

Healthier Communities Select Committee Agenda

Monday, 2 December 2019

7.30 pm,

Civic Suite

Lewisham Town Hall

London SE6 4RU

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

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Monday, 2 December 2019.

Kim Wright, Chief Executive
Friday, 22 November 2019

Councillor John Muldoon (Chair)	
Councillor Coral Howard (Vice-Chair)	
Councillor Tauseef Anwar	
Councillor Peter Bernards	
Councillor Colin Elliott	
Councillor Aisling Gallagher	
Councillor Octavia Holland	
Councillor Olurotimi Ogunbadewa	
Councillor Jacq Paschoud	
Councillor Kim Powell	
Councillor Bill Brown (ex-Officio)	
Councillor Sakina Sheikh (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 8 October 2019 at 7.30 pm

PRESENT: Councillors John Muldoon (Chair), Coral Howard (Vice-Chair), Tauseef Anwar, Peter Bernards, Colin Elliott, Aisling Gallagher, Olurotimi Ogunbadewa, Jacq Paschoud and Kim Powell

APOLOGIES: Councillor Octavia Holland

ALSO PRESENT: Tom Brown (Executive Director for Community Services), Laura Harper (Joint Commissioner), Heather Hughes (Joint Commissioner, Complex Care & Learning Disabilities), Ben Maguire (Pathology Programme Manager, Lewisham and Greenwich NHS Trust), Dr Catherine Mbema (Interim Director of Public Health), Georgina Nunney (Principal Lawyer), Ben Travis (Chief Executive, Lewisham and Greenwich NHS Trust) and Martin Wilkinson (Managing Director, Lewisham Clinical Commissioning Group).

1. Minutes of the meeting held on 3 September 2019

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

2. Minutes of the joint meeting with Children and Young People Select Committee

Resolved: to defer the agreement of the minutes.

3. Declarations of interest

4. Responses from Mayor and Cabinet

There were none.

5. Recommissioning of building-based day services for older adults

Heather Hughes (Joint Commissioning Lead, Complex Care & Learning Disability) and Laura Harper (Joint Commissioner) introduced the report. The following key points were noted:

- 5.1 The officer report sets out the outcome of the consultation on building-based day services for older adults eligible for care services under the Care Act.
- 5.2 Day services affected are those commissioned at Cedar Court (Grove park), Cinnamon Court (Deptford), and the Calabash Centre. No other services or activities that take place in these buildings are affected.
- 5.3 The proposal is to combine the three commissioned services into a single service located at the Calabash Centre.
- 5.4 There is an ongoing reduction in demand for commissioned building-based day services.

- 5.5 The Calabash Centre is owned by the council and central to the borough.
- 5.6 The consultation sought to gather views on how to meet the ethnic and cultural needs that such a service would require as a single BAME-specific service would no longer be commissioned.
- 5.7 The majority of respondents to the questionnaire agreed or strongly agreed to the proposals.
- 5.8 Service users at Cedar Court strongly objected to any relocation of services. One organisation strongly rejected no longer having a BME-specific day service.
- 5.9 Officers have invited a number of organisations to work with the council to co-produce a service specification that takes into account the cultural specific issues that would be needed in a single service.
- 5.10 The council has identified a team of staff to work with anyone affected by the proposals and their families.
- 5.11 The current day services are running with significant voids, which is not making the best use of public money.
- 5.12 By enhancing the service and bringing it into one place the council expects to deliver a better service for people with better staffing ratios and a wider range of activities.

The committee asked a number of questions. The following key points were noted:

- 5.13 The council fully expects the service to work well and will not tolerate service that is not good service.
- 5.14 Service users are able to access a range of alternative options through the use of direct payments.
- 5.15 To monitor performance, the council is looking into developing something akin to "expert by experience" visits for care homes. External organisations have also been invited to develop the service specification.
- 5.16 The committee asked to get an update six months after the start of the contract if the proposals are agreed.
- 5.17 Meals provided at the service will continue to include a variety of meals including culturally specific meals.
- 5.18 The committee noted that some service users might get distressed if their journey to the service takes considerably longer and stop attending.
- 5.19 Officers have modelled travel for people in the service and across the whole group no one will be in transport for more than an hour each way, which is marginally different from the current situation.
- 5.20 The service is for people who are Care Act eligible and eligibility has not been changed. People are increasingly choosing to take direct payments and buy other services. The profile of demand is expected to continue to change.
- 5.21 All commissioned services are expected to meet the diverse needs of the community, which is a contractual requirement.
- 5.22 If the council tenders the contract for the service it will be for the service provider to put forward a staffing proposal. There are likely to be very few redundancies.

- 5.23 Some staff would lose jobs if the services continued as they are because the provider wouldn't be able to continue to employ the current number of staff.
- 5.24 When the Family Health ISIS (a community organisation providing a range of community Health Services to black African and African Caribbean people) contract ended every service user had a full assessment of their needs. Most took up the service offer from new service provider, very few were older people who might have used the Calabash.
- 5.25 The council used a matrix to determine whether to deliver the service in-house or externally contracted. The matrix gives a 50:50 weighting for quality and cost and showed a difference of £100,000, around ¼ of the contract value.
- 5.26 A member of the public, a Professor of Caribbean Literature and Culture at Goldsmith's University, addressed the committee.
- 5.27 The professor stressed the importance of the Calabash Centre to the African and Caribbean community.
- 5.28 It was noted that the Calabash Centre was ahead of its time when it was established and is a model for other boroughs.
- 5.29 The Calabash Centre provides care that takes account of race, ethnicity and ageing well and it is feared that social isolation will increase if people are forced into a situation where they do not feel at home and connected.
- 5.30 The Council should share the research they have about Caribbean Elders and their perception of care provision in the borough and about how informed Caribbean Elders are about care options available in the borough.
- 5.31 A full transcript of the Professor's evidence to the committee should be uploaded to the committee's meeting pages.
- 5.32 Another member of the public commented that the Equalities Impact Assessment (EIA) for the proposal was very brief and that the analysis in the consultation failed to consider cultural implications.
- 5.33 There was an EIA carried out as part of the proposals. How deep an EIA goes can always be challenged and improved upon. The Executive Director said this was not a poor EIA.
- 5.34 It was stressed that the Calabash Centre is not closing and the Elders groups will continue to be supported by the council.
- 5.35 Another member of the public commented that the reduction in demand for day services needs to be investigated in more detail.
- 5.36 People can take a direct payment or personal budget when they have an eligible need. Some people will use it for personal care services and some will use it for day opportunities and other support.
- 5.37 The council monitors how people use their personal budgets and agrees with them how they will be used when they draft the care plan.

Resolved: the committee agreed to refer its views to Mayor and Cabinet in the following terms:

- *The committee noted that travel modelling on the proposed changes shows that no current service user would need to be in transport for longer than an hour each way in order to get to the Calabash Centre, but the committee*

expressed concern about the potentially severe impact of increased journey times on frail and older people, including those who have not previously needed to travel or use transport to access this service.

- The committee noted that an Equalities Impact Assessment (EIA) had been carried out as part of the consultation on the proposed changes, but requests that the EIA is revisited to have regard to the points made in evidence to the committee about the significance of the day services at the Calabash Centre to the African and Caribbean community and ageing well.*
- The committee noted that some service users had strongly objected in the consultation to any relocation of services and noted the concerns expressed in the evidence to the committee from members of the public, and expressed concern about the potential impact on service users' wellbeing and the inherent potential for incidences of racism from moving and combining the various groups of service users.*
- Therefore, the committee requests that the Mayor and Cabinet delays taking a decision on this matter until the points above have been fully considered and the EIA revisited.*

6. Pathology services

Ben Maguire (Pathology Programme Manager, Lewisham and Greenwich NHS Trust) introduced the report. There was a discussion and the following key points were noted:

- 6.1 Since Lewisham and Greenwich NHS Trust (LGT) last briefed the committee on pathology services, in October 2018, the Trust has been working with Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust to establish an NHS pathology network.
- 6.2 The boards of LGT, Barts and Homerton agreed a memorandum of understanding in March 2019. A full business case is due to go to the three boards in April 2020.
- 6.3 LGT is committed to maintaining established specialist clinical pathways and is keen to continue providing GPs in Lewisham, Greenwich and Bexley with pathology services.
- 6.4 LGT is keen to ensure that local considerations are taken into account and local pathways are not damaged when the contract for GP services is awarded.
- 6.5 A member of the public addressed the committee noting that a high proportion of LGT's income for pathology services comes from providing services for local GPs and expressed concern about the financial impact, and impact on clinical pathways, if individual CCGs stopped commissioning services from LGT.
- 6.6 The member of the public asked if an impact assessment of the potential disruption to this service had been carried out and asked the committee to raise this issue with the Southeast London Commissioning Alliance.

- 6.7 The Managing Director of Lewisham CCG explained that the commissioning of pathology services would be a local decision of Lewisham, Greenwich and Bexley CCGs based on the information they receive from LGT and others.
- 6.8 The decision on pathology services is expected to be taken around January 2020.
- 6.9 LGT is confident the proposed pathology network with Barts and Homerton would not become unviable if the Trust was not awarded the contract for local pathology services.
- 6.10 In the pathology model being developed, all sites would have essential service labs for tests required within four hours for hospital services.
- 6.11 If the contract for GP pathology services was lost there would probably be a downgrading of the lab at Queen Elizabeth Hospital, and staffing implications, but no loss of quick turnaround times.

Resolved: the committee noted the report and expressed support for the Trust's proposals for pathology services, which would maintain local clinical pathways and help keep the NHS public.

7. South East London CCG System Reform

Martin Wilkinson (Managing Director, Lewisham CCG) introduced the report. There was a discussion and the following key points were noted.

- 7.1 The Lewisham CCG Governing Body has agreed to submit an application to merge with the other five CCGs in Southeast London (SEL) to form a SEL CCG.
- 7.2 A majority of the GP membership also voted in favour of the proposals.
- 7.3 The merger application was submitted to NHS England and NHS Improvement on 30th September.
- 7.4 The outcome of the application is expected in November.
- 7.5 The Lewisham CCG Governing body noted concerns expressed about the feeling of local connectivity with a CCG covering a population across southeast London.
- 7.6 It is important there is still the ability to work locally on health with local provider, voluntary sector and local authority partners.
- 7.7 It is proposed that each borough will have a "Borough-Based Board" (BBB) and "Borough-Based" structure with delegated responsibility for community-based care, primary care and other out-of-hospital services.
- 7.8 CCGs want to work in partnership with local authorities to agree how BBBs should work. There are a set of minimum expectations from the NHS on how BBBs should work.
- 7.9 The proposal for Lewisham is that there will be equal representation between the council and NHS on the BBB.

- 7.10 It was noted that there are two planned workshops for scrutiny councillors to explore the arrangements for BBBs, along with refreshing joint working protocols between scrutiny at SEL level and the merged CCG.
- 7.11 The aim is for the BBB arrangements to be considered by the Lewisham CCG Governing Body in November. This relies on the council making some formal commitments through Mayor & Cabinet.
- 7.12 A member of the public addressed the committee and commented that there are clauses in the Health and Social Care Act 2012 which state that any dissolution or change of CCG constitution requires meaningful engagement with the patients who receive the services in the area.
- 7.13 It was noted that the Chair of the southeast London Joint Health Overview and Scrutiny Committee had written to the London Regional Director of NHS Improvement to express concern about the timing of scrutiny's involvement.
- 7.14 The committee noted the report and agreed to consider the arrangements for Borough-Based Boards at a future meeting.

At 2155 the committee agreed to suspend standing orders to complete the remaining agenda.

Resolved: the committee noted the report and agreed to have a future agenda item on the matter once NHS England has made its decision on the CCG's merger application and the member workshops on borough-level governance have taken place.

8. Public health grant overview

Catherine Mbema (Director of Public Health) introduced the report. There was a discussion and the following key points were noted:

- 8.1 The £196,000 reduction in the health visiting budget for 2019/20 was absorbed by Lewisham and Greenwich NHS Trust (LGT) without affecting frontline services.
- 8.2 Negotiations with LGT are ongoing about how services will continue to be delivered for 2020/21 within the reduced budget with minimal impact on frontline services.
- 8.3 The public health grant for 2020/21 will increase in line with inflation.
- 8.4 The committee asked if it is necessary to maintain corporate realignments of the public health budget to other council budgets.
- 8.5 It was a decision of the council to assign money from the public health grant to other council budgets where there is a demonstrable public health benefit.
- 8.6 Within public health there are services that are not statutory but which contribute to savings against statutory budgets in the long term.
- 8.7 The committee asked for programme-level spend information on the public health budget.
- 8.8 It was noted that officers provided a line by line breakdown of the service area spend from the Council's Corporate Budget Book.

8.9 It would be disproportionately expensive to provide a line by line breakdown of corporate realignments.

Resolved: the committee noted the report.

9. Select Committee work programme

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

9.1 The committee discussed and agreed to include an item on NHS migrant charging on the agenda for the next meeting.

9.2 The Chair noted that he and the Vice-Chair had met the Chief Executive of Lewisham and Greenwich NHS Trust (LGT) to discuss the concerns about migrant charging raised by the Save Lewisham Hospital Campaign.

9.3 It was noted that the Save Lewisham Hospital Campaign has been invited by LGT to be involved in an external review of migrant charging.

Resolved: the committee agreed the work programme.

10. Referrals to Mayor and Cabinet

The meeting ended at 10.15 am

Chair:

Date:

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MINUTES OF THE JOINT HEALTHIER COMMUNITIES AND CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE MEETING ON BAME MENTAL HEALTH INEQUALITIES

Wednesday, 17 July 2019 at 7.30 pm

PRESENT: Councillors Aisling Gallagher, Octavia Holland, Coral Howard, Liz Johnston-Franklin, Caroline Kalu, John Muldoon (Chair), Olurotimi Ogunbadewa, Jacq Paschoud, John Paschoud, Luke Sorba and Monsignor N Rothern

ALSO PRESENT: Emma Aye-Kumi and Councillor James Rathbone

Apologies for absence were received from Councillor Tauseef Anwar, Councillor Peter Bernards, Councillor Colin Elliott and Councillor Hilary Moore

1. Appointment of Chair for the meeting

Councillor John Muldoon, Chair of the Healthier Communities Select Committee (HCSC) opened the meeting, welcomed the participants and public and explained that the joint meeting came about following a resolution of the HCSC as follows:

“To hold a one-off joint meeting with the Children and Young People Select Committee before the summer recess to further consider the work being undertaken by the council to address BAME mental health inequalities; to receive evidence at this meeting on the progress of this work with clear timescales and proposed actions, on who is responsible for overseeing and monitoring the progress of this work at senior officer and cabinet level, and on whether there are any barriers to making quick progress; and to receive evidence at this meeting from the Cabinet Member for Health and Adult Social Care, the Cabinet Member for Children’s Services, and the Chair of the Health and Wellbeing Board.”

It was MOVED, SECONDED and RESOLVED that Councillor Muldoon be appointed as Chair of the meeting.

2. Declarations of interest

Councillor Luke Sorba disclosed that:

- he is the Council’s appointee to the council of SLaM NHS Trust governors;
- he is also commissioned to deliver workshops through the SLaM recovery college.

3. BAME mental health inequalities

The Chair introduced the Mayor, Damian Egan, who is also the Chair of the Health and Wellbeing Board, to address the committee. The Mayor made the following points:

1. He acknowledged that mental health outcomes for BAME residents in Lewisham are worse than for other residents
2. Austerity had had a pronounced effect on mental health provision and cut across all service providers
3. Long term change would require sustained efforts
4. He recorded his thanks to Catherine Mbema - Interim Director of Public Health, Danny Ruta – former Director of Public Health, and all officers involved in this work
5. He stressed the importance of learning from Lambeth's Black Thrive programme
6. He had appointed Barbara Grey, of Lewisham BME Network, as BAME health inequalities adviser.
7. It was necessary to improve services and to be ready for a change of governance so that when investment in public services will resume, Lewisham will be in a strong position.

Catherine Mbema, Kenneth Gregory – Joint Commissioner, Adult Mental Health and Caroline Hirst – Joint Commissioner gave a presentation. The slides can be viewed [here](#).

The Chair thanked the Mayor and presenters and invited questions from the Committee. A discussion followed in which the following points were made:

1. Members expressed serious concerns about the unreliability of available ethnicity data. The ethnicity of some 44.5% of service users accessing Child and Adolescent Health Services (CAMHS) was not known.
2. A Joint Service Needs Assessment (JSNA) was being carried out for adult service, but not for children and young people. A prioritisation process had been followed that identified adult mental health services as a focus area. Transition from CAMHS to adult mental health and self-harm services for children and young people would be looked at this coming year.
3. The Mayor was clear that this was a 10 year change programme and dramatic change would be challenging during austerity. It was noted that Lambeth's Black Thrive programme had had a long implementation phase, taking some 5 years to embed.
4. Members did not think it would be possible to bring about the necessary changes to mental health provision within the existing resource envelope.
5. Youth First has strong engagement with BAME young people and therefore it was important to look at the role of the youth service in the mental health strand of the Early Help Review. Resilience was at the core of the youth service offer and the Early Help review was considering whether to have a designated clinical lead within the youth service and other relevant settings.
6. The Virtual School (which provides support to looked after children) had created its own dedicated CAMHS team from within its existing resources and with open access, that is with no access threshold. As a

result the number of looked after children accessing mainstream CAMHS services had dropped by 21% in 2017.

7. Members asked about engagement with faith groups and heard that the council engages with faith groups through voluntary organisations such as VAL and Healthwatch.
8. Members felt that the recommendations in Appendix 1 of the report (actions 3 and 6-8), could not be done without additional resource as they require specialist support from partner organisations, which would come with a cost.
9. Lambeth Thrive had required a budget for staffing and events. It was suggested that there may be a need for an officer to lead on co-production and run events. Officers agreed that additional resource would be required and were advertising for additional posts to work on co-production.
10. Lewisham's provider alliance would have to agree that transformation work would become their core business. Some resource would be available for Lewisham BME Community Network as a key partner. However providers would be expected to absorb the cost of transformation work from their existing budgets.
11. One of the key messages from the mental health review that Councillor Holland had undertaken in 2018 was that levels of access for Black young people was getting worse and that young Black boys in particular were put off from accessing mental health services provided in school.
12. Members felt that there needed to be a tailored approach for ethnic groups that took into account cultural barriers, and also for those at risk of offending or being excluded from school.
13. It was highlighted that some 76% of Lewisham's school age population is BAME and therefore were the majority group. Officers stressed the need to embed co-production in order to meet the needs of BAME residents.
14. One Member advised that young people at risk of exclusion were not accessing services and therefore the mainstream offer would need to be reorientated to address inequality of access.
15. Outcomes would be included in an action plan that would go to the HWB.
16. Officers were carrying out a 'deep dive' to assess the accuracy of baseline data. Understanding the data was a focus area for SLaM.
17. Ensuring links between partner organisations to avoid silo working was a key aim. The rollout of i-thrive would help by providing a common language across services.
18. One Member shared that the Young Mayor had attended a recent meeting of the Children and Young People Select Committee and had said that young people do not know where to go to access mental health support. Officers explained that despite working with the Young Mayor and Advisers for a number of years, leafletting, delivering whole school assemblies on mental health, the feedback was always the same.
19. It was hoped that i-thrive would help primary care services such as schools to understand mental health care pathways and to disseminate them.
20. The Early Help Review was looking at use of the Family Information Service website and how to develop it to improve signposting.

21. Recruitment to a programme management post looking at transition management was underway. The post would cover a range of services for 14-25 year olds including send/ complex needs, risky behavior, self-harm, LGBTQ.
22. Anecdotal evidence from Councillor surgeries and door knocking highlighted that the data and residents' reported experiences do not match up. Officers were urged to think about timings of workshops and take into account that residents are often at work during the day.
23. It was suggested that, when looking at the data, recent history of individual countries be considered as it may help to predict where problems might arise. The data on translator requests by Tamils and South Americans correlated to recent political events in their home countries.
24. Judy Harrington of Save Lewisham Hospital Campaign, having been invited by the Chair to contribute from the public gallery, expressed concern about delays when transitioning from CAMHS to adult mental health services. She also highlighted problems for looked after children when moving back into the borough. She felt that austerity had seen cuts to early support and intervention and staffing levels to deal with these issues.

The Committee heard from Barbara Gray, Mayoress and Adviser to the Mayor on BAME Mental Health Inequalities.

Ms Gray reported that, in her view, there was a race crisis in Lewisham because money had never been spent on BAME residents even before austerity hit. The BME Network had experience of successful engagement with BAME residents. Her view was that the commissioning process was not fit for purpose and greater engagement with BAME residents was needed when designing services. It was important, she felt, to engage with organisations that have relationships with and are invested in BAME communities.

Ms Gray also explained that child and adolescent mental health should not be looked at in isolation, but the whole family needed to be considered as factors such as temporary housing, or being housed outside the borough contributed to mental health difficulties. Practical solutions to issues relating to deprivation may be more effective than clinical pathways, in some cases.

The committee heard that the level of expertise within the BAME community was high. It would be necessary to work with the BAME community and properly resource this work.

It was noted that:

1. The remit of the HWB extended to health and social care and it could influence partners in other agencies
2. A post was being funded by the Better Care Fund specifically to make these kinds of links
3. One Member cautioned against creating a system that cause a 'race to the bottom; for example if a resident's mental health difficulties had to reach a low point in order for housing improvement to kick in.
4. The Mayor gave assurances that this would not be the approach.

5. Another Member called for support for frontline staff dealing with mental health problems, for examples those dealing in frontline service roles such as Lewisham Home, schools, etc to recognise that bias and discrimination can affect BAME residents' ability to access services. She gave an example of a Black person with mental health difficulties being stereotypically labelled as angry.
6. One Member called for a follow up meeting in October so that scrutiny of BAME mental health inequalities could continue. The Chair explained that no such commitment could be made without consulting the Chair of Overview and Scrutiny and the Head of Scrutiny to establish whether there was capacity to support this.
7. Another Member requested quarterly updates that covered ethnicity data, and options for embedding and co-producing services within the BAME communities. It was also felt that feedback and evidence from community partners without 'official speak' would be helpful.
8. Members recognised that BAME communities did not always trust the council and therefore services may be best delivered in partnership with organisations that do have the trust of BAME communities.

It was RESOLVED that a referral be made to the Health and Wellbeing Board in the following terms:

1) That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;

2) That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of BAME communities, on whose cooperation public consultation and co-production will rely.

The Chair thanked participants for their contributions to the meeting.

4. Information item: Meeting the public sector equality duty at SLaM, 2018 Lewisham ethnicity information

It was RESOLVED that the item be noted without discussion.

5. Referrals to Mayor and Cabinet

It was RESOLVED that the following referral be made to the Health and Wellbeing Board:

That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;

That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of BAME

communities, on whose cooperation public consultation and co-production will rely.

The meeting ended at 10:00pm.

Chair: _____

Date: _____

Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	2 December 2019

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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HEALTH AND WELLBEING BOARD			
Report Title	Black, Asian and Minority Ethnic (BAME) Health Inequalities – Response to referral made by Children and Young People Select Committee and Healthier Communities Select Committee		
Contributors	Director of Public Health, London Borough of Lewisham	Item No.	3b
Class	Part 1	Date:	14 th November 2019
Strategic Context	See body of the report		

1. Purpose

To respond to a referral made by a joint meeting of the Children and Young People Select Committee and Healthier Communities Select Committee on 17 July 2019. At this meeting it was resolved that a referral be made to the Health and Wellbeing Board (HWB) recommending:

- 1) That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;
- 2) That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of BAME communities, on whose cooperation public consultation and co-production will rely.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the response to the referral outlined below.

3. Strategic Context

- 3.1 The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.
- 3.2 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in Lewisham’s Health and Wellbeing Strategy.
- 3.3 The work of the Board directly contributes to the Council’s new Corporate Strategy. Specifically *Priority 5 – Delivering and Defending:*

Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need.

4. Background

- 4.1 In July 2018 the HWB agreed that the main area of focus for the Board should be tackling health inequalities, with an initial focus on health inequalities for BAME communities in Lewisham.
- 4.2 Following analysis undertaken by a sub group of the Board, three priority areas were identified through which the Board could play a significant role in addressing the widest gaps in BAME health inequalities. The areas identified were: mental health; obesity; and cancer.
- 4.3 The work of the Board has focused on the area of mental health in this first year and a strategic approach has been considered across both Children and Young People (CYP) and Adults.
- 4.4 The approaches and commissioning for these two population groups are carried out by separate teams across the council and CCG. However, there is a clear understanding that reducing mental health inequalities amongst BAME communities in Lewisham requires an integrated approach to maximise resources and improve mental health and wellbeing outcomes.

5. CAMHS ethnicity data

- 5.1 Extensive work has been undertaken over the last three months by the Lewisham CAMHS service alongside SLaM data analysts to improve the accuracy and comprehensiveness of ethnicity data for Lewisham CAMHS.
- 5.2 Data below in Table 1, shows a much improved position for 2019/20 where the number of 'unknowns' has been reduced to 9%, meaning that the data is far more meaningful and accurate.
- 5.3 This more accurate and comprehensive data shows that although access for BAME children and young people is better than we originally thought, there is still an issue of disproportion, when measured against Lewisham's demographics. There is more work to be done to understand the level of disproportionality particularly for specific ethnic groups and gender.

Table 1. Ethnicity Data for Community CAMHS in Lewisham

	Asian	Black	Mixed Race	Other ethnic group	White	Unknown
0-19 year olds in Lewisham (Census 2011)	7.1%	35.7%	15.8%	4.8%	36.6%	0%
Lewisham CAMHS Community Services (Sept 2016) (n=1,138)	2.8%	27.9%	10.9%	2.8%	43.4%	12.1%
Lewisham CAMHS Community services (Sept 17) (n=1,307)	2.4%	29.6%	14.4%	2.9%	49.2%	1.5%
Lewisham CAMHS Community services (Sept 18) (n=1,597)	3%	23%	11%	2%	48%	13%
Lewisham CAMHS Community services (Sept 19) (n=1,733)	2%	23.5%	12%	2%	51.5%	9%

- 5.4 Data cleansing has identified that in September approximately 9% of children and young people against a CAMHS caseload of 1,733 did not provide their ethnicity details. Of the same CAMHS caseload 39.5% of children and young people described themselves as of Black, Asian, Minority, Ethnic Refugee (BAMER) at the time of assessment, with 23.5% describing themselves as having a Black background, thus demonstrating an improved position of access than was previously stated.
- 5.5 Alongside this work to improve the Lewisham CAMHS data, commissioners for children and young people have also undertaken analysis of reach and ethnicity data across the wider commissioned mental health and emotional wellbeing pathway for children and young people. Early findings have been positive, with BAMER access being around 55-60% for most non-statutory/community based services. Evidence of this can be seen in Table 2 below.
- 5.6 SLam's Children Wellbeing Practitioner (CWP) Programme has been established to develop the CYP mental health workforce by allowing trainee mental health practitioners, with robust clinical supervision, to deliver evidence – based interventions to children and families with mild to moderate needs. This proven, community and evidence based approach has doubled in size over the past year. Whilst it is still a small resource, with approximately four WTE practitioners and two trainees, Table 2 shows that it has achieved 57% BAMER access against a total figure of 63.4% of 0-19 year olds that identified as BAMER in the Census 2011.

- 5.7 In 2019, Lewisham was successful in securing funding to implement two Trailblazer Mental Health Support Teams (MHST), as set out in the Transforming Children and Young People's Mental Health: A Green Paper. Much like Children Wellbeing Practitioners, Education Wellbeing Practitioners (EWP) will allow a new cohort of trainees to join the local workforce in delivering evidence based interventions in community settings. This proven, community and evidence based approach is hoped to mirror CWP's success in delivering proportionate BAMER access.
- 5.8 Appendix 1 provides benchmarking data which has been taken from the recently developed 'four borough' SLaM performance dashboard. This shows that many more Black CYP are accessing CAMHS services in Lambeth. Lewisham's figures are similar to Southwark's, if the black and mixed groups are combined.

Table 2. Ethnicity breakdown for non-statutory/community based CYP mental health and wellbeing services

Service Name	Service description	Caseload/ Reach 18/19	CYP recorded as BAMER
Young Person's Health and Wellbeing Service	Face to Face Counselling (Compass)	595	54%
	Online counselling (Kooth)	710	57%
Parenting Support for behaviour/ conduct	Evidence based parenting programme (EYA)	98	88%
CAMHS Virtual School for Looked After Children	Early intervention provision for children looked after (SLaM)	103	58%
Children Wellbeing Practitioner Programme	Evidence based provision to support CYP with anxiety, low mood (SLaM)	116	57%
Mindful Mums Parenting Programme	Postnatal Wellbeing Parenting Programme for mothers of babies aged 0-2 (Bromley, Lewisham and Greenwich Mind)	141	38%

- 5.9 Positive progress has been made in improving the availability and quality of data on the ethnic origin of children and young people accessing statutory and non-statutory mental health and emotional wellbeing services. This data shows a mixed picture with room for improvement, particularly for statutory services. Action being taken is therefore as follows:

- Given the ethnic composition of the Lewisham CYP population, BAMER access to mental health services has been identified as one of nine key priorities within the refreshed CAMHS Transformation Plan 2019. Baseline information will be reported with clear actions attached, which will be monitored and reviewed over the course of the coming year.
- As part of wider performance management systems, equality of access to services will remain a priority for SLaM, ongoing work will be undertaken to ensure that the ethnicity of services users is recorded and any anomalies are addressed.
- Additional resource, such as the Mental Health in Schools Trailblazer will be targeted to meet the identified needs of our community, by focusing on BAMER access as a key priority.
- We will build on the well-established BAMER participation networks, such as Alchemy, that we already have in place. Alongside public health, we will work with the London Borough of Lambeth to learn from best practice in this area.
- A range of training programmes will continue to be offered to professionals across CAMHS and non-NHS providers such as unconscious bias and cultural awareness, with an expectation that this will be taken up by all relevant practitioners.
- We will continue to build on successes achieved through co-location of services and integration of statutory mental health provision with local non-NHS providers, but currently resourcing is a real constraint.
- We will actively seek to increase resources available for this area of work. The CCG are recognising the historical financial position and there are opportunities for improvement under the NHS Investment Plan.
- Ongoing work will continue with SLaM and other agencies, building on the successes in community based services and addressing the continued improvement agenda for SLaM CAMHS. Where possible we will work alongside adult's services, when supporting the commitment to a 'provider alliance' across children's services.

6. BAME mental health inequalities programme of work

- 6.1 The Provider Alliance Leadership group agreed to allocate the non-committed funding in the 19/20 programme budget to community engagement and involvement. A community engagement and involvement framework has been drafted and was presented to the Provider Alliance Leadership Group on the 28th October. The draft framework will be tested with community representatives and shaped

into a community and engagement strategy and subsequent action plan for the Provider Alliance. The community engagement budget will be used to support the delivery of the action plan.

- 6.2 The BAME network have a representative on the Leadership Group, however concerns have been expressed that only having one representative of the network is not sufficient. The Alliance will work with representatives of the BAME network to consider the current arrangements what may be the most effective method of engaging BAME community members and/or representatives in the co-design and co-production within the Provider Alliance development process.
- 6.3 An initial service user involvement meeting has taken place to support the identification of service users that are engaged in local service, that are willing to participate in the co-design and co-production of local care pathways that will be delivered by the Provider Alliance. The Service User Involvement forum and network will be co-ordinated by the Lewisham Community Wellbeing service.
- 6.4 The Provider Alliance Leadership group have broadly accepted the draft Joint Strategic Needs Assessment recommendations in principle and have agreed to incorporate the agreed recommendations into their planning documents.
- 6.5 The South London and Maudsley Mental Health Trust have established a Lewisham Independent Advisory Group to directly engage BAME community representatives in dialogue that will support the improvement of access, experience and outcomes for BAME service users. The Provider Alliance Leadership Group and Independent Advisory Group will establish a formal interface to ensure that there is a shared set of values, learning and priorities in our approach to engagement and quality improvement.

7. BAME Health Inequalities Action Plan

- 7.1 At the last meeting of the Health and Wellbeing Board and subsequent joint Healthier/CYP Select meeting, the first iteration of an overarching BAME Health Inequalities action plan covering the priority area of mental health was presented. This action plan served to collate actions to address BAME health inequalities in mental health across children and young people and adults. An update on the actions presented in this initial plan, incorporating the work outlined above, can be seen in Appendix 2.
- 7.2 Work has since been undertaken by Council officers to extend this action plan to cover all of the three priority areas of BAME health inequality identified by the Board, namely mental health, cancer and obesity. Council officers have also been working to ensure that the action plan is co-produced with members of the Lewisham BME network.

- 7.3 To facilitate the final agreement of a co-produced overarching action plan with the Lewisham BME network, it is proposed that a BAME health inequalities working group covering mental health, cancer and obesity consisting of Council officers responsible for the respective priority areas and members of the Lewisham BME network, continue to oversee the development of the plan. This working group will also monitor progress using an agreed indicator framework for the action plan going forward. It is proposed that this working group be co-ordinated by Public Health and present update reports to each meeting of the Health and Wellbeing Board.

8. Financial implications

- 8.1 The various areas of work described within the report that is the responsibility of the Council will be met from existing revenue budgets in the Community Services and Children and Young People Directorates.

9. Legal implications

- 9.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

10. Crime and Disorder Implications

- 10.1 There are no Crime and Disorder Implications from this report.

11. Equalities Implications

- 11.1 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil

partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

11.2 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.

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

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

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

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

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

resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>

12. Environmental Implications

12.1 There are no environmental implications from this report.

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

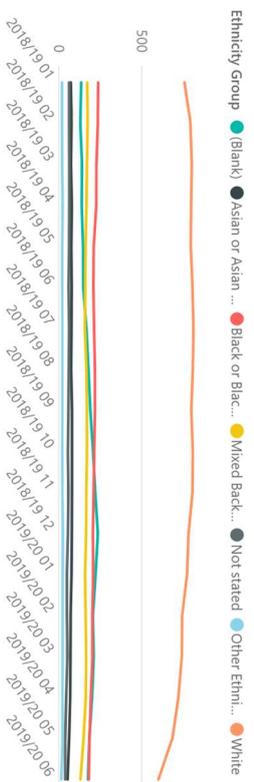
If there are any queries on this report please contact Catherine Mbema, Public Health, Lewisham Council, on 0208 314 4937, or by email at: [**Catherine.mbema@lewisham.gov.uk**](mailto:Catherine.mbema@lewisham.gov.uk)

Appendix 1: Ethnicity Data – SLAM, CAMHS services: Croydon, Lewisham, Lambeth and Southwark, June '19

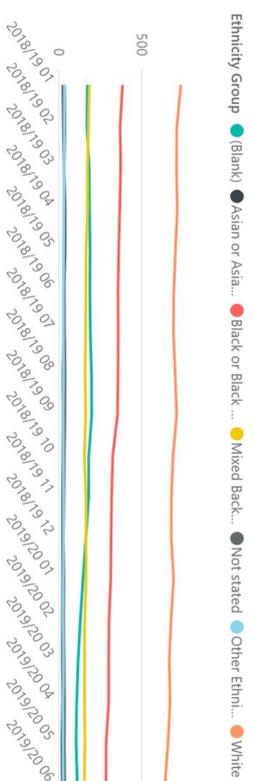
FYYear Directorate
CAMHS

Ethnicity Profile for the current caseload

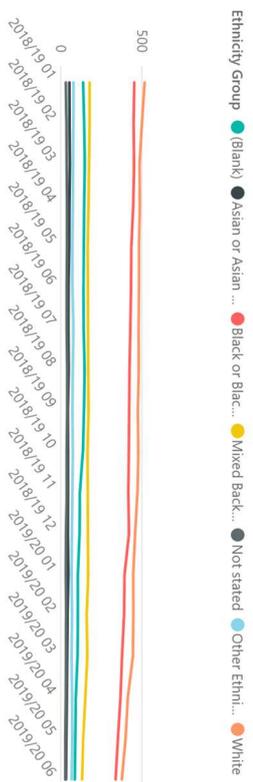
Croydon CCG - Ethnicity of Patients on the case load at end of month



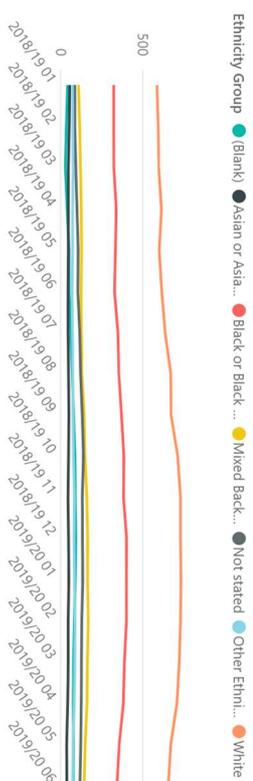
Lewisham CCG - Ethnicity of Patients on the case load at end of month



Lambeth CCG - Ethnicity of Patients on the case load at end of month



Southwark CCG - Ethnicity of Patients on the case load at end of month



Note: These are all patients who have attended a First Face to Face (waiting patients or accepted patients who have not yet been assessed are excluded)

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
Children and Young People (CYP)					
1.	Establish mental health participation group with a focus on BAME children and young people	LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board	June 2019	Specific school work commenced In October 2019	
2.	Response to recommendations from member-led review and NHS intensive support team review of mental health pathway for CYP in Lewisham	LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board	April 2019 – March 2021	32 recommendations with short, medium and long term actions are being worked through	
Adults					
3.	Work to ensure that there is community and service user participation in co-design of local service and care pathways	Adults Mental Health Provider Alliance	September 2019	An initial Service User involvement network meeting was held in July, further engagement work is needed with local service users groups to promote the network and increase participation – representatives from the network will be invited to join the co-design sessions for the Provider Alliance	
4.	Implementation of recommendations from the Adults Mental Health JSNA	Adults Mental Health Provider Alliance	August 2019	MH Provider Alliance has broadly accepted the recommendations but will need to establish an order of priority	
5.	Work to ensure that Lived Experience workers are ethnically representative of the Lewisham population	Adults Mental Health Provider Alliance	December 2019 (Linked to external funding bids)	NHSE Community Transformation bid was not successful – MH Provider Alliance to consider how this objective will be achieved within existing resources	

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
6.	To co-produce approaches to engagement and on-going dialogue as component of the Alliance Engagement & Involvement strategy/plan	Adults Mental Health Provider Alliance	September 2019	A new Transformation Manager has been appointed to support the Provider Alliance Development process. A community engagement and involvement framework has since been drafted and was presented to the Provider Alliance Leadership Group on the 28 th October.	
CYP and Adults					
7.	To work with the Lewisham BAME Health Network to continue to develop this action plan for the next 3 years	CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance/Public Health	October 2019	Council officers have received feedback from the Lewisham BME network on the first iteration of this action plan and will work with network members over the next 2-3 months to refine and agree the next iteration of the plan, which will also cover the priority areas of cancer and obesity.	
8.	To develop a co-production infrastructure to engage Lewisham BAME communities in commissioning decisions that impact upon mental health and emotional wellbeing	CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance/Public Health	October 2019	The BAME Health network are now represented on the Adult Mental Health Provider Alliance Leadership Board, others methods (As outlined above) that enable co-production within the commissioning process will need to be identified and explored with the BAME Health network and wider community	
9.	To develop a Lewisham approach to promote the interface between adult and CYP mental health services	CYP Mental Health and Emotional Wellbeing board/Adults Mental	October 2019	Discussion between commissioners of adult and CYP mental health services has commenced to work on the	

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
10	To develop the Time to Change Hub to include a focus on reducing stigma in BAME communities in Lewisham	Health Provider Alliance Lewisham Public Health/Adults Mental Health Commissioning Team/Adults Mental Health Provider Alliance	September 2019	interface between adults and children's services. The Hub has already been established but work to focus on reducing stigma in BAME communities is to be developed.	

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Mayor and Cabinet			
Report title	Response to Comments from the Healthier Communities Select Committee on the Recommissioning of building-based day services for older adults		
Contributors	Mayor and Cabinet	Item No.	
Class	Part 1	Date	30 October 2019

1. Summary

- 1.1 This report informs the Mayor and Cabinet of the comments and views of the Healthier Communities Select Committee arising from discussions held at its meeting on Tuesday 8 October 2019.

2. Recommendation

- 2.1 The Mayor and Cabinet is recommended to note the views of the committee as set out in section three of this referral and agree to provide a response.

3. Healthier Communities Select Committee views

- 3.1 At its meeting on Tuesday 8 October 2019, the Healthier Communities Select Committee received a report on the outcome of the consultation on proposed changes to building-based day services for older adults.
- 3.2 The committee received reports from council officers and took evidence from members of the public, including a Professor of Caribbean Literature and Culture at Goldsmiths University, Professor Joan Anim-Addo.
- 3.3 After questioning and discussion the committee resolved to refer its views to Mayor and Cabinet in the following terms:
- *The committee noted that travel modelling on the proposed changes shows that no current service user would need to be in transport for longer than an hour each way in order to get to the Calabash Centre, but the committee expressed concern about the potentially severe impact of increased journey times on frail and older people, including those who have not previously needed to travel or use transport to access this service.*
 - *The committee noted that an Equalities Impact Assessment (EIA) had been carried out as part of the consultation on the proposed changes, but requests that the EIA is revisited to have regard to the points made in evidence to the committee about the significance of the day services at the Calabash Centre to the African and Caribbean community and ageing well.*
 - *The committee noted that some service users had strongly objected in the consultation to any relocation of services and noted the concerns expressed in the evidence to the committee from members of the public, and expressed concern about the potential impact on service users' wellbeing and the inherent potential for incidences of racism from moving and combining the various groups of service users.*

- *Therefore, the committee requests that the Mayor and Cabinet delays taking a decision on this matter until the points above have been fully considered and the EIA revisited.*

4. Response

Transport

- 4.1 The report set out the maximum travel time for routes if the whole transport offer to the single service proposed at the Calabash Centre were to be delivered by the current transport provider, Voluntary Services Lewisham (VSL). The Council is committed to keeping travel times to day services at a minimum.
- 4.2 The report sets out that current average journey times for people attending Cinnamon Court and Cedar Court day services are between 30 and 45 minutes. This means that some journeys are shorter and some are longer. Therefore, some existing service users are already travelling for just under an hour.
- 4.3 The report references 'under an hour' for the purposes of modelling by the current transport providers: this also means that some of the journeys would be shorter but that all will be less than an hour.
- 4.4 It is noted that some of the people who are affected by these proposals do not currently have to travel because they are also resident in the Extra Care services at Cinnamon Court and Cedar Court. It is noted that 7 of the 16 extra care residents who attend day services on site previously travelled to day services. Of the other 9 extra care residents who attend day services on site, 5 are from Cinnamon Court and 4 are from Cedar Court.
- 4.5 The review of Transport which is underway is highlighting that there is capacity in the Council's fleet which could also be used. Officers will closely monitor travel time and explore individual approaches to minimising travel time using its current transport fleet, its current partner VSL, and commissioning taxis where that is appropriate. Within the bounds of affordability the Council will routinely explore options to personalise transport arrangements around individual choice and needs.

Equalities Impact Assessment

- 4.6 The Equalities Impact Assessment relates to the specific change to the commissioned day service for older adults.
- 4.7 The Equalities Assessment Analysis that was completed and submitted with the report to Mayor and Cabinet on the 10th October 2019 is 20 pages and considered all of the current data about service users and the wider Lewisham population. This has been refreshed to take into consideration the views expressed at Healthier Communities Select Committee and has been resubmitted with the original report to the 30th October 2019 Mayor and Cabinet.
- 4.8 Professor Anim-Addo's presentation to Healthier Communities Select Committee highlighted the importance of the Calabash Centre to the African and Caribbean community. However, the recommendations do not affect the Active Elders Groups operating at the Calabash Centre. Therefore the recommendation will not have the impact of increasing social isolation in the general Africa Caribbean population. The Active Elders Groups are well established in the Centre and offer a wide range of activities for people who do not meet the eligibility threshold for adults who do not meet eligibility for Council Funded Services. The Caribbean Social Forum in Greenwich which meets once a week for 3 hours was specifically referenced by

Professor Anim-Addo. Lewisham's existing African Caribbean Active Elders group matches this offer and meets 2 days a week between 10 and 4.

- 4.9 Officers acknowledge the significance of the Calabash Centre to the African Caribbean population and its history. The report sets out ways in which the Council will seek to strengthen the Active Elders Groups. The Centre is already used by a diverse range of organizations from a diverse range variety of different communities. This reflects the Council's Comprehensive Equalities Scheme which sets the Council's objective to increase mutual understanding and respect within and between communities.
- 4.10 The Council has not carried out specific research regarding how well Caribbean Elders (or indeed any group) are informed about care options available in the borough. When people meet eligibility for funded services, the social worker allocated to them will discuss how their needs can be met in a personalized way and talk to them about services that meet their specific needs including cultural needs. This is in line with the Council's statutory obligations under the Care Act.

Potential impact of combining services and relocation

- 4.11 The Council recognises people's lived experience of racism. There is no evidence to support the suggestion that there would be an increased potential for incidences of racism from the proposed changes. Across Cedar Court and Cinnamon Court 23% of people using day services are from African Caribbean backgrounds and 13% from other BAME communities. Throughout the consultation with service users and their families no concern about racist attitudes or behaviours have been raised.
- 4.12 Nevertheless, the Council applies a zero tolerance approach to discrimination of any kind and will work closely with the provider and service users to take immediate action should any instances of discrimination arise.
- 4.13 The strong views against the re-location of services were raised by people attending Cedar Court day services. People were satisfied with their current service and were concerned about potential changes. As stated in the report, officers organised a supported visit to the Calabash Centre for service users from Cedar Court and Cinnamon Court which provided an opportunity to familiarise themselves with the proposed service location and this familiarisation will continue through any implementation period.

Deferral of decision from 10th October 2019

- 4.14 As requested by Healthier Communities Select Committee in its referral, Mayor and Cabinet deferred consideration of this item at its meeting on 10th October 2019.

5. Financial Implications

- 5.1 There are no financial implications arising out of this report.

6. Legal Implications

- 6.1 The Constitution provides for select committees to make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process.

6.2 Other legal implications are as set out in the report.

7. Further Implications

7.1 At this stage there are no specific environmental or crime and disorder implications to consider. Equalities implications are considered in the report and the accompanying Equalities Analysis Assessment.

Background papers

[Healthier Communities Select Committee Agenda \(8 October 2019\)](#)

If you have any queries on this report, please contact John Bardens (Scrutiny Manager) on 020 8314 9976.



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Any words used in the report that are included in the Jargon Buster are highlighted using *

Message from the Independent Chair

This is the third occasion I have had the pleasure to welcome you as Independent Chair to the Annual Report of the Lewisham Safeguarding Adults Board (SAB). It is a statutory requirement for each SAB to publish this report and include the details of what it has done to deliver its strategic plan (pages 6 & 7). The report must also provide information about Safeguarding Adult Reviews (SARs) that are ongoing or have been completed, including what has been done to ensure that the lessons from these SARs are translated into the development of policy and practice (pages 8 & 9).

These are challenging times for public and voluntary sector agencies. Organisations are having to manage the ongoing impact of financial austerity alongside not just rising demand for care and support, but also the increasing complexity of needs being presented to the Local Authority and to NHS staff in primary and secondary care. Almost inevitably, it appears, the need to find further savings leads agencies into structural re-organisation, which inevitably has an impact on the strategic and operational relationships that are essential for effective adult safeguarding.

Nonetheless, partners have remained committed to the SAB and to adult safeguarding, as their contributions to this annual report demonstrate. The SAB has held these partners to account for how they ensure that people with care, health and support needs are protected from abuse and neglect, for example by close scrutiny of performance data, inquiry into how the wellbeing of people in residential and nursing care is promoted, and focus on ensuring that the lessons from Lewisham SARs, and from those conducted elsewhere, result in improved practice locally.

The SAB has also been proactive in providing learning workshops, ensuring that those involved in adult safeguarding have the best possible foundations for their practice. I have been really pleased with the take-up of the events for making safeguarding personal, mental capacity act assessments and working with people who self-neglect.

Healthwatch Lewisham and Voluntary Action Lewisham supported the delivery of a conference for voluntary and community sector organisations. This helped to continue the work in raising awareness of key issues, and in promoting practice that seeks to prevent as well as protect people from abuse and neglect.

The annual report gives an account of these and other initiatives that partner agencies have delivered, and what the SAB and its partners plan to deliver in 2019-20 to 'ensure adults are safeguarded by empowering and supporting them to make informed decisions'. (The Strategic Business Plan for 2019-20 is on page 18).

During the year we said goodbye to Philip Byron the SAB Business Manager, who did much to establish the effectiveness of the Board. We welcome Martin Crow as his successor, working alongside Vicki Williams and Tiana Mathurine. Together they have ensured the smooth running of the SAB. I am grateful to them for their work and to all those who have worked hard to provide effective adult safeguarding services in the Borough.

I hope that you find the annual report informative and helpful.

Professor Michael Preston-Shoot
Independent Chair



Board Membership

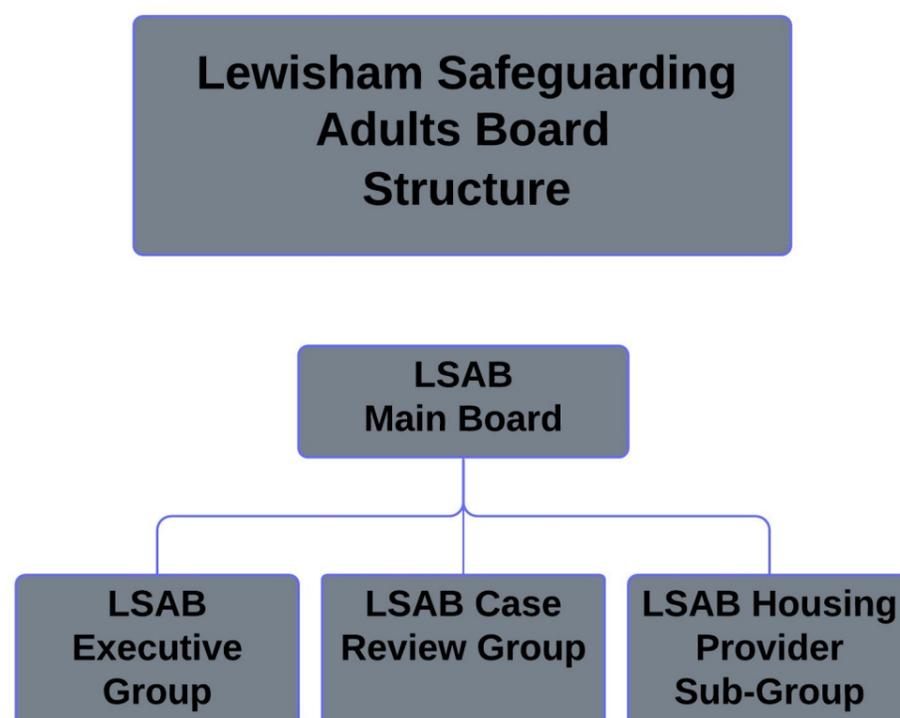
The Board is made up from the following organisations, which includes the statutory partners that must be involved in leading local adult safeguarding arrangements, as well as the other important agencies listed below:

- Healthwatch Lewisham
- Lewisham & Greenwich NHS Trust
- Lewisham Adult Social Care
- Lewisham Children & Young People's Services
- Lewisham Safeguarding Children's Partnership Board
- Lewisham Homes
- Lewisham Joint Commissioning Group
- Lewisham Public Health
- Lewisham Public Protection and Safety
- Lewisham Strategic Housing Services
- London Ambulance Service
- London Community Rehabilitation Company
- London Fire Brigade
- Metropolitan Police Lewisham
- National Probation Service, Lewisham and Southwark
- NHS England
- NHS Lewisham Clinical Commissioning Group
- South London & Maudsley NHS Foundation trust
- Voluntary Action Lewisham

Board Structure

The Executive Group was made up from the statutory and funding partners who met to discuss resourcing and other key strategic issues. However, the group did not meet regularly throughout 2018-19 and a decision was made to stand this group down.

The Case Review Group became a formal Sub-Group towards the end of the reporting period, which is linked to the review of the structure in line with the objectives outlined in the Strategic Business Plan for 2019-20.



Lewisham: Key Facts and Figures

There were **125** Safeguarding *Section 42 Enquiries per **100,000** of population recorded in Lewisham in 2018-19 (the London average is approximately **270**).

See more detailed safeguarding data on page 17.



The data on this page has been taken from the *Joint Strategic Needs Assessment (JSNA) for Lewisham, Local Authority statistics, NHS, and Metropolitan Police reporting data.

Strategic Business Plan 2018-19 Outcomes

The Board had the following Aims during 2018-19:

1. Stop abuse and neglect

This is a critical feature of the work of the Board. The examples and stories that are outlined on pages 11 to 16 help to illustrate what the partner agencies are doing to help stop adult abuse.

2. Improve the health and wellbeing of people

This is also a core part of the work of many of the Board's partner agencies, which includes the public health and trauma informed approach to violence reduction. These strategies are helping to prevent adult abuse and tackle some of the most significant issues in the Borough.

3. Promote people making choices and having control of their lives

During the last 12 months the Board has conducted a Making Safeguarding Personal (*MSP) 'Temperature Check' in conjunction with the London SAB, which was designed to test how well agencies have embedded person-centred approaches to supporting adults at risk of abuse and neglect. This was supported by a training session being delivered to professionals on this subject in January 2019, which followed on from a previous Seminar on Autonomy vs Duty of Care in June 2018.

4. Raise public awareness of abuse and neglect and what to do

The Board delivered a Voluntary and Community Sector Safeguarding Conference on the 8 November 2018 in conjunction with Healthwatch Lewisham and Voluntary Action Lewisham.

This event was very well received and attended by **83** delegates, helping to improve the profile of adult safeguarding related work in the local community by placing an emphasis on self-neglect and hoarding, disability hate crime, domestic abuse and SCAMS prevention.

The Business Unit continues to distribute Newsletters and Bulletins centrally, and partners are involved in numerous projects across Lewisham to help raise public awareness, which forms part of their commitment to this subject as part of their membership of the Board.

5. Promote prevention of abuse and neglect

Between November 2018 and March 2019 the Board delivered **12** learning events:

Self-Neglect and Hoarding Masterclass x **4**

Making Safeguarding Personal x **2**

Mental Capacity Act & Deprivation of Liberty Safeguards (DoLs) x **2**

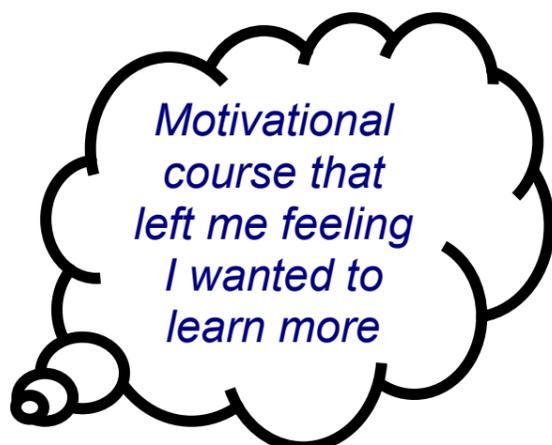
Information Sharing x **2**

Provider Managers x **1**

Basic Awareness x **1**



This resulted in a total of **248** delegates accessing these training activities.



“Excellent training. It came strongly recommended and lived up to expectations”

“I am grateful to have such good training”

The Board conducted and published two Safeguarding Adults Reviews (SARs) in 2018-19, which are designed to generate lessons that can be learned to prevent similar instances from occurring again.

The recommendations and actions that have been developed as a result of these reviews are still being delivered, helping to inform practice developments in the Borough and further afield. These reviews are summarised on pages 8 & 9.

The Board has also been developing a comprehensive Self-Neglect and Hoarding Policy and Procedures in the last year, which will help to underpin changes to local systems when the adult *Multi-Agency Safeguarding Hub (MaSH) becomes operational in the near future.

The Board also supported Lewisham Borough Council in the development of the Modern Slavery and Human Trafficking Protocol (published February 2019), and will help to further promote and establish the approaches needed to prevent this type of abuse in the coming year and beyond.

These Policies and Protocols can be accessed here:

<https://www.safeguardinglewisham.org.uk/lsab/lsab/publications/policy-and-procedures>

THERE IS NO ONE TYPE OF MODERN SLAVERY

ORGANISATION & ROLES	VICTIM VULNERABILITIES	RECRUITMENT
<p>Victims and offenders often share the same nationality</p> <div style="display: flex; justify-content: space-around;"> Couple Family Gang Single offender </div> <hr style="border-top: 1px dashed #c00000;"/> <div style="display: flex; justify-content: space-around;"> Recruitment Landlord Driver Money </div> <div style="display: flex; justify-content: space-around;"> Victim escort Organise travel Brothel managers Enforcers </div> <p>Depending on the size and level of organisation, offenders may have specific roles</p>	<div style="display: flex; justify-content: space-around;"> Homelessness/ poverty Immigration status Drug & alcohol dependency </div> <div style="display: flex; justify-content: space-around;"> Difficult family background Mental health problems Geographic instability, natural disaster and war </div> <div style="display: flex; justify-content: space-around;"> Child Limited access to education </div>	<p>Victims may be forced, coerced or deceived into exploitation - this can be over time so that the victim does not realise they are being groomed</p> <div style="display: flex; justify-content: space-around;"> Often same nationality Drugs In-person Gifts Online/social media </div> <div style="display: flex; justify-content: space-around;"> Buying of victims Known person Unknown person Boyfriend/loverboy model Country of origin or UK </div>

6. Support people to protect themselves and stay safe

The final evaluation of the Faith Group Champions training delivered to **223** people in 2017-18 was completed in October 2018. This has been used to help the planning of a broader Safeguarding Champions' role to be established, which will encourage professionals, volunteers and community members to support people to stay safe.

7. Improve the quality of care

The Board co-ordinated a significant amount of activity that was designed to examine the quality of care being provided in the Borough. This included oversight of the:

- Lewisham Clinical Commissioning Groups Audit Report
- Joint Commissioning Provider Audits and Annual Safeguarding Assurance Report
- Deprivation of Liberty Safeguards Audit by Lewisham and Greenwich NHS Trust
- Deprivation of Liberty Safeguards Audit by Lewisham Borough Council.

This focus on quality will continue and be expanded in line with the Board's Strategic Business Plan for 2019-20.

Work of the Case Review Sub-Group

Safeguarding Adult Review (SAR) Definition

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

The Case Review Sub-Group manages and oversees the SAR process locally and is led by the Board's Independent Chair Professor Michael Preston-Shoot.

The group met six times throughout the year and included membership from Lewisham Borough Council, the Metropolitan Police, Lewisham Clinical Commissioning Group, and Lewisham & Greenwich NHS Trust. A significant amount of work was overseen by the group, and in addition to the cases outlined below, other non-statutory reviews and reports were also considered and monitored. This included the local annual reports for the *Learning Disability Mortality Review Programme (LeDeR), and Drug & Alcohol Related Deaths. This report also specifically examined the subject of homelessness, which links to Government advice for SARs to be used to examine the deaths of rough sleepers where appropriate.

SAR Notifications

The Board received and considered **5** new SAR Notifications during 2018-19. One of these cases was approved as a statutory SAR and has commenced; one didn't meet the criteria; and the other three were still pending a decision at the end of March 2019 due to the need for parallel processes (such as court cases) to conclude, or for more information to be collected.

Ongoing SARs

One review continued throughout all of 2018-19 but has been delayed due to unforeseen circumstances, and two further SARs were concluded and are outlined below.

SAR Mr. Michael Thompson (published in July 2018)

Mr. Thompson was a 60-year-old Black British man of Jamaican origin who had been living on his own in Lewisham for the previous five years. The review concerns the death of Michael on 3 March 2016.

On that morning a call was made to the London Fire Brigade (LFB) as smoke had been seen coming out of the window of Michael's flat by a person driving past. LFB found Michael unconscious and called the London Ambulance Service who attended and administered emergency treatment. Michael was taken to Hospital, placed on cardiac support and ventilation, but he was declared dead the following day. A post mortem later gave a provisional cause of death due to inhalation of fumes.

During the 2 and 3 March 2016 emergency services had been called to Michael's flat by family members and neighbours on three separate occasions because of concerns about his behaviour. It is the circumstances surrounding these contacts with services and the subsequent decisions and actions that were taken that are central to this review.

Key actions that were delivered as a result of this SAR:

1. Considering Mental Capacity

All clinicians attended training on Mental Capacity Act assessments facilitated by a Consultant Psychiatrist. This subject also featured in a weekly bulletin to clinicians, and the consideration and use of Mental Capacity Act assessments is now regularly audited.

2. Inter-agency referrals to out of hours mental health services

Protocols and agreements have been implemented to improve the information and assistance available to emergency services working out of hours (evenings, nights and weekends).

3. Nearest relative & their right to ask for assessment under the Mental Health Act 1983

A leaflet on the rights of the nearest relative to a person in mental health crisis has been created and distributed by mental health and social care services. The wishes of the nearest relatives are also now recorded in all contacts with the mental health service.

SAR Mr. Cedric Skyers (published in July 2018)

Mr. Skyers was a 69-year-old man who was born in Jamaica but had lived in England from being a teenager.

Cedric died on the 13 March 2016 in Hospital after he was transported there by ambulance, after having been discovered engulfed in flames in the smoking shelter located in the garden of the Nursing Home where he had lived for the previous 10 years.

Earlier he had been taken to the shelter in his wheelchair so that he could smoke. The cause of death was recorded as extensive burning. The review examined the wider considerations, circumstances and context of Cedric's death, in respect of policy, procedure and practice to aid future prevention and learning.

Key actions that were delivered as a result of this SAR:

1. Smoking and risk assessment guidance in care homes

Guidance is being written which will set out what a good risk assessment should look like. This will include: Consideration of the Mental Capacity Act 2005, documenting any unwise decisions; the use of equipment, including alarms and fire retardant clothing; levels of dexterity/mobility and physical impairment; need for regular review; and the right to privacy versus supervision.

2. Smoking cessation

Residents are offered the chance to stop smoking with the assistance of smoking cessation services, and this offer is repeated on an annual basis by the care home provider.

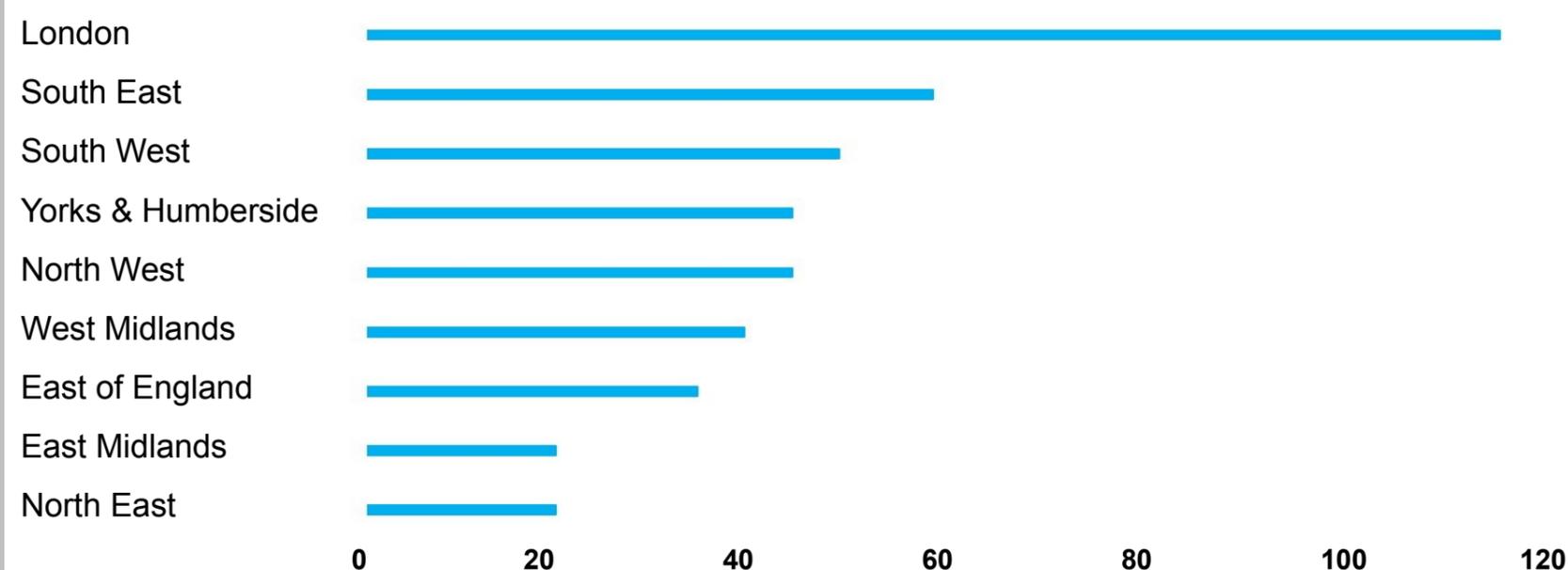
3. Risk assessments for the adult

All residents who smoke now have a fully completed risk assessment that is regularly updated.

Both reviews can be read in full here:

<https://www.safeguardinglewisham.org.uk/lsab/lsab/publications/safeguarding-adult-reviews>

National Picture



Since the Care Act came into force in 2015 there have been around **430** SARs conducted nationally. Approximately **30%** of these have been conducted in London.

Work of the Housing Providers Sub-Group

The group met three times during the reporting period and included regular contributions from ten local housing providers, as well as from a range of other organisations.

Throughout the year there were very useful presentations from:

- Age UK - Scams Prevention and Victim Support Project
- London Fire Brigade - Support for Hoarders and Fire Safety Visits
- Lewisham and Greenwich NHS Trust - Community Falls Service
- Lewisham Borough Council:
 - ⇒ Adult Social Care (Multi-Agency Safeguarding Hub)
 - ⇒ Violence Reduction Team ([Cuckooing and County Lines](#)).

The group have shared case studies and good news stories, and used the forum to improve understanding around relevant policy and practice guidelines; including information sharing and self-neglect (hoarding).

Members have also completed a self-audit process based on the London Safeguarding Adults Board model, which will help to further inform practice and improve the focus on preventing adult abuse and neglect.

The Board would like to formally thank Sebastian Taylor (Phoenix Housing) for being the Chair of this group throughout 2018-19, and welcome Clare Hopkins (Lewisham Homes) who has now taken on this role.

Cuckooing and County Lines

Cuckooing is a form of home invasion crime in which drug dealers take over the home (like a nest) of a vulnerable person in order to use it as a base for drug dealing.

County Lines is a term used when drug gangs from cities start operating in smaller towns, exploiting children and adults at risk of abuse (including human trafficking) to sell drugs. These dealers use dedicated mobile phone **lines**, known as 'deal **lines**', to take orders from drug users. **This is a growing and significant problem across London and in Lewisham.**

Vulnerabilities	Methods	Venues
Certain circumstances in a persons life place at them at greater risk of grooming for County Lines involvement, and gangs look to exploit this:	The gang lifestyle is glorified on social media, promises of cash and clothes are made, and other grooming methods are reported:	These venue types are commonly used, but there is a lack of detailed intelligence on this:
Exclusion from school, or part-time attendance is seen by exploiters positively as the young person has more time to work on a County Line and will not trigger Council action through truancy.	Hook: Young people are used to recruit others, with the recruiter being the 'Hook'.	Pupil Referral Units & Schools
	Honey Trap: A young woman is used to entice young men as part of 'grooming'.	Social Media & Gaming Platforms
Family breakdown can be a risk factor. More attention should be given to young people at these times of crisis.	Broadcasts: These are put out on social media offering young people the opportunity to make a lot of money.	Youth Clubs
Young people on the verge of going into care are at risk, before attracting the attention of Local Authorities and Police during missing periods.	Food: This is bought for young people in 'chicken shops' as an early step in the grooming process.	Chicken Shops & Other Fast Food Outlets
People with drug habits, learning difficulties or who may be naïve are exploited, and especially those not known to Police as 'clean skins'.	Drugs: Exploited are offered 'freebies' to gain control of them leading to regular drug use or debt bondage.	Bus Stops, Parks & Skate Parks

Work of the Board's Partner Agencies

Healthwatch Lewisham



Key achievements in 2018-2019

1. Enter and View

In accordance with the Health and Social Care Act 2012, Healthwatch Lewisham conducted Enter and View visits to gain insight from service users into how services are experienced, highlight good practice and make recommendations for improvement.

Linked to LSAB Aim 7

2. Community Adult Safeguarding Conference

Healthwatch supported the planning and organisation of this event where the Chief Executive (Folake Segun) outlined the role of the organisation in relation to adult safeguarding.

Linked to LSAB Aim 4



3. BAME Mental Health Summit

Healthwatch helped to deliver this Summit in response to the Health and Wellbeing Board's review of health inequalities and the treatment of mental ill health within the BAME community.

Linked to LSAB Aim 4

4. Seldom Heard Engagement

This includes engagement with numerous support groups across the Borough to hear about how people experience health and care services.

Linked to LSAB Aim 7

Lewisham Clinical Commissioning Group (LCCG)



Lewisham

Clinical Commissioning Group

Key achievements in 2018-2019

1. Work within nursing and residential homes

The Safeguarding Nurse Advisor (SNA) continued to offer significant support to nursing and residential homes in relation to improving quality standards and safeguarding.

Linked to LSAB Aim 2, 3 & 7

2. The Multi-Disciplinary Community Pressure Ulcer Panel

This is chaired by the SNA to investigate the causes of community acquired pressure ulcers, and to ensure lessons are learned and that recommendations are taken forward. Care homes are supported through the process by the SNA who also delivers 'reflection on practice' groups and unannounced follow up visits to ensure changes of practice are being embedded.

Linked to LSAB Aims 1, 2 & 7

3. Partnership working

The SNA is a member of the following groups and is involved in development work linked to these forums:

- Catford Falls Project
- The South London Health Innovation Group for Community Pressure Ulcers
- Weekly Multi Agency Safeguarding Conferences (MASCC) chaired by the Local Authority
- Multi-Agency Quality Assurance and Information Group (MAQUAIG)
- Catheter Care Project Group.

Linked to LSAB Aims 1, 2 & 6

Work of the Board's Partner Agencies

Lewisham and Greenwich NHS Trust



Key achievements in 2018-2019

1. Improving the reporting to LeDeR (Learning Disability Mortality Reviews)

The Adult Safeguarding Team conduct reviews for patients who have died within the Trust, and now report to the newly established internal Mortality Review Committee. The Trust also participates in the South East London steering group and divisional governance meetings.

Linked to LSAB Aims 2 & 7

2. Preparation for adult safeguarding records to go live electronically across the Trust

The Adult Safeguarding Team has worked in conjunction with the 'iCare project Team' to plan and prepare for adult safeguarding documentation to be implemented within electronic patient records. This includes Safeguarding Alerts, Mental Capacity Act Assessments, and all clinical documentation related to adult safeguarding. These changes will also enhance the efficiency of onward referrals to the Local Authority safeguarding team.

Linked to LSAB Aim 7

3. Introduction of a Level 2 training App for adult safeguarding - Improving access to training

The Adult Safeguarding Team devised a training programme via an App which is available to clinical staff. The programme contains a self-assessment that consists of twenty questions covering all of the content in the App including Making Safeguarding Personal, Safeguarding Adult Reviews, Modern Slavery, Domestic Violence and the Mental Capacity Act 2005.

Linked to LSAB Aim 7



South London and Maudsley NHS Foundation Trust (SLaM)



Key achievements in 2018-2019

1. Quality Indicator Dashboard

The Adult Safeguarding Leads in the Boroughs that SLaM operates within now have access to the Quality Indicator Dashboard. This allows them to view and analyse relevant information linked to adult safeguarding, which in turn supports them in identifying themes and gaps in practice, to be used in creating learning and development objectives.

Linked to LSAB Aim 7

2. Domestic Abuse

The Trust now has Domestic Abuse and MARAC Steering Groups involving staff from all of the areas SLaM delivers services in. The Trust also conducted a domestic abuse audit during the reporting period that focussed on practitioner's awareness and documentation.

Linked to LSAB Aims 5 & 7

3. Training delivery

SLaM continues to exceed training targets for Prevent and Safeguarding Adults Level 1 & 2.

Linked to LSAB Aim 5

Radicalisation

Prevent is part of the Government's counter-terrorism strategy (Contest). This aims to safeguard and provide support to divert vulnerable individuals at risk from being radicalised or groomed into supporting terrorist activity, before any crimes are committed.

Work of the Board's Partner Agencies

London Borough of Lewisham - Adult Social Care (ASC)



Key achievements in 2018-2019

1. Development of 'call over' meetings

These monthly meetings help to improve the quality and consistency of safeguarding practice and performance across ASC. They examine information and case work records, and involve discussions with Safeguarding Adult Managers to explore these issues in greater detail.

This resulted in **32%** more enquiries being conducted on time and also led to the development of a 10 day safeguarding case file self-audit tool; an agreed escalation process when there are delays in receiving reports from other agencies; and changes being proposed to the Council's Case Management System.

Linked to LSAB Aims 2 & 7

2. Implementation of routine internal audits of Safeguarding Casework

A working group led by the Principle Social Worker were involved in the development of a casework/ safeguarding audit tool for *ADASS, which was then used to develop a local version. The results of these audits help to support practice, identify training needs and to address any gaps in competency levels.

Linked to LSAB Aim 7

3. Hoarding and Self-Neglect Policy Development Officer

This post was funded and created (currently being recruited) to enable the post holder to help implement and embed the new LSAB policy across all partner agencies, ensuring that effective local arrangements are in place to support adults in relation to self-neglect.

Linked to LSAB Aims 2, 3, 4, 5 & 6

Metropolitan Police Service – South East Basic Command Unit (BCU)



Key achievements in 2018-2019

1. Safeguarding under the SE BCU

Staff investigating Domestic Abuse (DA), Child Abuse and Rape offences have been brought together into one Safeguarding team. Bringing these teams together enables us to provide a more joined up approach, providing victims with earlier, improved contact and reassurance.

Linked to LSAB Aim 6

2. Prevent & Change Panel

This project aims to increase the safety of DA survivors and their children by working directly and indirectly with prolific domestic violence perpetrators. Police work with partner agencies to disrupt and deter perpetrators from offending, and also conduct specific 1-2-1 work with victims.

Linked to LSAB Aims 1 & 6

3. *Domestic Violence Prevention Notices/Orders (DVPN/O)

The BCU has obtained the **2nd** highest rate of DVPN/O's across the Metropolitan Police Service (**37** applied/issued). This has been achieved by having a dedicated DVPN/O Officer who works alongside Independent Advocates to support victims during the 28 day enforcement period, with further funding also used to support those most at risk.

Linked to LSAB Aim 6



Work of the Board's Partner Agencies

London Fire Brigade (LFB) - Lewisham



Key achievements in 2018-2019

1. Home Fire Safety Visits (HFSV's)

The LFB in Lewisham completed **2077** HFSV's which was above the annual target, with **92%** of those people involved (**1716**) being described as vulnerable or in 'priority places'. Work has also been conducted in conjunction with the police in regard to the threat of arson linked to domestic violence cases, resulting in **12** arson letterboxes being installed and **6** sets of fire retardant bedding being issued.

Linked to LSAB Aim 6

2. Welfare Concern reporting

A total of **70** safeguarding/welfare concerns were referred to LFB Lewisham, with hoarding being a prominent factor involving **23 (33%)** of cases, which were also commonly linked to mental and or physical impairment, and poor living conditions.

Linked to LSAB Aims 4 & 6

3. Fire Safety Sprinklers

£20,000 was given to Lewisham Homes from LFB's Community Safety Investment Fund to contribute to sprinklers in a local housing development. This links to a worrying trend in the increase in non domestic fires in Regulatory Reform Order (RRO) properties. These are properties such as Care homes, Houses of Multiple Occupation (HMO), commercial properties or shops with dwellings above, that that can commonly involve adults most at risk of abuse and neglect.



Work continues between LFB and trading standards to identify rogue landlords or premises which do not have the required level of fire precautions. As a result **3** enforcement notices were issued to registered care homes in the Borough, who were compliant upon re-inspection. (This links to the Cedric Skyers SAR).

Linked to LSAB Aim 6

Lewisham Homes



Key achievements in 2018-2019

1. Improved the response to hoarding and self-neglect



Hoarding UK were commissioned to deliver training and policy and procedures were reviewed in line with the LSAB guidance. An internal safeguarding panel was also established to review cases, increase accountability, share decision making and improve consistency.

Linked to LSAB Aim 6

2. Implemented a system of tenancy risk rating and sustainment

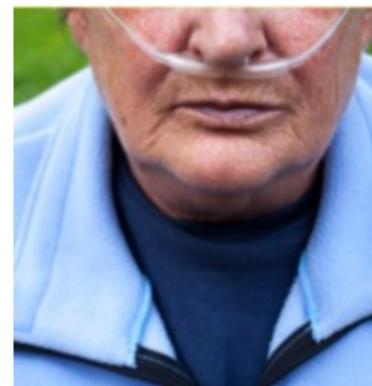
Safeguarding concerns are identified earlier, and more preventative work is being conducted.

Linked to LSAB Aim 5

Adults Stories

Eileen

The Safeguarding Team within Lewisham and Greenwich NHS Trust (LGT) were approached by the Consultant Respiratory Nurse for support and advice regarding Eileen.



This patient was receiving oxygen therapy at home and it had been noticed on a recent home visit that there was evidence of smoking cigarettes in the home, which could be posing risks to others in the household as well as neighbours. It was not clear whether Eileen had the mental capacity to make decisions regarding these risks.

A home visit was arranged along with London Fire Brigade Officers and it was found that Eileen did have the mental capacity to make informed decisions and that she had stopped smoking, although other family members had been smoking around her.

Eileen and her son worked with the Fire Brigade and the Nurses, and together they formulated a risk management plan.

Eileen and her son were able to explain the risks of smoking while using oxygen therapy and said they would discuss this with other extended family members.

Smoking cessation information was offered, and as a result of the interventions the Respiratory Nurse Team felt that the risk of a smoking and oxygen related clinical incident had been significantly reduced. The team also felt more confident in conducting a Mental Capacity Assessment and in working with other partners to protect adults from abuse and neglect.

David

A neighbour alerted Optivo Housing (member of the LSAB Housing Sub-Group) about their concerns regarding David after going inside his property. He was dirty, had been wearing the same clothing for a long time, and there was a strong smell coming from around his home.



A Housing Officer arranged a visit to meet David following these concerns, where it became apparent that he had health issues affecting his breathing, linked to a heart condition which made him exhausted quickly.

During the visit David stated that he was struggling to contain the mess in his home as he had allowed it to get so bad, and the Housing Officer noticed there was no cooker or fridge in the property, and only a small amount of food in the cupboard.

Following a discussion with David and liaison with the Local Authority, the Tenancy Sustainment Officer arranged to deep clean the property, which David agreed he would be able to maintain. A cooker and fridge freezer were also installed following an application to the Helping Hands Fund (Optivo budget).

This support has helped to improve David 's health due to living in a cleaner environment and now having the ability to store and cook food.

This has also meant that he has been able to maintain his tenancy and improve the relationship with his neighbour. This help has prevented the risk of self-neglect from escalating and needing a statutory safeguarding response.

We have not used the actual names or photographs of the adults involved, but the other details are real

Adults Stories

Anna

Anna is an 81 year old living in a residential care home for people with Dementia.



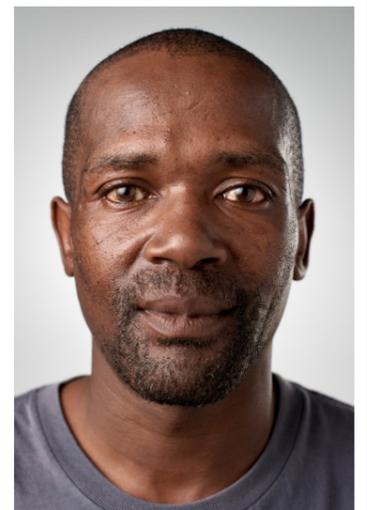
Lewisham Council (Adult Social Care) received a report from the out of hours Doctors service to say they had been called to review Anna following an incident with another resident. The Police were contacted and they made a decision based on the needs of both clients that they would not pursue the matter. Adult Social Care conducted a safeguarding enquiry and initiated closer supervision of the other resident, who was later admitted to hospital following a mental health review. Anna was monitored closely by staff and supported by her family, and a multi-agency safeguarding case conference was held with family members, the care provider, and health services.

Although Anna was assessed and found to lack the mental capacity to be directly involved in the safeguarding investigation, her family acted as advocates and were involved throughout. Clear outcomes were established based on the views and wishes of the family, which ensured that the 'adult's voice' was very clearly present, and that Making Safeguarding Personal (MSP) principles were used to guide the enquiry process.

The multi-agency response ensured that therapeutic support was provided for Anna and her family, and that measures were identified to help prevent further instances from reoccurring. Despite the negative impact the incident had on Anna's family, they felt that the action that had **been taken, and the way that this had been delivered, was positive.**

James

James threatens to jump from heights and walks on train tracks, sometimes both, and is often highly intoxicated during these incidents and therefore at high risk of accidental suicide. Interventions from Police, London Ambulance Service and mental health services had not worked, and he was not open to support from drug and alcohol services due to his previous behaviour. The financial impact of James's presentation was around **£2,200** per month, on top of an estimated cost of **£100,000** per incident in delays to the rail network.



A multi-agency *Serenity Integrated Mentoring (SIM) plan was created involving more intensive mental health support, police liaison, diversion into other activities, as well as enrolment into the Recovery College (mental health support service) as a precursor to alcohol rehabilitation.

These interventions resulted in James spending his first Christmas in ten years outside of a mental health hospital, and providing safer crisis management choices for him.

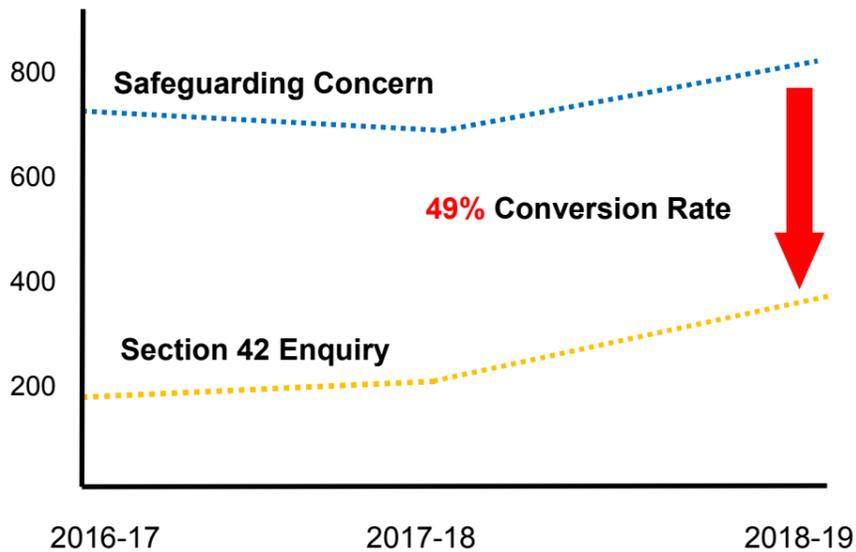
All of the agencies involved in the SIM plan are using it effectively whilst continuing to seeking support and advice, which is improving the professional response from each agency, and the overall multi-agency effect in protecting James and preventing adult abuse and neglect.

James is positively engaging with the SIM programme and taking steps towards his recovery, including possibly entry back into employment.

Safeguarding Data 2018-19

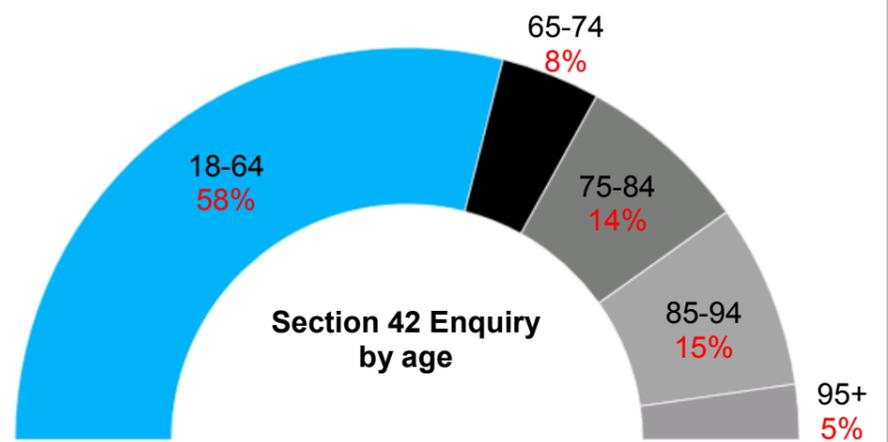
This is Local Authority Data regarding concluded Section 42 Enquiries (unless stated)

How much adult abuse was reported?



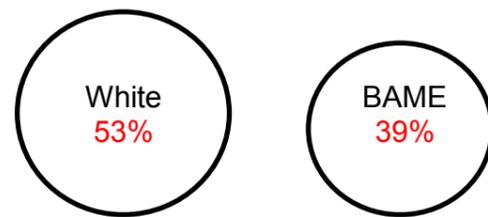
The number of Safeguarding Concerns have fluctuated over the last three years, but Section 42 Enquiries have increased by **105%** in the same time period, although it has been recognised that there is still some activity not being accurately recorded within the Council's case management system. The *conversion rate between Concern and Section 42 Enquiry is **49%**, measured against a national average of approximately **41%** (a higher conversion rate is seen as a positive indicator).

What is the age and ethnicity of victims?



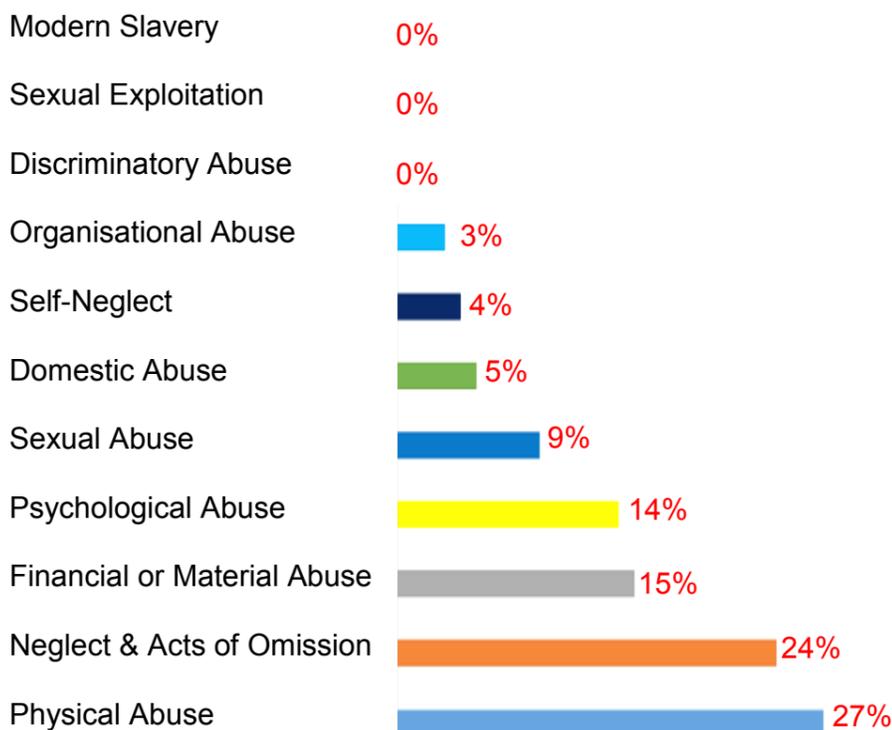
The average age of victims is lower than across England, which reflects the demographics in the Borough and also links to where abuse occurred, with only a relatively small % in care homes.

Section 42 Enquiry by ethnicity



The number for BAME is higher than the national average, but still below the demographics for Lewisham, which may highlight some barriers to reporting abuse.

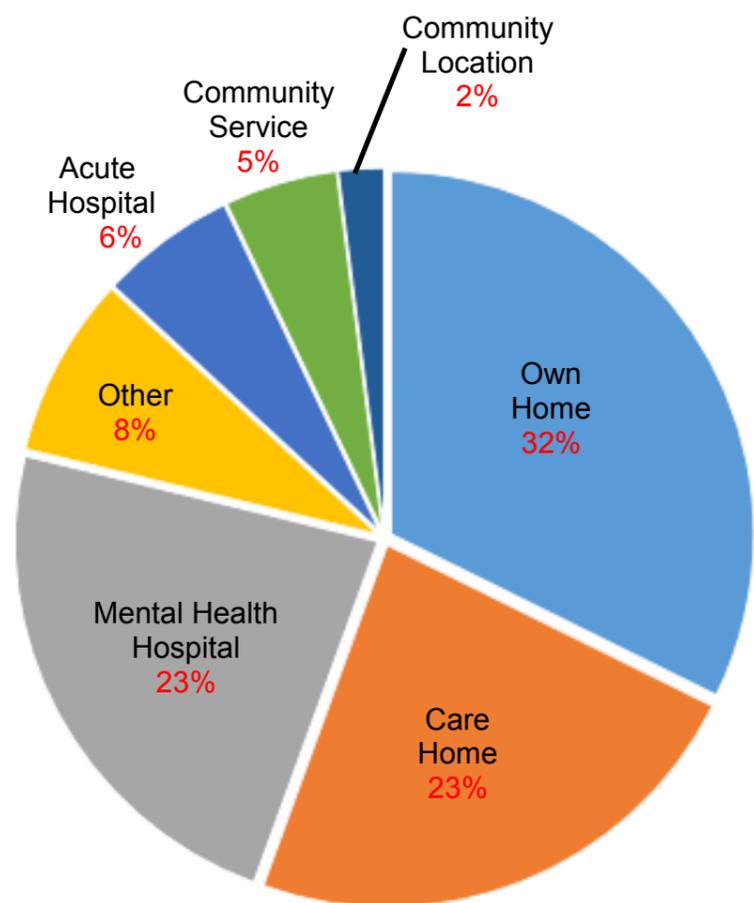
What types of adult abuse were reported?



Sexual Abuse is higher than the national average, although this probably reflects the actual picture more accurately as **1 in 5** adults have been sexually assaulted in their lifetime (ONS 2017).

Self-Neglect numbers may start to increase due to the priority given to this subject, which accounts for almost **50%** of all SARs nationally.

Where did adult abuse occur?



Mental Health Hospital is high compared to national trends, and **4** times higher than the University Hospital of Lewisham. A large number of these cases are linked to incidents between patients at the Ladywell Unit.

Strategic Business Plan 2019-2020

The Board has created a new one-year Strategic Business Plan for 2019-20 in consultation with partner agencies and utilising community feedback. This is summarised below.

This not only reflects local issues in Lewisham, but seeks to address some of the most prominent national challenges that are currently being faced in relation to preventing adult abuse and neglect.

The objectives will form the basis of the collective work programme for partner agencies to contribute to through the work of the Board over the next 12 months, and will be delivered through planned activities, whilst also building on existing good practice and local networks.

The priorities and aims will also influence each separate partner agency, who are committed to embedding this overall strategy into their broader organisational approach to safeguarding adults.

Vision:	
To ensure adults are safeguarded by empowering and supporting them to make informed decisions	
Priorities:	<ul style="list-style-type: none"> • Prevent adult exploitation, abuse and neglect. • Develop intelligence led, evidence based practice. • Strengthen partnership working.
Prevention Aim: By April 2020 we will have made further progress in developing preventative strategies.	Objectives: <ul style="list-style-type: none"> • Develop and implement a Learning, Training & Development Strategy. • Conduct an audit of prevention focussed work. • Implement local policies and protocols, and support initiatives to help prevent abuse.
Accountability Aim: By April 2020 we will have established methods to effectively measure how well adults at risk of abuse and neglect are being protected, which will be used to develop evidence based practice.	Objectives: <ul style="list-style-type: none"> • Establish a Performance, Audit & Quality Sub-Group to measure how well local agencies collectively protect adults at risk of abuse and neglect. • Conduct self and peer audits to help agencies better protect adults at risk of abuse and neglect. • Facilitate the development of system wide, inter-agency guidance that will establish best practice in protecting adults at risk of abuse and neglect.
Partnerships Aim: By April 2020 we will have demonstrated our commitment to supporting the 'whole family' approach to safeguarding those most at risk of abuse and neglect in Lewisham.	Objectives: <ul style="list-style-type: none"> • Develop a Communication and Engagement Strategy that supports involvement of service users. • Create a protocol that better links the work of children and adult safeguarding partnerships. • Continue to work with partners in building a safer community, expanding the number of Safeguarding Champions, and developing a Safe Place Scheme in the Borough.

Appendix One: Jargon Buster

ADASS (The Association of Directors of Adult Social Services)

A charity and association that aims to further the interests of people in need of social care by promoting high standards of social care services and influencing legislation and policy.

BAME (Black, Asian & Minority Ethnic)

A term used to describe the ethnicity of a wider group of individual ethnic minority groups.

Conversion Rate (Safeguarding Concern to Section 42 Enquiry)

This describes when a Safeguarding Concern (see below) becomes a statutory Section 42 Safeguarding Enquiry (also see below). This can help to ascertain the level or quality at which Concerns are being submitted, with a high conversion rate being seen as a positive indicator.

Domestic Violence Prevention Notices/Orders (DVPN/O)

A DVPN is an emergency eviction notice which can be issued by the police to a perpetrator when attending to a domestic abuse incident. This allows the victim a degree of breathing space to consider their options with the help of a support agency.

Joint Strategic Needs Assessment (JSNA)

JSNAs are the means by which leaders work together to understand the health and wellbeing needs of people in the local area, and to decide on the priorities in delivering services.

Learning Disability Mortality Review Programme (LeDeR)

The LeDeR programme was established in May 2015 to support local areas across England to review the deaths of people living with a learning disability, so that the learning from those deaths can be used to help prevent further occurrences.

Multi-Agency Safeguarding Hub (MaSH)

The main aim of the adult MaSH in Lewisham will be to improve the quality of information sharing and decision making between the statutory agencies, so that a more co-ordinated response to Safeguarding Concerns can be delivered and achieved.

Safeguarding Concern

A sign of suspected abuse or neglect that is reported to, or identified by the Local Authority.

Section 42 Enquiry (Section 42)

The action taken or instigated by the Local Authority in response to a reported concern that abuse may be taking place.

Serenity Integrated Mentoring (SIM)

This is a model of care where specialist Police Officers work alongside community mental health professionals to support people struggling with complex mental ill-health problems.

Making Safeguarding Personal (MSP)

MSP is an initiative which aims to develop a person-centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances.

If you see or hear something that concerns you, or you suspect somebody is being abused, or someone tells you they are being abused. **Report it without delay:**

See it, report it!

If you suspect a neighbour, friend or family member is being neglected or abused, or you need help yourself

Call the Police on **101** or **999** in an emergency

Contact the Adult Social Care Team Monday to Friday 9am - 5pm:

Tel: **020 8314 7777** (select option 1)
Email: **SCAIT@lewisham.gov.uk**
Out of hours service: **020 8314 6000**

Contact details for the deaf / impaired hearing community

Minicom: **020 8314 3309**
Text Message: **07730 637 194**
Glide: **07730 637 194**

If you are unsure, talk to adult social care team, they will listen to you and give you good advice. You can talk to them without giving your name.

What not to do

- Don't promise to keep abuse a secret
- Don't alert the abuser, this might make matters worse and make it more difficult to help the person at risk
- Don't delay reporting abuse, report this straight away.

Think Family

Consider risks to others which may include children or other adults with care and support needs. Should there be a concern that a parent may be neglecting children in their care, concerns should be reported to Children's Social Care.

Contact the Children's Multi-Agency Safeguarding Hub Monday to Friday 9am - 5pm:

Tel: **020 8314 6660**
Out of hours service: **020 8314 6000**

Lewisham
Safeguarding Adults Board

A working partnership to prevent abuse



**Partnership Compact and
Strategic Business Plan 2019-2020**

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1. Introduction

This document describes how organisations and their representatives on the Lewisham Safeguarding Adults Board (LSAB) will work together in partnership to safeguard the residents of Lewisham in 2019-20. It is based on the statutory functions of Safeguarding Adults Boards as set out in the Care and Support Statutory Guidance, issued and updated from time to time by the Department of Health and Social Care.

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.

1.1 The aims of adult safeguarding:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- then address what has caused the abuse or neglect.

1.2 Six key principles underpin all adult safeguarding work:

- 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.

1.3 Safeguarding duty: (this applies to an adult who)

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

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2. What is abuse and / or neglect?

The criteria set out in section 1.3 above need to be met before the issue is considered as a concern under the statutory safeguarding duty. Exploitation is a common theme in the following list of the types of abuse and neglect.

- **Physical abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint or 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 and sexual assault or 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 or 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, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use 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 or religion (including Hate Crimes).
- **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.

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3. The statutory functions of Safeguarding Adults Boards

As set out in Care and Support Statutory Guidance, issued by the Department of Health and Social Care, each Safeguarding Adults Board should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area;
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults (which includes whistleblowing: see 5.4.3 to 5.4.7 of the London Multi-Agency Adult Safeguarding Policy and Procedures);
<http://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-final-.pdf>
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis';
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training;
- carry out Safeguarding Adult Reviews;
- produce a Strategic Plan and an Annual Report;
- evidence how SAB members have challenged one another and held other boards to account; and,
- promote multi-agency training and consider any specialist training that may be required; including considering any scope to jointly commission some training with other partnerships, such as the Lewisham Safeguarding Children's Partnership Board.

The Strategic Business Plan for 2019-20 (page 11) sets out how the LSAB partner agencies will collectively prioritise and deliver these functions over the next 12 months.

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4. Lewisham Safeguarding Adults Board (LSAB) Terms of Reference

The LSAB works to prevent harm or neglect and to help those harmed by leading on and facilitating the following safeguarding adult activities for the borough:

- **Strategic planning:** activities such as consultation, setting goals and objectives, action planning and prioritisation, securing resources, tracking and review of implementation and goal achievement for safeguarding strategy. In addition the LSAB will influence and link to strategic planning and commissioning across the partnership to advise and scrutinise in relation to safeguarding adults.
- **Setting standards and guidance:** activities such as setting standards to be achieved, developing policies and procedural guidance to guide practice towards those standards. Monitoring and auditing the implementation of these policies and procedures.
- **Quality assurance:** lead and ensure activities such as monitoring, audit and review of practice, review of serious cases, incorporation of research and national guidance are undertaken as required. Conducting audits to ensure the effectiveness of what is done by agencies individually and collectively to safeguard and promote the welfare of adults at risk. Commissioning Safeguarding Adult Reviews and / or other reviews of incidents or organisations when an adult dies or is seriously harmed and abuse or neglect is suspected or proven.
- **Promoting participation:** by people who use services and carers in safeguarding practice. Promoting awareness and action in the wider community.
- **Awareness raising & publicity:** activities such as public awareness campaigns, targeted publicity and educational strategies, raising awareness within services.
- **Capacity building and training:** activities such as training and workforce development.
- **Relationship management:** activities such as the negotiation and clarification of interagency roles and contributions, member agency compliance, troubleshooting and resolution of difficulties, liaison with wider partnerships and related areas of practice. In addition, undertake work as appropriate with the Lewisham Safeguarding Children's Partnership Board, Safer Lewisham Partnership and Lewisham Health and Wellbeing Board to ensure that policy and procedures, training and all other activities are co-ordinated and coherent.

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4.1 Care and Support Statutory Guidance

Members of a SAB are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the local authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the Board. Members might also support the work of the SAB by providing administrative help, premises for meetings or holding training sessions. It is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.

Members who attend in a professional and managerial capacity should be:

- able to present issues clearly in writing and in person;
- experienced in the work of their organisation;
- knowledgeable about the local area and population;
- have a thorough understanding of abuse and neglect and its impact;
- understand the pressures facing front line practitioners;
- able to explain their organisation's priorities;
- able to promote the aims of the SAB; and,
- able to commit their organisation to agreed actions*.

** While board members representing their organisations are expected to have the authority to commit their organisation to agreed actions, those board members representing Sub-Groups or non-service provider organisations may not have the relevant authority. In their case their role is to liaise between the Board and the Sub-Group and take back to their own organisations any proposals or recommendations for action.*

Each member of SAB must co-operate and contribute to the carrying out of a Safeguarding Adults Review (SAR) with a view to:

- a) identifying lessons to be learnt from the adult's case, and
- b) applying those lessons to future cases.

4.2 The responsibilities of members of the LSAB

The Lewisham Safeguarding Adults Board has an Independent Chair and Deputy Chair from one of the Board's partner agencies.

The LSAB expects board members to:

- develop and maintain effective working arrangements based on trust and mutual understanding;
- be an active partner in safeguarding and promoting the welfare of adults at risk of harm or neglect;
- contribute to the LSAB financially or by providing staff for particular tasks;
- collate and provide management information as required by the LSAB and contribute to quality assurance arrangements;
- share information to safeguard adults in line with agreed information sharing arrangements;
- commit to the work of the Board by undertaking allocated tasks or sourcing the appropriate support from within their agency to undertake the work and contributing to discussions;

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- identify and support staff to participate in the interagency activities of the LSAB through their active membership of the Sub-Groups and / or Task & Finish Groups, and to progress of the work of the Board between meetings;
- ensure that the policies, procedures and guidance from the LSAB are disseminated and acted upon in an effective way within their own organisations;
- ensure that communications are cascaded through organisations, services and to front-line staff as appropriate;
- represent the LSAB and its activities within their own organisation and within any groups they represent on the Board;
- report difficulties with own organisation and between organisations to the LSAB and work with partners to find effective solutions.

4.3 Organisations represented on the LSAB

- Healthwatch Lewisham
- Lewisham & Greenwich NHS Trust
- Lewisham Adult Social Care
- Lewisham Children & Young People's services
- Lewisham Safeguarding Children's Partnership Board
- Lewisham Homes
- Lewisham Joint Commissioning Group
- Lewisham Public Health
- Lewisham Public Protection and Safety
- Lewisham Strategic Housing Services
- London Ambulance Services
- London Community Rehabilitation Company
- London Fire Brigade
- Metropolitan Police Lewisham
- National Probation Service, Lewisham and Southwark
- NHS England
- NHS Lewisham Clinical Commissioning Group
- South London & Maudsley NHS Foundation trust
- Voluntary Action Lewisham

There will also be representatives from partner agencies on Sub-Groups.

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4.4 Governance and accountability

- The LSAB is responsible for ensuring organisations are meeting their safeguarding obligations effectively, and will hold them to account if they are not.
- As individuals, Board members are accountable to their own agencies but the Board as a whole will be accountable to the Department of Health and Social Care, and provides reports locally to the Health and Wellbeing Board and the Healthier Communities Select Committee. Its work may be scrutinised periodically by the Overview and Scrutiny Committee and is liable to be inspected at any time by the Care Quality Commission (CQC).
- The Board, through the independent chair, is accountable to the Chief Executive of the Local Authority, the Chief Executive of the CCG and the BCU Commander of Police.
- These Executive Group of agencies may periodically meet to discuss the strategic direction of the Board, and additionally invite the London Fire Brigade Borough Commander, Chief Executive of Lewisham & Greenwich NHS Trust, and Chief Executive of the South London & Maudsley NHS Foundation Trust to join this group.

4.5 Equality and fairness

- The LSAB operates on the basis of principles which actively value the benefits of diversity and which ensure fair treatment in service delivery. This will include both equal access to and outcomes from local service delivery.
- The LSAB will seek, so far as it is practicable, to ensure equality of representation and participation in the local democratic process of which it is a part.
- The LSAB will, through its composition and ways of working, seek to inform, support, involve and give a voice to all sections of the local communities it serves, with particular emphasis on the inclusion of black, Asian and minority ethnic groups, faith communities and those living with a disability. It will seek to ensure an appropriate gender balance in its membership, so far as this is practicable.

4.6 Dispute resolution between LSAB Members – escalation policy

- As far as possible any disagreements or breaches should be resolved by negotiation and discussion between those involved.
- In circumstances where the matters cannot be resolved directly between agencies, the issue should be referred to the Executive Group in writing via the Chair of the LSAB. The group will consider whether it is necessary to establish a panel consisting of no less than three members from constituent organisations, who have no direct involvement in the matter. Appropriate representation from LSAB member(s) of the agencies involved in the dispute will then be invited to attend a resolution meeting. A formal agreement to resolve the dispute will be recorded and sent to the organisations involved for reference.

4.7 Conflicts of interest

Whenever a representative has a conflict of interest in a matter to be decided upon, the representative concerned shall declare such interest at or before discussions begin on the matter. The Chair shall record the interest in the minutes of the meeting and that representative shall take no part in the decision making process.

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5. The operational structure of the Lewisham Safeguarding Adults Board

5.1 The frequency of LSAB meetings

The Board meets four times a year. Board meeting dates will be set as far in advance as possible to ensure availability of all board members.

5.2 LSAB Sub-Groups

LSAB work activities are designed to achieve results in the most effective and efficient ways. This may include formal Sub-Groups meeting on a planned regular basis or through smaller specific Task and Finish Groups, workshops or other consultative events. This may include electronic consultation methods.

Each Sub-Group have their own Terms of Reference (Appendices 5-7), are responsible for delivering specific LSAB Strategic Objectives, and may commission Task and Finish Groups to deliver specific pieces of work linked to these objectives. Members of these groups must understand the remit of the LSAB; that they are assisting the LSAB to meet its objectives; and have the capacity to undertake work for the Board.

Membership of these groups will reflect a range of agencies across Lewisham. They may also include individuals with specialist knowledge or the ability to add value to achieving and implementing planned objectives.

Members are expected to attend meetings; contribute to discussions and activities of the Sub-Group. They may be required to undertake agreed specific tasks, delivering these in a timely way, alerting the Sub-Group Chair or other identified lead officer in advance of any deadlines being missed.

The Housing Sub-Group only currently focusses on adult safeguarding related issues. This is currently being assessed with a view to being jointly supported and connected to the Safer Lewisham Partnership and Lewisham Safeguarding Children's Partnership Board.



5.3 Attendance

Individuals identified as Board, Sub-Group and / or Task and Finish Group members are expected to regularly attend meetings. Where there is unavoidable absence, all organisations should ensure that there is a suitable substitute representative from their agency.

Attendance records of the Board and any Sub-Groups will be reported to the Board annually.

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5.4 Administrative arrangements for the LSAB

The draft agenda will be sent to Board Members for approval/late item requests 15 working days before the meeting. Board members will have five working days to respond. Requests to alter the agenda after this deadline will not be accepted.

The agenda and associated papers for each Board meeting are issued no later than five working days before the meeting by the LSAB Administrator.

Papers for the next meeting must be submitted to the LSAB Administrator at least 10 working days before the meeting. Only papers submitted before this deadline will be dealt with by the LSAB Administrator and included in the documents circulated with the agenda. Any documents missing the deadline must be circulated by the author/organisation and printed copies brought to the Board Meeting.

Minutes of LSAB Board meetings are taken by the LSAB Administrator and circulated within 15 working days of the meeting.

6. Review

These terms of reference will be reviewed as required in response to significant change in guidance, legislation or member organisations.

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Appendix 1: Strategic Business Plan 2019-20

Strategic Business Plan 2019-20



Priorities:

1. Prevent adult exploitation, abuse and neglect
2. Develop intelligence led, evidence based practice
3. Strengthen partnership working

Vision: To ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions

Aims	Objectives
<p>Prevention: By April 2020 we will have made further progress in developing preventative strategies.</p>	<ol style="list-style-type: none"> 1. Develop and implement a Learning, Training & Development Strategy to continue to lead and shape the delivery of professional development activities across Board partner agencies and the wider Health & Social Care Sectors. 2. Conduct an audit of prevention focussed work to identify appropriate and proportionate actions that partners can implement to make a difference in preventing adult abuse and neglect. 3. Implement the Board’s Self-Neglect and Hoarding Multi-Agency Policy and Procedures, and support the delivery of the Lewisham Transition Strategy, Modern Slavery & Human Trafficking Protocol and local Hate Crime initiatives.
<p>Accountability: By April 2020 we will have established methods to effectively measure how well adults at risk of abuse and neglect are being protected, which will be used to develop evidence based practice.</p>	<ol style="list-style-type: none"> 1. Establish a Performance, Audit & Quality Sub-Group to create the necessary intelligence to measure the effectiveness and performance of local arrangements in protecting adults at risk of abuse and neglect. 2. Use information regarding emerging themes and trends to guide a review of self and peer audit processes, using this data to develop a focussed programme that helps agencies to better protect adults at risk of abuse and neglect. 3. Facilitate the development of system wide, inter-agency guidance that will establish best practice and improve the consistency of approach across the Borough in protecting adults at risk of abuse and neglect.
<p>Partnerships: By April 2020 we will have demonstrated our commitment to supporting the ‘whole family’ approach to safeguarding those most at risk of abuse and neglect in Lewisham.</p>	<ol style="list-style-type: none"> 1. Develop a Communication & Engagement Strategy that supports the involvement of service users in co-producing the work of the Board, and develops a ‘whole community approach’ that reinforces race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability (including Hate Crime) as key issues. 2. Create a Protocol between the two main safeguarding partnerships in the Borough, specifically outlining the joint work that will be undertaken in helping prevent Adverse Childhood Experiences and manage transitions to adulthood. 3. Continue to work with the Safer Lewisham Partnership and Voluntary Action Lewisham in building a safer community by expanding the network of Safeguarding Champions and developing a Safe Place Scheme in the Borough.

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Appendix 2: The Agency Agreement Form

This confirms that I or we (the signatories below) have read, understood and agree the terms of the Lewisham Safeguarding Adults Board Compact and Strategic Business Plan 2019-20 on behalf of:

(Insert name of organisation below)

The organisation I represent accepts the terms of this Compact and will support the delivery of the Strategic Business Plan until it is reviewed.

Signature:

Print name:

Job title:

Date:

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Appendix 3: Key Contacts

Position	Name	Contact Details
LSAB Independent Chair	Professor Michael Preston-Shoot	Michael.Preston-Shoot@lewisham.gov.uk
LSAB Business Manager	Martin Crow	Lewisham Safeguarding Adults Board 3 RD Floor, Laurence House Catford London SE6 4RU martin.crow@lewisham.gov.uk
LSAB Co-ordination and Development Officer	Vicki Williams	Lewisham Safeguarding Adults Board 3 RD Floor, Laurence House Catford London SE6 4RU Vicki.Williams@lewisham.gov.uk
LSAB Administrator	Tiana Mathurine	Lewisham Safeguarding Adults Board 3 RD Floor, Laurence House Catford London SE6 4RU Tiana.Mathurine@lewisham.gov.uk

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Appendix 4: SAB Assurance Role

The SAB must ensure it has arrangements that will enable it to carry out the duties and functions specified under the Care Act. It must have a clear, agreed understanding of the roles, responsibilities, authority and accountability of its member agencies and:

- suitable [governance arrangements](#) including an escalation process for when agreement cannot be reached between members;
- an effective [infrastructure](#);
- links to other boards and partnerships;
- adequate resources;
- opportunities for people with care and support needs and carers to contribute to and inform its work;
- person-centred, outcome-focused safeguarding arrangements and policies;
- ensure that there is awareness training for all health and social care staff and police who work directly with people with care and support needs;
- ensure that there is specialist training for all practitioners who have direct responsibilities for safeguarding work;
- evaluate effectiveness and impact of training;
- a system for agencies reporting to the board on the measures they have in place, how they are working and enable them to respond to challenge from the board;
- a prevention strategy specifying each agency's responsibilities;
- links with the wider community to inform it of and receive feedback on the work of the SAB;
- arrangements to monitor, evaluate and raise public awareness of adult abuse and neglect and how to respond;
- arrangements to provide advice and support to other organisations to improve their safeguarding mechanisms and activity;
- agreement and guidance on which types of Serious Incidents in the NHS are regularly reported to the SAB;
- produce Annual Reports, detailing what the SAB and its members have achieved, including how they have contributed to the board's objectives and what has been learned from and acted upon from the findings of Safeguarding Adults Reviews and other reviews and audits;
- ensure that partner organisations have arrangements for the quality assurance of the effectiveness of their safeguarding work;
- a communication strategy to manage, among other things, the SAB's contact with other parties including the broader community and the media.

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Appendix 5: Housing Sub-Group – Terms of Reference

Purpose of the Sub-Group

Members of the group will support the delivery of the Lewisham Safeguarding Adults Board's Strategic Business Plan, and help underpin the Board's priorities across the social housing sector:

- Prevent adult exploitation, abuse and neglect.
- Develop intelligence led, evidence based practice.
- Strengthen partnership working.

Strategic Aims 2019-2020:

Prevention

- Support the implementation of the Board's Learning, Training and Development Strategy.
- Ensure that staff induction includes an introduction to adult safeguarding; and that subsequently staff are trained to the appropriate level of safeguarding competency. Receive briefings on safeguarding related issues and disseminate and promote these across organisations and networks.
- Support the implementation of local policies, procedures and protocols.

Accountability

- Consider and propose best practice for safeguarding in the housing sector.
- Consider proposals for multi-agency policies, protocols and guidance.
- Undertake relevant audits.
- Respond in an open and transparent way to any Section 42 Enquiries and undertake any delegated enquiry tasks.
- Receive and advise the Board regarding areas of concern in the Borough.
- Take part in Safeguarding Adult Reviews involving your tenants/leaseholders and implement the recommendations from the review as applicable within your organisation.

Partnership

- Support the implementation of the Board's Communication and Engagement Strategy, including promoting awareness of safeguarding related issues amongst staff, contractors, tenants and leaseholders.
- Provide the LSAB with a perspective from both the housing organisation and the tenants' voice.
- Contribute to the development of the Safeguarding Champions Network and Safe Place Scheme.
- Support the completion of the Board's Annual Report and Strategic Business Plan.

Members of the Sub-Group

Any Social Housing Provider with property in the Borough has the right to request representation on the Housing Sub-Group. Strategic decisions will be made by the Chair to also invite agencies from the un-regulated housing sector, in conjunction with commissioning partners, to become members of the Sub-Group.

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Expected attendance

The organisational safeguarding lead and / or the local operational lead will be expected to attend or nominate a particular officer to attend regularly, with a named deputy who will substitute when they are not available.

Nominated members of the Sub-Group (or their deputies) will be expected to attend every Sub-Group unless there are exceptional circumstance which prevent this.

Virtual meetings

If the equipment becomes available to hold online meetings this will be considered to save members time as soon as it practicable.

Chair of the Sub-Group

The Chair and Deputy Chair of the Sub-Group will be elected by the votes of the members of the Sub-Group in an organised selection process.

The Chair and Deputy Chair will serve for a minimum of one year and maximum of three.

Representation on the main Lewisham Safeguarding Adults Board

The Chair (or Deputy Chair) will represent the Sub-Group on the Lewisham Safeguarding Adults Board.

Governance

To be quorate each meeting of the Sub-Group must have present:

- The Chair and / or Deputy Chair, acting as Chair; and,
- LSAB Manager and /or LSAB Co-ordination and Development Officer; and
- Representatives from at least five housing providers (including the Chair).

The Sub-Group will submit a report each year to the Board for inclusion in the Board's Annual Report.

These Terms of Reference will be reviewed in line with the Board's Strategic Business Planning processes.

If any disputes arise, that cannot be resolved by the Chair / Deputy Chair and LSAB Business Manager, this will be taken to the main board for resolution.

LSAB Business Team Representation at meetings

The LSAB Manager and / or Co-ordination & Development Officer will attend all meetings.

Frequency of meetings

The Sub-Group will meet quarterly. Meetings will be organised in liaison with the LSAB Team Administrator who will book meeting venues, issue invitations, circulate papers, facilitate and take notes of meetings.

Agenda for Sub-Group meetings

Any member of the group and the LSAB Manager can propose items for the agenda.

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The agenda for each meeting will be agreed between the Chair/Deputy Chair and the LSAB Manager, following consultation with group members.

A list of proposed topics for discussion will be kept by the LSAB Administrator.

The agenda will include items drawn from the Strategic Aims outlined previously, and may include:

- Guest speakers to present briefings.
- Feedback from the main board meetings.
- Updates from the LSAB Business Team including planned events and training.
- A specific Safeguarding topic for discussion.
- Learning from Safeguarding Adult Reviews to be taken back to member organisations.
- Planning for the Sub-Group.

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Appendix 6: Case Review (CR) Sub-Group – Terms of Reference

Purpose of the Sub-Group

Members of the group will support the delivery of the Lewisham Safeguarding Adults Board's Strategic Business Plan, and help underpin the Board's priorities across the Borough:

- Prevent adult exploitation, abuse and neglect.
- Develop intelligence led, evidence based practice.
- Strengthen partnership working.

Key functions

- To fulfil the statutory duty of the Board in respect of Section 44 of the Care Act 2014 and Safeguarding Adults Reviews (SAR's).
- To ensure that SARs are completed in line with national guidance and best practice, and to continuously develop and implement local SAR processes and procedures.
- To ensure that any lessons learnt from local, regional and, where appropriate, national SARs, other forms of review and operational issues (including the Serious Concerns Protocol) are disseminated to Board partner agencies.
- To agree and monitor the implementation of action plans resulting from SARs and other non-statutory reviews.
- To make recommendations to the Independent Chair on the conduct of SAR's, type of methodology and where responsibility rests for leadership, oversight and co-ordination of any chosen review process.

Key responsibilities

- To consider the wide range of circumstances that might give rise to a SAR Notification and decide the appropriate review methodology, dependent on the seriousness and complexity of the case.
- To consider other cases that may require a single or multi-agency management review.
- To receive serious incident reports, domestic homicide review reports and management reviews when it is considered that there may be lessons to be learned on the safeguarding of adults at risk of abuse or neglect.
- To achieve the timescales as determined within the Board's Safeguarding Adults Review procedures.
- Appoint an Independent Chairperson and members of a Review Panel, if necessary, draft the Terms of Reference, and appoint reviewers.
- Liaise with the LSAB Business Manager to agree how the Business Team will support the organisation, co-ordination and administration of any review.
- To monitor progress of the review and ensure compliance with timescales.
- To ensure that the reports from all reviews, together with a recommendation on action planning, are presented to the Board for approval.
- To implement an agreed process for disseminating learning from reviews and operational issues, including outcomes from the Serious Concerns Protocol.
- To ensure that the Board is advised about any changes in legislation that impact on the Safeguarding Adult Review process.

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Members of the Sub-Group

Membership of the Sub-Group will be largely drawn from the Board's statutory partner agencies, although other partner organisations may also be members if required.

Expected attendance

The designated Board member will be expected to attend or nominate a named deputy who will attend on their behalf.

Virtual meetings

If the equipment becomes available to hold online meetings this will be considered to save members time as soon as it practicable.

Chair of the Sub-Group

The Chair and Deputy Chair of the Sub-Group will be selected by the Lewisham Safeguarding Adults Board.

At Sub-Group meetings where any SAR being considered is linked to that partner's agency, then the Deputy Chair must take over the duties of the Chair.

The Chair and Deputy Chair will serve for a minimum of one year and maximum of three.

Representation on the main Lewisham Safeguarding Adults Board

The chair (and Deputy Chair) of the Sub-Group will already be members of the Lewisham Safeguarding Adults Board.

Governance

To be quorate each meeting of the Sub-Group must have present:

- The Chair and / or Deputy Chair, acting as Chair; and,
- LSAB Manager and /or LSAB Co-ordination and Development Officer; and
- Two other Board partner agencies.

The Sub-Group will submit a report each year to the Board for inclusion in the Board's Annual Report.

These Terms of Reference will be reviewed in line with the Board's Strategic Business Planning processes.

If any disputes arise, that cannot be resolved by the Chair / Deputy Chair and LSAB Business Manager, this will be taken to the main board for resolution.

LSAB Business Team Representation at meetings

The LSAB Manager and / or Co-ordination & Development Officer will attend all meetings.

Frequency of meetings

The Sub-Group will meet bi-monthly. Meetings will be organised in liaison with the LSAB Team Administrator who will book meeting venues, issue invitations, circulate papers, facilitate and take notes of meetings.

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Appendix 7: Performance, Audit and Quality (PAQ) Sub-Group – Terms of Reference

Purpose of the Sub-Group

Members of the group will support the delivery of the Lewisham Safeguarding Adults Board's Strategic Business Plan, and help underpin the Board's priorities across the Borough:

- Prevent adult exploitation, abuse and neglect.
- Develop intelligence led, evidence based practice.
- Strengthen partnership working.

Strategic Aims 2019-2020:

Prevention

- To ensure that there is appropriate oversight of the delivery of the Board's strategic leadership role to promote inter-agency co-operation, prevent the risk of abuse and neglect, and to improve outcomes for people who have been abused or neglected.
- Conduct an audit of prevention focussed work to identify appropriate and proportionate actions that partners can implement to make a difference in preventing adult abuse and neglect.
- Monitor the implementation of the Board's Self-Neglect and Hoarding Multi-Agency Policy and Procedures.

Accountability

- To agree a performance framework for collecting and reporting on key indicators for safeguarding activity across partner organisations, to inform the Board that agencies are fulfilling their responsibilities for safeguarding adults in line with agreed policies and procedures.
- To develop systems to audit and review safeguarding practice, to provide assurance to the Board that this is in line with agreed policies, procedures and guidance.
- To ensure systems are in place to receive feedback from service users and carers regarding their experience of statutory safeguarding processes, and that this is used to improve practice where appropriate.

Partnerships

- Support the ongoing development of the Board's Communication & Engagement Strategy by generating relevant safeguarding intelligence linked to race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage (including homelessness) and disability.

Members of the Sub-Group

Membership of the Sub-Group will be from the Board's partner agencies, although expertise may be drawn from other relevant organisations to support the work of the Sub-Group.

Expected attendance

The designated Board member will be expected to attend or nominate a named deputy who will attend on their behalf.

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Virtual meetings

If the equipment becomes available to hold online meetings this will be considered to save members time as soon as it practicable.

Chair of the Sub-group

The Chair and Deputy Chair of the Sub-Group will be selected by the Lewisham Safeguarding Adults Board.

The Chair and Deputy Chair will serve for a minimum of one year and maximum of three.

Representation on the main Lewisham Safeguarding Adults Board

The Chair of the Sub-Group will already be a member of the Lewisham Safeguarding Adults Board.

Governance

To be quorate each meeting of the Sub-Group must have present:

- The Chair and / or Deputy Chair, acting as Chair; and,
- LSAB Manager and /or LSAB Co-ordination and Development Officer; and
- Two other Board partner agencies.

The Sub-Group will submit a report each year to the Board for inclusion in the Board's Annual Report.

These Terms of Reference will be reviewed in line with the Board's Strategic Business Planning processes.

If any disputes arise, that cannot be resolved by the Chair / Deputy Chair and LSAB Business Manager, this will be taken to the main board for resolution.

LSAB Business Team Representation at meetings

The LSAB Manager and / or Co-ordination & Development Officer will attend all meetings.

Frequency of meetings

The Sub-Group will meet quarterly. Meetings will be organised in liaison with the LSAB Team Administrator who will book meeting venues, issue invitations, circulate papers, facilitate and take notes of meetings.

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Strategic Business Plan 2019-20

Priorities:

1. Prevent adult exploitation, abuse and neglect
2. Develop intelligence led, evidence based practice
3. Strengthen partnership working

Vision: To ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions

Aims	Objectives
<p>Prevention: By April 2020 we will have made further progress in developing preventative strategies.</p>	<ol style="list-style-type: none"> 1. Develop and implement a Learning, Training & Development Strategy to continue to lead and shape the delivery of professional development activities across Board partner agencies and the wider Health & Social Care Sectors. 2. Conduct an audit of prevention focussed work to identify appropriate and proportionate actions that partners can implement to make a difference in preventing adult abuse and neglect. 3. Implement the Board's Self-Neglect and Hoarding Multi-Agency Policy and Procedures, and support the delivery of the Lewisham Transition Strategy, Modern Slavery & Human Trafficking Protocol and local Hate Crime initiatives.
<p>Accountability: By April 2020 we will have established methods to effectively measure how well adults at risk of abuse and neglect are being protected, which will be used to develop evidence based practice.</p>	<ol style="list-style-type: none"> 1. Establish a Performance, Audit & Quality Sub-Group to create the necessary intelligence to measure the effectiveness and performance of local arrangements in protecting adults at risk of abuse and neglect. 2. Use information regarding emerging themes and trends to guide a review of self and peer audit processes, using this data to develop a focussed programme that helps agencies to better protect adults at risk of abuse and neglect. 3. Facilitate the development of system wide, inter-agency guidance that will establish best practice and improve the consistency of approach across the Borough in protecting adults at risk of abuse and neglect.
<p>Partnerships: By April 2020 we will have demonstrated our commitment to supporting the 'whole family' approach to safeguarding those most at risk of abuse and neglect in Lewisham.</p>	<ol style="list-style-type: none"> 1. Develop a Communication & Engagement Strategy that supports the involvement of service users in co-producing the work of the Board, and develops a 'whole community approach' that reinforces race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability (including Hate Crime) as key issues. 2. Create a Protocol between the two main safeguarding partnerships in the Borough, specifically outlining the joint work that will be undertaken in helping prevent Adverse Childhood Experiences and manage transitions to adulthood. 3. Continue to work with the Safer Lewisham Partnership and Voluntary Action Lewisham in building a safer community by expanding the network of Safeguarding Champions and developing a Safe Place Scheme in the Borough.

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Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	7
Class	Part 1 (open)	2 December 2019	

1. Purpose

- 1.1 To advise members of the committee's work programme for the 2019/20 municipal year and to agree the agenda items for the next meeting.

2. Summary

- 2.1 The committee drew up a draft work programme at the beginning of the municipal year for submission to the Business Panel for consideration.
- 2.2 The Business Panel will consider the proposed work programmes of each committee on 7 May 2019 to agree a co-ordinated overview and scrutiny work programme.
- 2.3 The work programme can, however, be reviewed at each select committee meeting to take account of changing priorities.

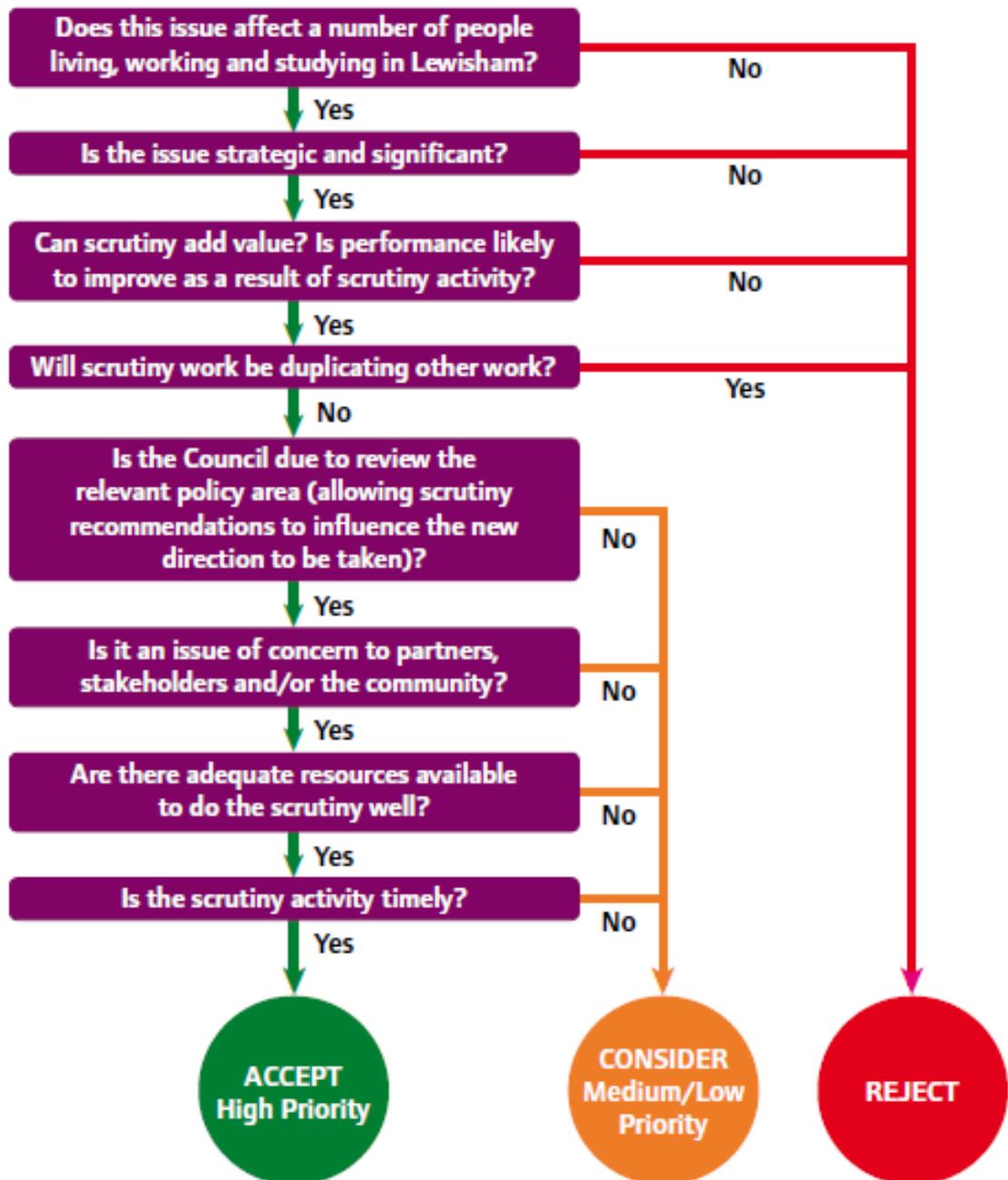
3. Recommendations

- 3.1 The Committee is asked to:
- consider the work programme attached at **Appendix B** – and discuss any issues arising from the programme
 - consider the items scheduled for the next meeting – and specify the information the committee requires to achieve its desired outcomes
 - review the forthcoming key decisions set out in **Appendix C** – and consider any items for further scrutiny

4. The work programme

- 4.1 The work programme for 2019/20 was agreed at the 4 April meeting.
- 4.2 Members are asked to consider if any urgent issues have arisen that require scrutiny and if any items should be removed from the work programme.
- 4.3 Any additional items should be considered against the prioritisation process before being added to the work programme (see flow chart below).
- 4.4 The committee's work programme needs to be achievable in terms of the meeting time available. If the committee agrees to add additional items, members will also need to consider which lower-priority items should be removed to create sufficient capacity.

Scrutiny work programme – prioritisation process



- 4.5 Items within the committee's work programme should be linked to the priorities of the Council's Corporate Strategy.
- 4.6 The Council's Corporate Strategy for 2018-2022 was approved at full council in February 2019.
- 4.7 The strategic priorities of the [Corporate Strategy for 2018-2022](#) are:
1. ***Open Lewisham*** - Lewisham is a welcoming place of safety for all, where we celebrate the diversity that strengthens us.
 2. ***Tackling the housing crisis*** - Everyone has a decent home that is secure and affordable.
 3. ***Giving children and young people the best start in life*** - Every child has access to an outstanding and inspiring education, and is given the support they need to keep them safe, well and able to achieve their full potential.
 4. ***Building an inclusive local economy*** - Everyone can access high-quality job opportunities, with decent pay and security in our thriving and inclusive local economy.
 5. ***Delivering and defending: health, social care and support*** - Ensuring everyone receives the health, mental health, social care and support services they need.
 6. ***Making Lewisham greener*** - Everyone enjoys our green spaces, and benefits from a healthy environment as we work to protect and improve our local environment.
 7. ***Building safer communities*** - Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.

5. The next meeting

- 5.1 The following items are scheduled for the next meeting on 15 January 2020.
- 5.2 The committee is asked to specify the information and analysis it requires for each item, based on the outcomes it would like to achieve, so that officers are clear about what information they need to provide.

Agenda item	Review type	Relevant Corporate Priority	Priority
Primary care changes	Standard item	<i>Delivering and defending: health, social care and support</i>	High
NHS charges for overseas visitors	Standard item	<i>Delivering and defending: health, social care and support</i>	High
Delivery of the Lewisham Health & Wellbeing priorities	Standard item	<i>Delivering and defending: health, social care and support</i>	High
Adult Learning Lewisham annual report (information item)_	Standard item	<i>Delivering and defending: health, social care and support</i>	Medium

6. The next meeting

- 6.1 Below is a tracker of the referrals the committee has made in this municipal year:

Referral title	Date of referral	Date considered by Mayor & Cabinet	Response due at committee
<i>BAME mental health inequalities</i>	14 May 2019	5 June 2019	3 September 2019
<i>Older adults day activities and services consultation</i>	14 May 2019	5 June 2019	n/a
<i>BAME mental health inequalities</i>	17 July 2019	14 November 2019	2 December 2019
<i>Recommissioning of building-based day services for older adults</i>	8 October 2019	30 October 2019	2 December 2019

7. Information items

7.1 Some potential work programme items might be low priority and may only require a briefing report for information to be produced for the committee to note and will not need to be considered at a formal committee meeting.

7.2 Below is a tracker of the information items received by the committee:

Item	Date received
Stakeholder letter in response to CQC report on The Queens Road Partnership	1 May 2019
King's College NHS Foundation Trust CQC inspection report (and Lewisham CCG response)	13 June 2019
Lewisham and Greenwich NHS Trust quality account 2018-19	17 June 2019
Healthwatch Lewisham 2018/19 Annual Report	4 July 2019
Lewisham CCG, Review of the primary care Interpreting and Translation Service across Lambeth, Southwark and Lewisham	8 July 2019
Healthwatch Lewisham, <i>Assessing Complaints Information GP Websites</i>	10 July 2019
South London and Maudsley NHS Foundation Trust CQC inspection report	31 July 2019
State of Adult Social Care in London 2019 - London Councils	28 August 2019
Healthwatch Lewisham's engagement on the NHS Long Term Plan	4 September 2019
Healthwatch Lewisham, Intelligence Report (February to July 2019)	11 October 2019
Letter to the London Regional Director of NHS Improvement from the Chair of the southeast London Joint Health Overview and Scrutiny Committee (JHOSC) regarding south-east London CCG merger application.	11 October 2019
Institute of Health Visiting (iHV), 'Health Visiting in England: A Vision for the Future' (10th October 2019)	14 October 2019

8. Financial Implications

There are no financial implications arising from this report.

9. Legal Implications

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

10. Equalities Implications

- 10.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 10.2 The Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 10.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

11. Date of next meeting

The date of the next meeting is Wednesday 15 January 2020.

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Healthier Communities Select Committee work programme 2019/20

Item	Type	Priority	Delivery	04-Apr	14-May	25-Jun	03-Sep	08-Oct	02-Dec	15-Jan	18-Mar
Budget cuts proposals	Standard item	High	Sep								
Confirmation of Chair and Vice Chair	Constitutional req	High	Apr								
Leisure centre contracts	Performance monitoring	High	Apr								
Work programme 2019-20	Constitutional req	High	Apr								
BAME mental health access	Standard item	High	May								
South London and Maudsley NHS Foundation Trust quality account	Performance monitoring	High	May								
Older Adults Day Activities and Day Services	Standard item	High	May								
Leisure centre contracts	Performance monitoring	High	May								
Mental Health Alliance	Standard item	High	Jun								
Lewisham and Greenwich NHS Trust (LGT) CQC inspection	Performance monitoring	High	Jun								
Primary care CQC inspections update	Performance monitoring	High	Jun								
Early help review	Information item	High	Jun								
Asset-based approach to adult social care	Standard item	High	Sep								
Public health grant cuts	Standard item	High	Oct								
CCG system reform	Standard item	High	Oct								
Pathology services update	Standard item	High	Oct								
Adult safeguarding annual report	Performance monitoring	High	Dec								
Lewisham hospital winter pressures	Performance monitoring	High	Dec								
Primary Care Changes	Standard item	High	Jan								
NHS charges for overseas visitors	Standard item	High	Jan								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	Jan								
Adult Learning Lewisham annual report	Performance monitoring	High	Mar								
Lewisham People's Parliament	Standard item	High	Mar								

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

Meetings			
1)	Thu 4th April 2019	5)	Tue 8th October 2019
2)	Tue 14th May 2019	6)	Mon 2nd December 2019
3)	Tue 25th June 2019	7)	Wed 15th January 2020
4)	Tue 3rd Sept 2019	8)	Wed 18th March 2020

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FORWARD PLAN OF KEY DECISIONS

Forward Plan December 2019 - March 2020

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

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty 0208 3149327, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

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

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

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
February 2019	Insurance Renewal	12/11/19 Executive Director for Resources and Regeneration	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
October 2019	Award of Contract for an Integrated Housing IT System	12/11/19 Executive Director for Customer Services	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2019	Early Help Support Services - Review and Permission	20/11/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
October 2019	Ladywell Playtower: progress update	20/11/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
April 2019	Contract Award Tier 2/3 Drug Services/Shared Care	20/11/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
October 2019	Retention of Right to Buy Receipts	20/11/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	School Meals Provision	20/11/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
October 2019	Polling District Review	27/11/19 Council	Kath Nicholson, Head of Law and Councillor Leo Gibbons		
October 2019	Dockless Bikes bye-law	27/11/19 Council	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
October 2019	Constitutional Update	27/11/19 Council	Kath Nicholson, Head of Law and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees &		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Accountability		
October 2019	Contract Award Report for Extra Care Service at Conrad Court	03/12/19 Overview and Scrutiny Business Panel	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
October 2019	Adoption of Draft Conservation Area Appraisal, Boundary Change and Article 4 Direction for Deptford High Street and St Paul's Conservation Areas	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
August 2019	Consultation: Proposal to Transfer Management of 5 Community Centres to Lewisham Homes	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Jonathan Slater, Cabinet Member for Community Sector		
October 2019	NHS Commissioning Arrangements in Lewisham	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
	Reduction & Recycling Plan	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Dacres, Cabinet Member for Environment and Transport (job share)		
October 2019	Old Town Hall works - permission to tender	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
October 2019	Preferred Tender for Travel and Transport Programme	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
October 2019	Re-commissioning of Healthwatch & NHS Complaints Advocacy Services	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
October 2019	Contract Award for Stage 2 of Greenvale School Expansion Project	11/12/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
October 2019	Schools Minor Works Programme 2020	11/12/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
October 2019	Contract extension Tier 2/3 Drug Services for adult substance misuse services	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
October 2019	Expansion of Drumbeat School & ASD Service	11/12/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
October 2019	Building for Lewisham New Homes Programme parts 1 & 2	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Response to TfL consultation on Bakerloo Line Extension	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration &		

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			Environment and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
October 2019	State of the Highways Infrastructure and Update on Asset Management Strategy	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
October 2019	PLACE/Ladywell parts 1 & 2	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Contract award Violence against Women and Girls service	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
October 2019	Achilles Street Update parts 1 & 2	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		

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October 2019	Parking Policy Update	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
	Approach to Boroughwide pot of Neighbourhood Community Infrastructure Levy	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
	Learning Disability Framework - Permission to Reprocure Contracts from Framework	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
	Post Consultation for two Article Directions Perry Vale and the Christmas Estate CA and Lewisham Park CA	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
	Improvement Work Social Care Software Systems (LiquidLogic Adults - LAS & Childrens LCs)	11/12/19 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia,		

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			Cabinet Member for Democracy, Refugees & Accountability		
	Contract Award LSL Sexual Health Promotion Service	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
	Approval for the Procurement of a cafe at Mountsfield Park	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (job share)		
	Catford Town Centre Housing Infrastructure Fund Grant Agreement	11/12/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
	Playing Pitch Strategy	11/12/19 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Andre Bourne, Cabinet member for Culture, Jobs and Skills (job share)		

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	The Leathersellers' Federation of Schools Instrument of Government	11/12/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
June 2019	Disposal of former Wide Horizon Sites in Wales & Kent'	15/01/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Mayor Damien Egan, Mayor		
October 2019	Acquisition of land at Pool Court. parts 1 & 2	15/01/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
May 2019	Performance Monitoring	15/01/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2019	Private Sector Housing Borough-wide Licensing	15/01/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
June 2019	Adopting a Residents Charter	15/01/20	Kevin Sheehan,		

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	for Lewisham	Mayor and Cabinet	Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Lewisham Draft Housing Strategy	15/01/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Housing Strategy and Homelessness Strategy	15/01/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Precision Manufactured Housing (PMH) Procurement	15/01/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Mayow Road Supported Living Service Parts 1 & 2	15/01/20 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social		

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			Care		
October 2019	Highway Contract Tendering strategy for 2021 award	15/01/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
	Approval for the procurement of lake operations for Beckenham Place Park	15/01/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (job share)		
	Setting the Council tax Base NDR Tax Base & Discounts for Second Homes and Empty Homes	15/01/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
	Supported Accommodation Permitted Contract Extension	15/01/20 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
October 2019	NHS Commissioning Arrangements in Lewisham	22/01/20 Council	Aileen Buckton, Executive Director for		

FORWARD PLAN – KEY DECISIONS

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			Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
	Setting the Council tax Base NDR Tax Base & Discounts for Second Homes and Empty Homes	22/01/20 Council	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
October 2019	Budget 2020-21	05/02/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
October 2019	Renewal of Social Care software systems	05/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2019	Renewal of revenue and benefits software systems	05/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		

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October 2019	Renewal of Oracle Licensing arrangements	05/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
	Learning Disability Framework - Award of call off contracts	05/02/20 Mayor and Cabinet	Tom Brown, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Adult Social Care		
October 2019	Budget Update	12/02/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
October 2019	Precision Manufactured Housing (PMH) Procurement Process Outcome and Decision	12/02/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Paul Bell, Cabinet Member for Housing		
October 2019	Budget 2020-21	26/02/20 Council	David Austin, Acting Chief Finance Officer and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

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October 2019	Lewisham Climate Emergency Action Plan	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (job share)		
October 2019	Air Quality Action Plan	11/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (job share)		
October 2019	Adoption of the Catford Regeneration Masterplan Framework	25/03/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Mayor Damien Egan, Mayor		
	Approval to appoint operator for concessions contract at the lake, Beckenham Place Park	29/04/20 Mayor and Cabinet	Kevin Sheehan, Executive Director for Housing, Regeneration & Environment and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (job share)		
	Corporate Equalities Scheme	29/04/20 Mayor and Cabinet	David Austin, Acting Chief Finance Officer and Councillor Jonathan Slater, Cabinet Member		

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			for Community Sector		

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