

# Overview and Scrutiny



## Healthier Communities Select Committee Agenda

Tuesday, 2 November 2021

**7.30 pm**, Council Chamber - the public are welcome to observe via the Council's website at <https://lewisham.public-i.tv/core/portal/ho>

Civic Suite

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

Item		Pages
1.	Minutes of the meeting held on 08.09.21	5 - 8
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# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 2 November 2021.

Kim Wright, Chief Executive  
Monday, 25 October 2021

<p><b>Members</b></p> <p>Councillor John Muldoon (Chair)</p> <p>Councillor Coral Howard (Vice-Chair)</p> <p>Councillor Sophie Davis</p> <p>Councillor Carl Handley</p> <p>Councillor Samantha Latouche</p> <p>Councillor Lionel Openshaw</p> <p>Councillor Paul Maslin (ex-Officio)</p> <p>Councillor Octavia Holland (ex-Officio)</p>	
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## MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 8 September 2021 at 7.30 pm

PRESENT: Councillors John Muldoon (Chair) (in person), Coral Howard (Vice-Chair) (in person), Carl Handley (remote) and Samantha Latouche (remote), Paul Maslin (Chair of Overview and Scrutiny) (in person).

APOLOGIES: Councillor Openshaw, Councillor Millbank, and Nigel Bowness (Healthwatch Lewisham)

ALSO PRESENT: Kathy Freeman (Executive Director for Corporate Resources), Kate Anderson (Director of Corporate Affairs, Lewisham and Greenwich NHS Trust), Councillor Chris Best (Cabinet Member for Health and Adult Social Care), Councillor Kevin Bonavia (Cabinet Member for Democracy, Refugees & Accountability), Tom Brown (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning, LCCG/LBL), Councillor Amanda De Ryk (Cabinet Member for Finance and Resources), Peter Gluckman (Independent Chair of Oversight Panel), Joan Hutton (Director of Operations, Adult Social Care), Councillor Mark Ingleby, Jane Keogh (Save Lewisham Hospital Campaign), Hera Lorandos (Lewisham Refugee and Migrant Network), Jim Lusby (Director of Strategy and Integrated Care, Lewisham and Greenwich NHS Trust), Councillor Jim Mallory, Salena Mulhere (Assistant Chief Executive), Councillor Jacq Paschoud, Councillor James Royston, Councillor James-J Walsh and Cheryl Thorley (Business Support and Meeting Administration Apprentice, LB Lewisham)

### 1. Minutes of the meeting held on 21 June 2021

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

### 2. Declarations of interest

There were no interests declared.

### 3. Responses from Mayor and Cabinet

There were none.

### 4. Migrant charging

The chair reminded the committee that this item follows on from concerns previously raised by the committee about the local hospital trust's use of Experian to check residency and eligibility for free NHS care. And that Lewisham and Greenwich NHS Trust (LGT) then set up an independent review chaired by Peter Gluckman.

Jim Lusby (Director of Strategy and Integrated Care, LGT) and Peter Gluckman (Independent Chair of oversight panel for overseas charging) introduced the item and the following key points were noted:

- 4.1 The Trust noted their thanks to the Save Lewisham Hospital Campaign and Trust staff for highlighting their concerns about the Trust's process.
- 4.2 It was noted that the Trust's use of Experian was quickly ended after the concerns were raised.
- 4.3 The ambition for the panel was to find how best to implement national and legal requirements on eligibility in the most compassionate and respectful way while repairing and strengthening relationships with the community.
- 4.4 The panel included seven patient advocates, international clinical expertise, vice chair of the Trust Board, representation from all three local authorities, and people who were opposed the requirement to check eligibility.
- 4.5 The panel had a real focus on inequalities and the inadvertent impact on protected groups.
- 4.6 The final report of the panel was supported by everyone involved and has been proactively shared with other NHS organisations.
- 4.7 The panel took evidence from patients and staff, local, regional and national advocacy groups, and other NHS trusts.
- 4.8 The importance of closely monitoring the impact of the changes on outcomes for patients was noted.
- 4.9 The Chair invited representative from the Save Lewisham Hospital Campaign and Lewisham Refugee & Migrant Network to give evidence to the committee.
- 4.10 The representatives noted that they welcomed the panel's final report and recommendations.
- 4.11 The representative also noted that they have asked for there to be a public meeting on the issues facing migrants in Lewisham.
- 4.12 The committee noted the complexity of the legalities around this issue, in particular the definition of destitution, and queried whether the rules needed to be better explained to public practitioners.
- 4.13 The committee also queried whether the Trust was developing stronger relationships with advocacy groups and legal advisers to provide easily available advice.
- 4.14 The Trust noted the importance of the continuation of this work and relationships with the community.
- 4.15 The Trust noted the importance of getting clear communications out through different channels, including trust staff, to raise awareness of best practice on how these rules should be applied.
- 4.16 The Trust noted that it had already shared the final report and recommendations with the NHS Providers' Network

Resolved: the committee thanked those who spoke; noted the information presented; and agreed to receive an update in 6 months

## 5. Adult social care review

Tom Brown (Executive Director for Community Services) and Kathy Freeman (Executive Director for Corporate Resources) introduced the report and the following key points were noted:

- 5.1 The proposals in the report are about the modernisation and transformation in adult social care.
- 5.2 The council awarded a contract to Newton Europe in summer 2021 to help identify opportunities for improvement and provide extra capacity with data analytics.
- 5.3 It was noted that the Public Account Select Committee had initially requested a review of adult social care in response to budget cuts proposals in 2020.
- 5.4 There will be savings from reductions in spend with external providers.
- 5.5 Kathy Freeman (Executive Director for Corporate Resources) provided a presentation with benchmarking information on adult social care spending and a detailed breakdown on Lewisham expenditure.
- 5.6 It was noted that 80% of adult social care spending is on external providers.
- 5.7 It was noted that the contract for Newton Europe is equivalent to around 4% of the adult social care budget.

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

- 5.8 The committee asked about the lessons learned from previous transformation programmes and noted the importance of embedding the changes in the culture of the organisation.
- 5.9 It was noted that a draft organisational development strategy, currently being consulted on with staff, sets out how change will be embedded over time.
- 5.10 The committee stressed the importance of the voice of the user and queried the how residents' views will be taken into account.
- 5.11 It was noted that there has been significant amounts of national research on what people want from their services and that changes will be co-produced as much as possible.
- 5.12 The committee also stressed the importance of having detailed feedback systems in place, in relation to users and staff, in order to understand what is and isn't working.
- 5.13 The committee also queried the potential impact of the proposed national changes allowing self-funders to access local authority-commissioned services.
- 5.14 It was noted that there is currently around a 40% difference between what self-funders and local authorities pay.
- 5.15 It was also noted that in Lewisham there is little evidence of cross-subsidy between self-funders and local authority funders and that Lewisham has very low levels of self-funders compared to other boroughs.

5.16 The committee requested regular feedback on the progress of the review process.

Resolved: the committee thanked officers for their presentations and resolved to refer its views to Mayor and Cabinet in the following terms:

*The committee notes the ambitious proposals for the design and implementation phase of the adult social care review. The committee requests the provision of regular progress updates with evidence of outcomes and improvements. The committee also requests assessments of the impact of changes on residents receiving a service as well as staff.*

**6. Select Committee work programme**

Resolved: The committee agreed to include updates on both of this meeting's items in its work programme.

The meeting ended at 9.30 pm

Chair:

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Date:

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## Healthier Communities Select Committee

### Declarations of Interest

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Chief Executive (Director of Law)

### Outline and recommendations

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

## 1. Summary

1.1. Members must declare any personal interest they have in any item on the agenda. 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.

1.2. Further information on these is provided in the body of this report.

## 2. Recommendation

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

### 3. Disclosable pecuniary interests

3.1 These are defined by regulation as:

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

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

### 4. Other registerable interests

4.1 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.

## 5. Non registerable interests

- 5.1. 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).

## 6. Declaration and impact of interest on members' participation

- 6.1. Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- 6.2. 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 6.3 below applies.
- 6.3. 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.
- 6.4. 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.
- 6.5. 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.

## 7. Sensitive information

- 7.1. 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.

## 8. Exempt categories

- 8.1. 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).

## **9. Report author and contact**

- 9.1. Stephen Gerrard, Director of Law and Governance, 0208 31 47648



## Mayor and Cabinet

### Response to Healthier Community Select Committee: Transforming and Modernising Adult Social Care Update on Review: Phase 2 (Design and Implementation)

**Date:** 14 September 2021

**Key decision:** Yes

**Class:** Part 1

**Ward(s) affected:** All wards

**Contributors:** Tom Brown, Executive Director Community Services

### Outline and recommendations

Mayor and Cabinet to consider the officer response to pre-decision scrutiny comments made by the Health Communities Select Committee following their consideration of the report on 'Transforming and Modernising Adult Social Care Update on Review: Phase 2 (Design and Implementation)'.

### Timeline of engagement and decision-making

**8 September 2021** – Healthier Communities Select Committee received the report on 'Transforming and Modernising Adult Social Care Update on Review: Phase 2 (Design and Implementation)' for pre-decision scrutiny.

**23 September 2021** – Public Accounts Committee to receive report on 'Transforming and Modernising Adult Social Care Update on Review: Phase 2 (Design and Implementation)'.

## 1. Summary

- 1.1 At its meeting on Wednesday 8 September 2021, the Healthier Communities Select Committee received an update report on Phase 2 (Design and Implementation) of the Transforming and Modernising Adult Social Care Review. Following presentations from officers, questions and discussion, the committee resolved to refer its views to Mayor and Cabinet in the following terms:

*The committee notes the ambitious proposals for the design and implementation phase of the adult social care review. The committee requests the provision of regular progress updates with evidence of outcomes and improvements. The committee also requests assessments of the impact of changes on residents receiving a service as well as staff.*

1.2 This report sets out the officer response to this referral.

## 2. Recommendations

2.1 It is recommended that Mayor and Cabinet:

- Consider the officer response to the referral made by Healthier Communities Select Committee on 8<sup>th</sup> September 2021, following the committee's pre-decision scrutiny of the report on Phase 2 (Design and Implementation) of the Transforming and Modernising Adult Social Care Review.

## 3. Policy context

3.1 The contents of this report are aligned to the Council's policy framework as well as wider health and care system transformation, as follows:

- **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.'
- **Medium Term Financial Strategy (MTFS)** and the requirement to deliver £40m of budget savings across the council up to 2023/24, with more than £7m in 2021/22 for an 'Adult Social Care cost reduction and service improvement programme'.
- **Joint Health and Wellbeing Strategy** and the key focus on quality of life, quality of health care and support, and sustainability.
- **Future Lewisham** and the strategic COVID recovery theme of 'A healthy and well future', including the wider determinants of health and reducing health inequalities.
- **Future Working** and the active role staff are playing in our borough's COVID recovery, in a workplace where staff are empowered to succeed and the best ideas and innovations thrive.
- **Lewisham System Recovery Plan** and the 'build back better' priorities identified by the Lewisham Health and Care Partnership.
- **Our Healthier South East London** (Integrated Care System) priority of 'Improving health and care together' across the partnership.

3.2 Following a request from Public Accounts Committee for a review of expenditure in ASC (see para 17.2) and as part of the 2021/22 budget setting process, a piece of work was commissioned through a competitive tender process to support the service in reviewing ways of working and use of resources. Newton Europe were successful in securing the contract for this "diagnostic" and they began this work in April 2021.

## 4. Officer response to referral from Health Communities Select Committee

4.1 It is recognised that this is a complex transformation project that will directly impact on vulnerable residents in the borough and thus regular reporting to both the Cabinet Member and Scrutiny is appropriate.

4.2 A formal highlights report on the progress of Phase 2 (Design and Implementation) of the Transforming and Modernising Adult Social care Review, will be presented to Healthier Communities Select Committee on 12 January 2022 and 1<sup>st</sup> March 2022.

4.3 This highlights report will evidence what has happened on Phase 2 of the review to date, alongside the impact of any transformation and modernisation activity on both staff and those residents receiving a service from Adult Social Care.

- 4.4 The service user 'voice' will be incorporated into the design and testing of any service transformation to ensure that modernised services are accessible, fit for purpose and meets residents' needs in addition to improving outcomes. A cohort of service users will work alongside frontline practitioners and Newton Europe in a safe space to help iterate proposed service models.
- 4.5 Rigorous and robust improvement cycles will be put in place to ensure confidence that the changes to ways of working are delivering the expected benefits, both financially and in terms of service user outcomes.
- 4.6 Throughout Phase 2 of the review, there will be the opportunity for staff to be directly involved in the service transformation, actively leading the design process. There will be a clear plan to implement these new design solutions, including an in-depth communication and engagement plan, which will ensure wider colleagues are successfully managed through a change journey and have the opportunities to share their feedback.
- 4.7 In addition to the highlights report, verbal briefings will be provided to the Chair, Healthier Communities Select Committee by the Executive Director for Community Services between formal meetings of the committee.

## **5. Financial implications**

- 5.1 There are no direct financial implications arising from the implementation of the recommendations in this report.

## **6. Staffing Implications**

- 6.1 There are no direct financial implications arising from the implementation of the recommendations in this report.

## **7. Legal implications**

- 7.1 There are no direct financial implications arising from the implementation of the recommendations in this report.

## **8. Equalities implications**

- 8.1 Addressing inequalities within the health and care system, especially those impacting upon our Black, Asian and Minority Ethnic (BAME) communities, is a key priority for the Council and its partners. This focus has been sharpened in response to the disproportionate impact that COVID-19 has had on these communities. Any changes to ASC services originating from this review will need to be mindful of this, with a thoroughly consideration of the equality implications for our most vulnerable residents alongside appropriate mitigation to reduce any negative impacts.

## **9. Climate change and environmental implications**

- 9.1 There are no direct financial implications arising from the implementation of the recommendations in this report.

## **10. Crime and disorder implications**

- 10.1 There are no direct financial implications arising from the implementation of the recommendations in this report.

## **11. Health and wellbeing implications**

- 11.1 There are no direct financial implications arising from the implementation of the recommendations in this report.

## **12. Background papers**

12.1 Report to Healthier Communities Select Committee on 8 September 2021:

<https://councilmeetings.lewisham.gov.uk/documents/s86169/05%20Transforming%20and%20Modernising%20ASC%20-%20Update%20on%20Review%20-%20HCSC%20Part%201%20-%20080921.pdf>

## **13. Report author(s) and contact**

13.1 Stewart Weaver-Snellgrove, Strategic Transformation and OD Business Partner,  
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## Healthier Communities Select Committee

### **Report title: Lewisham Safeguarding Adults Board (LSAB) Annual Report 2020 – 2021**

**Date:** 2 November 2021

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** N/A

**Contributors:**

- Lewisham Safeguarding Adults Board Business Unit
- London Borough of Lewisham - Adult Social Care
- South East London Clinical Commissioning Group
- Lewisham & Greenwich NHS Trust
- South London & Maudsley NHS Foundation Trust
- Metropolitan Police Service
- Lewisham Homes

### **Outline and recommendations**

This report provides members of the Healthier Communities Select Committee with an overview of the partnership work carried out by the Lewisham Safeguarding Adults Board and its partner agencies from April 2020 – March 2021.

- The report is for the Healthier Communities Select Committee member's information.
- The contents of the report are agreed.

## Timeline of engagement and decision-making

N/A

### 1. Summary

- 1.1. This report contains information on the following:
- 1.2. Message from the Lewisham Safeguarding Adults Board Independent Chair
- 1.3. Key Outcomes in 2020-21
- 1.4. Covid – 19 Pandemic Response: Highlighting Inequalities
- 1.5. Case Studies
- 1.6. New Lewisham Adult Safeguarding Pathway
- 1.7. Communication and Engagement Work
- 1.8. Learning, Training and Development Delivery
- 1.9. Safeguarding Information
- 1.10. Safeguarding Adult Reviews
- 1.11. Work of the Lewisham Safeguarding Adults Board Sub-Groups
- 1.12. Business Plan on a page 2021-22.

### 2. Recommendations

- 2.1. The report is for the Healthier Communities Select Committee member's information.
- 2.2. The contents of the report are agreed.

### 3. Policy Context

- 3.1. Safeguarding 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.
- 3.2. Local authorities are required to: lead a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; hosting Safeguarding Adults Boards; carrying out Safeguarding Adult Reviews; and arranging for the provision of independent advocates.
- 3.3. The Board are committed to 'Making Safeguarding Personal' (MSP); to improve

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outcomes for people at risk of harm. This is achieved, during a safeguarding enquiry, by establishing a real understanding of what people wish to achieve and the 'outcomes' they want at the beginning then checking throughout, and at the end the extent to which these outcomes were realised.

- 3.4. The work of the LSAB contributes to the Council's priorities as set out in the Corporate Strategy specifically:
- 3.5. Commitments - All health and social care services are robust, responsive and working collectively to support communities and individuals - We will continue to do our utmost to defend and deliver health and social care services that protect the most vulnerable in our borough.
- 3.6. Creating and Inclusive Lewisham - Continue to ensure that everyone in Lewisham has equitable access to the support and services they need.
- 3.7. Achieving better outcomes for people.
- 3.8. Comprehensive Equality Scheme, Strategic Framework.

## **4. Background**

- 4.1. The LSAB brings together a wide range of agencies from across the borough to ensure that there is a joined-up approach to adult safeguarding.

## **5. Main body paragraphs**

- 5.1 Message from the Lewisham Safeguarding Adults Board Independent Chair
- 5.2 Key Outcomes in 2020-21
- 5.3 Safeguarding Information
- 5.4 Safeguarding Adult Reviews
- 5.5 Work of the Lewisham Safeguarding Adults Board Sub-Groups
- 5.6 Business Plan on a page 2021-22.

## **6. Financial implications**

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

## **7. Legal implications**

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

## **8. Equalities implications**

- 8.1. As highlighted in the "Safeguarding Information" section of the LSAB Annual Report (page 6) there are ongoing equalities implications to ensure that all communities across Lewisham are engaged with relevant agencies and services to help prevent adult abuse and neglect.
- 8.2. The further development and analysis of data by the Board's Performance, Audit and Quality Sub-Group will enable the Board to understand any potential barriers to reporting abuse, and also accessing protective and preventative services and links to the following aims in the LSAB Business Plan 2021-2022:
- 8.3. Prevention Aim – Objective - Focus on equality and narrowing inequality, particularly in relation to racial disparity and disproportionality.

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- 8.4. Prevention Aim– Objective - Help to break down barriers to reporting abuse and improving access to supportive and protective services.
- 8.5. Prevention Aim – Objective - Listen to the voices of adults, ensuring their experiences shape how services are designed and delivered.

## 9. Climate change and environmental implications

- 9.1. There are no climate change or environmental implications arising from this report or its recommendations.

## 10. Crime and disorder implications

- 10.1. There are no specific crime and disorder implications arising from this report.
- 10.2. The LSAB works in close collaboration with the Safer Lewisham Partnership Board to ensure a joint approach to overlapping issues such as domestic violence, hate crime and the government's counter-terrorism strategy 'Prevent' thereby contributing to meeting the duty placed on local authorities by the Crime and Disorder Act 1998 to identify community safety implications in all our activities.

## 11. Health and wellbeing implications

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

## 12. Background papers

- 12.1. N/A

## 13. Glossary

- 13.1. Please see table below for Acronyms and sector-specific language used in the annual report.

Term	Definition
LSAB	<a href="#">Lewisham Safeguarding Adults Board</a>
SAB	Safeguarding Adults Board
SAR's	<a href="#">Safeguarding Adults Reviews (Section 44 Care Act 2014)</a>
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them.
Advocacy	Help to enable adults to get the care and support they need that is independent of the local council. An advocate can help adults express their needs and wishes, and weigh up and take decisions about the options available to them. They can help the adult find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations. The advocate represents the interests of the adult, which they do by supporting the adult to speak, or by speaking on their behalf.
Abuse	Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or care workers. It can take various forms, including physical harm or neglect,

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Term	Definition
	and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.
Making Safeguarding Personal (MSP)	<a href="#">Making Safeguarding Personal</a> (MSP) is a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances

#### 14. Report author and contact

- 14.1. Martin Crow  
 LSAB Business Manager  
[Martin.Crow@lewisham.gov.uk](mailto:Martin.Crow@lewisham.gov.uk)  
 07771594879

#### 15. Comments for and on behalf of the Executive Director for Corporate Resources

- 15.1. N/A

#### 16. Comments for and on behalf of the Director of Law, Governance and HR

- 16.1. N/A

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## Annual Report 2020-21

1 April 2020 to 31 March 2021





*“I want to pay tribute to all those who have contributed to safeguarding adults at risk of, or experiencing abuse and neglect. You have shown real leadership”*

We have all had to adjust our lives this year due to the Covid -19 pandemic. Our patterns of daily life have been significantly disrupted; our liberties curtailed by the Coronavirus Act 2020. Throughout this period, however, the adult safeguarding duties within the Care Act 2014 have remained in place. Consequently the Lewisham Safeguarding Adults Board has continued to seek assurance that adult safeguarding has remained “everyone’s business” and that statutory, voluntary and community services have worked together effectively to prevent and/or protect individuals from abuse and neglect. The Board has also continued to deliver its Business Plan and to commission and complete Safeguarding Adult Reviews, as required by the Care Act 2014. This Annual Report summarises what the Board has achieved during the year.

Throughout the pandemic the Board has sought assurance that services have worked effectively together when responding to this unprecedented situation. The response of local services has been commendable, with enhanced levels of collaboration to ensure the resilience of health and social care provision for people at risk. Going forward the Board will be concerned to ensure that this degree of cooperation and collaboration, working together, is maintained. We already have seen increased demand for care and support, and rising referrals of adult safeguarding concerns, whether occasioned by mental distress and social isolation, domestic abuse or self-neglect.

As the country emerges from lockdown, we expect to see a rising number of concerns, as families, friends and practitioners begin to meet adults who may be at risk in person again. The resilience of all our services will be needed as never before.

As the Board’s Independent Chair, I am especially proud of the web pages that carry important information for practitioners and for Lewisham’s residents and communities. I am especially proud of the outreach into Lewisham’s local neighbourhoods, community and faith groups. The Board has made good progress with its data collection and analysis, an essential part of gaining assurance about the effectiveness of adult safeguarding provision and of setting new priorities.

We are learning and disseminating lessons too from the Safeguarding Adult Reviews that have been completed, and from other reviews already underway, ensuring service improvement and enhancement where necessary. This report shines a light on that work.

Finally, I want to pay tribute to all those who have contributed to safeguarding adults at risk of, or experiencing abuse and neglect. You have shown real leadership.

I want to thank Martin Crow, Vicki Williams and Tiana Mathurine, the Board’s business team, without whom we would not have made the progress summarised in this annual report.

**Professor Michael Preston-Shoot**



## 1. Covid 19 - Pandemic Response:

In addition to the Board's normal schedule of meetings partners met more regularly to discuss the response to the pandemic and local risk factors. Focus was given to:

- Domestic Abuse and the delivery of local services
- Adult mental health services
- The voice of the adult - the Board worked with and supported Lewisham Speaking Up to stay engaged with adults living with a learning disability who have been disproportionately affected by Covid-19
- Rough sleepers
- Hospital discharges
- Out of borough placements.

The Board also supported the work on the 'shielding' programme, and with the development of a national data set analysing safeguarding trends, as well as publishing monthly e-Bulletins and a dedicated webpage. [See pages 3 & 4 for further information in relation to the impact of the pandemic.](#)

## 2. Self-Neglect & Hoarding Multi-Agency Policy, Practice Guidance and Toolkit:

This was revised based on consultation with key practitioners and clinicians working in the borough, taking into account training that had been delivered on this subject and the feedback from delegates that had been received on the previous policy.

[Read the policy, guidance and toolkit HERE](#)

## 3. Launch of the Lewisham Adult Safeguarding Pathway:

This included the publication of a revised Single Agency Adult Safeguarding Policy and Procedures Template, and the launch of a series of new leaflets and posters (see the back cover). [Specific details are on page 5.](#)

**4. Communication and Engagement Work:** [See page 6 for more detail.](#)

**5. Learning, Training and Development Programme:** [Also page 6 for the detail.](#)

**6. Publication of three Safeguarding Adult Reviews:** [See pages 9 & 10.](#)

**7. Supported the launch of the Lewisham Modern Slavery and Human Trafficking Network:** [See page 11 for more detail.](#)

## 8. Review of Statutory Advocacy Services:

This review commenced in March 2021 and will be completed in September.

From the Board's nine Strategic Objectives eight were either fully completed or are ongoing as outlined above, with the training programme and leadership project linked to adopting a 'Trauma Informed Approach' delayed due to the pandemic.

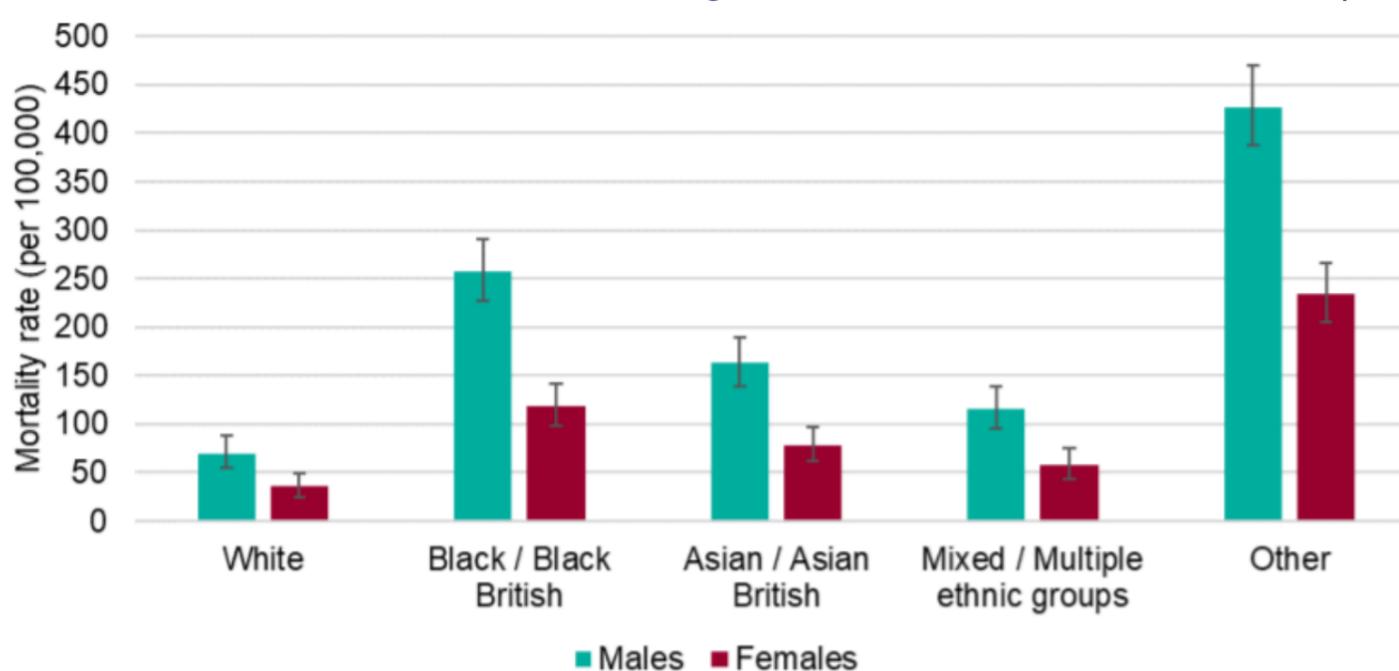
## Nationally

Public Health England (PHE) described health inequalities in the following way:

*“Some groups have an increased risk of adverse outcomes from COVID-19 including some ethnic groups, males, those with certain pre-existing conditions such as obesity, those in deprived communities, older people, some occupations, people living in care homes, and other vulnerable groups.*

(PHE Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups - June 2020)

- ⇒ People aged 80+ are **seventy times** more likely to die than those under 40
- ⇒ Mortality rates are **double** in the most deprived areas compared to the least
- ⇒ Rates are also Higher for **Black, Asian and Minority Ethnic (BAME)** groups
- ⇒ Death rates in London are **3+ times** higher than in the South West (lowest area).



(PHE Disparities in the Risk and Outcomes of COVID-19 - Aug 2020)

## Locally

*“As well as the tragic toll of the disease, the lockdown has affected both mental health and wider determinants of health and wellbeing, including access to vital services, our local economy, and the education of our children and young people. The full extent of this impact and the inequalities that are created or exacerbated will only begin to emerge over the coming months and years”.*

- ⇒ Lewisham residents born in the Americas, the Caribbean, Middle East or Asia have a **significantly higher death rate** than people born in either the UK or Europe
- ⇒ 22% of deaths from COVID-19 were residents who **normally lived in care homes**
- ⇒ The analysis shows **no significant difference** in the rate of death between those living in the most and least deprived areas of Lewisham
- ⇒ Almost **10,000 people were shielding in Lewisham**, and a wider cohort of approx. 3,000 vulnerable people (not known to services) were identified, and prioritised for a welfare call/ referral to other support if required.

Birmingham City and Lewisham Councils are launching ground-breaking work into the health inequalities of African and Caribbean communities. The aim is to find approaches to break decades of inequality that will lead to better futures for citizens.

(COVID-19: Lewisham System Recovery Plan - September 2020)

The following case studies provide an insight into the pressures and challenges that were faced by professionals in relation to safeguarding adults across Lewisham.

.....  
 An 81 year old man lived in a residential care home due to a progressive dementia diagnosis and his inability to remain safely in his own home. At this time the care home was closed to all visitors, and outside professionals were communicating virtually with the care home staff. The residents were being encouraged to remain in their own rooms to reduce the risk of transmission of infection, and staffing were also affected due to positive COVID tests, which all contributed to increasing the carers workload.



Although appropriate care was being provided, due to the pressures across the system, there was a delay in a pressure relieving mattress being provided and the man developed an unstageable pressure ulcer. The case was investigated by the Community Pressure Ulcer Panel and an action plan was jointly developed.

This was an unprecedented time for all of the services involved, but lessons were still identified and systems improved. The pressure ulcer is now completely healed and the gentleman remains happy living in the care home.

.....  
 Local police worked with a man living with a learning disability who was a victim of several robberies, assaults and anti-social behaviour. He also felt intimidated going out in his local community because of these incidents, as well other problems, some of which extended from Adverse Childhood Experiences (ACE's).

His basic living conditions were very poor including mould and mildew on the walls, bare and rotting floorboards, no fridge and no lock on his front door. Police instigated a multi-agency meeting bringing together his sister, a new social worker and the relevant housing association's property manager.

Following on from this the property was cleaned, painted, repaired and updated, and carers are now giving the man appropriate support. Despite having felt let down by services previously, this man is feeling a lot more positive and now starting to interact more in his local community. (Case refers to periods in between lockdown periods).



Staff managing mental ill-health related safeguarding enquiries faced a number of challenges because of Covid-19, including an increase in the severity of symptoms being experienced in the community, and a shift to remote working, which was not always conducive to engaging the adult at risk.

A positive example was the case of an adult who was initially identified by the London Ambulance Service as suffering from acute self-neglect, having attended their home due to the distressed state of the person. The Safeguarding Enquiry Officer worked with the Care Co-ordinator online, who then co-produced a care plan with the adult (Making Safeguarding Personal). Supportive outcomes and actions were generated in a very prompt manner as part of a wider harm minimisation plan.

**What is this?**

Comprehensive set of web pages providing local guidance, tools, forms and resources to support the London Multi-Agency Adult Safeguarding Policy and Procedures, as well as a platform to share good practice and build a local network of connected agencies all working to help prevent abuse and neglect.

**Why do we need it?**

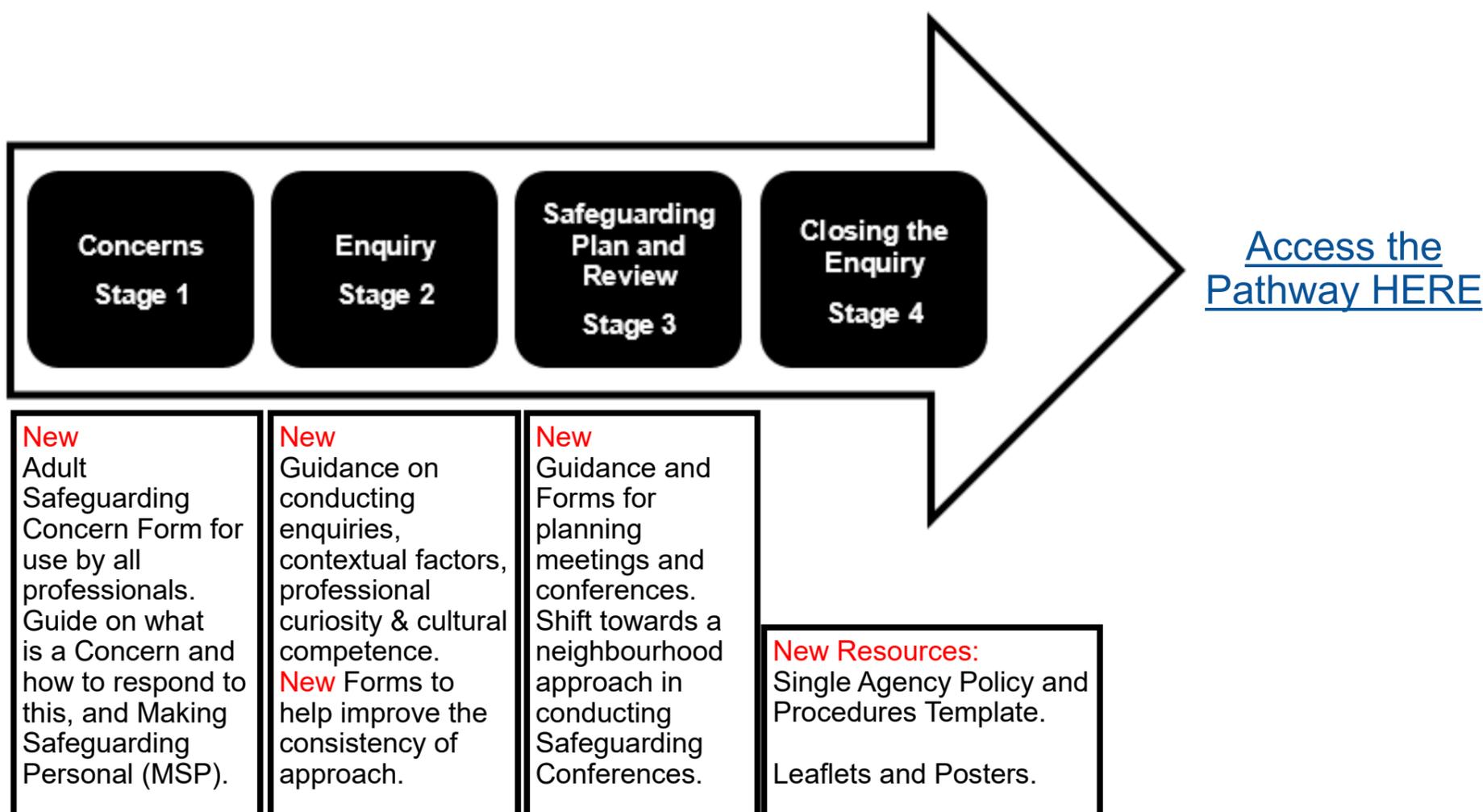
To make it easier for professionals to understand and digest the pan London Policy and Procedures, and to create a step by step guide (Stages 1-4) which is embedded into local agencies ways of working (practice) and systems.

**Who is it for?**

All professionals working with adults at risk of abuse and neglect in Lewisham, as well as members of the public, including carers.

**Who developed this Pathway?**

A range of professionals from across partner agencies were involved in developing the work, as well as the public who helped to co-produce the leaflets and posters.



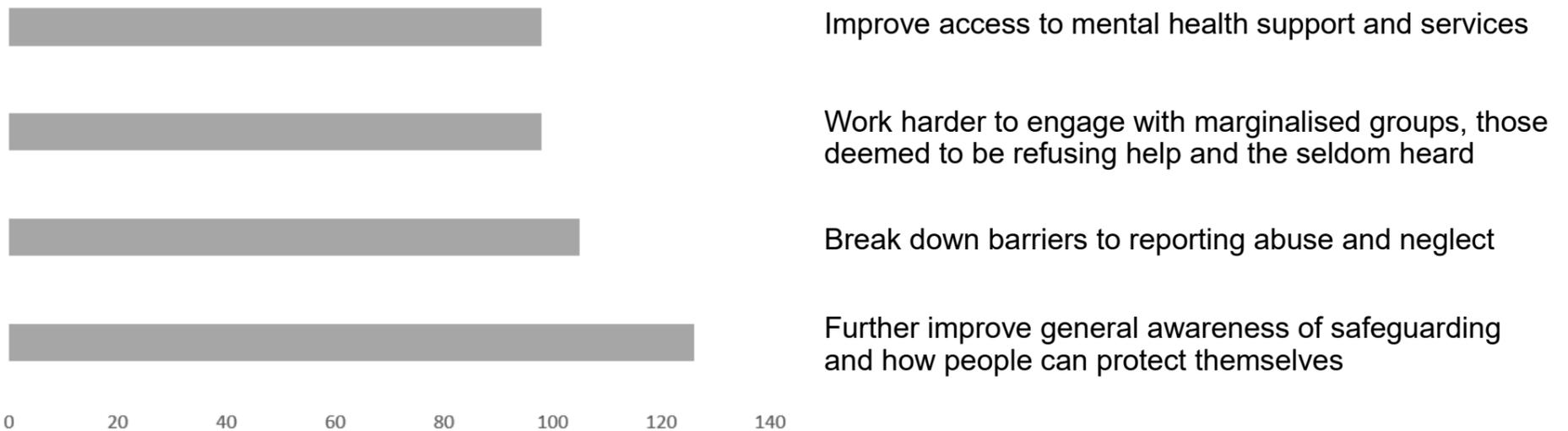
**What do I need to do?**

1. Use the **New** Adult Safeguarding Concern Form if you make a referral to the Local Authority.
2. Read and use all of the guidance throughout the four stages as outlined, and as applicable.
3. Embed this Pathway into your agency’s way of working and systems if you are the lead professional responsible for safeguarding.
4. Use the template Policy and Procedures if you work in a non-statutory agency.
5. Use the leaflets and posters.

Contact: [LSAB@Lewisham.gov.uk](mailto:LSAB@Lewisham.gov.uk) when you have completed number three above.

*“evidence of community awareness of adult abuse and neglect and how to respond”*  
 (Care Act Statutory Guidance 14.157)

**Fig 1: Annual Survey 2020-21: What should the Board’s priorities be in 2021-22?**

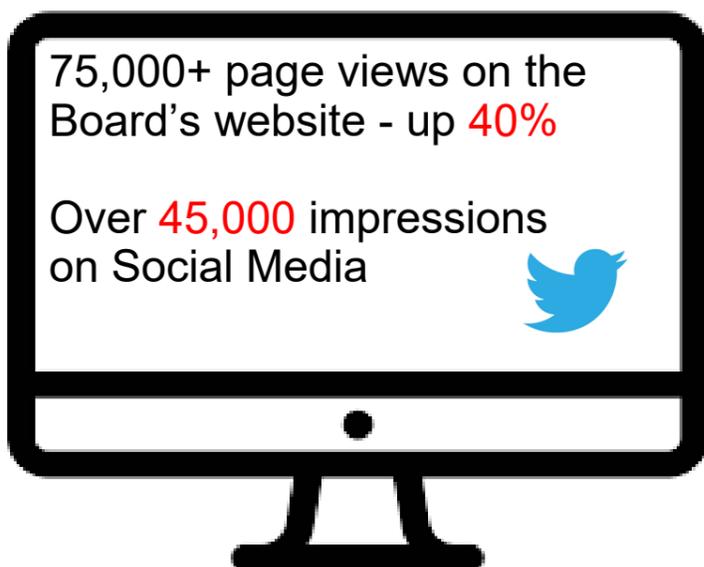


Over 200 professionals and members of the public engaged with the survey, which helped to inform the development of the Board’s strategic objectives (see page 12).

**Fig 2: I think LSAB is effective?**

- ⇒ **70% Strongly Agree/ Agree**
- ⇒ **23% Couldn’t answer the question/ Don’t know**
- ⇒ **7% Disagree**

*“I feel that we are further down the road in terms of achieving this (vision) than we have ever been”*

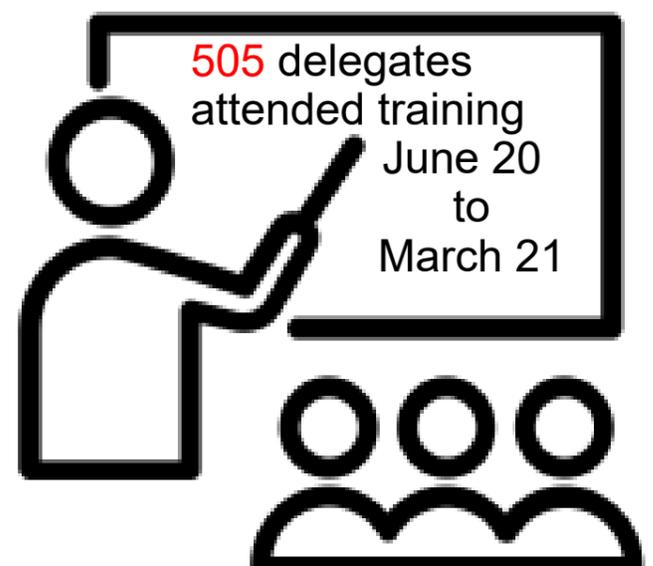


Over **6,000** reads of e-Bulletins

**Learning, Training and Development Delivery**

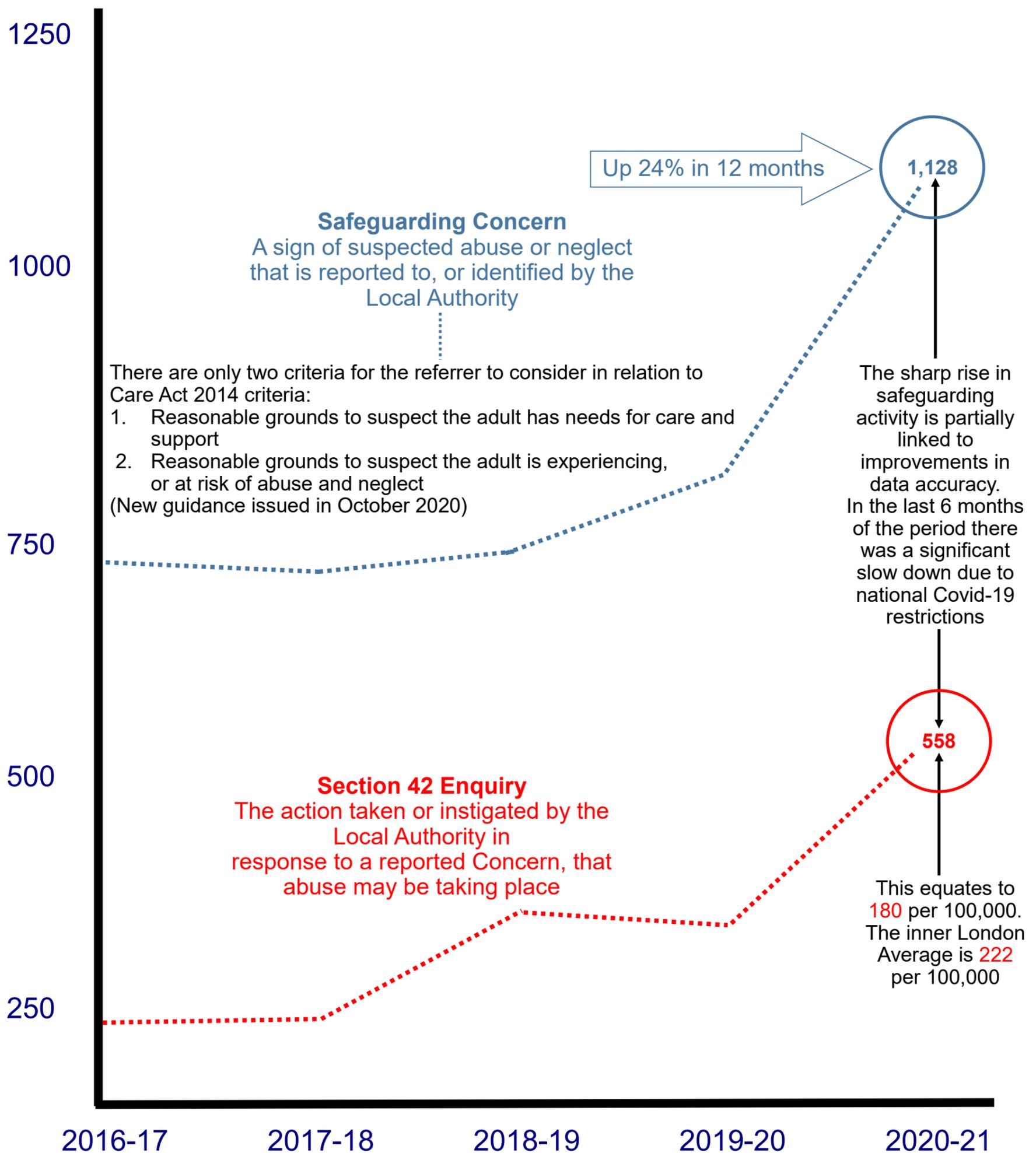
10 Learning and training events were cancelled/postponed between March - June 2020 due to Covid -19.

A transition to entirely online delivery was then made after this which wasn’t easy, although targets were still achieved within a condensed six month period. This demonstrates the positive effect that online delivery can have in increasing the numbers who can engage with learning interventions (annual average has been 320 places since 2018).

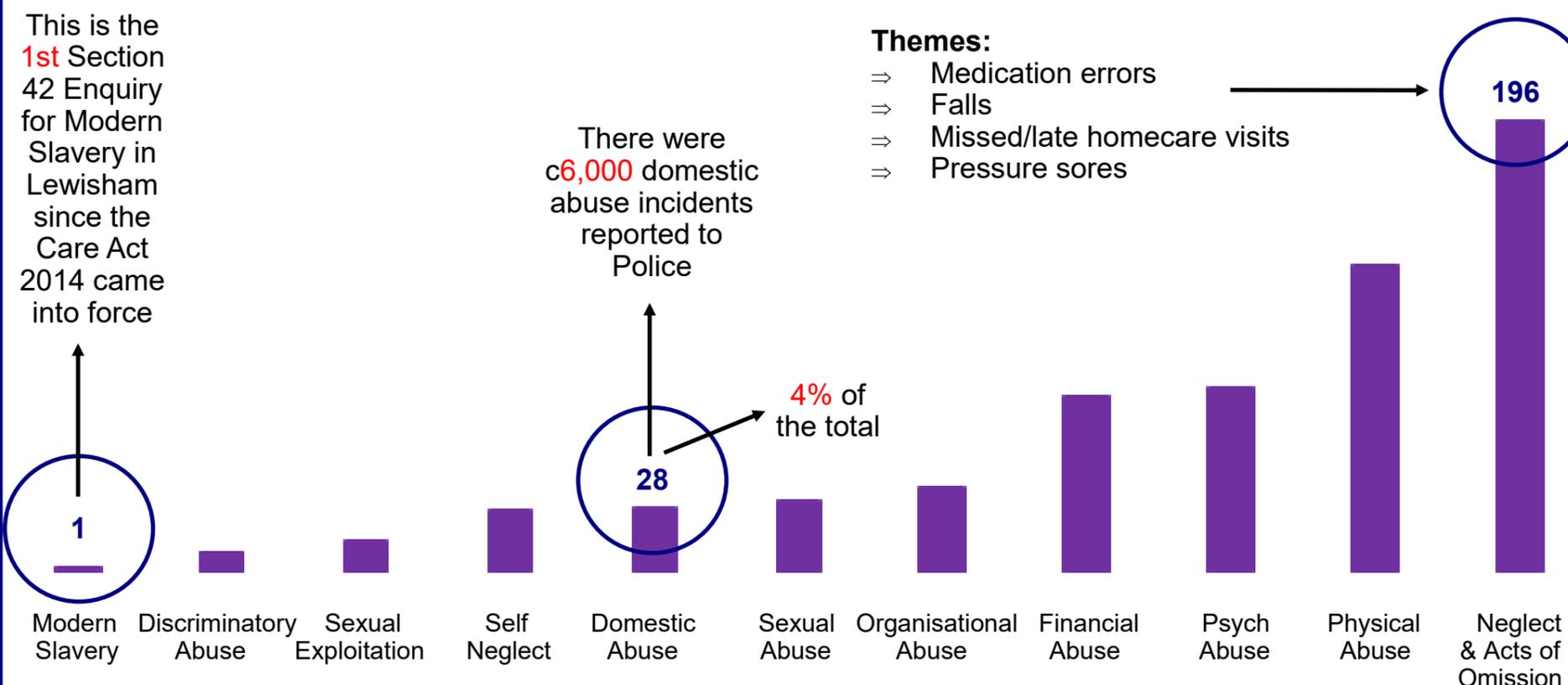


*“increase the SAB’s understanding of prevalence of abuse and neglect locally that builds up a picture over time”*  
 (Care Act Statutory Guidance 14.139)

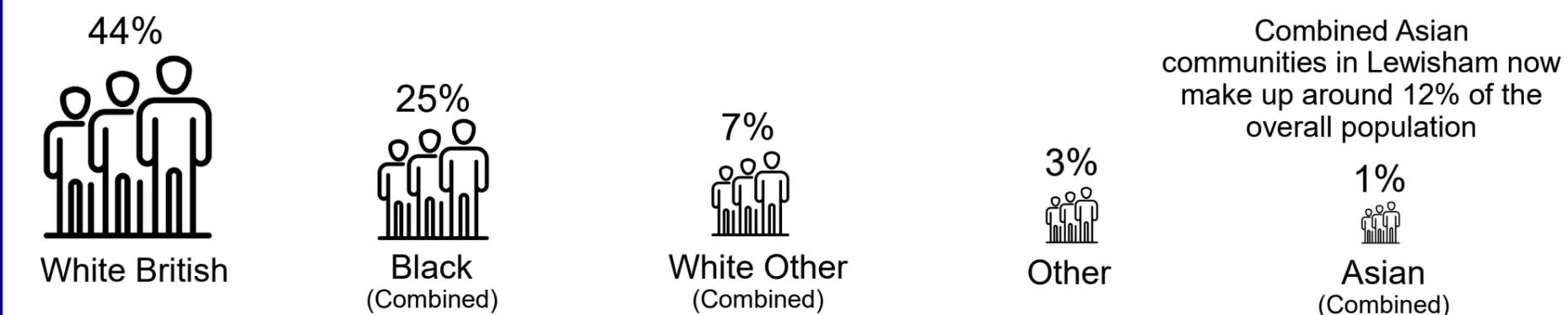
**Table 1: Safeguarding Concerns and Concluded Section 42 Enquiries**



**Table 2: Types of Abuse: Concluded Section 42 Enquiries**

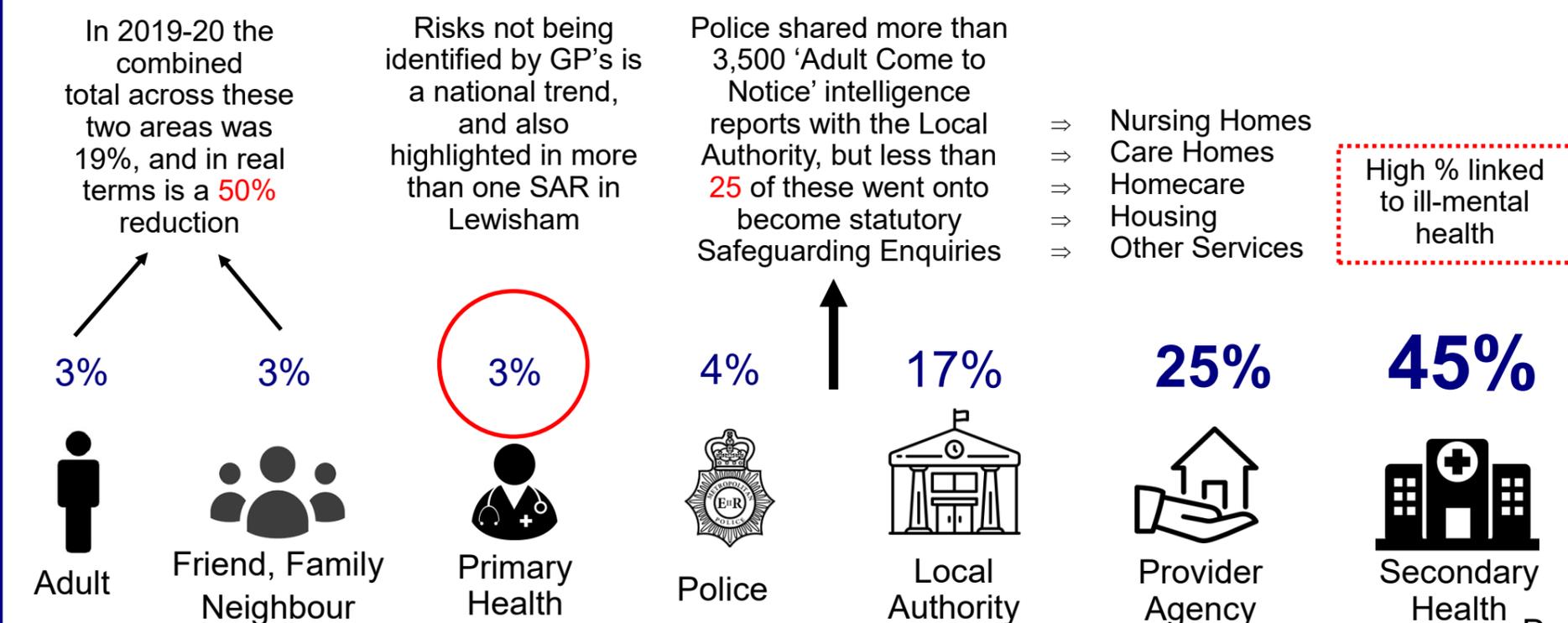


**Table 3: Concluded Section 42 Enquiries By Ethnic Code Group**



- => 36% of concluded s.42 Enquiries involved adults from Black, Asian and Minority Ethnic backgrounds (BAME)
- => Most up to date data projections are that the BAME population is around 48% in Lewisham (and rising)
- => This data indicates that there are still barriers to reporting abuse, which in turn suggests there is racial disparity and disproportionality in accessing protective services

**Table 4: Source of Concern Leading to Section 42 Enquiry (Who reported the abuse)**





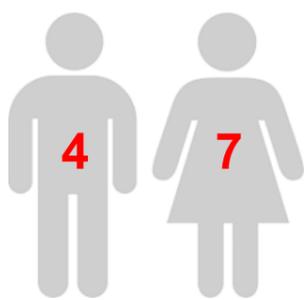
*“Safeguarding Adults Boards must arrange a Safeguarding Adult Review (SAR) when an adult dies either as a result of abuse or neglect, known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult”.*  
(Care Act Statutory Guidance 14.162)

## The Case Review Sub-Group

In total **11** cases were considered and or monitored by the Sub-Group, which is made up from the Board’s statutory partners, throughout the year (see page 9).

A National Analysis of SARs was also published in October 2020: [Read HERE](#)

## SAR Demographics and Themes (11 cases considered)



Age	
18 - 44:	<b>3</b>
45 - 59:	<b>3</b>
60 - 74:	<b>2</b>
75+:	<b>3</b>

### Most Common Types of Abuse

- ⇒ Organisational Abuse
- ⇒ Neglect & Acts of Omission

Themes: All Cases	
1	Lack of inter-agency working
2	Mental ill-health (including death by suicide)
3	Response to urgent care and support needs
4	Mental Capacity
5	Substance misuse
6	Self-Neglect
7	Physical assault/ Domestic Abuse

## SAR Lee (5 June 2020)



[Read the 7 Minute Briefing HERE](#)

### Background

On 11 January 2016 Lee walked out of a hospital where he had been an in-patient, and was found dead in the street eight miles away three days later. Lee was 46 years old and had a history of alcohol related illnesses, depression and anxiety.

### Key Learning Points

1. No formal assessment of risk was completed when Lee left the hospital that drew on previous knowledge of him. It took three days before Lee was formally recorded as missing by police. NHS Procedures should have been used to conclude that Lee was high risk of going missing from hospital.
2. There was miscommunication involving the police, family and hospital with respect to whether Lee was missing, and then whether a missing person enquiry should be raised.
3. No formal Mental Capacity Act assessment was ever conducted.

## Background

Mr Goodyear had been in irregular contact with mental health services since he was 15 years old and had been assessed to have Autism Spectrum Disorder (ASD), learning difficulties and Obsessive-Compulsive Disorder.

Tyrone lived with his mother and five of his siblings in four-bedroom temporary accommodation. This was causing friction between the family members. Tyrone left home after trying to secure alternative accommodation and his mother reported him missing. He was later found dead in a hotel room on 21 February 2019 having taken his own life via an overdose. He was 24 years old.

## Key Learning Points

1. People with ASD are more likely to commit suicide than the general population, and the factors that predict this can also be different from the wider general public.
2. People with ASD may 'camouflage' their needs in order to fit in. They may not be accessing any services but this does not mean that they do not have unmet needs.
3. Services need to be made more accessible for people living with ASD.

### **Extract: Statement from the family of Tyrone to accompany the SAR**

*"We hope that the changes recommended in this report can be put into place as soon as possible, to ensure that when someone with Autism Spectrum, learning and communications difficulties, and suspected mental health issues, will be treated with the correct priority that they need and deserve".*

## Background

Mrs A (102 years old) and Miss G (73 years old) both lived on their own at home and were receiving Homecare Services linked to mobility and other health conditions. They both also had periods where they were admitted to hospital and discharged, which led to complications in relation to the care they subsequently then received.

## Key Learning Points

1. Problems arose in the reassessment of needs during admission to hospital.
2. After mobility had decreased this should have informed a full reassessment.
3. Discharge from hospital resulted in the 'restart' of previous levels of care which were no longer appropriate to meet an increase in care needs.
4. Discharge planning was not undertaken in line with the good practice standards.
5. Carers continued to attempt to meet clients' needs rather than escalate either difficulties with the delivery of effective care, or the impact on the clients' health where needs were not met.
6. Community Nursing did not always respond appropriately or in a timely manner to referrals made by hospital or community services.
7. Equipment that was required at home was not ordered, delivered or set up.
8. Other delays in practical aspects of setting up changes to care caused needs to remain unmet, which led to serious health consequences for the adults.
9. Decision making was not assessed even though poor physical health can lead to a deterioration in mental capacity linked to associated risks in the community.

## Case Review Sub-Group

The Sub-Group oversees Safeguarding Adult Reviews (SAR) processes locally, and is led by the Board's Independent Chair Professor Michael Preston-Shoot.

The group met **7** times and considered **3** new SAR Notifications during 2020-21. **4** SARs commenced during the year (which includes **2** that were pending from 2019-20), with a further **2** on hold due to 'parallel processes'. The SARs that were published during the year are outlined on pages 9&10.

## Lewisham Modern Slavery and Human Trafficking Network

This group was newly launched and involves a range of Board partners across all age domains, but has been initially guided by the Board's business team, supported by the Human Trafficking Foundation.



The Network is developing a new local strategy and guidance for, and with practitioners, which will include a Victim Care Pathway. This subject does not have a high profile in relation to adult safeguarding locally, and is evolving all of the time with new approaches and guidance being created nationally.

## Mission Statement

*"We will robustly tackle all forms of modern slavery and human trafficking in Lewisham through effective and collaborative partnership working, and by identifying, protecting and supporting potential victims of modern slavery and human trafficking.*

*We will empower people to move on safely and successfully from exploitation, and proactively target and pursue criminals".*

The Governance for the Network has not been decided yet, but this is likely to come from the Safer Lewisham Partnership Board.

## Performance, Audit and Quality Sub-Group

This group continued to meet quarterly throughout the year to monitor the Performance Indicators below:

Pi	Performance Indicators (Pi)	Pi Criteria	Risk is
1	Percentage of Concerns leading to Section 42 Enquiries	> 40%	
2	Percentage of Section 42 Enquiries that involved an adult with a previous enquiry in a rolling 12 month period	< 25%	
3	Percentage of those who were asked their desired outcomes	> 75%	
4	Percentage of those who were satisfied with their outcome	> 75%	
5	Percentage of those where risk has been reduced or been removed	> 89%	

Risks have increased since the end of 2019-20 due to the pressures and challenges the Council and the NHS have faced during the last 12 months.

The group also monitors other pieces of relevant data some of which is outlined on pages 7&8. This informs the groups work programme of audits and reviews, and has played a significant part in informing the development of the Board's current strategic objectives (page 12).

## SAR Mrs A and Miss G Task and Finish Group

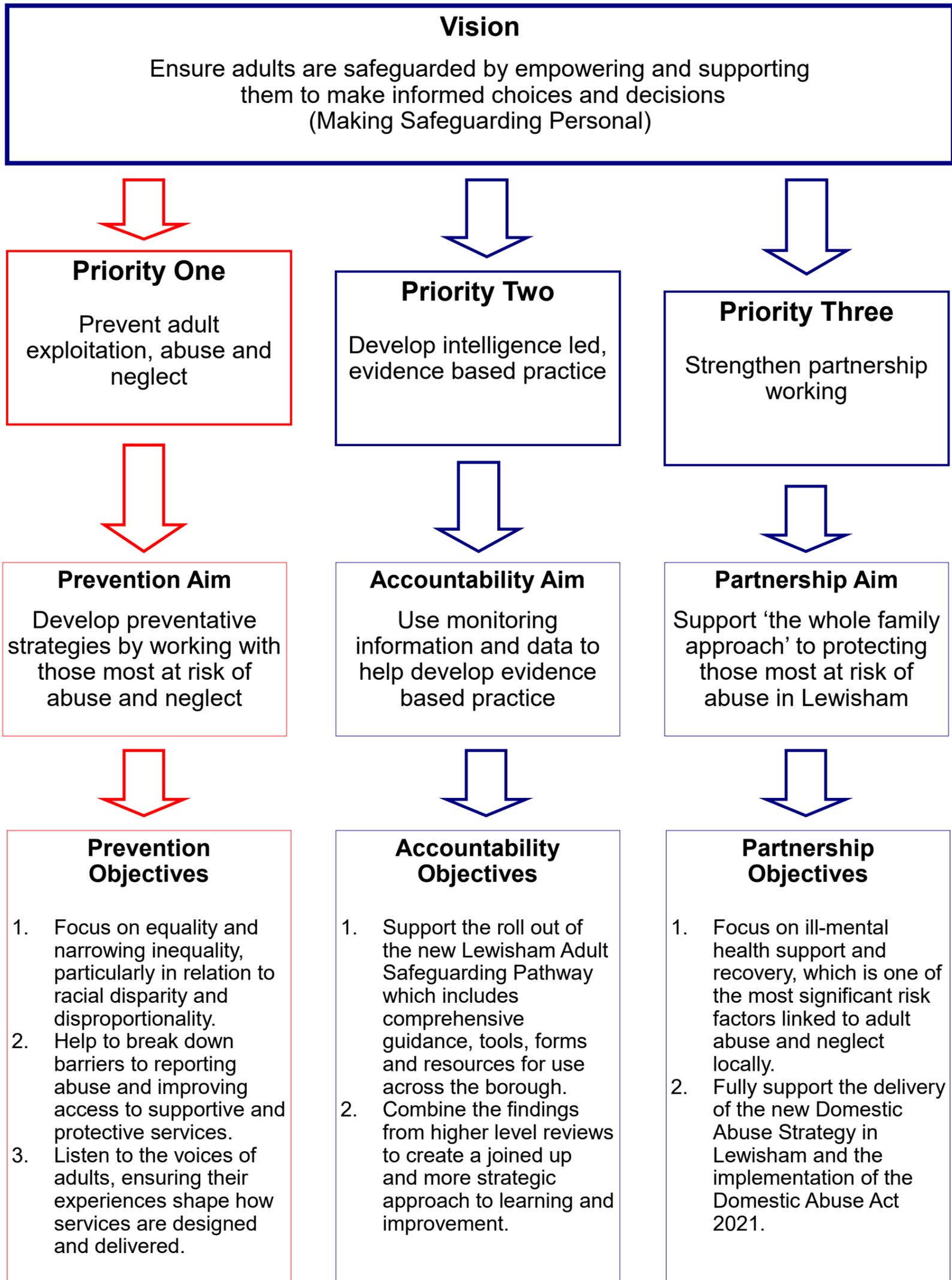
This group was established to support and track the delivery of the Action Plan linked to this SAR. This was paused to allow Lewisham & Greenwich NHS Trust to focus on the pandemic response, but has now re-commenced.

## Lewisham Safeguarding Housing Forum

The group continued to meet quarterly throughout the year, bringing a wider range of agencies and providers together. The Forum has now been stood down having achieved its stated objectives.



All of the elements outlined below have been developed based on feedback from members of the public and practitioners, performance and other relevant data, audits, and by Board partners providing specific input. This plan is designed to give relevant agencies and professionals a generic template to use in conjunction with the Board.





**SEE IT, REPORT IT!**

**HELP KEEP RESIDENTS SAFE FROM  
ABUSE AND NEGLECT**

**Contact the Safeguarding Hub:  
020 8314 7777**





## Healthier Communities Select Committee

### **Report title: Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) - Update**

**Date:** 2<sup>nd</sup> November 2021

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### **Outline and recommendations**

This report provides an update to the Healthier Communities Select Committee on the innovative collaboration between Lewisham and Birmingham City Councils to tackle health inequalities for Black African and Black Caribbean residents.

Members of the Healthier Communities Select Committee are recommended to:

- Note the contents of this report

## Timeline of engagement and decision-making

**2 November 2021** – Update report to the Healthier Communities Select Committee.

**15 December 2021** – Report to Lewisham Health and Wellbeing Board of opportunities for action from the review.

**February 2022** – Final report and opportunities for action published.

## 1. Summary

- 1.1. The purpose of this report is to provide the Healthier Communities Select Committee with an update on the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- 1.2. Lewisham Council and Birmingham City Council launched BLACHIR in May 2020 as a ground-breaking approach to addressing the deficit in historic approaches to addressing health inequalities specifically for Black African and Black Caribbean communities.
- 1.3. Numerically and proportionally Lewisham and Birmingham have some of the largest populations of Black African and Black Caribbean residents in the country. The respective Councils are therefore natural national leaders in addressing health inequalities for these communities. The partnership between Councils shares knowledge and resources through a collaborative review process following on from the work of our respective Councils as national Childhood Obesity Trailblazers.
- 1.4. BLACHIR is undertaking a ‘deep dive’ into available data, academic evidence and the lived of Black African and Black Caribbean residents in Lewisham and Birmingham with respect to health inequalities for Black African and Black Caribbean communities. The review will develop practical **opportunities for action** to address systemic inequalities with the ambition of breaking decades of inequality in sustainable ways that will lead to a better future for residents.
- 1.5. The importance of this work was highlighted at an unprecedented time following the disproportionate impact of the COVID-19 pandemic on those from Black, Asian and Minority Ethnic communities. Several national studies and reports have demonstrated this disproportionate impact of COVID-19, which reflect many of the pre-existing health inequalities for those of Black and Asian ethnicity.
- 1.6. The Office for National Statistics (ONS) analysis of COVID-19 deaths and ethnicity for England and Wales showed that<sup>1</sup>:

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1

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020#main-points>

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When taking into account age in the analysis, Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females. (After adjusting for age only)

After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a COVID-19-related death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity.

These results show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but a remaining part of the difference has not yet been explained.

- 1.7. The Public Health England (PHE) review of disparities in the risk and outcomes of COVID-19<sup>2</sup> showed that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.

This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).

Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups.

## 2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to:
  - Note the contents of this report

## 3. Policy Context

- 3.1. The NHS Race and Health Observatory was established in 2020 by the NHS to examine the health inequalities experienced by Black and minority ethnic communities in England. The Observatory is supported by NHS England, hosted by the NHS Confederation, and aims to 'close the gap on ethnic health inequalities through research, innovation, and evidence-based recommendations for practice'. The NHS Race and Health Observatory is overseen by a Board of members, chaired by Marie Gabriel CBE<sup>3</sup>.
- 3.2. The Lewisham Council Corporate Strategy has seven main priorities with Priority 5 being 'Delivering and defending: health, social care and support'. This priority aims to ensure that everyone receives the health, mental health, social care and support services they need. Within this priority is the commitment for the Council to 'work with our health and wellbeing partners and our communities to ensure that Black, Asian and minority ethnic groups gain appropriate access to mental health services'. This commitment is overseen by the work of the Lewisham Health and Wellbeing Board on health inequalities.

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<sup>2</sup> <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

<sup>3</sup> <https://www.nhsrho.org/about-us/>

## 4. Health Inequalities work in Lewisham

- 4.1. In July 2018 the Lewisham Health and Wellbeing Board agreed that the main area of focus for the Board should be tackling health inequalities, with an initial focus on health inequalities for Black, Asian and Minority Ethnic communities in Lewisham. 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 health inequalities for Black, Asian and Minority Ethnic residents. The areas identified were: mental health; obesity; and cancer. At the November 2018 meeting of the Board it was agreed to frame the ongoing discussion concerning health inequalities around these three themes and to actively engage the Lewisham BME Network in this process.
- 4.2. A draft action plan covering all three priority areas (cancer, obesity and mental health) was developed in July 2019 in response to a referral made by the Healthier Communities Select Committee. At the November 2019 Health and Wellbeing Board meeting, Board members agreed to further refine the draft action plan with the BME Network taking a co-production approach.
- 4.3. A Black, Asian and Minority Ethnic health inequalities working group (a subgroup of the Health and Wellbeing Board) has met since the March 2020 Health and Wellbeing Board meeting to oversee implementation of the action plan. The working group had intended to meet on a monthly basis but in light of the COVID-19 pandemic and disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities, the group started to meet on a fortnightly basis from April 2020.
- 4.4. In addition to the programme of work overseen by the Lewisham Health and Wellbeing Board the following initiatives are underway, which support the work to address health inequalities and health inequity in Lewisham:
  - [Lewisham Schools Pledge](#) - A pledge by Lewisham schools to make structural changes to reduce address poor educational attainment and experience for young people of Black Caribbean and dual heritage.
  - *Improving Citizen and Community engagement in Lewisham health care* – A project is underway to understand current practice and provide recommendations on how to improve community and citizen engagement in Lewisham health care which should report in November 2021.
  - *Health Inequalities Toolkit* – Lewisham Council has developed a health inequalities toolkit to help organisations understand and take evidence based approach to health inequalities and health equity.
  - *South London Listens* – Significant insights have been generated on inequalities in mental health and good mental health through [South London Listens](#) with coproduction of action with community leaders.
- 4.5. To assess what we have achieved in Lewisham on health inequalities to date and to discuss the future direction of this work, a series of Lewisham health inequalities summit events will be held over the coming months. The first event entitled '*Beyond data towards action - Addressing health inequalities and inequity through the Lewisham health and care system Workshop*', is being held on 11<sup>th</sup> November and will bring together health and care leaders to discuss common and individual organisation action on health inequalities.

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## 5. Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)

- 5.1. The aim of the BLACHIR partnership is to jointly undertake a series of reviews in order to explore in depth, the inequalities experienced by Black African and Black Caribbean communities and the drivers of these inequalities; and to identify **opportunities for action** to address the inequalities. The main objective of the review is to produce a joint final report, that brings together the findings from the advisory boards, stakeholder events, research and data analysis conducted by the BLACHIR review team throughout an 18 month period.
- 5.2. The review themes that have been covered by BLACHIR to date include:
- Racism and Discrimination
  - Pregnancy, Early Years and Parenthood
  - Children and Young People
  - Ageing Well
  - Mental Health and Wellbeing
  - Health Behaviours
- 5.3. Overseeing this work are:
- Nine **external advisory board** members and elected members across Lewisham and Birmingham who bring a range of knowledge, skills and lived experience via their community networks;
  - An **external academic board** that consists of a network of fifteen national academics.
- A Council webpage has been developed to sit alongside information outlining the review to introduce board members to residents and to provide updates: <https://lewisham.gov.uk/myservices/socialcare/health/improving-public-health/birmingham-and-lewisham-african-and-caribbean-health-inequalities-review>
- 5.4. Both the external academic and advisory boards provide outputs on all topics following meetings of the respective boards for each review theme. These board outputs are utilised to develop actionable solutions i.e. **opportunities for action** that will be collated to be included in the final review report.
- 5.5. Progress of this partnership are reported to the Black, Asian and Minority Ethnic health inequalities working subgroup of the Lewisham Health and Wellbeing Board on a monthly basis and the Lewisham Health and Wellbeing Board on a quarterly basis.

## 6. Next steps

- 6.1. The next steps for the BLACHIR project include:
- *Completion of remaining review themes* – Undertaking thematic reviews on the wider determinants of health and acute and chronic disease themes.
  - *Community engagement* – An outward facing engagement exercise to further develop the review **opportunities for action** with individuals, communities and organisations across Lewisham to enable shared ownership and development of actions.
  - *Health inequalities summit* – Findings from the review will be shared and tested at the series of Lewisham health inequalities summit events starting on 11<sup>th</sup> November.

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- *Identifying and enacting quick and longer term wins* – Working across local and national systems to realise opportunities for actions to achieve tangible change.
- 6.2. A final report will be jointly published and delivered to the Lewisham and Birmingham Health and Wellbeing Board in March 2022.

## 7. Financial implications

- 7.1. There are no significant financial implications of this report. The review work is resourced from the Public Health grant and Contain Outbreak Management Fund allocations from the respective Councils.

## 8. Legal implications

- 8.1. The substance of the work covered by this report directly feeds into the Council's statutory obligations within the Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.2. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - advance equality of opportunity between people who share a protected characteristic and those who do not.
  - foster good relations between people who share a protected characteristic and those who do not.
- 8.3. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at 12.2 above.
- 8.4. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

## 9. Equalities implications

- 9.1. In accordance with the legal obligations referred to within paragraph 7 of this report, this report specifically outlines work that aims to tackle health inequalities in Black African and Black Caribbean communities in Birmingham and Lewisham.

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## **10. Climate change and environmental implications**

10.1. There are no climate change or environmental implications of this report.

## **11. Crime and disorder implications**

11.1. There are no crime and disorder implications of this report.

## **12. Health and wellbeing implications**

12.1. This reports specifically relates to improving the health and wellbeing of Black African and Black Caribbean residents.

## **13. Report author and contact**

13.1. Dr Catherine Mbema, [Catherine.mbema@lewisham.gov.uk](mailto:Catherine.mbema@lewisham.gov.uk)

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## Healthier Communities Select Committee

### Report title: Select Committee Work Programme Report

**Date:** 2 November 2021

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** Not applicable

**Contributors:** Assistant Chief Executive (Scrutiny Manager)

### Outline and recommendations

This report gives committee members an opportunity to review the committee's work programme and make any modifications required.

The Committee is asked to:

- To review the work programme attached at **appendix B**.
- Note the four strategic themes of the borough's recovery plan: *Future Lewisham*
- To consider the items for the next meeting and specify the information required.
- To review the forward plan of key decisions at **appendix E** to consider whether there are any items for further scrutiny.

### Timeline of decision-making

HCSC Work Programme 2021/22 – draft agreed on 21 June 2021

HCSC Work Programme 2021/22 – agreed by Business Panel 20 July 2021

## 1. Summary

- 1.1. The committee proposed a draft work programme at the beginning of the municipal year. This was considered alongside the draft work programmes of the other select committees and agreed by Business Panel on 20 July 2021.
- 1.2. The work programme should be reviewed at each meeting to take account of changing priorities.

## 2. Recommendations

- 2.1. The Committee is asked to:
  - To review the work programme attached at **appendix B**.
  - Note the four strategic themes of the borough's recovery plan: *Future Lewisham*
  - Consider the items for the next meeting and specify what evidence is required, including being clear about the information the committee wishes to be included in officer reports.
  - To review the forward plan of key decisions at **appendix E** to consider whether there are any items for further scrutiny.

## 3. Work Programming

- 3.1. When reviewing the work programme the Committee should consider the following:
- 3.2. The Committee's terms of reference (Appendix A). The Committee's areas of responsibility, include, but are not limited to:
  - Adult social care
  - Primary and secondary care
  - Mental health
  - Adult learning
  - Leisure centres
- 3.3. Whether any urgent issues have arisen that require scrutiny. If so, consider to the prioritisation process (Appendix C) and the Effective Scrutiny Guidelines (Appendix D)
- 3.4. Whether a committee meeting is the most effective forum for scrutinising the issue. For example, would a briefing be more appropriate?
- 3.5. Whether there is capacity to consider the item - could any work programme items be removed or rescheduled?
- 3.6. Whether the item links to the priorities set out in the [Corporate Strategy for 2018-2022](#):
  - [Open Lewisham](#) - Lewisham is a welcoming place of safety for all, where we celebrate the diversity that strengthens us.
  - [Tackling the housing crisis](#) - Everyone has a decent home that is secure and affordable.
  - [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.
  - [Building an inclusive local economy](#) - Everyone can access high-quality job opportunities, with decent pay and security in our thriving and inclusive local economy.

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- [Delivering and defending: health, social care and support](#) - Ensuring everyone receives the health, mental health, social care and support services they need.
  - [Making Lewisham greener](#) - Everyone enjoys our green spaces, and benefits from a healthy environment as we work to protect and improve our local environment.
  - [Building safer communities](#) - Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.
- 3.7. The committee should also note and take into account the four strategic themes of the borough's Covid-19 recovery plan, **Future Lewisham**, which support what we want for every single resident and that we know are what we need to focus on locally:
- 3.8. **An economically sound future**
- We are working to get the borough back in business, with a future where everyone has the jobs and skills they need to get the best that London has to offer.*
- We are a borough with businesses that are adaptable and prepared for change, a thriving local economy that sees 'local' as the first and best choice, with digital inclusion at the heart of our plans. We do all we can to support residents into jobs that pay fairly and provide families with the opportunities and security they deserve.*
- 3.9. **A healthy and well future**
- Good health and wellbeing should be something we can all depend on, something that is equally accessible to everyone.*
- We know this is much wider than 'medicine' and the NHS. Our health and well-being is also dependent on our housing, the air we breathe, our support networks and more. We will make sure to pay as much attention and invest as much effort into improving these wider factors and taking action on inequality at every turn. Rectifying health inequalities and developing good mental health & wellbeing for everyone drives what we do.*
- 3.10. **A greener future**
- Our next steps will be our greenest yet, continuing our efforts to preserve our climate for future generations and ensuring everyone can enjoy the place we call home.*
- We will capture and build on the best of what we saw from the increase in walking and cycling locally, and all the other ways our environment benefitted from behaviour changes over the last year. We will nurture and protect the place we call home so that we can continue to appreciate its benefits for generations to come.*
- 3.11. **A future we all have a part in**
- We work together as one borough, within our communities and identities, to harness the power of volunteering and community spirit that has helped get us through the last year.*
- We will work alongside our strongest asset – our community – to strengthen and enhance our borough for everyone. We achieve more together and being connected and taking an active role in our borough benefits us all. Our year as Borough of Culture 2022 will be Lewisham's best year yet, celebrating our fantastic part of London and providing opportunities for everyone to connect and get involved in our local community.*
- 3.12. The committee is recommended to schedule **two substantive items per meeting**, leaving space available for Mayor & Cabinet responses and other urgent business as the need arises throughout the year.
- 3.13. Provision is made for meetings to last for up to 2.5 hours, but the committee should aim to **manage its business within 2 hours**. In exceptional cases the committee may decide to suspend standing orders and extend the meeting for a further 30 minutes to

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conclude any urgent business.

#### 4. The next meeting

- 4.1. The following items are scheduled for the next meeting. For each item, the Committee should clearly define the information and analysis it wishes to see in officer reports.
- 4.2. The Committee should also consider whether to invite any expert witnesses to provide evidence, and whether site visits or engagement would assist the the effective scrutiny of the item.

Agenda Item	Information and analysis required	Review type	Corporate Priority
Budget cuts proposals		Standard item	CP5
Adult social care review update		Standard item	CP5
Lewisham system recovery	Primary care access	Standard item	CP5

#### 5. Scrutiny between meetings

- 5.1. Below is a tracker of scrutiny activity, including briefings, visits and engagement, that has taken place outside of the committee meetings.

Agenda Item	Date due	Outcome	Corporate Priority
Health & Social Care Bill	17/9/21	Requested briefing for other members	CP5

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## 6. Referrals

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 Mayor & Cabinet	Response due at committee
Adult social care review	8/9/21	14/9/21	14/9/21	2/11/21

## 7. Financial implications

7.1. There are no direct financial implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme will have financial implications and these will need to be considered as part of the reports on those items.

## 8. Legal implications

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

## 9. Equalities implications

9.1. 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.

9.2. 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.

9.3. 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.

## 10. Climate change and environmental implications

10.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme may have climate change implications and these will need to be considered as part of the reports on those items.

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## **11. Crime and disorder implications**

- 11.1. There are no direct crime and disorder implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme may have crime and disorder implications and these will need to be considered as part of the reports on those items.

## **12. Health and wellbeing implications**

- 12.1. There are no direct health and wellbeing implications arising from the implementation of the recommendations in this report. Items on the Committee's work programme may have health and wellbeing implications and these will need to be considered as part of the reports on those items.

## **13. Report author and contact**

If you have any questions about this report please contact: John Bardens, 020 8314 9976 [john.bardens@lewisham.gov.uk](mailto:john.bardens@lewisham.gov.uk)

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## 14. Appendix A - Select Committee Terms of Reference

The following roles are common to all select committees:

### (a) General functions

- To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions
- To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function
- To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents
- The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

### (b) Policy development

- To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate
- To conduct research, community and/or other consultation in the analysis of policy options available to the Council
- To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

### (c) Scrutiny

- To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time
- To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas
- To question members of the Executive or appropriate committees and executive directors personally about decisions
- To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented
- To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance
- To question and gather evidence from any person outside the Council (with their consent)
- To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

### (d) Community representation

- To promote and put into effect closer links between overview and scrutiny members and the local community
- To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people
- To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.
- To keep the Council's local ward assemblies under review and to make recommendations

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to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

- To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary
- To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters).

**(e) Finance**

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

**(f) Work programme**

- As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.
- The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

**Healthier Communities has specific responsibilities for the following:**

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. For the avoidance of doubt, however, decisions to refer matters to the Secretary of State in circumstances where a health body proposes significant development or significant variation of service may only be made by full Council.
- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from

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time to time.

- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee .
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to: people with learning difficulties; people with physical disabilities; mental health services; the provision of health services by those other than the Council; provision for elderly people; the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations; lifelong learning of those aged 19 years or more (excluding schools and school related services); Community Education Lewisham; other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over.
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

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

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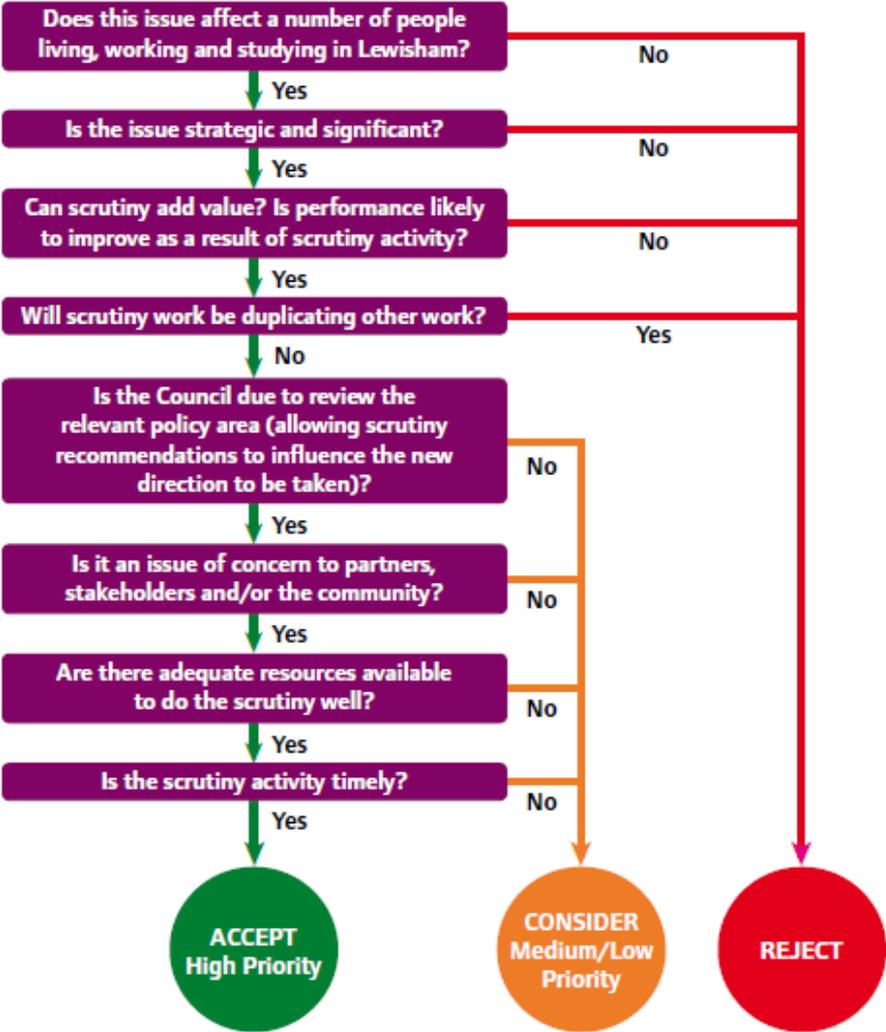
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# Appendix C

The flowchart below is designed to help Members decide which items should be added to the work programme. It is important to focus on areas where the Committee will influence decision-making.

## Scrutiny work programme – prioritisation process



### Effective Scrutiny Guidelines

#### At Lewisham we:

##### 1. Prioritise

It is more effective to look at a small number of key issues in an in-depth way, than skim the surface of everything falling within scrutiny's remit. We try to focus on issues of concern to the community and/or matters that are linked to our corporate priorities. We only add items to the work programme if we are certain our consideration of the matter will make a real and tangible difference.

##### 2. Are independent

Scrutiny is led by Scrutiny Members. Scrutiny Members are in charge of the work programme and, for every item, we specify what evidence we require and what information we would like to see in any officer reports that are prepared. We are not whipped by our political party or unduly influenced by the Cabinet or senior officers.

##### 3. Work collectively

If we collectively agree in advance what we want to achieve in relation to each item under consideration, including what the key lines of enquiry should be, we can work as a team to question witnesses and ensure that all the required evidence is gathered. Scrutiny is impartial and the scrutiny process should be free from political point scoring and not used to further party political objectives.

##### 4. Engage

Involving residents helps scrutiny access a wider range of ideas and knowledge, listen to a broader range of voices and better understand the opinions of residents and service users. Engagement helps ensure that recommendations result in residents' wants and needs being more effectively met.

##### 5. Make SMART evidence-based recommendations

We make recommendations that are based on solid, triangulated evidence – where a variety of sources of evidence point to a change in practice that will positively alter outcomes. We recognise that recommendations are more powerful if they are:

- Specific (simple, sensible, significant).
- Measurable (meaningful, motivating).
- Achievable (agreed, attainable).
- Relevant (reasonable, realistic and resourced, results-based).
- Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).

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## Healthier Communities Select Committee work programme 2021/22

Item	Type	Priority	Delivery	21-Jun	08-Sep	02-Nov	12-Jan	01-Mar
Confirmation of Chair and Vice Chair	Constitutional req	CP5	June					
Work programme 2021-22	Constitutional req	CP5	June					
Lewisham system recovery	Standard item	CP5	June/Jan					
Migrant charging update	Standard item	CP5	Sept					
Adult social care review update	Standard item	CP5	Sept/Jan					
Lewisham Adult Safeguarding Board (LASB) annual report	Standard item	CP5	Nov					
The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR)	Standard item	CP5	Nov					
Budget cuts proposals	Standard item	CP5	Jan					
Leisure centres performance management	Standard item	CP5	March					
Care homes and market stability	Standard item	CP5	March					

Information reports, briefings and visits	Type	Priority	Delivery					
Lewisham Adult Safeguarding Board (LASB) annual report	Performance monitoring	CP5	Nov					
Lewisham and Greenwich NHS Trust (LGT) quality account	Performance monitoring	CP5	tbc					
South London and Maudsley NHS Trust (SLaM) quality account	Performance monitoring	CP5	tbc					
Adult Learning Lewisham (ALL) annual report	Performance monitoring	CP5	July					
Health and care bill	Briefing	CP5	Sept					
Migrant charging update	Standard item	CP5	Sept					
Pathology changes - impact on GP services	Performance monitoring	CP5	Tbc					
Annual public health report	Performance monitoring	CP5	July					

	Item completed
	Item on-going
	Proposed timeframe

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**FORWARD PLAN OF KEY DECISIONS**

**Forward Plan November 2021 - February 2022**

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](mailto: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.

<b>FORWARD PLAN – KEY DECISIONS</b>					
<b>Date included in forward plan</b>	<b>Description of matter under consideration</b>	<b>Date of Decision Decision maker</b>	<b>Responsible Officers / Portfolios</b>	<b>Consultation Details</b>	<b>Background papers / materials</b>
August 2021	<b>Procurement of Housing Management System and implementation of a Customer Relationship Management System</b>	03/11/21 Mayor and Cabinet	Jamie Parris, IT Procurement Specialist and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
September 2021	<b>Building Security and Related Services Award of Contract</b>	03/11/21 Mayor and Cabinet	Brian Colyer, Head of Facilities Management and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2021	<b>New Parking Enforcement arrangements on Lewisham Homes and RB3 managed Housing Estates - outcome of Section 105 consultation</b>	03/11/21 Mayor and Cabinet	Ella McCarthy, Housing Partnership and Insight Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
October 2021	<b>Building for Lewisham Shared Ownership Marketing, Sales, Allocations and Management</b>	03/11/21 Mayor and Cabinet	Karen Barke, Head of Strategic Development and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	<b>Leisure Management Arrangements</b>	03/11/21 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Andre Bourne, Cabinet member for Culture		
August 2021	<b>Endorsement of the Lewisham</b>	03/11/21	Eszter Wainwright-Deri,		

**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
	<b>Biodiversity Partnership's - A Natural renaissance for Lewisham (2021-26)</b>	Mayor and Cabinet	Ecological Regeneration Manager and Councillor Patrick Codd, Cabinet Member for Environment & Transport		
April 2021	<b>GLA Affordable Housing Grant 2021-26</b>	03/11/21 Mayor and Cabinet	Karen Barke, Head of Strategic Development and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	<b>NCIL borough recommendations for funding</b>	03/11/21 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	<b>Adults "Core" Substance Misuse Contract Award</b>	03/11/21 Mayor and Cabinet	Iain McDiarmid and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
September 2021	<b>Post consultation report recommending making of an Article 4 Direction, covering Deptford High Street and St Paul's Church CA</b>	03/11/21 Mayor and Cabinet	Joanna Ecclestone, Senior Conservation Officer and Councillor Paul Bell, Cabinet Member for Housing & Planning		
September 2021	<b>Supported housing and floating support permissions to award contracts</b>	03/11/21 Mayor and Cabinet	Sarah Miran, Commissioning Manager and Councillor Chris Best, Cabinet Member for		

**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
			Health and Adult Social Care		
September 2021	<b>Approval to Tender works to refurbish the former Catford Constitutional Club</b>	03/11/21 Mayor and Cabinet	Sandra Plummer, Senior Project Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
October 2021	<b>Right to Buyback Programme</b>	03/11/21 Mayor and Cabinet	Monique Wallace, Planning Manager, Strategic Housing and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	<b>Extensio<b>n</b> of New Hope Mental Health Supported Housing Project</b>	16/11/21 Executive Director for Community Services	Polly Pascoe, Integrated Commissioning Manager and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
October 2021	<b>Instrument of Government Sydenham School</b>	16/11/21 Executive Director for Children and Young People	Suhaib Saeed, Strategic Lead Governors' Services and School Leadership and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		
October 2021	<b>Laurence House 1st - 4th floor works for 'Future Working' contract award</b>	16/11/21 Executive Director for Housing,	Petra Marshall, Community Resources Manager and Councillor		

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		Regeneration & Environment	Amanda De Ryk, Cabinet Member for Finance and Resources		
October 2021	<b>Contract award report for Services to support the Whole Systems Approach to Obesity in Lewisham</b>	16/11/21 Executive Director for Community Services	Laura Harper, Public Health Commissioning Manager and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
October 2021	<b>Refurbishment works at Lewisham Library</b>	16/11/21 Executive Director for Community Services	Adam Platts, Project Manager and Councillor Andre Bourne, Cabinet member for Culture		
September 2021	<b>Statement of Council Accounts 2020-21</b>	24/11/21 Council	Kathy Freeman, Executive Director for Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
September 2021	<b>Scheme of Polling Stations for 2022 Elections</b>	24/11/21 Council	Jamie Baker, Electoral Services Manager and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
October 2021	<b>CRPL - Appointment of Directors</b>	24/11/21 Council	Kplom Lotsu, SGM Capital Programmes and Councillor Paul Bell, Cabinet Member for Housing & Planning		

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September 2021	<b>Compulsory Purchase Order application for 2 - 30A Reginald Road</b>	08/12/21 Mayor and Cabinet	James Ringwood, Housing Delivery Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
October 2021	<b>Location Priority Policy &amp; Procurement Strategy</b>	08/12/21 Mayor and Cabinet	Michael Moncrieff, Housing Policy & Partnerships Manager and Councillor Paul Bell, Cabinet Member for Housing & Planning		
August 2021	<b>Ladywell S105 Consultation and budget approval</b>	08/12/21 Mayor and Cabinet	Angela Bryan, Strategic Development Officer and Councillor Paul Bell, Cabinet Member for Housing & Planning		
September 2021	<b>Lewisham and Lee Green Low Traffic Neighbourhood: Consultation report and next steps</b>	08/12/21 Mayor and Cabinet	Louise McBride, Head of Highways & Transport and Councillor Patrick Codd, Cabinet Member for Environment & Transport		
September 2021	<b>Textiles contract award</b>	08/12/21 Mayor and Cabinet	Luke Ellis, Support and Engagement Officer Strategic Waste and Environment and Councillor Patrick Codd, Cabinet Member for Environment & Transport		
August 2021	<b>Financial Monitoring 2021-22</b>	08/12/21	Selwyn Thompson,		

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		Mayor and Cabinet	Director of Financial Services and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
September 2021	<b>Award of Contract for Day Services for Older Adults</b>	08/12/21 Mayor and Cabinet	Heather Hughes, Joint Commissioner, Learning Disabilities and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
October 2021	<b>London Borough of Lewisham Waste Strategy</b>	08/12/21 Mayor and Cabinet	Wendy Nicholas, Strategic Waste and Environment Manager and Councillor Patrick Codd, Cabinet Member for Environment & Transport		
October 2021	<b>Award of the School Minor Works Programme Consultant Contract</b>	08/12/21 Mayor and Cabinet	Lemuel Dickie-Johnson, Project Manager Capital Delivery Programme and Councillor Chris Barnham, Cabinet Member for Children's Services and School Performance		
October 2021	<b>Annual Complaints Reports</b>	08/12/21 Mayor and Cabinet	Mick Lear, Service Manager, Benefits and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		

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August 2021	<b>Broadway Theatre Principle Contractor award contract</b>	14/12/21 Executive Director for Community Services	Petra Marshall, Community Resources Manager and Councillor Andre Bourne, Cabinet member for Culture		
October 2019	<b>Mayow Road Supported Living Service Parts 1 &amp; 2</b>	12/01/22 Mayor and Cabinet	Heather Hughes, Joint Commissioner, Learning Disabilities and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
August 2021	<b>Mountsfield Park Café (design, build and operate) award for a new café at Mountsfield Park.</b>	12/01/22 Mayor and Cabinet	Vince Buchanan, Green Spaces Contracts Manager and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (on parental leave)		
August 2021	<b>Council Tax Base</b>	12/01/22 Mayor and Cabinet	Katharine Nidd, Strategic Procurement and Commercial Services Manager and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
August 2021	<b>Endorsement of the A21 Framework</b>	12/01/22 Mayor and Cabinet	Monique Wallace, Planning Manager, Strategic Housing and Councillor Paul Bell, Cabinet Member for Housing & Planning		

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September 2021	<b>Libraries Consortium Courier Service Framework Agreement Contract Award</b>	12/01/22 Mayor and Cabinet	Veronica Hyatt, Service Development Manager and Councillor Andre Bourne, Cabinet member for Culture		
August 2021	<b>Main Grants Programme 2022-25 recommendations for funding</b>	02/02/22 Mayor and Cabinet	James Lee, Director of Communities, Partnerships and Leisure and Councillor Kim Powell, Cabinet member for Business and Community Wealth Building		
September 2021	<b>Learning Disabilities Framework - Award of Contracts &amp; related contract extensions) for LDF2</b>	12/01/22 Mayor and Cabinet	Joanne Lee, Contracts Monitoring Officer and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		
October 2021	<b>Lewisham Air Quality Action Plan 2022-2027</b>	12/01/22 Mayor and Cabinet	Eliane Foteu, Environmental Protection Manager and Councillor Patrick Codd, Cabinet Member for Environment & Transport		
August 2021	<b>Council Budget 2022-23</b>	02/03/22 Council	Kathy Freeman, Executive Director for Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

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October 2021	<b>Climate Emergency Action Plan update</b>	09/03/22 Mayor and Cabinet	Martin O'Brien, Climate Resilience Manager and Councillor Patrick Codd, Cabinet Member for Environment & Transport		
October 2021	<b>Approval of Flood Risk Management Strategy 2022-27</b>	09/03/22 Mayor and Cabinet	Martin O'Brien, Climate Resilience Manager and Councillor Patrick Codd, Cabinet Member for Environment & Transport		
October 2021	<b>Future Homecare Arrangements (New Model and Procurement Process)</b>	09/03/22 Mayor and Cabinet	Corinne Moocarme, Joint Commissioning Lead, Community Support and Care, Community Services, LBL and Councillor Chris Best, Cabinet Member for Health and Adult Social Care		

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