

# Overview and Scrutiny



## Healthier Communities Select Committee Agenda

Wednesday, 11 January 2023

**7.00 pm,**

Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: Nidhi Patil (020 8314 7620)

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 1 November 2022	5 - 10
2.	Declarations of interest	11 - 14
3.	Responses from Mayor and Cabinet	
	<i>None.</i>	
4.	Lewisham Adult Safeguarding Board (LASB) annual report	15 - 34
5.	Update on Empowering Lewisham Programme	35 - 50
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The public are welcome to attend committee meetings. However, occasionally, committees may have to consider some business in private. Copies of reports can be made available in other formats upon request

# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 11 January 2023.

Jeremy Chambers, Monitoring Officer  
Tuesday, 3 January 2023

<p><b>Members</b></p> <p>Councillor Chris Best (Chair)</p> <p>Councillor Aliya Sheikh (Vice-Chair)</p> <p>Councillor Peter Bernards</p> <p>Councillor John Muldoon</p> <p>Councillor Laura Cunningham</p> <p>Councillor Stephen Hayes</p> <p>Councillor Jacq Paschoud</p> <p>Councillor Mark Ingleby (ex-Officio)</p> <p>Councillor Ese Erheriene (ex-Officio)</p>	
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## MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 1 November 2022 at 7.00 pm

IN ATTENDANCE: Councillors Chris Best (Chair), Aliya Sheikh (Vice-Chair), Peter Bernards, John Muldoon, Laura Cunningham, Stephen Hayes and Jacq Paschoud

ALSO PRESENT: Councillor James Rathbone, Iain McDiarmid, Tristan Brice (Associate Director, Community Support and Care) (Lewisham Integrated Commissioning Team), Tom Brown (Executive Director for Community Services), Hazel Gleed (LGT Divisional Lead) (Lewisham and Greenwich Trust), Stephen Kegg (Lead Consultant LGT) (Lewisham & Greenwich Trust), Kerry Lonergan (PH Consultant), Dr Catherine Mbema (Director of Public Health) (London Borough of Lewisham) and Katie Wood (Scrutiny Manager)

ALSO PRESENT VIRTUALLY: David Austin (Director of Corporate Services) and Joan Hutton (Director of Operations - Adult Social Care)

NB: Those Councillors listed as joining virtually were not in attendance for the purposes of the meeting being quorate, any decisions taken or to satisfy the requirements of s85 Local Government Act 1972

### 1 Minutes of the meeting held on 7th September 2022

#### 1.1 RESOLVED:

That the minutes of the meeting held on 7<sup>th</sup> September 2022 be agreed.

### 2 Declarations of interest

#### 2.1 RESOLVED:

Cllr Jacq Paschoud declared a personal interest in item 3 as she had a close family member in receipt of a care package from Lewisham Social Care.

### 3 Budget Reduction Proposals

3.1 Tom Brown, Executive Director, Community Services introduced the report on Adult Social Care Savings and new reforms and David Austin introduced the budget reduction proposals. Joan Hutton, Director of Adult Social Care, Tristan Brice, Associate Director, Community Support and Care and Catherine Mbema, Director of Public Health were also in attendance. In the subsequent discussion, the following key points were raised:

- The savings in learning disabilities and transitions listed in table 8 of the report were cumulative. The Committee heard that Lewisham was an outlier in terms of expenditure on transitions and there was potential to make efficiencies by improving processes.
- The Committee heard that the Council was on track to achieve the savings in full identified by the work by Newton Europe. The changes

brought about were also anticipated to help make future savings as well.

- The representative for HealthWatch and a Member of the Committee asked how confident the Council was in achieving the savings listed under New Burdens, particularly in light of the challenging national economic and social context.
- The work on enablement would help to speed up discharges from hospital and was the best way to help people be more independent. The biggest delays to hospital discharge were where a care home placement was needed.
- There was still uncertainty about the timings of the Fair Cost of Care reforms nationally.
- The Council was now in its 13<sup>th</sup> year of budget reductions following cuts from central government and the budget had been reduced by £137 million since that time. In the same period of time social care (adults and children) had changed from representing approximately 50% of the overall spend in 2010 to approximately 70%.
- There was still uncertainty around the levels of cuts due to the financial settlement from government still not being confirmed as well as general economic uncertainty and the effects of the higher inflation rates.
- Tables 5.8 and 5.13 listed the decisions that were being proposed to be made by Mayor and Cabinet and by officers as per the scheme of delegation in the Council's constitution. The Committee requested that all cuts should continue to come to the scrutiny committees regardless of whether they were delegated decisions for officers or decisions for Mayor and Cabinet.
- The reduction in hours at Lewisham Libraries would not come into effect until April so would not affect the Warm Welcome policy this winter. The Committee heard that detailed analysis of footfall would take place to fully assess any impact of reducing hours. The Committee requested that the Council should work with and consult community libraries on any proposals and that consideration should also be given to residents using libraries in summer to benefit from their air conditioning during very hot weather. Overall the proposal was for an approximate 4 hours reduction per week per library. There were no proposals to further reduce staff.
- Regarding saving COM\_1 on electronic call monitoring, the new system would have benefits to both carers and individuals that use carers. The system would help monitor what was being commissioned and what was being delivered, ensuring the local authority was paying the correct amount for what was actually delivered by providers. It monitored that carers were coming in at the time agreed and staying for the time agreed and ensured data was available to the local authority to monitor care for vulnerable individuals and improve accountability. It could also save time and money investigating any disputes as to when a carer was in attendance. Work had been done with carers to ensure they understood and supported the new system.
- Regarding COM\_3 on Care Plan re-assessments, Lewisham had very high costs in this area compared to statistical neighbours and too many people in residential care. Work had been done with Newton Europe looking at case studies and what would be the best outcomes for individuals. A member of the committee commented that some of the physical housing available in Lewisham may not be suitable and money would be needed to address this. The

Committee heard that the Disabled Facilities Grant should be better used to help adapt properties.

- Direct Payments helped people take on an employer role to get a personalised service and avoid agency costs.
- Regarding COM\_SAV\_04 on Empowering Lewisham, £4 million was reduced 2 years ago and the next set of reductions from the Newton Europe proposals were now being included. Members of the Committee requested a report back at the next meeting on the delivery of the savings proposed as part of the Newton Europe work.
- Regarding COM\_SAV\_10, members of the Committee were concerned that there had been an underspend in this service, in particular they felt that given the high rates of terminations and subsequent terminations and high rates of use of emergency contraceptive in the borough, it demonstrated more should be done to better support women with their reproductive health. The Committee were informed that the Public Health Budget was ring-fenced so any reduction in spending in one area would be used elsewhere and priority would be given to where there would be the biggest impact on outcomes.

### 3.2 **RESOLVED:**

The Committee requested that the following comments be referred to the Public Accounts Select Committee:

- 1) **Reducing hours at Lewisham Libraries (COM\_SAV\_08).** The Committee felt that in light of the policy on “Warm Welcomes” it was essential that the impact of the cut to library hours did not contradict the Warm Welcome Policy and that those groups particularly affected should be carefully considered before any hours were reduced.
- 2) **Sexual and reproductive health services in Primary Care (COM\_SAV\_10).** The Committee felt that having a £30,000 underspend did not show that the money was not needed and that the outcomes for the service such as Lewisham exceeding the London and national average in use of Emergency Hormonal Contraception and in abortion rates including very high repeat termination rates showed that there was already high levels of unmet need.
- 3) **ASC Empowering Lewisham (COM\_SAV\_04).** The Committee wanted reassurance that the savings listed were genuinely new savings and not double counting savings that had already been promised in previous budget reduction rounds. The Committee requested a report back on the delivery of the work from the Newton Europe Review.
- 4) **Reassessment of Care Plans (COM\_SAV\_03).** The Committee felt the proposal highlighted the importance of the DFG Grant and ensuring it was easy for residents to understand and to apply for grants. The Committee wanted to stress the importance of maximising the spend on the DFG as it was an annual capital grant from central Government and in the past had been underspent. The Committee felt it would be useful to know the previous spends and current spend on the DFG.
- 5) The Committee also highlighted that it was concerned with the implications of the economic context in which the cuts were being taken. The additional pressures faced on residents and the Council

from the cost of living crisis combined with uncertainties around the overall budget and financial settlement to local authorities, the Government's Fair Cost of Care initiative, and the Adult Social Care pre-cept coming through to the Council's general fund budget, meant that it was challenging to fully understand all the affects the combination of these and the savings proposals would have on vulnerable residents and to key services.

#### **4 Proposed changes to Lewisham and Greenwich Trust - sexual health services in Lewisham**

4.1 Catherine Mbema, Director of Public Health, Stephen Kegg, Lead Consultant for LGT, Kerry Lonergan and Public Health Consultant introduced the report to the Committee. Iain McDiarmid, Director - Adult Integrated Commissioning was also in attendance. During the subsequent discussion, the following key points were raised:

- A member of the Committee was concerned that the equalities implications in the report did not address those that were not using the service because they were unable to access it due to barriers. For example, there may be some embarrassment by individuals in accessing sexual health clinics in particular locations. The Committee heard that the service was aware of these challenges and worked on specific initiatives to help target under-served communities.
- Under the Pan-London tariff, Lewisham was a net beneficiary. The tariff was not currently in line with market value due to inflation.
- Contraceptive advice was available through pharmacists and many services were commissioned through pharmacists. They were also able to refer people on if they couldn't meet their needs. Some services in pharmacies had been reduced since Covid and additional online services have been commissioned to try and meet this gap. More investigation was taking place to assess the implications of this.
- A member of the Committee commented that there were challenges to accessing services online for some residents and that services being entirely online might miss opportunities for safeguarding young people that might be identified in a face to face appointment. The Committee heard that these matters related to other strands of work on sexual health and if requested a further report could come back to Committee.

#### **4.2 RESOLVED:**

That the report be noted.

#### **5 Proud to Care update**

5.1 Tristan Brice, Associate Director, Community Support and Care, gave a presentation to the Committee and presented a video that can be viewed [here](#). In the discussion that followed, the following key points were raised:

- **The Committee voted to suspend standing orders.**
- Members of the Committee commented that monetary remuneration for those on panels would be positive.
- Members of the Committee asked about succession planning and attracting younger people into careers in caring and whether there were apprenticeship opportunities, training and career progression. The

Committee heard that apprenticeships were part of the process and were being included from level 2 to level 7. The scheme aimed to recruit people through a pool allowing people to match to suitable vacancies and benefit from opportunities to learn and progress and to benefit from employment benefits such as pension and sick leave.

- The HealthWatch representative commented that in future updates it would be useful to continue to show the impact that coproduction with people with lived experiences was having on Proud to Care, including people's examples of being involved.

## 5.2 **RESOLVED:**

That the report be noted.

## **6 Cost of Living Crisis**

6.1 Catherine Mbema, Director of Public Health introduced the report to the Committee. The following key points were raised in the discussion:

- A member of the Committee and the representative for HealthWatch commented that the "money first" approach was positive because addressing the root causes of poverty was the only way to solve the need for food banks or warm havens. Within the strategy, there was a focus on income maximisation and ensuring Lewisham residents were able to access all the benefits they were due and getting people employment support to help maximise income.
- Work was on-going with NHS partners as how to help build in support.
- Communication strategies were important for example around the Healthy Start programme. There needed to be a focus on outreach and getting out into the community and talking to people. It was challenging within the limited resources available. This linked into the work on the BLACHIR to address inequalities.
- A member of the Committee highlighted that those that have No Recourse to Public Funds (NRPF) and those in temporary accommodation were particularly vulnerable. The Director of Public Health said she would ensure these groups were considered as part of the strategy.
- A member of the Committee commented that warm spaces could be used to support other clubs such as homework Clubs.
- £100,000 had been invested by Public Health for local organisations to apply for projects related to Food Justice. This would be outlined in the plan.
- Mapping warm spaces by ward would be helpful.

## 6.2 **RESOLVED:**

That the report be noted.

## **7 Select Committee work programme**

7.1 Councillor Chris Best, Committee Chair, introduced the report.

## 7.2 **RESOLVED:**

1. That the report be noted.

2. That following the item on the Budget Reduction Proposals, regarding **ASC Empowering Lewisham (COM\_SAV\_04)**, the Committee should have a report back on the delivery of the work from the Newton Europe Review for their next meeting.

The meeting ended at 10.11 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. Jeremy Chambers, Director of Law and Governance, 0208 31 47648



## Healthier Communities Select Committee

### **Report title: Lewisham Safeguarding Adults Board (LSAB) Annual Report 2021 – 2022**

**Date:** 11 January 2023

**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 (now Integrated Care Board)
- 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 2021 – March 2022.

- 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. Our Impact in 2021-22.
- 1.4. Case Studies.
- 1.5. Learning, Training and Development Delivery.
- 1.6. Communication and Engagement Work.
- 1.7. Safeguarding Information.
- 1.8. Safeguarding Adults Reviews.
- 1.9. Work of the Lewisham Safeguarding Adults Board Sub-Groups.
- 1.10. Business Plan on a page 2022-23.

### 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 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

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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 Our Impact in 2021-22.
- 5.3 Safeguarding Information.
- 5.4 Safeguarding Adults Reviews.
- 5.5 Work of the Lewisham Safeguarding Adults Board Sub-Groups.
- 5.6 Business Plan on a page 2022-23.

## **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 2022-2023:
- 8.3. Prevention Aim – Objective - Focus on equality and narrowing inequality, particularly in relation to racial disparity and disproportionality.
- 8.4. Prevention Aim– Objective - Continue to break down barriers to reporting abuse by ensuring the Lewisham Adult Safeguarding Pathway is used effectively.

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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, and verbal, emotional or sexual abuse. Adults at risk can also be the victim

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Term	Definition
	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 2021-22

1 April 2021 to 31 March 2022



# Message from the Independent Chair

*“Relationships between the Board’s partners, and agency engagement with the Board, remain strong, collegiate and collaborative, and challenging when appropriate.”*

Once again it is my pleasure to provide the introduction to this year’s annual report. The ongoing pandemic has continued to shape *how* the Lewisham Safeguarding Adults Board has approached its work, but the focus on its three statutory duties has remained: publication of an annual report; focused work based on a strategic plan; and the commissioning and completion of Safeguarding Adults reviews (SARs).

This annual report includes details of SARs that have been completed, commissioned or have continued during the year in focus. The Board has followed through on learning from previously completed SARs, including seeking assurance regarding fire safety in care settings. Events have been held to disseminate learning from completed SARs, and assurances have been provided to address these findings, and from reviews completed elsewhere.

This annual report contains the Board’s refreshed Business Plan which was revised at an event that also assessed the delivery of the Board’s objectives.

Work continues on raising awareness amongst the diverse faith and other communities in Lewisham, and there has been a continued emphasis on the importance of performance reporting in order to seek assurance about the effectiveness of partnership working.

This annual report contains a summary of analysis of trends. One trend reported nationally, is an increase in the number of adult safeguarding concerns relating to self-neglect, including hoarding.

Learning and development has been a key component of the Board’s work in this reporting year, including a focus on domestic abuse and the dissemination of resources through an ever-growing web platform.

Adult Social Care departments will be inspected by the Care Quality Commission from next year as a result of the Health and Care Act 2022 coming into force, which will include a focus on adult safeguarding. The same legislation will see Clinical Commissioning Groups replaced by Integrated Care Boards. Safeguarding will continue to feature prominently in these new arrangements across South East London.

The Board has plans in place to support partners with the introduction of the new Liberty Protection Safeguards (expected in 2023) and a new Code of Practice that accompanies the Mental Capacity Act 2005.

Relationships between the Board’s partners, and agency engagement with the Board, remain strong, collegiate and collaborative, and challenging when appropriate.

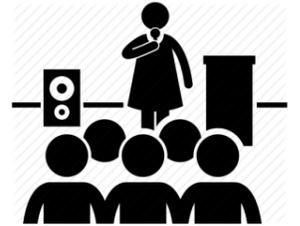
Finally, I would like to appreciate the contributions of Martin Crow, Vicki Williams and Tiana Mathurine who manage the business and administrative tasks of the Board efficiently and effectively. I would also like to acknowledge the work of practitioners and managers who are committed to keeping people safe in Lewisham.

**Professor Michael Preston-Shoot**

## Our Impact in 2021-22

### PREVENTION

A total of **846** people attended **23 learning and development events** during the last 12 months, which is the highest volume of training ever delivered by the Board (see page **5** for more details).



A total of **77** people attended a series of 4 Cultural Humility Workshops commissioned by the Board and delivered by Mabadiliko (local Community Interest Company specialising in anti-racism work). The Board also delivered a Networking and Safeguarding Champions event at the Lewisham Islamic Centre attended by **40** people, invited Lewisham Refugee and Migrant Network to become Board members, and built a **focus on racial disparity and disproportionality** into all relevant projects, audits and other pieces of work. This was a key prevention objective for the Board in 2021-22 which continues into 2022-23 (see page **12**).

**Awareness raising campaigns** were delivered throughout the year, including during the national Adult Safeguarding Awareness Week in November 2021. **172** delegates attended events delivered by the Board during that week, and **22,000** impressions were achieved on social media in 5 days, which is the highest volume of activity the Board has achieved online in a single week (see page **6** for more details).



### ACCOUNTABILITY

The Board launched the **Lewisham Adult Safeguarding Pathway** on the 1 April 2021. This is the first time the Board has had a consolidated set of local and detailed guidelines to support the London Multi-Agency Adult Safeguarding Policy and Procedures. There were **14,450** hits on the Pathway webpages on the Board's website during the first 12 months, and numerous local agencies have now accessed this guidance.



The Board also continued to have a significant case load in relation to statutory Safeguarding Adults Reviews (see pages **9 & 10**), and agreed to work with other strategic partnerships to create a **joint learning and development project** for 2022-23.

### PARTNERSHIP

The Board hosted a launch event for the Borough wide **Domestic Abuse and Violence Against Women and Girls Strategy** in December 2021. This was attended by over **100** delegates and the opening address was given by Nicole Jacobs (Domestic Abuse Commissioner). The Board also continued to expand its networks and reach into local communities throughout the year, including with the use of regular e-Bulletins which were read by over **12,000** people during 2021-22 (see page **6** for more engagement information).





James was referred into the Hospital Adult Social Work Team (HAST) at the University Hospital of Lewisham (as a Lewisham resident) by Social Work colleagues at the Kings College Hospital (KCH), who in turn had passed on a Safeguarding Concern from the London Ambulance Service (LAS).

A neighbour of James had made an emergency call to LAS due to him being cold and having trouble breathing. He was taken and admitted into KCH.

Before the pandemic James had been fairly independent, but due to the Covid-19 restrictions had become more isolated, which had resulted in a deterioration in his health to the extent he had become quite frail.

There were some signs of 'self-neglect', including the refusal of help and services.

After James was admitted to Hospital consent was given for a Social Worker in the HAST Team to contact the neighbour and gain access to the property, and for the Council's Special Duty Team to attend and to help de-clutter and clean the property.

The Social Worker found the property to be in a severe state of disrepair with no heating or working boiler (no hot water).

When the HAST Team started to make the arrangements for James to be discharged from Hospital they contacted the social landlord to arrange for repairs to be made to the property as it was not safe for him to return home.

Action was taken to install some new electrics and make the home safe and warm, and a homecare package was also established.

The London Ambulance Service attended Ellie's home in response to a medical emergency (heart condition), but raised Safeguarding Concerns linked to the very poor state of repair at the home address.

A number of different professionals attempted to engage Ellie, who is elderly and has physical health and mobility problems, to gain entry to the property, including a Care Co-Ordinator and an Occupational Therapist. Access was eventually gained and evidence captured of the property being in very bad state of repair including hoarding, flooding and 'dents' in the walls, which might have been an indicator of possible violent behaviour.

Ellie lives with two other relatives who are the registered tenants, and Ellie had sold a previous property before moving in with them. Safeguarding Enquiries revealed that Ellie had borrowed one of relatives some money after selling the previous property, which also highlighted concerns about possible financial abuse, and suspicions that Ellie may be suffering from coercive and controlling behaviour.

Ellie did have the mental capacity to make her own informed decisions about her health, wellbeing and housing at the time in question, although further assessments of mental capacity may be needed. The Safeguarding Adults Manager (SAM) continues to carefully monitor this case and has escalated this to senior managers and the Council's legal team, as this may need to be escalated to the Court of Protection. The Safeguarding Enquiry Officer would like to see Ellie re-housed into suitable supported accommodation as an adult at risk of abuse and neglect.

.....

A neighbour found Winston unconscious at home after a fall and contacted the emergency services. Winston was admitted to hospital due to the injuries he sustained, and although a plan was formulated to discharge him to a local care home, he refused this and returned home after treatment.

A Safeguarding Enquiry was initiated due to concerns about self-neglect, and Winston also has a diagnosis of Parkinson's disease, alcohol misuse and a history of psychiatric problems.

Winston's home was in a very dilapidated state with mice and pigeon infestations, and hoarding rated at level 6 on the Clutter Rating Scale. Winston also had a dog that was not in good health.

A multi-agency approach was taken to try and improve the situation for Winston involving animal welfare, the London Fire Brigade, social work input and other services from within the Council.

Winston instructed a solicitor to contact the local authority to tell them to leave him alone as he was not receptive to any further support. However, the SAM continues to monitor the case and has wrote back to the solicitors outlining the local authorities duty of care to help protect Winston.

**Read here for more Information:**

[Self-Neglect & Hoarding Multi-Agency Policy, Practice Guidance and Hoarding Toolkit](#)

## Learning, Training and Development



The Board delivered a new **Foundation Level Introduction to Adult Safeguarding** training course throughout the year to **234** people, which has been supported by the publication of a Workbook (same name). This is particularly useful for volunteers who may not be able to readily access I.T or training, but who have colleagues who can help to print this off for them.

**This can be accessed here:** [Introduction to Adult Safeguarding Workbook](#)

The Board also delivered a two-day **Multi-Agency Safeguarding Adults Manager** training course for the first time in November 2021 in conjunction with the Safeguarding Adults Boards (SABs) in Greenwich and Bexley. This joint working allowed colleagues in the Metropolitan Police Service, who cover all three Boroughs, to participate in this training alongside Council and NHS staff.

The Board also collaborated with the City of London Police, who are the lead agency for conducting **Fraud and Financial Abuse Investigations**, to deliver a workshop on this subject during the National Adult Safeguarding Awareness Week.

A **Sexual Abuse Awareness Session** was also delivered during this week in conjunction with the Violence Against Women & Girls (VAWG) Forum, and the Board Chair delivered a **Learning from Safeguarding Adults Reviews** session which was attended by delegates from across the country.

During this week of activity the Board developed and shared a learning programme along with five other SABs in South East London: Bexley, Bromley, Greenwich, Lambeth and Southwark.

## Communication and Engagement

Use of the Board's **website** is up again with **76,245** 'hits' in 12 months. ✓

**Social media** activity is also up with **62,000** impressions on Twitter and **500+** followers. ✓

Links to new groups and communities continues, partly facilitated by the ongoing delivery of **networking events**, which have now re-started face to face. **145** people attended these in the last year. ✓

The Board ran several **surveys for professionals** throughout the year which helped with the development of safeguarding practice. 

### Key Questions:

-  My organisation is effectively using the Lewisham Adult Safeguarding Pathway: **50% said yes**
-  Online and or remote working has meant we are missing opportunities to identify abuse or neglect: **51% said yes**
-  Workload pressures mean we are not as effective as we should be in protecting those most at risk in the Borough: **33% said yes**

### Comments included:

*“Because our clients are very vulnerable due to their immigration status, more work needs to be done to break down barriers to reporting abuse, as they are fearful this will lead to re-percussions if they approach statutory services for help”.*

*“We have found that when we submit a Safeguarding Concern there is no feedback and we don't know how effective our reporting is”.*

The Board has also worked in conjunction with the Norfolk SAB and Lewisham Speaking Up (local self-advocacy group) to produce an animated video **‘Tricky Friends’**. This helps adults living with a learning disability to understand the risks linked to their social networks and friendships. **See the video here:** [Tricky Friends](#)



or if a friend wants to use your cash card.

## TRICKY FRIENDS

**Table 1: Performance Dashboard 2012-22**

**Green** = above benchmark    **Orange** = near miss    **Red** = way below benchmark

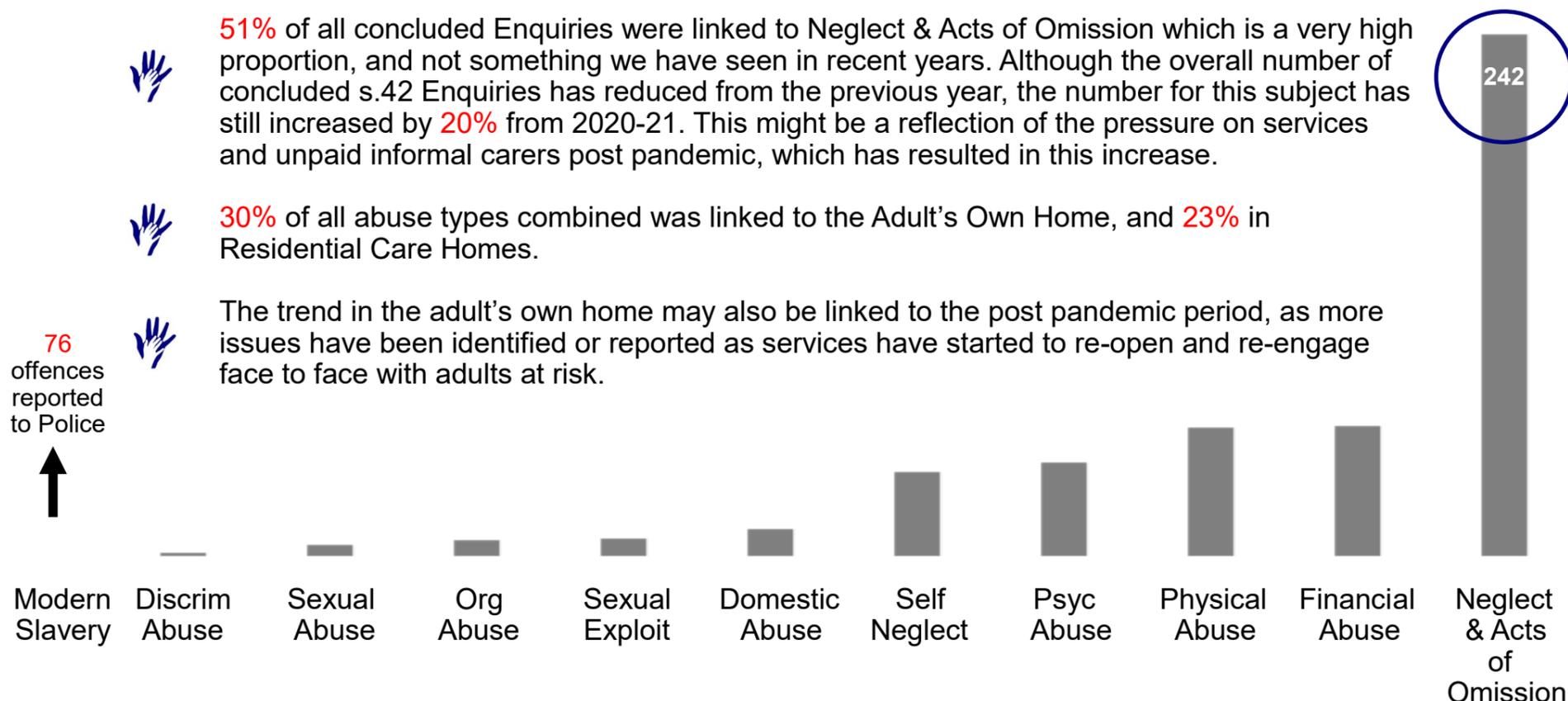
	Strategic Objective	Performance Criteria	Q1	Q2	Q3	Q4	RAG Rating
1	<b>Prevention 2:</b> Help to break down barriers to reporting abuse and improve access to supportive and protective services	There are a minimum of <b>160</b> concluded safeguarding enquiries each quarter (includes other enquiry)	<b>104</b>	<b>79</b>	<b>83</b>	<b>70</b>	Average was 84
2		At least <b>10%</b> of Police MERLIN/Adult Come to Notice Reports lead to a Section 42 Enquiry	<b>2%</b>	<b>10%</b>	<b>8%</b>	<b>9%</b>	Average was 7.25%
3		At least <b>50%</b> of Section 42 Enquiries are concluded within the target timescale (40 days)	<b>56%</b>	<b>60%</b>	<b>69%</b>	<b>46%</b>	Average was 58%
4		At least <b>85%</b> of all Section 42 Enquiries result in the risk to the adult being reduced or removed	<b>93%</b>	<b>64%</b>	<b>64%</b>	<b>74%</b>	Average was 74%
5	<b>Prevention 3:</b> Listening to the 'Voice of the Adult'	At least <b>75%</b> of adults involved in a Section 42 Enquiry were asked their desired outcomes	<b>56%</b>	<b>79%</b>	<b>100%</b>	<b>93%</b>	Average was 82%
6		At least <b>75%</b> of those involved with a Section 42 Enquiry were satisfied with their outcomes	<b>42%</b>	<b>61%</b>	<b>73%</b>	<b>71%</b>	Average was 62%
7	<b>Partnership 2:</b> Fully support the delivery of the Domestic Abuse Strategy	There should be an <b>increasing</b> number of Safeguarding Enquiries by the Local Authority for this subject. The average for each quarter in the last two years has been <b>(5)</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>5</b>	Average was 3

These benchmarks have been established based on national outcomes (averages) or local reporting patterns and trends over the last 2-3years.

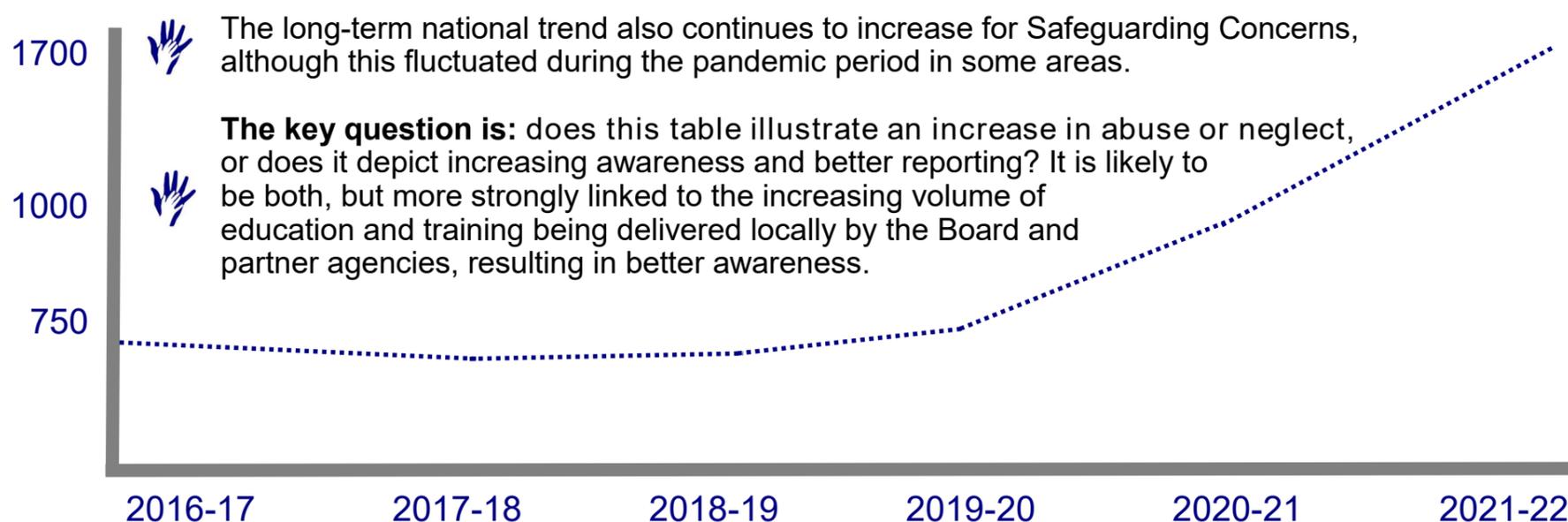
The adult Multi-Agency Safeguarding Hub (MaSH) was launched in June 2021, which is the single biggest procedural change to the way in which safeguarding enquiries are managed in the Borough since the Care Act 2014 came into force.

This new way of working has created some uncertainty, which in turn has affected some of the outcomes highlighted above. A further review of local processes and systems was instigated in early 2022, which is leading to improvements to the way in which safeguarding procedures are delivered, and how performance information is captured. Further audits and policy developments are also planned during 2022 to help improve the delivery of these strategic objectives, and in particular **no. 4.**

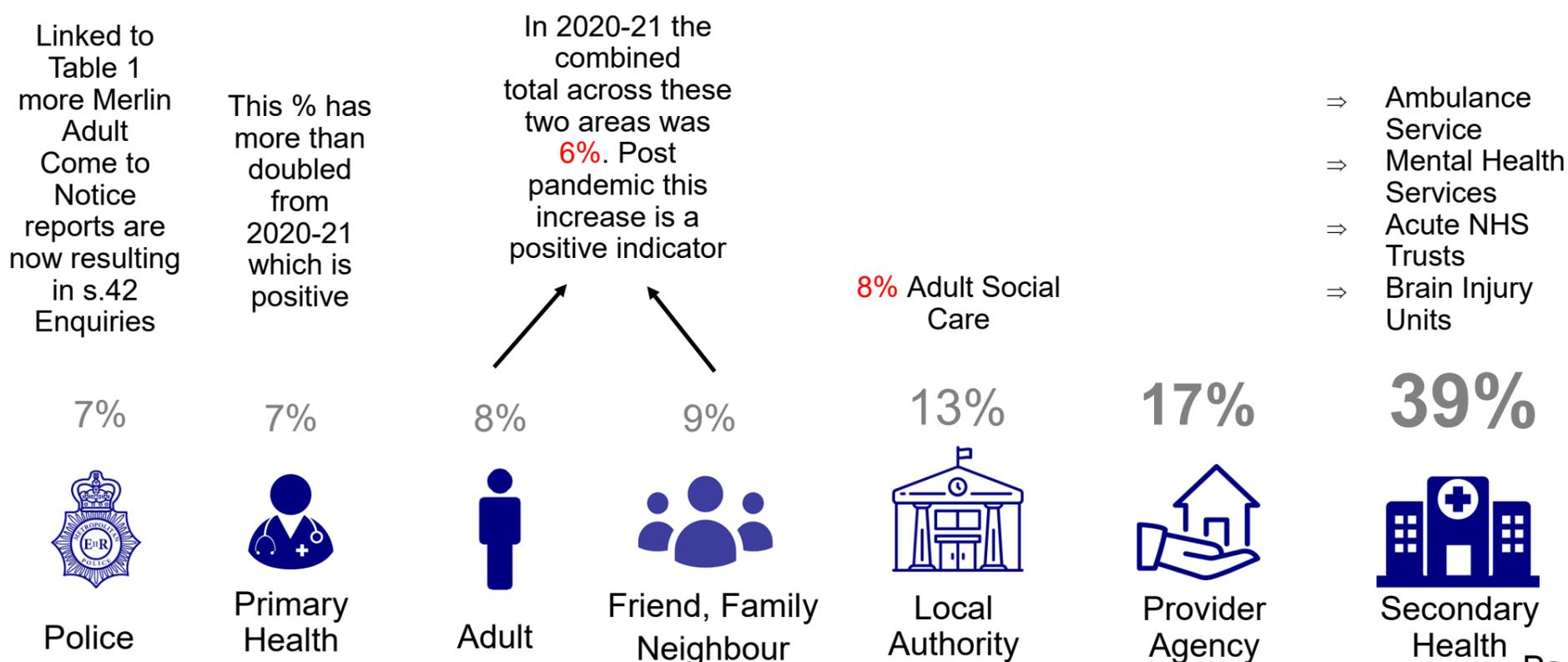
**Table 2: Types of Abuse - Concluded Section 42 Enquiries 2021-22**



**Table 3: Local Trends for Safeguarding Concern Reporting 2016 to 2022**



**Table 4: Who Reported the Abuse - Concluded Section 42 Enquiries 2021-22**





The Board received 4 SAR notifications during 2021-22, two of which were approved and are still active and ongoing reviews. The other two did not meet the criteria for review.

Two other reviews were concluded during the last year and the key details of these are presented below and on the following page.

Further details on the work of the Board's Case Review Sub-Group is outlined on page 11.

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## **SAR Adult Z (published 19 July 2021)**

### **Background**

In the spring of 2018 Adult Z's daughter identified signs of deterioration in the mental and physical health of their relative. This continued to deteriorate until the adult became dehydrated and emaciated, telling paramedics when they were called, that they were committing suicide by starving themselves.

Paramedics initially assessed Adult Z to have capacity and concluded that they had no powers to convey Adult Z to hospital, despite the high risk they presented to themselves. A Mental Health Act (MHA) assessment was arranged for the following day, and an Approved Mental Health Professional and psychiatrist attended with paramedics and police. The paramedics then assessed Adult Z as lacking capacity to make decisions for their care, and Adult Z was then taken to hospital under the authority of Sections 5 and 6 of the Mental Capacity Act (MCA) 2005.

## Key Learning Points

10

-  Mental capacity training for staff should include practical elements including complex and borderline decisions where there is doubt over the person's ability to 'use or weigh' the information.
-  A capacity assessor is required to hold a 'reasonable belief' that a person does or does not have capacity to make a particular decision at a particular time. The standard of proof is "on the balance of probabilities".
-  It is widely acknowledged that the interface between the MCA and the MHA is particularly complex and challenging, which means practitioners must work closely in utilising their respective legal powers and duties.

**Read here: [7 Minute Briefing - Adult Z](#) - for Professionals.**

.....  
**SAR Mia (published 29 September 2021)**

### Background

Mia (pseudonym) was a 41-year-old woman and European Union National who lived in various squats and temporary accommodation, as well as presenting as homeless and intermittently rough sleeping in Lewisham.

Homelessness and rough sleeping were a contributing factor to her death, together with being subjected to coercive and manipulative control as a victim of domestic abuse at the hands of her male partner. Mia was also drug dependent which contributed to wider issues she endured in relation to self-neglect.

Eleven different agencies were involved in providing care and support to Mia. However, the review found that there were problems in relation to information sharing and effective communication between the different professionals and agencies who tried to help Mia to resolve the many concerns she had in her life.

In Mia's case there were also missed opportunities from some agencies and organisations to submit safeguarding referrals for her, and although there were also several submitted that did meet the criteria for a statutory Safeguarding Enquiry, one was never conducted.

### Key Learning Points

-  Where concerns persist in a domestic abuse or an adult at risk case, a multi-agency safeguarding planning meeting should be convened to consider the wider impact on the health and wellbeing of the person.
-  Professionals should thoroughly explore the circumstances of homelessness and accompanying health and social complexities, ensuring all available actions and initiatives including Care Act 2014 needs assessments and Safeguarding Enquiries are conducted, and that no high-risk case is closed without managerial oversight.
-  Make yourself aware of Appendix Seven: Adult Safeguarding and Homelessness - London Multi-Agency Adult Safeguarding Policy and Procedures.

## Work of the Sub-Groups

### Case Review Sub-Group

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

The group met **7** times during 2021-22 and considered or monitored **11** cases throughout the year. In the two cases where the SAR Notification did not progress to a review in 2021-22, it resulted in links with training or audits.

The group also reflects on the learning from previous SARs, which included re-examining fire safety in care settings linked to the Cedric Skyers review (2017).

The Board also updated its [SAR Policy and Procedure](#) in October 2021.

The last three years of SAR activity have informed us what the **key trends and themes** are in relation to notifications:

1.	Lack of Inter-Agency Working	13
2.	Pressure Area Care	4
3.	Mental ill-Health (including death by suicide)	4
4.	Multi-Agency or Single Agency Response to Urgent	3
5.	Substance Misuse	3
6.	Self-Neglect	3

This information helps the Board to develop its strategic priorities and objectives.

### Lewisham Modern Slavery and Human Trafficking Network

The Board continues to support the development of this multi-agency group which is helping to improve the profile of this subject by creating a local [Modern Slavery Victim Care Pathway](#), closely analysing local data, and improving the delivery of training.

### Performance, Audit and Quality Sub-Group

This group continued to meet quarterly throughout the year to analyse and monitor the Board's performance indicators and other relevant information, which is summarised on [page 7](#).

This activity also plays a significant part in informing the ongoing development of the Board's strategic objectives which are set out on [page 12](#).

The group delivers the Board's audit and practice development programme by setting up time limited working groups to oversee these tasks. Four strands of this work are outlined below.

### Reporting Medication Incidents as Safeguarding Concerns - Task and Finish Group

This multi-agency working group developed the local [Guidance](#) of the same name, which is embedded into the Lewisham Adult Safeguarding Pathway. All relevant agencies should now be using this.

### Housing Related Safeguarding Audit and Hospital Discharge Audit - Steering Committees

These two groups were set up during the last 12 months and will report on their respective work later in 2022.

### Liberty Protection Safeguards (LPS) Task and Finish Group

This group was re-started again during the last year despite further delays with the consultation on the Mental Capacity (Amendment) Act 2019 Code of Practice.

Is it still unclear when the new legislation will come into force in 2023, but the Board has now set up **5** [LPS Training](#) sessions for professionals to support transition planning.

**Strategic Vision**  
 Ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions  
 (Making Safeguarding Personal)

**Prevent adult exploitation, abuse and neglect**

**Prevention Aim**  
 Develop preventative strategies by working with those most at risk of abuse and neglect

- Prevention Objectives**
1. Ensure the focus on equality, narrowing inequality and racial disparity is built into all relevant Board activities.
  2. Continue to break down barriers to reporting abuse by ensuring the Lewisham Adult Safeguarding Pathway is used effectively.
  3. Listen to the voices of adults, ensuring their experiences shape how services are delivered.

**Develop intelligence led, evidence based practice**

**Accountability Aim**  
 Ensure safeguarding policies are fully embedded into practice

- Accountability Objectives**
1. Deliver further audits to test how well current safeguarding policies, procedures and guidance are embedded into practice.
  2. Continue to support the delivery of the Domestic Abuse Strategy in Lewisham by rolling out new guidance and training.
  3. Further develop guidance to improve the effectiveness of the safeguarding system.

**Strengthen partnership working**

**Partnership Aim**  
 Support 'the whole family approach' to protecting those most at risk of abuse in Lewisham

- Partnership Objectives**
1. Continue to focus on mental ill-health support and recovery, which is one of the most significant risk factors linked to adult abuse and neglect locally.
  2. Strengthen the focus on Transitional Safeguarding.
  3. Support health and wellbeing initiatives, and further improve connections with other relevant and local strategic boards.

**What LSAB partners will all do to help deliver this Plan:**

1. Build the LSAB Strategic Aims into individual organisational plans.
2. Support multi-agency training, including the Awareness Week in Nov 2022.
3. Promote the use of the Lewisham Adult Safeguarding Pathway.
4. Proactively support LSAB awareness building campaigns.



**SEE IT, REPORT IT!**

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

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





## Healthier Communities Select Committee

### **“Empowering Lewisham” - Transforming and Modernising Adult Social Care: Update on the Design and Implementation Stage (Phase 2)**

**Date:** 11<sup>th</sup> January 2023

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

### **Outline and recommendations**

The purpose of the attached paper is to provide the Healthier Communities Select Committee with an update on the Empowering Lewisham Adult Social Care work to transform and modernise the service. This follows the completion of the service-wide Diagnostic by Newton Europe in June 2021 and completion of the Design and Implementation phase which started in November 2021 and completed in 2022. We are now in the sustainability phase, which will last until Dec 2023.

Members of the Healthier Communities Select Committee are recommended to note the report.

## Timeline of engagement and decision-making

<b>26 February 2020</b>	Budget report to Council
<b>11 November 2020</b>	Round 1 Cuts proposals report to HCSC
<b>3 December 2020</b>	Round 1 Cuts proposals report to PAC and request from PAC for a review of expenditure in ASC as part of the 2021/22 budget setting process.
<b>9 December 2020</b>	Round 1 Cuts proposals report to M&C
<b>13 January 2021</b>	Round 2 Cuts proposals report to HCSC
<b>18 January 2021</b>	Approval to procure for Diagnostic phase of ASC Review through a mini-competition using the Crown Commercial Services (CCS) framework agreement MCF2 RM3745 Lot 5.
<b>2 February 2021</b>	Round 2 Cuts proposals report to PAC
<b>3 February 2021</b>	Round 2 Cuts proposals report to M&C
<b>25 February 2021</b>	Report to HCSC on proposed approach to ASC Review.
<b>8 April 2021</b>	Contract awarded to Newton Europe to provide additional transformation resource capacity and capability for Diagnostic phase of ASC Review.
<b>April-June 2021</b>	Diagnostic phase of ASC Review.
<b>3 September 2021</b>	CCS framework agreement MCF2 RM3745 Lot 5 expires and is replaced by MCF3 RM6187 Lot 7.
<b>6 September 2021</b>	All Member Briefing on the ASC Review.
<b>8 September 2021</b>	Pre-decision scrutiny report to HCSC on ASC Review and referral from HCSC to M&C.
<b>14 September 2021</b>	Report to M&C with recommendation that the Design and Implementation (Phase 2) of the ASC Review be supported through the award of contract to Newton Europe Limited.
<b>23 September 2021</b>	Report to PAC on the ASC Review.
<b>28 September 2021</b>	Report to OSBP on the ASC Review.
<b>2 November 2021</b>	Response from M&C to HCSC on their referral (8 September 2021) on the ASC Review.
<b>4 November 2021</b>	Design and Implementation (Phase 2) of ASC Review commences.
<b>1 March 2022</b>	Updates to HCSC on the ASC Review (Phase 2) and delivery of budget savings.
<b>13<sup>th</sup> June 2022</b>	Updates to HCSC on the ASC Review (Phase 2)
<b>11<sup>th</sup> February 2023</b>	Updates to HCSC on the ASC Review

### Is this report easy to understand?

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

## 1. Summary

- 1.1. This report follows on from previous papers to Healthier Communities Select Committee on the 1st March 2022, and 13<sup>th</sup> June 2022 updating progress on the 'Design and Implementation'; phase of the programme to transform and modernise Adult Social Care, with the support of Newton Europe – The Empowering Lewisham Programme. This review was initially requested by the Public Accounts Committee on 3 December 2020 in response to the budget cuts proposals.
- 1.2. The 'Design and Implementation' phase, commenced on 4 November 2021 and was completed in December 2022. Phase 2 comprised a series of workstreams identified during the Diagnostic (April-June 2021) that transformed services, empowered our residents and developed the capabilities of our staff. Phase 3 is a continuation of our plans to ensure the changes we have made are sustainable and to continue to deliver between £8.6m to £11.5m of recurrent savings over a 5-6 year period.

## 2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to note the report.

## 3. Policy Context

- 3.1. The financial position of Adult Social Care demonstrates the impact of the very severe financial constraints which have been imposed on Council services with the cuts made year on year, despite the increasing demand to deliver services to residents.
- 3.2. The Council's strategy and priorities drive the Budget with changes in resource allocation determined in accordance with policies and strategy. 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 **the priorities around Health and Wellbeing**
  - **Medium Term Financial Strategy (MTFS)** and the requirement to deliver £40m of budget savings across the council up to 2023/24.
  - **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.

### Is this report easy to understand?

Please give us feedback so we can improve.

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## 4. Empowering Lewisham – Design and Implementation

- 4.1. The aim of Adult Social Care is to help ensure that some of the most vulnerable residents in the borough are empowered to live as independently as possible. This needs to happen in the context both of personalisation and choice and also limited resources. Thus we need to ensure that we use our resources effectively to help achieve this aim of promoting independence.
- 4.2. The Empowering Lewisham Programme was built upon a solid foundation of service improvement activity already underway in Adult Social Care to improve these outcomes for residents, as well as reducing cost pressures. The Empowering Lewisham programme complements rather than duplicates, and provided the necessary resource to expedite the essential modernisation process. It comprised two phases: (1) Diagnostic and (2) Design and Implementation across 5 different workstreams:

#	Workstream type	Workstream name
1	Core	Decision Making
2	Core	Enablement
3	Core	Progression & Next Steps
4	Enabling	Change and Culture
5	Enabling	Digital Delivery

- 4.3. The Diagnostic phase of the review was completed between April and June 2021. The savings opportunity identified by the Diagnostic was in the range of £8.6m-£11. Findings from the Diagnostic were reported to Healthier Communities Select Committee in September 2021 - [see report](#).

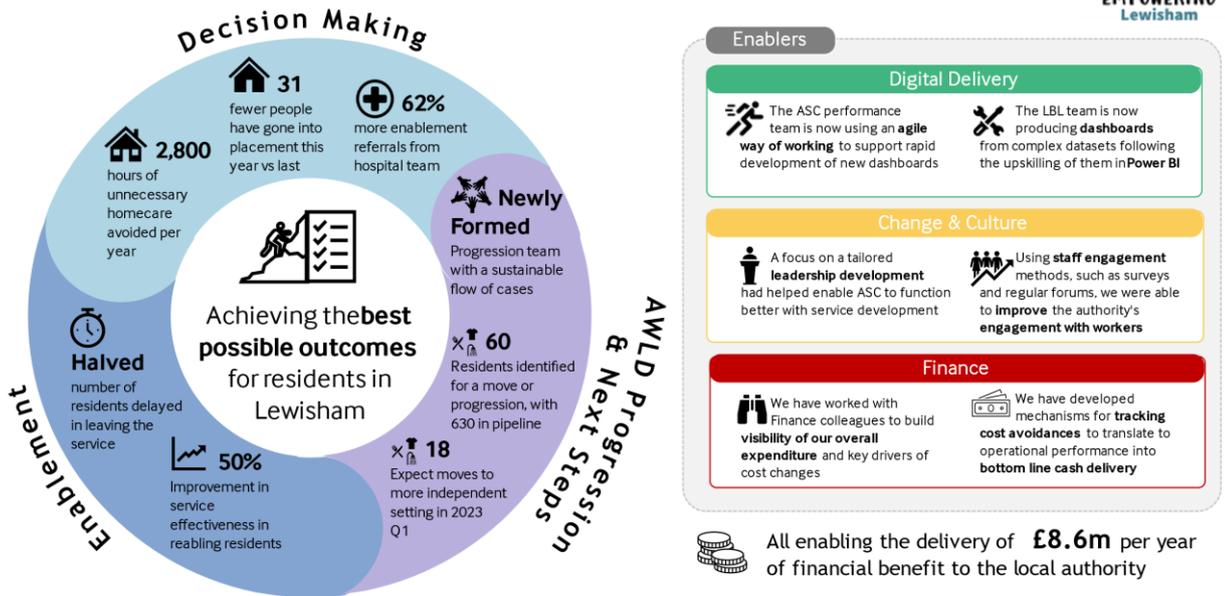
### LEWISHAM SUMMARY OF FINANCIAL OPPORTUNITIES



Area	Summary of Opportunity	Lower Bound	Upper Bound
Older Adults– Decision Making & Enablement	<ul style="list-style-type: none"> <li>Better decision making at reviews and assessments to ensure settings and packages of care accurately reflect needs and level of need</li> <li>Goals driven independence support for those in the community and being discharged from acute settings to enable long term independence</li> <li><b>Target reduced areas of spend: OA Residential, Nursing, Home care</b></li> </ul>	£5.5	£6.2m
AWLD – Moving On	<ul style="list-style-type: none"> <li>Supporting more young adults in a more independent setting outside of Residential care and supported living by identifying and supporting people to move settings</li> <li><b>Target reduced areas of spend: AWLD/Transitions Residential care &amp; Supported Living</b></li> </ul>	£2.5	£3.7m
Progression	<ul style="list-style-type: none"> <li>Better matching support to needs using a strength based approach focusing on independence and by reducing the need for formal support over time</li> <li><b>Target reduced areas of spend: AWLD/Transitions Home Care &amp; Supported Living</b></li> </ul>	£0.6	£1.5m
		£8.6m	£11.5m

- 4.4. These savings are being realised incrementally as new ways of working are embedded, staff are upskilled, service changes implemented and individual cases are reviewed or reassessed with less restrictive care and support is put in place. The cash profile of the programme has been adjusted due to the flexibility around the delivery dates of different workstreams within Phase 2 of the programme.
- 4.5. The programme has shown strong delivery against financial targets, outcome measure targets and positive impact to staff ways of working:

Through Empowering Lewisham programme, our teams have made a positive impact on resident outcomes and ways of working



- 4.6.
- 4.7. A detailed breakdown of cash release over the next 5 years of the programme by workstream is detailed below:

Financial year				22/23		23/24		24/25		25/26	
Workstream	Area	Current Annualised Performance	Target Annualised Savings	Diagnostic	Forecast	Diagnostic	Forecast	Diagnostic	Forecast	Diagnostic	Forecast
Older Adults (Decision Making & Enablement)	Homecare	£4.32m	£4.40m	£1.07m	£1.02m	£2.53m	£2.16m	£1.15m	£1.21m	£37k	£41k
	Residential & Nursing	£2.81m	£1.13m	£173k	£385k	£411k	£659k	£187k	£61k	£6k	£0
	<b>Total</b>	<b>£7.13m</b>	<b>£5.53m</b>	<b>£1.24m</b>	<b>£1.41m</b>	<b>£2.94m</b>	<b>£2.82m</b>	<b>£1.34m</b>	<b>£1.27m</b>	<b>£43k</b>	<b>£41k</b>

Financial year					22/23		23/24		24/25		25/26		26/27	
Workstream	Area	Current Annualised Performance	Anticipated Annualised Performance	Target Annualised Savings	Diagnostic	Forecast								
AWLD Progression & Next Steps	Progression / Moves	£0.75m*	£3.10m**	£3.10m	£143k	£9k	£629k	£272k	£806k	£410k	£805k	£402k	£539k	£402k

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- 4.8. \* The Progression & Next Steps (PANS) annualised run rate is currently based on the confidence weighted opportunity in the pipeline with the PANS team at £0.75m. This is only 10% of the AWLD cohort, so we expect this number to continually grow as the team works through more desktop reviews and begin to work with residents.

\*\* Given the health of the current pipeline and opportunity there, we expect to get to the full annualised £3.1m run rate by Summer 2023. This will be revisited and progress evaluated during the PANS Support Evaluations across 2023.

- 4.9. Work on Phase 2 commenced on 4 November 2021 and the changes moved into BAU operations across November and December 2022.
- 4.10. The Newton team will return for a series of “Health Checks” in 2023 – to check in on sustainability of changes, how the services are operating and how the operational and financial performance is trending against targets and forecasts.

#### 4.11. **Workstream updates**

##### 4.11.1. Decision-Making

The scope of this workstream was to improve the quality of our practice, promote independence, make better use of community and informal networks and as a result rely less on formal ongoing care and support.

There is a targeted opportunity of £5.5m-£6.2m across the older adults workstreams (Decision Making & Enablement). Progress in the Decision Making workstream is measured against the number of residential/nursing starts per week and the number of new or increased homecare hours/direct payments commissioned per week.

The decision making workstream is split into two separate sub-workstreams:

**Community Decision Making** – working with the Neighbourhood and Gateway Services to improve decision making done through annual reviews and requests made at the front door to ASC.

**Acute Decision Making** – working with the Hospital SW teams (Complex Discharge & Discharge to Assess (D2A)) to improve the quality of practice at hospital discharge.

##### 4.11.1.1. **Community Decision Making**

In the Community, we have successfully trialled, implemented and embedded the new ways of working to help promoting better outcomes for our services users. These have included:

**Ideal Outcomes Meetings** - Collaborative multidisciplinary sessions to identify support options based on strengths of residents. This allows us to find solutions to changes in need, beyond what may have been explored individually.

**Empowering Conversations Training** - Practising meaningful conversations, using case studies and role play to ensure staff feel confident in discussing strength based approaches with service users and their families.

**Information Directory** - Collection of all available services and resources available to ASC Service Users. This ensures that time is spent as efficiently as possible finding relevant services for each citizen to maximise independence.

**Improvement Cycle Meetings** – Regular management meetings to review outcomes measures across services and within teams to help identify key trends

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and areas for continuous improvement.

**Power BI Dashboards** – We have embedded a suite of dashboards to help aid management oversight of decision making, giving better automated oversight of outcomes and various levels of the ASC organisation.

4.11.1.1.1. The key impacts of this workstream have been as follows:

At the current 6 week moving average run rate, we are:

- Commissioning 44% less hours of home care and direct payments (against a target reduction of 35%). This is the equivalent of 2,586 less hours of home care being commissioned each year.
- Starting 0.17 residents per week in placement against a target of 0.79. This is the equivalent of 45 fewer people going into per year.
- 344 residents have been discussed at the Ideal Outcomes Meetings, with 58% of them having a more independent outcome after it.
- Staff have feedback positively about the time for reflection and learning and service user case studies have shown positive impacts on building independence and using support networks.
- “I think it is a positive programme to effect positive change for our service users and the social work which keeps evolving as the time changes” – Neighbourhood Social Worker
- The service users that have been part of the new ways of working have also fed back positively:
  - “Lots of professionals have been involved and they have generally all been good and thorough” – Lewisham Resident

4.11.1.2. **Acute Decision Making**

In the hospital, we have been working with the Complex Discharge SW team to focus on helping complex patients return home rather than going to placement and with the D2A team to improve the number of referrals they are making into the Enablement service. We have successfully embedded the new ways of working within the Hospital SW teams, enabling better outcomes for residents and hugely improving the culture in the hospital SW teams. The core changes have included:

- **Peer Supported Discharge Discussions (PSDD)** – Twice weekly focused discussions where potential new pathway 3 starters are discussed by a team of professional experts to answer ‘Home? If not, why not?’. This has helped ensure that more residents are being discharged home to continue their rehabilitation back to maximum independence.
- **D2A Pathway 1 Re-Design** – We have changed the discharge pathway 1 process to make Enablement the default for residents returning home from hospital with at home support. This has helped to foster an ‘Enablement? If not, why not?’ mindset across the MDT teams helping to give residents better access to specialist rehabilitation post discharge.
- **Social Work Training** – A program of short training sessions to support building the social work teams capability across a range of topics, such as Assistive Technology, navigating challenging conversations with residents, families and health partners and strength based practice.
- **Improvement Cycle Meetings** – Regular management meetings to review outcomes measures across discharge pathways, including reviewing any residents who was not referred to Enablement or discharged home to ensure

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that any non-ideal decision making can quickly be incorporated into reflective practice sessions.

- **Power BI Dashboards** – We have embedded a suite of dashboards to help aid management oversight of decision making, giving better automated oversight of outcomes at hospital discharge and give easily accessible data for the improvement cycle meetings.

4.11.1.2.1. The key impacts of this workstream have been as follows:

- There has been a 62% increase in the number of referrals to Enablement from the D2A team and equivalent decrease on the numbers going direct to a long term care package.
- Current performance shows that we have reduced the number of residents going into a long term placement post hospital discharge by 25% to 1 per week. This is the equivalent of 17 fewer residents going into placement per year.
- The Hospital SW team have also been positively reflecting on the new ways of working:
  - “Helps us to discuss rationale for change in discharge destination and provides an opportunity to think differently. This allows positive discuss to explore Option for Home first which is always least restrictive option.” –Social Worker, Complex Discharge
  - “Things are getting better and I've seen a change in the way we work.. now we need the rationale why not enablement?” – Lead Operations Manager, Discharge to Assess
- The service users that have been part of the new ways of working have also fed back positively:
  - “I did not want to go into respite, though my wife wanted me to, and was happy to remain at home. My wishes were respected and we were able to come up with an acceptable alternative” – Lewisham Resident
  - “Mrs A’s welfare had improved considerably. Baring unexpected emergencies, we expect this situation to continue for the long term.” – Husband of a Lewisham Resident who was discharged home from hospital when initial recommendation from the ward was for placement

#### 4.11.2. Enablement

The scope of this workstream is to support residents to live as independently as possible by improving the throughput and effectiveness of the Enablement service.

There is a targeted opportunity of £5.5m-£6.2m across the older adults workstreams (Decision Making & Enablement). Progress in the Enablement workstream is measured against the number of successful finishers per week and the reduction in the number of hours per week in Packages of Care for clients post-Enablement.

The Enablement Care Team (ECT) who run the in house Enablement Service has had to work through some big challenges over the past few months with their IT platform being down since August, due to a national level incident, main agency provider closure and staffing shortages causing a downturn in performance and progress which was initially showing strong performance against targets,. The team have worked hard to recover the position with staff in place and a new IT provider selected ahead of installation in Q1 in 2023. This has been reflected in their KPI performance, with both finishers and effectiveness hitting target in the weeks before Christmas for the first time since the summer.

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4.11.2.1. Having worked through some of the challenges and delays in the last few months, the changes to the Enablement service are now embedded across the service. These have included:

- a) **Increasing our capacity** so we can accept a higher volume of service users through:
- **Effective Scheduling** - to ensure we are utilising as much of our time as possible for visits to service users, especially on weekends.
  - **Timely Stepdowns** – Ensuring service users are stepped down as soon as is safe and possible to do so to free up capacity.
  - **Increasing external provider weekend-only capacity** - making the most of our weekday capacity by brokering as little as possible.
- b) **Effectiveness** - enabling the most effective outcomes demonstrated through a reduction in the packages of care required post Enablement by taking on more complex cases such as double-handers or more from the acute pathway and reducing the finishing hours as quickly as possible through:
- **Multi-Disciplinary Teams Discussions** - targeted meetings to help best address a service user's needs in a forum with a variety of expertise across health & social care.
  - **SMART Goals** - ensuring that these are most suited to a service user's needs and are reviewed regularly.
  - **Care Act Approval Panel** - ensuring decisions on care are most suited to a SU's long-term needs.

4.11.2.2. The key impacts of this workstream have been as follows:

- There has been a 50% improvement in the enablement effectiveness, with the average increase in independence per resident finishing through ECT achieving a 9.5 hours reduction in hours of support needed against a target of 7.7 hours.
- The number of residents finishing the service has been increasing week on week as part of the recovery from IT system and staffing shortages, with this hitting 26 last week against a target of 25.

#### 4.11.3. Progression and Next Steps (PANS)

The scope of this workstream is to develop a better service for Adults With Learning Disabilities by improving support for them to access more independent settings and community environments, and to build independent living skills through dedicated progression support.

There is a targeted opportunity of £3.1m-£4.2m in this workstream and progress will be measured by the number of adults moving from Residential into Supported Living each month and the number of adults completing Progression Plans each month.

4.11.3.1. There are three key elements to this work:

- a) **Progression** - Identifying our service users' potential for Progression/Moving On and creating SMART targets to help them achieve their goals through:
- Outcomes-focused practice
  - Progression plan
  - Improved ways of working (including provider engagement)

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- b) **Moving On** - Creating a logistics-focused plan to support service users to move to their future settings as smoothly as possible through:
    - Streamlined matching process
    - Improved tracking of barriers to progress
  - c) **Commissioning** - Supporting Commissioning to understand projected cohort shift and moves between settings through:
    - Forecasting demand vs. capacity for settings
    - Identifying opportunities within the Commissioning landscape
    - Improved flow of information from operations to Commissioning
- 4.11.3.2. Following some delays in starting this workstream due to time taken to recruit into the team, the PANS team have been working through the AWLD cohort since August 2022. Given the complexity of care needs in this cohort, the time taken to move or progress these residents is on average 7-9 months long.

The team have been making fantastic progress of late as they work through the 691 residents currently in the AWLD cohort to identify any opportunities to increase their independence before beginning to work with them and their families.

- 4.11.3.3. Currently, the team have:
- Progressed 2 service users within the same setting to a less restrictive package of care helping to maximise their independence.
  - 72 residents have been reviewed (10% of total cohort), with 59 of those being identified as having opportunity for further assessment.

Opportunity	SUs	Weekly Costs & Opportunity				Annual Savings Opportunity	
		Av Cost	Av Pot Opportunity	Av Pot Opportunity (Confidence Weighted)	Diagnostic Target	Annual Potential Opportunity	Annual Potential Opportunity (Confidence Weighted)
2 - Move (Setting Change)	46	£1,001	£477	£298	£350	£1.14m	£713k
3 - Progression (Reduce Care Hours)	13	£827	£100	£50	£80	£67k	£34k
<b>Total</b>						£1.21m	£0.75m

- 4.11.3.4. Currently the team are working with 30 out of these 59 residents, with 5 transition plans in progress ahead of moving residents to more independent settings over the next 2 months, helping to increase independence in less restrictive settings for AWLD residents in Lewisham. This includes:
- 3 moves from Residential & Nursing to Supported Living
  - 1 move from Residential & Nursing to Extra Care
  - 1 move from Supported Living to Shared Lives

The resident with the proposed move from Supported Living to Shared Lives recently underwent a successful two-day trial in his projected new Shared Lives setting. He is currently undergoing a further 5-day trial in this new setting to confirm suitability ahead of any permanent move, helping to ensure that this is the best outcome for the resident themselves.

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#### 4.11.4. Change & Culture

- 4.11.4.1. The scope of this workstream was to ensure that the Empowering Lewisham programme identity and changes to ways of working were effectively communicated to and engaged with by all stakeholder groups. The adoption of change is continuing to be tracked.
- 4.11.4.2. This enabler workstream managed a number of programme-wide communications for all stakeholders and for staff we created a monthly newsletter, attended team meetings in person to offer an opportunity to update and feedback and scheduled biweekly drop-in sessions to directly address staff questions or concerns about Empowering Lewisham. Three key themes emerged around engagement with data, creating a feedback culture and collaborating. We have embedded these themes into the programme and checked engagement through the development of sustainability plans.
- 4.11.4.3. We ran several workshops on service user engagement. The ethos of the Empowering Lewisham programme is to co-design independence goals, empowering power service users through strength-based practice; to support this we focused on service user communication and feedback, specifically looking at the language we use
- 4.11.4.4. More formal service user engagement took place throughout the summer period of the programme, focusing on evaluating if the changes made as part of the programme had any impact on resident experience across our Decision Making & Enablement workstreams. The results found that the positive outcomes of the new ways of working are not at the expense of the SU experience:
- The SU satisfaction for those who had been through some of the new ways of working in the Decision Making Workstream (the Ideal Outcomes Meetings) had a satisfaction that was almost identical to those who had not. (78% satisfaction for residents that had been part of the changes and 77% for those who had not)
  - In Enablement, the SU satisfaction results showed similar impact, with 72% satisfaction for those who had been part of the new ways of working and 74% for those who had.

#### 4.11.5. Digital Delivery

- 4.11.5.1. The scope of this workstream was to ensure that the Empowering Lewisham programme had a strong digital thread – to drive and embed changes to ways of working in frontline teams, through the design, build and rollout of effective and sustainable digital tools.
- 4.11.5.2. As an enabler workstream, there is not a targeted opportunity attached to it.
- 4.11.5.3. The digital workstream has been focused around delivering digital solutions to enable the ASC teams. To do this, there has been a focus on ensuring we had the right data governance and protection structures in place and transferring data and system skills from the Newton digital team in the following areas:
1. **Upskilling the ASC Performance Business Intelligence (BI) Team in Power BI** – The workstream has focused on building the BI teams capability in using Power BI to make the team far more advanced with their data analytical capability
  2. **Improving the Ways of Working of the BI Team** – The team have worked extensively with managers across ASC to help improve their appetite and use of data, as well as specific training in using the new Power BI dashboards

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- 3. Improving Data Usage & Confidence** – We identified that we need a more systematic approach to data reporting and requests for change. This has led us to create a balanced scorecard approach to measuring ASC results and have set up a single Systems Prioritisation Group which will allow a more strategic approach to data and system change requests including further dashboard developments

4.11.5.4. The workstream has delivered 4 new Power BI dashboards, all built by the LBL ASC BITeam. These include:

- 1. Decision Making Dashboard** - Visualising outcomes across ASC services to promote data-driven decision to help promote independence and identify areas for improvement
- 2. D2A Dashboard** - Details up to date information on outcomes of our residents post discharge through D2A from hospital
- 3. Enablement Dashboard** - Provides management information on capacity, throughput and effectiveness of our enablement service
- 4. PANS Dashboard** - A case management tool that shows managers and workers case progression through the Progression & Next Steps Team

The skills transfer of the new business intelligence capability delivered through the Programme is now being used further to develop additional visualisations and dashboards to support future improvement initiatives

#### 4.11.6. Governance

4.11.6.1. In terms of governance, the workstreams reported into the ASC Review Steering Group which convened weekly and included the Executive Director for Community Services, as well as relevant Service Directors. The Steering Group reported up into the Strategic Change Board (Executive Management Team) on a 6-weekly basis and there continue to be scheduled Contract Monitoring meetings between the Chief Executive, Executive Director of Corporate Resources and the Newton Programme Director.

4.11.6.2. The programme will now move into phase 3, which will involve the Newton Team returning for a series of scheduled “Health Checks” and “Support Evaluations” across 2023. The Health checks will focus on checking on sustainability and adherence to the new ways of working, as well as how the operational and financial performance is trending against targets and forecasts. The PANS workstream will have a series of support evaluations, ensuring that there is great Newton support available for any troubleshooting required to ensure confidence in the delivery of the overall opportunity in the right timescales. These will take place over the course of 2023 as follows:

Week Commencing	Health Check or Support Evaluation	Work Streams on Health Check	Duration
20 <sup>th</sup> February	Health Check	Decision Making, Enablement, Digital	2-3 Days
6 <sup>th</sup> April	Support Evaluation	Progression & Next Steps	1 Week
3 <sup>rd</sup> April	Support Evaluation	Progression & Next Steps	1 Week
15 <sup>th</sup> May	Support Evaluation	Progression & Next Steps	1 Week
15 <sup>th</sup> May	Health Check	Decision Making, Enablement, Digital	2-3 Days

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21 <sup>st</sup> August	Health Check	Decision Making, Enablement, Progression & Next Steps, Digital	2-3 Days
21 <sup>st</sup> November	Health Check	Decision Making, Enablement, Progression & Next Steps, Digital	1-2 Days

## 5. Financial implications

- 5.1. Newton Europe concluded the diagnostic phase of ASC Review work at a cost of £255,790. This fee was contingent on delivery of savings from Phase 2.
- 5.2. The diagnostic identified the opportunity to deliver recurring financial benefit of £8.6m - £11.5m per annum to Lewisham, along with unquantifiable transformative benefit to Adult Social Care.
- 5.3. £220k of costs were associated with setting up a new Progression Service for Adults with Learning Disabilities have been factored into the calculation of these financial benefits.
- 5.4. This commercial model had the benefits of:
  - Guaranteeing that Lewisham was better off as a result of working with Newton
  - Ensuring that Lewisham and Newton were fully aligned around a common set of objectives

### **Limiting and fixing Lewisham's investment**

- 5.5. Based on the work required, the one-off, fixed fee for Newton support was £4.295m. However if the agreed recurring financial benefit delivered by the programme does not exceed £4.551m (£255,790k for Phase 1 plus £4.295m for Phase 2) then the guarantee clause (para 6.5) will apply.
- 5.6. The profiling of payments to Newton will be based on a monthly schedule and this will be made in advance of the benefits being fully realised. As the benefit realisation is based on projected future benefits there will be a cash flow difference which will need to be managed.
- 5.7. Costs for Newton Europe were met from ASC budgets in year, netted off against savings being delivered as part of Phase 2. While there is a one-off cost, the savings are recurrent.
- 5.8. Benefits to the council will continue following the skills and knowledge transfer to council officers.
- 5.9. Finance and Performance officers – utilising existing resource – have been reconciling the movements in operational measures to movements in outturn to support reliable monitoring of savings delivery.

## 6. Staffing Implications

- 6.1. There is no intention to reduce the council workforce as a result of the implementation of the Diagnostic recommendations and part of the plan is to explore investing in a new "Progression Service" to better support people with Learning Disabilities to be more independent. This has involved moving staff from other services areas to support the team due to recruitment constraints and reliance on agency staff.
- 6.2. The approach adopted has been discussed with representatives from Unison and Unite, the proposal explained and there will be opportunities for staff in ASC to extend their skills and be more effective in their roles.

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## 7. Legal implications

- 7.1. There are no legal implications arising from the consideration of this report by Healthier Communities Select Committee.

## 8. Equalities implications

- 8.1. We completed a EIA in November 2022 – report can be found here:



221208

EAA\_Empoweing Lewi:

## 9. Climate change and environmental implications

- 9.1. There were no climate change or environmental implications arising from this review of ASC.

## 10. Crime and disorder implications

- 10.1. There were no direct crime and disorder implications arising from the implementation of the recommendations in this report.

## 11. Health and wellbeing implications

- 11.1. Whilst the programme has focused on improving outcomes for residents through Adult Social Care, it has maintained links into the wider health & social care system in the following ways:

- Working collaboratively with partnership change programmes across LGT & LBL to establish a joint set of KPIs, ensuring alignment in approach to better delivery services of residents.
- Reporting key findings from the programme and any significant changes into the Integrated Care System teams and also ensuring that representatives from the ICS and LGT were regular members of the programme Steering Group.

## 12. Social Value

- 12.1. The services procured from Newton Europe in Phase 2 (Design and Implementation) were designed to create ownership within the Lewisham team from the leadership to front line staff, essential for delivering sustainable change. Direct partnership between Lewisham and Newton colleagues on each workstream aimed to maximise skills and knowledge transfer. The capability of staff has been increased to allow future improvements to be taken on without the support of external partners.

- 12.2. Phase 2 will also work to improve the opportunities for residents to live more independently, through targeted support (e.g. access to reablement, progression support, use of assistive technology etc) or stronger links with community-based services that provide support aligned to the Care Act domains. For example, progression support will help Adults with Learning Disabilities to access opportunities for work, education or volunteering.

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### 13. Background papers

#### 13.1. ASC Phase 1 Award Report Part 1



Item 6a - Decision by ED of Cty Services - ASC Award Report - Part 1.pdf

#### 13.2. Public Accounts Select Committee, 3 December 2020, Agenda Item 5 'Budget Cuts'

<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=123&MID=6317#AI26474>

#### 13.3. Phase 1 Diagnostic Summary Report



Diagnostic  
Summary Report.pdf

### 14. Report author(s) and contact

14.1 Andrea Benson, Improvement Programme Manager,  
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### 15. Comments for and on behalf of the Executive Director for Corporate Resources

15.1. Abdul Kayoum, Group Finance Manager (Community Services),  
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## Healthier Communities Select Committee

### **Report title: Lewisham All-Age Autism Strategy Document 2023-2028**

**Date:** 11<sup>th</sup> January 2023

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** Borough-wide

**Contributors:** Natalie Sutherland – Assistant Director – Mental Health, Community Health Services and Autism

Deborah Harry – Integrated Commissioning Officer

### **Outline and recommendations**

The purpose of the paper is to provide the HCSC with outline of the structure and content Lewisham All age Autism Strategy 2023-2028.

Lead by the Local Authority the Lewisham All-Age Autism strategy is intended to convey our collective vision for the borough and describes the priority areas we will work on over the next five years, to achieve our aims and objectives that we have agreed with our partners and community. The development of the Strategy has been a collaborative effort between health and social care professionals across children and young people and adults, council divisions, individuals with lived experience and the wider community.

The strategy and its subsequent action plans will determine the route map to make Lewisham a more autism-inclusive borough to live and work. It outlines the groundwork for a whole-system partnership approach.

#### **The Committee is recommended to:**

To note the content and structure of the draft strategy and, where appropriate advise the Mayor and Cabinet committee on any matters that should be taken into account before its formal approval in March 2023.

## Timeline of engagement and decision-making

May 2021	Engagement workshops with autistic individuals, parents, carers and health professionals
April – May 2022	Internal Council meetings including Divisional Management Teams / Lewisham Safeguarding Adults Board
May 2022	Lewisham Council Public Consultation
September – December 2022	Collaboration with system partners for each of the priority areas to have input with respective leads
October – November 2022	Survey asking young people to share their experiences of living with autism
December 2022	Executive Management Team

### 1. Summary

- 1.1. The Lewisham All-Age Autism Strategy 2023-2028 has been developed in collaboration with autistic residents, carers/guardians and local professionals, the strategy outlines our vision to make Lewisham an autism inclusive borough and the objectives we need to meet to achieve this
- 1.2. The Lewisham Autism Partnership Board will be established to drive forward progress against the strategy to improve the quality of life of our autistic population.
- 1.3. The Strategy is the first of its kind in the borough and ensures the Council is meeting its statutory requirements as per the Autism Act 2009 and related national Autism Strategy for autistic children, young people and adults 2021 to 2026.

### 2. Recommendations

- To note the content and structure of the draft strategy and, where appropriate advise the Mayor and Cabinet committee on any matters that should be taken into account before its formal approval in March.

### 3. Policy Context

3.1 The Councils Corporate Strategy 2022-2026 priorities most relevant to Autism strategy are as follows;

- Young People
  - We will ensure the most vulnerable children are protected from harm, driving improvement in children’s social care and aiming to reduce the number of children coming into care through earlier targeted support for families in crisis.
- Open Lewisham
  - We will celebrate Lewisham’s diversity, ensuring we are a representative and inclusive council and workforce.
  - We will maintain and strengthen the Lewisham Way of working

in collaboration with our voluntary and community sectors and seek new areas where we can partner together. We will actively listen to our residents, being responsive to their concerns and communicative in our approach.

- We will co-design services with those affected by them and ensure strong consultation processes that reach out to people whose voices are seldom heard
- Health and Wellbeing
  - We will learn from our Birmingham and Lewisham African and Caribbean Health Inequalities Review, aiming to mitigate and ultimately end, structural racism and discrimination as a driver of health inequalities
  - We will work with the local NHS to deliver the services Lewisham residents need and create the Lewisham Health Care and Wellbeing Charter.
  - We will collaborate with other organisations to deliver the places, activities and programmes our residents need to feel empowered to live a physically active lifestyle.

#### **4. Background**

4.1 Autism is a spectrum condition that impacts the way autistic people interpret the world, communicate and regulate their emotions.

4.2 Autistic people often experience discrimination and isolation as a result of their condition and consistently report a lower quality of life than the general population.

4.3 There are currently just over 4,000 people diagnosed with autism in the borough, however using national figures, the number could be closer to 9,000. Considering the significant inequalities faced by those with autism and the disproportionate outcomes they can often experience.

4.4 Whilst the Lewisham All-age Autism Strategy aligns with the National Autism priorities, several consultation processes have been undertaken during the various stages of development to ensure that the document is oriented around what is important to our local communities.

4.5 In order to ensure that the Strategy remains a living working set of priorities and deliverables we will establish a Lewisham Autism Partnership Board comprised of the Council strategic partners, providers and community members. The role of the LAPB will be to oversee the development and mobilisation and delivery of the Autism Strategy Action Plan.

#### **5. Financial implications**

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

#### **6. Legal implications**

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

## **7. Equalities implications**

7.1 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.

7.2 The Council must, in the exercise of its functions, have due regard to the need to:

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

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

8.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report.

## **9. Crime and disorder implications**

9.1. There are no direct crime and disorder implications arising from the implementation of the recommendations in this report.

## **10. Health and wellbeing implications**

10.1. The health and wellbeing implications are outlined throughout the strategy.

## **11. Report author and contact**

11.1 Natalie Sutherland, Assistant Director – Adult Integrated Commissioning - Mental Health, Autism and Community Health Services

11.2 Deborah Harry – Integrated Commissioning Officer – Adult Integrated Commissioning.

# **Lewisham All-age Autism Strategy for children, young people, and adults.**

**2023-2028**

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## **Foreword by Councillor Paul Bell, Cabinet Member for Health and Adult Social Care**

I am delighted to present the new Lewisham All-age Autism Strategy (2023-2028). This strategy represents the first step of many in Lewisham's journey to become an autism inclusive borough. We are a borough that thrives because of the celebration of our differences and diversity and while we make good progress improving the inclusivity of our communities, there is still a lot more we can do for autistic people living in Lewisham.

Through conversations with our autistic community and their carers we know that our autistic population continues to experience numerous inequalities with mental, physical, economic and social health outcomes being some of the worst. We need to ensure that we do not see autism as something that should be 'fixed.' Rather we will be a borough that improves and creates the conditions for autistic people to feel welcome, safe and able to thrive.

We need to ensure that the priorities in this strategy are implemented as a partnership and that all stakeholders in Lewisham, including the Council, NHS, voluntary, community and private organisations are held accountable for their role in improving the quality of life for our residents. We will do this in equal partnership with our autistic community members by establishing a new Autism Partnership Board.

The development of this strategy would not have been possible without the contributions of all involved across our services and communities. We want to thank everyone who took the time to contribute to this work and share their knowledge and experience. We recognise we have a way to go and want to be mindful this document is a springboard to be built upon.

# **Chapter One: Introduction**

## **Autism: A Lewisham Perspective**

Autistic Spectrum Condition (ASC) is a form of neurodiversity and describes a broad range of communication and sensory differences that lead to those with the condition experiencing the world in a very different way. Autism affects at least 1% of the population worldwide, although we know that the availability of diagnostic services is variable and the majority of autistic people are currently undiagnosed.

Autism is often referred to as a spectrum condition because of the range of ways it can impact on people and the differing levels of support they may need at different stages of their lives. Some autistic people will need very little or no support in their everyday lives while others may need high levels of care, such as 24-hour support in residential care. It is also important to remember that autism is often referred to as a 'hidden disability' because the difficulties faced are not always visible to others. In the UK, ASC is a recognised disability, although it is important to acknowledge that there are differing opinions on this and not all autistic people see themselves as disabled.

In Lewisham, there are approximately 4,000 people with a formal diagnosis of ASC. Approximately half are currently under 18 years of age, and half are adults. Our oldest autistic resident is 91 years old!

In line with Lewisham's diverse ethnic mix, the autistic community has almost equal representation from BAME and White European.

However, there are 2.5 times more males with an ASC diagnosis in Lewisham than females. This is a common finding around the United Kingdom and is thought to be related to the differences in presentation between males and females. Females are less likely to fit with the social stereotypes of autism so their needs are often unrecognised and unmet. In Lewisham, we want to challenge the public perspective and help society to understand the commonly stated.....

***'....If you have met one person with autism, you have met one person with autism....'***

## **Why do we need an Autism Strategy?**

The Lewisham All Age Autism Strategy 2023-2028 presents our vision for the borough and describes the priority areas we will work on over the next five years. We will work in partnership with the autistic community, parents, carers, schools, social services and health care settings towards an autism inclusive borough. The overriding aim is to enable Lewisham's autistic community to live happier, healthier and longer lives.

As part of implementing the All Age Autism Strategy, we will form the first Lewisham Autism Partnership Board (LAPB) in 2023. The group will bring together professionals who deliver services and support to work in collaboration with the autistic community towards a common goal. The LAPB will develop specific action plans, monitor the delivery of services, and have a robust structure for measuring performance and outcomes. Membership of the LAPB will include members of the autistic community, parents & carer forums, the education sector including the SEND partnership, health and social care commissioners, providers, adult and children's social care and partners from the voluntary sectors.

### **Identity First Language**

Many autistic people see autism as a fundamental part of their identity but do not feel that it is the only characteristic which defines them. 95% of the autistic community prefer identity first and neuro-inclusive language such as 'autistic person' and 'autistic spectrum condition'. For this reason, we will avoid the use of person-first language such as 'child with autism' and avoid the term 'Autism Spectrum Disorder' in this document.

## **Our approach to this strategy**

The key principles of our approach can be summarised as follows:

- 1) **'Nothing about us with without us'** - Autistic people, their families and carers are at the forefront of everything we do. We will ask, we will listen and make decisions together. We will reach out to lesser heard communities and those less able to advocate for themselves. We will ensure co-production in any services we plan.
- 2) **Neuro-affirmative approach** – We will celebrate differences. We will promote the understanding of individual strengths and areas in need of support. We will enable autistic people to advocate for themselves and their families. We will challenge stereotypes, improve public understanding of autism, and work towards autism inclusive schools, workplaces, public spaces and services.
- 3) **Whole system collaboration** – As a newly integrated care system, we would focus more intensively on effective collaboration between health, education, local authorities, benefits and welfare. We recognise that autistic people can have many different types of needs. For example we know that 70% of autistic people also have another physical or mental health condition. We know that autistic people have more special educational and social care needs than the general population. For this reason, we pledge to bring together interdependent services to enable the autistic community to be supported holistically.
- 4) **Keeping you informed** - We will ensure that guidance and information services are comprehensive, easy to find, and accessible for all abilities and ages. This is to empower individuals to seek the right support at the right time.
- 5) **Closer to home** – We aim for autistic children, young people and adults to be included and supported within their local communities. By improving the provision of community services, we hope to lessen the need for specialist, residential and hospital-based services.

## **Chapter 2: our roadmap for the next 5 years**

### **How we decided what is important**

Our vision is that Lewisham is a borough in which autistic people can lead fulfilling lives. We aspire to become an autism-inclusive borough, meaning we actively work with autistic residents to remove barriers to a high quality of life.

In 2021, the national strategy for autistic children, young people and adults: 2021-26 was published, setting out the Government's plans to improve the quality of life for autistic people across the country<sup>1</sup>. Since its publication, we have been working with autistic residents, carers and service professionals in Lewisham to tailor our approach to delivering these aims. By working together we sought to identify what an autism-inclusive borough would look like for us, and the steps we need to take to achieve this.

In May 2021, Lewisham Council consulted autistic individuals, parents and carers and health professionals to find out what is important to the autistic community in Lewisham. We used the feedback we received and included their insights into the Public Consultation that took place in May 2022 where we received over 140 responses. From looking at this feedback, we recognised that we did not receive a large number of responses from people under the age of 18 years. To ensure that their insights were considered, we undertook further engagement work during October and November 2022 where we received 70 responses from young people. Based on this feedback we have created the following vision statements. Only when a large proportion of our autistic community feel that these vision statements are a true reflection of their lives, can we say we are autism-inclusive-

- I feel safe and welcomed in the community, including public services, schools and in my workplace.
- I have access to reliable information about autism; and have access to diagnostic services.
- I can ask for help whilst I am waiting for an autism assessment.
- My family, carers, and I are supported to understand autism and what it means for me
- I can learn in ways that work for me; my teachers understand how to support me.
- I am supported to make my own decisions about my future, my views are taken seriously no matter what sex, gender, ethnicity, sexuality or disability I have.

- I have access to services and therapies based on my needs. Health and service providers understand how to make reasonable adjustments so that I can access these services.
- My family and carer(s) receive the help they need to care for me and for themselves.

## **How we will work towards the vision statements**

We will formally establish a Lewisham Autism Partnership Board (LAPB) that will bring together representatives from adult and children social care health and social commissioners education commissioners and providers, SEND, parents and carers, and the providers of key borough based services.

The responsibility of the Board is to co-produce the action plans that sit under this strategy, ensure that the plans are implemented, and that our objectives are achieved. This will also include setting realistic timescales and ensuring that we are collecting the information we need to monitor the impact these actions are having. The LAPB will establish working groups as necessary to deliver on these plans and will oversee the work of these groups. An initial step towards our co-productive approach would be to work with community organisations to identify a co-chair from the lived experience community and to ensure the voice of our ASC is integral to our partnership development and plans.

A key action for the LAPB is to ensure that temperature checks are taken periodically throughout the lifespan of this strategy, and beyond, as a way to measure its impact. We know that we need to improve on the information that we have available to us, and will use the information we received during 2021/22 as a starting point to measure improvement from.

## **Our commitments in the first year**

- We will make sure that, where appropriate, we work collaboratively in establishing any plans and actions with other services and support across Lewisham to ensure that we work as part of a local care system and not in silos. This will include ensuring close links are made with teams working on SEND and learning disabilities.
- We will establish the Lewisham Autism Partnership Board
- We will ensure that we co-produce an action plan that has realistic timescales and that we put a system in place so that we are able to monitor the impact of these actions and share the progress publicly.
- We are committed to improving the information we collect in relation to autism in the borough. We will ensure that we have processes in place so that services and support

across social care, schools, primary care and hospitals are improving the information they collect so that we are able to measure the impact on the strategy action plan.

## **Chapter 3: Our Priorities**

### **Priority 1: Improving Understanding and Acceptance of autism within the Community**

Lewisham is committed to supporting the working partnership of autistic people, their families and supporters together with agencies in health, education and social care, reducing inequalities and ensuring that every autistic child, young person and adult across the spectrum of neurodiversity feels listened to, understood, accepted and valued.

We will ensure that autistic people are able to access specialised support, information and advice when they need it by creating a community that provides equality of provision and life chances, supporting independence and championing autonomy. An essential tenet of creating, nurturing and sustaining this community will be the ongoing training and autism awareness raising across the whole Lewisham community, including organisations, businesses and services, building an autism and communication friendly borough. This will be achieved through collaboration and joint working with the autism community, valuing individual lived experiences and personal perspectives. This will be undertaken with the acknowledgment and understanding that autistic identity is not one thing but multifaceted, encompassing many other aspects of identity that are ever changing and multi-layered, including cultural, ethnic and religious attitudes, values and beliefs of autistic people and the families and communities they are part of.

### **Priority 2: Improving autistic children's and young people's access to education**

We will strive to be ambitious for children and families through recognising the importance of a timely identification of need and post-diagnosis support. We will advocate for clarity of individual profiles of strengths and needs - recognising, accepting and addressing those needs, supporting and promoting meaningful inclusion in nurseries, schools and post-16 provisions. We will ensure all educational practitioners and support and pastoral staff have a good understanding of autism as well as a working knowledge of evidence-based approaches, strategies and adaptations, enabling schools to provide for different needs and ensuring equality of provision for all. We aim to ensure specialised support, training, advice

and signposting to all stakeholders involved in the care, education and effective inclusion of autistic children and young people in order to create a community that provides equality of provision and life chances, supports independence, champions autonomy and promotes acceptance of difference/neurodiversity.

In supporting the educational achievement, social inclusion and emotional health and wellbeing of Autistic children and young people, we will ensure they feel safe, valued and empowered, have opportunities and aspirations for their future and feel enabled to make a meaningful contribution to their communities. In working with families we will also strive to acknowledge, understand and value the views and perspectives of parents and carers. We will also consider family priorities and preferences for intervention and work in partnership with parents to ensure the best outcomes for CYP.

### **Working with marginalised families.**

In working with and supporting autistic people and their families we will develop our awareness of the different and overlapping ways that families can be marginalised. This means acknowledging that some families may be marginalised due to ethnicity and culture, socioeconomic status, housing inequality, language challenges, physical or mental health needs, or having children in care. We need to understand how this can lead to differences in education, health and the experiences of the criminal justice system, and prioritise recognition and support for the diverse and often overlapping needs of our communities.

### **Priority 3: Improving diagnostic pathways and Autism support services**

Nationally, autism diagnostic pathways for adults and children are under pressure due to growing waiting lists. We are working closely with regional and national teams to innovate and find creative solutions to improve autism diagnostic pathways and reduce waiting times.

Whilst accurate and timely diagnosis is important, we equally recognise the need for high quality pre and post diagnostic support services in Lewisham. We will work with community services to increase the availability and accessibility of autism specific information and advice, signposting, psychoeducation and peer support groups.

### **Priority 4: Tackling health and care inequalities for autistic people**

We know that autistic people experience poorer physical and mental health, along with reduced life expectancy compared with non-autistic people. Around 40% of autistic adults also

have a learning disability. Most medical conditions are more common in the autistic population including diabetes, hypertension, heart disease and obesity. We know that autistic people are twice as likely to use emergency departments, three times more likely to be admitted to hospitals, and find it much harder to advocate for themselves within the NHS. We know that one in five inpatients in Eating Disorder units are autistic, and the help they need to recover is different to non-autistic patients.

Suicide is a leading cause of early mortality amongst autistic people, with studies finding that an autistic person is 9 times more likely to die from suicide than a non-autistic person. Research shows that 14% of autistic children in the UK experiences suicidal thoughts compared with 0.5% of non-autistic children. Evidence is also emerging that the lack of social acceptance, feelings of isolation, and persistent 'masking' or 'social camouflaging' is linked to increased risk of suicide.

For these reasons, it is not surprising that the life expectancy of an autistic person without a learning disability is 16 years less than the general population. If a person is both autistic and learning disabled, their life expectancy is 30 years less.

In Lewisham, we are committed to reducing these health inequalities.

We will do this by:

- Reducing barriers and improving access to health care
- Providing accessible information to empower the autistic community to advocate for themselves
- Embedding reasonable adjustments into health care settings
- Improving early identification of autism and diagnostic pathways
- Improve the community support available to autistic people and their families
- We commit to national plans for delivering Oliver McGowan training to health and social care staff in South East London. The training will provide general awareness of what support autistic people may need.
- We will move forward with the NHS National Long Term Plans to improve the health for autistic adults by making sure they receive timely annual health checks.
- We commit to implement learning recommendations from the LeDeR program (Learning from lives and death – People with a learning disability and autistic people).
- Recognise the additional barriers faced by autistic individuals from lower social economic backgrounds

- We will ensure commissioned services are culturally appropriate and meet the needs of our diverse community.
- Supporting positive transitions into adulthood

## **Priority 5: Supporting Autistic people into Employment**

We know that Lewisham has the lowest job density of any local authority area not just in London, but of all local authorities in Great Britain. This is because we have a high number of people who live here but work elsewhere in London. Lewisham Council has established programmes in the borough to offer more apprenticeships and jobs in the borough. The council is committed to offer more jobs, training and education opportunities for people with Autism. We will work together as a partnership with Job and Skills Programme, SEND team and Adult Learning Lewisham.

## **Priority 6: Reducing mental health admissions and supporting quality inpatient care**

We will achieve the targets set out in the NHS Long Term Plan to reduce the number of autistic people being admitted into inpatient mental health services. We will do so by improving the provision of talking therapies available, support individuals through crisis intervention services, keyworking, Dynamic Support Registers, and improved personalisation of care. We will also improve the suitability and availability of supported housing and social care provision.

Autistic people who require inpatient care will receive reasonable adjustments to feel safe, receive advocacy to ensure their needs are met, and treatment plans that are tailored to their individual needs. We will increase the options available for 'step-down care' to ensure people are discharged back into their communities as soon as they are well enough to leave.

## **Priority 7: Improving support within the criminal and youth justice systems**

We know that people with autism are over-represented as people who come into contact with the criminal justice and youth justice systems. This can be as victims, witnesses or defendants. We know that this can be down to poor understanding of autism among professionals. In Lewisham we are committed to raising awareness amongst professionals through training. The Safer Communities team are partners of the Community Multi-Systems Violence Reduction (CMSVR) to support and manage individuals, including those with

Autism. The Safer Communities Team also undertake community engagement work and is committed to supporting any training or awareness raising within the community.

## **Priority 8: Improving experiences of caring**

Carers told us that a significant gap in both practical and emotional support left them struggling to look after themselves and those they care for. The focus of this priority area is to improve support for carers and family members. We will do this by focusing on the following objectives:

- **Improve direct support for carers**

Carers highlighted the positive impact of community services to reduce feelings of isolation. We will work to increase the availability for peer support groups, ensure short break and respite services are available to families who need them and improve the range of direct support available for carers, including psychoeducational interventions and coaching.

- **Help to navigate the system**

Carers shared their experiences of complex pathways and said they found identifying and accessing support difficult. We will work towards clear, accessible, up to date information available in our Local Offer, increase the availability of signposting services, and ensure help is available for specific difficulties such as applying for Education Health and Care Plans, Access to Work schemes or navigating the benefits system.

- **Improve the range of short-term respite options**

Local parents identified a lack of affordable short-term respite opportunities for autistic children in the borough. We will work to improve the range, availability and accessibility of activities and groups in the area that promote independence for autistic children and their guardians.

## **APPENDICES**

### **National and local policy and legislation**

The Autism Act 2009 is currently the only disability-specific legislation in England and requires the Government to introduce and keep under review an adult autism strategy<sup>2</sup>. The government has since published:

#### **Fulfilling and Rewarding Lives (2010)**

The statutory guidance entitled “Fulfilling and Rewarding Lives” 2010 aimed to kick start fundamental change in public services to enable adults with autism to live independent lives and find work. This strategy aimed to improve training for groups in contact with autistic people in health and social care but also in job centres, as well as improving the accessibility of public services, buildings and transport. It also aimed to ensure a clear pathway to diagnosis<sup>3</sup>.

#### **Think Autism (2014)**

Think Autism built on the themes of the previous strategy. It also highlights the importance of autism awareness communities and the autism innovation fund to encourage community level support and championing as well as the importance of recording this data and making it easy for people with autism to access this information<sup>4</sup>.

#### **Adult Autism Strategy: Supporting its Use (2015)**

Further local statutory guidance was published in 2015 instructing local authorities and NHS trusts on key areas for development including: training in autism awareness for staff; appointment of an autism lead; developing a clear diagnostic pathway; and adequate assessment of local area needs based on population data. The guidance also highlighted the importance of care needs assessments not being refused based on normal IQ scores, which had previously been an issue. Diagnosis of women is also an important area which literature suggests has been under recognised, and should be addressed in training<sup>5</sup>.

#### **National All Age Autism Strategy (2022)**

The latest update to the strategy seeks to extend the scope of the strategy to children and young people for the first time. Accompanying statutory guidance is aimed at supporting the

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NHS and local authorities in implementing the strategy in areas such as staff training, identification and diagnosis, transition planning when people move from children to adult services, employment and criminal justice.

#### Children and Families Act (2014)

Part 3 - Children and Young People in England with SEN or Disabilities (Sections 19 to 83)

Section 19 sets out the matters to which local authorities must have regard in exercising their functions in cases of children and young people with SEN. These include the wishes and feelings of the child, young person and their parents and the importance of the child or young people participating in decision

[ChildrenAndFamiliesActBrief - Part 3.pdf](#)

Special Educational Needs and Disability Code of Practice (2015) which place duties on LAs, NHS organisations and schools re autistic children and young people.

#### National

- Mental Capacity Act 2005
- Mental Health Act 2007
- Care Act 2014
- No Health Without Mental Health
- NHS Long Term Plan
- Mental Health Forward View
- Advancing Mental Health Equalities Strategy
- Improving Access to Mental Health Services by 2020

#### Local

- Corporate Strategy 2013-27
- Lewisham Health and Wellbeing Strategy 2013/23
- Lewisham SEND strategy
- SLaM ASD Strategy

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## Healthier Communities Select Committee

### **Report title: Select Committee Work Programme Report**

**Date:** 11 January 2023

**Key decision:** No.

**Class:** Part 1

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

**Contributors:** Nidhi Patil (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.
- 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.
- To review the HCSC Data Dashboard attached at Appendix F.

### **Timeline of decision-making**

Healthier Communities Work Programme 2022/23 – draft agreed on 21.06.22

Healthier Communities Work Programme 2022/23 – agreed by Business Panel on 19.07.22

## **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 19 July 2022.

- 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:
- Review the work programme attached at Appendix B.
  - 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.
  - Review the forward plan of key decisions at Appendix E to consider whether there are any items for further scrutiny.
  - Review the HCSC Data Dashboard attached at Appendix F.

## 3. Work Programming

- 3.1. When reviewing the work programme the Committee should consider the following:  
The Committee's terms of reference (Appendix A)
- 3.2. 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. The Committee has a key role in scrutinising the performance and supporting the development of the council's health and care-related strategies and policies. It also has a role in engaging and reflecting the views of residents in relation to health and care-related matters.  
Whether any urgent issues have arisen that require scrutiny
- 3.4. If there is any urgent issue that is brought to the Committee's attention, it should consider the prioritisation process (Appendix C) and the Effective Scrutiny Guidelines (Appendix D) before deciding on its priority.  
Whether a committee meeting is the most effective forum for scrutinising the issue
- 3.5. When scrutinising an issue of interest, the Committee should consider if there are any alternative methods for receiving information on the issue that would be more appropriate. For example, would a briefing or a written summary be more effective and appropriate for the issue in question?  
Whether there is capacity to consider the item
- 3.6. The Committee should consider which work programme items could be removed or rescheduled to make space for the full consideration of more important issues.  
Whether the item links to the priorities set out in the Corporate Strategy
- 3.7. A new corporate strategy has been developed<sup>1</sup> – which sets out the Council's values, priorities and focus for the next four years (2022-2026). These are categorised under the following headings:
- Cleaner and Greener

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<sup>1</sup> <https://lewisham.gov.uk/mayorandcouncil/corporate-strategy>

- Strong Local Economy
  - Quality Housing
  - Children and Young People
  - Safer Communities
  - Open Lewisham
  - Health and Wellbeing
- 3.8. The work of the Healthier Communities Select Committee will relate most closely to the 'Health & Wellbeing' priority, which commits the Council to:
- ensuring that everyone can access food and other essentials through our Lewisham Food Action Plan;
  - mitigating and ultimately ending structural racism and discrimination as a driver of health inequalities;
  - progressing towards a fairer care system and improving conditions for care workers to ensure they feel valued;
  - working with the local NHS to deliver the services Lewisham residents need and creating the Lewisham Health Care & Wellbeing Charter;
  - collaborating with other organisations to deliver places, activities and programmes that our residents need in order to live a physically active lifestyle.
- 3.9. The Committee should consider how its work programme reflects these priorities. The Committee might also consider whether there are suggestions that should be put forward for consideration in the new municipal year.

#### **4. Healthier Communities Select Committee Data Dashboard**

- 4.1. Committee members had previously expressed an interest in developing a dashboard of key data for the committee to monitor with the intention of keeping the committee informed of developing trends in key areas and to assist the committee's work in supporting the council's development of a Healthcare and Wellbeing Charter. It was agreed that the data collated for the Health & Wellbeing Board would be utilised for the HCSC and would be reviewed by the Committee at every meeting.
- 4.2. The Data Dashboard for HCSC is attached at Appendix F and a few key points to note are:
- i. Life Expectancy
    - a. Life expectancy has fallen universally (Lewisham, London and England) since the COVID-19 pandemic
    - b. However for females, Lewisham life expectancy still just exceeds the national average (statistically similar)
    - c. For male residents life expectancy is significantly lower than the national average, with the gap remaining stable
  - ii. National Child Measurement Programme- Indicators Used for Excess Weight in Children in Reception and Year 6
    - a. Newly released National Child Measurement Programme data shows increases in the proportion of Lewisham children in Reception and Year 6 with Excess Weight in the academic year 2021/22.
    - b. The previously published data at local authority level was 2 years ago due to the COVID-19 pandemic – so referred to 2019/20.
    - c. The Year 6 figures continue to be significantly worse than the national average but statistically similar to London

- d. The Reception figures are statistically similar to both England and London.
- iii. Cancer Screening
  - a. Newly released National Child Measurement Programme data shows increases in the proportion of Lewisham children in Reception and Year 6 with Excess Weight in the academic year 2021/22.
  - b. The previously published data at local authority level was 2 years ago due to the COVID-19 pandemic – so referred to 2019/20.
  - c. The Year 6 figures continue to be significantly worse than the national average but statistically similar to London
  - d. The Reception figures are statistically similar to both England and London.
- iv. Immunisations
  - a. Uptake of all routine vaccines has not yet recovered to pre-pandemic levels.
- v. Areas where Lewisham continues to perform well
  - a. Lewisham continues to perform well in the following indicators:
    - Breastfeeding
    - Smoking in pregnancy

## 5. The next meeting

- 5.1. 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. If the Committee has designated one of its members as a climate change champion, that member should work with the Chair to ensure that officers are given appropriate steers in relation to the reports, to ensure they include relevant climate change considerations.
- 5.2. 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	Review type	Corporate Priority
One Public Estate: Ladywell Unit proposals	Standard item	CP5
Extreme weather, advice and support	Standard item	CP5
Health and Wellbeing Board update	Standard item	CP5
Leisure centres update	Standard item	CP5

Health Care & Wellbeing Charter- Initial Scoping report	Standard item	CP5
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## 6. Scrutiny between meetings

- 6.1. Below is a list of scrutiny activity, including briefings, information requests, visits and engagement, that has taken place outside of the committee meeting. The scrutiny activity below covers the time period between the last committee meeting on the 1st of November 2022 to the committee meeting on the 11th of January 2023.

Agenda Item	Date due	Outcome	Corporate Priority
Information on analysis of spend for the DFG (Disabled Facilities Grant)	23 November 2022	Provided members with insight into how the annual grant is being spent and how the carried forward balance (from the time when the grant was not being fully spent) is now being used in a measured way.	Health & Wellbeing

## 7. Referrals

- 7.1. 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
Healthier Communities Select Committee comments on the budget cuts	01/11/22	07/12/22 ( <a href="#">Referral</a> made to PAC on 02/12/22 before being forwarded to M&C)	07/12/22	05/12/22 (The <a href="#">response</a> to PAC's referral, containing the comments made by all select committees, was circulated in advance of M&C to all select committee chairs)  <a href="#">Decision</a>

## 8. Financial implications

- 8.1. 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.

## **9. Legal implications**

- 9.1. 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.

## **10. Equalities implications**

- 10.1. 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.
- 10.2. The Council must, in the exercise of its functions, have due regard to the need to:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
  - advance equality of opportunity between people who share a protected characteristic and those who do not.
  - foster good relations between people who share a protected characteristic and those who do not.
- 10.3. There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

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

- 11.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report. However, in February 2019 Lewisham Council declared a Climate Emergency and proposed a target to make the borough carbon neutral by 2030. An action plan to achieve this target was subsequently agreed by Mayor and Cabinet (following pre-decision scrutiny by the Sustainable Development Select Committee)<sup>2</sup>. The plan incorporates all areas of the Council's work. Items on the work programme may well have climate change and environmental implications and reports considered by the Committee should acknowledge this.

## **12. Crime and disorder implications**

- 12.1. 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.

## **13. Health and wellbeing implications**

- 13.1. 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.

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<sup>2</sup> See <https://lewisham.gov.uk/TacklingTheClimateEmergency> for a summary of the Council's work in this area.

## 14. Report author and contact

If you have any questions about this report please contact the scrutiny manager:

Nidhi Patil, 020 8314 7620, [Nidhi.Patil@lewisham.gov.uk](mailto:Nidhi.Patil@lewisham.gov.uk)

## **Appendix A – Healthier Communities 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 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:**

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

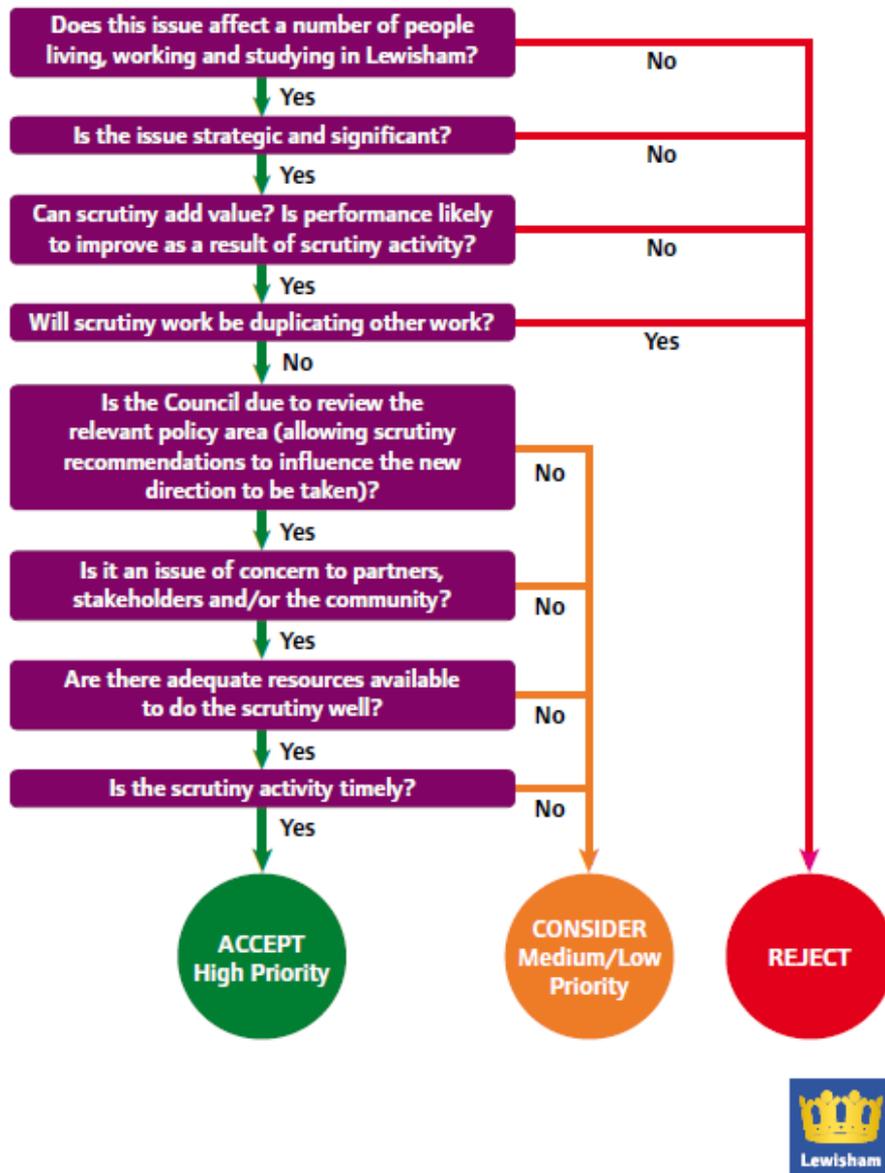
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to: people with learning difficulties; people with physical disabilities; mental health services; 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.

## 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).

**Healthier Communities Select Committee work programme 2022/23**

Item	Type	Priority	21-Jun	07-Sep	01-Nov	11-Jan	28-Feb
Election of Chair and Vice Chair	Constitutional req	CP5					
Work programme 2022-23	Constitutional req	CP5					
South East London Integrated Care System	Standard item	CP5					
Healthcare and Wellbeing Charter	Standard item	CP5					
Empowering Lewisham	Standard item	CP5					
Primary Care Update	Standard item	CP5					
The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR)	Standard item	CP5					
Transitions from children's to adults' social care	Standard item	CP5					
Proposed changes to Lewisham and Greenwich Trust (LGT_ sexual health services in Lewisham	Pre-decision scrutiny	CP5					
Budget cuts proposals	Pre-decision scrutiny	CP5					
Proud to Care update	Standard item	CP5					
Cost of Living Crisis - inc Warm Havens and Draft Food Justic Plan TBC	Performance monitoring	CP5					
Lewisham All-Age Autism Strategy	Pre-decision scrutiny	CP5					
Lewisham Adult Safeguarding Board (LASB) annual report	Standard item	CP5					
Update on Empowering Lewisham programme	Standard item	CP5					
One Public Estate: Ladywell Unit proposals	Standard item	CP5					
Extreme weather, advice and support	Standard item	CP5					
Health and Wellbeing Board update	Standard item	CP5					
Leisure centres update	Standard item	CP5					
Health Care & Wellbeing Charter- Initial Scoping report	Standard item	CP5					

Information reports, briefings and visits	Type	Priority					
Lewisham and Greenwich NHS Trust (LGT) quality account	Performance monitoring	CP5					
South London and Maudsley NHS Trust (SLaM) quality account	Performance monitoring	CP5					
Adult Learning Lewisham (ALL) annual report	Performance monitoring	CP5					
Dementia Strategy	Performance monitoring	CP5			31.10.22		
Health & Social Care Scrutiny Protocol	Engagement	CP5					
Improving Downham Health event	Engagement	CP5		29.06.22			
South East London ICS launch event for JHOSC members	Engagement	CP5		05.07.22			
Health Care & Wellbeing Charter engagement	Engagement	CP5					
Calabash update	Information item	CP5					
Information on analysis of spend for the DFG (Disabled Facilities Grant)	Information item	CP5				23.11.22	

**Corporate Priorities****Priority**

<b>1</b>	<b>Open Lewisham</b>	<b>CP 1</b>
<b>2</b>	<b>Quality Housing</b>	<b>CP 2</b>
<b>3</b>	<b>Children and Young People</b>	<b>CP 3</b>
<b>4</b>	<b>A Strong Local Economy</b>	<b>CP 4</b>
<b>5</b>	<b>Health &amp; Wellbeing</b>	<b>CP 5</b>
<b>6</b>	<b>Cleaner and greener</b>	<b>CP 6</b>
<b>7</b>	<b>Safer Communities</b>	<b>CP 7</b>

**FORWARD PLAN OF KEY DECISIONS  
INTERNAL CIRCULATION ONLY**

**Forward Plan – January 2022 – April 2022**

This Plan sets out the key decisions the Council expects to take in forthcoming months. All key decisions should appear in the Plan for at least 28 days before consideration by either Mayor and Cabinet or an Executive Director for delegated key decisions.

Comments on this document should be sent to Emma Aye-Kumi – [committee@lewisham.gov.uk](mailto:committee@lewisham.gov.uk)

A “key decision”\* means an executive decision which is likely to:

Any decision with a total value, expenditure or savings, including any grant and/or matched funding, with a total value in excess of: -

- a) £700,000 in revenue; or
- b) £1.5m in capital; or
- c) A property transaction, disposal or acquisition, in excess of £1.5m.
- d) Any decision that, in the opinion of the Monitoring Officer, has a significant impact on the communities in two or more wards;
- e) Where the Speaker on advice from the Head of Paid Service and/or Monitoring Officer and/or Chief Finance Officer is of the view that the matter is one which ought properly to be treated as a key decision, and informs the proper officer to that effect at least 6 weeks before the decision is in the opinion of the Monitoring Officer likely to be taken.

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
15/11/22 Executive Director for Housing, Regeneration & Environment	<b>Award of Corporate Estate Maintenance Contract Phase 2</b>	??	Akweley Badger Project Officer, Capital Programme Delivery and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources	
07/12/22 ED HRPR	<b>Walsham – Budget Requirement</b>		James Ringwood	
7/12/2022 ED CYP	<b>Approval to procure: School Minor Works Programme 2023 (SMWP 23)</b>	Expenditure >£500k	Lemuel Dickie- Johnson x42186	
07/12/22 Executive Director for Corporate Resources	<b>Approval to procure for the provision of Fixed Asset Valuations</b>	Contract award of £350k (c. £70k per year based on usage)	Sofia Mahmood Chief Accountant  Councillor Amanda De Ryk, Cabinet Member for Finance and Strategy	<a href="https://www.espo.org/estates-management-professional-services-2022-2700-22.html">https://www.espo.org/estates-management-professional-services-2022-2700-22.html</a> Lot 1A – Fixed Asset Valuation London
07/12/22 Executive Director for Children & Young People Services	<b>Contract Award Report – perinatal mental health</b>	Total contract award of £266,000, funded solely by external Family Hubs and Start for Life Programme grant.	Emily Newell, CYP Joint Commissioner, <a href="mailto:Emily.newell@lewisham.gov.uk">Emily.newell@lewisham.gov.uk</a>	Contract Award for perinatal mental health peer support programmes, as part of – and Start for Life Programme
11/01/23 Mayor & Cabinet	<b>Financial Monitoring Period 7</b>	n/a	Nick Penny, Head of Service Finance and Councillor Amanda De	Information item

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
			Ryk, Cabinet Member for Finance and Strategy	
11/01/23 Mayor & Cabinet	<b>Council Tax Base Report 2023/24</b>		Katherine Nidd, Head of Strategic Finance, Planning and Commercial Finance  Councillor Amanda De Ryk, Cabinet Member for Finance and Strategy	The purpose of this report is to ask that M&C recommends that Council sets the Council Tax Base, note the 2023/24 NNDR estimated income, and delegates final approval of the NNDR1 form to the Executive Director for Corporate Resources for 2023/24.
11/01/23 Mayor & Cabinet	<b>Secure Children’s Home for London Children and Pan- London Vehicle for Commissioning</b>	£20k per annum payable only once the provision has launched – cost subject to inflation adjustment	Donna Simeon  Chris Barnham, Cabinet Member for Children’s Services and School Performance	To seek approval to become a member of a not-for-profit company, limited by guarantee, provisionally to be known as the Pan London Vehicle. To join the PLV for a five-year period from 1st April 2023 to 31st March 2028.
11/01/23 Mayor & Cabinet	<b>Provision of parking and traffic enforcement division service</b>	Expenditure of £4million estimated annual value of the contract	Kyki Kim-Bajko, Parking Services Manager	
11/01/23 Mayor and Cabinet	<b>Permission to Award – Dementia Hub</b>	£39,726.03 (contract extension)  £1.45m. (new 3 year contract with 2 year extension option)	Natalie Sutherland <a href="mailto:Natalie.sutherland@selondonics.nhs.uk">Natalie.sutherland@s elondonics.nhs.uk</a>  Tom Brown, ED Community Safety	Permission to award following tender exercise which was agreed at M&C in June 2022. This is reporting on outcome  ICB;£290,000 annually. 3 year value = £870,000

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
			Paul Bell, Cabinet Member for Health & Adult Social Care	ICB; £39,726.03 extension 22-23
11/01/23 Mayor and Cabinet	<b>Permission to Award – Lewisham Wellbeing Service</b>	£76,712.32 (contract extension)  £2.8m (new 3 year contract with 2 year extension option)	Natalie Sutherland <a href="mailto:Natalie.sutherland@selondonics.nhs.uk">Natalie.sutherland@s elondonics.nhs.uk</a>  Tom Brown, ED Community Safety Paul Bell, Cabinet Member for Health & Adult Social Care	Permission to award following tender exercise which was agreed at M&C in July. This is reporting on outcome.  The contract extension remains within budget.  LBL; £25,570.77 ICB; £51,141.55 Contract extension 22-23  LBL; £190,400 ICB; £369,600 New contract annually 3 year value = £1,680,000
11/01/23 Mayor and Cabinet	<b>Permission to Award – New Hope Housing Project</b>	£2.07m (new 3 year contract with options to extend)	Natalie Sutherland <a href="mailto:Natalie.sutherland@selondonics.nhs.uk">Natalie.sutherland@s elondonics.nhs.uk</a>  Tom Brown, ED Community Safety Paul Bell, Cabinet Member for Health & Adult Social Care	Permission to award following tender exercise which was agreed at M&C in July. This is reporting on outcome.  £414,000 annual cost 3 year value = £1,242,000  LBL; £90,456.48 ICB; £155,967 SLaM; £167,576.52 (for 1 <sup>st</sup> year only)

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
11/01/23 Mayor and Cabinet	<b>On Street Advertising Contract Variation and Extension</b>	There are no expenditure implications. The Authority will derive an extra £497,000 to current Contract end 2030	Geoff Tice Asset Network Manager, Highways and Transport and Councillor Louise Krupski, Cabinet Member for Environment and Climate Action	The Authority entered into a contract with J C Decaux for on street advertising in 2015. J C Decaux have acquired planning permission to change 15 advertising panels to a digital format at 8 sites across the Borough. A digital panel affords the Authority a higher level of income. To compensate for the J C Decaux investment for panel upgrades agreement to a five year contract extension is to be offered. The current fifteen year Contract is due to end 2030. The contract offers the opportunity to extend for this period.
11/01/23 Mayor & Cabinet	<b>Permission to Award to The Commissioning Alliance</b>	Lewisham's total estimated spend over the three year period is £251k which includes the joining fee and other costs. Placement costs are additional and would have to be met even if the council was not in the framework.	Chloe Vergara CLA Placement Contract Manager/Emily Newell, CYP Joint Commissioner	
18/01/23 Council	<b>Approval of the Lewisham Local Plan - Regulation 19</b>		David Syme	Lewisham Local Plan -Regulation 19 Proposed Submission document

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
	<b>Proposed Submission document for public consultation</b>		Head of Strategic Planning	Local Plan Policies Map  Integrated Impact Assessment  Habitats Regulations Assessment  Consultation statement  Duty to cooperate Statement  Infrastructure Delivery Plan
18/01/23 Council	<b>Council Tax Base Report</b>		Katherine Nidd, Head of Strategic Finance, Planning and Commercial Finance/Kathy Freeman, ED Corporate Resources/David Austin, Director of Finance  Councillor Amanda De Ryk, Cabinet Member for Finance and Strategy	This report sets out the statutory calculations required in order to set the Council Tax Base and estimates the National Non-Domestic Rates (NNDR) tax base for 2023/24. The Council Tax Base and NNDR estimates are statutory obligations and are key elements in setting the General Fund revenue budget.
18/01/23 Council	<b>Treasury Management Strategy Mid-Year Review</b>		Katharine Nidd	
01/02/23 Mayor and Cabinet	<b>Award report for NHS Health Checks provision</b>	£300k pa	Iain McDiarmid/ Jason Browne	COVID-19 Related Extensions by Directorate Report - 2nd March 2021

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
			Tom Brown, Executive Director for Communities	Mayor & Cabinet Award of contract for NHS Health Checks – 5th June 2019 Extension Report March 2022
01/02/23 Mayor & Cabinet	<b>Determination of Lewisham’s admission arrangements for the 2024/25 academic year</b>		Ian Hewison Access and Inclusion Manager Education Services, Children and Young People 020 8314 9567	
01/02/23 Mayor & Cabinet	<b>Lewisham Autism Strategy</b>		Polly Pascoe, Integrated Commissioning Manager and Councillor Paul Bell, Cabinet Member for Health and Adult Social Care	The aim of the report is to gain commitment from the Council to make Lewisham and Autism Friendly Borough and improve the quality of life for people with Autism and their carers. The content of the report has been informed by informed by engagement sessions with service users, carers and staff, followed by a borough-wide consultation exercise. Coproduction panels have supported the development of our action plans and we aim to maintain a coproduction response throughout the implementation of the strategy.
01/02/23 Mayor & Cabinet	<b>Part 1 &amp; 2 – Recommendation regarding the delivery of Extra Care Services by Housing 21 at Cinnamon Court Deptford and</b>	Cost per annum (for both schemes combined): £854,900	Heather Hughes (Lead Commissioner) supported by Jennifer Quested (Joint Commissioner)	
01/02/23 Mayor & Cabinet	<b>Contract for Microsoft Azure Agreement - EMT approval to use framework.</b>	£565k revenue contract	Philippa Brewin (STS)	

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
	<b>Mayor and Cabinet to note procurement and delegate authority for award to ED of Corporate Resources.</b>		<a href="mailto:philippa.brewin@shar.edtechnology.services">philippa.brewin@shar.edtechnology.services</a> 07867 186778	
01/02/23 Mayor & Cabinet	<b>Network Links (circuits, broadband, PSTNs)</b>	tbc	Philippa Brewin (STS) <a href="mailto:philippa.brewin@shar.edtechnology.services">philippa.brewin@shar.edtechnology.services</a> 07867 186778	
01/02/23 Mayor and Cabinet	<b>Approval to Procure for the provision of Occupational Health Service and Employee Assistance Programme Provider. Approval for the subsequent award of contract.</b>	Current annual cost of contract £159,810.5 (plus VAT)	Claudia Menichetti, Head of Employee Services	
01/02/23 Mayor and Cabinet	<b>Permission to Extend the Humankind (Adult Substance Misuse Contract)</b>	£668,700 P/A	Danny Waites Ext: 48015	The Mayor and Cabinet are recommended to agree to a two year permitted extension for the Humankind Contract (Adult Substance Misuse Service) from April 2023 to March 2025
01/02/23 Mayor and Cabinet	<b>Statement of Community Involvement</b>		Michael Forrester	
08/02/23 Mayor and Cabinet (Budget)	<b>2023/24 Budget Report</b>		Katherine Nidd, Head of Strategic Finance, Planning and Commercial Finance/Kathy Freeman,	

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
			ED Corporate Resources/David Austin, Director of Finance	
01/03/23 Council	<b>2023/24 Budget Report</b>		Katherine Nidd, Head of Strategic Finance, Planning and Commercial Finance/Kathy Freeman, ED Corporate Resources/David Austin, Director of Finance  Councillor Amanda De Ryk, Cabinet Member for Finance and Strategy	
21/03/2023 ED CYP	<b>Contract Award Report for School Minor Works Programme 2023 (SMWP 23)</b>	Award of contracts greater than 200K	Lemuel Dickie Johnson x42186	
08/03/2023 Mayor & Cabinet	<b>Approval to appoint operator for concessions contract at Beckenham Place Park lake</b>		Peter Maynard Parks Contract Officer and Councillor Andre Bourne - Cabinet Member for Culture and Leisure	Awaited

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
08/03/23 Mayor and Cabinet	<b>Selective licensing: Consultation response and proposals to introduce a new licensing scheme</b>		Rhona Brown Head of Private Sector Housing and Home Improvement	
08/03/23 Mayor & Cabinet	<b>Reduction and Recycling Strategy</b>		Wendy Nicholas (Strategic Waste and Environment Manager) 020 8314 2194	
08/03/23 Mayor & Cabinet	<b>Approval to re-procure the Lewisham Learning Disability Framework Agreement</b>	Total value of contracts commissioned under the Framework approx. £17.3 million per annum (Total value approx. £69.2 million)	Tom Bird, Integrated Commissioning Manager / Heather Hughes, Joint Commissioning Lead, Complex Care	To seek approval for the reprocurement of the Lewisham Learning Disability Framework Agreement (expiring 31/08/2023)
08/03/23 Mayor & Cabinet	<b>Lewisham Climate Emergency Action Plan</b>		Martin O'Brien, Climate Resilience Manager	
08/03/23 Mayor & Cabinet	<b>Temporary Accommodation Acquisition Procurement (Part 1 &amp; 2)</b>		Jacob Foreman, Housing Services Policy and Strategy Officer	The report seeks approval from Mayor & Cabinet for the housing service to go to procurement for temporary accommodation services
08/03/23 Mayor & Cabinet	<b>Approval to confirm an Article 4 Direction to withdraw permitted development rights for the change of use from</b>		David Syme, Strategic Planning Manager	

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
08/03/23 Mayor & Cabinet	<b>dwelling house (Use class C3) to small HMO's (Use Class C4)</b>	Approval to confirm an Article 4 Direction to withdraw permitted development rights for the change of use from Use class E (retail, office and industrial) to Use class C3 (dwelling house) within our town centres, industrial areas and employment sites.	David Syme, Strategic Planning Manager	
08/03/23 Mayor & Cabinet	<b>CIL Governance proposals</b>	CIL Governance proposals	Julia Robins, Developer Contributions Manager	
08/03/23 Mayor & Cabinet (slipped from February)	<b>Learning Disability Framework: approval to procure supported living contract</b>	Total values of contracts being procured in LDF3 & LDF4 Approx. £21.1 million (4 year contracts)	Tom Bird, Integrated Commissioning Manager / Heather Hughes, Joint Commissioning Lead, Complex Care	<b>Learning Disability Framework:</b> To seek approval for the procurement of a supported living contract to be included in the previously approved fourth phase of the procurement of Framework services (LDF4) & to agree an extension to this and other contracts to cover the period of procurement. In addition to request M&C delegate authority to the Executive Director, Community Services (in consultation with Director of Law, Governance and Elections and the relevant portfolio holder) to select the preferred contractors post tender for the award of contracts for LDF3 & LDF4.

**FORWARD PLAN – KEY DECISIONS**

Date of Decision Decision Maker	Description of matter under consideration	Financial Implications (Capital, Revenue or none)	Responsible Officers / Portfolios	Summary of Report
08/03/23 Mayor & Cabinet (slipped from February)	<b>Permission to extend the current lead home care provider contracts</b>		Tristan Brice	Permission to extend the current lead home care provider contracts for 5 months i.e. to 31 August 2023 to enable the new contracts to be mobilised
08/03/23 Mayor & Cabinet (slipped from February)	<b>Riverside Youth Club development project – Approval to award.</b>	Grant & public donation funded. Plus £80k CYP.	Tony Solly/Adam Platt, Ikwuoma Mkparu Capital Programme Delivery & CYP	Approval to award a contract for works to site. Estimated cost is £1,250,000.
08/03/23 Mayor & Cabinet (slipped from February)	<b>Right to Buyback 2</b>		Fred Nugent - Principal Development & Land Manager, Inclusive Regeneration	This report asks for approval to purchase properties from the open market to provide quality temporary accommodation for families within Lewisham.  Exec Support Officer - Anisha Faruk
08/03/23 Mayor & Cabinet (slipped from February)	<b>BfL Appropriation for planning purposes</b>	TBC	James Ringwood and Councillor Brenda Dacres, Cabinet Member for Housing Development and Planning	Appropriation for planning purposes required for a number of schemes within the Building for Lewisham programme. This is subject to the relevant BfL schemes being within budget and proceeding to start on site - Appropriation for planning purposes needs to happen prior to start on site. This report has been moved to October given delay to start on sites dates.
April 2023 Mayor and Cabinet	<b>BfL approval to enter into contract</b>		James Ringwood and Councillor Brenda Dacres, Cabinet Member for Housing Development and Planning	

<b>FORWARD PLAN – KEY DECISIONS</b>				
<b>Date of Decision Decision Maker</b>	<b>Description of matter under consideration</b>	<b>Financial Implications (Capital, Revenue or none)</b>	<b>Responsible Officers / Portfolios</b>	<b>Summary of Report</b>
May 2023	<b>Public Space Protection Order consultation outcome</b>		James Lee	
May 2023 Mayor & Cabinet	<b>Building for Lewisham Budget requirements parts 1 &amp; 2</b>	Awaited	James Ringwood Senior Development and Land Manager and Councillor Brenda Dacres - Cabinet Member for Housing Development and Planning	Relates to Home Park and Edward Street developments

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## Healthier Communities Select Committee Data Dashboard - January 2023

	Published Frequency	Latest Period of Availability	Previous Available Period (Lewisham)	Latest Available Period (Lewisham)	London Data	England Data	RAG rating against England Benchmark	Direction from Previous Period	Note	Data Source	
<b>Overarching Indicators</b>											
1a	Life Expectancy at Birth (Male) (yrs)	Annual	2018-20	79.1	78.8	80.3	79.4	sig. lower	↓	Higher is better	ONS
1b	Life Expectancy at Birth (Female) (yrs)	Annual	2018-20	83.8	83.2	84.3	83.1	similar	↓	Higher is better	ONS
2	Under 75 mortality rate from CVD (DSR)	Annual	2017-19	86.0	81.3	69.1	70.4	sig. higher	↓	Lower is better	OHID
3	Low Birth Weight of all babies (%)	Annual	2020	8.4	7.4	7.5	6.9	similar	↓	Lower is better	OHID
<b>Health and Wellbeing Strategy Priority Objective 1: Achieving a Healthy Weight</b>											
4	Excess weight in Adults (%)	Annual	2020-21	53.7	51.0	56.0	63.5	sig. lower	↓	Lower is better	OHID
5a	Excess weight in Children - Reception Year (%)	Annual	2021-22	22.4 *	22.6	21.9	22.3	similar	↑	Lower is better	OHID
5b	Excess Weight in Children - Year 6 (%)	Annual	2021-22	38.3 *	41.4	40.5	37.8	sig. higher	↑	Lower is better	OHID
6	Breastfeeding Prevalence 6-8 weeks (%)	Quarterly	Q4 2021-22	80.4	80.7	**	48.6	sig. higher	↑	Higher is better	LGT
<b>Health and Wellbeing Strategy Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years</b>											
7a	Cancer screening coverage - breast cancer (%)	Annual	2021	66.3	61.1	55.2	64.1	sig. lower	↓	Higher is better	OHID
7b	Cancer screening coverage (25-49 years) - cervical cancer(%)	Annual	2021	66.9	64.0	59.1	68.0	sig. lower	↓	Higher is better	OHID
7c	Cancer screening coverage - bowel cancer (%)	Annual	2021	54.0	56.2	59.3	65.2	sig. lower	↑	Higher is better	OHID
8	Early diagnosis of cancer (stage 1 and 2) (%)	Annual	2018	51.2	54.0	56.3	54.8	similar	↑	Higher is better	OHID
9	Conversion of Two Week Wait Referrals to Cancer Diagnosis (%) ***	Annual	2021-22	3.4	3.1	-	6.2	sig. lower	↓	Higher is better	OHID
10	Under 75 mortality from all cancers (DSR)	Annual	2017-19	134.0	131.5	117.4	129.2	similar	↓	Lower is better	OHID
<b>Health and Wellbeing Strategy Priority Objective 3: Improving Immunisation Uptake</b>											
11	Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age (%)	Quarterly	2022-23 Q2	80.2	78.4	71.8	84.7	sig. lower	↓	Higher is better	COVER Programme
12	HPV Vaccine Coverage for 1 dose (12-13 year old females) (%)	Annual	2020-21	81.3	73.2	71.0	76.7	sig. lower	↓	Higher is better	OHID
13	Uptake of Influenza vaccine in persons 65+ years of age (%)	Annual	2021-22	66.3	63.6	70.8	82.3	sig. lower	↓	Higher is better	OHID
<b>Health and Wellbeing Strategy Priority Objective 4: Reducing Alcohol Harm</b>											
14	Alcohol related admissions (ASR per 100,000 pop) ****	Annual	2020-21	399	369	348	456	sig. lower	↓	Lower is better	OHID
<b>Health and Wellbeing Strategy Priority Objective 5 : Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking</b>											
15	Smoking Prevalence in adults (18+) - current smokers (Annual Population Survey) (%)	Annual	2021	8.4	12.2	11.5	13.0	similar	↑	Lower is better	OHID, via ONS
16	4 week smoking quitters (crude rate per 100,000)	Annual	2021-22	2,460	2,475	1,393	1,539	sig. higher	↑	Higher is better	OHID via NHS Stop Smoking Services
17	Smoking status at time of delivery (%)	Annual	2021-22	4.5	4.3	4.5	9.1	sig. lower	↓	Lower is better	LGT
<b>Health and Wellbeing Strategy Priority Objective 6: Improving Mental Health and Wellbeing</b>											
18	Recorded Prevalence of Depression 18+ (%)	Annual	2021-22	9.9	10.2	9.0	12.7	similar	↑	Lower is better	OHID
<b>Health and Wellbeing Strategy Priority Objective 7: Improving Sexual Health</b>											
19	Chlamydia detection rate per 100,000 people aged 15 to 24 (crude rate)	Annual	2021	3,152	2,873	1,673	1,334	sig. higher	↓	Higher is better	OHID
20	HIV late diagnosis in people first diagnosed with HIV in the UK (%)	Annual	2019-21	46.2	47.3	38.6	43.4	similar	↑	Lower is better	OHID
21	Total Abortion rate for all ages (crude rate per 1,000 women aged 15-44 yrs)	Annual	2021	23.3	23.5	20.3	18.7	sig. higher	↑	Lower is better	OHID, via Department of Health
22	Under 18s conception rate (per 1,000 15-17 Yr olds)	Annual	2020	24.1	16.5	9.8	13.0	similar	↓	Lower is better	OHID
<b>Better Care Fund Metrics</b>											
23	The proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	Annual	2021-22	76.4	80.0	-	-	-	↓	Higher is better	Better Care Fund, NHS England
24	Discharge from Acute Hospital to Usual Place of Residence (%)	Quarterly	Q4 2021-22	94.0%	93.6%	-	-	-	↓	Higher is better	Better Care Fund, NHS England
25	Older People Aged 65+ admitted to residential/nursing home per 100,000 population	Annual	2021-22	1257.1	697.4	-	-	-	↓	Lower is better	Better Care Fund, NHS England
26	Avoidable Admissions (per 100,000 population)	Quarterly	Q4 2021-22	238.3	199.0	-	-	-	↓	Lower is better	Better Care Fund, NHS England

**Key**  
 sig high - significantly higher than England  
 sig low - significantly lower than England  
 similar - statistically similar to England  
 DSR - Directly Standardised Rates  
 ASR - Age Standardised Rates  
 LGT - Lewisham & Greenwich NHS Trust  
 OHID - Office for Health Improvement & Disparities

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

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

Office for Health Improvement & Disparities (OHID)  
 Office for National Statistics  
 LGT/breastfeeding at 6 to 8 weeks  
 COVER Programme

LGT/smoking status at time of delivery  
 NHS Better Care Better Value Indicators

\* Previous year is 2019-20 as no data for 2020-21 is available  
 \*\* no value could be calculated for London as most London boroughs did not meet the validation criteria  
 \*\*\* value for Lewisham calculated using all Lewisham GP Practice level data  
 \*\*\*\* narrow definition which uses a new methodology

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