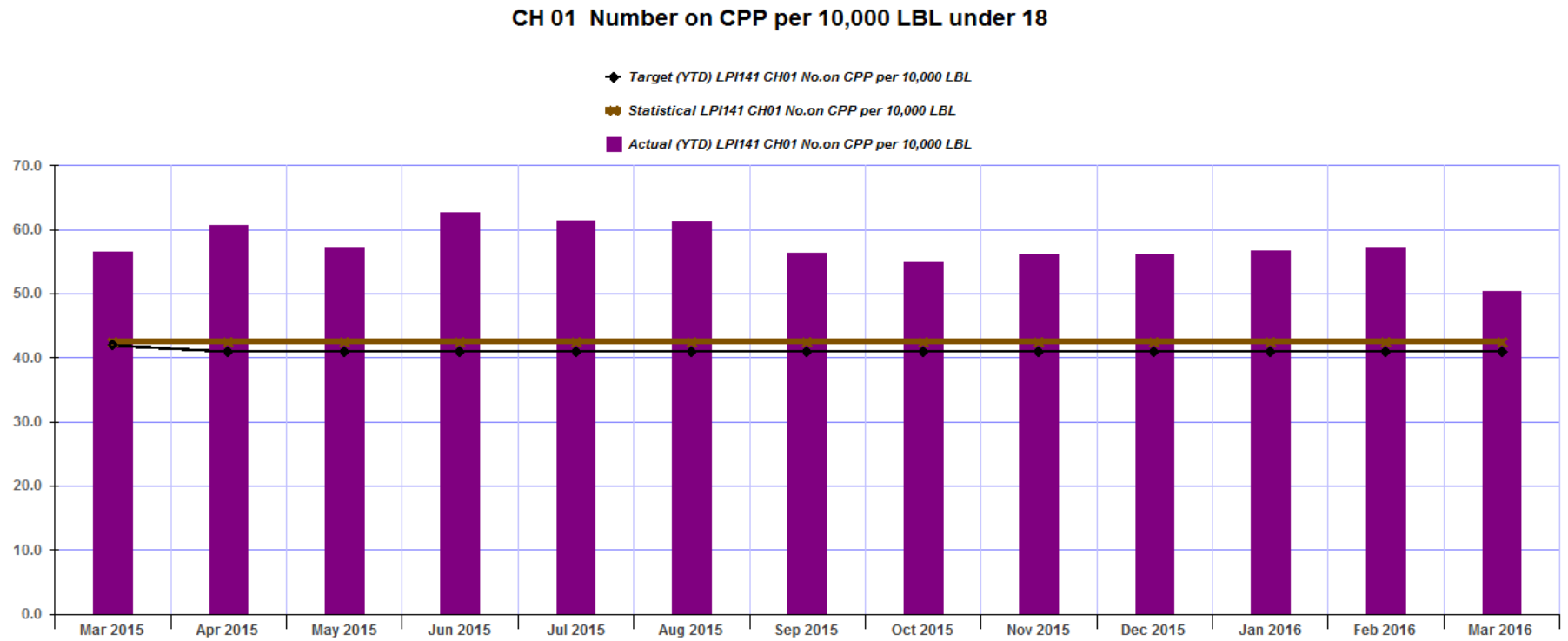
Research by the Association of Directors Children's Services in 2015 shows that the number of children subject to a Child Protection plan has risen by over 60% nationally. Despite the decrease in numbers of children in Lewisham subject to a child protection plan, Lewisham still has more children per 10,000 of the population subject to a child protection plan than its statistical neighbours. The rate of children subject to a child protection plan for Lewisham is 50.4 (source: CiN Census 2016) per 10,000 compared to 42.5 (CiN Census 2015) for our statistical neighbours and 42.9 for the national average.

Number of children subject to CPP at 31 March per 10,000 under 18

• The number subject to CPP at 31 March per 10,000 decreased from 56.5 in 2015 to 50.4 in 2016

• The number subject to CPP at 31 March 2016 per 10,000, 50.4 remains higher than statistical neighbours average 42.5 (2015) and the national average 42.9 (2015).

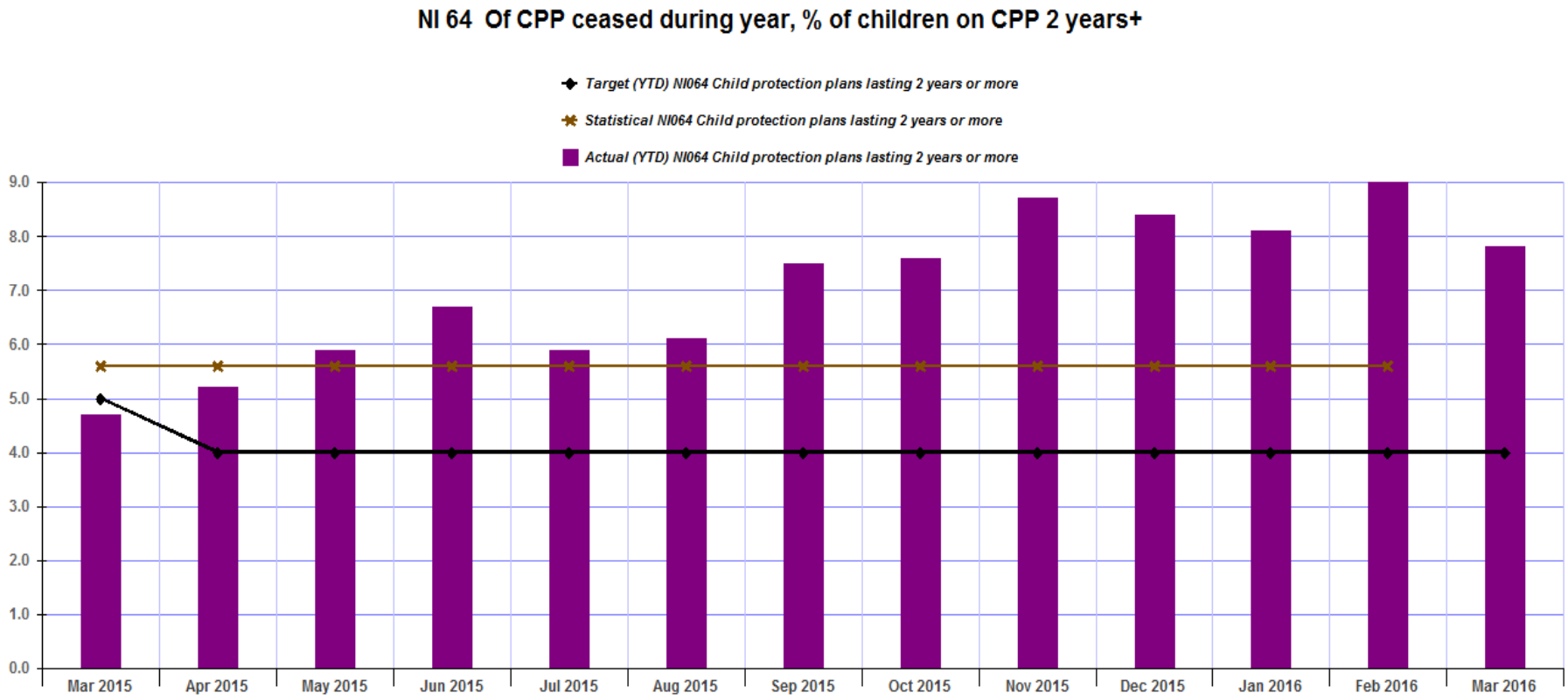
DfE have not yet published Local Authority CiN Census outcome tables for 2016



Various causal factors for this have been explored, such as practice decisions made to progress to Initial Child Protection Case Conference when the decision can be made to make a child subject to a plan and 'over cautious' decision making by child protection chairs. Subsequent audit undertaken within the Quality Assurance Service in 2015/16 has demonstrated that decision making is, on the whole, appropriate and children are not being made subject to plans without good reason.

However, the numbers of children subject to a plan can increase if these plans are of significant duration. The Local Authority measures the percentage of children subject to a child protection plan for two years or more. High numbers against this indicator suggests that children may be remaining on a plan without evidence of required change in the family home which would allow the multi-agency conference to end the child protection plan. The percentage of 18

children subject to a child protection plan for 2 years or more in Lewisham was 3.2% as at the end of March 2015 and this rose slightly to 3.9% as at the end of March 2016 compared to the statistical neighbours' average of 1.8% as at the end of March 2015.



Given that, as previously noted, Lewisham has a higher rate of children subject to a child protection plan in the general population and a higher number than statistical neighbours (337 vs SN average of 284), this may be expected. An audit of children's cases showed that there was a degree of evidence present to demonstrate that some plans could have ended earlier, which related to conference decision making; this coincided with the recruitment of new child protection chairs. An additional challenge is to ensure that the plans are sufficiently clear, focused and subsequently followed through to impact on required change.

The Ofsted Improvement Plan 2016 which flows from the inspection findings reported in January 2016, has identified actions to help address this issue and includes a development and training programme for child protection chairs, and social work teams to address consistency in the quality of child protection plans.

It is anticipated that the training will also lead to quicker cessation of plans when the key risks experienced by children in the family home are mitigated. We will also implement a first line manager development programme, to include supervision development, linked to our Teaching partnership with both Greenwich and Southwark Local Authorities as well as Goldsmiths University.

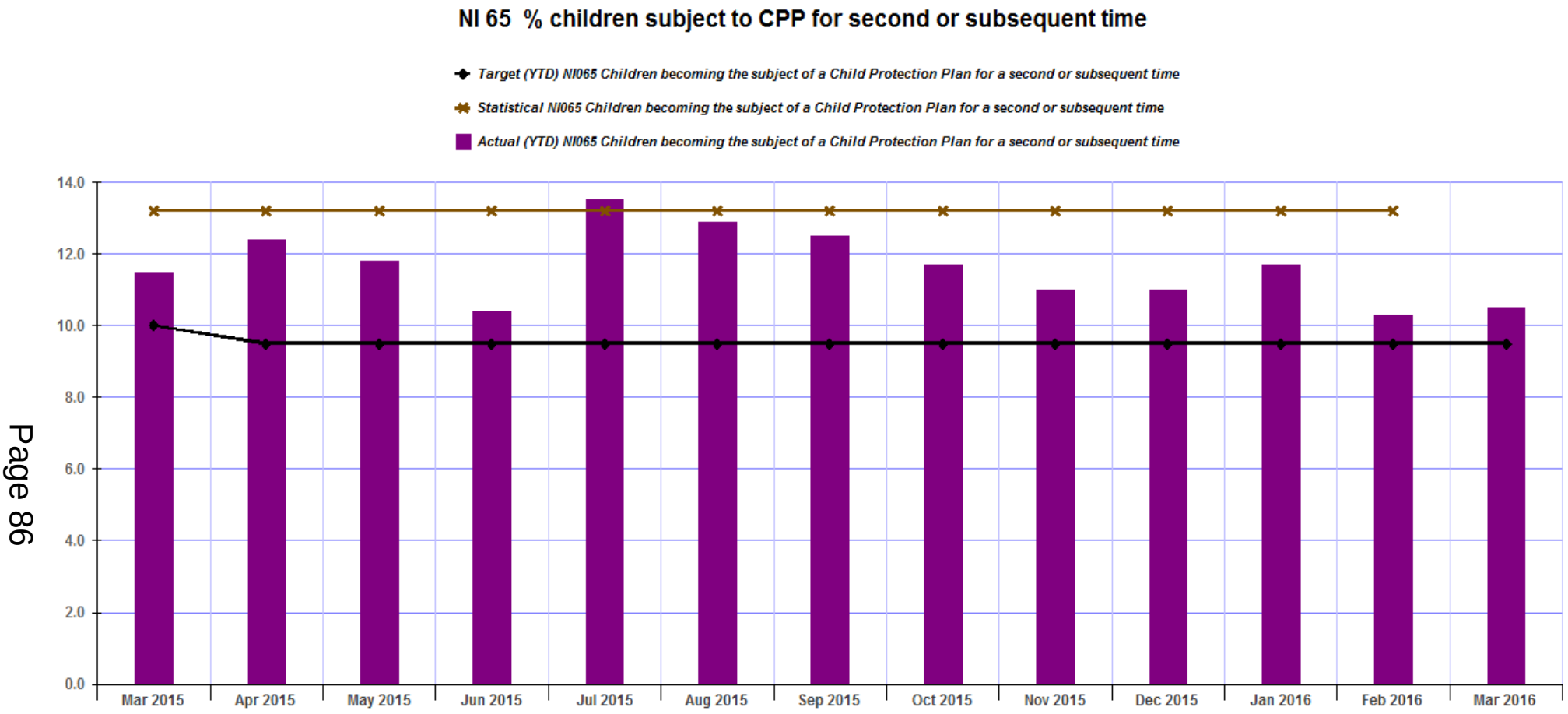
In order to ensure that services for children are progressing sufficiently well to end child protection plans, a manager of the child protection chairs in partnership with the Family Support Service reviews every child on a plan for more than 12 months to monitor the progress made in respect of the multi-agency plan for the child. Recently we have reduced this timescale to those children on a plan for 9 months or more.

This activity is captured in reporting presented to the Senior Management Team in Children's Social Care at the monthly quality assurance meeting. Work on proportionate decision making with new child protection chairs has already started and has resulted in the reduction of this number (of children subject to plans for 2 years or more). This indicator saw a steady decrease from October 2015 through to the end of March 2016.

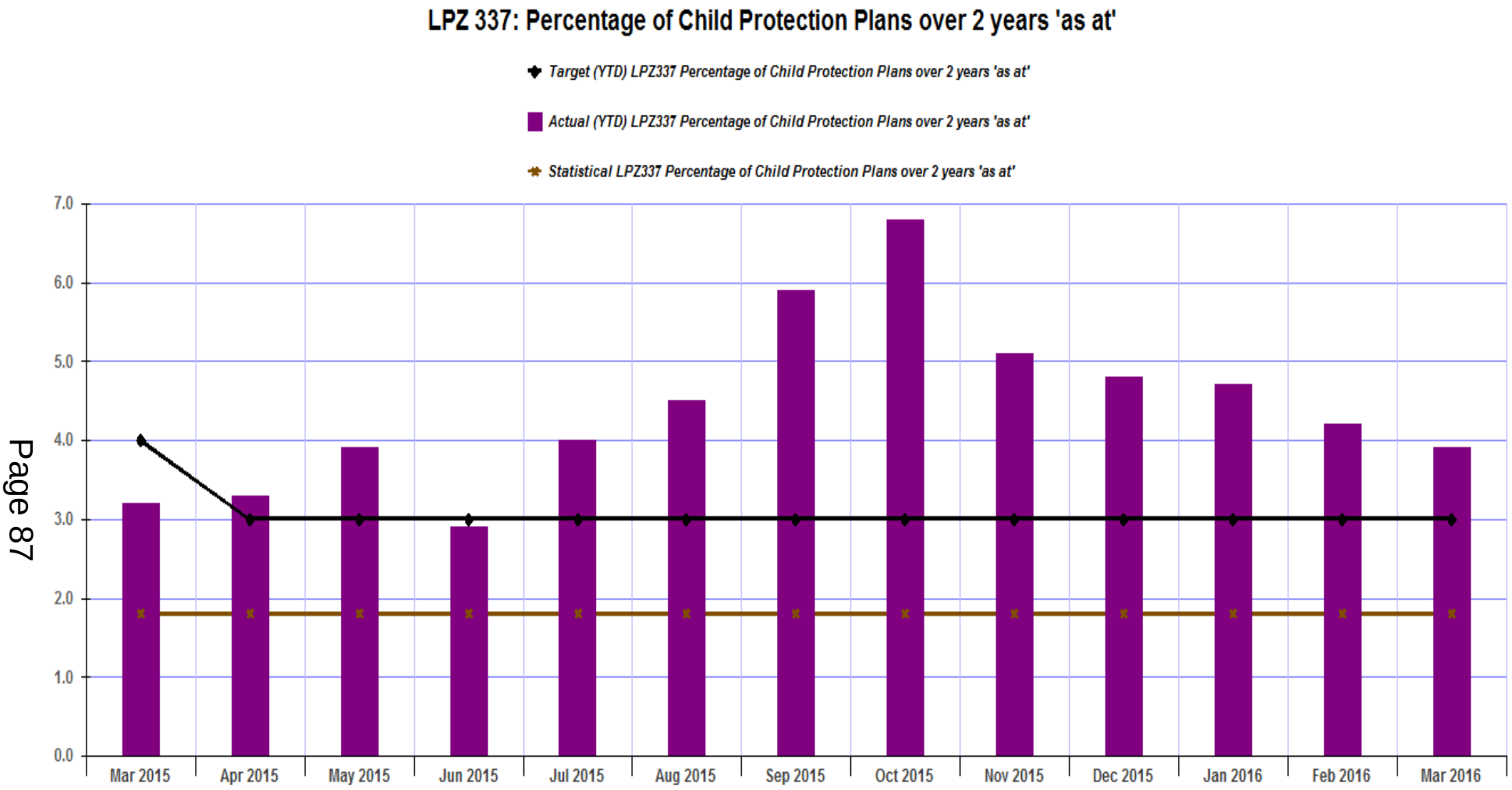
This is a complex indicator that requires a balance between evidence of sustained progress and change for a child being achieved at home, and the number of children overall subject to the scrutiny of a child protection plan. If child protection planning fails to test sustained change, families may revert to harmful behaviours once the plan has ended.

Lewisham is likely to continue to have slightly higher numbers of children subject to a plan for two years or more, as unlike statistical neighbours, the practice in Lewisham has been to track the welfare of children who are the subject of a Supervision Order under a child protection plan. The court grants a Supervision Order at the end of care proceedings if the threshold of harm is proven and where a judge decides that it is in the best interest of the child to remain with his or her parents or a member of their family.

The Local Authority also closely monitors the percentage of children subject to a child protection plan for a second and subsequent time. Lewisham has fewer children who have been made subject to a plan a second or subsequent time compared to statistical neighbours. As at the end of March 2016, 10.5% of children were the subject of second or subsequent episodes of child protection planning compared to 13.2% for our statistical neighbours and 16.6% national average. This is a 1% reduction for Lewisham on the previous year.



% of Child Protection Plans over 2 years 'as at'



The categories of children subject to a plan (%) has remained roughly the same over the last 5 years. The category of neglect has always featured as the largest category during this time.

A snap shot taken in December 2015 showed that white British children are consistently over represented in this category (neglect) given that 60% of the 0-19 population and 77% of the school population are of Black and minority ethnicity in Lewisham.

Although the underlying factors impacting on White British families in this cohort need to be further scrutinised, evidence suggests these plans relate to the following areas; substance abuse, parenting/carer neglect, inter-generational neglect and factors arising from learning disabilities.

Most children assessed as being emotionally abused or neglected have been exposed to domestic abuse in the family home. White British children feature disproportionally in this cohort as do children of mixed heritage.

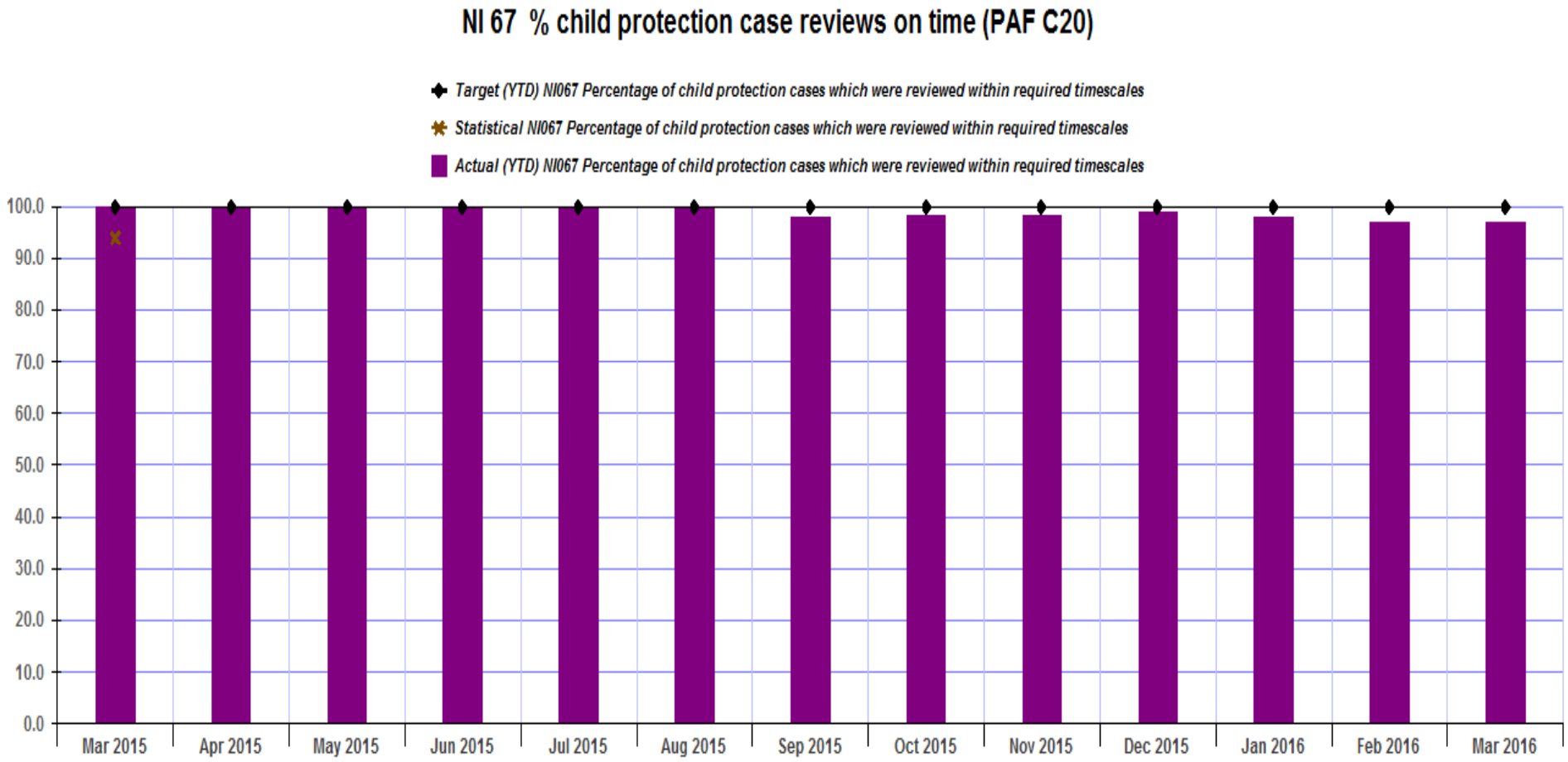
Since September 2015, an Independent Domestic Violence Advocate has been located in the Referral and Assessment Service to offer support and advice and to work directly with families to prevent further occurrences of domestic abuse. Social Workers routinely attend MARAC (Multi-Agency Risk Assessment Conference) to discuss service user needs relating to domestic abuse. The MARAC is a monthly risk management meeting where professionals from share information on a multi-agency basis relating to high risk situations where domestic abuse is a concern in order to develop a multiagency risk management plan.

The numbers of children subject to a child protection plan for sexual abuse has ranged from 5% to 7% of all children subject to a plan for the last 5 years. Where sexual abuse is identified, action is taken to remove the perpetrator from the family home and empower the non-abusive parent or carer where possible. There has been a steady rise in the number of children aged 11 to 14 years being subject to a child protection plan. This links to a focus on child sexual exploitation and criminal exploitation in the partnership.

% of Children subject to CPP at 31 March whose reviews (all) were on time during the year

- The % whose reviews were on time has decreased from 100 in 2014-15 to 96.9 in 2015-16
- The % whose reviews were on time, 96.9 is higher than statistical neighbours average 93.8 (2015) and the national average 94.0 (2015).

DfE have not yet published Local Authority CiN Census outcome tables for 2016

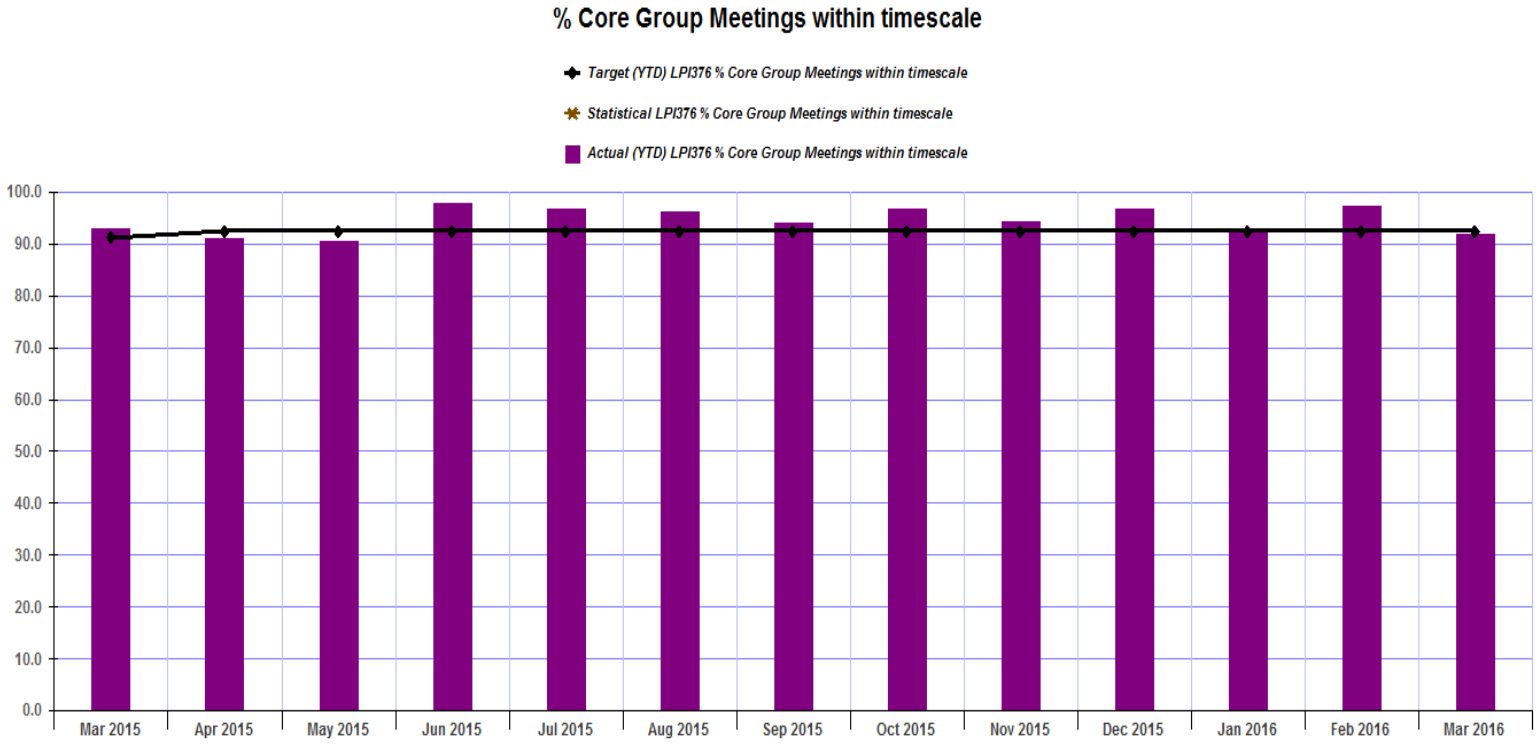


% of children whose Core Group Meeting was on time (each month)

The Core Group's task through the child protection plan is to reduce the risks, or prevent the occurrence of further significant to the child, and safeguard the child's wellbeing to the point where the child no longer requires a plan of protection. The first meeting takes place within 10 working days of the Conference and six weekly thereafter.

A Child Protection Review Conference is normally convened three months after the initial case conference and then at intervals of not more than six months. The purpose of the Review Conference is to review the safety, health and development of the child in line with the actions set out in the Child Protection Plan, to ensure that the child continues to be adequately safeguarded and to consider whether the Child Protection Plan should continue, change or whether it can be discontinued.

• The % whose Core Group Meeting was on time has decreased from 93.0 in March 2015 to 91.8 in March 2016, although is variable month on month (average for 2015-16 is 94.5)
Benchmark data for this local measure is not available



3.11 Children Looked After

The majority of children in care are looked after because they have been neglected and/or physically, sexually or emotionally harmed by their parents; or are unaccompanied asylum seeking children. Children in Care can be living with foster carers (sometimes the foster carers are friends or relatives of the child), at home with parents under the supervision of Children's Social Care, in residential care or in other settings such as secure units, schools or hospitals. 53% of the cohort are male whilst 47% are female. In terms of age 51 children are aged 0-4, 113 aged 5-11 and 301 aged 12-17 (figures march 2016).

Within the categories young people aged 16/17 are over represented. Of those that enter care at these age, the reasons relate in the main, to remands via the criminal justice route, unaccompanied asylum seekers and family breakdown leading to homelessness.

Lewisham has a rate of 69.3 children in care per 10,000 of the population compared to the average national rate of 66.8 per 10,000, based on last year's figures (14/15) this puts us slightly higher than our statistical neighbour group. The national bench marking data for 15/16 has not yet been published.

At the end of March 2016 we had 465 children in care compared with 486 in March 31st 2015.

Children in Care often have poorer outcomes than the non-looked after children. A high proportion, (67%) have special educational needs (SEN) and they are over-represented in the prison population and as adults in mental health institutions. These challenges make it all the more important that all partners across the partnership work together to help looked after children succeed and fulfil their ambitions.

3.12 Placement Stability

Placement stability is a key indicator and there is a co-dependency between placement stability, school attendance and positive progress and attainment for Children in Care. At the end of March 2016, 71% of our Children in Care children who had been looked after for two and a half years had been in the same placement for over two years.

17.9 % of our Children in Care are placed more than 20 miles away from Lewisham Borough.

Children looked after have independent reviews to ensure their care plan meets their needs and is progressed to ensure they achieve positive outcomes At March 2016 98.2% of these reviews had been undertaken on time.

11.5 % of Children In Care aged 10-17 who have been looked after for more than 12 months had a conviction, final warning or committed an offence in the previous 12 months.

We never place children in care settings or schools, which are not graded as 'Good' or 'outstanding' by Ofsted. Should a children's home or school receive a lower judgement once a child is in place/attending, we look at the individual child's care plan to form a view about a move and if agreed, in what timescale.

3.13 Service Improvements for Children in Care

In the autumn 2015 Ofsted Inspection services for children were judged as being good overall.

Service restructuring in 2015 means Looked After Children and Care Leavers are now managed within the same team. A key driver for this change was to reduce the number of changes in social worker our young people experience. It also means the same manager has a longer term view of the care plan and is responsible for all the siblings within a family group. In the previous structure they could be spread across three teams. The Children in Care Council have confirmed that they welcome the changes, particularly the fact that they are no longer required to have a change of SW at sixteen.

3.14 Court Proceedings

The South London Care Proceedings Project is a joint initiative between the London Boroughs of Lewisham, Southwark, Greenwich and Lambeth. The objective of this project is to appropriately complete care proceedings within 26 weeks in line with Government targets. Lewisham has a higher rate of issuing care proceedings than our statistical neighbours and rates relating to this have remained consistent since 2011. The project has enabled Lewisham to reduce the average length of time that cases are in court, from 56 weeks in 2011 to 33 weeks by 2015.This has enabled the achievement of permanency for children in a shorter time frame, whilst reducing legal fees at the same time.

3.15 Safeguarding Children in specific circumstances.

Lewisham is a specified authority for Prevent work by central government to address radicalisation that affect children and young people.

The Prevent Lead has established an action plan in conjunction with the Lewisham Safeguarding Children Board and is in the process of rolling out specialist training called ‘WRAP’ to all Schools and Children’s Social Care to help protect children from radicalisation. Where radicalisation is of concern, liaison will be undertaken with the Prevent team regarding the need for child protection procedures within agreed pathways to protect these children.

3.16 Voice of the Child

Young people have valuable ideas which can greatly help Lewisham. Young people are concerned about their future and it is important for them to be involved and have their voices heard. Lewisham encourages young people to participate and engage in the services on offer to them. There are three participation groups. These are Junior Children in Care Council, CiCC, Senior Children in Care and Care Leavers Forum who are encourage to have a say in the services on offer to children in care. Our facilitation of the participation groups and involvement with them will allow young people to develop a sense of belonging and encourage them to take responsibility for themselves which is a key part to them becoming responsible adults.

Young people in the Children in Care Council (CiCC) have been involved in the interviewing of senior staff within the council and they feel that they have been listened to in terms of the hiring of senior members of staff. Their involvement in this process has allowed them to develop transferable life skills which in some way will increase their employability.

Lewisham has supported young people to be involved in International Voluntary trips. This has benefited the young people involved. These opportunities have helped young people develop a greater sense of pride and participation. It has broken down barriers and preconceptions, and has increased their knowledge, skills and confidence in working with children and young people who are less fortunate than themselves.

CiCC regularly meet with Corporate Parents and discuss issues raised by children in care. They have had discussions about keeping safe online, gangs and general health and wellbeing.

CiCC contributed to Lewisham's Children and Young People's Plan 2015–2018. The plan is about how our partner agencies work together to improve outcomes and life chances of our children and young people.

CiCC want children and young people to:

- Be involved in designing services of the future.
- Contribute to and benefit from involvement in their local communities.
- Feel that they are being heard and valued.
- Be able to make a difference.

Benefits of participation

Opportunities for children and young people

- Personal development.
- Self confidence.
- Influence decisions which affect their lives.
- Feel valued and empowered.
- Involvement in commissioning services and recruiting staff.

Opportunities for organisations

- Services that are responsive to children and young people's needs and concerns.
- Services and policies designed for actual rather than presumed needs.
- Become more accessible to children and young people.
- Provide a more effective service for children and young people.

A series of consultation events with children and young people were undertaken by the LSCB with a key focus on staying safe. The events were very well received by the young people and raised awareness on key safeguarding issues affecting many young people across Lewisham. In addition, the events also provided the Safeguarding Board with an opportunity to gain the views and voices of Lewisham's young people on these key safeguarding issues whilst providing them with signposting information on who they would need to speak to if they had concerns.

CHAPTER 4

4.1 Multi Agency Safeguarding Training

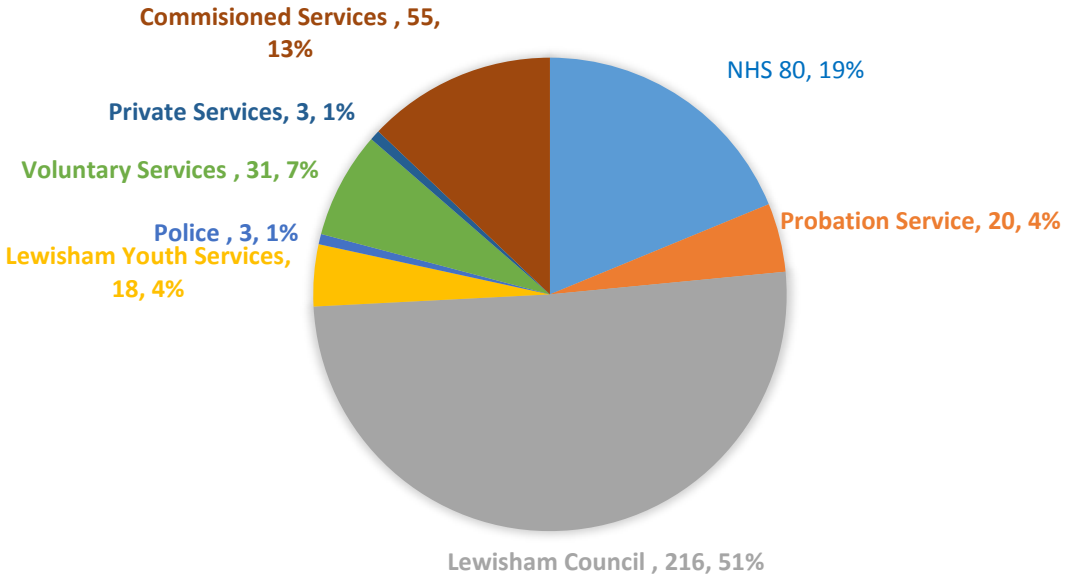
The LSCB commissions, monitors and quality assures the multi-agency safeguarding training for Lewisham.

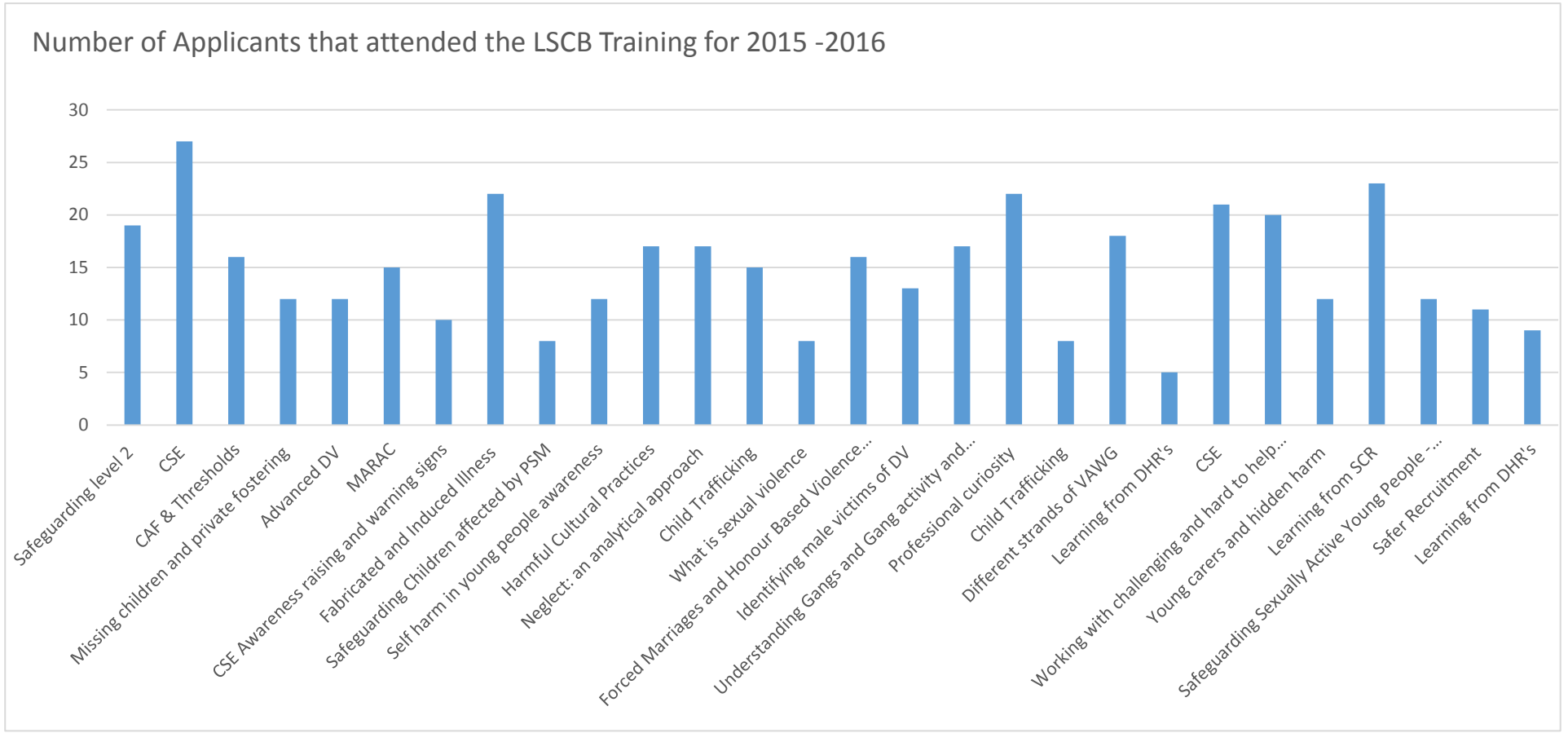
A three point evaluation process monitors the quality and impact of safeguarding training on practice though scaling measurements recorded pre course, course completion and three months after the training is completed. Feedback gathered through evaluation processes indicates that LSCB Training is well received by multi-agency staff. Attendance at courses averaging at around 70%, and agencies are proportionately represented overall. Over 400 professionals across the partnership attended multi-agency training. Quotes from participants included the following:

"*This training has broadened my knowledge and I feel much more confident about my safeguarding practice*"
"*This training was a perfect balance of valuable information and gave some interesting case examples that brought the training to life*"

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

LSCB TRAINING ATTENDANCE FOR 2015 - 2016 BY AGENCY




Number of Applicants that attended the LSCB Training for 2015 -2016
30
25
20
15
10
5
0
Safeguarding level 2
CSE
CAF & Thresholds
Missing children and private fostering
Advanced DV
MARAC
CSE Awareness raising and warning signs
Fabricated and Induced Illness
Safeguarding Children affected by PSM
Self harm in young people awareness
Harmful Cultural Practices
Neglect: an analytical approach
Child Trafficking
What is sexual violence
Forced Marriages and Honour Based Violence...
Identifying male victims of DV
Understanding Gangs and Gang activity and...
Professional curiosity
Child Trafficking
Different strands of VAWG
Learning from DHR's
CSE
Working with challenging and hard to help...
Young carers and hidden harm
Learning from SCR
Safeguarding Sexually Active Young People -...
Safer Recruitment
Learning from DHR's

Voluntary Action Lewisham Safeguarding training and support to faith groups – 2015-16

The LSCB funded Voluntary Action Lewisham (VAL) to coordinate and deliver a one year safeguarding training and support programme to faith groups in Lewisham. The agreed target was to reach 100 people from faith groups. In the end 156 people participated which is around 50% more than the original target.

Results

All 156 trainees were asked to give immediate feedback and 10% were followed up 3 - 6 months later to find out the longer term impact:

- 70% said feel more confident/clearer about CAF and how to use it.
- 70% said they confident to make a referral to CSC if they needed to.
- 80% had updated, written, or produced a safeguarding policy.
- 100% said the training and support had helped them improve their practice, e.g. they better listen better to CYP. Two courses with the deepest impact on learners was faith based abuse and safer recruitment.

'Raised awareness as a leader, what I should be looking for… if an incidence was to occur I would know what to do'

'When children go the toilet… not just any 'uncle or auntie' takes the child to the toilet… we're not taking things for granted

Recommended next steps

25% requested safeguarding training as a future focus, so talks with the Adult Safeguarding Board are taking place. VAL would also like the LSCB to continue to support VAL to:

- reach 'hidden congregations' not formally part of an overseeing faith body in Lewisham and deliver safeguarding support and training to these groups, there are around 300 congregations in Lewisham so more work to do.
- deliver more safeguarding training to West African faith groups and their network of churches especially as a high percentage of cases referred to the MASH relate to children from West African backgrounds.

Safeguarding children for faith groups in Lewisham 2015-16

Impact report

156 people participated in the programme

1125 people reached* 88%

*estimate based on cascading per trainee

7% 3% 3%

Attendance by course

- 11 Designated person
- 13 Consultation
- 13 Essentials
- 13 Essentials in-house
- 18 Harmful cultural practices
- 18 Safer recruitment
- 19 Essentials in-house
- 37 Launch
- 37 Essentials in-house

Referrals

70% understand and know how to use the CAF

70% understand and know how to make a referral

Good practice

100% improved their practise

80% reviewed or produced a safeguarding policy

25% requested training on adult safeguarding

VAL Voluntary Action Lewisham
Supporting local charities ■ Creating stronger communities

Take-up of public v in-house training

54% participated in public training

46% participated in in-house training

Our largest participating faith organisation

One of the largest West African churches in Lewisham

700 members

150 children and young people

Overall satisfaction

99% rated their courses excellent or very good

100% would recommend their courses

Our approach

flexible tailored in-house

Quotes

'Following the training I called a few pastors together… to discuss… we are trying to put something in place. If I didn't come for that course this wouldn't have happened!'

'...we came back [from the training], checked our policies, ensure updated and in line. E.g. FGM had to be incorporated into our policy after it was mentioned …in the training'

'Volunteers are sometimes not as open because [in our setting] abuse are taboo subjects…[people] want to bury selves [in sand] and think abuse doesn't happen, so difficult to get message across [to my volunteers]'

Quotes

'Raised awareness as a leader, what I should be looking for… if an incidence was to occur I would know what to do'

'I feel more confident..[and] know what to do if the need arises'

'When children go the toilet… not just any 'uncle or auntie' takes the child to the toilet… we're not taking things for granted'

Funded by

Lewisham Safeguarding Children Boad

CHAPTER 5

Allegations against adults working with children and the Local Authority Designated Officer (LADO)

It is a requirement of the Local Authority to appoint an officer(s) to manage child protection allegations of those within the Children's workforce.

5.1 **In quarter 1 (Q1), 2015/16** there were a total of 36 referrals, 28 (78%) of which were unsubstantiated, with 8 (22%) being substantiated. At this period, the greatest proportion of referrals came from primary schools (30%) with 16% coming from secondary schools. This is comparable to the number of referrals received from primary schools in 2014/15 (n=43). The second largest proportion of referrals came from the 'other' category (voluntary and community organisations, NHS and private providers) , with 6 referrals in this quarter (16%). Five (14%) came from early years' settings, namely a combination of childminders and nurseries. (See Tables 1 through to 4 below).

5.2 In the first quarter, there were 3 substantiated allegations in Primary Schools with one in a Secondary Schools, two in Early Years' settings and 2 in 'other' agency setting, **a total of 8 substantiated in Q1**.

5.3 **In quarter 2 (Q2), 2015/16** referrals increased slightly from the previous quarter to a total of n=38. There was a decrease in the number of referrals from schools, with 7 (18%) referrals from primary and none from secondary schools. This may have been a result of this period incorporating the one and half month school holiday.

5.3 The highest number of referrals was from Early Years' settings with an increase of 29% in this quarter period. There were 3 allegations made against London Borough of Lewisham foster carers (7.8%) all of which were found to be unsubstantiated. Whenever an allegation is made against a Lewisham Foster Carer, the matter is taken to Lewisham Fostering Panel, the urgency of which is dependent upon the nature of the allegation (for example, if there is a criminal investigation running parallel to any LADO processes).

5.4 There were 5 allegations made against agency foster carers living in the borough, one of which was substantiated. Action was subsequently taken to ensure that the agency dealt with this allegation appropriately and all interested parties alerted to the outcome. Such small numbers in one area risks breaching the confidentiality of the individual should further details of the case be disclosed. However, it is necessary to assure the LSCB that LADO processes are concluded appropriately to safeguard children.

5.5 There were 12 allegations against professionals in other organisations. Seven of these allegations were substantiated, which was 53% of the total number of allegations made in this category. Again, appropriate action is taken when concluding the LADO processes. As with all other quarters, the greatest proportion of allegations were concluded to be unsubstantiated (n=27, 71%) for this quarter, with 11 of the total (29%) substantiated.

5.6 Of the 11 substantiated, 2 were in Primary Schools, none were in a Secondary, 3 in Early Years settings, 1 in Fostering LBL and 5 in 'other'.

5.7 Referrals rose significantly in Q3 & 4, 2015/16 to a total n=46 in this quarter, an increase of 7% of the total referrals received in the year. The majority of referrals came from Early Years settings, with a combination of nurseries and childminders, n=12 (26% of total referrals received). Three of the Early Years referrals were found to be substantiated with n=9 unsubstantiated. Ten referrals came from primary schools (22%) with the majority (60%) being unsubstantiated or unfounded.

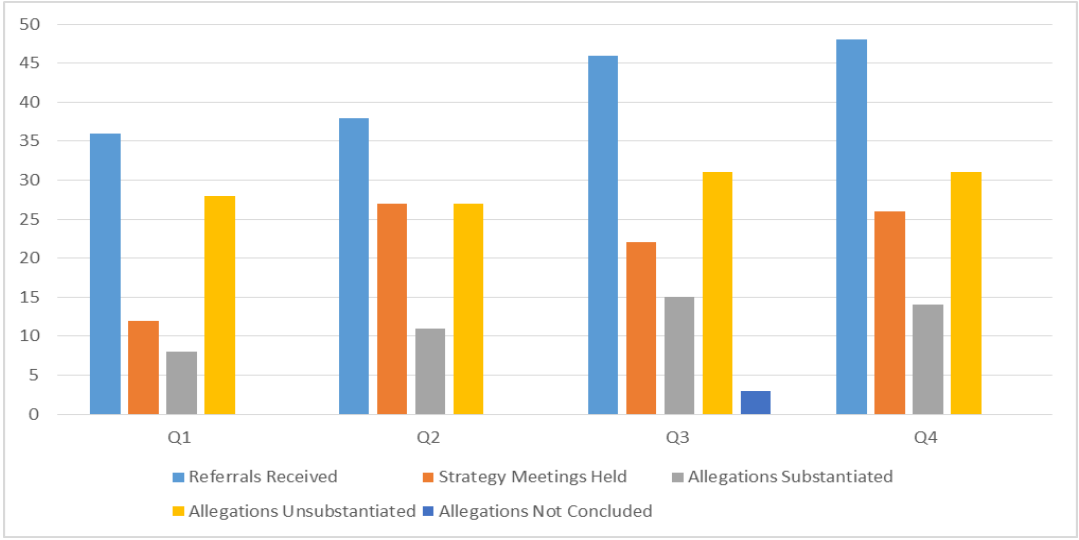
5.8 There was an increase in referrals from secondary schools, where there were none in the previous quarter, to n=6 (13%) in Q3 with one allegation being substantiated. There were 4 allegations against Lewisham foster carers with 1 being substantiated. Again, with appropriate action being taken to follow through on the nature of the allegation. The total amount of substantiated or founded allegations was 15 (32%) out of 46 of this quarter.

5.9 In Q4 there was a slight increase in allegations from 46 to 48 this quarter (4%). In this quarter, there was also an increase of referrals from primary schools to 16 (33%) and an increase to 7 referrals (14%) from secondary schools. A continued increase in referrals from early years services continued from 12 in the last quarter to 17 (35%) of this quarter's referrals. 4 out of 17(23.5%) of the allegations were substantiated in these settings. One of the primary school referrals was a private /independent school provision. There were 5 substantiated allegations in primary schools in the authority that came from voluntary aided or Lewisham primary schools and 2 substantiated allegations in secondary schools. In this quarter, there were no allegations against Lewisham foster carers or agency foster carers living in Lewisham.

2015/16 n	Referrals Received [1]	Strategy Meetings [2]	Allegations Substantiated	Allegations Unsubstantiated/ Not progressing to Strategy Meetings	Allegations Not Concluded
Q1	36	12	8	28	0
Q2	38	27	11		0
Q3	46	22	15	31	3
Q4	48	26	14	31	0
TOTALS	**168**	**87**	**48**	**117**	**3**

[1] Not all referrals move to strategy meetings. Some referrals end with advice given by the LADO to the referring agency.
[1] Cases requiring strategy meetings and not the total number of meetings held per case.

Table 1: LADO Work 2015/16



LADO Data by Agency from 1st April 2015 to 31 March 2016 Substantiated Allegations							
2015/16 n	**Primary Schools**	**Secondary Schools**	**Early Years**	**Foster Carers LBL**	**Foster Carers (Agency)**	**Other**	**TOTALS**
Q1	3	1	2	0	0	2	**8**
Q2	2	0	3	0	1	5	**11**
Q3	4	1	3	1	0	6	**15**
Q4	6	2	4	0	0	2	**14**
TOTALS	**15**	**4**	**12**	**1**	**1**	**15**	**48**

LADO Data by Agency from 1st April 2015 to 31 March 2016 Unsubstantiated Allegations							
2015/16 n	**Primary Schools**	**Secondary Schools**	**Early Years**	**Foster Carers LBL**	**Foster Carers (Agency)**	**Other**	**TOTALS**
Q1	8	5	3	2	4	6	**28**
Q2	5	0	8	3	4	7	**27**
Q3	6	5	9	3	3	5	**31**
Q4	10	5	13	0	0	3	**31**
TOTALS	**29**	**15**	**33**	**8**	**11**	**21**	**117**

Referral by Agency	**2015/16 n**	**2014/15 n**
Primary School	44	43
Substantiated	15	
Unsubstantiated	29	
Secondary School	19	10
Substantiated	4	
Unsubstantiated	15	
Foster Carer, Non-LBL	12	24
Substantiated	1	
Unsubstantiated	11	
Foster Carer, LBL	9	14
Substantiated	1	
Unsubstantiated	8	
Early Years	45	30
Substantiated	12	
Unsubstantiated	33	
Any Other	36	21
Substantiated	15	
Unsubstantiated	21	
Not concluded	3	
Grand Total	**168**	**142**

CHAPTER 6

What happens when a child dies or is seriously harmed in Lewisham?

6.1 Serious Case Reviews

Local Safeguarding Children Boards are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death or when a child has been seriously harmed and there are concerns about how professionals may have worked together.

The purpose of a SCR is to establish whether there are lessons to be learnt from the case about the way in which local services work together to safeguard children. Within the last calendar year the LSCB has commissioned one Serious Case Review in relation to a tragic incident when a young person committed suicide.

Lewisham is also providing information to a serious case review commissioned by Croydon. These reviews are both currently in progress and an informed decision will be made regarding publication of these cases in light of the possible risks of the child(ren) / family being identified.

6.2 Child Death Overview Panel

Working Together to Safeguard Children 2015 places duties on Local Safeguarding Children Boards (LSCBs) to review deaths of all children who normally reside in the area. This has been a statutory duty since April 2008. Child Death Overview Panels (CDOPs) are the means by which local LSCBs discharge this responsibility. Babies who are stillborn and planned terminations carried out within the law are excluded from the review.

LSCB must collect and analyse information about each death with a view to identify:

- Any case giving rise to the need for a Serious Case Review (SCR).
- Any matters of concern affecting the safety and welfare of children in the area of the authority.
- Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
- Put in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

Notifications to Lewisham CDOP are received from a number of sources including A&E departments, police, hospice and paediatricians. Information is collected and collated on each child prior to the child death review where panel members will discuss whether the death was preventable, that is, whether there were modifiable factors that may have contributed to the death. Panel members decide what, if any, actions could be taken to prevent such future deaths and make recommendations to the LSCB or other relevant bodies so that action can be taken. CDOP referred two deaths to the SCR panel during 2015-16 and they will be subject to a review.

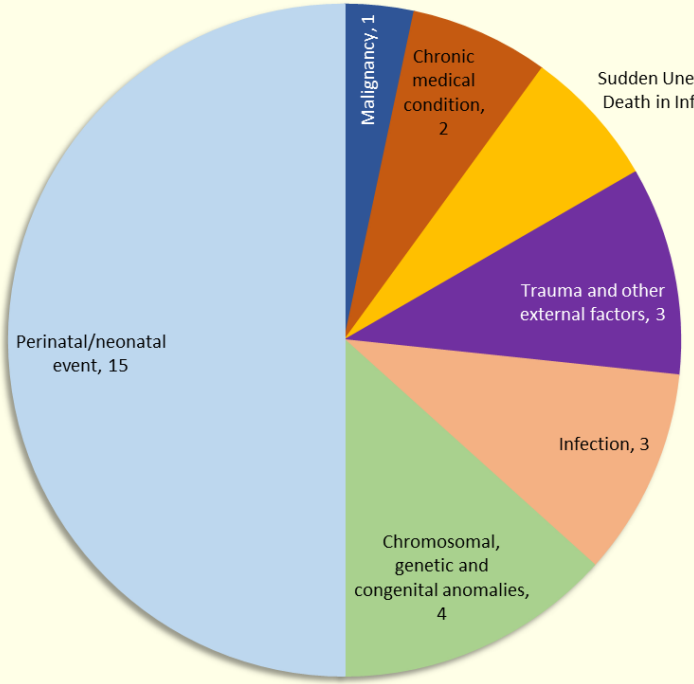
Lewisham CDOP received 23 child death notifications from 1st April 2015 to 31st March 2016 of which 9 were unexpected deaths. This was the lowest annual number since reviews began in 2008. However a higher number (7) of the deaths occurred in the age group 13-17 years than in any previous year. Sadly two young people committed suicide and this prompted a wider piece of work with CDOP Chairs and Designated Doctors from South East London boroughs to establish whether there is a cluster and to discuss sector-wide actions and local good practice.

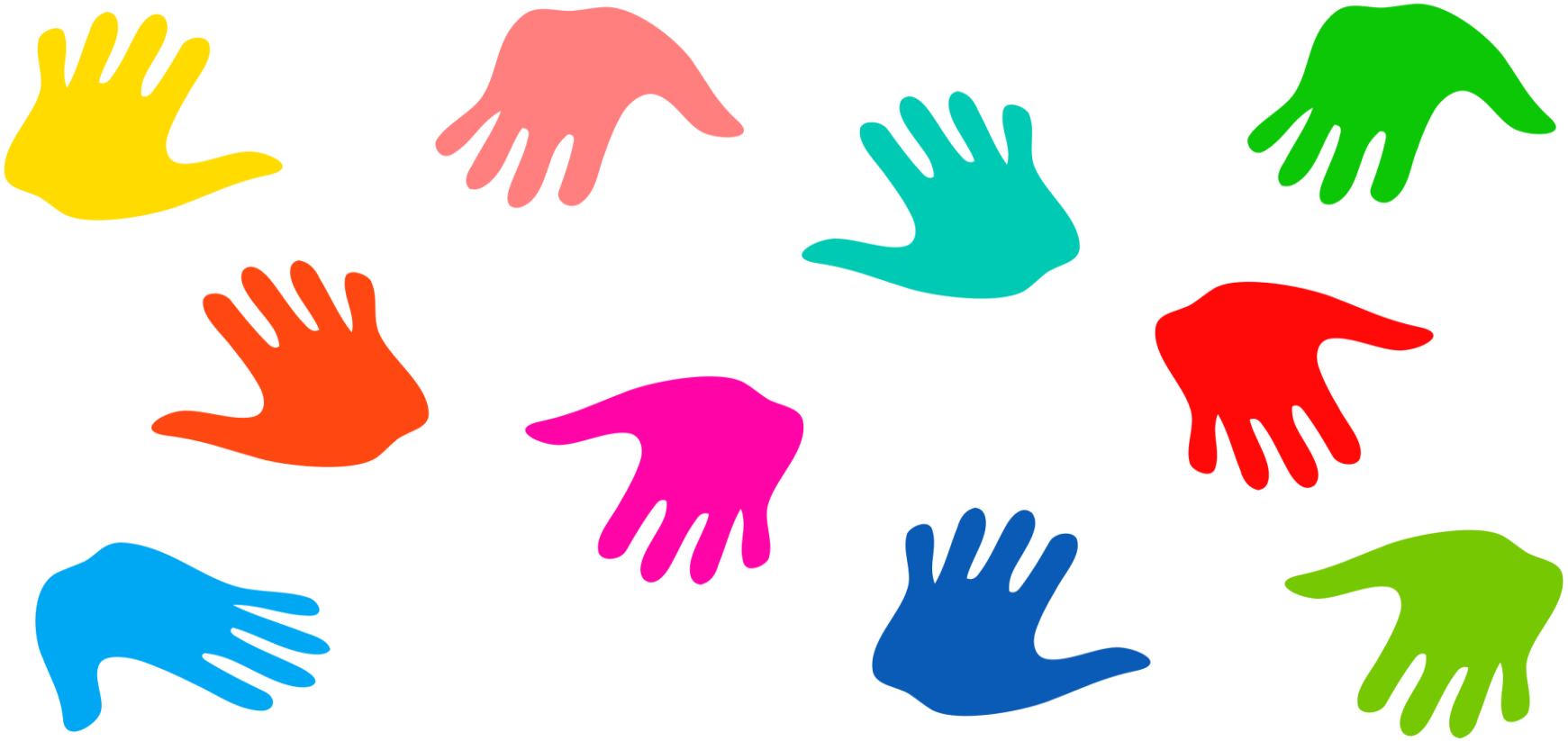
A total of 30 deaths were reviewed by Lewisham CDOP over the course of 2015/16. Half of these deaths were related to perinatal/neonatal events, extreme prematurity being the leading cause of Death in Lewisham and nationally. In line with one of the main purposes of CDOP, i.e. to learn from the tragic deaths of children in order to prevent future deaths, Lewisham CDOP has initiated a number of work programmes to ensure learning is disseminated among partner agencies. These include:

- Implementation of a Safer Sleep/Prevention of SIDS campaign.
- Prevention of Prematurity research programme at LGT supported by academic partners, commencing 1st August 2016.
- CDOP Newsletter sent out quarterly to Lewisham and Greenwich Hospital (LGT) staff, GPs and other partners to share learning from our reviews.
- Water Safety on Holiday – Prevention of Drowning campaign.
- Development of a Bereavement Care Pathway for families and staff.

The chart below sets out the cause of death for the cases reviewed during 2015-16:

Figure 3: number of deaths reviewed for children aged under 18 in Lewisham by cause of death, 2015-16





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HEALTH AND WELLBEING BOARD				
Report Title	Local Account 2016/17			
Contributors	Executive Director for Community Services		**Item No**.	10b
Class	Part 1	**Date:**	27 April 2017	

Reasons for Lateness and Urgency
This report was not available for the original dispatch due to availability of a key officer. The report is urgent and cannot wait until the next meeting of the Health and Wellbeing Board on 6th July 2017 because it is good practice for the Local Account to be published in-year.

Where a report is received less than 5 clear days before the date of the meeting at which the matter is being considered, then under the Local Government Act 1972 Section 100(b)(4) the Chair of the Committee can take the matter as a matter of urgency if he/she is satisfied that there are special circumstances requiring it to be treated as a matter of urgency. These special circumstances have to be specified in the minutes of the meeting.

1. Purpose

1.1 This report introduces the Adult Social Care Local Account for 2016/17. It sets out the background and context for the attached Local Account.

2. Recommendation

2.1 Members of the Health and Wellbeing Board are recommended to approve the Local Account for 2016/17.

3. Policy Context

3.1 In 2011, the Department of Health recommended that all local authorities publish an annual Local Account to tell people what their adult social care department is doing. The Local Account explains how much the Council spends, what it spends money on, what it is doing and how it plans to improve services in the future.

4. Background

4.1 The Local Account gives people an opportunity to read about the Council's achievements through the year and priorities going forward. It supports a regular cycle of self-assessment, consultation and review to enable the Council to deliver high quality services to residents who have care or support needs

5. Financial implications

5.1 Financial implications and detail is included in the body of the Local Account on page X.

6. Legal implications

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

7. Crime and Disorder Implications

7.1 There are no Crime and Disorder implications

8. Equalities Implications

8.1 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.2 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

8.3 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

8.4 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does

not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-_codes-of-practice-and-technical-guidance/

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

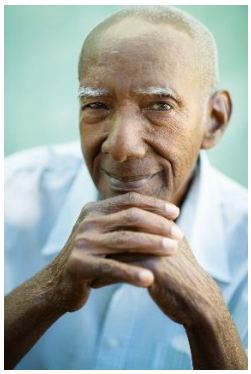
1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

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

9. Environmental Implications

9.1 There are no environmental implications.

London Borough of Lewisham:
Local Account for Adult Social Care 2016/17



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Foreword

The Local Account describes the Council's achievements in relation to adult social care over the past year. It sets out the challenges facing the Council, explains how we spend money on adult social care and sets out our vision for the future.

We are committed to supporting our most vulnerable residents to live fulfilling lives. Our aim is to support people to live as independently as possible with improved choice, control and dignity. Working with our partners we are developing services aimed at reducing or preventing the need for longer-term care and support. Keeping adults at risk of harm, abuse or neglect safe continues to be a key priority.

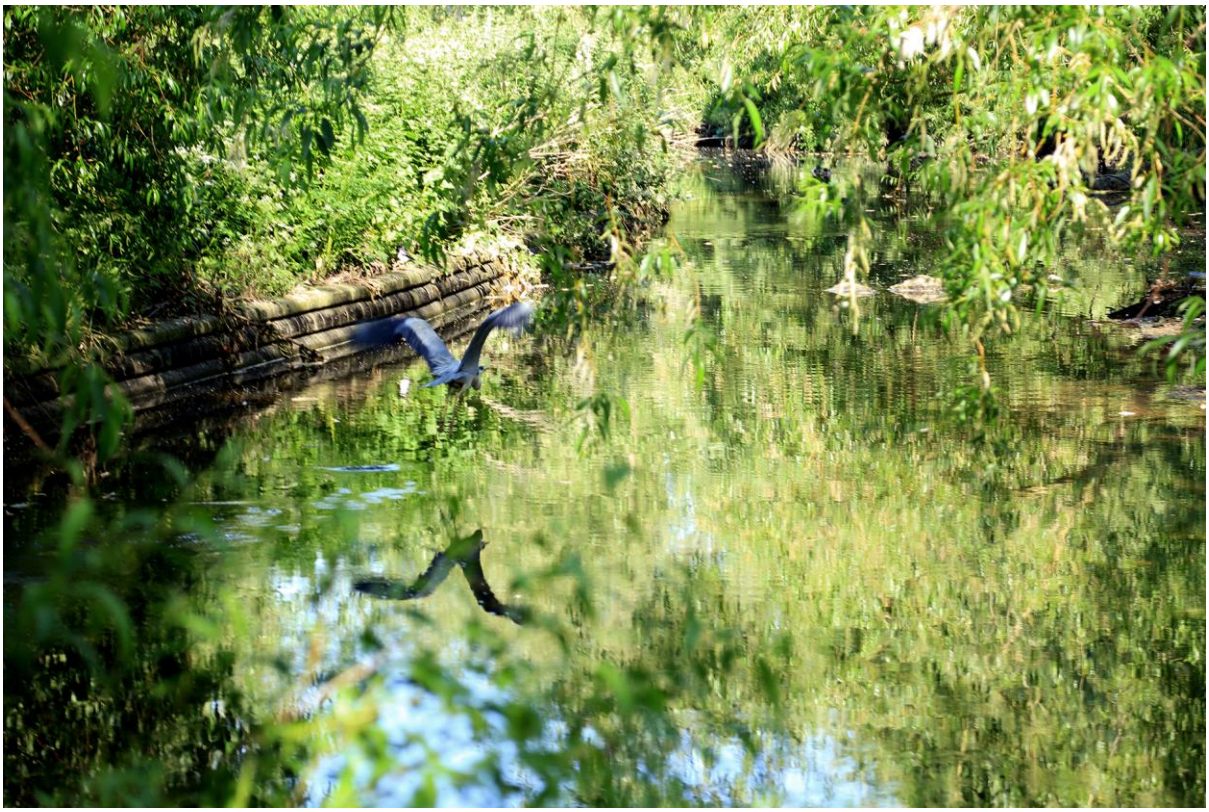
We are delivering adult social care services in a challenging financial climate. At the same time, demand for our services is increasing as people are living longer, often with more complex needs. The Council has made essential savings and is working to become even more efficient. We are reducing duplication, simplifying processes and looking at the way we commission services to get better value for the Council and Lewisham residents.

Working in partnership is key to delivering better, more co-ordinated and cost effective services. We are building on our partnership work across the health and care system with GPs, mental health, community health, the voluntary sector and housing to ensure people get the right help in the right place at the right time.

We are proud of the social care services we provide. We know that the quality of care is important to people and despite the financial challenges we are facing, we are committed to delivering high quality care and support to our residents.

Cllr Chris Best, Cabinet Member for Health, Wellbeing and Older people

Living in Lewisham



Lewisham is a diverse inner London borough that contributes to the diversity and energy of the capital, supporting its growing economy whilst gaining significant benefits from being a part of a world class city. Lewisham is one of the greenest parts of south-east London. Over a fifth of the borough is parkland or open space. The borough has strong communities who take pride in their local areas and neighbourhoods. Lewisham's vitality and dynamism stem from the energy of its citizens and diverse communities.

Lewisham has a growing population, projected to increase from 297,000 in 2015 to 318,000 by 2021, and is the 15th most ethnically diverse local authority in England - 46% of the population are from black and ethnic minority groups. Around 28,000 residents are above 65 years of age and over 3,800 are aged over 85 years. This latter group is often the most complex and therefore bears a very high proportion of care costs.

The Index of Multiple Deprivation 2015 ranks Lewisham 48th of 326 districts in England and 10th out of 33 London boroughs. People living in the most deprived areas have poorer health outcomes and lower life expectancy compared to the England average. Social housing comprises just over a third of all households in the borough. The private rented sector, the fastest growing housing sector in the borough, comprises some 24% of all households. There are nearly 40,000 one person households in Lewisham.

Demand for adult social care is increasing, both in numbers and complexity. 14% of people in Lewisham identify themselves as having limitations in carrying out day-to-day activities. That is equivalent to almost 40,000 people. Lewisham's over 60 population is projected to increase by around 15,000 by 2040 which will increase demand for the Council's adult social care services. Lewisham has over 800 active voluntary and community sector organisations and more than 200 individual faith groups. All these groups and many others help to strengthen our communities by galvanising our citizens, addressing local concerns and advocating on behalf of some of the most vulnerable in society.

Facts about Lewisham and our residents

Figures from the 2011 Census, ONS

How does Adult Social Care work?

Our priorities are to:

- Ensure everyone who uses social care services on an ongoing basis has a **personal budget** and promote the use of **direct payments** to maximise the choice and control people have over managing their own care and support.
- Work with Health providers such as GP's, District Nurses and Hospitals to ensure **support is joined up** and all professionals are working together.
- Consider **wider networks of support** and other services such as community groups, library services and adult education, which people access and promote the use of these networks alongside more formal support packages of care.
- Continue to **develop a range of housing options** together with partners which offer care and support in the community and reduce the need for long-term residential care.
- Make effective use of **technological solutions**, such as Linkline, to maintain safe independent living and assist with the care-giving process.
- Support younger adults into **training or employment**.
- Develop **commissioning plans and a provider market** that supports people to take control of their care needs.
- Apply eligibility and charging policies which **reflect Central Government guidance**.

Services in the community

We know that people want to remain in their own homes and neighbourhoods if they become ill or frail and need help caring for themselves. In these circumstances we will try to support people to stay at home and, wherever possible, try to avoid them being admitted to hospital or a residential or nursing care home.

We work with the person, their families and carers to provide information and advice to help them find the most suitable solutions to remain as independent as possible. Where necessary we carry out assessments of a person's needs and help to provide the most suitable services to support them and keep them safe. When we consider what a person's

needs are, we take into account a range of things which impact on health and wellbeing including health, housing and other support, alongside social care.

Preventing and delaying the need for care

Preventative services are as important as long-term services. We are committed to reducing the need for long-term care and one way of doing this is to support people to be as independent as possible for as long as possible. Services that help people in their own homes, such as physiotherapy, adaptations to the home, social activities have been developed in partnership with health organisations and the voluntary sector to ensure people have the support they need to maintain independence after a hospital stay or illness.

Inevitably though, there will always be those who suffer illness or accidents which cannot be avoided. However, we will always look for ways to support people to ensure they can make the most of the assets they have.

Supporting and valuing carers

Carers have the right to an assessment of their needs, separate to those of the cared for person, and regardless of eligibility for formal social care input. Carers are supported to recognise their own needs and access appropriate support to help ensure a longer and more manageable caring role for their family or support network. We recognise that most care and support is provided by family or friends and we continue to provide a range of support for carers.

Resources spent wisely

We are acutely aware of the need to balance meeting the growing need for services, with reduced resources available to the Council and its partners. We need to ensure resources are spent in a fair way, which gives value for money to the public, who fund these essential services.

This means that normally we will:

- not pay more for a community package of care than we would pay for a residential or nursing package of care
- undertake a continuing healthcare check if we think someone might be eligible for free NHS care
- include all ongoing care services in someone's financial assessment
- not admit someone to residential care from a hospital bed
- not allow a care service put in place to resolve a crisis to continue as a normal service without careful review
- consider a range of housing options in seeking the most appropriate and affordable for each individual.

Wherever possible, we will put short-term services in place that will aid recovery or recuperation and a return to independence, before considering long-term care or support. We will encourage creativity and innovation to meet identified outcomes, and encourage everyone involved to look for solutions that offer the best quality and value for money.

Carefully considering what a person's needs are will ensure that the right level of support is identified in line with their needs and choices. We recognise the value of wider support networks that many people have within their own families and communities and will look at all available resources when considering how to meet needs. Where family or other support networks do not exist, we will help people to build them through appropriate community networks.

A valued workforce

We continue to work with our all our staff, those working directly for Lewisham Council and those within provider agencies to ensure they understand our vision and commitment to maximise independence and quality of life. We continue to work with staff and partners to develop methods of sharing good practice, ensuring seamless, joined up services which empower service users and challenge staff and providers to meet needs in increasingly person-centred and creative ways.

Managing risks

Our aim is to balance risk management alongside delivery of services that promote independence and empower people to take control of their health and social care needs. We continue to talk openly about possible risks in relation to decisions that service users may make, and that there is an understanding of these risks. Ultimately, decisions will be made by the service user and this may mean that some people make decisions we would not have made.

We never take responsibility away from someone unless we have a court order which determines that the person does not have capacity to manage their own affairs.

Social care providers

We work with social care and support providers, including in-house services, to ensure services focus on outcomes and meeting needs in a way which maximises independence.

We continue to develop and commission community-based services which meet needs flexibly and address issues relating to social isolation. We work to ensure that services deliver value for money and have appropriate performance measures, focussed on outcomes.

With personal budgets for all in place from April 2015 onwards, and direct payments used where possible, we will shape the provider market to ensure that providers offer their service users choice and flexibility.

We will encourage providers to offer creative, innovative services, focussed on meeting needs with the least amount of formal care and support, while delivering identified outcomes, whether this is a user-led organisation, social enterprise or private business.

Measuring success

We will know we are successful in delivering the commitments we have detailed in this statement, through the following measures:

- A reduction in the number of people we are directly supporting through formal social care services and an increase in the numbers of people being helped in their communities
- An increase in the number of people living in their own homes for longer
- An increased number of people recovering from an episode of poor health or illness through the use of intensive 'enablement' or recovery programmes
- An increase in independence, with people taking more control of managing their own health.

Joined up Care and Support

We work with our partners to develop and improve our services to offer care and support which is person centred and co-ordinated to improve outcomes and deliver a better experience for service users, their carers and families.

Working with our colleagues across health and care, we are working to deliver a sustainable health and care system, which better supports people to maintain and improve their physical and mental wellbeing, live independent and fulfilled lives and access high quality care when needed. We are working to break down silos between health and social care and to develop integrated and aligned services.

In our work and in partnership, we will continue to focus on delivering:

- Better Health – by providing people with the right advice, support and care, in the right place, at the right time to enable people to people to choose how best to improve their health and wellbeing.
- Better Care – by providing the most effective personalised care and support where and when it is most needed, giving people control of their own care and supporting them to meet their individual needs.
- Stronger Communities – by building engaged, resilient and self-directing communities - enabling and assisting local people and neighbourhoods to do more for themselves and one another.
- Better value for the Lewisham pound – by delivering the most cost effective health and care possible.

The support people receive

We receive over 2700 calls per month asking for information, advice and services.

We undertake an assessment to gain an understanding of peoples' needs. This helps us to identify with the person how their needs will be met and ensure they remain safe. In 2015/16 we carried out 5280 assessments and reviews of people needs.

People with a Learning Difficulty or Disability

We work with our partners to support people with a Learning Difficulty or Disability to live inclusive, independent and safe lives.

Lewisham supported 709 adults with a Learning Difficulty or Disability in 2015/16

People in contact with Mental Health Services

Mental health refers to the psychological and emotional well-being of individuals such as depression and phobias. It also includes those with a history of substance misuse. There are a number of treatments that can be used such as counselling, group session, medication, etc. Support may be provided by specialist teams or by carers who assist individuals with daily tasks and getting around.

346 Adults under 65 years of age with a Mental Health diagnosis were supported with services in 2015/16

Carers

Carers are people who provide care and support for their family and friends, by doing things that help people to stay in their own homes and live an independent life. Carers can be any age, many carers are under 18.

As of April 2015, you are entitled to a carer's assessment where you appear to have needs. This matches the rights to an assessment of the person being cared for. You will be entitled to support if you meet the national eligibility criteria.

In 2015/16, 1959 carers had their needs considered or reviewed.

Direct Payments and Personal Budgets

A direct payment allows you to choose who you wish to provide your service and pay them directly.

A personal budget is when the Council directly passes the money for your care to your preferred provider.

In 2015/16, 683 people received a Direct payment.

Short term care and support

Working with our partners in health, we provide a range of services to support people following a hospital stay or to avoid people being admitted to hospital if they are unwell. These services could include personal care, physiotherapy and adaptations to the home.

Each week in 2015/16 approximately 125 people were supported to regain their independence by these services.

Residential and nursing care

Residential care is provided in a care home where residents live and have trained caring and health staff on site to provide support.

Nursing care is provided in a specialist nursing home setting where residents live. There are nurses and other trained professionals who provide 24 hour specialist care.

In 2015/16, 783 people were in either a Residential or Nursing placement.

Support with day to day living

These may be provided in people's homes and include personal care and domestic tasks, but may also be available through specialist centres who provide day care. There are many organisations across the area that provide these services either in conjunction with the local authority or GPs, etc.

Over 5200 people were supported with packages of care in 2015/16. At any one point in time on average we have 3200 people received these type of services.

Preventative Services

It is important to develop Preventative Services which help people to remain independent and in their own home.

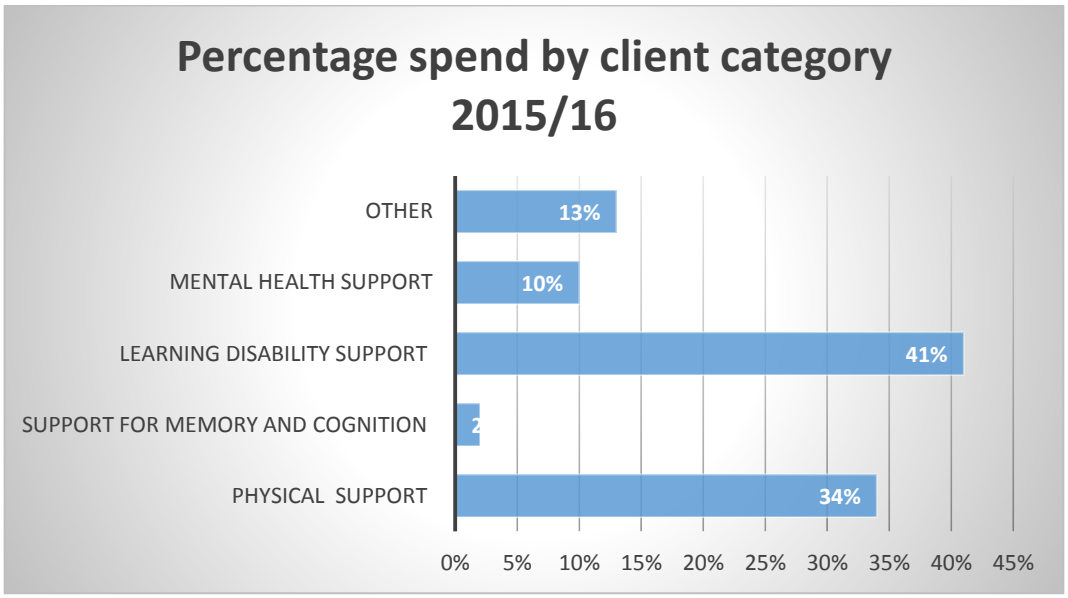
Often some information or advice and signposting is all that is needed, or a small piece of simple equipment makes the difference between independence and needing formal support.

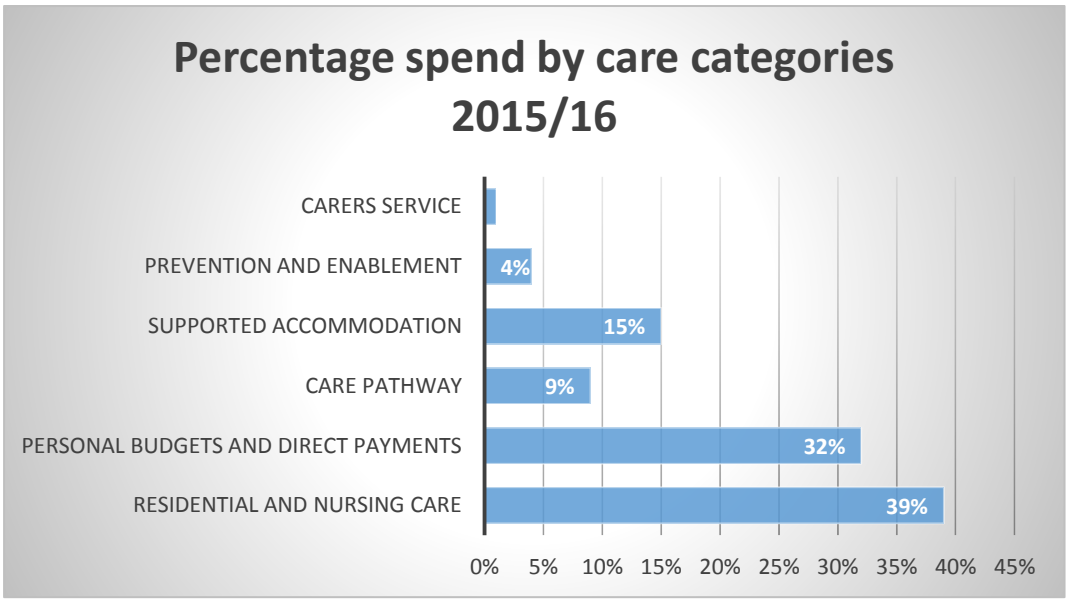
Some people need larger adaptations to their home like stair lifts and bathroom changes.

In 15/16 33,000 contacts were made to our call centre. Over 1,450 people received a range of community equipment such as special mattresses and special beds. 1,908 small items of equipment to support personal care were also provided. 147 people had changes made to their home under the Disabled Facilities Grants scheme. We provided 4,914 community alarms.

How we spent the budget in 2015/16

The total budget for Adult Social Care in 2015/16 was £71.05 million. Savings of £7.54 million were made in 2015/16 compared to 2014/15.





Our priorities for 2015/16 and how we did

KEY: ★ Completed ● On track ▲ Slipped

Our Priorities	Progress made in 2015/16	Status
Closer working with GP practices, district nurses and other health services	We employed a Neighbourhood Co-ordinator to work in each neighbourhood. The Co-ordinators have improved communication between GPs, district nurses and adult social care and facilitated better multi-disciplinary working.	●
Improve early planning for young people who might need adult social care	During the year we have worked with Children and Young Peoples Services to develop a long term strategic plan so that transition from childhood to adulthood for both the young person and their families is improved. We have worked with professionals from Education, Children's Social Work, Voluntary organisation and families and carers. This work will be taken forward in 2016/17	●
Work with local care providers to develop services that promote independence	Our Commissioning team has worked in partnership with local providers to develop new approaches to delivering home care services. Contracts with four new lead provider agencies for personal and domestic care will start in 16/17. The contracts will deliver outcome focused services that meet people's individual needs. We have undertaken a review programme for people with Learning Disabilities to make sure that people are supported appropriately within Supported Living units. This will mean that more people will be supported to live independently and there will be more provision for younger adults. Conrad Court, a new Extra Care facility for older people came on line during the year.	●

Continue to develop and improve the provision of information and advice	The new social care and health webpages went live in August 2015. The website was designed and tested with residents and provides information and advice about local health and social care services, how to maintain and improve your health and wellbeing and better manage any existing conditions. We worked with Carers Lewisham to ensure that advice and support is available to enable carers to continue caring and lead healthy and independent lives. We made it easier to get the right advice and support to look after yourself - to stop smoking, reduce alcohol and drug misuse; promote mental and emotional wellbeing and healthy eating - with a range of interventions and actions to support behaviour change. Work continued to develop and enhance the Single Point of Access, already the Single Point of Access covers all district nursing and social work services. This will improve the co-ordination and provision of health and social care information for Lewisham people. We worked with the 'Go On' project by speaking with residents to better understand the barriers to digital inclusion. We supported initiatives to establish Digital Zones in shops, banks and public buildings where people can discover the benefits that basic digital skills bring to everyday life.	
Continue to develop our partnership approach to safeguarding	A team was established to ensure that requests under the Deprivation of Liberty Safeguards applications were managed effectively, and additional Best Interest Assessors were trained. Safeguarding Adults Training was developed in line with new legislation to improve practice.	

	As part of the London pilot on Making Safeguarding Personal (MSP), we have developed our practice so that clients are fully engaged with the safeguarding process, in line with the Care Act 2014, statutory guidance and the Pan-London adult safeguarding policy and procedures. There was close partnership working between LB Lewisham, NHS Lewisham Clinical Commissioning Group, NHS England and the Care Quality Commission in relation to a major enquiry involving Organisational abuse. There was very positive feedback from Association of Directors of Adult Social Services and the Care Quality Commission in relation to the well managed closure of two nursing homes following liquidation of the management company.	
Continue to play a key role in the wider integration and transformation of health and social care in Lewisham.	As demand on the NHS continues to grow we are working on an Enhanced Care and Support project that will further develop / redesign services that either: - Stop people being admitted to hospital by wrapping health and social care services around them in their homes, and being able to provide medical interventions and tests in a day unit at Lewisham Hospital so people can return home on the same day. - Allow people to be discharged from hospital once they are medically fit as soon as possible and carry out any assessment in their own homes.	

Plans for 2016/17

Our priorities	What this means for residents
Working with our health and care partners to deliver a whole system model of care.	By working closer together, sharing information and responding to changes in health needs, we will deliver better co-ordinated care in your home and help you to remain independent as possible We will ensure that you do not need to go into hospital unnecessarily, but if you do have to stay in hospital you return home as soon as possible.
Delivering a Quality Assurance Framework for Assessment and Care Services.	We will further develop systems that monitor and measure the quality of the care and support you are receiving both from us and from providers. This will ensure that we are keeping people safe and help support the care providers.
Further develop a Single Point of Access and information and advice.	We will ensure that you are able to access information and advice and signposting 24 hours per day, no matter where you are. The information you will be given will help you make the right choices for you and your families. We will use new technology so that you can tell us about your care needs at any time. This information will be available to other professionals who may be supporting you.
Improving choice and delivering outcome based services.	We will work with agencies commissioned to provide care at home. New outcome based contracts will offer more choice and control over the care you and your families receive. We will continue to develop personal assistants providing greater choice.
Continued improvements to safeguarding in line with Care Act requirements.	We are planning to develop an Adults Multi Agency Safeguarding Hub. This means Social Workers and Police Officers will work together and identify people who are at risk of abuse much faster. We will continue to develop the 'Making Safeguarding Personal' programme to ensure the wishes of any person suffering abuse are at the centre of decision making. We will undertake a peer review to ensure we are continuously improving our approach to safeguarding.
Develop partnership work with Children and Young Peoples Services to improve transition arrangements	We will develop services that supports the young person and their families during the period of leaving school and moving to further education. We will ensure that there long term plans in place for housing, social activities and gaining employment

Key performance indicators 2015/16

These indicators are the national set of Adult Social Care outcome framework (ASCOF) indicators that measures how well care and support services achieve the outcomes that matter most to people.

The framework:

- supports councils to improve the quality of care and support services they provide
- gives a national overview of adult social care outcomes in 2015 to 2016

National Adult Social Care Outcomes Framework (ASCOF) Performance Indicators	Lewisham	Regional (London) Average	National (England)
ASCOF 4A: Feeling safe	68.9%	65.9%	69.2%
ASCOF 4B: Services helping people feel safe	89%	81.7%	85.4%
ASCOF 1A: Social care-related quality of life (QoL)	18.7%	18.6%	19.1%
ASCOF 1C(1): % in receipt of SDS/direct payments	97%	85.3%	84.9%
ASCOF 1C(2): % in receipt of direct payments	23.8%	35.4%	36.4%
ASCOF 2A(2): Permanent admissions of older people per 100,000 population	618.6	570.3	628.2
ASCOF 2A(1): Permanent admissions of adults aged <65 per 100,000 population	9.9	10.2	13.3
ASCOF 2C(2): Delayed transfers of care that are attributable to social care per 100, 000 population	2.4	3.3	4.7
ASCOF 2B(1): Proportion of OP still at home 91 days after discharge into reablement/rehabilitation	98.1	85.4%	82.7%
ASCOF 3A: Overall satisfaction of people who use services	61.7%	60.3%	64.4%