

Healthier Communities Select Committee Agenda

Tuesday, 6 March 2018

7.00 pm,
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 6 March 2018.

Janet Senior, Acting Chief Executive
Tuesday, 22 February 2018

Councillor John Muldoon (Chair)	
Councillor Susan Wise (Vice-Chair)	
Councillor Paul Bell	
Councillor Peter Bernards	
Councillor Colin Elliott	
Councillor Sue Hordijkenko	
Councillor Stella Jeffrey	
Councillor Olurotimi Ogunbadewa	
Councillor Jacq Paschoud	
Councillor Joan Reid	
Councillor Alan Hall (ex-Officio)	
Councillor Gareth Siddorn (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 7 February 2018, 7.30pm

Present: Councillors John Muldoon (Chair), Joan Reid, Sue Hordijkenko, Colin Elliot, Olurotimi Ogunbadewa, Stella Jeffrey and Jacq Paschoud.

Apologies: Councillors Susan Wise (Vice Chair), Paul Bell and Peter Bernards.

Also Present: Paula Eaton (Inspection Manager, London, CQC), Vanessa Smith (Lead Director for Lewisham, SLaM), Helen Kelsall (Deputy Director Nursing and Quality, SLaM), Elaine Rumble (Deputy Director Nursing and Quality, SLaM), Rose Hombo (Head of Nursing, SLaM), Diana Braithwaite (Director of Commissioning & Primary Care, Lewisham CCG), Marc Rowlands (Chair, Lewisham CCG), Simon Parton (Chair, Lewisham Local Medical Committee), Cllr Joe Dromey (Cabinet Member for Policy and Performance), Cllr Brenda Dacres (New Cross ward councillor), Fiona Kirkman (Prevention and Early Intervention Lead, Whole System Model of Care), Joan Hutton (Head of Adult Social Care), Ralph Wilkinson (Head of Public Services), Robert Mellors (Group Finance Manager, Community Services), Aileen Buckton (Executive Director, Community Services), Dee Carlin (Head of Joint Commissioning), Nigel Bowness (Healthwatch), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 6 December 2017

Resolved: the minutes of the last meeting were agreed as a true record.

2. Declarations of interest

The following non-prejudicial interests were declared:

- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.
- Councillor Colin Elliot is a Council appointee to the Lewisham Disability Coalition.

3. Responses from Mayor and Cabinet

There were no Mayor and Cabinet responses.

4. Social prescribing review – draft report

John Bardens (Scrutiny Manager) introduced the report. The following key points were noted:

- 4.1 On draft recommendation 8, the committee noted that not all organisations are able to afford to pay for their own link worker and that link arrangements should be appropriate to the scale and nature of the organisation.

- 4.2 Officers noted that Community Connections, which signposts people, also supports smaller organisations to change to be able to accept social prescribing referrals, therefore expanding the social prescribing offer available to residents.
- 4.3 On draft recommendation 8, the committee agreed to replace “organisations set up to signpost” with “organisations which signpost” and to delete the word "simply".
- 4.4 The committee considered whether social prescribing could be embedded within Lewisham CCG's commissioning intentions so that organisations that wish to be providers would have to have their own social prescribing offer or take part in the council's offer.
- 4.5 On draft recommendation 4, the committee agreed to include "men's groups" as one of the groups to pay particular attention to when addressing gaps in social prescribing activities.

Resolved: the committee agreed the draft report and recommendations, subject to the amendments noted in the minutes, and resolved to refer them to Mayor and Cabinet at the earliest opportunity.

The full list of agreed recommendations is set out below:

Section: Community and voluntary-sector organisations

1. *Given the importance of those involved in social prescribing, both prescribers and providers, building a better understanding of the usefulness and effectiveness of different referrals and interventions for different people and different needs, the committee recommends that following up on referrals and gathering feedback from all parties becomes a compulsory part of the Community Connections referral process. This would allow GPs and other organisations better understand each referral and better target social prescribing interventions.*

Section: Evidence of effectiveness

2. *The committee notes that there is evidence of the effectiveness of social prescribing interventions in the borough. However, given that there is still a significant lack of a coherent body of evidence, generally and locally, the committee recommends that officers look into ways of building a more comprehensive database of evidence and feedback. This should include statistical analysis of wellbeing outcomes where available, but it should also include patient-reported feedback and case studies.*
3. *In order to build a more comprehensive database of statistical data the committee also recommends that officers look into the possibility of drawing up a set of clear outcome measures for social prescribing interventions, which could be reported on and shared with health and care partners, particularly GPs and services users. The committee suggests that it may be helpful to link this information to the Lewisham health and social care directory of services so that prescribers, providers and service users can view it when searching for services.*

Section: Gaps in provision and awareness

4. *Given the evidence the committee has received on the loneliness rates among people with learning disability and the rates of mental ill health among young adults, and the long-term health impacts of these, the committee recommends that Lewisham health and care partners pay particular attention to addressing the gaps in support for young adults with learning disability, men's groups and those experiencing mental ill health.*
5. *There is evidence that existing services in the borough need more support with capacity building, and the committee recommends that Lewisham health and care partners continue to help with this, but the committee also recommends that officers also explore appropriate opportunities to work with national and neighbouring borough services.*
6. *Given that lack of awareness and knowledge of social prescribing among GPs appears to be acting as a barrier to its wider use, the committee recommends that Lewisham health and care partners focus on raising awareness of social prescribing, including evidence of effectiveness, among GPs and the wider clinical community as a priority.*
7. *One measure that should be further explored is locating more social prescribing representatives in key GP practices. Without high levels of awareness among the GP community, people will miss opportunities to access activities and support which could help them. And without high levels of awareness and use by GPs, officers will be unable to accurately assess local gaps and the effectiveness of particular interventions.*
8. *The committee also notes the concern that organisations which signpost people can end up adding an extra step to the patient's journey and recommends that Lewisham health and care partners ensure that any social prescribing mechanism developed is as quick and easy-to-use as possible, for both prescribers and service users.*

5. Adult safeguarding annual report

The Chair informed the committee that this item would be postponed until the next meeting.

6. CQC update on care homes

Paula Eaton (Inspection Manager, CQC) introduced the report. The following key points were noted:

- 6.1 The Care Quality Commission (CQC) ratings data for adult social care in Lewisham is positive. There are no services rated as "inadequate" and the CQC is working closely with those services rated as "requires improvement". The CQC is also working closely with the council to drive improvement.
- 6.2 The categories in which the CQC often identifies concerns are "safe" and "well-led". The "safe" category is wide ranging and can be challenging with resource constraints. The CQC has also found that leadership has a significant impact on a service's rating.
- 6.3 The committee asked the CQC what it is doing to check the financial stability of providers.

- 6.4 The CQC explained that they closely monitor any indicators of financial issues, such as staff not being paid, for example. The CQC also now have a national Market Oversight Team in place to oversee larger providers and are working more closely with councils to identify and address any areas of concern more quickly – individual inspection teams continue to monitor smaller providers. As well as providers in Lewisham, Lewisham council also monitors providers outside of Lewisham which are used by Lewisham residents.
- 6.5 The CQC does not currently have any pressing concerns about the financial stability of providers in Lewisham.

Resolved: the committee noted the update.

7. CQC inspections of SLaM

Vanessa Smith (Lewisham Lead Director, SLaM) introduced the report. The following key points were noted:

- 7.1 Following the re-inspection of a number of services in 2017, SLaM's overall CQC rating remained as "good". Community services for working age adults was rated as "requires improvement". Inpatient services for working age adults was also rated as "requires improvement". Inpatient services for older adults was rated as "good". SLaM has agreed on the areas of improvement and action plans for each service area.
- 7.2 The committee expressed concern that the CQC rating for the safety of each service was "requires improvement".
- 7.3 SLaM explained that the CQC rating for safety covers a wide range of areas from medicine management to staff recruitment and retention. SLaM explained that the CQC noted areas of improvement during the re-inspection and that they agreed detailed action plans to improve the safety rating for these services.
- 7.4 The committee asked SLaM what are the barriers to achieving and maintaining improvements in its safety and overall rating.
- 7.5 SLaM noted that a particular challenge for a number of service areas is the older estate in which they are based. For some service areas it's also the number of beds they have and flow to discharge. Another particular challenge to achieving improvements in safety is the recruitment and retention of staff. A number of posts are currently filled by agency staff.

Resolved: the committee noted the report.

8. The future of the NHS walk-in centre

Diana Braithwaite (Director of Commissioning & Primary Care, Lewisham CCG), Marc Rowlands (Chair, Lewisham CCG), and Simon Parton (Chair, Lewisham Local Medical Committee) introduced the report. The following key points were noted:

- 8.1 The CCG told the committee that it had been a difficult decision to close the New Cross walk-in centre, which they had only taken after considering all the information they could.
- 8.2 The CCG does not believe that the walk-in centre gave the best healthcare to the residents of Lewisham. The walk-in model is not the model the CCG are looking for. The CCG want patients to be registered so that doctors have access to their records during consultations.
- 8.3 CCG officers explained that users of the walk-in centre would be able to use the Lewisham GP extended access provision, which offers GP appointments 8am-8pm seven days a week.
- 8.4 The CCG carried out a comprehensive 12-week consultation and has considered and responded to all the alternatives proposed.
- 8.5 There were a number of concerns highlighted during the consultation, including the impact on A&E waiting times and vulnerable sections of the local community, such as rough sleepers and undocumented migrants.
- 8.6 The CCG believe that the impact on A&E waiting times at Lewisham Hospital will be minimal, but said that it will continue to monitor activity. The CCG received a letter from Lewisham and Greenwich Trust stating that the walk-in centre closure would have minimal impact.
- 8.7 The CCG are in the process of developing a new service for rough sleepers, which will be piloted for 18 months from April. This will include a walk-in service at the Waldron and outreach work. The CCG will also have someone at the walk-in centre to help people who are not yet registered with a GP get registered, including undocumented migrants.
- 8.8 The Chair of the Lewisham Local Medical Committee (LMC) noted that the CCG's consultation on the future of the walk-in centre had been appropriate, with a good level of engagement with vulnerable groups such as rough sleepers.
- 8.9 The committee asked about the methodology the CCG used to conclude that closing the walk-in centre would be mitigated by access to GP extended hours provision.

- 8.10 The CCG noted that during pre-consultation people said that the key reason they used walk-in centre was because they were not able to book a GP appointment and that most people said that they would use a bookable appointment if they could get one.
- 8.11 New Cross ward councillors addressed the committee and acknowledged that the CCG's consultation on the walk-in centre was comprehensive, but expressed concerned that it was being closed despite 82% of consultation respondents being opposed to this.
- 8.12 They also noted that Lewisham and Greenwich Trust was experiencing its worst A&E waiting times on record and stressed the importance of monitoring the impact of closing the walk-in centre on the numbers of visitors to A&E.
- 8.13 New Cross ward councillors also noted that New Cross and Deptford are some of the most deprived areas of Lewisham and asked if the CCG would consider a satellite walk-in service at the Waldron in New Cross if alternative services were found to be falling short.
- 8.14 The CCG agreed to report back to committee on how it manages and monitors the transition period following the closure of the walk-in centre. The CCG noted that the GP extended access services is under-utilised and that they would be able to increase the number of appointments available if necessary.
- 8.15 A member of the committee raised a procedural motion to proceed to the next business on the agenda. The motion was seconded by another member of the committee and the Chair called for a vote. Four members of the committee voted in favour of the motion and two members of the committee voted against the motion. The committee proceeded to the next item on the agenda.

Resolved: the committee noted the report.

9. Linkline community alarm service

Fiona Kirkman (Prevention and Early Intervention Lead, Whole System Model of Care) introduced the report. The following key points were noted:

- 9.1 Officers presented the report on the outcome on the consultation on the proposed changes to the Linkline Community Alarm Service.
- 9.2 Overall, Linkline customers were supportive of the proposals to change the service model and to revise the charges to bring them in line with inflation and other service costs.
- 9.3 Although more people agreed rather than disagreed to increasing the charge, people expressed general concern about affordability and the level of the

increase. The service will monitor to see if any customers stop having the service as a result of the price increase.

- 9.4 After considering the feedback from the consultation it is proposed that there will be a price increase but that this will be less than the amount that was proposed in the consultation.
- 9.5 The committee said that it hoped that new customers who wanted to receive a telephone only service would be made aware of alternative providers of this type of service.
- 9.6 The committee asked about the support in place for telephone-only customers who do not speak English or have other communication difficulties. Officers said that this is currently addressed by identifying a local relative or friend who is able to support communication between the customer and Linkline staff.

Resolved: the committee noted the report.

10. Adult social care charging framework

Joan Hutton (Head of Adult Social Care) and Ralph Wilkinson (Head of Public Services) introduced the report. The following key points were noted:

- 10.1 Officers introduced the Adult Social Care Charging and Financial Assessment Framework, as informed by recent consultation.
- 10.2 Officers explained that the framework document is a consolidation of current policy and practice in relation to adult social care charging and financial assessment into one comprehensive framework document. It proposes no changes to the existing policy and practice.
- 10.3 Officers acknowledged that the framework is a long document, but explained that it is good practice to have a single overarching document and a series of more accessible documents for the public on specific areas.
- 10.4 The consultation received limited feedback from members of the public but lots of feedback from organisations representing and supporting different parts of the community.
- 10.5 The committee queried what efforts were made to draw the public's attention to the consultation.
- 10.6 Officers explained that the consultation was publicised on the council's website via surveys and that some voluntary sector groups organised meetings with individuals.
- 10.7 The committee queried whether there was much evidence of avoidance schemes in adult social care charging. Officers explained that there are cases

they investigate where they have concerns that someone is not declaring everything, but that this a minority of cases. Officers reassured the committee that it has access to a wealth of information to check where they have concerns and that their processes are audited.

Resolved: the committee noted the report.

11. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

11.1 The committee requested an update on primary care changes in Grove Park.

Resolved: the committee noted and agreed the work programme.

12. Referrals

Resolved: The committee agreed to refer the final report and recommendations of its in-depth review of social prescribing to Mayor and Cabinet. See item 4 for list of recommendations.

The meeting ended at 22.10pm

Chair:

Date:

Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	6 March 2018

Declaration of interests

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

1. Personal interests

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

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

2. Disclosable pecuniary interests are defined by regulation as:-

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

(b) and either

- (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
- (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

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

3. Other registerable interests

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

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

4. Non registerable interests

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

5. Declaration and Impact of interest on members' participation

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

consideration of the matter and vote on it unless paragraph (c) below applies.

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

6. Sensitive information

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

7. Exempt categories

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

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

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Agenda Item 4

Healthier Communities Select Committee		
Title	Evaluation of the Lewisham People's Parliament on Health	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	6 March 2018

1. Purpose

Attached is the summary and full evaluation report of the Lewisham People's Parliament on Health.

2. Recommendations

The Committee is asked to consider and note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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Summary of the Lewisham People's Parliament on Health

The inequalities in health treatment for people with learning disability are well documented and have been getting increasing media press coverage in recent months. The closure of assessment and treatment units remains a serious issue that still needs addressing. The fact that many deaths of people with a learning disability are considered 'avoidable' and are happening early is and should be, truly shocking. However, our workshops looking at people's day to day experiences of using health care services such as GPs and hospitals show that some simple steps can make a big difference.

The experience of people with learning disability using health services varies, with some people reporting a good experience. Often, people's experience is mixed and largely depends on three areas. These are good communication, good staff attitudes and the right reasonable adjustments. Looking at what people said in the workshops we would recommend;

- Much wider use of hospital passports, health action plans and annual health checks. This includes promoting these things with people with learning disability living on their own or with family, not just among professionals.
- Inaccessible language and jargon can be a real barrier. More training for staff in how to communicate well with people with learning disability and treat them equally.
- More reasonable adjustments for people with learning disability, which often means adjusting attitudes or the ways of communicating. A reasonable adjustment should not be seen as a 'burden' by health staff but seen as a necessity to enable equal treatment to be given.
- Shorter waiting times and longer appointments would make using GP and hospital services much easier for people with learning disability and autism.
- A better understanding from health professionals that people with learning disability have the right to make their own decisions about health care. People with learning disability want health professionals to talk directly to them in a way they understand, but they also want to be able to have the support of family, friends or support staff when they choose to do so.

As a result of the Lewisham people's parliament on health, the parliament reps will be asking to meet with health and social care managers and decision makers. They will ask what can be done differently as a result of what people with a learning disability have said they want to happen. Since the health parliament in June 2017 we have also taken the following actions:

- Parliament reps attended a meeting with the Nursing and Midwifery council and National Mencap and passed on the recommendations in the health parliament report.
- Parliament reps met with the manager of the community learning disability health team in Lewisham. Based on feedback from the health parliament, reps made some suggested changes to the Trust's learning disability strategy. The manager agreed with the reps suggestions and said he would recommend that the changes be made.
- Parliament reps attended a learning disability champion's day at Lewisham University Hospital and gave five recommendations about what the hospital could do differently to support people with learning disability in relation to healthcare.
- The people's parliament report on health was sent to the health policy officer at National Mencap to be shared with health decision makers and Mencap local groups.

The Lewisham people's parliament will continue to campaign on important health issues and highlight those inequalities experienced by people with learning disability.

Marsh Stitchman, July 2017.

Lewisham People's Parliament Project Lead.



**Evaluation of the Lewisham People's Parliament on
Health**

June 2017



Evaluation of the June 2017 parliament on Health

Background

This paper gives detailed feedback and results about the Lewisham People's Parliament on health on June 23rd 2017.

It gives information on what people expected from the parliament, what was talked about in the workshops, what changes people would like to see and how people evaluated the parliament.

The parliament was held at Catford Civic Suite with the main business taking place in the council chambers. .

The focus of the parliament was on 'day to day' healthcare, mainly using GP and hospital services. In February 2017 the parliament reps agreed that we would work with National Mencap on their campaign for better health treatment for people with learning disability. The parliament was the first part of that joint work, to be followed up in July and August by another 2 workshops.



The parliament starts in the council chamber.

There were five workshops planned for the parliament covering:

- Visiting your GP and getting an annual health check
- Going into hospital
- Accessible information and healthcare
- Your rights to good hospital treatment
- A story based workshop about healthcare for people with high support/communication needs

As people arrived and signed in they were also asked to choose which workshop they would like to go to. A system of colour coded name badges was used so people would find it easy to know which workshop they should join.

The parliament was opened by chair person Kali, one of six elected People's Parliament reps. Kali introduced three guest speakers. The first was Josie and Eve from Royal Mencap Society. Josie has a learning disability and she spoke with Eve about what Mencap is planning as part of their health campaign.

The second guest speaker was Jane Abraham who has been supporting learning disabled people to check health services in Lambeth. Jane told the parliament about working with Healthwatch Lambeth to do 'Enter and view' visits. Unfortunately, the people with learning disability that should have presented with Jane could not make it on the day, so she did the presentation by herself.

Our final speaker was Colin, another of our parliament reps, who had spent several weeks in hospital last year. Colin did a live onstage interview with our advocacy service manager, Will. Colin answered questions about what had gone well with his hospital treatment and what could have been better. The main thing that helped Colin was getting good support from a learning disability liaison nurse.

Part 1 How many people came to the parliament?

Learning disabled people were asked to sign in and register for the parliament as they arrived. People's age group and gender were collected at this point.

Ages	Numbers at parliament
Age 18 -24	7
Age 25 - 64	48
Age 65+	0
Total	55
Gender	Numbers at parliament
Female	27
Male	28
Total	55

Numbers were slightly down on the last parliament which had 60 people with learning disability; however they exactly match the attendance of the parliament before that. Overall numbers are below our ideal target and we will need to continue thinking of ways to increase attendance at future parliaments.

Part 2 What did people expect from the parliament?

Learning disabled people coming to the parliament were asked to fill in a questionnaire about what they expected from the parliament. Some people had help to fill in the form. 21 learning disabled people (38%) filled in a form.

Here are the questions and the answers people gave.

1. Why have you come to the parliament today?

- To meet people
- Come to listen and find out information
- To talk about speaking up for health
- Because for the health and safety

- We came to listen to the speakers
- I wanted to get out of the house
- To talk about health
- Cause I enjoy it
- I want to know more about voting
- Election
- To listen to what people are going to say today
- Because I like it. It's interesting. I like to speak up.
- To talk about health
- The people's parliament is big
- I like Lewisham Speaking Up
- Listen and talk
- To learn about the healthcare
- To talk about health
- To listen to the speakers
- Because I have a pain in my tummy and neck

2. Have you been to a parliament before?

Yes = 20

No = 1

Don't know = 0

3. What do you think will happen at this parliament?

- I am not sure. I am a bit nervous
- Talking about everything
- Talking to people about health
- I wanted to get a T shirt
- Don't know
- Learn new information
- We have a chair person
- Speaking up about health
- Talk about health

- Health
- I will help people
- Talk about health
- Meet in hall. Greet people. Guest speakers. Workshops.
- Talk about speaking up about health
- I don't know
- I want to feel better about my health. My tummy hurts.
- I can't think of anything
- Discuss things
- Talk about jobs?
- I will learn more about health
- Meeting doctors and nurses

4. What things do you think parliament meetings should be about?

- Jobs, housing, more shops
- How to get a job
- Job centres
- Don't know
- Transport, day centres
- Parliament, speaking up
- Relationships
- Hate crime
- Transport
- Hate crime and police
- Relationships
- Painting, drawing
- Jobs
- Hate crime, jobs
- Don't know
- Relationships (girlfriend and boyfriend)
- Appointments

Part 3 The video interviews

At this parliament we tried again at doing some video interviews with people with learning disabilities. 6 people gave a video interview (11%) and below are some of their comments, first about using health services and then about the Lewisham people's parliament itself.

Comments on video about health services

- I told him (GP) I was sick and they gave me tablets for it, to stop me being sick.
- I had an operation on my legs, it's all good. Sorted my legs out. I'm there.
- Sometimes with the doctors, it takes a bit of time before you have your appointment. Sometimes reception, the people behind the desk in hospitals are not particularly that friendly. I went to hospital once and I didn't know that I didn't have an appointment cos that's why behind the desk didn't help me at all, not until my mum came in and realised that's what happened. So we complained about it.
- (on going into hospital) Well I've been treated quite well. I haven't had any problems at all. I mean all the doctors are friendly, that I know, and they're helping me with all my things and everything.
- (on what needs to change) Well some receptionists, people behind the desk need to have more understanding of people, because some of them the way they run it is more military and they're not particularly helpful to people like me who have like disabilities. Sometimes it's hard to know if you have got an appointment or not. If I'd have gone on my own, I might not realise that I haven't got in at all or be seen.
- I went for some more help, to get more tablets for my migraine and they need to give me some more migraine tablets. It's

quite good, I like it. (About the front desk) the woman is ok you know, they're friendly, it's ok. (About the GP) The doctor is ok to me, sometimes he's friendly but sometimes he's not friendly but he's alright. (About going into hospital) Hospital is ok you know, well you have to wait and wait and wait and wait.

- (On how they were treated) Really good, nice doctor, if I got any problems, I say can I come back and see you and he says yes that's ok. I'm going back in July, because I'm taking tablets for my thorax and the night ones I'm taking as well. The thorax one is putting more weight on and I've got swollen legs, a big fat tummy, a big fat bottom. I'm trying to lose weight and it's so difficult to lose weight.
- (On reception staff) Alright, sometimes, because if I ask something and they say I'll call you back or you have to wait a bit longer. When you phone people up and it takes time, you get a bit of music on the phone and I think that's a bit wrong because they should be there answering the phone for the customers, it wouldn't be too bad then. So yeah, just be there for the customers. Sometimes when you go in there, they're still on the phone. Sometimes I see that as well, when in go in there, to my doctors, they're on the phone and we have to wait behind the counter for them to answer the phone all the time. I think that's not really right.
- Everything needs to be changed about health, people have to care about it and they have to help people to find jobs and not cut services. I'm very upset that disabled people, they don't have enough support and they're cutting the services, cutting everything. It's very difficult for people, I mean I'm saying you need people who help, they need to really help and they need to be looked after. They're cutting everything down, really down. The health service is not really good, it's not enough good.

- (on what would make things better) Give more support, give me good services, not cutting benefits, no cuts to health services. Get more things like more support, more services.
- (on how they are treated by GP) Good, I'm treated very well, because I have depression and stress and have thought about suicide myself. The doctor helps me to speak to him and try to step my life forward, but I think everything has fallen down for me and I'm scared I'm gonna be on the streets soon.

Comments on video about the Lewisham people's parliament

- Well, I enjoy it, one reason is cos I can help out.
- I think it's good and I enjoy coming every time it's on. I think it's a good thing for people with disabilities to come because we have great people to speak about what's going on.
- The people's parliament is ok you know, they're friendly, they're good and all my friends is there. It's for us, it's for disabilities.
- People need to speak up, the groups people work in need to speak up with government. Sit down and talk about what can we do better, what they need to be good services.

Part 4 The workshops and what people said.

Workshops made up the main part of the day. There were four workshops in the morning run by external guests.

- Visiting your GP and getting an annual health check. Led by Ian Ross, associate director of primary care transformation, Lewisham CCG and some of his colleagues.
- Going into hospital. Led by Eunice Onaiyekan, learning disability nurse at Lewisham hospital and Amina Sesay, Community nurse for people with learning disability.
- Accessible information and health care. Led by Marzena Zoladz from Lewisham Healthwatch.

- Your rights to good hospital care. Led by Eve Jackson and Josie Scantlebury from National Mencap campaigns team.
- Interactive story based workshop on health for people with high support needs. Led by Jo Hart from Lewisham Speaking Up.

Each workshop was asked to produce '4 things we say' and '4 things we want' from the discussions that people with learning disability had.



Feeding back from some of the workshops

After lunch all of the workshop groups came back together and shared what they talked about. These are the main points from each group.

Workshop: Visiting your GP and annual health checks



What we say

- Appointments should be longer
- We get nervous when going to see the GP. Sometimes GPs can be short with us.
- We would like better access to GPs. We would like to get a second appointment straightaway if we need one.
- We do not always know what a health check is for.

What we want

- For GPs to be more patient with us.
- To have longer appointments
- To be offered afternoon appointments if we need them
- To have home visits if people are anxious about going to the GP surgery

Workshop: Going into hospital



What we say

- We don't like injections. We like a cream or spray before an injection.
- Hospital staff help and they care about you
- Hospital passports are good because they tell people about you
- Nurses are good and are very helpful

What we want

- Waiting times at hospital need to be better
- We want more beds at Lewisham hospital
- We would like the food to be better and a bit healthier
- Communication needs to be easier to understand. Doctors can be very difficult to understand.

Workshop: Accessible information and health



What we say

- Doctors don't give you enough time when you see them
- Getting appointments is sometimes difficult
- We don't like to see different doctors
- Not all surgeries or hospitals follow the accessible information standard

What we want

- We want doctors and staff to be nice and kind
- We want more large print and big writing
- We want to be heard
- We want to be able to have support from parents, carers and key workers.
- We want to be more independent

Workshop: Your rights to good hospital treatment



What we say

- We should be treated equally and with respect in hospital
- Staff should communicate better with patients in a way that they understand.
- We have the right to make decisions for ourselves in hospital
- There is not enough staff
- Our experience of hospital is both good and bad

What we want

- Better trained staff that are kind
- Hospital passports with shared information
- Staff to make reasonable adjustments for us
- We need to be given priority and be seen first

Workshop: Health care and people with high support needs



What we say

- The reception staff are good
- Hospital passports are good
- We can get our medication delivered by the chemist

What we want

- Doctors talk to our parents or support staff. They should talk to us.
- People who live at home with their family may not have a health plan. They and their families should be told about and offered a health plan.
- The waiting can be very long sometimes. We would like shorter waiting times.

Part 5 What did people think about the parliament?

At the end of the parliament meeting, learning disabled people were asked to say what they thought of the parliament using smiley face stickers.

People were asked to choose a sticker and place it on a flip chart.

24 stickers were put on the flip chart. This means that 44 % of people with a learning disability put up a sticker.

22 people said the parliament was good. (92%)

2 people said the parliament was bad. (8%)

Stickers	Number of stickers
Yellow smiley face (good)  =	22
Red sad face (bad)  =	2
Total of all stickers  +  =	24

Part 6 What did people say about the parliament?

At the end of the parliament meeting learning disabled people were asked “is there anything you want to say about today?” People were asked to put what they wanted to say on a post it note. They

then stuck the note onto a flip chart. 20 people (36%) said something. This is what they said:

- It was very good
- It was really good. Friendly and great fun
- It was good. I liked the workshop
- Today I liked talking about the NHS employing more people with learning disability
- ☺ Happy
- I liked all of it
- I really liked it today
- The guests explained what they do really well
- The speaking was good, so was the workshops
- It was good
- I feel that hospital staff didn't give me enough information
- It's good. Ian was good and funny
- It was very good and I liked the parliament
- It was really interesting
- It was good workshop
- I'd like more doctors
- I think it's good
- It was good all the things we talked about in the workshop
- Today was good, all of it
- Speaking and the food was healthy

Part 7 What have we learnt?

Evaluation

This was our fourth Comic relief funded parliament. The parliament was successful. 55 people with learning disability came with slightly more men than women. We had 7 people in the youth age range and no-one over 65.

The total number was a little down on last time but we still need to think about ways to increase attendance at the next parliament.

Over the course of four parliaments attendance has always been between 55 and 66 people with a learning disability, so is fairly consistent. We have since delivered some workshops in local schools and colleges to encourage a higher attendance amongst young people. We have reached 29 people in the 16-25 age range with these workshops. More workshops are planned for after the summer holidays.

Most people rated the parliament good with very few bad ratings. However the evaluation feedback was still lower than we would like.

The smiley face evaluation exercise was once again the most successful, with 44% of people giving their opinion. The post it note and questionnaire evaluations were valuable but with slightly fewer people taking part at 36% and 38% each.

In the previous parliament evaluation we said we would have a verbal staff and volunteer briefing on the morning of the parliament (in addition to the written briefing that is circulated beforehand). At this briefing we stressed the importance of staff and volunteers supporting as many learning disabled people as possible to give their feedback. We did get more questionnaires completed before the parliament started but we still didn't get as much feedback towards the end of the parliament as we hoped for. This is largely down to people leaving early for various reasons.

Our suggestion is that at the next parliament event we will have someone to encourage those who do have to leave early to give some feedback as they go. We will place a staff member or volunteer outside of the main parliament event so that they may catch people as they leave and ask for their feedback. We also plan to collect feedback at the end of each workshop which will

give us another layer of people's opinion on the parliament activities.

At this parliament we tried a new type of inclusive workshop aimed at people with what is referred to as 'severe' learning disability. This means people with higher support needs and often limited communication skills. Traditionally, this group is often left out of self advocacy activities because they are seen as unable to speak for themselves and they have to rely on family, friends and support staff that know them well. We wanted to try something that would help this group feel part of the people's parliament.

The workshop was run by Jo, our Speak Up and Stop Hate Crime project lead and took the form of a story about a person needing some health treatment. Jo used a variety of props and communication aids, including sounds, pictures, sign language and medical equipment. At various points in the story, Jo stopped and asked the opinions of the group on a certain issue e.g. waiting times. The group were supported to respond, either for themselves or through a support worker who could speak about their experiences supporting that person in a similar situation. The workshop received many positive comments from those taking part and we have been approached by NHS England to give them some advice about how the workshop was put together. We intend to try a similar workshop at the next parliament meeting.

We also ran a brief 'Ask the bosses' session after the workshop feedback had been given. This was fairly successful and three senior managers gave their response to the workshop feedback and answered some questions. We will need to run this type of session again to evaluate whether it is an effective use of time at the parliament.

Workshop outcomes

The inequalities in health treatment for people with learning disability are well documented and have been getting increasing media press coverage in recent months. The closure of assessment and treatment units remains a serious issue that still needs addressing. The fact that many deaths of people with a learning disability are considered 'avoidable' and are happening early is and should be, truly shocking. However, our workshops looking at people's day to day experiences of using health care services such as GPs and hospitals show that some simple steps can make a big difference.

The experience of people with learning disability using health services is mixed, with some people reporting a good experience. Often, people's experience is mixed and largely depends on three areas. These are good communication, good staff attitudes and the right reasonable adjustments. Looking at what people said in the workshops we would recommend;

- Much wider use of hospital passports, health action plans and annual health checks. This includes promoting these things with people with learning disability living on their own or with family, not just among professionals.
- Inaccessible language and jargon can be a real barrier. More training for staff in how to communicate well with people with learning disability and treat them equally.
- More reasonable adjustments for people with learning disability, which often means adjusting attitudes or the ways of communicating. A reasonable adjustment should not be seen as a 'burden' by health staff but seen as a necessity to enable equal treatment to be given.
- Shorter waiting times and longer appointments would make using GP and hospital services much easier for people with learning disability and autism.

- A better understanding from health professionals that people with learning disability have the right to make their own decisions about health care. People with learning disability want health professionals to talk directly to them in a way they understand, but they also want to be able to have the support of family, friends or support staff when they choose to do so.

As a result of the Lewisham people's parliament on health, the parliament reps will be asking to meet with health and social care managers and decision makers. They will ask what can be done differently as a result of what people with a learning disability have said they want to happen.

Marsh Stitchman, July 2017.

Lewisham People's Parliament Project Lead.

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Healthier Communities Select Committee			
Report Title	Lewisham Safeguarding Adults Board Annual Report 2016-2017		
Contributors	Professor Michael Preston-Shoot – Independent Chair Lewisham Safeguarding Adults Board	Item No.	5
Class		Date: Wednesday 6 March 2018	
Strategic Context	The annual report provides an overview of the adult safeguarding partnership work carried out in the borough of Lewisham during 2016-2017.		

1. Purpose

This report provides members of the Healthier Communities Select Committee with an overview of the partnership work carried out by Lewisham Adult Safeguarding Board from April 2016 – March 2017. The report is for information.

2. Recommendation

Members of the Healthier Communities Select Committee are recommended to:

- Note the content of the report.

3. Summary of report

This report contains information on the following:

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

4. Financial implications

There are no financial implications arising from this report.

5. Legal implications

There are no legal implications arising from this report.

6. Crime and Disorder Implications

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

7. Equalities Implications

There are no equalities implications arising from this report.

8. Environmental Implications

There are no environmental implications arising from this report.

Background Documents

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

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

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

Lewisham Safeguarding Adults Board

Annual Report

2016-2017

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Statement from the Independent Chair



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

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

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

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

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

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

Professor Michael Preston-Shoot
Independent Chair

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About us

What we do

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

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

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

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

Our Aims

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

Board Sub-Groups

☒ **LSAB Case Review Group**

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

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

What is safeguarding?

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

Six Safeguarding Principles

☒ **Empowerment**

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

☒ **Prevention**

It is better to take action before harm occurs.

☒ **Proportionality**

The least intrusive response appropriate to the risk presented.

☒ **Protection**

Support and representation for those in greatest need.

☒ **Partnership**

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

☒ **Accountability**

Accountability and transparency in delivering safeguarding.

What are the main types of abuse and neglect?

Physical abuse including:

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

Domestic violence including:

- ☒ psychological
- ☒ physical
- ☒ sexual
- ☒ financial

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

Sexual abuse including:

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

Psychological abuse including:

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

Financial or material abuse including:

- ☞ theft
- ☞ fraud

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

Modern slavery encompasses:

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

Discriminatory abuse including forms of:

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

Organisational abuse

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

Neglect and acts of omission including:

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

Self-neglect

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

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

What about Making Safeguarding Personal?

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



What we have accomplished in 2016-2017

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

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

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

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

We promised to deliver against the following four priorities:

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

Priority 1: Promote partnership working

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Priority 3: Promote positive practice: Making Safeguarding Personal

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

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

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

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

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

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

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

Priority 4: Safeguarding Board development

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

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

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

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

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

The difference to adults at risk of harm in Lewisham

Lewisham Clinical Commissioning Group Case Studies



Working with individuals and/or families

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

Working with groups

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

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

Working with another agency or agencies

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

Lewisham Homes Case Studies



Case Study 1

General needs tenancy, domestic violence concern 2016-17.

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

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

Anti-Social Behaviour (ASB) Officer Action

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

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

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

Case Study 2

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

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

ILO action

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

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

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

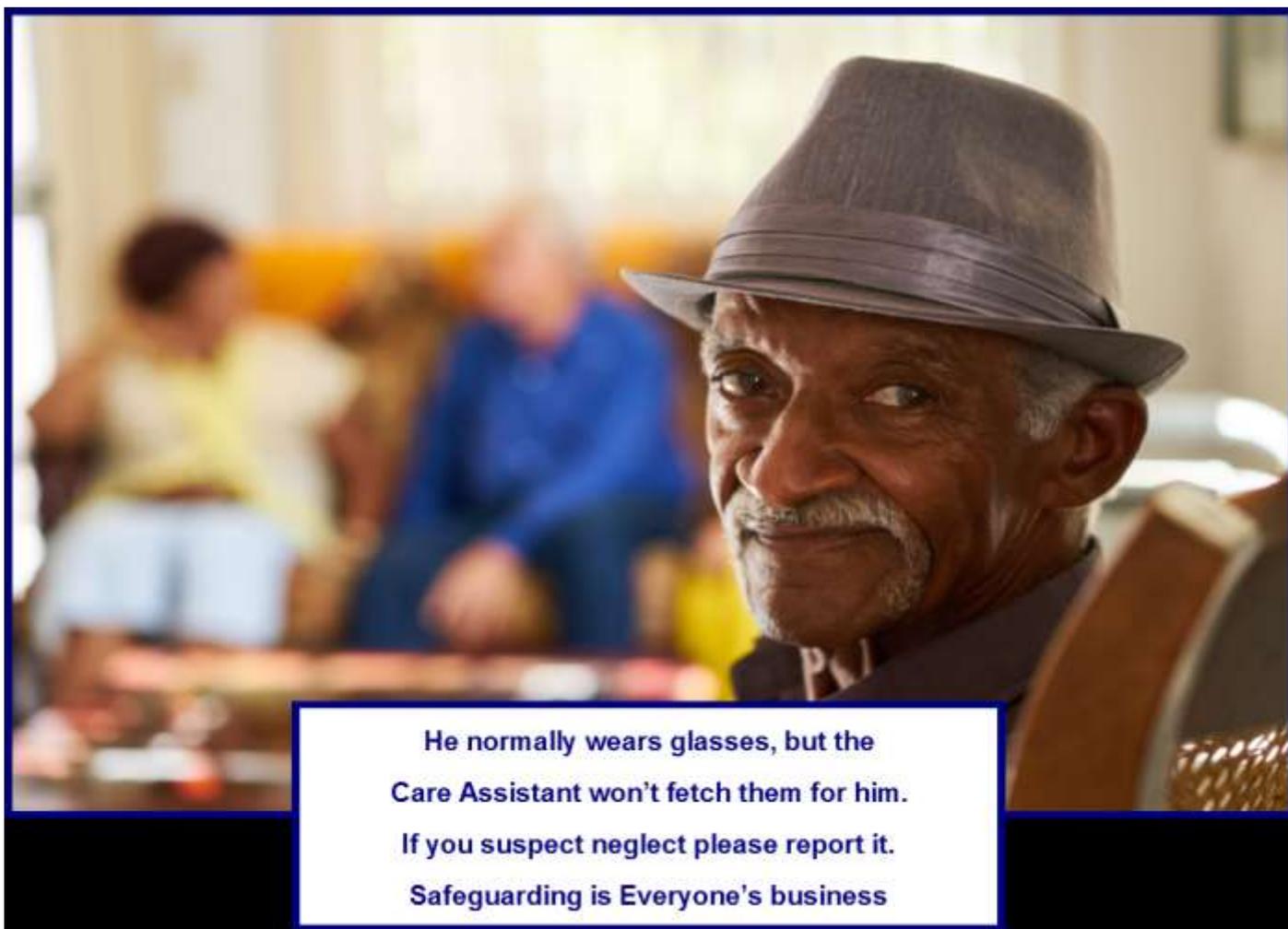
discuss his anger issues. Regular visits from the ILO were put in place to support and encourage the couple to take part in activities within the scheme.

Case Study 3

Sheltered tenancy, possible hoarding concern 2016-2017.

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

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



Phoenix Community Housing - Making Safeguarding Personal Case Study



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

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

Ms P is the partner of Mr P.

All are Phoenix residents.

Stage 1:

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

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

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

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

Stage 2:

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

Stage 3:

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

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

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

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

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

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

Lewisham & Greenwich NHS Trust - Case Studies



Case Study 1

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

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

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

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

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

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

Case Study 2

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

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

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

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

Quality Assurance and Organisational Learning

The Board conducts annual audits on safeguarding practice in Lewisham.

The following organisations completed the audit:

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

Audit Result Highlights

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

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Safeguarding Adult Reviews

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

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

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

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

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

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

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

Lewisham Case Review Group - Reviews in Progress

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

Introduction

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

Scope of the SAR

An independent overview author has been appointed to:

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

Methodology

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

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

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

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

It is expected that the SAR will:

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

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

Adult BB involves another death as a result of fire.

Terms of Reference & Proposed Methodology

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

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

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

Terms of Reference and Areas of Enquiry

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

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

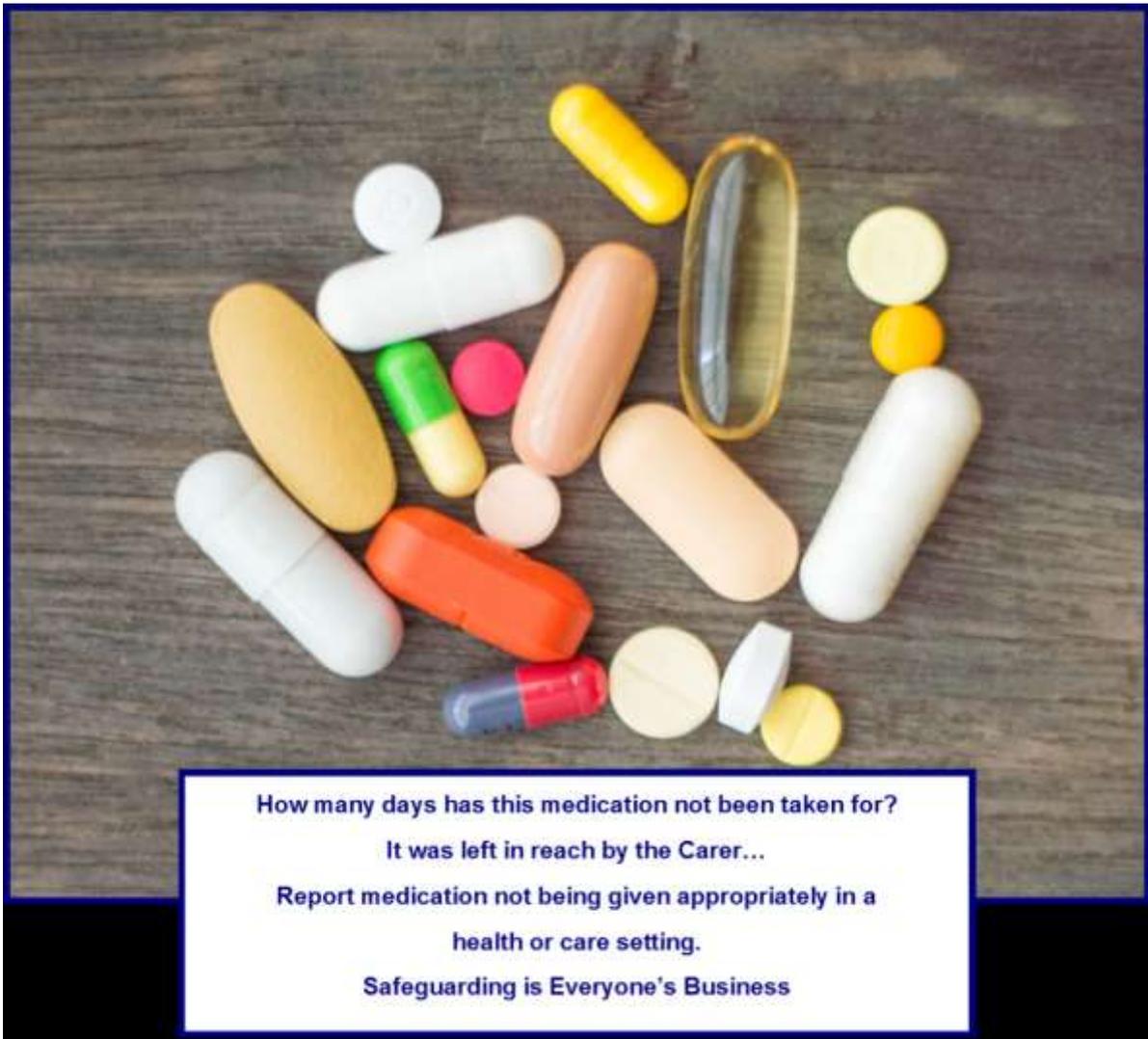
The context of the above is to ensure that the key principle of the SAR is to promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

Resources and Funding 2016-2017

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

LSAB Budget 2016-2017

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



How many days has this medication not been taken for?
It was left in reach by the Carer...
Report medication not being given appropriately in a
health or care setting.
Safeguarding is Everyone's Business

7

What we will do in 2017-2018

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

Priority 1: Promote partnership working;

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

Priority 3: Promote positive practice: Making Safeguarding Personal;

Priority 4: Safeguarding Board development.

Promote partnership working

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

Prevention of abuse through training, awareness raising and information sharing

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

Promote positive practice: Making Safeguarding Personal

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

Safeguarding Board development

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

Performance Report 2016-2017

London Borough of Lewisham Safeguarding Data 2016-17

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

Concerns and Enquiries

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

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

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

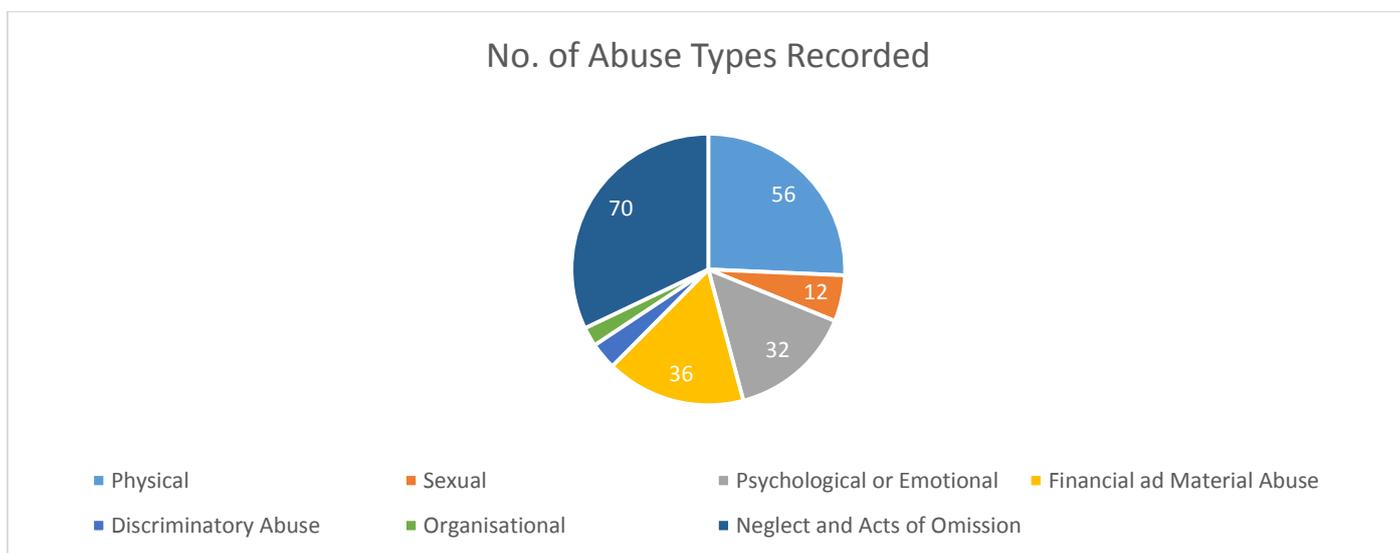
It is recognised by Safeguarding leads that the conversion rate is lower than would be expected. An audit of the activity was completed. The audit identified that a higher level of Section 42 enquiries should have been recorded. The audit confirmed that the actions carried out ensured safety and wellbeing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

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

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

Abuse Type

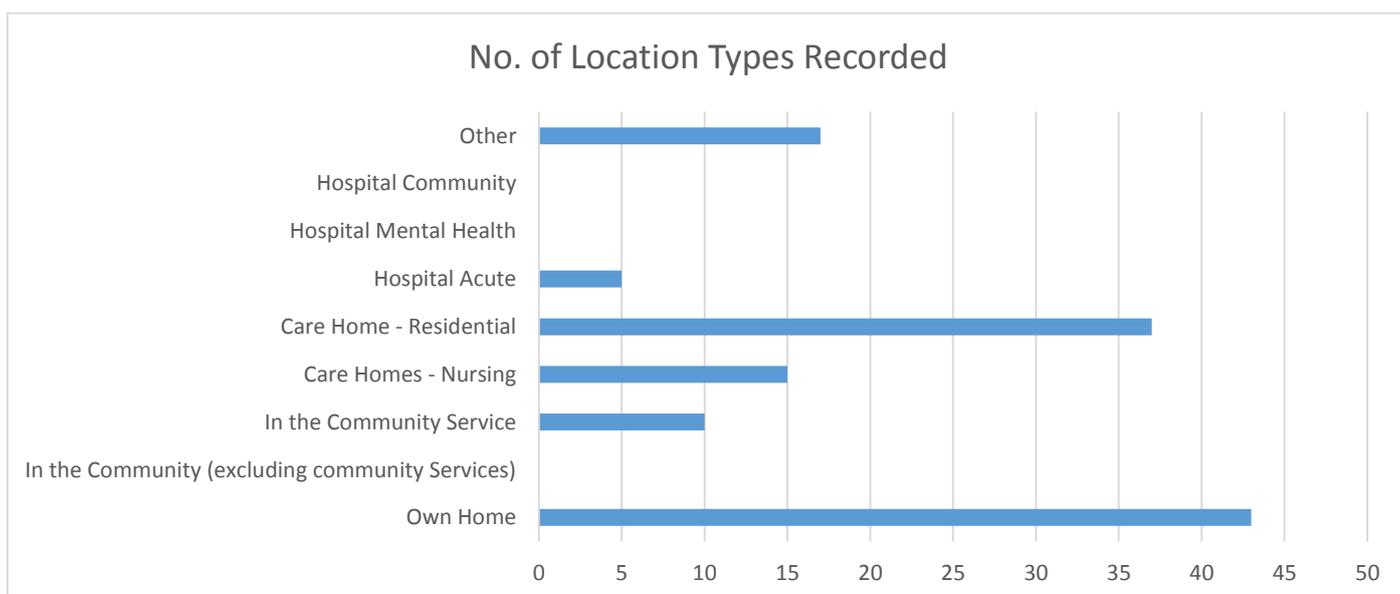
The chart below shows the most common types of abuse recorded by people experiencing a Section 42 enquiry.



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

Abuse Location

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



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

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

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

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

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

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

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

Safeguarding outcomes

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

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

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

Statements from our Partners

London Borough of Lewisham - Adult Social Care



Adult Safeguarding Priorities 2016-17

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

Adult Safeguarding Achievements 2016-2017

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

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

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

Adult Safeguarding Plans 2017-2018

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

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

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



NHS Lewisham Clinical Commissioning Group



Adult Safeguarding Priorities for 2016-2017

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

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

Main Adult Safeguarding Achievements 2016-2017

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

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

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

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

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

Adult Safeguarding Plans for 2017-2018

Key plans for Adult Safeguarding in 2017-2018 include:

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

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



Metropolitan Police Service – Lewisham



The role of the police in adult safeguarding

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

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

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

The proposed work streams are:

- ☒ **Vulnerable adults, (including elder abuse and abuse of disabled people);**
- ☒ **Mental health, drug and alcohol dependency & suicide prevention;**
- ☒ **Missing people;**
- ☒ **Harmful traditional practices;**
- ☒ **Domestic abuse;**
- ☒ **Stalking & harassment;**
- ☒ **Child sexual exploitation and abuse;**
- ☒ **Modern slavery & Human Trafficking;**
- ☒ **Gang exploitation / child criminal exploitation & youth offending;**

- ☒ **Rape and serious sexual offences;**
- ☒ **Child protection;**
- ☒ **Staff engagement: (a) wellbeing & morale, (b) making safeguarding everybody's business.**

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

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

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

The MOPAC police crime plan gives the priorities as:

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

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

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

Healthwatch - Lewisham



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

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

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

Adult Safeguarding achievements 2016-2017

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

Adult Safeguarding plans for 2017-2018

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

South London and Maudsley NHS Foundation Trust



South London and Maudsley NHS Foundation Trust

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

This includes:

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

SLaM Summary:

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

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

Key Priorities 2016-2017

1. Activity Monitoring

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

This priority has been completed.

2. Incidents and Allegations

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

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

Part a. This priority has been completed.

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

3. Review Safeguarding infrastructure

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

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

4. Review Safeguarding Training Offer

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

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

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

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

This priority is in progress.

Key Priorities for 2017-2018

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

London Borough of Lewisham - Safer Lewisham Partnership



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

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

Adult Safeguarding Priorities 2016-2017

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

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

Priority 1 - Peer on peer abuse

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

Priority 2 - Violence against women and girls

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

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

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

Priority 4 - Hate crime

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

2017-2018 Priorities

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

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

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

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



Lewisham and Greenwich NHS Trust



Lewisham and Greenwich NHS Trust provides services for local people in Lewisham, Greenwich, Bexley and other parts of South East London. We are responsible for services at:

- ☒ **University Hospital Lewisham**
- ☒ **Queen Elizabeth Hospital in Greenwich**
- ☒ **Community Health Centres, Lewisham**
- ☒ **Some services at Queen Mary's Hospital, Sidcup**

Organisational structure

The Trust Board is responsible for overseeing the work of the Trust and there are a number of sub-committees which report to the Board. There is an adult safeguarding committee which is chaired by a non-executive Director.

The Trust has the following clinical divisions:

- ☒ **Acute and Emergency Medicine**
- ☒ **Children's and Young People**
- ☒ **Long Term Conditions and Cancer**
- ☒ **Surgery**
- ☒ **Women's and Sexual Health**
- ☒ **Pathology**

Our Board

Lewisham and Greenwich NHS Trust is run by a Trust Board that consists of full-time executive directors and a part time non-executive chair and directors.

The role of the Trust Board is to manage the Trust by:

- ☒ **Setting our overall strategic direction within the context of NHS priorities**
- ☒ **Ensuring we provide high quality, effective and patient focused services through clinical governance**
- ☒ **Regularly monitoring our performance against objectives**
- ☒ **Providing financial stewardship through value for money, financial control and financial planning**
- ☒ **Ensuring high standards of corporate governance, personal conduct and compliance with statutory duties**
- ☒ **Promoting effective dialogue with the local communities we serve**

Adult Safeguarding

Lewisham and Greenwich NHS Trust recognise that safeguarding adults at risk is everybody's business.

In order to demonstrate its commitment to ensuring safeguarding adults as a key priority, the Trust has put in place a number of safeguarding adults arrangements which includes reviewing its safeguarding adults policy and procedures in line with the Care Act 2014 and the London Multi-Agency Safeguarding Policy and Procedures in April 2016.

Safeguarding Adults Team

- ☒ **Ensures high-quality care is provided to prevent safeguarding issues**
- ☒ **Provides an effective response where harm or abuse does occur**
- ☒ **Provides training on safeguarding for clinical and non-clinical staff**
- ☒ **Works with other agencies such as social services and the police to promote patient safety**
- ☒ **Provides advice and support on matters concerning adults at risk, including patients with learning disabilities and victims of domestic violence and abuse**

LSAB Business Team contact details

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

Email: LSAB@lewisham.gov.uk

Tel No: 020 8314 3117

[LSAB Website](#)

How to report your concerns

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

There are a number of ways you can contact SCAIT

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

Tel: 020 8314 7777 (select option 1)

Fax: 020 8314 3014

[Email SCAIT](#)

Appendices

Partner Annual Reports

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

18

Guide to common safeguarding words and phrases

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

Abuse

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

Adult at risk

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

Concern

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

Clinical Commissioning Group (CCG)

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

Deprivation of Liberty Safeguards (DoLS)

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

Healthwatch

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

Mental Capacity Act (MCA 2005)

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

Our Partners

Organisations that are members of Lewisham Safeguarding Adults Board.

Safeguarding adults

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

Safeguarding Adults Review

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

Safeguarding Enquiry

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

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Delivery of the Lewisham Health and Wellbeing Priorities		
Contributors	Director of Public Health	Item No.	6
Class	Part 1	Date:	06 March 2018

1. Purpose

This report provides members of the Healthier Communities Select Committee with information on the performance of the agreed Health and Wellbeing Strategy Priorities. Since 2014 the performance in delivering the Health and Wellbeing Strategy is monitored twice a year by the Health and Wellbeing Board using a dashboard of outcomes measures in each priority area. This has been used as the basis to update the HCSC on delivery of the Lewisham Health and Wellbeing Strategy Priorities.

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to note performance as measured by health and care indicators set out in the attached dashboard at Appendix A.

3. Policy Context

3.1 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. The strategy was refreshed in 2015.

3.2 Nine priorities were identified in 2013, which are monitored through a Performance Dashboard, which is presented to the Health and Wellbeing Board bi-annually. In the 2015 strategy refresh the priority outcomes were retained, but three priority actions were identified in order to focus and accelerate effort in delivering the outcomes. To select the most pertinent indicators for the dashboard 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 which would assist in monitoring health and wellbeing improvements across Lewisham and the effectiveness of the integrated adult care programme.

3.3 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. The dashboard also includes a number of overarching indicators on health and wellbeing.

4. Health and Wellbeing Strategy Priority Updates

4.1 Overarching Indicators of Health & Wellbeing

Life expectancy at birth is improving for both men and women, meaning it is now in line with the national average for both genders. There has also been continued improvement in **Low Birth weight of all babies**, which is now in line with England.

The **premature CVD mortality rate in Lewisham has increased from 80.4 to 81.8** (DSR per 100,000) resulting in Lewisham again being significantly higher than England. This bucks a previous downwards trend since 2000. Work is continuing to counter this as the CCG has commissioned One Health Lewisham (OHL) to improve the prevalence and management for people with diabetes and hypertension. This includes ensuring the establishment of risk registers, thresholds for raised blood sugar and blood pressures and referral to the diabetes prevention programme for people with pre-diabetes and relevant services for newly diagnosed. OHL is also now commissioned to provide clinical follow up and self-management plans for people with CVD risk above 20% following a NHS Health Check. Follow up includes the offer of statin medication and recording of blood pressure as well as brief intervention and a referral to lifestyle services. The majority of Lewisham GP surgeries and 16 pharmacies offer NHS Health Checks. Plans are in place to offer Health Checks via the GP Extended Access Service which will increase the availability of appointments for evenings and weekends.

The indicator **Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare** has now been retired hence we are no longer able to see if there has been improvement. We continue to monitor the number of practitioners that attend Making Every Contact Count training which is co-ordinated by Public Health.

4.2 Priority Objective 1: Achieving a Healthy Weight

A new methodology has been introduced regarding collection of the **adult excess weight** indicator, hence no trend data is available. Lewisham is seen to be in line with the national average.

The newest figures regarding **children with excess weight** show a marginal improvement for children in Reception year but an increase for those in Year 6, meaning Lewisham remains significantly higher on this indicator than the national average in 2016/17. However the proportion of Year 6 pupils who are obese has decreased. Work on the Whole System Approach to Obesity continues, including specific actions on supporting schools to get the Bronze Healthy Schools Award; the Daily Mile is now taking place in 22 schools, 17 schools have become Sugar Smart and Public Health are working with the school catering provider to increase school meal uptake. Further work is also taking place with the School Nurse and Oral Health Team to coordinate work in schools.

Maternal obesity has also increased. As this is local data provided by LGT we do not have benchmarking, however this is illustrating an upwards trend and now almost half of women weighed at their first midwife appointment are carrying excess weight. Action being taken includes the implementation of a LGT pathway for women with a BMI over 35 in which Midwives receive additional training in giving advice on healthy eating and physical activity. Weight Watchers and Slimming World have also been commissioned to accept referred pregnant women for additional support. Further work is continuing to encourage Pregnancy Plus midwives to incorporate physical activity into their programme. The Maternity Voices Partnership are also planning a free weekly walk to prevent parental isolation and improve mental health and wellbeing.

Lewisham continues to have one of the highest **breastfeeding rates** in the country.

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

Uptake of all **cancer screening** continues to be an area of concern for Lewisham, falling significantly below the national average. Whilst there were improvements in breast and bowel screening rates, the most recent data shows a drop in cervical cancer screening.

The Under 75 cancer mortality rates have decreased slightly, however it remains significantly higher than England. This difference continues to be largely due to male cancer mortality, with lung and bowel cancer deaths increasing. Nationally there has been a general trend of decline over the past 10 years.

A joint strategic needs assessment (JSNA) for cancer has now been completed by Public Health. This suggests areas to explore going forward to improve outcomes: Filling gaps in knowledge (particularly around our increased burden in mortality in our under 75 year old male population and issues surrounding ethnicity); Improving public awareness; Improving early diagnosis; Continue to increase uptake of screening and Increased training opportunities for healthcare professionals.

4.4 Priority Objective 3: Improving Immunisation Uptake

The most recent data on **Over 65 flu immunisation uptake rate** has fallen slightly and remains below the England average. At 67.5% it is also below the national target of 75%. Work continues to promote the service, with pharmacies across the borough also offering provision.

The HPV vaccine uptake rate in 2015/16 remained significantly lower than England. However the team providing the vaccinations has since changed to improve the delivery of the service this year, which is seen to be having a significant impact on the outcomes. Schools with the lowest uptake figures are being targeted in order to improve delivery. Communication from schools already takes place, with the immunisation team providing letters for the schools to use from a standard template. They also provide additional follow up communications on catch-up sessions outside of the school to help uptake.

Uptake of the **MMR2 vaccine** has historically been low in Lewisham, however local data shows sustained performance well over 80%. 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, the CCG has commissioned OHL to establish a borough wide childhood immunisation call recall system to eliminate variation in performance between GP practices. The new system began piloting in 4 practices in January 2018.

4.5 Priority Objective 4: Reducing Alcohol Harm

Alcohol related admissions continue to be significantly lower than the national average.

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

The smoking prevalence in 2016 among 18+ adults (current smokers) has returned to be significantly higher than England at 21.2%. Public Health is therefore continuing to lead on partnership work to reduce smoking and its impact in Lewisham via the Smokefree Future Delivery Group (SFDG). The SFDG is currently setting out its annual delivery plan for 2018-19 to incorporate aspirations from the new Tobacco Control Plan for England published in 2017. In line with the national plan, the SFDG is likely to include actions on the role of the NHS in contributing to smoking cessation particularly by delivering brief advice around smoking to patients, in addition to maximising the effectiveness of smoke free initiatives in the borough.

The rate of 4 week smoking quitters (crude per 100,000) has decreased since the last reporting period, and is now similar to the London and England averages. The local stop smoking service has recently launched a new online quitting smoking portal for smokers to access support to quit online. The online portal allows smokers who live, work or study in Lewisham to sign up on-line to receive digital support including access to behavioural support resources, motivational text messages, and medications. The system has links with the specialist service if a smoker requires more support at any point in their journey. This new initiative will help to mitigate against the declining number of quitters in Lewisham by offering an accessible and convenient option to support residents to quit smoking.

Smoking status at time of delivery has increased marginally but remains well below the national average.

4.7 Priority Objective 6: Improving mental health and wellbeing

Prevalence of Serious Mental Illness has remained stable, yet significantly higher than England. **Prevalence of Depression in Adults** has risen marginally from 7.0% in 2015/16 to 7.5% in 2016/17, however remains significantly lower than England. More recently indicators were added to the dashboard regarding the Improving Access to Psychological Therapies service, to gain service perspective. Performance is encouraging.

The 2017 Annual Public Health Report is focused on [Mental Health](#). The aim of the report was to provide user-friendly information about the levels of mental health and wellbeing in Lewisham, including information about risk and protective factors. The content can be summarised as:

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

4.8 Priority Objective 7: Improving sexual health

All the sexual health indicators have improved compared to the previous data releases:

- Rate of chlamydia diagnoses per 100,000 young people aged 15-24 years
- Percentage of people presenting with a late diagnosis of HIV
- Abortion rate per 1,000 women aged 15-44
- Teenage pregnancy rate (15-17 year olds)

Teenage pregnancy has seen a notable decline, having historically been statistically higher than England, but is now in-line with the national average. However the Abortion rate remains significantly higher than England.

4.9 Priority 8 (Delaying and reducing the need for long term care and support) and Priority 9 (Reducing the number of emergency admissions for people with long-term conditions)

These priorities were included in the HWB strategy as key areas on which health and care partners should initially focus their integration work.

The BCF metrics remain the overarching measures by which progress and performance in these priority areas has been measured. The four national metrics are:

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

The BCF plan for 2017-2019 was presented to the Health and Wellbeing Board on 6 September 2017. Section 3.6 of that report outlined the performance for 2016/17 and a link to that report can be found at:

<http://councilmeetings.lewisham.gov.uk/documents/s52072/Item%203a%20-%20BCF%20Plan%202017-19%20-%20060917.pdf>

The BCF schemes aligned to the national performance metrics are shown in Annex E of the report.

This showed that during 2016/17 targets were achieved for non-elective admissions and reablement, but that targets were not achieved for Admissions to Residential Care and delayed transfers of care (DTC) although performance in the latter improved over the course of the year. These metrics have continued to be monitored by health and care partners throughout 2017/18, both by individual organisations and jointly through the BCF.

Whilst the Health and Wellbeing Strategy priorities (8&9) remain a focus for Lewisham Health and Care Partners, they now sit within a wider strategic framework in which activity is taking place to ensure that the health and care system is able to support people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed.

As services are developed and redesigned across the borough, partners will continue to develop and agree appropriate performance indicators to monitor the effectiveness and quality of services and support available and the impact on health and care outcomes.

5. Financial Implications

There are no specific financial implications arising from this report. A range of activity designed to improve performance against these indicators is funded from the Public Health budget using the ring fenced Public Health Grant. This expenditure is reviewed regularly and reallocation to address indicators with poor performance is possible.

6. Legal Implications

The statutory requirement to have a Health and Wellbeing Strategy is set out above.

7. 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.

8. Further Implications

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

If you have any queries about this report, please contact Danny Ruta, Director of Public Health on 020 8314 9094 or at danny.ruta@lewisham.gov.uk

Appendix A - Health and Wellbeing Strategy Dashboard - March 2018

	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	2014-16	78.8	79.1	80.4	79.5	similar	↑	ONS
1b	Life Expectancy at Birth (Female)(yrs)	Annual	2014-16	83.1	83.3	84.2	83.1	similar	↑	ONS
2	Under 75 mortality rate from CVD (DSR)	Annual	2014-16	80.4	81.8	74.9	73.5	sig high	↑	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	2015	7.8	7.1	7.6	7.4	similar	↓	P00455/CHIMAT Profile 2015
5	Number of Practitioners attending Making Every Contact Count Training	Annual	2016/17	-	144	-	-	-	-	Local Data
Priority Objective 1: Achieving a Healthy Weight										
6	Excess weight in Adults (%)	Annual	2015-16	-	57.9	55.2	61.3	similar	-	PHOF 2.12
7a	Excess weight in Children - Reception Year (%)	Annual	2016/17	22.5	22.2	22.3	22.6	similar	↓	PHOF 2.06i
7b	Excess Weight in Children - Year 6 (%)	Annual	2016/17	38.2	39.0	38.5	34.2	sig high	↑	PHOF 2.06ii
8	Maternal Excess Weight at <13 weeks gestation(%)	Annual	Q4 2015/16 - Q3 2016/17	45.8	49.6	-	-	-	↑	LGT Data
9	Breastfeeding Prevalence 6-8 weeks (%)	Annual	Q1 2016/17-Q4 2016/17	75.7	75.4	-	-	-	↓	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	2015	47.3	50.3	50.2	52.4	-	↑	PHOF 2.19 – experimental statistics
12	Conversion of Two Week Wait Referrals to Cancer Diagnosis	Annual	2016/17	4.2	4.3*	5.3*	7.6*	-	↑	PHE Fingertips Cancer Services Portal
13	Under 75 mortality from all cancers (DSR)	Annual	2014-16	153.9	148.8	126.8	136.8	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%	↑	PHOF 3.03x
15	HPV Vaccine Update (All Doses) %	Annual	2015/16	-	75.8	80.7	85.1	sig lower	-	PHOF 3.03xvi
16	Uptake of Influenza vaccine in persons 65+ years of age %	Annual	2015/16	68.0	67.5	65.1	70.5	<75%	↓	PHOF 3.03xiv
Priority Objective 4: Reducing Alcohol Harm										
17	Alcohol related admissions (ASR per 100,000 pop)	Annual	2015-16	644	601	545	647	sig lower	↑	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	2016	16.6	21.2	15.2	15.5	sig high	↑	PHOF 2.14
19	4 week smoking quitters (crude rate per 100,000)	Annual	2016-17	3,288	2,203	2429	2,248	similar	↓	Smoking Quitters
20	Smoking status at time of delivery (%)	Annual	2016-17	4.5	4.8*	4.9	10.7	sig lower	↑	PHE Tobacco Profiles
Priority Objective 6: Improving mental health and wellbeing										
21	Prevalence of Serious Mental Illness (%)	Annual	2015/16	1.31	1.31	1.10	0.92	sig high	↓	QOF
22	Prevalence of Depression 18+ (%)	Annual	2016/17	7.0	7.5	6.6	9.1	sig lower	↑	QOF
23	Improving Access to Physiological Therapies (IAPT) referrals entering treatment (%)	Annual	2016/17	6.9	15.3	-	-	-	↑	IAPT Annual Report
24	Proportion of those accessing IAPT who moved to recovery (%)	Annual	2016/17	35.0	48.0	-	-	-	↑	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	2016	5,503	4,594	2309	1882	sig higher	↓	PHOF 3.02i/3.02ii (NCSP & CTAD)
26	People presenting with HIV at a late stage of infection (%)	Annual	2014-16	41.7	39.1	33.7	40.1	similar	↓	PHOF 3.04
27	Legal Abortion rate for all ages (crude rate per 1000 women aged 15-44 yrs)	Annual	2016	26.3	23.8	20.8	16.7	sig high	↓	ONS Abortion Stats
28	Teenage conceptions (Rate per 1,000 15-17 Yr olds)	Annual	2015	31.3	23.4	19.2	20.8	similar	↓	PHOF 2.04
Better Care Fund Metrics - Used as Performance Indicators										
29	Proportion of Older People (65+) who were still at home 91 days after discharge from hospital (%)	Annual	2016/17	88.0	92.9	86.3	82.9	sig higher	↑	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	2016/17	559.9	687.4	450.1	647.4	-	↑	Better Care Fund
31	Delayed Transfers of Care attributable to social care (Days Delayed per 100,000 population 18+)	Monthly	Nov-17	-	110.4	-	-	-	-	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 -significantly 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

	Latest period highlighted
	Statistically Better than England
	Statistically Similar to England
	Statistically Worse than England
	Blank where no statistical comparison could be made

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

Links to Source with their abbreviations

<http://www.phoutcomes.info/>
<http://www.phoutcomes.info/profile/sexualhealth>
<https://www.indicators.ic.nhs.uk/webview/>
<http://www.hscic.gov.uk/qof>
<http://asocf.hscic.gov.uk/>
<http://www.productivity.nhs.uk/>
<https://www.nhscomparators.nhs.uk/NHSComparators/HomePage.aspx>

Public Health Outcomes Framework (PHOF)
 Public Health England Sexual Health Profiles
 NHS Indicator Portal (NHSIC) by Health and Social Care Information Centre (HSCIC)
 Quality and Outcomes Framework (QOF) by HSCIC
 Adult and Social Care Outcomes Framework (ASCOF)
 NHS Better Care Better Value Indicators
 NHS Comparators by HSCIC

* Data Quality Issue

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Adult Learning Lewisham – annual report		
Ward	All	Item No	7
Contributors	Executive Director for Community Services		
Class	Part 1	Date: 6 March 2018	

1. Purpose of the Report

- 1.1 To update the Healthier Communities Select Committee on the adult learning services offered by Adult Learning Lewisham (ALL) from January to December 2017.

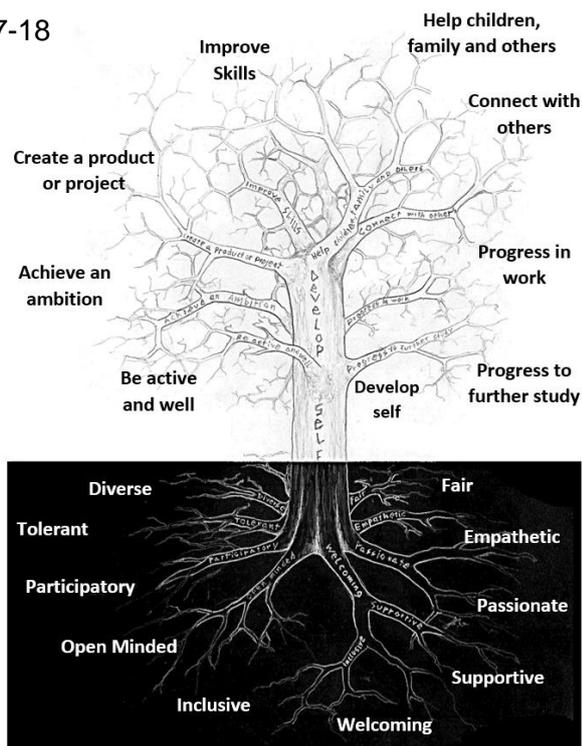
2. Recommendation

- 2.1 Members of the Healthier Communities Select Committee are asked to note the contents of this report.

3. Background and Headlines

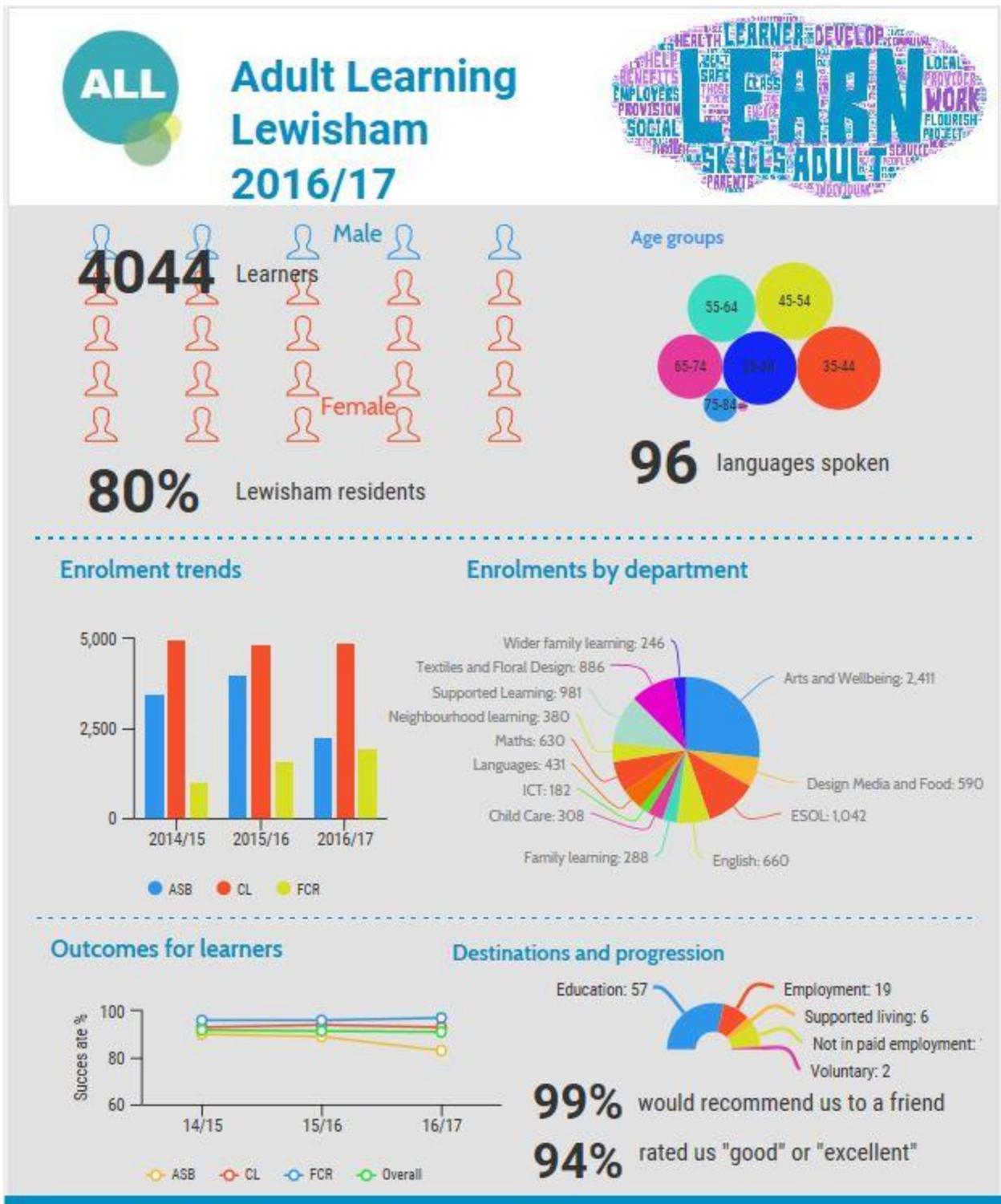
- 3.1 ALL aims to be an outstanding provider of adult skills and community learning, meeting the needs of learners to inspire them and enable them to fulfil their potential and flourish. In short the mission of the service is that *ALL Together We Flourish*. It is flourishing in its deepest sense that underpins the vision of ALL: namely that learners should be able to live well, fare well and do well as a direct result of engaging with the service. There is an increasing emphasis on the instrumental value of adult learning, in particular how it contributes to London’s economy. ALL recognises that the promotion of skills for employment is important, but that equal value lies in its contribution to the health and wellbeing of Lewisham’s communities, and to the integration and inclusion of Lewisham’s residents. Flourishing is a lifelong goal, and ALL helps learners to develop skills which will help them throughout their life, in employment, in health/wellbeing and in inclusion/integration.
- 3.2 ALL’s mission and values are represented in the Tree of Values (overleaf) which was visually revised in 2017 following a student competition, and conceptually revised following further philosophical discussion at think tanks (see section 4.7 below). The branches of the tree represent the outcomes (in utilitarian terms, the ‘goods’) that learners can aspire to achieve, and which are listed in detail in 4.1 below. The roots of the tree represent the organisational ethos of ALL, and they are linked to the governments’ fundamental values that Ofsted expect to be instantiated in all educational institutions (ALL’s equivalent are in italics): of democracy (*participatory*), rule of law (*fair*), freedom of expression (*open minded*), tolerance and respect (*diverse, inclusive and tolerant*). Added to these are ALL’s own values of being *passionate, supportive, welcoming and empathetic*.

ALL Tree of Values 2017-18



- 3.3 ALL receives an Education & Skills Funding Agency (ESFA) grant of £3.3 million and currently employs approximately 200 staff, 135 of whom are part-time tutors. The service also generates income of approximately £600,000, the majority of this is through fee income that is invested back into the adult learning service. ALL offers over 1,000 courses across ten different curriculum departments and located in three bespoke education centres, as well as in community venues, across the borough. There are over 4000 learners enrolled on courses, and over 9,000 enrolments (each learner enrolling on two courses on average). As a council service Adult Learning Lewisham has a very high face-to-face interaction with residents and learners – around 270,000 ‘interaction hours’ per year in total.
- 3.4 This section picks out some of the highlights of ALL’s work during 2017. From January to February 2017 ALL was successfully audited by LBL’s auditors, confirming the robustness of its data, quality and financial processes. In July 2017 a Department for Education national student satisfaction survey placed ALL as 40th out of over 800 providers in the country, with 97% of learners saying they would recommend ALL to a friend (according to our own internal survey 99% would recommend us to a friend). In September 2017, ALL introduced online enrolments for the very first time, giving learners another channel through which they can enrol (for example, between Christmas and New Year 2017, when centres were shut, there were 50 online enrolments). In October 2017 Adult Learning Lewisham was inspected and graded by Ofsted as 2 (good), consolidating the grade 2 it received in 2014, and it remains the only grade 2 provider of adult education and training in Lewisham. This inspection was conducted under the new Ofsted inspection regime, with the bar set higher than in previous frameworks, so this does represent a very positive achievement for the service.

3.5 The infographic below gives an overview of ALL for the academic year 2016-17. The service remains a diverse one, with a wide range of age groups and ethnicities representative of the borough. Learners enrol on average for two courses, but in 2016-17 ALL restructured its Supported Learning department meaning that learners in these courses only enrolled once for the whole year (rather than once per term). There has been an increase in our full cost courses (funded entirely by the learners), and community learning courses saw an increase despite no additional funding being available. Qualification outcomes for learners are excellent and remain high, as do learner progression outcomes (see section 4.2).



4. Progress against Strategic Objectives

4.1 As noted in 3.1 the mission of the service is that *ALL Together We Flourish*, meaning that the service aims to provide a financially secure service (Adult Learning Lewisham - *ALL*) that works in partnership with its learners, its communities, other council services and external organisations (*Together*) in order to enable learners to live a better life and reach their potential (*We Flourish*). In order to achieve this mission the service has seven strategic objectives, each of which focuses on a theme critical to the success of ALL (the numbers in brackets represent the sections these are reviewed in this report), and represented in the figure below:

- **Outcomes** (4.2): Ensuring positive impact and outcomes for learners leading to excellent headline achievement and progression rates.
- **Quality** (4.3): Providing teaching, learning and assessment that is outstanding or good in 90% of the provision, with excellent learner satisfaction ratings.
- **Safeguarding** (4.4): Ensuring ALL meets its safeguarding and Prevent responsibilities.
- **Community** (4.5): Responding to the needs and views of learners and the wider community, working in partnership to shape future developments and curriculum.
- **Environment** (4.6): Ensuring ALL buildings, services and resources enable learning to take place in a safe, fit-for-purpose and inspiring environment.
- **Staff** (4.7): Supporting and investing in skills development for ALL staff
- **Finance** (4.8): Securing ALL on a sound financial footing and adding value to received funding.

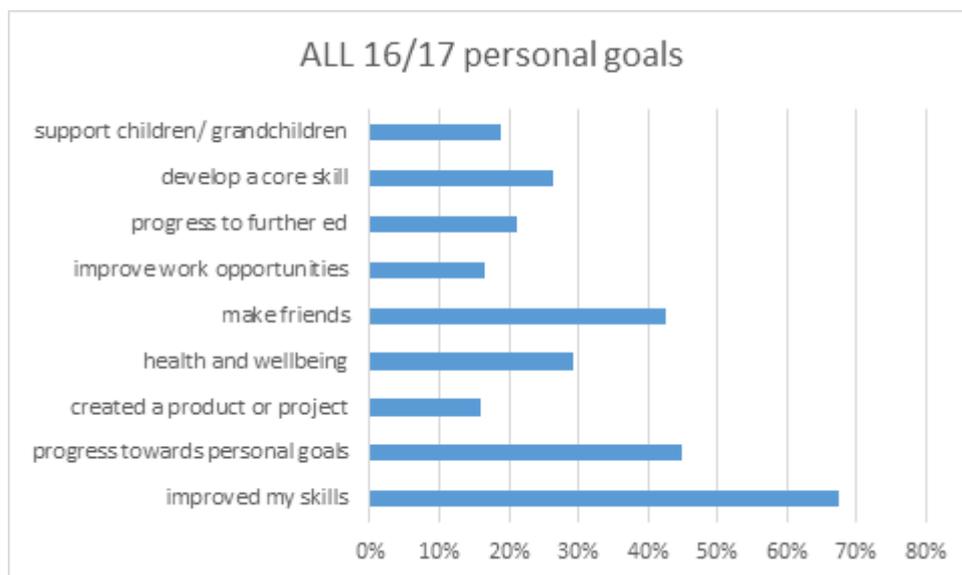
The rest of Section 4 focusses on the progress made over the past year against each of these seven objectives.

4.2 *Outcomes Objective: Ensure positive impact and outcomes for learners, leading to excellent headline achievement and progression rates.*

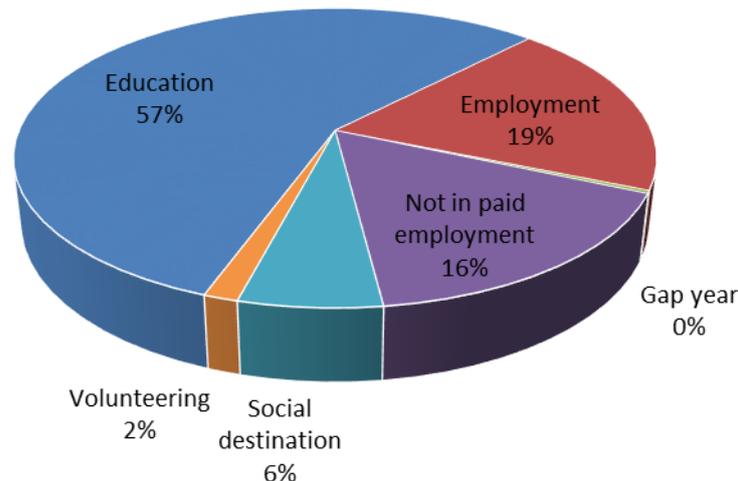
Overall achievement rates (previously called success rates – see Appendix B) for learners have been sustained at an exceptionally high level in 2017. Service wide achievement rates stand at 90.7%, which is over a 2% increase from 2013-14 (when achievement rates were 88.4%). This represents an excellent performance by the curriculum and ALL support staff. This can be accounted for in part by the very good pass rates (97%) rates across all funding streams as well as by the high retention of learners who stay until the end of their course (94%). ALL continues to systematically collate and measure outcomes on non-accredited courses, against the nine types of outcome that learners aspire towards, listed below:

1. Support for children and family (1065 enrollers reported this)
2. Development of a core learning skill / trait (1475 enrollers)
3. Progress to further training or qualifications (1190)
4. Progress in, or into, work (922)
5. Built friendships wouldn't otherwise have had (2392)
6. Increase in health or wellbeing (1648)
7. Creation of a product or project (888)
8. Progress towards a personal ambition (2524)
9. Development of subject specialist skills (3800)

These figures are represented, in the same order, in the graph below.



In addition to these tracked outcomes, ALL also now tracks learner destinations six months after the end of the course (see chart below). 84% of learners, funded through the Adult Skills Budget (now called 'Employment & Training'), had progressed in employment, further training, independent living or voluntary work, and this represents a doubling of the figure for 2016 (which was 42%). See figure overleaf.



4.3 *Quality Objective: Provide teaching, learning and assessment that is outstanding or good in 90% of the provision.* The service has maintained robust internal measures of quality during 2018. Adult Learning Lewisham undertakes Support for Learning Visits across all its curriculum areas where the emphasis is placed on improving the quality of teaching, learning and assessment. There were 72 Support for Learning visits carried out last year (all graded good or better) and all curriculum areas are graded 'Good' (from the quality assurance process) with one curriculum area 'Textiles and Floral Design' being 'Outstanding.' No area 'Requires Improvement' or is inadequate. The service has moved away from grading individual lessons to a more 'supportive ethos' where tutors use self-reflection with input from the curriculum leader to identify the areas that could be improved or undertaken differently and explore different teaching strategies to address these. This has proved to be a very positive learning experience, from feedback from both the tutor and curriculum leader, as this has encouraged discussion in a relaxed and non-threatening environment. Learner satisfaction ratings for the service remain very high, with 98% of learners rating the quality of teaching and learning as either good or excellent (up from 97% in 2016), and 98% rating the fairness and respect with which they had been treated as either good or excellent.

4.3.1 The recognised external arbiter of quality in the ACL sector is Ofsted who inspected the service in October 2017. In their inspection report they noted the following strengths:

- the high quality of our teaching, learning and assessment
- the strong commitment of staff to quality
- the support for learners to achieve aspirations that go beyond a single course
- that learners enjoy a good standard of training and education
- the curriculum on offer meets the diverse needs of individuals
- the shared vision of helping people to learn and flourish
- the work with partners, including other council services
- the ongoing advice and support we give to help learners to progress
- the way in which we help learners to feel safe
- the success of our learners in achieving qualifications

They also noted that leaders and managers have created a culture whereby staff morale is high and staff turnover is very low.

4.3.2 However, Ofsted made a number of recommendations that would help the service in its aim of being an outstanding provider. These recommendations were fourfold:

- first, that staff continue to improve the effectiveness of target setting with learners;
- secondly that teachers make better use of initial assessments to help learners make progress;
- thirdly, to improve the proportion of learners who achieve qualifications at level 2;
- fourthly to reduce the gap in achievement between different groups of learners.

4.4 *Safeguarding Objective: Ensure ALL meets its Safeguarding and Prevent responsibilities.* In the 2017 inspection Ofsted noted that '*safeguarding is effective... leaders have maintained effective safeguarding policies and procedures*'. The ALL Safe Panel has brought together all areas with responsibilities for Safeguarding, Prevent, E-Safety and Health & Safety (previously the responsibility of separate steering groups). This included curriculum interest through the creation of safe learning environments within which learners feel supported, able to make mistakes and move forwards in their learning, and able to gain referrals to other council services where necessary. Safeguarding, and safety, incidents are monitored and tracked and reported (anonymised) to the ALL Safe panel.

4.4.1 In order to sustain understanding and reinforce reporting requirements for Safeguarding staff training is monitored, ensuring that all staff have participated in relevant safeguarding training. This is being refreshed for all staff in 2018. In addition to this, Prevent e-learning training is available for staff via the Education and Training Foundation. In 2017 every permanent member of staff, and all tutors, completed their Prevent Training through the Education & Training Foundation. In order to continue to build staff confidence around this agenda ALL held a follow-up Think Tank on Fundamental British Values in April 2017 which provided further context on the Prevent Strategy and related duties.

4.4.2 ALL has refreshed its safeguarding policy, which highlights a fuller range of the types and indicators of abuse (including honour based violence and mate crime) and which also imbeds Prevent as a core policy component. In 2017 a new campaign entitled 'Keeping Everybody Safe Every Day' was launched, with Ofsted noting this part of a range of '*suitable strategies in place to help broaden learners' understanding of how to keep themselves safe*'.

4.5 *Community Objective: Respond to the needs and views of learners and the wider community, working in partnership to shape future developments and curriculum.* The past year has seen the embedding of a number of critical strands of partnership work, both at a strategic and curriculum level, and with both internal LBL services and external organisations.

4.5.1 At a regional level ALL has been closely involved in the second phase of the London-wide Area Review process, which is also informing the preparation for the devolution of the skills budget to the GLA in 2019. The original review was established by central government to solve the financial problems within the Further Education sector, but Adult & Community Learning providers took this as an opportunity to review their structures, outcomes, efficiencies across London. ALL

has been a core contributor to the Area Review, providing a rationale for adult learning that extends beyond productivity and employment, and arguing the case for ACL's contribution to well-being, enrichment and cost-savings to councils.

4.5.2 At a local and council level ALL has built successful links between its own efforts and the overlapping work of other services and organisations, assisting with the strategic connection of services across the council. Through its work ALL is referenced in, and contributes to, several key cross-council strategic plans including the Work & Skills Strategy, the Mental Health and Wellbeing Strategy, the recommendations of the Poverty Commission. ALL continues to be a significant contributor to the cultural life of Lewisham. It supports learner-organised enterprise groups which exhibit and sell arts work across the borough and its many festivals. ALL contributed to the development to the bid to be a London Borough of Culture, as well as contributing to the Goldsmiths Memorandum of Understanding (establishing links for learners to progress to the university). Other curriculum partnerships within Lewisham include: the literacy and English courses provided to Lewisham Homes; the Supported Learning department piloting a partnership with LSCollege; the ICT provision linking with the Go On project; learners and tutors from the family learning and ESOL departments working with the Horniman Museum on interpretation for its new galleries and with the Royal Naval College in Greenwich; and the ESOL department offering its guidance within the Syrian Refugee project.

4.6 *Environment Objective: Ensure ALL buildings, services and resources enable learning to take place in a safe, fit-for-purpose and inspiring environment.* ALL have developed an Accommodation Strategy for the next three years, and in 2017 work began on the design, planning and costing for the delivery phase one of the project - enhancing the external environment with significant improvements made to external signage across the three centres and internal way-finding. A full schedule to deliver the remaining phases of the project has been developed and works will continue into 2018.

4.6.1 ALL's premises team have been pivotal in the implementation of ALL's accommodation strategy - developing invitational centres project. As a result ALL's learning environment has seen some very positive physical changes. The most visible of these are the external signage at all of our centres, internal way-finding and changes to reception areas at both Brockley and Granville centre. The Site manager; has expertly organised and managed contractor's onsite to ensure the delivery of high quality work and has helped to shape this well-managed part of our service. Consequently there has been an increase in the services efficiency and effectiveness when dealing with premises related matters which offers real added value to ALL's core business. The summer of 2017 also saw an ICT upgrade to support improvements in the teaching network; however ALL recognises that further improvements to the teaching network are necessary to ensure that a more reliable Wi-Fi and LAN network is available at our Granville and Grove Park centres. To this end and following a meeting with our Brent shared services colleagues ALL plan to install a new teaching network at these sites. The new Network connection will provide us with an extremely reliable and high bandwidth network that will support teaching, learning and innovation and will bring these centres in line with Brockley.

4.7 *Staff Objective: Support and Invest in skills development for ALL staff.* In 2016 ALL applied for, and was successful in achieving, the Matrix Standard, which is the

nationally accredited kite mark for providing information, advice and guidance to learners. The process led to the development of ALL's 'Making The Right Choices' flow chart and poster, now on display in all classrooms and distributed to all learners, to show the numerous ways in which ALL supports learners to help them make the right choices. There were some recommendations made as part of the award, and ALL acted on these recommendations including the training of all of its front-of-house staff in an accredited Information, advice and guidance course. In December 2017 a further external assessment of ALL by Matrix confirmed and consolidated the kite mark.

4.7.1 Think Tanks were introduced in 2016 as an interactive vehicle for continuous professional development. The purpose of ALL's think tanks are to bring additional energy to CPD sessions, to harness the expertise and experience of staff and tutors in activities and discussion, to raise the level (and as a side effect, the volume) of debate, and to explore some of the nuances of adult learning, which are critical to effective teaching, learning and assessment. Think Tanks in the past have looked at 'the Long Learner Journey', and have immersed staff in 'Making the Right Choices'. In 2017 think tanks explored fundamental British Values and Addressing Community Needs (see photographs below), and over 150 members of staff and tutors have so far attended at least one of these think tanks. This approach to CPD was noted as a success by the Matrix assessor: *Staff feel listened too, and were particularly effusive about the Think Tank events and how these 'idea days' ensure staff from the three centres shape provision.*



4.8 *Finance Objective: Secure ALL on a sound financial footing and adding value to received funding.* Funding for ALL in 2017 was through a single designated ESFA stream, the Adult Education Budget, which is a merger of the Adult Skills Budget (for accredited courses) and the Community Learning Budget (broadly speaking for non-accredited courses), together with the Discretionary Learner Support fund. The

budget for 2017-18 remained at the level of the previous year, although additional funding was successfully raised through fees – at £600,000.

	2015-16	2016-17	2017-18
Adult Skills Budget	£1,317,649		
Community Learning Budget	£1,881,080		
Discretionary Learner Support	£58,167		
Adult Education Budget		£3,256,897	£3,256,897
Total	£3,256,897	£3,256,897	£3,256,897

5. Governance Group

5.1 The termly review of performance via the directorate line management structure has now developed into a more formal Governance Group, consisting of members of ALL's management team as well as the Head of Culture and Community Development, and senior officers from other directorates. The function of this group is provide governance for the service, to act as a 'critical friend' which scrutinises and supports the service, and enables the service to improve its performance and ensure it continues to meet community needs.

5.2 The Governance Group examines on a termly basis the three key performance indicators, which address three key questions: 'are people enrolling?', 'are they learning?' and 'are they satisfied?' The first question is answered through a monthly analysis of learner enrolment and learner numbers, and for 2016-17 these were 9137 and 4044. The second question can be broadly answered by looking at achievement rates, namely do learners stay to the end of their course *and* do they pass. We have already seen above (section 4.1) that in 2017 achievement rates remained exceptionally high, standing at 90.7% down slightly from 92.1% in the previous year. Achievement rates on E&T-funded courses remain very good for learners at Entry Level (83.7%) Level 1 (77.3%) at Level 2 at 84.6%. These represent a good achievement for the service, but as always there is still room for improvement. The third question is answered both through the learner satisfaction ratings (noted in 4.3 above) and the government's FE Choices survey, which recorded that 97% of ALL learners are more than satisfied and would recommend ALL to a friend.

6. ALL Learner Demographics

6.1 Adult Learning Lewisham is funded to reach all Lewisham residents, but should prioritise the engagement in learning of those residents with the greatest needs (see paragraphs 10.1 and 10.2 below). In 2016/17 ALL enrolled on its courses 2160 learners who were unemployed or low-waged; 981 enrolments, 473 learners in its specialist Supported Learning department who were managing mental ill health, or a physical or learning disability; 544 older learners on 1284 (65+) courses managing deteriorating health; 493 enrolments by 205 people studying ESOL to progress into work or training; 1290 enrolments (547 learners) on English or Maths courses up to and including GCSE; and 259 people enrolling on 308 courses to train as Early

- 8.2 The power for local authorities to provide an adult education service for adults is a discretionary one. This discretion should be exercised reasonably in the sense that only relevant matters should be taken into account and irrelevant considerations ignored.

9. Crime and Disorder Implications

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

10. Equalities Implications

- 10.1 The London Borough of Lewisham, like all inner London boroughs, is a place of heterogeneity, with areas of high income, high qualification rates and low unemployment sitting alongside areas of high multiple deprivation. Lewisham still has one of the highest percentages of people claiming JSA in London (at 2.6%). Rates of mental ill health are higher than in London or nationally, and this has been identified as a council priority – 3,400 people in Lewisham are on the severe mental health register. Of all skills, a lack of English has been identified as the largest barrier to employment by the Office of National Statistics (2014). The percentage of Lewisham households (9%) with no adults who can speak English is amongst the highest in the country, with 10,000 residents in those households.
- 10.2 Lewisham residents have a high level of qualification, with 54% of Lewisham residents educated to NVQ Level 4 and above (compared to a GB average of 36%). Widening this to Level 3 reveals that 70% have NVQ Level 3 and above which is equivalent to at least 2 A Levels. The proportion of residents with no qualifications has decreased from 17.7% in 2011 to 7.5% in 2015. There has also been a notable rise in those with Level 4 or higher (degree or equivalent). However, the distribution of residents with high levels of qualifications is not evenly spread over the borough, and geographical location is correlated with low qualifications.
- 10.3 ALL remains the only Grade 2 'Good' provider of adult skills in Lewisham. It offers accessible entry routes for new or returning learners as well as progression routes that are used by learners to further their skills and education. In addition, ALL provides a range of informal learning activities aimed at communities in areas of high and multiple deprivation across the borough. Paragraphs 6.1 and 6.2 above outline the effectiveness of ALL's response to continuing inequality and disadvantage amongst some of Lewisham's communities. The service will continue to work in partnership with other services, and the voluntary sector, to reach those residents least likely to engage, but most likely to benefit, from adult learning.

11. Environmental Implications

- 11.1 There are no environmental implications arising from this report.

12. Conclusion – What Lies Ahead?

- 12.1 In 2017 Lewisham's adult education service was preparing for significant changes to the sector and preparation for these risks and opportunities continues in 2018. These include: sector changes that will emerge from the area review and

- devolution; risks to funding; risks of ‘outcome definition’; opportunities around local partnerships; sub-regional collaboration and multiplying funding streams.
- 12.2 The second phase of the London Area Review into adult education will end in March 2018 and will make recommendations both at a regional and sub-regional level. 2018 will also see the GLA finalise its skills strategy prior to the devolution of skills funding to London’s Mayor in 2019 / 2020. The service remains well placed to influence this review, but there is a risk that devolution will lead to a narrowing of focus on skills that are related to employment (ignoring the benefits of skills development and education on health/wellbeing and integration/inclusion). Lewisham has contributed to this debate in its feedback to the GLA’s ‘Skills for Londoners’ strategy which has been shared with the national Hoxex network. Devolution of funding to the GLA risks also a movement towards outcomes-based commissioning. ALL have experience in efforts to create rigorous outcome measures that cover the breadth of learning goals (not just employment) and in 2018 will contribute to this debate to ensure that outcome measures are appropriate for the groups of learners, many of them vulnerable, with whom we work.
- 12.3 There are also opportunities ahead for ALL in 2018, developing and building on the efforts of the service in previous years. There is further work for ALL in its partnerships with other council services and in contributing to LBL strategies in Mental Health, Work & Skills, Arts & Culture, and the recommendations of the Poverty Commission. External collaboration with other local authorities may include the research into more rigorous outcomes measures, joint bidding for funding (such as the Flexible Learning Fund), and joint CPD for staff. There will be a second phase of the service’s accommodation strategy to ensure that its learning environments and venues are welcoming and safe and attract more learners through their doors.

For further information please contact Gerald Jones, ALL Service Manager, ext. 46189

Appendix A - Glossary

ACL – Adult and Community Learning
 ALL – Adult Learning Lewisham
 CPD – Continuous Professional Development
 E&T - Employment & Training funding budget
 ESFA – Education & Skills Funding Agency
 ESOL – English for Speakers of Other Languages
 FE – Further Education
 GLA – Greater London Authority
 ICT – Information and Communications Technology
 JSA – Job Seekers Allowance
 KPIs – Key Performance Indicator
 LBL – London Borough of Lewisham
 LSCollege – Lewisham & Southwark College
 Mindlift – ALL’s supported learning programme for adults with a learning difficulty or disability
 NVQ – National Vocation Qualification
 Ofsted – Office for Standards in Education

Appendix B - Achievement, Retention and Pass rates

In 2017 the DfE and ESFA changed the nomenclature of the key rates used to measure the quality of a provider. The changes are:

Name for rate pre-2017	Name for rate post-2017
Achievement rate	Pass rate
Retention rate	Retention rate
Success rate	Achievement rate

The meaning of these terms is as follows:

- *Pass Rate* – the rate of learners who pass their qualification or learning goals measured as a percentage of the number of learners who are still on the course at the end. (This was previously called the ‘achievement rate’ by funders and inspectors)
- *Retention Rate* – the rate of learners who are still attending the course when it finishes measured as a percentage of the number of learners who started the course.
- *Achievement Rate* – the rate of learners achieve their qualification of learning goals measured as a percentage of the total number of learners who started the course. This is a tougher test of organisational performance than the pass rate. (This was previously called the ‘success rate’ by funders and inspectors).

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Title	Lewisham Annual Public Health Report 2017		
Key Decision	No		Item No. 8
Ward	Borough Wide		
Contributors	Danny Ruta – Director of Public Health Catherine Mbema – Consultant in Public Health		
Class	Part 1	Date: 6 th March 2018	

1. Purpose

1.1 The purpose of this report is to provide members of the Healthier Communities Select Committee with the final content of the Annual Public Health Report (APHR) for 2017. The theme of the APHR is 'Mental Health and Wellbeing' and the report focuses primarily on communicating with members of the Lewisham community about mental health and wellbeing in the borough.

1.2 The 2017 APHR has adopted a new online format to enhance accessibility of the report for members of the public.

The link to the site is: <http://lewishampublichealth.uk>

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to:

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

3. Policy Context

3.1 The Health and Social Care Act 2012 stated that the production of an APHR is a statutory duty of the Director of Public Health, which the local authority is responsible for publishing.

3.2 The APHR topic selected for this year is Mental Health and Wellbeing following on from the publication of the Lewisham Public Mental Health and Wellbeing Strategy in November 2016. The strategy was produced in response to the relatively high level of mental health need in Lewisham (for example 1.31% of people on GP registers in Lewisham are recorded as having a serious mental illness in comparison to 0.9% in England overall), and the subsequent impacts of mental ill health for the population. The strategy has four overarching aims:

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

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

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

4. Background

4.1 The APHR has been produced with input from some of the key stakeholders that were involved in the development of the Public Mental Health and Wellbeing Strategy.

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

5. Summary of the APHR 2017

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

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

5.2 The following sections have therefore been included in the online microsite:

- **Section 1: Introduction**

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

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

Key mental health data summarised in three infographic sheets (factors related to mental ill health, mental health profile of Lewisham and impacts of mental ill health).

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

A series of five real-life stories from Lewisham residents about their experience of mental ill health.

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

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

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

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

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

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

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

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

5.3 The online microsite is now live.

6. Financial Implications

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

7. Legal Implications

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

8. Crime and Disorder Implications

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

9. Equalities Implications

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

10. Environmental Implications

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

11. Conclusion

11.1 The report focuses on the topic of Mental Health and Wellbeing and aims to communicate with members of the Lewisham community primarily around promoting mental wellbeing and preventing mental ill health. The report does this

using a new online microsite format to enhance accessibility and engagement with the report.

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Agenda Item 9

Healthier Communities Select Committee		
Title	Information item: Healthwatch report, Social Care in Lewisham	
Contributor	Scrutiny Manager	Item 9
Class	Part 1 (open)	6 March 2018

1. Purpose

Attached is the report of Healthwatch Lewisham's research project on social care in Lewisham. The project focused on accessibility issues, social care assessments, care package provision and quality of care. Also attached is the summary impact report of the project.

2. Recommendations

The Committee is asked to consider and note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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SOCIAL CARE

**IN THE
LONDON BOROUGH OF
LEWISHAM**



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Social Care in the London Borough of Lewisham

1. Summary

Healthwatch Lewisham carried out a research project across the borough of Lewisham looking into the social care needs and experiences of the population. The project focused on accessibility issues, social care assessments, care package provision and quality of care.

The project formed a wider piece of work incorporating research undertaken as part of the Healthier Communities Select Committee review of health and adult social care integration. To ensure a comprehensive view of the wider public, two additional engagement methods were used:

- Open call through our website and e-bulletin, through the form of an online survey.
- Targeted focus groups with residents with long term conditions, as well as those with learning disabilities, mental health challenges and the elderly.

The focus groups were organised in partnership with local organisations including: Carers Lewisham, Lewisham Speaking Up, Lee Green Community Centre, Sydenham Garden, Lewisham Disability Coalition and 60 Up. The participants of the groups were asked to share their experience of social care services in Lewisham.

This report highlights the key themes and responses from the engagement, including current experience of social care services, and opinions and suggestions for improved local services.

2. Strategic Drivers

The Care Act 2014 laid out a new revised role of the local councils in provision of social care and wellbeing of local residents. The act highlights the importance of prevention and the outcome focused approach. ¹

The Care Act also sets a list of responsibilities, such as ensuring that people are treated with dignity and respect and as equals. Providers also need to make sure the care is provided in accordance with the individual's needs, and that the assessment takes into account people's preference. ²

According to the Market Position Statement, Lewisham Council and the NHS Lewisham Clinical Commissioning Group predict the population to grow, particularly in the over 65 age group. Currently there is a growing demand for residential and nursing provision for older people. However there is scope to develop services that would support people to live independently at

¹ <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

² <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/>

home. The evidence also suggests there is a ‘considerate unmet need’ around carers’ provision in the borough.³

3. Engagement Methodology

Healthwatch Lewisham used a mixed methodology including:

- **An online survey**
- **Focus groups including Healthier Communities Select Committee engagement**

Healthwatch Lewisham organised six focus groups to engage communities across Lewisham. Engagement sessions enabled meaningful interaction with individuals and groups to gather both positive and negative experiences. Our engagement involved detailed conversations and listening. A variety of backgrounds and diverse groups were engaged including older people, carers, and people who are disabled, as well as those with learning difficulties.

To support the face to face engagement Healthwatch Lewisham published an online survey which was promoted through our e-bulletin, social media channels and our network of third sector organisations.

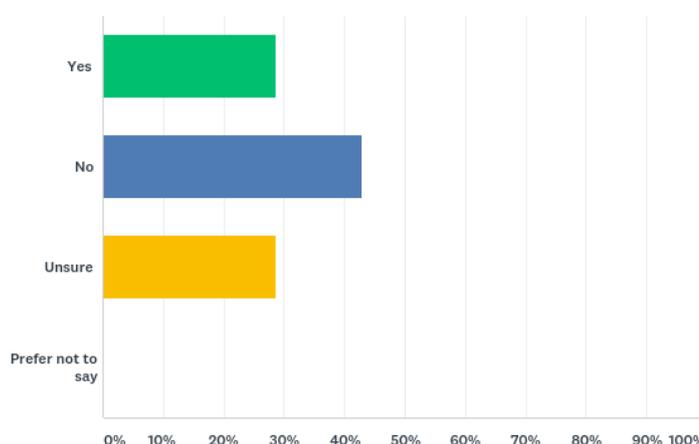
A total of 114 people were engaged. Participants were asked to complete an evaluation form, including sharing their demographic information, the analysis of which can be found in section 7 of this report.

³ Market Position Statement, a Lewisham Council and the NHS Lewisham Clinical Commissioning Group

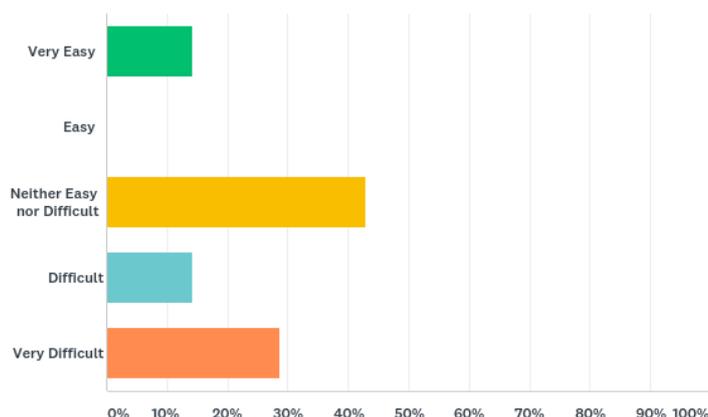
4. Survey Findings

Analysis tells us 66% of respondents received reassessments in the last eighteen months, however 43% were unhappy with the outcome and a quarter of the respondents felt they weren't adequately involved in the assessment process. This suggests more work should be done to incorporate patient preference during the assessment process and to increase the involvement of patients in their care.

Were you happy with the outcome?



If yes, how easy was it to arrange?



Findings indicate that the processes and the communication between the service user's carers and the social care system requires improvement. Almost 43% of respondents found arranging reassessments "very difficult" or "difficult" with only 14% stating it was easy. Over 55% of respondents felt they didn't receive sufficient information and explanation around their care and support options. In addition over 77% did not know or were unsure of the contact details if things didn't go well.

Reassuringly, 66% of people surveyed were happy with the quality of the service received. Some of the positive feedback included an individual's experience of undergoing a carers assessment, a social care package supporting a young person with mental health issues, and caring attitudes of the care workers. Some of the negative comments mention difficulties in arranging weekend visits and lack of provision of household help.

Over 50% of the respondents felt they were treated with dignity and respect, however over 20% provided a negative answer and a further 20% were not sure. This suggests improvements are needed to ensure the majority of those in receipt of social care feel they are treated with dignity and respect in line with the social care requirements in the Care Act.

5. Key Themes

The examples detailed below represent the key themes identified across all the focus groups and the detailed conversations with participants.

Analysis of the feedback from all six focus groups suggests the following common themes across all participants engaged:

• Support provided by carers and care workers

Support provided by carers and key workers was appreciated and valued, especially by people with learning difficulties and those with mental health issues. Unpaid carers played a key role in ensuring the health and wellbeing of people receiving social care support.

• Activities

Being able to engage in a variety of activities in day centres is a key issue expressed by people with learning difficulties. However, there is a need for more variety both in and outside day centres. Care workers play an important role in ensuring people with learning difficulties have access to activities.

• Quality of homecare support

Satisfaction levels with social care services were often determined by the quality of service provided by care workers who support people in their homes. The views were mixed, with some people reporting they have excellent care workers, whereas others complained about the quality of the service, citing issues such as rudeness of staff, lack of caring attitudes, punctuality, disrespectful tone and treatment, and a lack of sensitivity around mental issues.

• Access

Access to social care services was reported as an issue. People experienced difficulties in contacting services, such as being kept on hold for a long time on the phone, as well as not hearing back from services following initial contact.

• Assessments

It was felt that those in receipt of social care and their carers require a more meaningful input into the assessment, and in some instances felt they were provided with less care than required.

• Consistency and continuity

Consistency and continuity of the care worker was an important aspect of service satisfaction. Familiarity with the care worker ensures a sense of safety, security and empowerment for the person in receipt of care.

• Pressure on unpaid carers

The findings suggest many carers are under pressure and often experience stress. There was a fear that this could result in carers experiencing a deterioration of both their mental and

physical health. Some of the suggested solutions are increased access to respite break, increased provision of social care, and involving them in the care process.

6. Focus Groups

Two focus groups were held and planned around local people's availability and time commitments. The feedback from the individual focus groups are summarised below:

Carers Lewisham

Carers Lewisham supports carers in the London Borough of Lewisham aged five upwards. They provide a range of services including advice, information, emotional support, breaks, and opportunities to meet other carers. Healthwatch Lewisham visited the organisation on several occasions to obtain feedback from a range of service users.

Participants in this group highlighted the stress and pressure they are under as carers. Many worried this may impact negatively on their own health and wellbeing, in particular their mental health. Respite breaks were mentioned as an issue with some carers feeling they should have easier access to them. One carer reported having only one break in three years.

Those who were happy with their carer pointed out that consistency of the care worker is of vital importance. Eleanor Healthcare Group were praised for their caring staff and their procedures in case of absence. If a regular carer was not available they would call a client to inform them of the change in personnel. This ensured carers and those in receipt of care felt informed and empowered.

The majority of participants commented on the quality of the care provided by the care workers, which had a big impact on how the service was perceived. Relationship with the care worker, sticking to the care plan and allocated time for the patient were mentioned as crucial in delivering a quality service.

Those who voiced reservations in relation to the quality of service provided by care workers highlighted a number of issues. A common complaint was that care workers were providing less time than originally agreed in the care plan and as a result not all tasks were being completed. Lack of punctuality was also a big concern. Group members reported commute time as the main reason given for lateness by care workers and suggested care agencies should be aware of the usual level of traffic when planning their rota. *"They should come at 10am in the morning. Please be on time. Don't tell me there is traffic"* said one male participant.

Many carers expressed the need for more support at home, for example with personal care, domestic chores and cleaning. The limited level of support available was also mentioned as a concern. One participant who was in receipt of a social care package complained about the amount of time allocated to him. He expressed his concern saying *"They have half an hour to look after me. What can they do in this time?"* The group suggested that domestic support should be at least an hour a week to make it meaningful. The group also pointed out the need for support with shopping and transport.

The majority of the group raised concerns around the difficulty in contacting social services. This included long waiting times when calling and the lack of a named contact.

Lee Green Community Centre

Lee Green Community Centre was established to revitalise the local area. There is a variety of activities available in the centre, including a drop-in for adults with learning support needs called the *Get Together Club*. The majority of people attending the group live in supported living housing and are assisted during the session by a care worker.

The feedback gathered during the session suggests that the group were really happy with the services and support received from social care services. Most individuals were very happy with the staff and support they receive at their home and mentioned the positive impact of socialising opportunities and activities they attend. A female participant mentioned that she is in a relationship and was grateful for the support she has received from her care worker to maintain it.

The group highlighted the importance of staff being friendly and caring. Furthermore, consistency of the staff and familiarity was mentioned as playing a key role.

One person with learning difficulties who lived independently shared her negative experience of social care services. She explained how she had felt “rushed” by a carer who was helping her with personal care. She was also disappointed with the level of support and felt she needs more provision. For example, she would like to go swimming or to a gym, but doesn’t qualify for a carer to help her with this. If she goes herself she is told she can’t use the services on her own and is turned away. The lack of support created a barrier for her and made her feel ‘not safe’ when out and about. Another issue she raised was in relation to the availability of transport.

60 Up

60 Up is a not-for-profit Community Interest Company based in the London Borough of Lewisham, that seeks to provide social, cultural, educational and health activities aimed at keeping older adults active and engaged in their local community, and addressing the need for healthy lifestyle choices.

Overall the group expressed concerns about a lack of adequate quality and quantity of social care provision. They felt services provide a minimum level of support often overlooking important needs such as helping their clients to take medication.

The group also highlighted the importance of the consistency and continuity of the care workers. Establishing a good rapport and communication between an individual and the care worker was also key. It was mentioned that improving those aspects of care would make people feel comfortable and relaxed and value the services received. The group also believed this would help people in receipt of social care feel dignified and in control.

It was suggested social care services should take the carer into more consideration when drawing a care plan; however this should be done in a mutual way, respecting the carer and treating them as equals. The importance of the language used and carer involvement in the social care process was also raised.

Lewisham Speaking Up

Lewisham Speaking Up is a charity supporting people with learning disabilities aiming to empower them and enable their voices to be heard.

Our findings suggest that being able to socialise and take part in a variety of activities provided by day centres and other mainstream activities, such as bowling or dancing, were key to maintaining people's health and wellbeing. In addition, the group agreed that more varied provision of activities is required. Members of the group reported that trying to access activities outside day centres was difficult. The reason for those difficulties was seen as the cost and availability of support workers to accompany them.

The group stressed the importance of care workers and the help they provide including support with using public transport, going on holidays, reading letters and managing their money. Support with visiting their GP practice is also appreciated; however people with learning disabilities felt it was vital that the NHS staff refer directly to them rather than their care worker. Most people felt that it is important for care workers to show an interest in them as a person and take the time to ask how they are and provide informal help and advice around daily life and administration. One person explained how after talking to them about their day, their carer had been able to warn him not to give his money to people who ask for it on the street. Another person said that their care worker helped them with the paperwork around their benefits.

The group particularly appreciated consistency of support workers and expressed concern if this wasn't happening. Care workers were also valued for good time keeping, friendliness and helpfulness. The group was concerned about difficulties in contacting social services especially when using the telephone.

Sydenham Garden

Sydenham Garden is an organisation supporting people with mental and physical ill health to recover through use of gardening, activities and the outdoors.

The engagement findings suggest there is an appreciation of the support provided by social care workers. Respite break provision for the carers was mentioned as key.

People who suffer from mental health problems valued help and advice with general tasks such as understanding and managing household bills. People explained that this sort of early support can help prevent problems spiralling out of control and their mental health being negatively affected by stress. It was also noted that people value community support such as social workers, community nurses, and care coordinators. Finally, people valued the support provided by third sector organisations which helped to maintain their wellbeing and reduced isolation. The group highlighted Sydenham Garden, Stepping Stones and the Samaritans as organisations that had a beneficial impact on their lives.

Lewisham Disability Coalition

Lewisham Disability Coalition is an organisation that promotes equality for disabled people.

Findings from the engagement with members of the Disability Coalition suggest that this group experience difficulties in accessing social care services. Many reported difficulty in making an initial enquiry or request, with limited responses from the service. Others complained about

difficulties in being able to contact social care services on the phone, with some reporting long waiting times which is both costly and frustrating.

The group also expressed dissatisfaction with the level of social care support they received. Many claim they were told they were not eligible for additional support following their assessment; however personally felt that they needed more. Those who received enablement support felt that they would have benefited from a longer duration of service. It was suggested that the care provision should be discussed and agreed with the patient at the outset, giving an opportunity to provide justification for additional care provision.

The way the assessments were carried out was also a common complaint. There was a feeling that people were judged as able when they could only just manage to complete a task for themselves, often trying extra hard as they felt pressure from being looked at and assessed. A group was concerned that the lack of adequate support may put pressure on carers, including, in some instances, children or young family members.

The group also expressed concern about the lack of a caring approach and being treated without dignity and respect during assessments. When sharing their experience the group used words such as *“punishment”*, *“undignified”* and *“degrading”* to describe the way they felt they were treated.

Pressure on carers and related stress issues were highlighted by the group. Respite care for carers was mentioned as vital in preventing carers from becoming service users and supporting them to sustain their physical and mental wellbeing.

7. Overall Themes

Access

It is key that people are able to contact social care services when they need to by means that are accessible for them such as telephone call, text, email, etc.

Having to wait on the phone for long periods when calling social services was raised as a barrier and should be addressed.

People would welcome a prompt response after they make contact with social care services.

Social activities are valued by people with learning disabilities. There is a need for an increased variety in activity provision.

Quality of care

It is essential for front line staff to be kind, caring, friendly and sensitive to cultural, equality and diversity issues.

Consistency of the care workers is vital along with good continuation procedures in case of absence.

Punctuality is an important part of providing good social care. Planning of the care worker rota should consider traffic levels and commute times.

Ensuring the care plan is adhered to; for example, completing required tasks and spending allocated time fully with the client.

Care workers are valued and appreciated. However, the quality of the provision is inconsistent and, in some instances, requires improvement.

Communication

Language used by social care staff, especially care workers, is important for patients and carers. It is vital to use clear language that is free of jargon.

Being treated with dignity and respect is a key aspect of providing good care.

It is important to provide accessible information and communication methods, such as phone calls for those who do not use the internet.

Clear explanation of eligibility for social care services is required.

People appreciate it when their different care options available are clearly explained to them.

Carers

Provision of a respite break is valued by carers. It helps to maintain their good health and wellbeing.

Many carers reported being under a lot of pressure and stress. It was felt that the mental health of carers should be considered by social care services.

It is important for carers to have a meaningful input into the assessment process for the person they support.

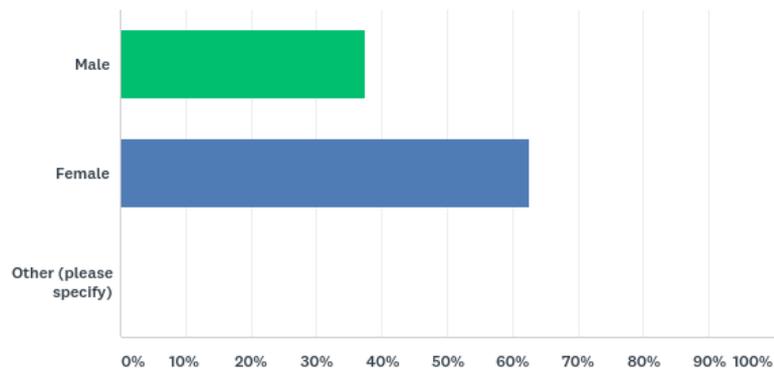
8. Recommendations

Based on our engagement, Healthwatch Lewisham suggests the following recommendations for local social care provision:

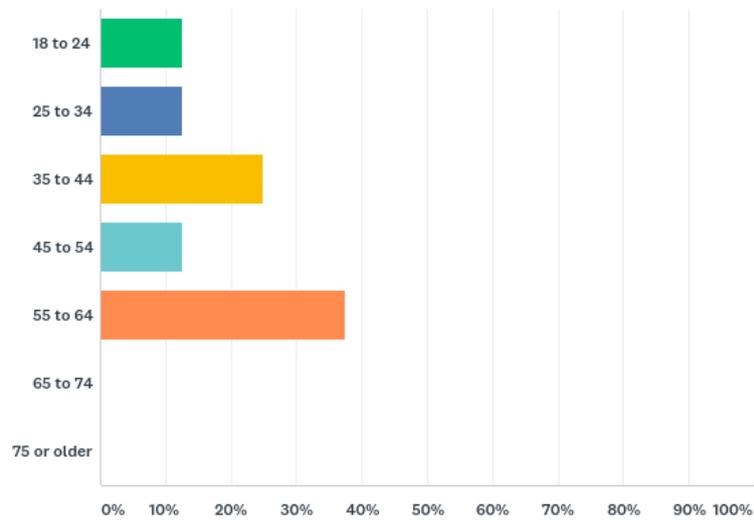
- Service users' and carers' experiences and suggestions to be incorporated into the care planning process and throughout their care.
- Clear information and explanation of care options to be made available, as well as eligibility criteria.
- Once a care plan is issued, service users would benefit from detailed information regarding their care providers. Clear contact details should be provided to ensure service users can communicate any relevant changes in circumstance to their care providers.
- Comprehensive training for frontline staff, with a specific focus on treating people with dignity and care.
- Clear timelines and sufficient time frames to be scheduled for home visits to ensure service users' needs are met.
- Streamline telephone access to social care services and reduced waiting times would improve people's experience.
- Where possible regular respite breaks to be provided for carers to ensure their own health and emotional wellbeing is supported.
- Clear protocol to inform service users of any change in care provision or care worker absence as well as subsequent cover arrangements.
- Clear information to be provided to service users around how to raise concerns and/or complaints about their care.

9. Demographic Information

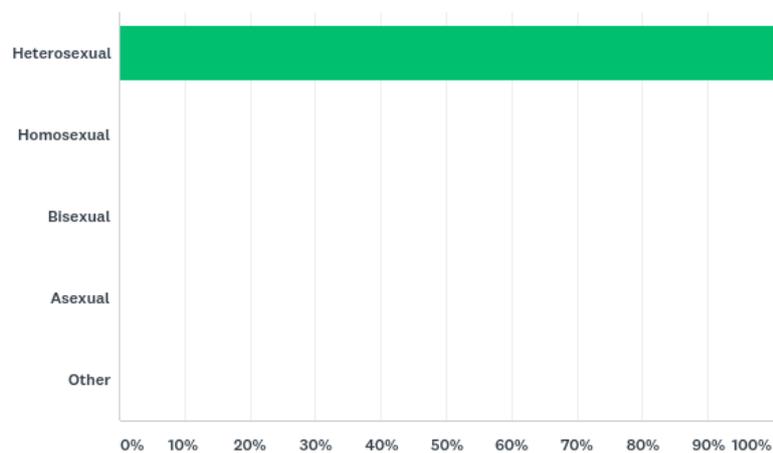
What is your gender?



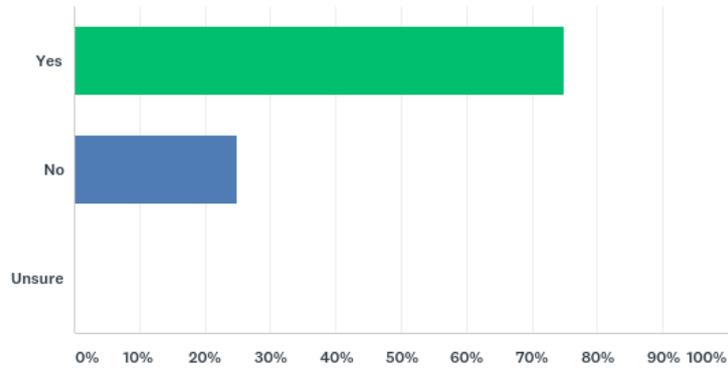
What is your age?



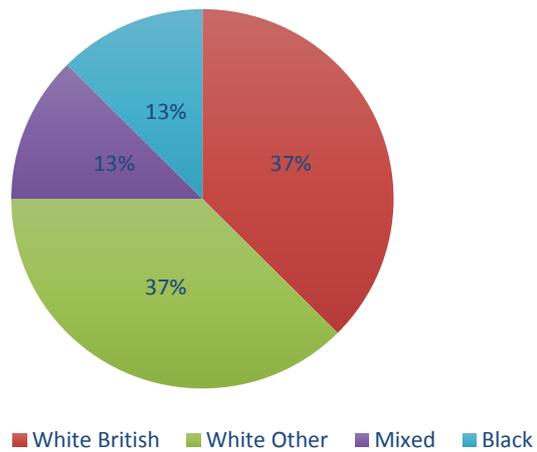
What is your sexual orientation?



Do you consider yourself to have a disability?



What is your ethnicity?



10. About Healthwatch Lewisham

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

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

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

Healthwatch Lewisham's core functions are:

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



11. Acknowledgements

Healthwatch Lewisham would like to thank all the participants that took part and shared their experiences and stories with us. We would also like to thank the following organisations and networks that supported us in engaging the people of the London Borough of Lewisham:

• Carers Lewisham

Waldram Place, Forest Hill

London SE23 2LB

Tel: 020 8699 8686

Email: info@carerslewisham.org.uk

• Lewisham Speaking Up

Albany Centre & Theatre

Douglas Way

London SE8 4AG

Tel: 020 8691 7198

Email: info@lsup.org.uk

• Lee Green Community Centre

Leyland Rd, Lee,

London SE12 8RG

Tel: 07432 799186

Email: lgrnlives01@gmail.com

• Sydenham Garden

28A Wynell Rd, Forest Hill,

London SE23 2LW

Tel: 020 8291 1650

• Lewisham Disability Coalition

111 Randlesdown Rd

London SE6 3HB

Tel: 020 8697 0100

Email: info@ldcadvice.co.uk

 **60 Up**

Honor Oak Community Centre

50 Turnham Road

London SE4 2JD

020 3667 3704

info@60up.org.uk



Appendices

i. Questionnaire

Social Care in the London Borough of Lewisham

This survey looks at social care provision in the London Borough of Lewisham. The information given will be used by Healthwatch Lewisham in order to obtain an understanding of the public's experiences of local social care services.

The survey is anonymous and should take no more than 5 minutes to complete. This survey can be filled in by service users or carers on their behalf.

1. In which borough do you live?

2. Please state the first line of your postcode, e.g. BR1, SE20 etc:

2. Are you the ...?

- Service user
- Unpaid carer
- Carer - Family member/friend

3. Are you in receipt of social care?

- Yes
- No
- Unsure
- Prefer not to say

4. Have you received a social care assessment or reassessment in the last 18 months?

- Yes
- No
- Unsure
- Prefer not to say

5. If yes, how easy was it to arrange? If no, please go to Q9.

- Very easy
- Easy
- Neither easy or difficult
- Difficult
- Very difficult

6. How soon after your initial assessment did your care package take affect?

- 28 days or less
- 28 days - 2 months
- 2 months plus

7. Were you happy with the outcome?

- Yes
- No
- Unsure
- Prefer not to say

8. Do you feel you, your family member, or preferred carer were adequately involved in the process?

- Yes
- No
- Unsure
- Prefer not to say

If possible, please explain why:

9. Do you believe you received sufficient information and explanation around your care and support options?

- Yes
- No
- Unsure
- Prefer not to say

10. What type of social care support do you receive?

- Equipment and home adaptations
- Help in your home (e.g. nursing and health care)
- Personal care (e.g. washing or dressing)
- Housekeeping or domestic work
- Cooking or preparing meals
- Day centre
- Residential care
- Support to take part in educational, leisure and social activities
- Support for carers
- Short term respite
- Other

10. How long have you being receiving social care?

- 0-6 months
- 6-12 months
- 12-18 months
- 18-24 months

- 24 months +

11. Do you feel you are treated with respect and dignity by those who are involved in your care? If possible, please can you give examples of good care?

- Yes
- No
- Unsure

Example:

12. Are you happy with the level and quality of care you receive?

- Yes
- No

13. Could you please tell us about a situation a) where you were happy with the support you received and b) a situation where your support could have been improved?

14. If you wanted to make a complaint, would you know who to contact?

- Yes
- No
- Unsure

15. Safeguarding means protecting people’s health, well-being and human rights, and enabling them to live free from harm, abuse and neglect. Would you know who to contact if you had safeguarding concerns?

- Yes
- No
- Unsure

16. If in receipt of home visits or domiciliary care, please rate the following areas of your care from 1-5. 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good & 5 = Excellent

Area	1	2	3	4	5	Unsure
Punctuality of staff						
Frequency of visits						
Choice of care						
Staff attitude and behaviour						

If you have any further comments or information regarding local health provision outside of GP opening hours, please include them below:

Demographic Information

What is your gender?

Male Female Prefer not to say

What is your age?

18-24 25-34 35-44 45-54 55-64 65-74 75 or older

How would you best describe your ethnicity?

What is your sexual orientation?

Heterosexual Homosexual Bisexual Asexual Other

Do you consider yourself to have any disability?

Yes No

Thank you for sharing your experience.



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healthwatch
Lewisham

Community House

South Street

Bromley BR1 1RH

Tel: 0208 315 1906

Email: info@healthwatchlewisham.co.uk

Website: www.healthwatchlewisham.co.uk

Healthwatch Lewisham is delivered by Community Waves Ltd. Community Waves is a Registered Charity (1159132) and a Company Limited by Guarantee (9044348). Community Waves is a voluntary and community organisation that builds bridges between local people and decision makers by using effective engagement and involvement to impact on community wellbeing and development.

Social Care in the London Borough of Lewisham

SUMMARY IMPACT REPORT

Strategic Drivers and Methodology

The Care Act 2014 sets a list of responsibilities, such as ensuring that people are treated with dignity and respect and as equals. Providers also need to make sure that care is provided in accordance with the individual's needs, and that the assessment takes into account people's preferences.

Healthwatch Lewisham carried out a research project across the London borough of Lewisham looking into the social care needs and experiences of the population. To obtain a comprehensive picture, a mixed methodology was used including an online survey and six focus groups, as well as further work with the Healthier Communities Select Committee. This enabled meaningful interaction with individuals and groups to gather both positive and negative experiences. Our engagement involved detailed conversations and listening.

Healthwatch set out to:

Investigate social care needs and experiences of the local population with a focus on:

- *Accessibility issues*
- *Social care assessments*
- *Care package provision*
- *Quality of care*

Findings

• Support provided by carers and care workers

Support provided by carers and key workers was appreciated and valued. Unpaid carers played a key role in ensuring the health and wellbeing of those who receive social care support.

• Activities

Being able to engage in a variety of activities in day centres was a key topic discussed by people with learning difficulties. There is a need for more variety both in and outside day centres.

• Quality of homecare support

The views on quality of service provided by care workers who support people at their homes were mixed.

• Access

Access to social care services was reported as an issue. People experienced difficulties in contacting services.

• Assessments

It was felt that those in receipt of social care and their carers require a more meaningful input into the assessment, and in some instances felt they were provided with less care than required.

• Consistency and continuity

Consistency and continuity of the care worker was an important aspect of service satisfaction.

• Pressure on unpaid carers

The findings suggest many carers are under pressure and often experience stress. There was a fear that this could result in carers experiencing a deterioration of both their mental and physical health.

Key Recommendations

Healthwatch Lewisham recommends that providers and commissioners within Lewisham incorporate the following recommendations:

- Service users' and carers' experiences and suggestions to be incorporated into the care planning process and throughout their care.
- Clear information and explanation of care options to be made available, as well as eligibility criteria.
- Once a care plan is issued, service users would benefit from detailed information regarding their care providers. Clear contact details should be provided to ensure service users can communicate any relevant changes in circumstances to their care providers.
- Comprehensive training for frontline staff, with a specific focus on treating people with dignity and care.
- Clear timelines and sufficient time frames to be scheduled for home visits to ensure service users' needs are met.
- Streamline telephone access to social care services and reduced waiting times would improve people's experience.
- Where possible, regular respite breaks to be provided for carers to ensure their own health and emotional wellbeing is supported.
- Clear protocol to inform service users of any change in care provision or care worker absence as well as subsequent cover arrangements.
- Clear information to be provided to service users around how to raise concerns and/or complaints about their care.

Local impact and outcome

As a result of our findings London Borough of Lewisham have provided a response based on our recommendations.

“In response to this feedback, we are going to accelerate the work we are doing on the provision of information to service users (about their package of care and relevant contact details) as well as ensure that the concerns raised in this report feed directly into the wider systems improvement work that is also underway.”

**Joan Hutton, Head of Adult Social Care, Community Services,
London Borough of Lewisham**

A summary of key actions are detailed below:

- The London Borough of Lewisham are working on a number of the areas highlighted within the report to hopefully introduce improvements, with a particular focus on information sharing with service users and their families.
- The London Borough of Lewisham is currently focusing on outcomes and quality assurance which should lead to continued improvements in service user experience in the areas highlighted in the report.

January 2018



*For a copy of the full report or for further information about Healthwatch, please go to:
www.healthwatchlewisham.co.uk*

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Healthier Communities Select Committee		
Title	Information item: Grove Park health centre update	
Contributor	Scrutiny Manager	Item 10
Class	Part 1 (open)	6 March 2018

1. Purpose

Attached is an update briefing on the Grove Park health centre prepared for the Chair of the committee by the Lewisham CCG.

2. Recommendations

The Committee is asked to consider and note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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Healthier Communities Select Committee: Chairs Briefing			
To:	Councillor Muldoon		
Brief:	The consolidation of the ICO Health Group primary care services in Grove Park and the intention to develop a new purpose built Health Centre.		
Ward:	Grove Park	Item No.	N/A
From:	NHS Lewisham Clinical Commissioning Group		
Class:	N/A	Date:	14 th February 2018

1. Purpose

- 1.1 The purpose of this briefing is to provide the Chair with an update on the above proposals as will be reported *'for information only'* to the NHS Lewisham CCG Primary Care Commissioning Group on 20th February 2018.
- 1.2 The CCG will not be proceeding any further with its review and decision process regarding this proposed development.

2. Background

- 2.1 The ICO Health Group has identified a number of potential sites over recent years with the intention of consolidating the practice onto fewer sites by relocation. Prior to level 3 delegated co-commissioning responsibilities in April 2017 such proposals were under the auspices of NHS England.
- 2.2 The ICO Health Group advised the CCG in September 2016 of a potential site and its intentions.
- 2.3 On 25th April 2017 the CCG attended the Healthier Communities Select Committee, where members of the Committee were recommended to note NHS Lewisham CCGs *'support in principle'* for proposed changes in core primary care services for the consolidation of the ICO Health Group primary care services in Grove Park and the intention to develop a new purpose built Health Centre.
- 2.4 At the Primary Care Commissioning Committee meeting on 20th June 2017, the committee received an update on the emerging proposals and a request to convene an extraordinary Committee meeting, if necessary, to review the proposals once a business case had been finalised and reviewed.
- 2.5 Cllr Suzannah Clarke, Grove Ward and Chair of the Planning Committee attended on 20th June 2017 to alert the Committee to local concerns and made a representation detailing concerns about the associated planning application. The committee welcomed Cllr Clarke's insights and advised that no decisions had been made.
- 2.6 On 20th July 2017 the CCG advised the Healthier Communities Select Committee that the proposals from the ICO Health Group were still in development and that no decision had been made. More so, that all proposals for premises relocation under delegated commissioning are submitted to the Primary Care Commissioning Committee for approval.

3. Process

- 3.1 On reviewing requests for Premises Relocation, the NHS England London Region criteria is used to make an assessment this include;

- (i) detail of the practice background;
 - (ii) understanding of the local demography;
 - (iii) an assessment of the strategic benefits of agreeing to a relocation; the revenue implications and capital requirements;
 - (iv) that the relocation ensures that premises are fit for purpose in accordance with minimum standards set out in the 2013 GMS Premises Costs Directions;
 - (v) detail of service improvements that will arise as result of the relocation.
- 3.2 On completion of this review recommendations would be made to the NHS Lewisham CCG Primary Care Commissioning Committee. All recommendations are subject and indeed caveated on the outcome of any associated permissions e.g. Planning Consent.
- 3.3 On 17th August 2017 Lewisham Council Planning Committee B considered the ICO Group's application DC/17/10168 – 54 Chinbrook Road, SE12 9TH.
- 3.4 Planning permission was granted in respect of application DC/17/101268, but with the addition of a condition requiring a road safety audit.
- 3.5 On 4th September 2017 Mayor Sir Steve Bullock, convened a meeting with residents from the Save Bethany House Campaign, Ward Councillors and Heidi Alexander MP, the ICO Health Group and Lewisham CCG. Residents were able to present their concerns about the proposed GP practice and on the planning application process.
- 3.6 The CCG engaged the District Valuer to advise the CCG on the financial implications for the CCG of the proposed development in relation to the Directions that govern CCG financial responsibilities and authorities in respect of GP practice premises costs.
- 3.7 Whilst the proposal did not result in a formal business case being submitted to the CCG, the CCG concluded that the proposed scheme was unlikely to be viable financially and based on known information the CCG was unlikely to be in a position to recommend approval of a business case to the Primary Care Commissioning Committee.
- 3.8 The CCG advised the ICO Health Group of its conclusion on 29th November 2017, inviting any additional information that may be relevant.
- 3.9 On 20th December 2017 the CCG confirmed to the ICO Health Group that it would not be proceeding any further with its review and decision process in connection with this proposed development.

4. Further information

Lewisham CCG Primary Commissioning Committee, 20th February 2018

Link: <http://www.lewishamccg.nhs.uk/about-us/how-we-work/Pages/Primary-Care-Commissioning-Committee-.aspx>

Healthier Communities Select Committee		
Title	Select Committee work programme	
Contributor	Scrutiny Manager	Item 11
Class	Part 1 (open)	6 March 2018

1. Purpose

- 1.1. To provide Members of the Select Committee with an overview of the work programme.

2. Summary

- 2.1. At the beginning of the municipal year each select committee is required to draw up a work programme for submission to the Overview and Scrutiny Business Panel. The Panel considers the suggested work programmes and coordinates activities between select committees in order to maximise the use of scrutiny resources and avoid duplication.
- 2.2. The meeting on 6 March is the last scheduled meeting of the Healthier Communities Select Committee in the 2017-18 municipal year, as well as the last meeting of the 2014-18 Council administration. An end of administration report has been prepared (attached at **appendix A**). It provides an overview of the Committee's work in the 2014-18 administration and as such, it provides the background for the development of the 2018-19 Committee work programme.

3. Recommendations

- 3.1. The Select Committee is asked to:
 - note the completed work programme attached at **appendix B**;
 - consider the contents of the end of administration report;
 - put forward ideas and suggestions for Members of the Committee to consider for the development of their work programme in 2018-19 - and into the next administration.

4. Planning for the next administration

- 4.1. A work programme report will be put forward at the first Healthier Communities Select Committee meeting of 2018-19. The report will take account of the committee's previous work, and will draw on a range of sources for ideas and suggestions.

- 4.2. There are a number of matters that the committee may wish to consider for further scrutiny in the new administration, these include:
- Health and social care integration
 - Transition from children's to adult social care
 - Access to primary care
 - Mental health services
 - Public health and sexual health services
- 4.3. As with the development of all new work programmes, suggestions will also be incorporated by drawing on:
- items suggested by the Committee in the course of the previous year- and at the last meeting of the previous municipal year
 - items suggested by Council officers
 - issues arising as a result of previous scrutiny
 - those items that the select committee is required to consider by virtue of its terms of reference
 - monitoring of the recommendations of recent reviews
- 4.4. The Committee will also need to give consideration to:
- issues of importance to Local Assemblies
 - decisions due to be made by Mayor and Cabinet
- 4.5. The end of administration report (attached) includes a summary of the Committee's scrutiny over the last four years.

5. The Lewisham Future Programme

- 5.1. The Council is in the process of delivering a decade long programme of savings. It is expected that in the in the years to 2020-21 the Council will need to find an additional £35m of savings, bringing the total amount since 2010 to almost £200m. The Committee has been closely involved in the scrutiny of each year of the Lewisham Future Programme. It is overseen by senior council officers on the Lewisham Future Programme board, who have identified these areas for the delivery of savings:
- Smarter and deeper integration of social care and health
 - Supporting people
 - Efficiency review
 - Asset rationalisation
 - Management and corporate overheads
 - School effectiveness
 - Drugs and alcohol
 - Culture and community services
 - Strategic housing
 - Environmental services
 - Public services
 - Planning and economic development
 - Early intervention and safeguarding.

- 5.2. All select committees have a role to play in ensuring that the Council is making effective use of its resources. However, it should be noted that the 'smarter and deeper integration of social care and health strand' of the programme is currently under delivering in terms of the savings that have been identified. In the upcoming administration, the Committee may decide to allocated further time and resources to ensuring that it is scrutinising the effective delivery of savings in this area.

6. Financial Implications

- 6.1. There are no financial implications arising from the implementation of the recommendations in this report. However, there will be implications arising from the work carried out by the Committee and these will need to be considered at the appropriate time.

7. Legal Implications

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

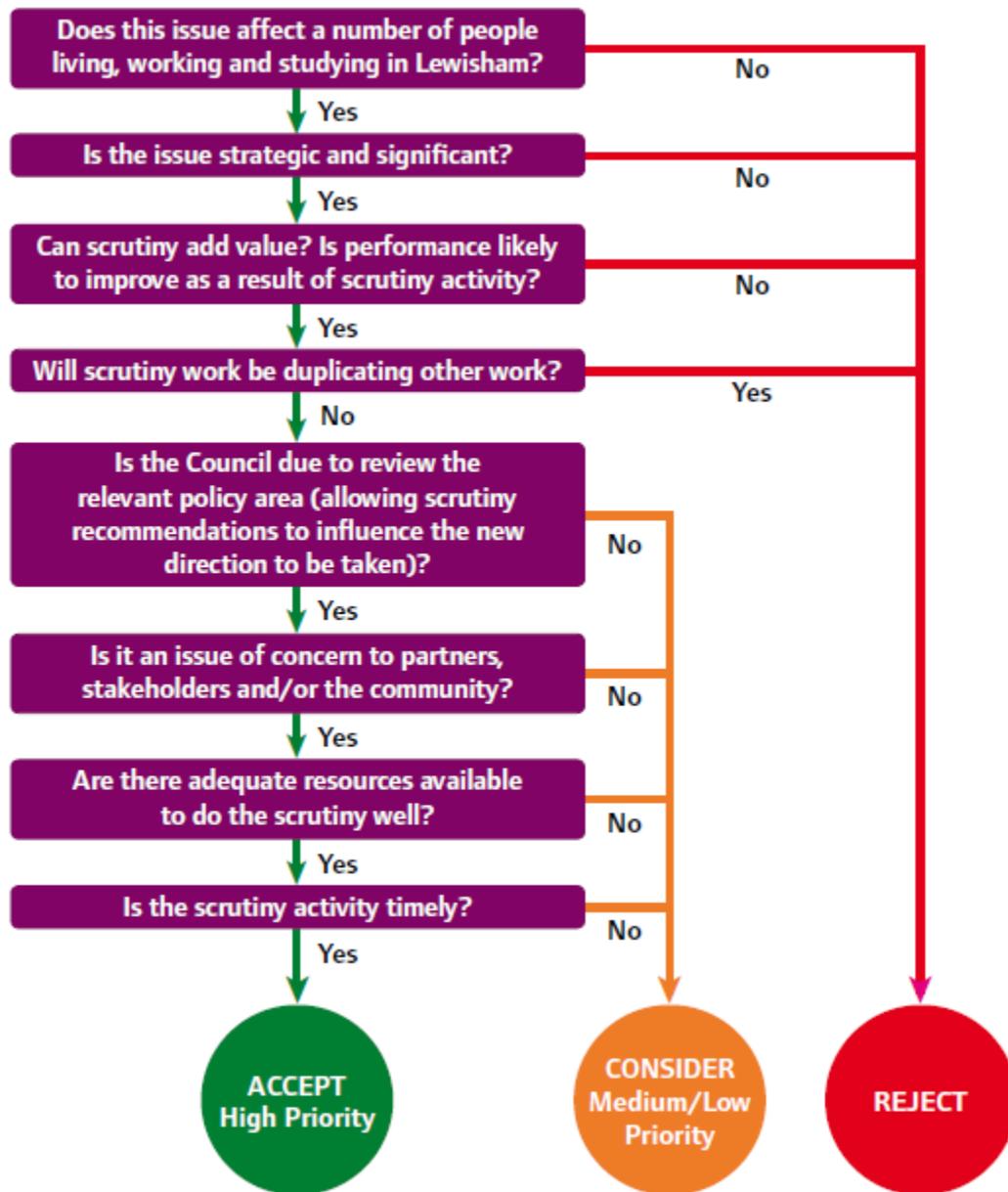
8. Equalities Implications

- 8.1. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.2. 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. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above.
- 8.4. There are no direct equalities implications arising from the implementation of the recommendations in this report. However, there may be equalities implications arising from items on the work programme and all activities undertaken by the Committee will need to give these due consideration.

Background Documents:

Lewisham Council's Constitution

Scrutiny work programme – prioritisation process



Overview and Scrutiny

Healthier Communities Select Committee end of administration report

Spring 2018

Membership of the Healthier Communities Select Committee 2014-18:

2014-15

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Bill Brown
Councillor Ami Ibitson
Councillor Alicia Kennedy
Councillor Jacq Paschoud
Councillor Pat Raven
Councillor Joan Reid
Councillor Alan Till

2015-16

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Ami Ibitson
Councillor Jacq Paschoud
Councillor Pat Raven
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise

2016-17

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Ami Ibitson
Councillor Jamie Milne
Councillor Jacq Paschoud
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise

2017-18

Councillor John Muldoon (Chair)
Councillor Susan Wise (Vice-Chair)
Councillor Paul Bell
Councillor Peter Bernards
Councillor Colin Elliot
Councillor Sue Hordijkeno
Councillor Stella Jeffrey
Councillor Olurotimi Ogunbadewa
Councillor Jacq Paschoud
Councillor Joan Reid

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Chair's Introduction



Lewisham Council's Latin motto is generally rendered in English as "The welfare of the people is the highest law". So, it follows that we, as a Council, pay heed to how well the health needs of our people are met, and how partnerships between the diverse stakeholders are validated and empowered to deliver the best they can.

The reader will note that the remit of HCSC encompasses more than just health and social care services. In the limited space I have here, I hope I will be forgiven for focussing on health services. I perceive these as being under great threat from a Government wedded to austerity. The last administration saw Lewisham Council succeeding in its Judicial Review of the Health Secretary's plan to cut services at Lewisham Hospital. This administration saw the "Our Healthier South East London" NHS strategic plan morphing into the controversial Sustainability and Transformation Plan. So, the six South East London boroughs marshalled their resources to establish a Joint

Health Overview & Scrutiny Committee. A main area of contention was the Department of Health's initial intention to provide elective orthopaedic services (such as hip replacements) on two sites (excluding Lewisham Hospital). The JHOSC recommended a three site model, which would safeguard those services at Lewisham Hospital which were contingent on retaining elective orthopaedics. Fortunately, the STP programme board accepted the JHOSC request for a three site model. Two other JHOSCs were established engaging Croydon, Lambeth, Southwark & Lewisham Councils to scrutinise plans by South London and Maudsley NHS Foundation Trust to re-provide Places of Safety and to reconfigure mental health services for older adults.

I thank those Council officers who have supported the Committee from within the scrutiny team, involving attending meetings across London, sometimes in the early morning, often extending to late night. I thank the Council's managers, both for contributing to work programme planning and as witnesses and report writers. I am obliged to DH officials and to local NHS officials and governing body members, both commissioners and providers, for their willingness to engage and for their attendances at Committee. I am grateful to those representatives of Healthwatch and community organisations who have devoted time & energy to attending Committee, for their research and for giving evidence both oral & written.

I must also pay tribute to those Council officers who have gone beyond the call of duty in shouldering the burden of administering the London Scrutiny Network since I was elected as its chair three years ago. The Network has grown by bounds and leaps, hosting a major conference in January 2018. Its theme was how best all strands of government can work together to maximise the impact and value of scrutiny, truly engendering parity of esteem with the executive arm. The Network "spun off" the Pan-London JHOSC Forum, a regular meeting of representatives of London JHOSCs. The Forum permits JHOSCs to share experience and knowledge, recognising that patients receive health services from providers across London, not just from within the borough where they live.

Finally, I thank those Councillors who have served on the Committee during this administration, and to Cllrs Jeffrey and Wise for their contributions and counsel as vice-chairs.

A handwritten signature in blue ink, appearing to read "John Muldoon". The signature is fluid and cursive, written on a white background.

Councillor John Muldoon (Chair of the Healthier Communities Select Committee)

1. Introduction

- 1.1. Lewisham has 54 Councillors, representing 18 wards. Lewisham also has an executive mayor, who is elected by the whole borough.
- 1.2. Nine of Lewisham's Councillors are chosen by the Mayor to form his Cabinet.
- 1.3. 45 non-executive councillors are all members of the Overview and Scrutiny Committee. The Committee usually met four times in each year of this administration to consider cross cutting issues of strategic importance. Members of the Overview and Scrutiny Committee also form six select committees, which take on the responsibilities of the Overview and Scrutiny Committee for specific areas of work. In this administration, there have been six standing select committees, each has usually met eight times a year:
 - Children and Young People Select Committee
 - Healthier Communities Select Committee
 - Housing Select Committee
 - Public Accounts Select Committee
 - Safer Stronger Communities Select Committee
 - Sustainable Development Select Committee
- 1.4. This report provides a short summary the activities and achievements of the Healthier Communities Select Committee in the 2014-18 administration.
- 1.5. The Healthier Communities Select Committee has a responsibility for reviewing and developing policy in relation to environmental issues and infrastructure, as well as holding decision makers to account and monitoring the Council's performance. Throughout the course of this administration, the Committee has allocated time to respond to emerging issues and to review issues in depth. Each of the sections below sets out how the Committee has fulfilled its responsibilities over the past four years.
- 1.6. Over the course of the administration, the Committee has asked hundreds of questions of Council officers, guests and decision makers. It also has a formal option to send its views to the Council's executive Mayor and Cabinet through the use of referrals – to which the Executive is obliged to provide a written response. A summary of these referrals is included as an appendix to this report.

2. Overview

2.1. Meetings

- The Committee met six times in 2014-15.
- It met eight times in 15-16, 16-17 and 17-18.
- In all there were 31 Committee meetings in 2014-18.
- The Committee made 3 referrals to Mayor and Cabinet, 2 referrals to the Health and Wellbeing Board, and submitted its comments to local health partners on a number of occasions.

2.2. Terms of reference

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time.
- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations.
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee.
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:

- people with learning difficulties
 - people with physical disabilities
 - mental health services
 - the provision of health services by those other than the Council
 - provision for elderly people
 - the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
 - lifelong learning of those aged 19 years or more (excluding schools and school related services)
 - Community Education Lewisham
 - other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

2.3. Leadership

- 2.4. Councillor John Muldoon has been the Chair of the Select Committee for the past four years. There have been two Vice Chairs: Councillor Stella Jeffrey and Councillor Susan Wise.

2.5. Deciding on the work programme

2.6. At the beginning of each year of the administration, the Committee considered a range of topics for its upcoming work programme. This was comprised of:

- items the Committee was required to consider by virtue of its terms of reference;
- issues of importance to residents;
- the capacity for adding items to each meeting;
- suggestions already put forward by Members;
- issues arising from previous scrutiny;
- follow up to Committee referrals and reviews.

2.7. The Committee considered, discussed and prioritised the work programme using:

- the context for setting the work programme and advice from officers;
- criteria for selecting and prioritising topics developed from best practice.

2.8. At the end of each meeting the Committee reviewed the programme for upcoming meetings and decided on how the topics it had identified should be scrutinised. The Committee agreed at each meeting which items just required an information report to be provided to the Committee and which others required performance monitoring data or analysis to be presented. Typically, the majority of items took the form of single meeting items, where members:

- (a) agreed what information and analysis they wished to receive in order to achieve their desired outcomes;
- (b) received a report presenting that information and analysis;
- (c) asked questions of the presenting officer or guest;
- (d) agreed, following discussion of the report, whether the Committee would make recommendations or receive further information or analysis before summarising its views.

2.9. Guests at Committee meetings

2.10. There have been more than 60 guests, experts and witnesses for reviews at the Committee's meetings in this administration. They attended to give their views on issues of importance, or to provide the Committee with information or analysis about a specific topic. The Cabinet Member for Community Services and the Mayor have also attended committee meetings to answer questions about the overarching vision for a policy - or to answer questions about the delivery of a service.

Date	Name	Organisation	Item attended in relation to
26-Apr-17	Colin Stears	Central Lewisham Care Partnership	Primary care update
27-Apr-17	Dr Prad Velayuthan	ICO Health Group	Primary care update
28-Apr-17	Dr Simon Parton	South Lewisham Group Practice	Primary care update
29-Apr-17	Rylla Baker	New Cross Health Centre	Primary care update
20-Jul-17	Diana Braithwaite	Lewisham Clinical Commissioning Group	Urgent care review - New Cross walk-in centre
20-Jul-17	Belinda Regan	Lewisham and Greenwich NHS Trust	LGT Quality Account
20-Jul-17	Professor Michael Preston-Shoot	Lewisham Safeguarding Adults Board	Adult safeguarding introduction
12-Sep-17	Jacky Bourke-White	Age UK Lewisham and Southwark	Social prescribing in-depth review
12-Sep-17	Folake Segun	Healthwatch Lewisham	Healthwatch annual report
01-Nov-17	Diana Braithwaite	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
01-Nov-17	Belinda Regan	Lewisham and Greenwich NHS Trust	LGT CQC inspection
01-Nov-17	Lee McPhail	Lewisham and Greenwich NHS Trust	LGT systems resilience (winter pressures)
01-Nov-17	David Abrahams	Lewisham CCG	NHS Walk-in Centre
01-Nov-17	Debbie March	Lewisham CCG	NHS Walk-in Centre
01-Nov-17	Simon Parton	Lewisham Local Medical Committee	NHS Walk-in Centre
06-Dec-17	Charmaine Binns	Community Connections	Social prescribing in-depth review
06-Dec-17	Simon Parton	Lewisham Local Medical Committee	Social prescribing in-depth review
06-Dec-17	Michael Munson	Bromley and Lewisham Mind	Social prescribing in-depth review
06-Dec-17	Roz Hardie	Lewisham Disability Coalition	Social prescribing in-depth review
07-Feb-18	Marc Rowlands	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
07-Feb-18	Simon Parton	Lewisham Local Medical Committee	NHS Walk-in Centre
07-Feb-18	Diana Braithwaite	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
07-Feb-18	Vanessa Smith	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Helen Kelsall	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Elaine Rumble	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Rose Hombo	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections

08-Feb-18	Paula Eaton	Care Quality Commission	CQC care home inspections
2016/17			
18-May-16	Dr Hugh Jones	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	David Norman	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Mary O'Donovan	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Amanda Pithouse	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Folake Segun	HealthWatch Bromley and Lewisham	Polish and Tamil communities' access to health
18-May-16	Sarah Wainer	Lewisham CCG	Health and social care integration
28-Jun-16	Andrew Billington	London Borough of Lambeth	HIV Services
28-Jun-16	Michelle Binfield	London Borough of Lambeth	HIV Services
28-Jun-16	Jane Evans	Lewisham and Greenwich NHS Trust	LGT quality accounts
28-Jun-16	Martin Wilkinson	Lewisham CCG	HIV Services
13-Sep-16	Tim Higginson	Lewisham and Greenwich NHS Trust	Health and social care integration
13-Sep-16	Tony Read	Lewisham CCG	Health and social care integration
13-Sep-16	Brian Fisher	Save Lewisham Hospital	Public health savings
18-Oct-16	Lee McPhail	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
18-Oct-16	Harvey McEnroe	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
18-Oct-16	James Archer	Public World	Health and social care integration
18-Oct-16	Susan Underhill	Age UK Lewisham and Southwark	Health and social care integration
18-Oct-16	Camilla Biggs	Age UK Lewisham and Southwark	Health and social care integration
18-Oct-16	Clive Grimshaw	London Councils	Health and social care integration
18-Oct-16	Fiona Grimshaw	Local Government Association	Health and social care integration
24-Nov-16	Harvey McEnroe	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
24-Nov-16	Marc Rowland	Lewisham CCG	Sustainability and Transformation Plans
24-Nov-16	Sussanah Masters	Lewisham CCG	Partnership commissioning intentions
12-Jan-17	Roz Hardie	Lewisham Disability Coalition	Health and social care integration
12-Jan-17	Nigel Bowness	Healthwatch Bromley and Lewisham	Health and social care integration
12-Jan-17	Cathy Ahley	Lewisham Pensioners' Forum	Health and social care integration
12-Jan-17	Marc Rowland	Lewisham CCG	Health and social care integration
12-Jan-17	Ashley O'Shaughnessy	Lewisham CCG	Health and social care integration
12-Jan-17	Colin Stears	St Johns Medical Centre	Health and social care integration
12-Jan-17	Simon Parton	Lewisham LMC	Health and social care integration
12-Jan-17	Roz Hardie	Lewisham Disability Coalition	Health and social care integration
2015/16			

25-Jun-15	Tony Nickson	Voluntary Action Lewisham	Healthwatch annual report 2014-15
26-Jun-15	Linda Gabriel	Healthwatch Bromely and Lewisham	Healthwatch annual report 2014-16
09-Sep-15	Ian Brandon	Care Quality Commission	CQC update
09-Sep-15	Simon Parton	Lewisham Local Medical Committee	Scoping Paper GP Do Not Attends
09-Sep-15	Diana Braithwaite	Lewisham CCG	Scoping Paper GP Do Not Attends
14-Oct-15	Martin Wilkinson	Lewisham CCG	Briefing Health and Adult Social Care Integration
14-Oct-15	Tim Higginson	Lewisham and Greenwich NHS trust	Briefing Health and Adult Social Care Integration
12-Nov-15	Susanna Masters	Lewisham CCG	Draft Partnership Commissioning Intentions
08-Dec-15	Tony Read	Lewisham CCG	The state of the local health economy
08-Dec-15	David Norman	South London and Maudsley NHS Foundation Trust	The state of the local health economy
08-Dec-15	Zoe Reed	South London and Maudsley NHS Foundation Trust	The state of the local health economy
08-Dec-15	Lynn Saunders	Lewisham and Greenwich NHS Trust	The state of the local health economy
08-Dec-15	Colin Stears	St John's Medical Centre	The state of the local health economy
02-Mar-16	David Norman	South London and Maudsley NHS Foundation Trust	CQC Compliance Inspection Results and actions
02-Mar-16	Amanda Pithouse	South London and Maudsley NHS Foundation Trust	CQC Compliance Inspection Results and actions
02-Mar-16	Folake Segun	Healthwatch Bromley and Lewisham	Vietnamese Community Access to Services
2014/15			
16-Jul-14	Roland Sinker	King's College Hospital	King's elective service proposals
16-Jul-14	Paul Donohoe	King's College Hospital	King's elective service proposals
16-Jul-14	Fran Bristow	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Steve Davidson	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Hugh Jones	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Miriam Long	Lewisham Healthwatch	Healthwatch annual report
21-Oct-14	Rachel Braverman	Lewisham citizens advice bureau	Lewisham Future Programme
22-Oct-14	Susan Smith	Lewisham Mental Health Connection	Lewisham Future Programme
02-Dec-14	Kevin Brown	London Ambulance Service	Emergency Services Review: update
03-Dec-14	Graham Norton	London Ambulance Service	Emergency Services Review: update
04-Dec-14	Rita Craft	Campaign in Lewisham for Autism Spectrum Housing	Autism Strategy
05-Dec-14	Fran Bristow	South London and Maudsley NHS Foundation Trust	Community healthcare review update
14-Jan-15	Jemma Gilbert	NHS England	Primary Care Strategy
15-Jan-15	Jackie McLeod	Lewisham Clinical Commissioning Group	Primary Care Strategy
16-Jan-15	Nick O'Shea	Lewisham Mencap	Future of daycare services
17-Jan-15	Helen Kelsall	South London and Maudsley NHS Foundation Trust	Adult social care service changes

3. Policy development

3.1. One of the Committee's important functions is to lead on the development of emerging Council policy and to make recommendations to Mayor and Cabinet with Committee views, recommendations, concerns and endorsements. The Committee has scrutinised the development of a broad range of Council policies and strategies over the past four years, some notable examples include:

3.2. Health and social care integration

3.3. The integration of health and adult social care has been a significant focus of the committee over the administration. The committee has scrutinised and received regular updates on number of local key projects related to integration. This includes the development of Neighbourhood Care Networks, Health Devolution and the One Public Estates programme, the Our Healthier South East London (OHSEL) programme and the southeast London Sustainability and Transformation Plan (STP). The committee has also received a number of updates on the Lewisham Adult Integrated Care Programme and expressed its support for the aims of the programme. The committee has regularly noted the importance of risk stratification to identifying people most at risk of hospital admission.

3.4. In 2016/17 the committee carried out an in-depth review of integration in Lewisham. The committee expressed its support for the model of community-based care being developed, but noted that Lewisham should not seek to replicate another model. The committee also stressed the importance of communicating to residents in advance the changes that will come with closer integration. In March 2017 the committee agreed the final report and recommendations. The committee received an update in December 2017 where it was informed that Lewisham Health and Care Partners (LHCP) had now agreed a vision for community-based care, which will be communicated more widely, and appointed a communications and engagement lead to support this work.

Overview and Scrutiny

Health and adult social care integration

Healthier Communities Select Committee
March 2017



Membership of the Healthier Communities Select Committee
in 2016/17

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Sue Hordjenko
Councillor Jamie Milne
Councillor Jacq Paschoud
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise



3.5. The committee has received a number of updates on OHSEL and the southeast London STP over the course of the administration. The Chair of the Select Committee and the Chair of Overview and Scrutiny both also sit on the 6-borough OHSEL Joint Health Overview and Scrutiny Committee. Both Chairs have regularly met senior managers of local trusts in order to engage while proposals are being

considered. Notes of these meetings were published in the agenda papers of later meetings of the committee. The committee has recognised that the OHSEL strategy is ambitious, but that without the changes proposed the delivery of healthcare in Lewisham would become increasingly financially difficult. The committee has also stressed the importance of the consultation process and ensuring that everyone who wants to contribute is able to do so.

3.6. Joint Health Overview and Scrutiny Committees

3.7. The Chair of the Healthier Communities Select Committee, Councillor Muldoon, alongside the Chair of Overview and Scrutiny, Cllr Hall, has sat on three Joint Health Overview and Scrutiny Committees (JHOSCs) over the course of this administration. This includes the Our Healthier South East London (OHSEL) JHOSC, mentioned above.

3.8. JHOSCs are established in order to scrutinise changes with the potential to affect more than one borough and provide a forum for councillors from those boroughs affected to represent the views of their respective areas. The OHSEL JHOSC was established to consider and respond to the proposals from the OHSEL programme for the reconfiguration of health services in south east London – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The JHOSC has met seven times since its inception in February 2016. Following strong representation from the committee on proposals to consolidate elective orthopaedic care onto two sites across south east London, the OHSEL programme agreed to test an orthopaedic clinical network across the existing three sites.

3.9. Councillor Muldoon and Councillor Hall have both also sat on two JHOSCs focused on proposals from the South London and Maudsley NHS Foundation Trust (SLaM). The first on these considered the proposed consolidation of SLaM's existing "Places of Safety" to one site in Denmark Hill. The second JHOSC considered proposals to reconfigure mental health service for older adults across Lewisham, Southwark, Lambeth and Croydon. The Places of Safety JHOSC met twice and made a series of recommendations to improve the engagement and consultation process. The mental health of older adults JHOSC met for the first time in 2017 and made a series of recommendations to SLaM on clearly communicating the detail of the changes to patients, carers and the community so that people are able to make informed decisions about their care. The mental health of older adults JHOSC is expected to meet again in mid-2018.

3.10. Social prescribing in Lewisham

3.11. In 2017/18 the committee agreed to hold an in-depth review into social prescribing in Lewisham. Social prescribing is part of local health and care partners' increasing focus on prevention, early action and supporting an individual's wider health and wellbeing. The review set out to assess the extent of social prescribing in Lewisham, the evidence of effectiveness and partners' plans for the future. The committee held two evidences sessions with a range of witnesses including council and CCG officers and local voluntary and community sector stakeholders. The committee expressed its support for the aims of the social prescribing programmes in Lewisham and recognised the benefits of further social prescribing in Lewisham,

among GPs in particular. It also discussed building an evidence base for social prescribing interventions and addressing the gaps in coverage, particularly for young adults with learning disability.

3.12. Transition from children's to adult social care

3.13. The steps being taken to improve the transition process from children's and potentially to adult social care has been a key focus of the committee over the administration. The committee has received regular updates on the council's work in this area and members of the Children and Young People Select Committee have been invited to attend each time this issue has been considered by the committee. In 2015/16 the committee made a referral to Mayor and Cabinet about its views on the transition process and the need for transitional support where children are not eligible for adult social care upon reaching adulthood. The response from Mayor and Cabinet outlined the key areas of development as part of the preparing for adulthood agenda, including support for young people who do not meet the eligibility criteria for Adult Services. The committee has since continued to regularly monitor developments in this area.

4. Performance monitoring

4.1. The Committee allocated a significant part of its work programme in this administration to performance monitoring. The Committee's performance monitoring scrutiny takes a number of different forms. It might include challenging decision makers on the decisions they have taken or include scrutiny of service delivery in a particular area. Some examples are:

4.2. Lewisham Hospital

4.3. The committee has regularly examined the work of Lewisham and Greenwich NHS Trust (LGT) and the performance of Lewisham Hospital over the previous four years, receiving regular updates on its plans and performance and taking evidence from a number of senior managers at the trust. The committee has been invited to comment on the trust's quality accounts and planning for winter pressures, and carefully scrutinised the findings of CQC inspections.

4.4. The committee has commended the work of LGT and Lewisham Hospital in a number of areas, including the performance of specialist palliative care, the improvements made in patient discharge, and the CQC rating of "outstanding" for community services in Lewisham. It has also asked robust questions in relation to some of the findings of CQC inspections, and expressed its concern about staff recruitment and uncertainty in the wider NHS.



4.5. Lewisham CCG

4.6. The performance and plans of Lewisham CCG have regularly been scrutinised by the committee. The committee has been invited to comment on changes to primary care services in the borough, the CCG's long-term commissioning plans, and a number of other significant proposals.

4.7. The committee has welcomed the CCG's intention to move towards more prevention and outcome-based commissioning, and has noted that the greater use of technology has the potential to reduce costs and help people better manage their health and care.

4.8. The committee also closely monitored the CCG's consultation on the future of the Walk-in Centre at New Cross. The committee was asked to comment of the CCG's plans for consultation and, later, the results of that consultation. During this process, the committee took evidence from senior leaders at the CCG, ward councillors, and local campaign groups. The committee expressed concern about the confusion among some residents about the various ways of accessing GP services and sought reassurance that patients would be offered the GP extended hours service by their local GP practice if they are unable to get an appointment.



4.9. Healthwatch

4.10. The committee has established an effective working relationship with Healthwatch during this administration. The committee worked closely with Healthwatch to run a series of engagement events as part of the committee's review of health and care integration, and a representative of Healthwatch Lewisham regularly attends and contributes to committee meetings. The committee has received regular updates on the work of Healthwatch, including their annual reports and a number of reports on the findings of their ongoing engagement work.



5. Future challenges

- 5.1. Since 2010, Lewisham Council has delivered savings of £160m, at the same time as reorganising services and meeting increased demand. A further £4.8m of savings have been proposed for 2018/9, and in the years to 2020 further savings of around £35m will be required. This brings total savings since 2010 to almost £200m.
- 5.2. Savings are however becoming more difficult to achieve and the Council's reserves have been used to balance to budget for the past four years. Projections for the end of the 2017/18 financial year are an overspend £13m, with more than half of this amount relating to savings that have been agreed but not delivered.
- 5.3. Officers anticipate that post 2020 approximately £10m per year of savings will be required. As scrutiny committees devise their work programmes for the 2018-22 administration, they will need to give close consideration to the areas of Council spending within their remit.
- 5.4. For the Healthier Communities Select Committee this includes the smarter and deeper integration of social care and health, which has been identified as a source of significant savings. The largest part of spending in this areas relates to the delivery of adult social care services for frail, disabled and other vulnerable adults. Planned savings in this area are dependent on a number of factors, including the delivery of extra-care housing schemes, effective care planning, managing commissioning and market stability, and service reorganisations to take advantage of digital transformation. There is currently a savings gap for 2018/19 of £6.1m for this area.
- 5.5. The committee has closely monitored developments in this area over the course of the last administration, including the development of neighbourhood care networks and admission avoidance and hospital discharge services. In 2016/17 the committee also carried out an in-depth review into the adult integration care programme in Lewisham (see above). This is likely to continue to be a significant area of focus for the committee for the 2018-22 administration, particularly as plans for closer integration of health services across the whole of south-east London continue to be developed through the Sustainability and Transformation Plan process.
- 5.6. The integration of health and social care work strand now excludes changes to public health funding. The ongoing annual reductions of the public health grant to 2019/20 are being managed separately to keep spending in line with available grant. For Lewisham, there is a requirement for an annual 2.6% reduction, or £0.7m per year. There is over £15m of current expenditure in areas where there is discretion but no proposals at present. For 2018/19 the saving of £0.7m is expected to be largely met through the shared services work across London to align and reduce tariffs for sexual health services.
- 5.7. The committee scrutinised the development of Lambeth, Southwark and Lewisham three-borough sexual health strategy and plan on a number of occasions over the 2014-18 administration. This includes a number of proposed savings to sexual health services through changes to the sexual health tariff and the provision of

online testing. The impact of these changes and any further savings proposals will likely require close attention from the committee during the next administration.

- 5.8. Savings to culture and community services will also be an important area for the committee. This service area is responsible for, among other services, adult education and leisure, sports and recreation activities. The service is on budget for 2017/18 with a previously agreed saving for 2018/19. This leaves a savings gap for 2018/19 of £1.4m for this work strand.

Appendix:

Appendix A – scrutiny committee terms of reference

Appendix B – committee referrals and responses from Mayor and Cabinet 2014-18

Appendix A – scrutiny committee terms of reference

The following roles are common to all select committees:

(a) General functions

To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions

To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function

To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents

The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

(b) Policy development

To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate

To conduct research, community and/or other consultation in the analysis of policy options available to the Council

To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time

To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas

To question members of the Executive or appropriate committees and executive directors personally about decisions

To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented

To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance

To question and gather evidence from any person outside the Council (with their consent)

To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

To promote and put into effect closer links between overview and scrutiny members and the local community

To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people

To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.

To keep the Council's local ward assemblies under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary

To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters)

(e) Finance

To exercise overall responsibility for finances made available to it for use in the performance of its overview and scrutiny function.

(f) Work programme

As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.

The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

The Healthier Communities Select Committee has these specific terms of reference:

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time.
- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations.
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee.
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:
 - people with learning difficulties
 - people with physical disabilities
 - mental health services
 - the provision of health services by those other than the Council

- provision for elderly people
 - the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
 - lifelong learning of those aged 19 years or more (excluding schools and school related services)
 - Community Education Lewisham
 - other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

Appendix B – committee referrals and responses from Mayor and Cabinet 2014-18

- Health and social care integration update, 21st April 2015

The Committee agreed to share its views with Mayor and Cabinet, as follows:

Having received a report about health and social care integration, the Committee acknowledges the value of work by Community Connections and is concerned that it is not receiving core funding. The Community Connections service in Lewisham has as its priorities ‘Five Ways to Wellbeing’. It provides interventions for adults who do not meet the eligibility criteria to receive care services from the Council. As such, its health and wellbeing focus is preventative in nature.

The Committee recommends that Mayor and Cabinet give serious consideration, when re-investing public health savings, to providing core funding for Community Connections.

Response, 25th June 2015

The record of the meeting of Mayor and Cabinet held on 13 May 2015 is as follows:

‘Having considered an officer report, and a presentation by the Chair of the Select Committee, Councillor John Muldoon, the Mayor agreed that the views of the Healthier Communities Select Committee be received and the Select Committee be informed core funding would be provided for Community Connections.’

- Transition from children’s to adult services, 25th June 2015

The Committee agreed to share its views with Mayor and Cabinet as follows:

Having considered a report about the transition of young people from children’s to adult social care and received a report from officers; the Committee recommends that further work be carried out to improve the opportunities for children and young people to access education and care provision in Lewisham that meets their needs. The Committee is concerned about the number of young vulnerable people placed outside of the borough.

The Council should consider working with neighbouring boroughs to ensure that a range of provision is in place for children and young people in receipt of social care.

The Committee also recommends that the Council take into account the need for transitional support for families in cases where children are not eligible for adult social care upon reaching adulthood.

Response, 12th November 2015

We welcome the recommendations from the Healthier Communities Select Committee. New legislation – the Children and Families Act 2014 and the Care Act 2014 – has introduced wider responsibilities for all young people with special education needs. Our aim for all children and young people with special educational needs is that their needs are met within universal school and

community settings wherever possible.

In August 2015, 380 children attend out of borough education provisions. Of the total number of children and young people who attend out of borough education provisions, 12 % (47) are in residential placements. The largest age cohort placed out of borough are those young people age 14 years to 18 years, accounting for 164 young people. Approximately 13% (22) of these 14-18 years old are in residential placements. Approximately 20% (75) of young people placed out of borough are aged 19 and over, approximately 21% (16) of these young people are in residential placements.

Outlined below are key areas of development that both children and adults services are working together on in order to develop the preparing for adulthood agenda, these include:

- the establishment of clear pathways and service structures across the partnership which allows for transition arrangements to begin at 14yrs.*
 - development of multi-agency programme which supports practitioners to gain the knowledge and skills required to fully embed the principles of the all aspects of the preparing for adulthood agenda.*
 - ongoing co-production with parents and young people to ensure that they play an active role in developing this agenda.*
 - development of advice, information and signposting for young people, parents and professional, through the Local Offer. This includes those young people who do not meet the eligibility criteria for Adult Services.*
 - development of the market place to ensure that there is suitable provision in place to support young people aspiration and life choice through to adulthood.*
 - Lewisham is part of the south east London commissioning consortium for SEND, and will continue to explore opportunities with neighbouring boroughs to develop the local market.*
-
- Grove Park health centre, 20 July 2017*

The Committee resolved to advise Mayor and Cabinet of the following:

Noting the confusion among residents about what is happening, the Committee recommends that the Mayor urges representatives from the Grove Park community, the ICO Health Group, the Lewisham CCG, Grove Park ward councillors, the Cabinet Member for Health, Wellbeing & Older People, and the Lewisham Local Medical and Pharmaceutical Committees to meet as soon as possible to discuss the future of primary care services in Grove Park, in particular to clarify the proposals for 54 Chinbrook Road and the process that is being followed.

Response

The Mayor thanked Councillor Muldoon for his diligence and observed there were separate considerations of health provision and planning matters at stake. He reported he had been made aware of the Healthier Communities Select Committee's deliberations and had also received a written request sent on behalf of the Overview & Scrutiny Business Panel. He

noted that the planning process, which was outside his control, had concluded in August but that he had been happy to arrange, as requested, a cordial meeting of interested parties earlier in September. He therefore concluded that he had carried out the action being requested and that the Select Committee be informed of this fact.

Having considered an officer report, and a presentation by the Chair of the Healthier Communities Select Committee, Councillor John Muldoon, the Mayor:

RESOLVED that the views of the Select Committee as set out be received and asked that the Select Committee be informed that the requested action had been undertaken

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Healthier Communities Select Committee work programme 2017/18

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	25-Apr	13-Jun	20-Jul	07-Sep	01-Nov	06-Dec	07-Feb	06-Mar
Lewisham future programme	Standard item	High	CP9	Ongoing								
Sustainability and transformation plan	Standard item	Medium	CP9	Apr								
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Apr								
Select Committee work programme 2017/18	Constitutional req	High	CP9	Apr								
CCG update on primary care changes	Standard item	Medium	CP10	Apr								
In-depth review	In-depth review	Performance	CP9	Jan		Scope		Evidence session		Evidence session	Report	
SLaM quality account	Performance monitoring	Medium	CP9	Jun								
Neighbourhood care networks update	Standard item	Medium	CP9	Jun								
Adult Safeguarding Board introduction	Performance monitoring	High	CP9	Jul								
Grove Park Health Centre	Standard item	High	CP10	Jul								
Lewisham and Greenwich NHS Trust Quality Account	Performance monitoring	Medium	CP9	Jul								
CCG review of access to urgent care	Standard item	High	CP10	Jul								
Information item: notes of meeting with GST	Standard item	Medium	CP9	Jul								
Information item: Developing Lewisham's Adult Social Care On-line Activity	Standard item	Medium	CP9	Jul								
Healthwatch annual report	Standard item	Medium	CP9	Sep								
Healthwatch hospital discharge report	Standard item	Medium	CP9	Sep								
CQC inspection of Lewisham and Greenwich NHS Trust	Performance monitoring	Performance	CP9	Nov								
Lewisham hospital update (systems resilience)	Standard item	High	CP9	Nov								
Waldron walk-in centre – consultation update	Performance monitoring	Medium	CP9	Nov								
Consultation on daycare meals	Standard item	High	CP9	Nov								
Adult social care charging framework	Standard item	High	CP9	Nov								
Public health annual report	Performance monitoring	Medium	CP9	Nov								
Partnership commissioning intentions	Performance monitoring	Medium	CP9	Nov								
Leisure centre contract	Performance monitoring	Medium	CP9	Dec								
Transition from children's to adult social care	Standard item	Medium	CP9	Dec								
Integration review update	Performance monitoring	Medium	CP9	Dec								
CQC update on care homes	Performance monitoring	Medium	CP9	Dec								
CQC inspections of SLaM	Performance monitoring	High	CP9	Dec								
The future of the NHS Walk-in Centre, New Cross and improving access and provision to primary care - update.	Performance monitoring	Medium	CP9	Dec								
Linkline Community Alarm Service	Standard item	Medium	CP9	Jan								
Adult social care charging framework	Standard item	Medium	CP9	Jan								
Lewisham People's Parliament - learning disabilities and health	Standard item	Medium	CP9	Mar								
Adult safeguarding annual report	Performance monitoring	High	CP9	Mar								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	CP9	Mar								
Adult learning Lewisham annual report	Performance monitoring	Medium	CP9	Mar								
Public health annual report	Standard item	Medium	CP9	Mar								

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

Meetings					
1)	Tuesday	25 April	5)	Wednesday	01 November
2)	Tuesday	13 June	6)	Thursday	6 December
3)	Thursday	20 July	7)	Wednesday	7 February
4)	Tuesday	12 September	8)	Tuesday	6 March

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