hammersmith & fulham

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Agenda

Monday 14 November 2016
6pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Vanessa Andreae - H&F Clinical Commissioning Group
Liz Bruce - Shared Services Executive Director of Adult Social Care
Janet Cree - H&F Clinical Commissioning Group
Councillor Vivienne Lukey - Cabinet Member for Health and Adult Social Care (Chair)
Councillor Sue Fennimore – Cabinet Member for Social Inclusion
Acting Cabinet Member for Children and Education
Keith Mallinson - Healthwatch Representative
Mike Robinson - Shared Services Director of Public Health
Dr Tim Spicer - H&F Clinical Commissioning Group (Vice-Chair)

Councillor Rory Vaughan - LBHF Nominated Deputy
Councillor Sharon Holder – LBHF Nominated Deputy

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Date Issued: 02 November 2016

London Borough of Hammersmith & Fulham

Health & Wellbeing Board
Agenda

14 November 2016

Item		Pages
1.	**MINUTES AND ACTIONS**	1 - 9

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health & Wellbeing Board held on 7th September 2016.

(b) To note the outstanding actions.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY 10 - 49

This report updates on progress with developing the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2016-2021 (JHWS) and the outcomes of the period of public consultation which have been used to inform the next draft of the plan

5. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION - UPDATE REPORT 50 - 88

This report updates Hammersmith and Fulham Health and Wellbeing Board on transforming mental health services for young people. It has been previously presented and considered at the Children and Education Policy and Accountability Committee (June 2016) and the more recent Health, Adult Social Care and Social Inclusion Policy and Accountability Committee (October 2016).

6. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2015/16 89 - 116

This is the third Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster.

7. DRAFT ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD 117 - 175

The draft annual report for 2015/16 includes key details about the demographics of local children, safeguarding responsibilities and activities of agencies which are represented on the LSCB, an overview of the LSCB priorities, activities and details of its budget; a review of the outcomes of Serious Case Reviews and learning resulting from these.

8. WORK PROGRAMME 176 - 178

The Board's proposed work programme for the municipal year is set out as Appendix 1 to this report.

The Board is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future.

9. DATES OF NEXT MEETINGS

The Board is asked to note that the dates of the meetings scheduled for the municipal year 2016/2017 are as follows:

Wednesday, 8th February 2017
Monday, 20th March 2017

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Wednesday 7 September 2016

PRESENT

Committee members:
Councillors Vivienne Lukey (Chair) and Sue Macmillan, LBHF
Dr Tim Spicer, H&F CCG (Vice-chair)
Vanessa Andreae, H&F CCG
Liz Bruce, Director of Adult Social Care and Health
Janet Cree, H&F CCG
Stuart Lines, Deputy Director of Public Health
Keith Mallinson, H&F Healthwatch Representative

Nominated Deputies Councillors: Rory Vaughan, Sharon Holder

Officers: Steve Miley, Director of Family Services; Ian Heggs, Director of Schools Commissioning; Anna Waterman, Strategic Public Health Advisor, Bathsheba Mall, Governance and Scrutiny

61. MINUTES AND ACTIONS

The minutes of the meeting held on 20th June 2016 were agreed as an accurate record.

62. APOLOGIES FOR ABSENCE

Apologies for absence were received from Vanessa Andreae.

63. DECLARATIONS OF INTEREST

A declaration of interest was received from Keith Mallinson, in his capacity as a Primary Care Mental Health Advice Worker, employed by HF Mind.

64. NW LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

Councillor Vivienne Lukey introduced the report from Hammersmith and Fulham Clinical Commissioning Group (H&F CCG), setting out the North West London Sustainability and Transformation Plan (STP). It was recognised that the report was a draft and the final submission would also be

work in progress. It was further recognised that LBHF and Ealing had declined to sign up to the first draft of the submission.

Janet Cree, Managing Director, H&F CCG presented the report, which chronologically set out milestones and checkpoints, up to and including the current position. Affirming that the submission was work in progress, she referred to the timelines set out in the report and said that there should be an awareness of progress to date. The date for the final submission had been moved to 21st October 2016, a timeframe that allowed for the inclusion of results from the consultation and engagement events, set out in section 6 of the covering report.

Councillor Lukey referred to the list of meeting dates listed in section 6.7 of the report, with the date for Hammersmith and Fulham provisionally listed as 21st September. It was noted that this would be a public event and that attendance by members of the public would be encouraged. Keith Mallinson, Healthwatch, expressed concern that there ought to be two meetings, to be held separately in Hammersmith and Fulham. He added that Healthwatch had been critical of the NHS approach taken across the country on the STP, highlighting the lack of definition as to what constituted a "local hospital". Councillor Rory Vaughan concurred and enquired if the submission would receive a full public consultation following 21st October. He also asked about the timeframe for delivering the plans and when they would come to fruition.

Janet Cree confirmed that the engagement process would continue throughout the calendar year and that a mechanism for factoring in engagement was planned. The next submission date was 21st October but there was uncertainty as to what the next stage would be. It was assumed that this would be the final iteration of the submission and that engagement would focus around the five delivery areas, detailing how the STP would come to fruition. Whilst there would not be a "full consultation", there would be a small number of public events held around the borough. Liz Bruce, Director, Adult Social Care and Health, commented that there would be a mix of NHS officers, a joint transformation group, which will work towards delivering the STP. Statutory consultation would not yet form part of the discussion.

Reiterating that Ealing and LBHF had declined to sign up to the STP, the Board were informed that an independent review had been commissioned, collaboratively funded by the remaining six local authorities. The review would consider the areas highlighted in the Mansfield Commission report, the analysis, financial implications, safeguards, identifiable population needs and gaps in provision. The intention was that this would be complete by the end of September, to feed into the submission by 21st October. A selection panel had also been established by KPMG.

Councillor Lukey suggested that Healthwatch write to NHS England and formally request what the public engagement process was. Janet Cree added that Healthwatch had been part of the Strategic Planning Group (SPG), participating in the evolution of the submission.

ACTION: Healthwatch

Stuart Lines, Deputy Director of Public Health, commented on Delivery Area One, highlighting the preventative elements. The priorities here were ambitious, denoting a joined up system to deliver health improvements and alleviate social isolation. Delivery Area Four covered improvements to adult and child mental health provision. The Board briefly discussed how this fitted with current public sector provision from places such as the Anna Freud National Centre for Children and Families. In response to a query from Councillor Lukey, Janet Cree confirmed that the STP built upon plans from across London. This work was about infrastructure and place based commissioning, and was already evolving.

RESOLVED

1. That the Board's comments be incorporate into the final STP, which the NW London is required to submit to NHS England on 21st October; and

2. That the Board receives a further report, once the outcome of the submission is known, outlining service proposals and funding available to address the existing gap and ensuring that the costs of increased social care that will result from the delivery areas set out in the new plan.

65. HAMMERSMITH & FULHAM CCG COMMISSIONING INTENTIONS PAPER

Janet Cree explained that this was part of an annual process and would set out the CCG's commissioning intentions for 2017/18 and formed part of the process around contracting. For the next contracting period, NHS England stipulated two-year contract periods as opposed to one, to allow for the development and evolution of services over a longer period. Commissioning intentions covered the NW London area but there were national issues to consider and which would feed into commissioning intent. Changes to the contracting period, required contracts to be signed by the end of December. Acknowledging the inherent challenges, it was also noted that guidance would also be issued earlier in September.

The CCGs would take a collaborative approach, reviewing national contracts, which will continue to evolve, ensuring that contractors and providers have governance arrangements in place, in addition to improvable and sustainable performance. Reflecting on 2016/17, NHS England national requirements as to commissioning had meant that August and September had presented challenges. Formal notification as to contracts will be issued by the end of September, (set out in Appendix 2 of the report).

Councillor Lukey expressed interest in how the Borough's needs would be reflected in the Commissioning Intent. Janet Cree referenced the Health and Wellbeing Strategy and how this would signpost need as the Commissioning Intent was already set out within the strategy, for example, the intentions around immunisations and the SQUINS were utilised to develop local innovations and priorities to improve vaccine take up.

Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

Keith Mallinson expressed reservations about the way in which some national contracts had been issued and stressed that new contracts should maintain services equal to or extend beyond those previously in place. The Board indicated that it would welcome further updates on this.

ACTION: HWB/H&F CCG

RESOLVED

That the report be noted.

66. CHILDREN AND FAMILIES ACT IMPLEMENTATION AND PREPARATION FOR LOCAL AREA INSPECTION

The Board received a report presented by Ian Heggs, Director of Schools Commissioning, outlining plans to implement the requirements of the Children's and Families Act 2014, by 2018. In addition to the update, the report also set out preparations for a Local Area Inspection. The legislation introduced significant changes to the way in which services for young people with Special Educational Needs (SEN) were provided, section 3 of the report explained how Education Health and Care Plans (EHCP) had been formulated during the first full year of operation. It was noted that 54.2% of EHCPs were completed within 20 weeks, lower than the national average of 59.2% and that many local authorities were behind. Co-production was a key element of the process, and ensured that the views of parents and young people were included in plans and decisions.

The Board noted that extra resources in the SEN service had been deployed to address the backlog of transfers from SEN to ECHP. The SEN Service sought to work closely with health colleagues and joint commissioners, to ensure that EHCPs were completed in a timely manner. It was explained that this type of advice differed from the analysis of need, crafting services to fit the needs of young people. An analysis of the SEN service undertaken by Ernst and Young identified that there was increasing demand on the service. and increased funding pressures in the 16-24 age group range. Secondary children identified with SEN will increase over the next five years and further exacerbated funding pressures. The Board were informed that a new director had been appointed, Mandy Lawson, Assistant Director, Special Education Need and Disabled Children's Service.

ACTION: **Children's Services/H&F CCG**

Keith Mallinson highlighted an area of concern, where parents of autistic children had felt frustrated at the lack of joined up thinking, being referred by schools to the GPs, making little progress in obtaining support or clarity. Navigating the process of formally identifying need and accessing support was acknowledged as difficult and parents often felt caught in the middle. Ian Heggs explained that the Local Offer for many SEN children with autism could place them in mainstream schools using available resources. Top up funding within the borough was 5%, compared to the national average of 2%. There was a significant amount of help in schools to signpost parents to services, for example, Queensmill School. It was recognised that training to identify

autistic characteristics and triggers was essential and Steve Miley offered to raise the issue with the new director. Dr Tim Spicer added that the H&F CCG could assist with improved signposting in practices, recognising that clinical practitioners who were not specialists in the field would have similar issues in diagnosing complex conditions that they were unfamiliar with. It was understood from Liz Bruce that considerable work had gone into planning and assessing need, particularly the development of respite care, which was very positive.

ACTION: Children's Services/H&F CCG

Ian Heggs outlined briefly the inspection process, highlighting for example, the inspection of Queenmills School, which would look at the number of disabled adults in employment, a figure that was viewed as low in the Borough. LBHF had led by example this week, welcoming several new starters, all of whom were young adults with learning needs. Councillor Vaughan welcomed the use of resources to facilitate easier navigation of the process by parents. Ian Heggs confirmed that parents, on entering the process would receive a contingency statement and support, whilst waiting for the assessment to be completed. It was also noted that assessments at Year 11 were a priority, to ensure a smooth transition to adult services. Councillor Vaughan commented that the Transitions Working Group had identified some concerns and welcomed information about available options and on-going planning. Although provision was only required to the age of 19 years, transition support for 16-25 in LBHF, exceeded this, setting EHCP outcomes that covered a three-year period.

It was agreed that an update to the Board about the joined up operational working between Children's Services and Adult Social Care would be provided. In terms of practical support, it was noted that further discussion about specific provision would be on-going. Janet Cree confirmed that this would be followed up by the CCG. It was noted that the Children and Mental Health report from Steve Buckerfield (NW London Clinical Commissioning Group) had been considered by the Children's and Education policy and Accountability Committee in June and that it was also due to be considered by the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee.

ACTION: Children's Services and Adult Social Care

RESOLVED

That the report be noted.

67. TACKLING CHILDHOOD OBESITY TOGETHER

Stuart Lines, Deputy Director of Public Health, presented the report, which outlined the progress and achievements of the Tackling Childhood Obesity Together (TCOT) Programme during the first year of what would be a five-year programme. This topical and national issue, formed part of the Childhood Obesity Strategy and was a multi-system approach, examples of which included projects such as Go Goldborne (RBKC). The overall aim was to improve physical and health outcomes, reversing the upward trend of

childhood obesity, across the three boroughs. Councillor Sue Macmillan observed that many of the activities took place in WCC and RBKC and welcomed confirmation that further details would be provided. It was unclear in the report as to what LBHF specifically targeted activities comprised of. Councillor Macmillan also enquired about the cost of each LBHF activity.

ACTION: Public Health

Councillor Vaughan enquired if schools had been included in the Programme and how, for example school travel plans. Stuart Lines confirmed that schools were part of this (it had been trialled in other boroughs) and that there were links established throughout the borough. Liz Bruce welcomed the support of the Board in highlighting concerns about the way in which the national strategy had been watered down and no longer the priority that it should be. Dr Tim Spicer commented that the consumption of calories remained key in achieving a healthy weight and that it was easier to address the number of activities. National food outlets publicised calories and although it was important to understand how we as a community took action, it was also recognised that the strategy was continually evolving, drawing together several elements.

RESOLVED

1. That, the report be noted; and

2. That the annual report be published on the JSNA website, subject to the amendment, that there be greater clarity within the report as to what LBHF specific, targeted activities comprised of;

3. That, the success of the initiatives to date, be noted; and

4. That, further publicity, about the good news and the services highlighted in the report, be endorsed by the Board.

68. HOUSING AND CARE JSNA

Councillor Lukey welcomed Anna Waterman, Strategic Public Health Advisor, who led the co-produced "Housing support and care: Integrated solutions for integrated challenges, London Borough of Hammersmith and Fulham, Joint Strategic Needs Assessment (Housing JSNA). Outlining the process of engagement with colleagues in Social Care, Housing and health as well as other stakeholders. Anna Waterman referred to the recognised links between housing conditions and health and wellbeing. The JNSA took a whole system approach to the identification of integrated solutions to integrated challenges. It had been developed in line with, and complemented the Housing Strategy and Adult Social Care's Prevention Strategy.

Themes reflected in the report encompassed smarter budgeting, with increased focus on the Public Services (Social Values) Care Act 2012 and the Like Minded Strategy. The recommendations were designed to build on existing commitments and sit within several themes or 'foundation stones',

some of which were covered in the Health and Wellbeing Strategy. The report covered a complex area of work recognising that the resources were shared across the three boroughs, WCC, RBKC and LBHF. It also recognised the community links across the boroughs and how they in turn, linked to other central London boroughs. The implementation of the recommendations will require engagement across the system, to identify the most optimum way forward for LBHF, taking into account local assets, including social capital, and local strategic priorities. However, as the report was co-produced, it offered a shared language. Many stakeholders were ideally placed to start work, with a clear picture as to how best to progress the recommendations that would improve the existing partnership between housing, social care and health.

Keith Mallinson welcomed the report, the JNSA was an excellent document, encompassing a complex area of work and he was impressed by the way in which the current administration had sought to address the issue. Liz Bruce confirmed that this was one of the Borough's top three priorities to attain fluid, joint commissioning.

Steve Miley observed that the strategy largely focused on adults and it was confirmed that this was intended, to ensure that the scope did not become unmanageable. The report did refer to the impact of overcrowding on children, who would also be beneficiaries of any improvement to housing conditions.

Councillor Lukey concluded that the report successfully broke down some of the issues and would discourage silo working. It would sit well alongside the Older Peoples Strategy and she welcomed the positive feedback it had received. The Board welcomed the report and requested a further update after one year.

ACTION: Public Health

RESOLVED

1. That, the Health and Wellbeing Board approve the Housing support and care JSNA and its recommendations, for publication;

2. That, the Health and Wellbeing Board, ensure that the report's recommendations are reflected in delivery plans for related strategic documents, including the Sustainability and Transformation Plan, the Joint Health and Wellbeing Strategy and the Older People's Housing Strategy;

3. That the Health and Wellbeing Board champions progress on the 'foundation stones' outlined in section 8, in particular:

    a) Joint commissioning and pooled budgets;
    b) IT data sharing protocols and information governance;
    c) Smooth customer journeys between services; and

4. That the Health and Wellbeing Board review progress against the recommendations, within one year of publication.

69. ANNUAL PUBLIC HEALTH REPORT 2015-16

Stuart Lines, Deputy Director of Public Health presented the annual public health report (APHR), of the Director of Public Health 2015-16, Sitting is the new smoking covering the three boroughs of LBHF, RBKC and WCC. A quarter of the people in LBHF (27%) were classed as the least active and the engagement approach being taken was to encourage more movement, rather than simply saying, go to the gym. The LBHF data indicated the importance of preventing important diseases such as, diabetes, cardio vascular heart conditions, stroke and cancer, with a view to increasing healthy life expectancy and access to health services that support lifestyle change. The APHR focused on three key messages: physical activity is good for mental health; any physical activity was better than none; and everybody active, everyday. It was important to consider how these messages would best support the current interventions and the graphic was a good way of presenting this.

In response to a comment from Keith Mallison, Stuart Lines concurred that most of us generally led increasingly sedentary lifestyles and that they were currently working with employers and local businesses to address the issue in the workplace. This was a multifaceted issue and linked to health and wellbeing. Councillor Lukey commented that further exploration of which different organisations could be contacted and how practical changes could be introduced, was required.

Councillor Sue Macmillan, using the number of hours of P.E. for children, enquired the inclusion of data from 2009 in the report. Stuart Lines explained that this was not the kind of data that was routinely updated and suggested that Children's Services be approached, as to how more recent data could be obtained. It was noted that the report would be circulated across different departments and it was envisaged as a call to action and how all Council activities can contribute to this, both externally and internally.

Janet Cree welcomed the report and agreed that the graphics were helpful in communicating key messages in an accessible format. It was suggested that contacts could be included in the report. Liz Bruce enquired whether the public launch of the report would coincide with Get Going Activities programme for 2016, which included alternative activities such as community gardening. Stuart Lines would inform the Board when the document would be publically launched.

ACTION: Public Health

RESOLVED

1. That, the annual report of the Director of Public Health and the three key messages on physical activity be noted, in particular that:

    a) Physical activity is good for both your mental and physical health and wellbeing;

b) Any physical activity is better than none;
c) Simple, daily physical activity as part of everyday life is what we should aim for; and

2. That, the report and key messages used to support programmes and interventions to promote physical activity levels in Hammersmith and Fulham, be noted.

3. That the report be noted.

70. WORK PROGRAMME

Councillor Lukey explained that there were number of items listed for the meeting scheduled for November, making particular reference to the strategic items listed in the Work Programme.

RESOLVED

That the Work Programme be noted

71. DATES OF NEXT MEETINGS

Meeting started: 6pm
Meeting ended: 7.35pm

Chair ....

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Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

Agenda Item 4

London Borough of Hammersmith & Fulham HEALTH AND WELLBEING BOARD 14 NOVEMBER 2016	hammersmith & fulham
DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY 2016-2021	
Report of the Executive Director of Adult Social Care and Public Health	
Open Report	
Classification - For Decision **Key Decision: Yes**	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care and Public Health	
Report Author: Harley Collins, Health and Wellbeing Manager	**Contact Details:** Tel: 020 8753 5072 E-mail: Harley.collins@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1. This report updates on progress with developing the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2016-2021 (JHWS) and the outcomes of the period of public consultation which have been used to inform the next draft of the plan (Appendix 1). The Health and Wellbeing Board are invited to comment on the final plan which will be approved by the CCG Governing Body and Cabinet in December.

2. RECOMMENDATIONS

2.1. The Health and Wellbeing Board is asked:

- To note and comment on the draft strategy (Appendix 1)

- To note and comment on the summary of consultation and engagement activity (Appendix 2);
- To endorse (subject to any amendments it wishes to see made) Hammersmith and Fulham's Joint Health and Wellbeing Strategy 2016-21;

3. REASONS FOR DECISION

3.1. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties through the Local Government and Public Involvement in Health Act 2007 (as amended) to prepare a JHWS for their area, through the health and wellbeing board.

4. INTRODUCTION AND BACKGROUND

4.1. Joint Health & Well-being Strategies (JHWSs) are partnership plans developed jointly by the Council, the local CCG, Healthwatch and any other member organisations of the Board. They should draw on the needs identified in the Joint Strategic Needs Assessment (JSNA) and set key strategic priorities for action that will make a real impact on people's lives. The Board's first Joint Health and Wellbeing Strategy expires in 2016.

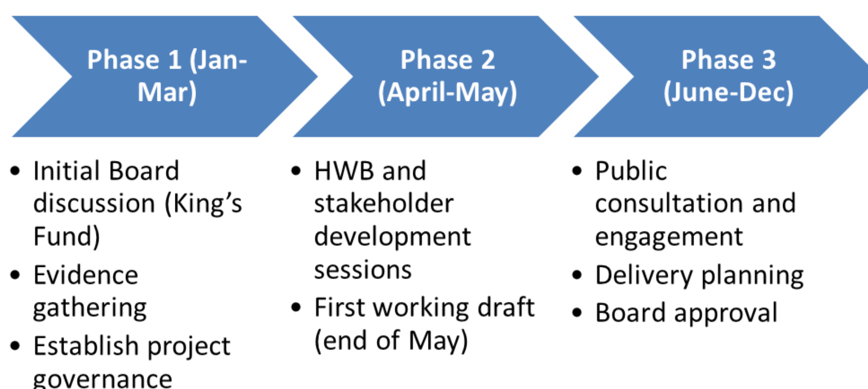
4.2. JHWSs should translate JSNA findings into clear outcomes the Board wants to achieve which will inform local commissioning leading to locally led initiatives that meet those outcomes and address identified need.

4.3. The JHWS offers the Health and Wellbeing Board an opportunity to set out a local vision for health and wellbeing and assume a systems-leadership role in addressing the financial and health-related challenges in the borough.

5. DEVELOPMENT

5.1. Development of the JHWS has been undertaken in three phases:

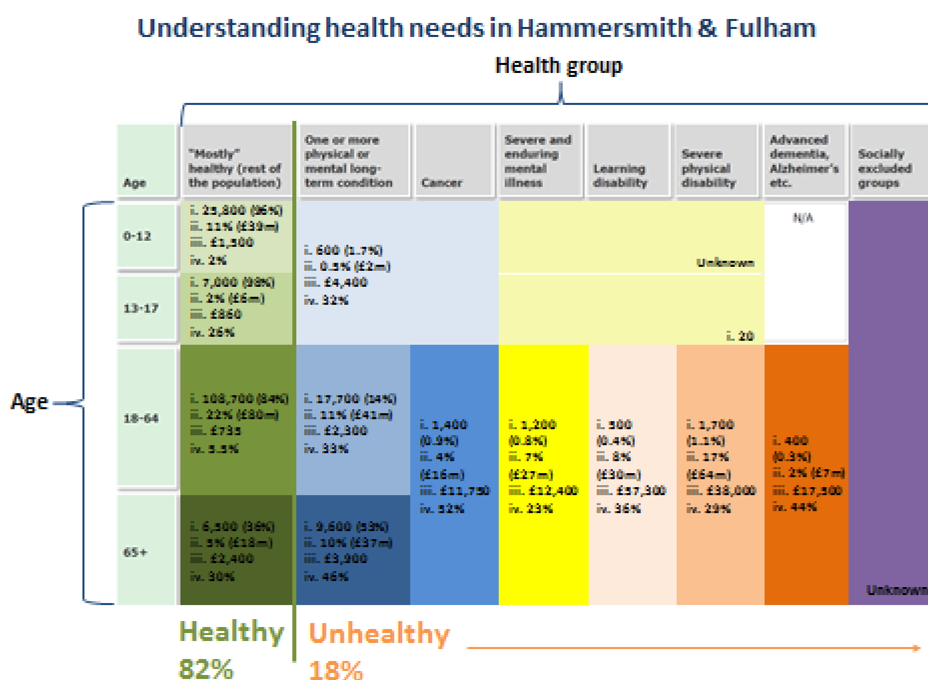
Figure 1. Project phasing: Joint Health and Wellbeing Strategy



5.2. At its meeting in March, the King's Fund Chief Executive Chris Ham facilitated a discussion with the Health and Wellbeing Board about place-based systems of care and the solution they offer to the challenges facing the local health and care system. At that meeting the HWB considered the progress made by Health and Wellbeing Boards to date nationally, the changing needs of the Hammersmith & Fulham population and a suggested framework and timeline for refreshing the Joint Health and Wellbeing Strategy in 2016. The Health and Wellbeing Board approved the framework and timeline for a new 5-year strategy.

5.3. In January, a time-limited working group was established made up of officers from the Council and CCG. Between January and March, the working group supported by health and care commissioners and public health colleagues, undertook a wide-ranging evidence review exercise to understand the nature of need in the borough and identify the health and wellbeing priorities.

5.4. A population segmentation approach was used for the analysis; dividing the population into groups with similar needs using a framework developed by the London Health Commission.



5.5. This approach allowed the project team to estimate the numbers of 'mostly healthy' people in the borough, the average cost of health and care for each group and how numbers (and health and care costs) were likely to increase or decrease over the next fifteen years. Given agreed local priorities around person-centred care (i.e. care that meets the needs of patients and those who support them) and challenges around local system fragmentation, the approach is an important step towards achieving better outcomes as grouping people according to similar needs can help to ensure that commissioning and models of care address the needs of individuals holistically.

5.6. Between April and May, a programme of development and engagement workshops were organised with Health and Wellbeing Board members, wider partners and stakeholders and patient representative groups. Recurring themes and priorities emerging from the sessions included:

- The importance of improving outcomes for children, young people, and families
- The importance of improving mental health outcomes for all and ensuring parity between mental and physical health services
- The role of healthy lifestyles and behaviours in preventing long-term conditions such as cardiovascular disease, cancer, respiratory illness, dementia, and diabetes; and
- The importance of finance, estates, technology, workforce, and leadership in creating a sustainable and joined up health and social care system

5.7. There was also a consensus around a set of principle; i.e., cross-cutting approaches that would underpin these priorities, including:

- Placing far greater emphasis on the role of prevention and early intervention;
- Addressing the wider determinants of health (such as employment, education, and housing);
- Enabling a shift by both the health and care system and its users towards greater self-care, self-management of conditions and supporting community resilience; and
- Creating a person-centred health and care system where people are helped to stay well in their communities supported by an effective front line of primary, community and social care.

5.8. Combining the findings from the evidence review and stakeholder workshops, a first draft Joint Health and Wellbeing Strategy was produced identifying a high level vision, four draft health and wellbeing priorities and a set of five underpinning principles that would cut across all the Board’s work

Vision

“for a people-centred health and social care system that supports communities to stay well, consistently providing the high quality care and support people need when they need it and enabling communities to stay healthy and independent with choice and control over their lives”

Priorities

1. Good mental health for all
2. Giving children and families the best possible start
3. Addressing the rising tide of long-term conditions
4. Delivering a high quality and sustainable health and social care system

Principles

- Upgrading prevention: i.e. supporting people who are 'mostly healthy' with the information and tools they need to stay well and maintain healthy lifestyles
- Enabling independence, community resilience and self-care: i.e. promoting and encouraging communities to be more actively involved in their own health and wellbeing and enabling everyone to take a greater role in the management and maintenance of their health and care conditions, and the health and care conditions of others wherever appropriate
- Tackling the wider determinants of health: i.e. working to ensure that the environment into which people are born, grow, live, work and age supports them to stay well and make healthy choices
- Making community, primary care, and social care an effective front line of local care: working to ensure the right support is provided closer to home enabling people to stay well in their homes and communities.
- Delivering integration and service reform: working to ensure that when people need access to health and care services that those services are personalised and joined up around their needs and the needs of family members and carers.

6. PROPOSAL AND ISSUES

6.1. The results of the public consultation and feedback from ongoing engagement activity have are summarised at Appendix 2. The consultation findings have been used to update the Joint Health and Wellbeing Strategy at Appendix 1.

6.2. Overall, the consultation responses showed a great deal of support for the Board's four priorities and the principles underpinning the strategy with 80% of respondents agreeing or agreeing strongly that they were the right areas to focus on. Most feedback concerned work within the four identified priorities areas where consultees would like the Board to take action, for example:

6.3. **On mental health** respondents wanted the Board to reduce waiting and referral times for interventions before conditions deteriorate; to ensure that mental health services were more flexible and personalised; to ensure there were opportunities in the community for residents to connect with others facing similar issues and reduce isolation; to utilise the expertise of the voluntary sector services and people with lived experience; to encourage greater discussion and education about mental health in schools; to ensure there is proper access to mental health services in schools; and to promote physical health and mental wellbeing through diet, gardening and the use of greenspace.

6.4. **On the health and wellbeing of children and families,** respondents urged the Board to take action on diet (through school meals, education, and cooking lessons in schools, and by restricting 'unhealthy' food businesses near schools); on physical inactivity (by ensuring schools have active travel and competitive sport programmes); and teach children and families strategies for coping early on, including support for new mothers with post-natal depression.

6.5. **On long-term conditions** (LTCs), respondents encouraged the Board to support healthy living to prevent or delay the onset of chronic disease including by providing cheap or free opportunities for people to exercise (e.g. green gyms, active travel or free gym memberships); to educate and raise awareness about healthy eating, including by working with national campaigns and local supermarkets; consider regulation to restrict access to alcohol and unhealthy foods; consider rewards and disincentives for healthy behaviour; to help those already with an LTC to not develop further chronic conditions; to provide education and information about how to self-manage and ensure self-help groups are available to support; to make it easier to access primary care and ensure there are more health-checks situated in convenient locations like shopping centres; and to ensure agencies involved in the care of people with chronic conditions are better at sharing information about a patient's conditions and ensuring care is personalised.

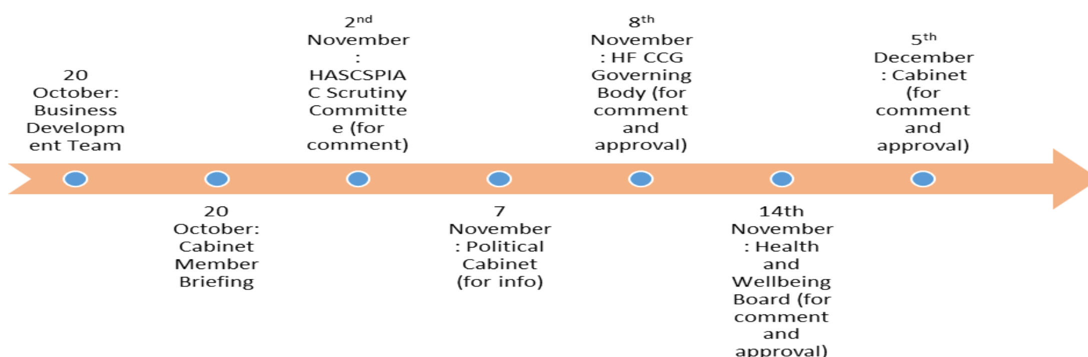
6.6. **On a sustainable health and care system** respondents spoke of the need for a more joined up health and care system that was integrated with social housing provision and the voluntary sector; the need to co-locate more services into 'hubs' or polyclinics; the importance of self-care and greater personal responsibility for stemming demand pressures on the system; and the importance of communication and engagement to get people to understand that health and care resources are not limitless.

6.7. **On the principles underpinning the Board's work**, there was good support but also calls for the Board to consider additional principles around communication, engagement, and co-production and measurement of progress.

7. NEXT STEPS

7.1. The approval path for the Joint Health and Wellbeing Strategy is set out below. The Health, Adult Social Care and Social Inclusion Policy and Accountability Committee is asked to note and comment on the draft strategy and to endorse (subject to any amendments it wishes to see made) Hammersmith and Fulham's Joint Health and Wellbeing Strategy 2016-21.

Figure 2: approval timeline



8. CONSULTATION

8.1. At its meeting in June, the Health and Wellbeing Board agreed a 14-week public consultation on the draft strategy to take place between July and October. A full summary of consultation and engagement activity undertaken in relation to the development of the JHWS is included at Appendix 2.

9. EQUALITY IMPLICATIONS

9.1. The strategy explicitly references the action the Board will take to prioritise the most vulnerable and at risk groups and reduce health inequalities in the borough. The strategy should therefore have an overall positive impact on equality. The purpose of the JHWS is to influence the health and care commissioning priorities of the Council and CCG. EIAs for service changes will be completed as and when they occur on a case by case basis.

10. LEGAL IMPLICATIONS

10.1. Section 116A of the Local Government and Public Involvement in Health Act 2007 sets out the duty to prepare a Joint Health and Wellbeing Strategy ("JHWS") and the duty falls equally on local authorities and clinical commissioning groups. In preparing the JHWS due regard must be had to the Department of Health Statutory Guidance.

10.2. Section 116A(5) provides that preparation of the JHWS must involve the people who live and work in the borough. This report sets out in detail at Paragraph 5 the steps taken in developing the draft JHWS 2016-21 and the public consultation at phase 3 of the development of the JHWS and the feedback from that consultation is detailed at Appendix 2.

10.3. Paragraph 6 of this report summarises how the current draft JHWS attached as Appendix 1 was updated in response to the feedback from the consultation.

10.4. Implications verified / completed by: Kevin Beale, Senior Corporate Lawyer, Telephone 0208 753 2740.

11. FINANCIAL AND RESOURCES IMPLICATIONS

11.1. There are no financial implications related to the contents of this report. These will be considered and provided later once a report outlining financial commitments for recommendation is available.

11.2. Implications verified/completed by: Cheryl Anglin-Thompson Principal Accountant, Planning & Integration Team – ASC Finance, 020 87534022.

11. IMPLICATIONS FOR BUSINESS

11.1 This report is not intending or advocating at this point any procurement that might either affect or be of interest to the local business community; therefore, implications comments not necessary at this point.

11.2 Antonia Hollingsworth, Principal Business Investment officer, tel: 020 8753 1698

12. RISK MANAGEMENT

12.1 A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services. The Joint Health & Well-being Strategy draws from the assessment information necessary to improve an individuals and community's exposure to lifestyle and environment risk leading to improved commissioning priorities. The Strategy contributes to the management of external risks and, through commissioning, to the delivery of best value services at least possible cost to the local taxpayer.

12.2 Implications verified by: Michael Sloniowski, Risk Manager, 020 8753 2587

13. PROCUREMENT IMPLICATIONS

13.1 The strategy sets out an outcomes based commissioning framework for the future commissioning of provision from the health and social care economy, to support delivery of the strategy's objectives and priorities. The Council's procurement professionals should be consulted and engaged with at the outset of commissioning activity to:

- provide expert advice to commissioners on contract design and procurement delivery;
- ensure compliance with the Council's framework of contract standing orders, key policies and procedures and overarching legislation;
- drive better value and quality from our existing and future providers;
- engage with and develop our markets, strengthening and developing our potential supply chain; and
- provide insight and analysis of practice and contract data to inform commissioning priorities.

13.2 Procurement Implications completed by: Michael Sprosson, Commercial Development Lead, Tel : 07725 623440.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None.		

LIST OF APPENDICES:

Appendix 1 – Joint Health and Wellbeing Strategy 2016-2021
Appendix 2 – Summary of Consultation and Engagement Activity

Appendix 1

Hammersmith & Fulham Joint Health and Wellbeing Strategy 2016-2021: Post-consultation Draft

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1. Chair's Foreword

The Hammersmith & Fulham Health and Wellbeing Board Partners[1] are committed to improving the health and wellbeing of the people we serve and putting them at the heart of a high quality and sustainable health and social care system.

Many of us who sit on the Health and Wellbeing Board live and work in Hammersmith & Fulham and have a strong connection to our local communities as GPs, local representatives, and public servants. We are motivated to ensure that everyone has access to the same high quality health and care services that we expect for our families and friends.

We have a bold and ambitious vision in Hammersmith & Fulham for a people-centred health and social care system that supports communities to stay well, consistently providing the high quality care and support people need when they need it and enabling communities to stay healthy and independent with choice and control over their lives. Where appropriate, we will use the potential of digital technologies to enable patients to manage their health in the way that best suits them.

We know we will not achieve this as individual organisations working alone. Whilst there are areas where we have different perspectives about how local health and care must change, there is much that we do agree upon.

To drive standards of health and care up locally we need a collective approach where all local organisations work together as one system, thinking, and working beyond organisational boundaries for the good of people in Hammersmith & Fulham.

The many staff we have working in health and social care services in the borough will need to work together in partnership with our voluntary sector partners, public bodies, and the wider community. And families and communities will need support to take greater responsibility for their own health, be more resilient and self-reliant, where appropriate, and with support where they need it.

We face many challenges including entrenched health inequalities within our communities, higher than average levels of child poverty and child obesity and some of the highest levels of severe and enduring mental illness in the country. We also have growing numbers of people living with long-term conditions who require person-centred, coordinated care and we are face significant financial challenges at a time when demand for health and social care services is growing.

This plan sets out our ambitions and solutions for overcoming these challenges. To deliver the change we need we will work across the public sector to influence the wider determinants of health such as employment, housing and education; We will embed prevention in all that we do, intervening early to help people to stay well; We will support people to stay well in their communities by making community, primary care and social services part of an effective front line of local care; We will support people who want to take greater responsibility for their own health and wellbeing; and we will undertake an ambitious programme of service integration and reform to ensure health and social care services are joined up, in line with the needs of people, families and carers.

Our plan acknowledges that we must target resources where need is greatest and where the evidence tells us action will make the greatest improvements to people's health and wellbeing. We have therefore agreed four priorities over the lifespan of this strategy:

[1] Hammersmith & Fulham Council, Hammersmith & Fulham Clinical Commissioning Group, Healthwatch, Sobus

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1. **enabling good mental health for all**
2. **supporting children, young people, and families to have the best possible start in life**
3. **addressing the rising tide of long-term conditions; and**
4. **delivering a high quality and sustainable health and social care system.**

Our Joint Health & Wellbeing Strategy for 2016 – 2021 is an ambitious, forward thinking plan for improving the health and wellbeing of people in the borough. Through this strategy and the hard work which will follow, we will achieve even closer working between health, social care, the voluntary sector, and other partners to enable people to stay healthy, independent, and well and ensure the financial sustainability of local health and social care services for the future.

I would like to thank the many people who have contributed to the development of this plan. We have had many conversations along the way which have led us to this point. We now embark on the hard work of realising the vision set out here over the next five years.

Councillor Vivienne Lukey
Cabinet Member for Health and Adult Social Care and Chair of the Health & Wellbeing Board
London Borough of Hammersmith & Fulham

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1.1 Our population at a glance

Table 1: The borough at a glance… (Hammersmith & Fulham JSNA Highlights report 2013-14)			
80,600	Households	**8**	Live births each day
£464,000	Median house price	**2-3**	Deaths each day
189,850	Residents	**11,900**	Local businesses
32%	From BAME groups	**£33,000**	Annual pay
43%	Born abroad (2011 Census)	**3.1%**	Unemployment rate (JSA) (*London 3.1%)*
23%	Main language not English	**22%**	Local jobs in Public Sector
46%	State school pupils whose main language not English	**Ranked 55th**	Most deprived borough in England *(out of 326)* (13th in London)
17k/19k	Annual flows in and out of the borough	**29%**	Children <16 in poverty, 2011 *(HMRC)*
198,900	Registered with local GPs	**Ranked 6th**	Highest carbon emissions in London *(not including City of London)*
260,000	Daytime population in an average weekday	**7.9 years**	Gap in life expectancy between most and least affluent residents
		33%	children of school age either overweight or obese

1.2 Our vision

Our vision is for a people-centred health and social care system that supports communities to stay well, consistently providing the high quality care and support people need when they need it and enabling communities to stay healthy and independent with choice and control over their lives.

We are ambitious for the whole of the public and private sectors, not just the health and care system, to recognise the contribution it makes to health and wellbeing, through jobs, housing, and human relationships. And we want everyone in our community to have a valued role through work, volunteering, or family, have a safe and secure living space and rewarding relationships with their loved ones.

We will work with our colleagues within the council, the NHS, and other partners to improve and protect health and wellbeing and reduce health inequalities within Hammersmith & Fulham, with an aim to close the life expectancy gap across the borough within the next 10 years.

We are already on our way to achieving this vision and have a strong record of collaboration. The Better Care Fund is an ambitious plan by health and social care partners across Hammersmith & Fulham, Kensington & Chelsea, and Westminster to bring together health and care funding where it makes sense with the goal of driving closer integration of health and care, reducing incidences of

crisis, and delivering care in out of hospital settings. And in health, North West London is a whole systems integrated care pioneer site. NHS commissioners across North West London have agreed that Accountable Care Partnerships are the preferred model for delivering an integrated care system by April 2018.

Achieving our vision is paramount for improving health outcomes in the borough and securing a sustainable system for the future.

1.3 The case for change

Hammersmith & Fulham is a vibrant and exciting place to live. Most people in our borough consider their health to be good, many residents are affluent and rates of life expectancy for men have been increasing more quickly than nationally over the past decade.

But we also face significant challenges. A third of children under 16 live in poverty and more than a third of children of school age are either overweight or obese. We must address a longstanding 7.9-year difference in life expectancy between affluent and deprived areas which has been resistant to reduction despite longstanding efforts. The main causes of avoidable death in the borough are cancer, followed by cardiovascular disease and respiratory illnesses which are linked to lifestyle choices that are within our power to control and change such as smoking, drinking alcohol, diet, and physical inactivity.

We know that the current system of health and care can be confusing for patients, families, and carers. And as our population gets older and more people develop long-term conditions our system is becoming less able to cope with the changing needs and expectations of the people we serve. This is already leading to higher demand for social care, carers, and community health services in out of hospital settings and these pressures will only increase.

Under the Care Act, local authorities have clear legal duties in the event of provider failure to temporarily ensure people’s needs continue to be met. Nevertheless, the care provider market is fragile and is presenting quality and safety issues nationally and in London. Health and care partners must invest in the care market and upskill providers to enable them to support the increasingly complex and acute needs of the population.

Our current health and care system is unsustainable. The way we pay for health and care services can encourage high end care in expensive settings and reinforce isolated working practices. We spend too much on services which respond at the point of crisis and not enough on early intervention and preventative support that keeps people well. Across North West London, if we continue as we are currently doing, there will be a £1.3 billion financial gap in our health and care system by 2021.

This plan is about grasping the opportunity to reform the way services are bought, delivered, and accessed in Hammersmith and Fulham.

1.4 Achieving the change we need

To achieve our vision, we know we must deliver change in several areas. This includes delivering on our agreed local priorities of personalisation, independence, well-being and prevention as well as integrating our services where it makes sense to do so.

(1) Radically upgrading prevention and early intervention

Evidence suggests that 60% of what we can do to prevent poor health and improve wellbeing relates to the social determinants of health i.e. the conditions in which people are born, grow, live, work and age.

The main causes of avoidable death in the borough are cancer, followed by cardiovascular disease and respiratory illnesses which are linked to modifiable lifestyle choices such as smoking, drinking alcohol, diet, and physical inactivity.

We are well placed to provide greater scope for local people to choose positive lifestyles; by ensuring the local environment enables and promotes active travel rather than car use, that high streets offer fresh fruit and vegetables rather than 'fast food', offer reputable banking facilities, not betting shops, and pay day loan shops and ensuring that in providing parks and leisure facilities we secure greatest gain for health and wellbeing.

We will mainstream prevention into everything that we do and introduce measures to prevent ill health across the life course including increasing the uptake of immunisations, working with our partners in housing, employment, education, and planning and regeneration to promote health and wellbeing, initiate a local movement to build community resilience, and deliver intelligent, outcomes based commissioning that keeps people well. And we will empower people to make lifestyle choices that will keep them healthy and well and able to lead a full life as active members of their communities and the local economy.

(2) Supporting independence, community resilience and self-care

Population growth, breakthroughs in treatment and management of conditions and changing needs mean that the health and care system is under increasing pressure.

In Hammersmith & Fulham we have a diverse and mobile population. Ensuring that local people and local organisations shape how services are designed is central to the delivery of an effective and sustainable health and care system. Our work to address social isolation and to develop co-commissioning in the Borough reflects this and will be built upon.

The potential benefits of people engaged in the management of their own care are significant. Small shifts in self-care have the potential to significantly impact the demand for professional care. In Hammersmith & Fulham, we must be ambitious in our attempts to change cultures so that people are better supported by the system and by technology where appropriate to take more responsibility for their own care. We know that self-care is a virtuous circle. When a person has the skills, knowledge and confidence to manage their own health and care it is a strong predictor of better health outcomes, healthcare costs and satisfaction with services.

To support people to take greater responsibility we will take steps to make sure that the right services, facilities and support are provided to help people help themselves. We will harness the potential of digital technologies to facilitate control and choice and enable patients to manage their health in the way that best suits them. And we will fully engage people in service design and work with communities to co-produce health and care-related services.

In 2014, the then newly elected administration of Hammersmith and Fulham Council set out its overarching objective to tackle social exclusion in all of its forms and stated that it was committed to delivering social inclusion in "everything we do". The Council has established a Social Inclusion and is to look at the work taking place to expand digital inclusion and agree a way forward on the development of a digital inclusion strategy. Communities that most commonly experience digital exclusion are often the most socially excluded. Harnessing the

potential of digital technologies could alleviate feeling of loneliness and isolation and empower communities in managing their own health and care.

Hammersmith and Fulham's Poverty and Worklessness Commission, established in late 2015, is considering amongst other issues how best to support residents to self-reliance. It will report in early 2017 and is expected to contain recommendations on increasing and strengthening volunteering in the borough as a means of building confidence, community resilience and better health.

(3) Making community, primary care and social services part of the effective front line of local care

Our ambition is to support people to stay well in their communities. This means ensuring the right support is available closer to home in GP surgeries, pharmacies and community hubs and ensuring community facilities like parks, community centres, schools and libraries are well maintained, accessible and there to keep people well.

But we know that significant numbers of patients in acute hospital settings do not need to be there. Children in Hammersmith and Fulham attend A&E and other urgent care much more frequently than is typical for London or England. In 2010/11, there were over 8,000 attendances in the borough among under 5s, in many cases for conditions that could be managed in primary care.

To deliver our ambition of care closer to home, we will encourage and help people make healthier choices by working with local organisations to support health improvement through the contacts they have with individuals. And we will aim to ensure providers deliver high quality and consistent primary, community and social care which is easily accessible and convenient to ensure people access the right care at the right time and are supported to stay well in their homes and communities.

(4) Taking a population-level health management approach

Approximately four-fifths of our population are healthy. Being in good health isn't just about the treatment of illness. It encompasses the food we eat, the air we breathe, the relationships we maintain, the environments in which we live and work and the opportunities we have in our lives to flourish. Supporting people to remain healthy, independent and well is a crucial part of our plan as is identifying those most as risk so that services can intervene early. This plan will not succeed without working across organisational and sector boundaries.

For instance, we know that the "wider determinants of health" - employment, education, housing, environment and transport – all have a significant impact on health and wellbeing. So we will work with our partners across the public sector to embed health improvement in all policies. This includes local institutions such as schools, hospitals, parks, roads, housing developments, and cultural institutions which can have huge positive or negative impacts on mental health, how we live our lives and whether we realise our potential for a full and healthy life:

- ✓ Housing and regeneration: Poor quality and inappropriate housing and overcrowding can have an adverse impact on the physical and mental health and wellbeing of individuals, families and communities. We are committed to working with partners to improve the quality and supply of homes and reduce homelessness in recognition that a safe and secure home is a fundamental determinant of good health, both physical and mental. Hammersmith & Fulham is set to be a major contributor to London's economic growth over

the next decade with three major regeneration projects that individually are on the same scale as Kings Cross and Stratford. Three of London's 'Opportunity Areas' are in our borough at White City, Old Oak and Earls Court which, combined, could include up to 20,000 new homes and 60,000 jobs.

- ✓ Education: Schools are central to the lives of children and families and it is important that we continue to work both with schools and other educational establishments to give children, young people and families the support they require to achieve and maintain good health and wellbeing.
- ✓ Culture and community cohesion: Libraries have an important role to play as a source of information and advice as well as venues providing social support and access to the internet. Along with libraries, cultural organisations are an important asset in bringing communities together, building resilience, reducing loneliness and isolation, and offering a range of convenient services in a community setting.
- ✓ Environment: We are fortunate to have many beautiful parks and green spaces that provide opportunities for exercise and relaxation. We will also work to create healthy high streets, reducing the impact of fast food outlets on health, using our licensing powers to control the impact of alcohol related harm and gambling and use planning powers to design out crime and increase physical activity.
- ✓ Transport: We will continue to encourage people to incorporate active travel into everyday journeys, create safer routes and raise participation in cycling. We will work to encourage the creation of school travel plans and cycle initiatives to contribute to reducing road traffic accidents. Our borough's poor air quality also affects all of us – bringing forward everyone's death by nearly 16 months on average. This compares with the least polluted area, rural Cumbria, where the reduction in life is an average of 4 months. Air pollution affects vulnerable groups more acutely, particularly young children and people living with chronic heart and respiratory diseases.
- ✓ Employment and skills: Evidence shows that being employed can help improve health and wellbeing and reduce health inequalities, while unemployment is linked to higher levels of sickness and psychological morbidity.[2] At the same time, we know that long-term unemployment is a serious barrier to good health. We will continue to support tailored employment support, targeting those who will benefit the most.

(5) Delivering integration and service reform

This plan signals our ambition to work together to take a collective, place-based approach that moves beyond organisational boundaries to provide facilities, care and support that is joined up around the needs of people, families and carers. Staff working in health and social care services in the borough will need to work together in multidisciplinary teams, breaking down artificial barriers between primary and secondary care, physical and mental health and between health and social care. And we will work with families and our communities to support them to take greater responsibility for their own health.

1.5 Improving population health outcomes

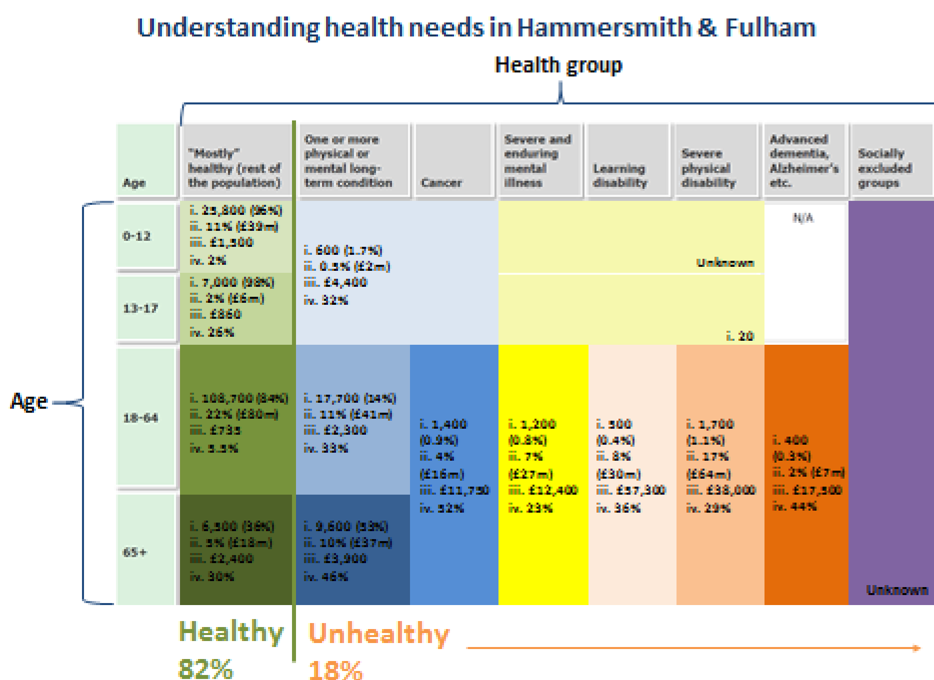
In Hammersmith & Fulham we have taken a population segmentation approach to understanding local need for health and care. Hammersmith & Fulham has:

- o 182,500 residents and an average weekday daytime population of 260,000. The borough also has significant population 'churn' with annual flows in and out of the borough of approximately 19,000
- o Significant variation in wealth

[2] (2015) Workplace health, National Institute for Health and Care Excellence (NICE) local government briefings

- A large young working age population
- Diverse ethnicity with one in four of the borough's population born abroad
- Almost a third of children under the age of 16 living in poverty
- Almost a third of state primary school age children who are overweight or obese
- Low vaccination and immunisation coverage
- Poor air quality and the 6th highest carbon emissions in London
- A large proportion (38%) of one person households, including lone pensioner households and significant numbers living in overcrowded housing conditions
- High rates of smoking, alcohol use, poor diet and sexually transmitted infections and low levels of physical activity

Dividing the population into groups of people with similar needs is an important step to achieving our goal of better outcomes through integrated care. Grouping the population will ensure that models of care address the needs of individuals holistically, rather than being structured around different services and organisations.



KEY: i = number (%) in age group; ii = % total annual spend on group; iii = average cost per person per year; iv = population increase by 2030

Population grouping also allows us to move towards delivering outcomes-based commissioning: a way of paying for health and care services based on rewarding the outcomes that are important to the people using them (for more see Appendix A). This typically involves the use of a fixed budget for the care of a particular population group ("capitated budget") with incentives for health and care providers to work together to deliver services which meet specified outcomes. This approach aims to achieve better outcomes through more integrated, person centred services and ultimately provide better value for every pound spent on health and care.

1.6 Our health and wellbeing priorities

We know that improving health and wellbeing in the borough requires action across the whole life course and taking action to prevent, detect and manage the impact of ill health. The table at Appendix B sets out our approach and priorities for improving the health and wellbeing of the population we serve. But to maximise our impact as a Board we must target finite resources where

we know action has the potential to make the biggest improvements to people's lives. Following a wide ranging review of the evidence and ongoing discussions with residents, patients, and our partners we have agreed to prioritise the following areas over the next five years:

(1) Good mental health for all

Where are we now?

Where are we now?

Mental health disorders have a significant impact on the ability of people to lead fulfilling lives and contribute to society. There is developing evidence that the risk factors for a person's mental health are shaped by various social, economic, and physical environments including family history, debt, unemployment, isolation, and housing. Locally mental health is the most common reason for sickness absence. Only 7% of people diagnosed with serious mental illness (such as schizophrenia and bi-polar) will ever have paid work and mental ill health is the number one cause of health-related unemployment.

Common mental illness such as anxiety and depression affects around 1 in 6 people at any one point in time and are one of the leading causes of disability nationally. Prevalence is increasing any yet only a quarter of people with anxiety and depression receive treatment compared to 90% of people with diabetes. The Department of Health estimate that the economic costs of mental illness in England are £105.2 billion each year.

The borough had the 6th highest population with severe and enduring mental illness known to GPs in the country in 2012-13. People with serious and long-term mental illness have the same life expectancy as the general population had in the 1950s; one of the greatest health inequalities in England. People with mental health problems also face significant physical health problems and live significantly shorter lives as a result.

What will we do?

We are committed to improving mental and physical wellbeing by co-designing and delivering services with people that have the capacity to have the biggest impact on prevention, early intervention and positive health promotion. We will prevent, identify and treat mental health in all settings and across all age groups. We will:

- Work to reduce waiting and referral times to talking therapies so that conditions do not deteriorate
- Work to ensure that mental health services are more flexible in terms of access criteria, the length of time services are offered for and the time and physical location services are made available
- Promote good workplace mental health and wellbeing and work with employers to educate them about employee mental health
- Work with staff in frontline services across the system to build skills and awareness of mental health
- Promote better emotional and mental health and early intervention in schools, encouraging greater discussion of mental health in the school curriculum including access to counselling and mental health support services in schools
- Provide support and self-help strategies for parents and parents-to-be for their own mental health and for the long-term mental health of their children
- Encourage awareness and improve the quality of local services and support for people living with dementia and their carers
- Work to reduce the high suicide rate among men with mental health conditions
- Promote access to activities that promote wellbeing, volunteering and stronger social contact to improve outcomes for adults at risk of serious mental health conditions and reduce social isolation
- Provide early support for older people through effective information and advice and signposting to preventative/universal services
- Work with communities to help change attitudes to mental health and develop better understanding of mental illness.

How will we know we're making a difference?

- We will increase the proportion of children and young people referred to child and adolescent mental health services seen within 8 weeks of referral
- Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population
- Increase the proportion of people treated for anxiety and depression
- We will help more people with mental health conditions into employment, training, or volunteering
- Reduce the number of sick days related to mental illness
- We will increase the number of Dementia Friends in the borough each year
- We will increase the number of women, experiencing, or with a previous history of mental health conditions, accessing perinatal mental health services.
- We will reduce preventable early deaths among people with serious mental illness

Targeted support for vulnerable groups

We will target the support provided for vulnerable groups and those most in need including:

- Those living in deprived or disadvantaged circumstances, or experiencing discrimination who are more likely to have a mental health problem than those in the most affluent areas.
- Children in families vulnerable to mental health conditions who are more likely to develop mental health conditions as adults.
- People in older age who have experienced events that affect emotional well-being, such as bereavement or disability
- Men who are less likely to recognise or act on the early signs of mental health conditions and less likely to seek support from friends, family, and community or from their GP or another health professional. This worsens outcomes and contributes to suicide risk
- Ethnic groups who have longstanding inequalities in mental health. Caribbean,

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• Work with professionals to break down the barriers between physical and mental health and ensure both are treated and resourced equally • Improve the physical health and lifestyles of people with mental health conditions with a particular focus on people with serious mental health conditions and provide advice and support for all people with mental health conditions to have healthy lifestyles and good mental wellbeing • Improve access to children and young people's mental health services.	African, and Irish communities are significantly over-represented in secondary care mental health services. Community links, and understanding of different cultural contexts for mental health are important to help improve access and outcomes • People with serious mental illness who are up to 15 times less likely to be employed than the general population and almost three times more likely to die early • Carers who play a pivotal role in the health system and who often have little time to care for their own health and wellbeing

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(2) Giving children, young people and families have the possible best start in life

<u>Where are we now?</u>

A child's early experiences have a huge impact on their long-term health and wellbeing. Babies generally receive a good start in life in the borough: there is good breastfeeding uptake, low numbers of underweight babies born, low numbers of women who are smokers at the time of birth. However, there is still room for improvement. Compared to elsewhere, Hammersmith & Fulham has poor rates of uptake for childhood immunisations, significant proportions of children living in poverty, high rates of child obesity and high rates of tooth decay in children under 5

<u>What will we do?</u>

We will act with partners to give all children and families the best start in life and offer early help to have healthy lifestyles and good physical and mental health, integrating healthy behaviours into everyday routines to prevent problems at a later stage and providing an ongoing and rounded offer of support once children leave school. We will work with partners to improve health opportunities, particularly those associated with childhood poverty and social exclusion. Support is provided at this stage of life from maternity services, health visitors, GPs, children's centres, and many others but it is not always joined up around the needs of children and families. We will:

- Develop an integrated health promotion offer for children and families focussed on breastfeeding and good nutrition, oral health, play and physical activity, immunisation, and tobacco free homes
- Develop shared multi-agency services that intervene early and impact on parental behaviour in the areas of substance misuse, domestic violence, mental health and neglect.
- Bring together services currently provided by Early Help, Children's Centres, and Youth Services into a single integrated family support offer that sustains and enhances universal provision, whilst providing further support to those families who need additional help through more targeted services
- Promote effective support for parents around sensitive parenting and attachment
- Support the development of strong communications and language skills in

<u>How will we know we're making a difference?</u>

- Increase the proportion of mothers breastfeeding at six to eight weeks after birth
- Decrease the number of pregnant women smoking and of families exposing infants to second hand smoke
- Decrease in parents of infants with mental health concerns
- A reduction in the average number of teeth which are actively decayed, filled or extracted amongst children aged five years
- Reduce rates of childhood obesity: increasing the number of children that leave school with a healthy weight and reverse the trend in those who are overweight
- Increase in number of children who reach a good level of development in communications and language at the end of reception
- Increase in number of children who reach good level of development in personal, social, and emotional development at the end of reception
- Increase uptake of childhood vaccinations

<u>Targeted support for vulnerable groups</u>

We will target the support provided for vulnerable groups and those most in need including:

- Children and young people from low income households where poverty is associated with poor health and developmental outcomes
- Children from vulnerable families (e.g. teen pregnancy, homelessness, substance misuse and domestic violence) known to services
- Children and families from socially excluded

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infancy. • Provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their resilience when they have a new baby • Strengthen the mental health support we provide to parents early on, including training key frontline staff to assess, support or refer families into relevant support services and ensure those needing specialist services receive them • Support parents of children who are frequent users of primary and unscheduled care services to understand and manage minor illness and ailments at home, and when and how to access wider support. • Ensure local services work together to minimise duplication and gain the best possible outcomes for families • Work with schools to promote health and wellbeing messages and harness the energy of young people to improve the health of their families. • Work with schools and families to improve children's diets and levels of physical activity	groups • Parents and parents to be with poor mental health which can often have a significant impact on early child development.

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(3) Addressing the rising tide of long-term conditions

Where are we now?

Thankfully, because of advances in care and treatment of long-term conditions (LTCs) like hypertension, cardiovascular disease and diabetes, people are living longer. But this care and treatment is consuming an ever greater proportion of resources. Care for LTCs presently accounts for 55% of GP appointments, 68% of outpatient and A&E appointments and 77% of inpatient bed days nationally. Cost pressures on the health and care system deriving from management of LTCs is likely to add £5 billion to the annual costs of the system between 2011 and 2018. It is estimated that £7 out of every £10 spent on health and social care in England is associated with the treatment of people with one or more LTCs. Currently 15 million people are estimated to be living with one or more LTC in England and this is projected to increase to around 18 million by 2025.

What will we do?

We are committed to improving care for people with LTCs to enable them to have an independent and fulfilling life and to receive the support they require to manage their health. We will work with all partners to prevent, identify, and manage LTCs. We will:

- Intervene early to prevent the onset of LTCs and provide support and information for people to maintain healthy lifestyles
- Provide increased support to people with diagnosed LTCs for self-care and self-management of conditions
- Ensure the continuity of care for people with LTCs
- Ensure people's conditions are treated holistically by coordinated health and social care services who can share information
- Ensure there is 'no wrong door' and effective signposting to health and social care services
- Ensure people their carers and families are involved in decisions about their own care
- Provide support for carers and their families to ensure they can support care receivers effectively

How will we know we're making a difference?

- Increase the proportion of residents who are active and eat healthily
- Reduce death rates from the top three killers (Cancer, cardiovascular disease, respiratory disease)
- More people feel supported to manage their conditions
- More people and carers feel empowered and involved in their care planning
- More people experience integrated care between services
- Reduction in avoidable (unscheduled) emergency admissions
- Reduction in emergency readmissions after discharge from hospital
- Increase in the percentage of GP appointments with a named GP
- Increase in the number of days spent at home
- Reduction in falls
- Uptake of personal budgets
- Increase in the percentage of people still at home 91 days after discharge from hospital into reablement

Targeted support for vulnerable groups

We will target the support provided for vulnerable groups and those most in need including:

- The homeless population
- BME groups who are disproportionately likely to develop some long-term conditions

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(4) Delivering a high quality and sustainable health and social care system.

<u>Where are we now?</u>

We know that the current system of health and care can be confusing for patients, families, and carers. And as our population gets older and more people develop long-term conditions our system is becoming less able to cope with the changing needs and expectations of the people we serve. This is already leading to higher demand for social care, carers, and community health services in out of hospital settings and these pressures will only increase.

Our current health and care system is unsustainable. The way we pay for health and care services can encourage high end care in expensive settings and reinforce isolated working practices. We spend too much on services which respond at the point of crisis and not enough on early intervention and preventative support that keeps people well. Across North West London, if we continue as we are currently doing, there will be a £1.3 billion financial gap in our health and care system by 2021.

<u>What will we do?</u>

We will:

- Work together across organisational boundaries to plan and deliver the workforce needed for the future;
- Work with our partners to look at the current and future needs of our population and map projected demand for health and care services to understand gaps in our workforce.
- Work with partners including universities, royal colleges, Health Education England, and other teaching institutions to refocus local health and care worker training programmes towards the workforce needed for the future.
- Work with partners to ensure there are the right reward structures and contract flexibility to incentivise the creation of the workforce we need
- Prepare staff for multidisciplinary team working rather than the roles of professional groups
- Support and better harness the power of the informal workforce by creating a 'social movement' to support those in need, including a more strategic approach to the support and development of volunteers.
- encourage and enable communities to take greater care of themselves and others;
- Identify and capitalise on people's strengths and residents' commitment to managing their own care and work with them to find ways to influence others so that they can do the same.
- Capitalise on our capacity to enable and promote healthy lifestyles
- Empower people to make lifestyle choices that will keep them healthy and well and able to lead a full life as active members of their communities and the local economy, working with our partners across the public sector to embed health improvement in all policies
- develop the estates and infrastructure required to support a system that is sustainable and fit for the future;
- Developing the estate required to facilitate new models of care and support
- Increase value from under-used and under-utilised estate in the borough
- use technology to join up the health and care system and support people to better look after themselves;
- Invest in information technology and data analytics
- Seek to develop shared digital patient records updated in real-time and shareable across organisational and sector boundaries
- Improve information collection and management to enable better retrospective and predictive modelling, decision making and improve quality and safety standards for people.
- Exploit the smart phone revolution and use people's phones and other digital devices as a

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new “front door” to self-care, health promotion information and services, building on the “One You” app recently launched by Public Health England and providing a seamless link to self-care and prevention work for adult social care

- Agree with partners across the borough to share information where it makes sense for patients and they are happy for us to do so
  Investigate the role of technology in enabling people to manage their own care investigate the viability of these approaches locally and scale up what works.
- Using finance to enable closer working and commissioning between health and social care and more personalised, integrated and person centred services.
- increase the use of pooled budgets where it makes sense as a way of enabling closer health and social care collaboration.
- Starting to view our budgets and services in a single joined up way

2. Implementing the plan

This plan signals a radical shift in our local planning approach for health and social care. Building on our last Joint Health and Wellbeing Strategy, we have an opportunity to bring together local NHS commissioners and providers, local government, and other local public services to develop a renewed vision for improved health in Hammersmith and Fulham. This place-based approach is an acknowledgement by us that collective action, cooperation, and management of common resources is necessary to secure better and more sustainable care.

We have already had many conversations with local people and our partners over recent years about improving health and social care and preventing ill health including workshops, consultations, patient, and public groups. This plan represents the fruits of these conversations and we will build on these over the next five years using ways of engaging directly with residents, including building on the success of our recent Neighbourhood Health Forums.

We have many staff in Hammersmith & Fulham working in health and social care services who will be central to the success of this plan. Partner organisations will lead engagement with their own staff to enable them to deliver this vision.

Following agreement of this plan, the Health and Wellbeing Board partners will set out a timetable for talking with staff and local people about our plans. We will also run events with Healthwatch and with local people about the support they require to take control of their own health and wellbeing.

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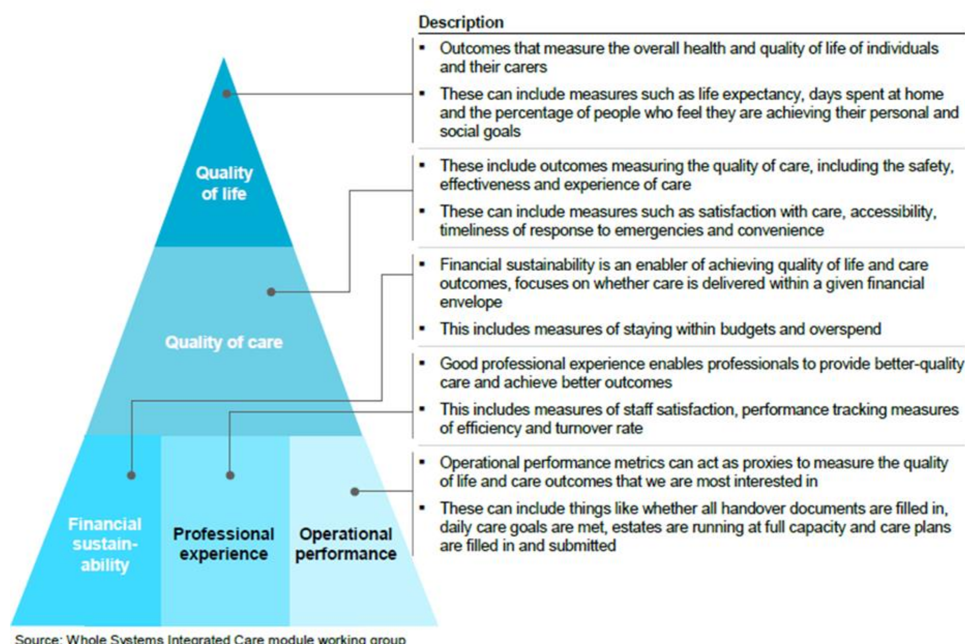
APPENDIX

Appendix A - Outcomes-based commissioning

- Traditional ways of buying health and social care services ("commissioning") have tended to focus on processes, individual organisations, and single inputs of care. That is, the people who buy services ("commissioners") have tended to pay the people and organisations that provide health and social care services ("providers") according to the number of instances of treatment provided. This focuses the health and care system on completing specific tasks and away from treating people in a holistic way and on a person's overall wellbeing.
- As funding is attached to treatment, there are perverse incentives for providers of health and care services try to provide as much treatment to individuals as possible. This can be costly for the system as a whole and militates against the prevention of ill health. This approach has inadvertently helped fragment the way care is delivered and has acted as a barrier to the development of more integrated services and models of care.
- "Outcomes" are the end results we aspire to achieve for people, their families and their carers. Outcomes-based commissioning allows us to focus on the important aspects of care - the result from a patient's perspective. Under outcomes-based commissioning providers are paid for meeting specified outcomes, including things like the patient's experience of care and the extent to which they are kept well. Outcomes based commissioning therefore can be used to incentivise shifting of resources into out-of-hospital settings, focus health and care providers on keeping people healthy and in their own homes and co-ordinated care across settings and regions. It also encourages a focus on the experience of people using the services, and achieving the outcomes that matter to them.
- This is the approach needed in Hammersmith & Fulham. The Health & Wellbeing Board partners commit, through this strategy, to outcomes-based approaches to commissioning.

Our Outcomes Framework

- An outcomes framework allows commissioners and providers within a health and social care system to link what they do on a day to day basis with what they want to achieve and how they commission services. The North West London Outcomes Framework is set out below. It summarises the key outcomes desirable in an integrated system of care to into five domains, as follows:



- The Hammersmith & Fulham Health and Wellbeing Strategy uses the North West London outcomes framework to ensure that there is a consistent approach to understanding people's needs and buying services in support of them across the sub-region. Being consistent across larger geographies including North West London is important, particularly in London, because so many providers of health and care operate across borough boundaries and because Hammersmith & Fulham residents access services outside of Hammersmith & Fulham.
- Basing our future commissioning on a shared framework in this way allows us to deliver scale to the range of services we have on offer for Hammersmith & Fulham residents and it means that we can make a shift, across the whole system, in the way that health and care is organised, bought, delivered and measured.
- In this outcomes framework and hierarchy, the most important perspective is the well-being of the person who is receiving services and as such, the first two domains – 'quality of life' and 'quality of care' (what we have termed quality of experience of care) - are the most important. The other three outcomes domains – financial sustainability; professional experience; and operational performance – are all crucial enablers for delivering quality care and quality of life for Hammersmith & Fulham residents and are addressed holistically in the systems section.
- Outcomes-based commissioning provides a way of paying for health and care services based on rewarding the outcomes that are important to the people using them. This typically involves the use of a fixed budget for the care of a particular population group ("capitated budget"), with incentives for health and care providers to work together to deliver services which meet specified outcomes. This approach aims to achieve better outcomes through more integrated, person centred services and ultimately provide better value for every pound spent on health and care.
- The approach can help rather than hinder provider coordination and collaboration; incentivise a focus on prevention; allow providers the freedom and flexibility to innovate and personalise care according to what is best for patients' outcomes rather than sticking rigidly to service specifications; and incentivise provides to manage overall system costs because providers are accountable for the end-to-end costs of care for a group there is no advantage in passing on costs to another organisation in the system.

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Appendix B - Our population health priorities

	What do health and care services look like today?	Outcomes	Priorities	Measures
pre-birth and early years (0-12 years)	Babies generally receive a good start in life in the borough: there is good breastfeeding uptake, low numbers of underweight babies born, low numbers of women who are smokers at the time of birth. However, there is still room for improvement. Giving every child the best start in life is crucial to reducing health inequalities. Children who live in poverty are at greater risk of health and social problems later in life – from obesity, heart disease and poor mental health, to educational achievement and employment status. The number of 10 and 11 year old children who are obese in our schools is almost 40%. This matters, as they have a much higher risk of growing up to be overweight or obese as adults and of getting diabetes, heart disease, stroke and some cancers as they grow older.	• Children's physical, social and emotional development is improved • Young children, parents and carers are supported to start well and stay healthy and independent	• Planned pregnancy (Sex and Relationships Education in school) • Additional support for vulnerable families (e.g. teen pregnancy, homelessness, domestic violence) known to services and supported through pregnancy/early years • Access maternity services early. • Integrated maternity, midwifery and local authority early years and health visiting services to ensure there are valuable connections and information sharing • Supporting a healthy pregnancy (e.g. smoking, alcohol, weight gain, folic acid) • Prepared for birth: antenatal education/maternity care • Parents supported through the healthy child programme (e.g. health visiting, breastfed to 6 months, immunised, support for post-natal depression) • Early help support for families to ensure readiness for school (e.g. development reviews, speech/ language, physical, and emotional health) • All children supported to achieve good educational attainment and qualifications, including vulnerable groups (e.g. healthcare plans for children with additional needs) • Reduce detrimental effects of poverty on educational outcomes • Good oral health: healthy diet, brushing teeth, & visiting dentist	• School readiness • Reducing number of low birth weight babies • Reduce excess weight in 4-5 and 10-11 year old children • Improve population vaccination coverage at 1, 2 and 5 years • Increase parental employment • Reduce child poverty

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	What do health and care services look like today?	Outcomes	Priorities	Measures
			• Discouraged from starting habits detrimental to health (e.g. smoking, drug use) • Maintaining healthy weight (e.g. school environment, being physically active) • Supported in building mental health resilience (e.g. education, school nursing, anti-bullying) • Intensive support for families facing multiple difficulties where this is resulting in poor outcomes, high costs, or safety issues • Immunisations and vaccinations including uptake of HPV vaccine for girls • Better integration and joint commissioning of social care support services (Early Help) and community health services: health visiting, school nurses, and mental health support in schools. • Improving air quality	
young people (13-17 years)	Young people in the borough face particular challenges. There are a significant number of children living in poverty and many young people are not in education, employment or training. Child obesity rates are high, there is poor child vaccination coverage and high levels of tooth decay in children.	• Young people are supported to start well and stay healthy and independent	• Received screening and advice around STIs and conception • Where appropriate, received additional training or support to get into paid work • Help giving up smoking through a stop smoking service • Integrated health and care services for young people to ensure good care coordination • Received support for low-level mental illness via IAPT programme, if needed • CAMHS support for young people with serious mental health disorders • Support managing any hazardous alcohol or drug use through statutory services • Registered with GP and women attending cervical screening	• Increase parental employment • Reduce child poverty • Reduce child obesity • Improve vaccination and immunisation rates

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	What do health and care services look like today?	Outcomes	Priorities	Measures
			• Ensuring multi-agency planning and services for young people in challenging circumstances (e.g. young offenders, gang members, looked after children, homeless young people and young people who have been exploited or abused) • Investment in young people's mental health services • Implementation of the Children and Families Act 2014 (e.g. children with Special Educational Needs) • Ensuring good transitions between child and adult services (e.g. early care planning, key workers and coordinators)	
working age adults (18-64 years)	Working age adults make a significant contribution to society and to the health and wellbeing of others including as workers, as parents and as carers for parents, relatives or friends. These responsibilities mean it is important adults know how to keep themselves healthy and build this into their everyday lives. There are significant health challenges in this population however: suicide rates are high, there is a large homeless population, high levels of drug misuse and smoking, low uptake of breast and cervical cancer screening, and a high prevalence of mental ill-health. There are a larger proportion of people	• Working age adults are supported to stay healthy, independent and well • The gap in life expectancy between adults with serious mental health needs and the rest of the population is reduced	• Support for healthy lifestyles (e.g. smoking cessation, physical activity, diet, alcohol consumption) • Retain an active lifestyle to prevent overweight and the risk of long-term conditions • Undiagnosed long term conditions such as high blood pressure and diabetes is picked up via health checks, to be offered in a range of settings • Effective self-management of these conditions, through information, training, and a change in habits • Good access to sexual health services to detect, diagnose and treat STIs • Women attending cervical and breast screening • Support for those on long-term sickness to return to work • Received support for low-level mental illness via IAPT programme, if needed • Support for people with severe and enduring	• Increasing the number of parents in good work • Increase the number of people with learning disabilities in employment • Increase the number of people with mental health needs in employment • Reduce health inequalities between most and least affluent residents in the borough • Improving premature mortality from Cancer, CVD, respiratory disease • Reduce statutory

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	What do health and care services look like today?	Outcomes	Priorities	Measures
	infected with HIV and high proportion of sexually transmitted disease. Unhealthy lifestyle choices tend to cluster together. So people who smoke are more likely to drink too much alcohol or to use other drugs and are also more likely to have poor diets and live inactive lives. We need to consider how we can help people address multiple rather than individual unhealthy behaviours.		mental illness • Support for people with learning disabilities • Support for people affected by suicide • Support for homeless communities and those sleeping rough • Early detection and diagnosis of HIV • Mitigating the impact of poor air quality for people living with cardiovascular disease or respiratory disease	homelessness • Reduce social isolation of carers and social care users • Reduce smoking prevalence
Older people (65+ years)	Older people make a valuable contribution to society. The majority of volunteers are aged 50 or over, and older people also represent a significant proportion of carers. Older people also have a wealth of skills, knowledge and experience. It is vital therefore that we support older people to age well. Our population is ageing and this means we will need to support growing numbers of people living with multiple conditions including dementia, cardiovascular disease, respiratory disease and frailty.	• Social isolation is reduced • Older people are supported to age well and stay healthy and independent	• Undiagnosed conditions picked up and self-managed or managed through GP/ community services, rather than through emergency care • Avoiding social isolation through the active engagement in activities and pastimes. In particular, partaking in gentle physical activity (e.g. walking, gardening) to lower risk of cancer, heart disease, mental ill-health and weak bone strength • Screening for early signs of dementia • Uptake of schemes which improve self-management of care • Receiving high quality health and social care designed around the person, not the condition, in convenient settings and at convenient times • Preventing sight loss • On reaching the last phase of life, support for dying in preferred place of death	• Reducing the number of people over 65 admitted to hospital due to falls • Reduce emergency readmissions within 30 days of discharge from hospital

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	What do health and care services look like today?	Outcomes	Priorities	Measures
	These conditions are often linked with factors like social isolation and poor housing which can make care more complicated. Preventing chronic disease requires a range of interventions such as screening and vaccinations. Overall there is good uptake of NHS Health Checks and diabetic screening, good flu vaccination uptake, low number of hip fractures and low excess winter deaths.		• Mitigating the impact of poor air quality for people living with cardiovascular disease or respiratory disease	

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London Borough of Hammersmith and Fulham
Joint Health and Wellbeing Strategy:
Summary of Communication, Consultation, and Engagement Activity

1.0 Introduction

1.1 The Joint Health and Wellbeing Strategy (JHWS) is an opportunity for local government, the health service and the voluntary and community sector to work together in collaboration to improve the health and wellbeing of the population it serves. The JHWS provides a blueprint for closer working and integration for the benefit of all our residents and patients and a plan for tackling health inequalities in the borough.

2.0 Governance

2.1 Communication, consultation and engagement around the JHWS has been managed by a joint team led by the Health and Wellbeing Manager and with support from Council and CCG communications and engagement leads and with Healthwatch and VCS partners playing a key role in distributing information to their networks.

3.0 Engagement approach

3.1 Throughout the development of the JHWS, from conception and planning to approval, we have made an active effort to engage and co-produce the plan with patients, residents and professionals at every stage.

3.2 We have taken a four-pronged approach to engagement designed to ensure the widest possible reach and ensure hard to reach groups were able to have their say:

a) Development sessions
b) Online consultation
c) Face-to-face engagement
d) Public forums

3.3 Development sessions

3.3.1 A programme of development workshops has taken place with Health and Wellbeing Board members, wider partners and stakeholders and patient representative groups.

3.3.2 On 9th March, the King's Fund Chief Executive Chris Ham facilitated a discussion with Health and Wellbeing Board members about place-based systems of care and the solution they offer to the challenges facing the local health and care system. At that meeting the Board considered the progress made by Health and Wellbeing Boards to date, the changing needs of the Hammersmith and Fulham population and a suggested framework and timeline for refreshing the Joint Health and Wellbeing Strategy in 2016. The Board approved the framework and timeline for a new 5-year strategy.

3.3.3 On 20 May, Board members met for a half-day development session where they discussed their vision for the borough and potential areas of focus for the

next five years. Board members agreed that supported self-care and prevention were important parts of their vision for the borough as was enabling good mental health for all and giving children and families the best possible start. Board members spoke about a compassionate and joined up health and social care system and about the potential of digital technologies for patient engagement and self-care.

3.3.4 On 24 May, a wide collection of stakeholders and partners including council and NHS commissioners, councillors, council policy officers and provider organisations met to consider the emerging thinking of the Health and Wellbeing Board and potential areas of focus for the next five years. Stakeholder's feedback on the emerging strategy included a call to improve the education and advice offer to people and patients to help them navigate the system and also a call to target system resources on those in greatest need and where action would provide the biggest return on investment in terms of people's health and wellbeing. There was also feedback about the importance of leadership, training and a more collectivist, system-level approach to finances and budgets among other things.

3.3.5 On 7 June, service user and voluntary and community sector VCS) representatives met to consider the emerging thinking of the HWB and to discuss the role the public and the VCS could play in delivering the strategy. Service users highlighted the importance of ensuring the strategy and consultation materials were in an accessible format and supporting people to lead healthy lifestyles and tackle social isolation.

3.3.6 **Recurring themes and priorities that emerged from all three sessions included:**

- the importance of improving outcomes for children, young people, and families;
- the importance of improving mental health outcomes for all and ensuring parity between mental and physical health services;
- the role of healthy lifestyles and behaviours in preventing long-term conditions such as cardiovascular disease, cancer, respiratory illness, dementia, and diabetes; and
- the importance of finance, technology, workforce, and leadership in creating a sustainable and joined up health and social care system
- the need to upgrade the role of prevention and early intervention in how we keep healthy people well;
- the need to address the wider determinants (e.g. employment, education and housing) to improve health and wellbeing;
- the need to enable a shift by both the health and care system and its users towards greater self-care, resilience and self-management of conditions; and; and
- the need to ensure the health and care system is person-centred with people treated as individuals and supported to stay well in their communities by primary, community and social care.

3.4 Online consultation

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3.4.1 In July 2016, following the development of a first draft JHWS, the Health and Wellbeing Board approved plans for a fourteen-week public consultation to hear from everyone who lives, works in, or visits the borough. The consultation sought views on whether the draft priorities identified by the board were the right ones to focus on for the next five years and what action the Board ought to take to make a real impact on the health and wellbeing of residents in the borough. The Board identified four priorities in the draft strategy:

1. Good mental health for all
2. Giving children and families the best possible start
3. Addressing long-term conditions
4. Delivering a high quality and sustainable health and social care system

3.4.2 Working with the local authority consultation team, a consultation home page was set up on the council website and an online questionnaire was set up on the Citizen Space website. Residents and organisations in the borough were encouraged to complete the survey online or by posting or emailing their views to the consultation team. Using stakeholder lists provided by Healthwatch, the local authority and Sobus, information about the consultation and how to participate was sent to over 500 local organisations.

3.4.3 Whilst engagement has been continuous throughout the development of the JHWS, the formal public consultation stage was an opportunity for the Board to share its ideas with residents, patients and professional, gather further feedback on the emerging plan and give people an opportunity to comment, critique and shape the next version.

3.4.4 **Recurring themes and priorities that emerged from the online consultation included:**

- At the time of writing the consultation team have received 33 questionnaire responses from both organisations and residents in the borough.
- Overall, 80% of respondents to the survey agreed or strongly agreed that the Board had chosen the right priorities and principles to focus on over the next five years.
- On **other potential priority areas** for the Board, respondents were keen for the Board to prioritise exercise and diet and use planning powers to restrict the proliferation of ‘unhealthy’ businesses.
- Respondents urged the Board to consider the impact of housing and greenspace on mental health and wellbeing, to work with and educate business about mental health, to create an environment free from stigma where people feel able to access help and support early on and to focus on the high suicide rate among men with mental health issues.
- Respondents also encouraged the Board to ensure that health and wellbeing services are personalised to the individual and to work to foster inclusive neighbourhoods that provide support.
- On **mental health**, respondents highlighted the importance of ‘early identification and intervention’, asking the Board to reduce waiting and

referral times for interventions so that conditions would not deteriorate and become significant enough to require specialist services.

- Respondents wanted the Board to ensure that mental health services were more flexible and personalised both in terms of service access criteria, the length of time services are offered for and both the time and physical location that services are offered at.
- Respondents emphasised the importance of community activities and support and the opportunities these provide residents to connect with others facing similar issues and reduce isolation.
- The use of expertise to support people was also highlighted, both in terms of voluntary sector services and people with lived experience.
- The importance of support for the mental health of children and young people was highlighted strongly and included calls for greater discussion and education about mental health in the school curriculum, and access to CAMHS, counselling and support in schools.
- And respondents called for action on the physical health of people with mental health needs and wanted the Board to encourage diet, gardening and the use of greenspace to promote good mental wellbeing.
- **On the health and wellbeing of children and families**, most responses urged the Health and Wellbeing Board to take action on diet – through school meals, education and cooking lessons in schools, and by restricting 'unhealthy' food businesses near schools – and on physical inactivity – by ensuring schools have active travel programmes and through competitive sport programmes in schools.
- Another area of concern, which was also highlighted in responses to question 3 (mental health), was child and parental mental health with respondents encouraging the Board to teach children and families methods and strategies for coping early on, including support for new mothers with post-natal depression. Respondents also called for more services and facilities to support families.
- **On long-term conditions** (LTCs), most respondents' comments related to the importance of healthy living to prevent or delay the onset of chronic disease. Respondents urged the Board to provide cheap or free opportunities for people to exercise – such as green gyms, encouraging active travel or free gym memberships – and to educate and raise awareness about healthy eating, including by working with national campaigns and local supermarkets. Respondents also urged the Board to consider regulation to restrict access to alcohol and unhealthy foods. The idea of rewards and disincentives was also raised including calls for restricted access rights to care for people with unhealthy lifestyles and council tax breaks to reward healthy behaviour. One respondent also highlighted the importance of both primary and secondary prevention and helping those already with one LTC to not develop multiple co-morbidities.
- Self-care was also a popular theme with many respondents urging the Board to provide education and information about how to self-manage and ensure self-help groups are available to support.
- As with the responses about healthy living, respondents highlighted the importance of early intervention and identification of LTCs and the need for

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easier access to primary care and more regular health-checks situated in convenient community locations like shopping centres.

- Other important themes were the integration of health and care services, as care for multiple co-morbidities requires the cooperation of multiple agencies, and the need for agencies to be better at sharing information about a patient's conditions and ensuring care is personalised
- **On a sustainable health and care system**, respondents focused mainly on the concepts of service integration, self-care and greater communication, engagement and co-production with residents and businesses in the borough.
- Respondents spoke of the need for a more joined up health and care system that was integrated with social housing provision and the voluntary sector and the co-location of services into 'hubs' or polyclinics was a popular theme.
- Respondents recognised the importance of self-care and greater personal responsibility for health for reducing demand on the system and shifting emphasis from an acute focused system to one that is preventative and community focused.
- Finally, respondents emphasised the importance of communication and engagement to get people to understand that health and care resources are not limitless.
- **On the principles underpinning the Board's work**, there was good support and recognition of the role of self-care, integration, the wider determinants of health and the important role of community support in enabling people to stay well closer to home.
- In addition, survey respondents urged the Board to consider communication, engagement, and co-production as a key principle in its work ensuring that the time is taken to communicate and inform the public about its work but also to reach out, engage and co-produce with the community.
- Respondents were also keen for the Board to consider how it will measure its progress and demonstrate this to the public.

3,5 Face to face engagement

3.5.1 Throughout the consultation period, in recognition of the fact that online channels may not be available to everyone, the consultation team has offered local organisations and residents groups the option of a meeting with the team developing the plan to discuss the JHWS and get their feedback. We have had a good response to this offer and have had meetings with a range of local organisations including, the Carer's Network, Mind Head's Up Committee, QPR in the Community Trust, and the Help Counselling Centre.

3.5.2 **Recurring themes and priorities that emerged from the online consultation included:**

- The importance of community support and community-based assets and activities for building community cohesion, providing social contact and reducing social isolation

- The importance of employment and support plans to get back to work to reduce dependency on benefits and for all aspects of health and wellbeing
- The need for greater support to teach key life skills such as cooking, finance, gardening and DIY to enable independence
- The confusing and complicated nature of referrals and access to mental health services and the need for this to be simplified
- The need for people to be meaningfully be involved in the decision making processes that affect them
- The issue of GP access and the knock on effect of this on the rest of the health and care system
- The impact of housing on health and the impact of house prices on community cohesion and social isolation
- The lack of respite care for carers in the borough and the need for a one-stop-shop where carers can access information about the services available
- The importance of including small local charities and organisations as part of the solution to health and wellbeing issues in the borough

3.6 Public forums

3.6.1 Public forums are a way to give patients and residents the opportunity to hear about the JHWS, put questions to councillors and the team helping to develop and deliver the plan, and provide feedback to help shape the development and implementation of the plan.

3.6.2 On 19th September, the consultation team held a public meeting to engage with older residents around the draft Joint Health and Wellbeing Strategy. The purpose of the event was to discuss the thinking and evidence that had guided the development of the draft plan, listen to older resident's views about this and to hear about resident's health and wellbeing priorities for the over 65 population. The event was also an opportunity for residents to put questions to councillors and the team helping to develop and deliver the plan, and provide feedback to help shape the development and implementation of the plan.

3.6.3 The event was attended by 142 residents and provided detailed feedback on the draft JHWS priorities and resident's priorities for the over 65 population. The session was two hours in length and was built around two table discussions informed by presentations highlighting some of the key health needs in the borough and in the over 65 population.

3.6.4 **Recurring themes and priorities that emerged from the online consultation included:**

- **The wider determinants of health**: i.e. issues to do with the environment in which we live, work and play. Of these, the issue such as air pollution, healthy eating, exercise, benefits and isolation and loneliness figured highly.
- **The Health and Care System**: i.e. issues such as poor health and care coordination and continuity, delayed referral to treatment and waiting times

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and information sharing between health and care organisations featured highly.

- **Communication**: i.e. residents were clear that they wanted more and clearer information from health and care services about how issues such as increasing demand on the health service and where to go to get help were provided
- **Primary Care**: i.e. difficulties getting appointments with local GPs. Other feedback included the importance of having a named GP so residents didn't waste time explaining their medical histories. And the forum was also keen to see more walk-in clinics opened in the borough to reduce pressure on GPs and A&E departments.
- **Care**: The forum was concerned that 15 minute visits were not long enough to offer adequate care and support and felt that more carers were needed to help people after leaving hospital.
- **Best start in life**: Forum members wanted to see Sure Start retained and greater investment in schools and maternity services.
- **End of Life Care**: Forum members wanted to see hospice care practice more widespread and for society and professionals to get better at talking about death.
- **Mental Health**: Mental health was also a concern, specifically concerns about the impact of loneliness and isolation on mental health and support for the rising numbers of people with dementia.

4.0 Conclusion and Next Steps

4.1 The feedback received during the public consultation will be used to inform the next version of the Health and Wellbeing Strategy.

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Agenda Item 5

London Borough of Hammersmith & Fulham **Health and Wellbeing Board** **14 November 2016**	h&f hammersmith & fulham

Children and Young People's Mental Health Transformation – Update Report

Report of:

Janet Cree – Managing Director of Hammersmith & Fulham Clinical Commissioning Group
Rachael Wright-Turner – Director of Children's Commissioning

Open Report

Classification: For Information

Key Decision: No

Wards Affected: All

Accountable Executive Director:

Janet Cree – Managing Director Hammersmith & Fulham Clinical Commissioning Group
Rachael Wright-Turner – Director of Children's Commissioning

Report Author: Angela Caulder, CAMHS Joint Commissioning Manager	**Contact Details:** Tel: 020 7 3350 4324 E-mail: angela.caulder@nw.london.nhs.uk

1. EXECUTIVE SUMMARY

1.1. Reports updating Hammersmith and Fulham councillors on transforming mental health services for young people have been tabled at the Children and Education Policy and Accountability Committee (June 2016) and the more recent Adult Social Care and Social Inclusion Committee (October 2016).

1.2. These reports outlined in progress since:

- Publication of the national Child and Adolescent Mental Health (CAMHS) Taskforce report, 'Future in Mind'[1] (February 2015);
- Submission of the initial Hammersmith and Fulham 'Children and Young People's Mental Health Transformation Plan (October 2015) and
- The report of the Hammersmith and Fulham CAMHS Taskforce[2] led by Cllr Alan De'Ath (Spring 2016.)

1.3. The CAMHS Transformation Plan resulted in additional funds being released to Hammersmith and Fulham Commissioning Group (CCG's) in December 2015. NHS England have now asked for these plans to be 'refreshed' and revised plans have been submitted on the 31st October 2016, signed off by the Cllr Lukey, Health and Wellbeing Board Chair.

1.4. Successful submission of the 'refreshed' Transformation Plan, once assured by NHS England, will release the next wave of additional NHS England funds.

1.5. Today's report summarises the achievements of the last twelve months and charts the next steps to be taken in Hammersmith and Fulham to continue the local improvements that have already been achieved.

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2. RECOMMENDATIONS

2.1 The Hammersmith and Fulham Health and Wellbeing Board is asked to note and support the continued progress being made in improving mental health services for local young people and summarised in the work of the local CAMHS Taskforce and the Transformation Plan.

2.2 The HWBB is asked to support the work of the new Young People's Mental Health Alliance.

2.3 The HWBB is also asked to acknowledge that whilst progress is being made, several challenges remain in ensuring that local services meet the needs of vulnerable Hammersmith and Fulham young people.

3. REASONS FOR DECISION

3.1. The recommendations above acknowledge that work is well underway in implementing Hammersmith and Fulham's transformation plan to improve mental health services for young people in line with the expectations of '*Future in Mind'.*

[1] Published report of the national Child and Adolescent Mental Health Services (CAMHS) Taskforce 2015
[2] Appendix 1 - Hammersmith and Fulham CAMHS Taskforce Report 2016

3.2. Further work is planned over the years ahead to tackle the national priorities laid out in *Future in Mind* as well as local priorities identified by the Hammersmith and Fulham CAMHS Taskforce.

4. INTRODUCTION AND BACKGROUND

4.1. In March 2015 the Government published the CAMHS National Taskforce Report, *Future in Mind* which made 49 recommendations for improvements. Additional resources were promised to CCG's to:

a. establish a dedicated specialist community eating disorders team for young people; and
b. funds to support service 'transformation'.

4.2. As mentioned above, to support 'transformation' NHS England required CCG's to submit a 'Transformation Plan' in collaboration with local authorities to improve mental health services for young people. Hammersmith and Fulham CCG has approached this task in collaboration with the seven other North West London CCGs, supported by the 'Like Minded' mental health strategy team.

4.3. The original Transformation Plan had eight priorities[3] and this has now been streamlined to four:

- Eating Disorder Service
- Service Re-design
- Learning Disabilities and Neuro-Development Disorders
- Crisis Care

4.4. The other initial four priorities: needs assessment, co-production, workforce development and embedding Future in Mind have been consolidated as principles underpinning the four main Transformation Plan projects. Additionally, the Anna Freud Centre who have been commissioned to update the North West London needs analysis for young people's mental health are about to conclude their work therefore completing this priority objective.

4.5 Embarking on the transformation of young people's mental health services in Hammersmith and Fulham has been significantly informed by the work of local CAMHS Taskforce, led by Cllr Alan De'Ath. The taskforce held five workshops in 2015 and reported in the Spring of 2016. This laid the foundation for change which was then shaped by the CAMHS Transformation plans through engagement of multi-agency partners, young people, parents and providers over the following eighteen months.

[3] Updating the local needs assessment; Co-production with young people; Training the Workforce; Community eating disorders service; CAMHS redesign and pathways review; Learning disabilities and Neuro-developmental disorders; Crisis care including the OOH Project; Embedding Future in Mind.

5. Projects and Achievements

5.1 The Hammersmith & Fulham CAMHS Taskforce recommendations were across five areas:

- Access to services, information and support
- Strengthening training
- Transition
- Hammersmith & Fulham Transformation Plans
- Mental Health Challenge

5.2 The Children and Education PAC the Health, Adult Social Care and Social Inclusion committees jointly commissioned the CAMHS Taskforce and endorsed the recommendations at their respective meetings earlier in the year. Looking at each recommendation briefly:

5.3 **Access, Information and Support**: included several ideas already being considered by the council: delivering council Early Help and health provision in a new Integrated Family Support Service and seeking opportunities to access support through young people friendly provision, e.g. leisure or activity centres.

A commitment was also made to develop a guide to emotional and mental health services with young people and to use this work as the foundation for a clear 'local offer', and discussion with schools about mental health stigma. This work is in hand and on-line access to a guide will commence in the New Year.

These strands of work will be overseen by the re-launched Hammersmith & Fulham Young People's Mental Health Alliance. The first meeting of the YPMH Alliance is scheduled for November 2016.

5.4 **Training:** training opportunities for schools, allied health staff (health visitors and school nurses) and the voluntary sector have been expanded with a view to establishing a sustainable local framework. This is a priority in the Hammersmith & Fulham Transformation Plan which is explained further later in this report.

5.5 **Transition:** the Taskforce report calls on mental health providers (West London Mental Health Trust) to take steps to be compliant with the recently published NICE Guidance on Transitions for young people.

5.6 **Transformation Plan**: links the Taskforce report and recommendations between the work of West London Mental Health Trust and the Hammersmith and Fulham Transformation Plan.

5.7 **Mental Health Challenge:** the Mental Health Challenge commits councils to identifying an elected member as the 'mental health champion' with a corresponding 'lead council officer.' Together these roles are tasked to strengthen and improve local services and maximise support and opportunities for residents facing mental ill health. Cllr. Lukey has agreed to take on this role

for Hammersmith and Fulham elected members and when a suitable 'lead council officer' is identified the mental Health Challenge can be formally adopted.

Transformation Plan Progress 2015-16

5.8 The initial Hammersmith & Fulham 'Transformation Plan' was submitted to NHS England in October 2015 and the Hammersmith & Fulham CCG has subsequently been allocated £100,744 to establish a young people's community eating disorder service and a further £252,173 to 'transform' mental health services for young people.

5.9 The allocation was for 2015-16 and funds arrived with CCGs in December 2015. An uplift of 19% for CAMHS transformation funds, amounting to £68,530 has been confirmed for 2016-17. The recurrent community eating disorders resource remains at 2015-16 levels, giving a new total of £421,530 for 2016-17.

5.10 Funding was set against the original 8 priority areas and there are clear common elements with the priorities identified in the local Fulham CAMHS Taskforce report e.g. improving training, working with young people and co-production.

5.11 Given the late arrival of funding, resources were largely committed to short term projects or to provide immediate improvements and delivered by West London Mental Health Trust (WLMHT). This included tackling waiting lists and support for high needs placements.

6. Next Steps 2016 – 2020

6.1 The outcome, discussion and conclusions that can be drawn from both the Anna Freud Centre's needs analysis and service redesign work will have an important impact on the longer term transformation funding priorities for local mental health services for young people. The 'next steps' summarised below should be viewed within the context of the four refocused priorities and the transformation redesign work which is about to be undertaken.

- **Community Eating Disorder Service**

6.2 WL MHT established a community eating disorder service for Hammersmith and Fulham young people in February 2016 in line with national standards[4]. The service has been developed in collaboration with Hounslow and Ealing CCG's. The community eating disorder service operates a hub and spoke structure with a base in Ealing and local clinics in Hammersmith.

6.3 The service will be formally evaluated in 2017 with input from young people.

[4] One week wait for urgent appointments, and no more than 4 week for all other referrals. Additionally, provision for self-referral from young people.

- **Service Redesign**

6.4 A sustainable training programme will be available for 2017-18. Local authority, voluntary sector and Public Health will provide input, aimed at improving prevention and early intervention. This is a key Future in Mind recommendation.

6.5 The CAMHS School Link Pilot Project which involves 10 Hammersmith and Fulham schools working with WL MHT has been extended until March 2017. An additional four schools have been identified to join the project for six months due to sustained interest in the project from Head Teachers. Hammersmith and Fulham MIND have also been delivering support to young people in several local schools focusing on transition to work or college, mentoring and group work.

6.6 Suggestions for service changes include:

a. delivering more emotional wellbeing and mental health services through schools

b. integrating early intervention mental health support and local authority Early Help and School Nursing services

c. increasing the involvement of the voluntary sector.

- **Crisis Care**

6.7 So far crisis care improvements have focused on strengthening out of hours support for young people presenting at emergency departments in the evening or at weekends. As a result psychiatric nurses are now working in the evening and at weekends to support young people. The ambition however is to review and improve the response to young people in crisis across the board. In practice this means looking at the emergency response during the day, how young people might be supported as an alternative to admission to hospital and building on the opportunities presented by established psychiatric liaison services.

6.8 A recent evaluation of the new out of hour's arrangements confirmed early indications were that the pilot scheme has strengthened out of hours support and follow up for young people. The pilot is extended until March 2017 and Hammersmith and Fulham young people are being seen at Chelsea and Westminster Emergency Departments by staff from Central and North West London Mental Health trust (CNWL).

6.9 It is anticipated that advances in this area will also link to NHS England's initiative to return commissioning of in-patient psychiatric beds for young people to local control (See below for more details).

- **Learning Disabilities and Neuro-Developmental Disorders**

6.10 The multi-agency service pathways for young people with learning disabilities and autism require review and this is currently underway with workshops planned to take place for mapping and exploring good practice clinical models for joining up services across the local authority, health and voluntary sector.

6.11 Short term additional commissioning resource has been agreed to support the CAMHS transformation programme across Central, West London and Hammersmith & Fulham CCGs with a particular focus on learning disabilities and autism commissioning co-production and the implications of service redesign.

6.12 A multi-agency Learning Disability/ Neuro-Development Disability workshop is being held on the 4th November to map services access, treatment and transition pathways with view improving alignment.

- **Co-production**

6.13 Co-production with young people is now integrated into the four priorities summarised above. Examples of current co-production activities include:

- A **Young People's Mental Health Conference** was held on **29th October 2016.** Hammersmith and Fulham young people attended this successful conference run by Young Mental Health Champions supported by ReThink Mental Illness. This will be repeated in 2017.

- **Training** of school staff by young champions supported by ReThink is continuing in 2016-17.

- A new project with young champions has recently begun to produce **A Guide to Young People's Emotional Wellbeing and Mental Health Services.**

- The **Hammersmith and Fulham Young People's Mental Health Alliance** will be re-launched in December 2016.

- **Transitions**

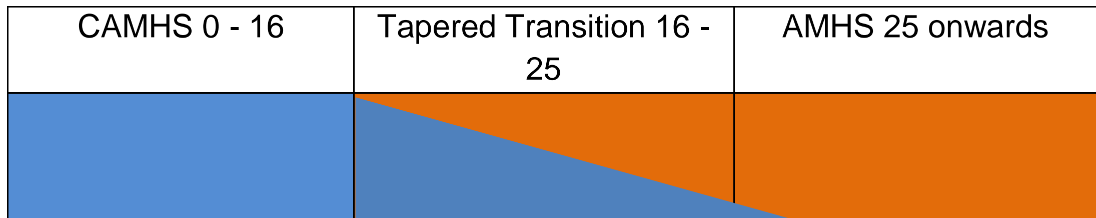
6.14 There have been some helpful improvements in relation to transition planning for young people from CAMHS to adult mental health services.

6.15 Earlier this summer the Anna Freud Centre led a seminar for Hammersmith and Fulham stakeholders which looked at their initial conclusions from the needs analysis and considered ideas to re-design services. This included developing a number of clear access points for young people's mental health services; integrating with council early help provision; adopting the 'Thrive model'[5] (an alternative to the current 'tiered' system) and encouraging 'mental

[5] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., . . . Fonagy, P. (2015). THRIVE Elaborated. London: CAMHS Press http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

health lead' roles for schools. Developing a 'tapered' approach to transition planning was also endorsed.

6.16 The 'Tapered Transition' model ensures that from age 16 years young people would have a choice of accessing services from either CAMHS or adult mental health services. Young people already receiving a service could decide when to transition to adult mental health services. This approach would allow greater flexibility over transition for young people and their families.



6.17 The 'tapered transitions' pathway will be within the re-design work for the LD/ND pathway. This will be inclusive of transitions within a pathway (for example when a child or young person moves school), as well as tapering transitions between child and adult services (from 16 – 25). This re-design work is already underway.

National Issues

6.18 The provision of inpatient beds for young people, commissioned by NHS England, continues to cause considerable concern. Following the publication of Tier 4[6] Review carried out by NHS England two year ago, it has been apparent that there is an insufficient bed supply.

6.19 To begin to address this issue NHS England plan to commission additional beds through a procurement exercise in 2017-18.

6.20 Furthermore, a joint proposal by CNWL[7] and WLMHT to develop a new model of care to commission London beds for young people has been approved by NHS England. Regular meetings of the new NW London Implementation Board with NHS England are being held with input from local commissioners.

7. CONSULTATION

7.1 Both the developing CAMHS Transformation Plan and the earlier Hammersmith and Fulham Taskforce Report have involved extensive discussion and consultation with input from young people, schools, the voluntary sector, service providers and partner agencies. The Anna Freud Centre has also provided the vehicle to support this collaborative process of consultation.

[6] Mental health inpatient provision for young people
[7] Central and North West London Mental Health Trust

8. EQUALITY IMPLICATIONS

8.1 An equality impact assessment was completed as part of the original Transformation Plan submission to NHS England. Young people with mental health and emotional problems can face discrimination and inequitable opportunities. The improvements set out in the Hammersmith and Fulham Transformation Plan specifically aim to improve support for vulnerable young people and reduce the stigma associated with mental health This was a central focus for the recent Young People's Mental Health Conference .

9. LEGAL IMPLICATIONS

9.1 There are no legal implications.

10. FINANCIAL AND RESOURCES IMPLICATIONS

10.1 There are no financial implications arising from this CAMHS update report.

11. IMPLICATIONS FOR BUSINESS

11.1 There are no business implications arising from this CAMHS transformation update report.

12. RISK MANAGEMENT

12.1 There are no risk management issues arising from the Hammersmith and Fulham CAMHS Taskforce report or the young people's mental health Transformation update.

13. PROCUREMENT IMPLICATIONS

13.1 There are no procurement implications at this time.

14. IT STRATEGY IMPLICATIONS

14.1 There are no IT Strategy implications at this time.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	None.		

LIST OF APPENDICES:

Appendix 1 - Hammersmith and Fulham CAMHS Taskforce Report 2016

Appendix 2 - Annex D: Hammersmith and Fulham CCG - Local Information and Implementation plans for Hammersmith and Fulham CCG and the London Borough of Hammersmith and Fulham (2016).

Hammersmith & Fulham

Child and Adolescent Mental Health Taskforce Report 2016

Introduction

In 2014 there was significant national criticism of mental health services for young people. Inpatient facilities commissioned by NHS England (NHS E) were found to be too far away from patient's homes with insufficient capacity to meet demand. Local community based Child and Adolescent Mental Health Services (CAMHS) were described by the Minister at the time, Norman Lamb, as 'not fit for purpose' and in need of 'a complete overhaul.' Additionally, the Health Select Committee criticised investment in the service and the poor state of the current needs data and demanded improvements.

These pressures led to establishing the national CAMHS Taskforce led by Dr Martin McShane (NHS England) and Jon Rouse (DoH). The work of the national CAMHS Taskforce concluded with the publication of its well-received report, 'Future in Mind' in February 2015.

In step with these national developments, across Hammersmith & Fulham, Kensington & Chelsea and Westminster, a CAMHS Task & Finish Group met and made recommendations[1] (see appendix 1) for improvements to all three Health & Well Being Boards. The Task & Finish Group findings were strongly influenced by and indeed presented to the HWBBs by local Young People's Champions supported by Rethink[2].

In response to the Task & Finish report and the presentations made to the H&F Health and Well Being Board, a Hammersmith & Fulham focused CAMHS 'Taskforce' was asked to:

- Summarise the local need for mental health and wellbeing provision.
- Assess the services available in Hammersmith and Fulham which support good mental health and emotional wellbeing for young people.
- Identify any gaps.
- Comment on whether Hammersmith & Fulham young people and professionals have access to the right provision and services that young people want to use?

Taskforce Members:

Cllr Alan De'Ath (Chair), Cllr Sharon Holder, Cllr Sue Fennimore and Cllr Caroline Ffiske.

Dr Christine Elliot – GP H&F CCG

[1] Reported Autumn 2014
[2] Rethinking Mental Illness is a national charity campaigning for improvement in mental health services

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Georgina Bell – West London Action for Children

Harry Wills, Shahid Khan and Selena Grogan – Rethink Young People's Champions

Stuart Lines – Public Health Vijay Parkash, Mennal Sohani and Kassim Makorie – West London Mental Health Trust

Alex Tambourides – H&F MIND

Officer Support from: Kerry Russell, Steve Buckerfield, Andy Davies and Jacqui Wilson[3] (CAMHS Commissioner)

Process

The H&F Young People's Mental Health Taskforce met on five occasions:

Initial Planning	19th March 2015
Provider's Focus	30th April 2015
School's View	18th June 2015
Young People's Priorities	2nd September 2015
What have we learnt?	29th October 2015

Over the course of the Taskforce meetings members heard evidence from a variety of organisations, individuals and stakeholders including: Rethink Young People Champions, H&F Youth Council, Hammersmith & Fulham schools, West London Action for Children, H&F MIND, Health Watch, the Centre for Mental Health and West London Mental Health Trust.

The Taskforce chair, Cllr Alan De'Ath and several other members visited the innovative Brent Centre for Young People[4] on the 20th July 2016.

The Taskforce also heard the results of the Hammersmith & Fulham Youth Council survey[5] of 200 local young people who were asked about their knowledge of mental health and emotional wellbeing.

Reports from HealthWatch on Young People's Priorities; the results of a survey across Hammersmith & Fulham primary schools and work produced by ReThink, working with local young people on perceptions of mental health services, were all considered by the Taskforce.

[3] Jacqui Wilson has left the CAMHS commissioner post and has been replaced by Angela Caulder
[4] Laufer House, 51 Winchester Avenue, London, NW6 7TT
[5] June 2015

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Needs in Hammersmith & Fulham

A snapshot of mental health needs across the UK shows that:

- 1 in 10 children and young people aged 5 – 16 suffer from a diagnosable mental health disorder – around three children in every class
- 75% of mental health problems in adulthood (excluding dementia start before 18 years
- Between 1 in 12 and 1 in 15 children and young people deliberately self harm
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.

Local Population

No of Children[6]	33,328
No of School Children[7]	20,071
Rate of LAC[8]	60

Up to date information on the health, educational and social care needs of children and young people with emotional and/or mental health needs is not available. This is a common issue across North West London. Hammersmith & Fulham CCG, in collaboration with neighbouring North West London CCGs, has committed to commissioning a new Joint Strategic Needs Assessment for young people mental health needs for 2016[9]. The Anna Freud Centre has been recruited to undertake this work, which is now underway and will report in the summer 2016.

Estimates across North West London suggest 25,000 5-16 year olds will have a mental health disorder. Public Health England (2014) estimates that for Hammersmith & Fulham:

1828 young people may have a mental disorder

723 may have an emotional disorder

1104 can have a conduct disorder

307 experience a Hyperkinetic disorder

Self harm is also more common amongst young people with mental health needs. Among 11-16 year olds, over a quarter of those with emotional disorders and around a fifth of those with conduct or hyperkinetic disorders or depression said that they had tried to harm

[6] ONS Mid-Year Projections: Table SAPE15DT8;Mid 2013 Population Estimates of wards in England & Wales
[7] DfE School Rolls 2015
[8] Looked After Children DfE SFR36/2014 LAC aged 0-17 per 10,000
[9] The Anna Freud Centre has been commissioned to complete this work which is now underway and will report in the summer of 2016.

themselves[10]. Deliberate self-harm is more common among girls than boys. Between 2001/02 to 2010/11, rates of hospital admission due to deliberate self-harm have increased nationally by around 3% among 11-18 year olds (to around 17,500 in 2010/11).

There are also a number of specialist mental health needs for some vulnerable populations. National research has found that among looked after young people, 38% to 49% (depending on age) have a mental health disorder. Mental health conditions are also more common among young offenders. This is thought to be associated with the offending behaviour in over three-quarters of the young people who had a full assessment in 2014/15.

Children with special educational needs with an Education, Health and Care Plan (EHCP) may also be at higher risk of developing mental health needs, including autistic spectrum disorders.

Current Services and Performance

West London Mental Health Trust (WL MHT) is contracted by H&F CCG to provide community mental health services for young people in the borough. A team of approximately 30 mental health clinicians provides a service from their main base in Glenthorne road. The team is comprised of psychiatrists (4), psychologists (6), family therapists (3.1), psychiatric nursing (1), primary mental health staff in reaching to local schools (5.8) and management and administration (6.6).

Funding

Hammersmith & Fulham CCG invest £2,010,863 in mental health services for young people.

Hammersmith & Fulham local authority invest £512,000 in young people's mental health services, primarily supporting CAMHS work in schools, local training, a liaison post in social care, support for looked after children and a family therapy project. The local authority contribution is currently not guaranteed beyond March 31st 2017.

The London Borough of Hammersmith & Fulham have also benefited from short term national investment to introduce systemic family therapy clinicians and techniques into social work teams through the successful Focus on Practice programme.

Both the council and H&F CCG also joint fund the specialist Multi-Systemic Therapy (MST)[11] team which works intensively with families where young people are at risk of custody, care or not engaging with education.

Performance

[10] ONS (2005) Mental Health of children and young people in Great Britain
[11] MST Team – 3 therapists and a coordinator offer 24 hours support to high risk families. Funding is provided by the 3 inner London CCGs and Hammersmith and Fulham, Kensington and Chelsea and Westminster local authorities.

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2014-15 897 referrals received

748 accepted

662 young people had a first attendance

5,156 follow up appointments offered

Waiting Times (June 2015) – all referrals are triaged to assess the severity of the issues and to decide priority.

55.6% (15 young people) assessed within 4 weeks of referral

37% (10 young people) assessed between 5 to 11 weeks

7.4% (2 young people) waited for longer than 11 weeks

Assessment to Treatment

68% (17 young people) treated within 4 weeks of assessment

20% (5 young people) treated between 5 and 11 weeks

12% (3 young people) treated beyond 11 weeks

Outcomes

Outcome measures have been included in the WL MHT contact for 2015-16. Both the clinician and the young person complete a self-assessment which tracks improvement as a result of the intervention. The national Children & Young Peron's Increasing Access to Psychological Therapies (C&YP IAPT) programme provides a menu of condition specific measures to be completed at the beginning and conclusion of treatment. Completion of an outcome measure at the start and conclusion of an intervention is termed a 'matched pair.' On a year to date basis, 41% of young people discharged from the service have a 'matched pair' of outcome measures. Of that cohort, 68% record that improvement was achieved.

It is anticipated that compliance with these outcome measure key performance indicators will improve significantly in 2016-17 and this is currently being negotiated with WL MHT.

Admissions to In-patient units

NHS England is responsible for commissioning in-patient psychiatric beds for young people (Tier 4 provision). The provision is provided by a variety of predominantly private hospitals (e.g. the Priory Group). NHS E data for 2014-15 indicates that there were 45 admissions for

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young people in Hammersmith & Fulham or 13.4 per 10,000 population, the highest ratio across North West London[12].

On the 10th March 2016 NHS England announced its intension to relinquish control of tertiary mental health beds in 'selected areas.' The changes could mean CCGs, NHS mental health trusts and independent providers could band together to make local or regional bids to take on the commissioning of secure mental health services, tier four child and adolescent mental health services, and other specialist services such as eating disorder units.

North West London CAMHS commissioners are keen to restore local control of access and discharge from inpatient units and will be contacting NHS England to explore how this can be taken forward.

Taskforce visit to Brent Centre for Young People

The Brent Centre for Young People was founded in 1967 by psychoanalysts[13] who had developed their work initially through the Anna Freud Centre[14]. The centre has grown over the years developing talking therapies unique to the centre which include: Adolescent Exploratory Therapy, Group Therapy for Young Offenders and Sport & Thought, as well as more widely used therapies such as psychoanalytical therapy, art therapy, psychotherapy and family therapy.

The centre receives some funding from Brent CCG but also has strong links with ten Brent schools which commission 'on site' support for young people from the service. This includes providing a service to young people excluded from school.

The Taskforce members who visited the Brent Centre for Young People were particularly impressed with:

- Centre's ability to combine therapeutic support with practical problem solving: e.g. homelessness, debt and access to sports activities
- Close working relationships with schools, the Key Stage 4 Referral Unit and Youth Offending Service
- Vibrant and up to date website providing support to young people and families
- Capacity to see young people and families quickly

The Brent Centre explained that there were still challenges and that their offer did not resolve everything. For example, transition between children and adult services remains an

[12] Ealing 6.1 Hounslow 5.0 Hillingdon 7.9 West London 8.2 Central London 9.5 Brent 9.0 Harrow 5.4
[13] Moses Laufer, Egle Laufer, Mervin Glasser, Myer Wohl and Child and Adolescent Psychiatrist Maurice Friedman.
[14] Originally known as the Hampstead Clinic

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issue, and they work hard to keep communication working well with the local CAMHS team provided by CNWL.

- In summary, the Taskforce members thought there were considerable advantages to the Brent Centre for Young People's model and that exploring opportunities to look for collaborative models with the voluntary sector and other council services should feature in the Taskforce's recommendations.

Taskforce Discussions with Hammersmith & Fulham Young People

The Taskforce considered contributions from young people presented by three organisations:

- Hammersmith & Fulham Youth Council
- HealthWatch Central West London
- ReThink (national voluntary agency)

Hammersmith & Fulham Youth Council identified mental health as a key issue and therefore incorporated mental health for young people into its Youth Parliament 2015 Mind the Gap Campaign. The Youth Council's 2015-16 manifesto includes the pledge:

> '***We will work to help reduce the stigma around mental health so that young people can access the support they need.'***

As part of their campaign the Youth Council asked 3,000 young people:

> '***Do you know where to access support if you're feeling down or stressed? If so where would you go?'***

This was followed up with a more details questionnaire discussion with 196 young people in Hammersmith & Fulham schools or youth projects. The key findings were that:

- Many young people did not know where to access support, either in or out of school
- In school, friends, school based counsellors, peer mediators and form teachers were mentioned, but the understanding varied enormously from school to school.
- Out of school young people mentioned family and friends, going on line and going to see their GP, although a number also specifically ruled out seeing their GP.

The Youth Council survey also asked young people about their understanding of '***mental health***' and '***emotional well-being***.'

- Most gave negative definitions portraying the negative stigma surrounding mental health e.g. *Psycho, Mad, Dangerous*
- Only a few offered positive definitions e.g. *Happiness, satisfaction and no stress.*

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The Youth Council's conclusions were that schools should talk more openly and regularly about mental illness, including encouraging young people who have experienced mental health issues, to talk to others.

Hammersmith & Fulham Youth Council also recommended stronger promotion and advertising of services with schools being much clearer about what is available and how to find support (including web links etc.).

Young people told the Youth Council that videos in assemblies or PHSCEE were very effective, particularly if it was produced by young people and for young people.

There were also some 'great examples of counselling in schools' but other schools don't provide this. These good examples should be shared and encouraged.

Finally, the Youth Council wanted to see more emphacise on how important ***positive mental health*** is and ***good tips*** for ***emotional wellbeing***.

HealthWatch Central West London produced a helpful report; 'Our Perspectives…read our stories about young people and mental health' in July 2015 and this was shared with the Taskforce. The report summarised the views and opinions of young people in Hammersmith & Fulham, Kensington & Chelsea and Westminster[15], with input from parents, carers and professionals[16].

The HealthWatch report echoes the findings reported by the Youth Council:

- Stigma associated with mental health and fear of 'labelling' remains powerful for young people
- Very mixed understanding of mental health and emotional well being
- Parents complained that they often did not understand what we being said as 'jargon' was frequently used by health professionals

A large proportion of young people (78%) that HealthWatch spoke to reported that they would seek support from their parents in the first instance. School based services were also popular with both parents and young people.

Finding information on young people's local mental health services was patchy. National organisations and charities had better capacity to keep websites up to date and relevant.

Transitions between services was also seen as problematic and the findings from the 2014 CQC '***From the Pond to the Sea – Children's Transition to Adult Services'*** remained relevant:

[15] Young people's involvement included a focus group at a West London school, 100 young people completing an on line survey and a further 150 attending two engagement events
[16] Two engagement events were held: Oct 2014 St Anne's Church Soho and March 2015 Westminster College. The in-patient Unit Collingham Gardens operated by CNWL was visited and professionals given the opportunity to complete a survey.

- Parents still caught up in with both CAMHS and Adult Mental Health Services
- No one to 'co-ordinate' transitions
- Transitions should be tailored to the individual and started at least 18 months before the 18th birthday

The HealthWatch report concluded with 18 recommendations which included:

- Calls to improve training: general awareness, mental health responsibilities for front line staff, jargon free communication for professionals and support and information for parents
- Improve clarity on pathways to services, co-ordination with the voluntary sector, and inclusion of the referrer in the 'solution', early intervention, transition planning and liaison with schools.
- Work with young people to develop creative early interventions which can be delivered as a 'whole family approach, through schools or young people's homes.

ReThink, the national mental health charity, has been providing support to a group of Hammersmith & Fulham 'Young Champions' who have been promoting the 'co-production' approach to mental health services: active involvement and participation of young people in service re-design, rather than traditional 'consultation' events.

The Champions produced a summary report based on an on line survey of 115 young people aged between 14 and 25 years old. Almost half of the respondents lived in North West London and half of those in Hammersmith & Fulham. Three quarters were female. There were equal numbers of respondents with and without a psychiatric diagnosis. The questionnaire asked participants firstly had they sought support and then where did they look to find it?

Findings

64% of the sample had made efforts to find help for their emotional or mental health issues which was broadly in line with both NW London and London comparisons.

Of those seeking support:

23% approached mental health services

19% turned to their family

12% found help through school or college

11% asked their GP

10% looked to friends

5% had access to a private counsellor or therapist

3% found an unspecified 'other' solution

Approximately two thirds of those seeking supported received what they had hoped for, with 25 young people registering disappointment.

Respondents were then asked to rate the quality of the support they received.

On average family, friends and teachers were rated as the most supportive, whereas statutory mental health services, often accessed in a crisis (in-patient or Accident & Emergency) were rated poor. Most forms of support received at least one high score (10) from at least one young person, but specialist mental health services (CAMHS, counsellor or in-patient) also received some very low scores (0).

ReThink Conclusions

- More can and should be done in schools to promote positive mental health, open discussion and knowledge of support services, including via the web.
- Young people do seek help from family, friends and teachers and highly rate its effectiveness
- There is more we can do to improve both the visibility, access and initial responses from crisis and specialist mental health services

Taskforce Discussions with Hammersmith & Fulham Schools

The Taskforce heard the results of a survey of Hammersmith & Fulham Primary Schools which raised a number of issues that were then discussed with school representatives. This included:

- Uncertainty about the 'early signs' of mental health issues to look for
- Concern about increasing incidence of mental health issues within school and waiting lists and 'high' thresholds for professional help
- Schools were buying in valued additional support including: art therapy, counselling (West London Action for Children) and family therapy. Provision across schools was however inconsistent.
- From the small number of primary schools contacted, there was little in the way of additional training for school staff.

In terms of improvements, schools asked for:

1. Improved sign posting (e.g. flow diagrams) to services and simplified explanations about how to find services and what they could offer.
2. Schools were concerned that the 'in school' support and services was very limited. They would like to see this improved.
3. Schools also asked for 'sustainable' and easy access to 'highly skilled practitioners' who could provide advice and guidance.

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There were additional contributions from the Bridge Academy, Lena Gardens, Fulham Cross Girls, Brackenbury and Jack Tizzard Special School. The points that follow summarise the lively and robust discussion that took place.

1. The school representatives who were able to attend the Task Force were unanimous in their view that the impact of pupil and on some occasion's also parental mental health issues was a significant and escalating issue.
2. The Bridge Academy has engaged its own therapy team[17] as local CAMHS was unable to respond quickly enough to identified issues. Mental health input was seen to make a difference where it was delivered at school and in groups.
3. Considerable interest in establishing more 'school linked' mental health posts and emphacising an 'early intervention' approach.
4. Concern that there was no specific service for younger children with an eating disorder
5. Also, complaints that waiting lists for a community service from Hammersmith & Fulham CAMHS could be up to 12 weeks.
6. Primary Heads felt that they were identifying need early but had little or no resource to address this.
7. Additional training for school staff was seen as essential. The training delivered by Educational Psychologists (two day input) was praised but access and knowledge of the training offer varied. More specialist mental health training for school staff was requested (e.g. anxiety, attachment, neuro-science, loss at an early age, de-escalation and self-harm).
8. General concern that Council resources for young people's mental health services will be reduced. Some schools already buy in art and music therapy but resources to expand this are limited.
9. Parental mental health or refusal to engage with mental health services both complicates and frustrates interventions – often with the school involved being left to cope as best they can.
10. There are further complications for secondary schools with larger numbers of pupils living outside of Hammersmith & Fulham. Self harm and concerns about uncertain transition arrangements were also mentioned.

Clinicians from WL MHT explained that their resources are finite and agreed that demand was increasing. Most of the mental health resources are already focused on schools but the range of needs being identified is very broad. A duty officer is available each day at Hammersmith & Fulham CAMHS, but it can be challenging when asked to respond immediately in a 'crisis.'

Universal Services:

[17] Includes Multi-Systemic Therapy, Art and Music Therapy and the Healthy Touch Programme.

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There was also discussion of the impact and effectiveness of universal services and support available to schools.

Personal, Health and Social Education (PSHE), Emotional Wellbeing (EWB) and Social and Emotional Aspects of Learning (SEAL) were all mentioned as positive contributions within schools. Although SEAL has come to an end a number of schools persist with the programme as it was seen to be very effective.

Young Minds, Mind Up, Horn Foundation and Take Ten were examples of interventions or lesson plans that schools could make use of.

Public Health's Healthy School Partnership was also seen as a continuing positive initiative. This had led to discussions within schools about: home life; impact of social media; body image; exam stress; panic attacks; staff wellbeing; role of social workers and positive relationships.

It was noted that families are increasingly travelling longer distances to access education. Jack Tizzard School was also concerned about changes in support packages for families and the knock on effects on siblings.

Both Educational Psychology and the School Nursing service were seen as helpful supports for school responding to pupils with complex needs but both disciplines are primarily focused on meeting statutory obligations (SEN and/or safeguarding conferences).

Video Interactive Guidance was mentioned as a positive tool which Jack Tizzard had found to be useful.

Conclusions - Ideas for Improvements

The discussion was summed up by: how to respond with 'less resources and rising demand.'

Ideas to make the best use of available services included:

- Exploring co-location for mental health and/or early help or social work services with schools. These could be shared by groups of schools and linked to a local medical centre or GP practice(s).
- WLMHT explained that their work would be more effective if family social issues were addressed social care or early help services, rather than included with the mental health referral.
- Several present felt it was time that young people's services embraced a truly 'whole system' approach to improve 'joined up' outcomes and to make the available resources go as far as possible. This approach is being followed in adult services with increasingly close working between health and adult social care.
- Encouraging quarterly 'cluster meetings' for schools was suggested as an effective means improving communication and inter-agency understanding and responses.

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- Establishing a clear Single Access Point for mental health services which is capable of generating a swift response was seen as essential (more than just a great web site).
- Developing a coherent mental health promotion strategy for young people was seen as an important priority for Public Health to pursue.

Taskforce Discussions with mental health clinicians and professionals

The Taskforce's discussion with local mental health providers and professionals included contributions from Rethink, the Centre for Mental Health (charity), Hammersmith & Fulham MIND, West London Action for Children, West London Mental Health Trust and Christine Elliot, Hammersmith & Fulham GP. As with the other discussions overseen by the Hammersmith & Fulham CAMHS Taskforce, what follows is a summary of the lively discussion that ensued.

Andy Bell from the Centre for Mental Health told the Taskforce that there was a national drive to encourage local authorities to seriously consider the impact of mental health issues on their populations and the consequences for local services. With as many as 1 in 10 young people experiencing some form of emotional or mental health issues in childhood, this was a significant issue that should not be ignored. Andy Bell went on to stress that the consequences and costs both for individuals and society were high in adulthood: poor outcomes, reduced income and contribution to society and the economy, as well as service costs for local authorities, prisons and the NHS.

Andy Bell argued that the Taskforce should strongly support early intervention, with support through pregnancy, parenting programmes and easy access to therapy as required for both parents and young people. The Future in Mind report from the national CAMHS taskforce endorsed this approach and when combined with the Governments undertaking to improve investment (1.25 billion over 5 years) this was an opportunity to be grasped with both hands.

Alex Tambourides from H&F MIND explained that there are 148 branches of MIND across the UK. H&F MIND sees approximately 2,500 people each year and offers support with counselling and mental health advocacy. Locally MIND has been involved with initiatives to improve perinatal services, support for carers and understanding the needs being picked up in primary schools.

H&F MIND have also been engaged with West London College which has been improving its offer to students with mental health issues. This has included training for college staff and input on sign posting to appropriate services.

Alex Tambourides thought that key issues included:

- Professional service was good for people with severe mental illness but there was a real lack of preventative services

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- Teachers dealing with mental health questions generally lack confidence
- Support 'gap' between universal and specialist services
- Stigma continues to be a massive issue

Georgina Bell from West London Action for Children (WL AFC) told the Taskforce that only 23% of the local group's income came from statutory bodies with the rest coming from fund raising programmes. WL AFC employs 8 therapists and 'lots of volunteers.' The service supports low income families in Hammersmith & Fulham and Kensington & Chelsea. As well as providing direct services to local families, WL AFC also supplies counselling staff to several primary schools.

WL AFC receives both self referrals and referrals from professionals. They operate their own evaluation rating scale to measure the impact of their work and have offered a variety of group based interventions over the years including:

- Pre-Primary and Primary for Parents
- Parents of Teens
- Dad's Matter
- Breathe (Mindfulness)
- Mighty Me (Pre-school)
- Year 6 'Cool Moves' for transition
- Outreach at Jigsaw

Other services include: Mindfulness, Family Therapy and Cognitive Behavioural Therapy (CBT)

WLAFC have 500 new cases each year. Their focus is often more on the parent than the child.

Dr Meenal Sohani and **Kassim MaKorie** presented the services provided by West London Mental Health Trust (WL MHT). WL MHT is a large provider of mental health services supporting a population of up to 800,000, both adults and young people across Ealing, Hounslow and Hammersmith & Fulham. WL MHT also provides tier 2 services in Brent and the Forensic Mental Health Service for Southern England.

At present in Hammersmith & Fulham CAMHS is organised in two sections: Tier 3 which offers a specialist mental health service to young people with complex or entrenched needs and Tier 2, which provides brief interventions to support young people who do not require specialist psychiatric input. Both services see young people up to the age of 18.

The Tier 3 service provides talking therapies, family therapy, CBT, Psychology and Psychiatric diagnosis. The service is based at Glenthorne road in Hammersmith and will see young people at home and also at school, as well as supporting Chelsea Westminster A&E during

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the day. Emergencies are seen within 5 working days and all referrals are seen initially within 6 weeks. There is a 9 to 5 duty system each day.

Areas to strengthen include:

- Support for young people with learning disabilities and mental health
- Crisis Care
- Shortage of in-patient beds

The Tier 2 service, locally called community CAMHS, employs psychotherapists, nurses and family therapists. There is a team of 8. Statistics for 2013-14 evidence 1700 consultations, with 1100 direct to schools. Locally schools do know how to access the service and the team regularly see pupils on school premises.

In addition, there is a worker based in the Youth Offending Service (Cobbs Hall base) who leads on care planning for young offenders with mental health needs. A lot of training is also offered to YOS professionals.

There is also a small service providing mental health support to looked after young children. As funding is only confirmed until April 2017 short term appointments have been made.

Vijay Parkash, WL MHT Service Director and Clinical Lead agreed that:

- Improvements were required to improve data on need, performance and outcomes
- Mental health services across the UK required 'rethinking' not just tinkering with what's already there.

Christine Elliot, Hammersmith & Fulham GP, explained that general practice had the advantage of a global oversight of the family and knowledge of historic mental illness, but will often see very little of the 'family' once children have turned five years of age. A GP has to be very proactive if they want to continue to check on a young person's development.

Dr Elliot agreed that schools were best placed to spot issues for young people 5 to 18 years. Concerns included:

- Information sharing and confidentiality issues can limit inter-agency communications
- GPs not being aware of the support services available locally

Discussion and Issues

- *Will shifting resources to the preventative side reduce demand?*

Both MIND and WL MHT agreed that any new resource should be aimed at the preventative, early intervention side of demand, but warned that this would not necessarily reduce the incidence of young people (young adults) with severe mental illness. Staff from the WL MHT community service argued that their service was simply 'too small' to meet the

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rising demand from Hammersmith & Fulham schools. SENCOs were also seen as a key group of school staff to 'up skill.'

Rethink, argued that young people did not want more CAMHS professionals, but much better equipped and skilled teachers and social workers who could respond confidently to mental health needs.

- *Accessing information and consultation?*

General concern that the 'local offer' of mental health support services was very hard to find with everyone complaining they 'don't know what's there or how to find it.'

Rethink pointed out that if you want to improve 'access' to information, ask lots of young people what works for them? Young people will often talk to each other and go on line before approaching A&E.

- *How might services be different?*

Andy Bell argued that local authorities were well placed to bring organisations together to combine resources and services with a view 'collectively' reaping longer term benefits.

Single Points of Contact and/or service hubs for young people were seen as attractive ideas. There were some concerns expressed about how a 'hub' might be achieved in the current funding climate. Others emphasised and any 'single point of contact' must link to staff who can respond in real time – not just by e mail.

Service 'hubs' for young people in Australia had been praised in the Future in Mind report, but would they be used and be sustainable?

Would piloting community mental health services (or integrated early help services) based in a local school be more likely to succeed?

Julie Pappacoda argued that we have to improve the general early help – early intervention offer and look at integration of services where duplication looked likely.

Cllr Holder reminded the Taskforce that any findings or recommendations would have to be supported by a very strong evidenced based business case.

- *Peer support has been suggested by local young people and the Future in Mind report!*

Vijay Parkash thought developing a peer support approach could be 'revolutionary' if we could get it right. H&F MIND had examples of peer support working well. Some concern that any 'on line' peer support would have to be 'actively' supported by professionals to minimise risks. Rethink pointed out that peer support initiatives could be supported and promoted by 'co-production' principles.

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Transition:

Wide spread agreement that 'transitions' continued to be a challenging area. There were different transitions depending on the services and young peoples' circumstances. Thresholds for support from Adult Mental Health Services are evidently higher.

A brief snap shot taken by CNWL revealed large numbers of young people leaving mental health services between 16 and 18. It was very unclear whether this was appropriate, or whether some of these young people re-engaged with Adult Mental Health Services later in their twenties? Was this an issue to be concerned about?

NICE guidelines have now been published on Transitions: ***Transition from children's to adults' services for young people using health or social care services*** – NG 43 February 2016. The guidance calls on health providers to identify a senior clinician or manager to drive forward improvements in transitions between services.

Potential for Improvements

Towards the end of 2015 and as the Hammersmith & Fulham CAMHS Taskforce moved to conclude its enquiries, three significant and very positive initiatives have taken shape:

- **Improved Crisis Care**: earlier in 2015 North West London CCGs agreed that additional resources should be found to improve the support available to young people with a mental health crisis which occurred beyond office hours or over weekends and public holiday. WL MHT launched the new Out Of Hours service or young people in February 2016. This has introduced waking psychiatric nursing staff who operate in the evenings, weekends and bank holidays. This mobile and face to face service will see young people who present and Accident & Emergency and will be able to review young people admitted to paediatric wars at weekends. The nurses will be support by the existing on call CAMHSA supported provided by WL MHT. The new service will begin in April 2016.

- **CAMHS School Link Pilot:** Hammersmith & Fulham CCG has been awarded a place on the NHS England CAMHS Schools Link pilot. This initiative links ten Hammersmith & Fulham schools to WL MHT who have received short term funding (from the CCG, DfE and NHS E) to strengthen school and CAMHS links. Two training days have now been held with SENCOs and school mental health leads, with a further review scheduled for later in 2016. Designated CAMHS staff are now linked to the ten schools in the pilot.

- **Future in Mind Transformation Plans:** In October 2015, led by Hammersmith & Fulham CCG, a local Transformation Plan was submitted to NHS England and subsequently approved. The Hammersmith & Fulham Transformation Plan is part of

the North West London 'Like Minded' Mental Health Strategy and seeks to address eight priority areas. A copy of the local plan can be found at Appendix A. The eight priority areas are:

1. Updating the local needs assessment
2. Supporting co-production with young people
3. Training
4. Establishing a community eating disorder service
5. Service re-design for young peoples' mental health services
6. Improving services for young people with Learning Disabilities and Neurodevelopmental disorders
7. Improving crisis care
8. Embedding ideas from 'Future in Mind'

For 2015-16 Hammersmith & Fulham CCG have been allocated **£100,744** to establish a community eating disorder service (to be developed collaboratively with Ealing and Hounslow CCGs) and a further **£252,173** to address 'transformation' priorities.

Hammersmith & Fulham CAMHS Taskforce - What have we learnt?

Young people and their representatives told the taskforce that:

- They often did not know where to turn to for help
- That family, school and friends were all potential sources of help and advice
- School based support is welcomed by both young people and parents
- That the stigma attached to mental health was still strong
- That peer support and co-production initiatives are popular and effective approaches

Hammersmith & Fulham schools told the Taskforce:

- That an urgent improvement in the scope and scale of training offered to school staff should be an immediate priority
- Primary schools required support as well as secondary schools
- Schools are interested in experimenting with more 'school based' services (mental health and/or early help)
- That the 'offer' to school on mental health should be clear with more readily available sign posting materials (flow charts, video and/or websites) for external services
- Mental illness of parents and/or parental refusal to engage was a significant issue

Mental Health clinicians and the Voluntary Sector told the Taskforce:

- Demand for services and support, particularly from schools was increasing

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- There is a 'needs gap' between universal and specialist services
- Partnership working between CAMHS, voluntary agencies and social care requires effort and perseverance and could be improved.
- Crisis care and support for young people with learning disabilities and mental health issues should be stronger
- GPs also had knowledge gaps about local young people's mental health provision
- Transition between services can still be uncertain

Taskforce Conclusions and Recommendations

Taskforce members have been impressed by the passion and determination to make improvements demonstrated by the contributors to the discussions. Thanks are particularly due to the young people from the Hammersmith & Fulham Youth Council and the champions supported by Rethink, both of whom have contributed important insights and suggestions for improvements.

The main conclusions reached by the Hammersmith & Fulham CAMHS Taskforce are:

1. **Access to Services, Information and Support Needs to Improve:**

   The Taskforce recommends that the council, NHS mental health and voluntary sector providers and CCG commissioners pool their managerial and clinical expertise to:

   a. Clarify the services and support available to Hammersmith & Fulham young people who are emotionally vulnerable and/or at risk of mental illness. This should include considering whether integration, aligning or pooling of staff, or resources between council, NHS and/or voluntary organisations would improve support for young people and provide a sustainable service able to respond to the current high demand and expectations.

   b. Draw up a feasibility plan for developing a Hammersmith & Fulham Centre for Young People that seeks to combine opportunities for purposeful activities, sports and fun with the capability to also access emotional wellbeing, sexual health and other young people focused support services, similar to the Brent Centre for Young People.

   c. The Taskforce recommends that a Guide to Young People's Emotional Wellbeing and Mental Health Services is produced using the principles of 'co-production' with young people. Once available in several formats, (print, web and if applicable apps), this should be distributed to every Hammersmith & Fulham school, GP practice and youth setting.

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d. The material should also be used to support creative and informed debates across Hammersmith & Fulham schools to tackle the stigma and fear that can be associated with mental health.

e. The 'guide' information should form the basis of a published 'local offer' to be promoted on the local authority, CCG, mental health provider and voluntary sector web sites.

f. The 'local offer' for young people's mental health services in Hammersmith & Fulham should also be informed by the Schools CAMHs Link Pilot and the endorsement of school based services report above in this report.

2. **Training Needs to be Strengthened and Sustainable:**
A comprehensive and sustainable training programme should be commissioned to support school based staff, but also with the capacity to meet the training and information needs of other important groups: GPs, parents, young people etc.

3. **Transitions Arrangements:**

Transition arrangements between services continue to defy attempts to bring about improvements. The Taskforce strongly recommends that health and social care providers take immediate steps to achieve compliance with the new NICE Transitions Guidance.

4. **Hammersmith & Fulham Transformation Plan**:

The Taskforce supports the work underway as part of the Hammersmith & Fulham 'Transformation Plan' submitted to NHS England in October 2015.

a. As the primary provider of mental health services to young people in Hammersmith & Fulham the Taskforce recommends that West London Mental Health Trust develop plans and options to realise the ambitions articulated in Future in Mind to:

- Improve access to services
- Offer flexible appointment times and settings
- Demonstrate improved outcomes for young people

b. Progress on developing and delivering these changes and improvements to be reported to the Hammersmith & Fulham Health and Wellbeing Board by WL MHT and commissioner in Sept/Oct 2016.

5. **Mental Health Challenge**:

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To sign the Local Authorities' Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds. We commit to appoint an elected member as 'mental health champion' across the council. We will seek to identify a member of staff within the council to act as 'lead officer' for mental health.

Cllr Alan De'Ath
Hammersmith & Fulham CAMHS Taskforce

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NHS Hammersmith and Fulham Clinical Commissioning Group

ANNEX D: HAMMERSMITH AND FULHAM CCG

Local information and implementation plans for Hammersmith and Fulham CCG and the London Borough of Hammersmith and Fulham

1. Background

In March 2015 the government published *Future in Mind*, their strategy for promoting, protecting and improving our children and young people's mental health. Additional funding was allocated with the guidance to invest in children and young people's mental health services. In order to access this funding, CCGs were tasked with developing local transformation plans which set out a vision for transformation over five years, in collaboration with partner agencies. The original plans were finalised in October 2015 and outlined a sustainable, phased approach to implementation. Across North West London the eight CCG's collaborated, with support from the Like Minded team, to deliver a single plan that defined our joint priorities.

This formal refresh aims to provide assurance, demonstrate how progress is being made, provide evidence on how services are being transformed and ensure funding is being spent as plans develop further.

Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see a transformed service that better suits their needs, and they will be able to access services at the right time, right place with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

In the original LTP 8 priority areas were specified:-

- Priority 1: Needs Assessment
- Priority 2: Supporting Co-production
- Priority 3: Workforce Development and Training
- Priority 4: Community Eating Disorders Service
- Priority 5: Redesigning Pathways
- Priority 6: Enhanced Support for Learning Disabilities and Neurodevelopmental Disorders
- Priority 7: Crisis and Urgent Care Pathways
- Priority 8: Embedding Future in Mind Locally

From these priorities, local transformation plans in 2015-16 successfully delivered:-

- Co-production work with young people,
- Reduction of waiting times for Specialist CAMHS
- A new Out of Hours Crisis service for young people
- A new children and young people's community eating disorder service.
- Role enhancement of schools in emotional well-being services
- Mental health training to schools and partner agencies

In April 2016, to address Priority 1, the Anna Freud Centre (AFC) was commissioned to undertake a needs assessment across North West London. The aim of the exercise was to:-

- Undertake an in-depth analysis of the mental health needs of children and young people across Hammersmith and Fulham.

- Evaluate the range of services and supports that are available, including the skills and knowledge of staff working with children and young people.
- Identify the needs of Hammersmith and Fulham in relation to the provision of services offered.

Following an interim report, a strategic seminar took place for Hammersmith and Fulham partners in September 2016. The seminar aimed to facilitate identification of local priorities and promote an integrated approach to service delivery. The findings are scheduled to be delivered in a final report by the beginning of November 2016 to H & F CCG CAMHS Commissioners. As the needs assessment is almost complete, this area is no longer a priority for future years.

Continuing areas of work to progress into future years are:

- To drive forward delivery of the **CYP IAPT** programme. CNWL are already increasing the numbers of staff trained in CYP IAPT evidence based treatments;
- To invest in developing more robust **data capture and clinical systems** to enable commissioners and providers to have a joint clearer understanding of current activity and projections;

As the plans in 2016-17 progressed to address the remaining priorities, it became clear three priorities: co-production, workforce development and embedding *Future in Mind* underpinned the transformation programme as a whole. It was therefore decided at a LTP review meeting in early September to reduce the priority areas from 8 to 4, focussing on the following agreed areas:

- **Priority 1: Community Eating Disorders Service**
- **Priority 2: Transforming Pathways and Redesigning services**
- **Priority 3: Learning Disabilities and Neurodevelopmental Disorders**
- **Priority 4: Crisis and Urgent Care Pathways**

Other local priorities:

- For Hammersmith and Fulham, this was particularly around the School/CAMHS National Health Link Pilot which developed a Mental Health Lead in 10 schools with a CAMHS clinical link who spent weekly time at the school. The school received nationally evaluated mental health training and support. The pilot is being nationally and locally evaluated, alongside 14 other national pilot sites.

The financial allocation for North West London, and Hammersmith and Fulham CCG specifically for 16/17 is as follows:

	Eating Disorders 16/17	Transformation Plan 16/17	Recurrent uplift
Brent	£173,000	£420,000	£593,000
Central London	£91,557	£307,823	£399,380
Ealing	£211,543	£630,997	£842,540
Hammersmith and Fulham	£100,744	£328,186	£428,930
Harrow	£121,785	£304,840	£426,625
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
West London	£116,621	£369,509	£486,130
Total	**£1,117,993**	**£3,119,149**	**£4,237,141**

hammersmith & fulham

NHS
Hammersmith and Fulham
Clinical Commissioning Group

2. Our local offer

Hammersmith& Fulham young people requiring mental health services are supported by West London Mental Health Trust (WLMHT) who deliver both school focused early intervention community services and specialist CAMHS for diagnosis and treatment of mental health disorders. The WLMHT team of approximately 30 staff includes psychiatrists, psychiatric nurses, family therapists, psychotherapists and psychologists. The team actively supports between 500-600 local young people but see many more in the course of a year.

Hammersmith & Fulham Council fund mental health staff to support looked after and youth offending young people and their families and carers; and early intervention staff working in Hammersmith and Fulham schools . Current council resources are under review, and the council's Early Help services are being restructured. There are future proposals to include health services as part of a joined up children's Early Help offer. This is likely to include some CAMHS provision.

The local authority also contributes funding to young people's mental health in the borough, by directly employing Systemic Family Psychotherapists. These clinicians are embedded in the social care delivery, to support social workers involved with those children and young people and families who have active social work involvement in their lives.

In-patient psychiatric beds for young people are commissioned by NHS England's Specialist Commissioning and NHS E data indicates that 45 Hammersmith & Fulham young people were admitted in 2014-15. As part of NHSE New Models of Programme WLMHT and CNWL are working in partnership with the Priory Group to enable CYP who require access to inpatient services to be admitted locally. The programme will also look to develop community services to ensure CYP have access to home treatment programmes..

2016/17 Investment in Children and Young People's Mental Health			
	Clinical Commissioning Group	NHSE (Tier 4 CAMHS)	Local Authority
Hammersmith & Fulham	£2,010,863	£*	£362,830
Total		**£***	

*As NHS England has not yet provided the 2016/17 Tier 4 investment, we are unable to provide the spend. Plans will be updated upon the receipt of the information.

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3. Children and young people's mental health transformation plan

The table below outlines the shared components of our plans, as well as local detail specific to Hammersmith and Fulham CCG.

Priority	Priority Description	Implementation Plans	2016/17 Investment
1	Community Eating Disorder Service	**North West London Common Approach:** A new, separate eating disorders service has been developed that has care pathway provision and seamless referral routes to ensure quick, easy access to the service. This service is already delivering the new national specification for eating disorder services, offering a 5 day service for young people aged 0-18th birthday who have a suspected or confirmed eating disorder diagnosis. It accepts referrals from any professional in the local area, and also self-referrals from young people and families. The aim of the service is to see all young people referred within 4 weeks of referral, with a wait of no more than one week for urgent cases. Our intention is to market test this service in 2017/18 and to investigate offering a 7 day service.	**Investment: £100,744** A new community eating disorders service was launched on 1 April 2016. Hammersmith and Fulham young people are seen at the WLMHT 'hub' at Ealing CAMHS in Armstrong Way for multi-disciplinary assessment, and for follow-up at the Hammersmith and Fulham 'spoke' at Glenthorne Road in Hammersmith.. With minor amendments, the pilot is due to be adopted as business as usual from 1 April 2017 within a two year contract with the Trust.
2	Redesigning Pathways – A Tier free system	**2016-2020 CAMHS Re-design:** We will move away from tiered services to services that meet the needs of the child/young person and the family. Broadly, our new proposed model will be based on the Thrive Model which has been recommended to us by the Anna Freud Centre in the West London CCG Interim Report.[1]	**Investment: £199,026** This includes: *£11K* Learn Well is a MIND 6 module psycho-educational programme which builds resilience, promotes positive practices and

[1] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., . . . Fonagy, P. (2015). THRIVE Elaborated. London: CAMHS Press http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

		     This includes: • **Evidence based treatments** delivered by all CAMHS services. • **A Multiple Access Point model (MAP)** to connect schools, GP's, the local authority and the voluntary sector with a Mental Health Lead in the area.	adaptive coping skills to reduce stress and increase confidence in YP. *£4K* Training programme delivered by Educational Psychology for 30 support assistants in schools to become Emotional Literacy Support Workers to improve learning. *£16K Schools and £13K Nurseries* Public Health Healthy Schools Programme which supports early years and schools to make improvements to health and wellbeing. *£32K* Rethink co-production recruitment and supervision to support 15 young champions. *£46K* 'Schools/CAMHS pilot'. Mental Health named Leads in schools linking with WLMHT clinicians who offer each school 2 hours input each week. This offer has been extended to a further four schools and all 14 schools involved will increase input until March 2017. *£10K* MIND Educational support offered to YP aged 14 to 25 who are transitioning in their lives. Email, telephone and 1:1 sessions can be accessed via self-referral.

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		• **School based Mental Health Lead** to develop emotional wellbeing and resilience • **Multi-agency risk management** approach to working with high risk, hard to engage young people before they can engage with mental health treatment. • **A Tapered Transition Model** will be developed for all young people from 14 -25 years in future years. • **A new CYP IAPT programme** to train up lower grade staff has been launched. Hammersmith and Fulham Specialist CAMHS is interested in being a part of this new initiative which will need funding from commissioners for future years. • An extension to the successful national **CAMHS School Link Pilot** in Hammersmith and Fulham. • By 1 April 2017 a **sustainable CAMHS training programme** will be bookable on-line for any professional across the boroughs of Kensington and Chelsea, Hammersmith and Fulham and Westminster. There will also be a parents' programme. • The successful **Co-production training programme, 'Collective Voices'** with Rethink young mental health champions jointly with WLMHT will be rolled out to additional schools. • **The Hammersmith and Fulham CAMHS Partnership Alliance** will be re-launched in November 2016. This will aim to spread responsibility and knowledge of young people's mental health across agencies.	*£20K* Educational Psychology and WLMHT led multi agency training in CAMHS available for all tri-borough professionals. £12K Co-production with current users of H & F CAMHS WLMHT services. £35K CYP IAPT Clinical backfill for WLMHT community CAMHS clinicians to train in evidence based practice, and project management for the Trust.
3	Learning Disabilities and Neuro Development Disorders	**North West London Common Approach:** Work is underway across NW London to align to the adult learning disability programme workstream to ensure smooth transition and consistency of care. **Hammersmith and Fulham CCG and Local Authority Local**	**2016-17 Investment: £89,160** Hammersmith and Fulham is working in partnership with the Local authority to develop a high quality integrated model which pools resources and ensures access to the right intervention at the right time.

	Learning Disabilities and Neuro Development Disorders	**Approach:** H & F CCG will invest in additional capacity across the whole system for LD and ND pathways. This will be in collaboration with WLMHT, the Local Authority Children with Disability and Learning Disability teams; child development service and voluntary sector providers. ▪ **Map local care pathways** and reconfigure services ▪ Develop an **effective strategic link** between CAMHS Learning Disabilities/Neurodevelopmental (LD/ND) services and special educational needs (SEN) departments. ▪ **Enhance the capacity of CAMHS** to meet the increasing demand for ASD and ADHD assessments. ▪ **Provide advice and support to special schools and specialist units** ▪ Connect with **local voluntary sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group).	*£30,000* CCG staffing – project manager to review LD and ND pathways across 3 CCG's with partner agencies. To produce options paper leading to recommendations for commissioners. *£58,800* WLMHT project to reduce internal waiting times for follow up appointments, and smooth out pathways between agencies.
4	Crisis and Urgent Care Pathways	**North West London Common Approach:** We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including where resources allow, home treatment teams and crisis response services to ensure that unnecessary admissions to inpatient care are avoided. As part of NHSE New Models of Programme WLMHT and CNWL are working in partnership with the Priory Group to ensure CYP who require access to bedded services can be admitted locally. The programme will also look to develop community services to ensure CYP have access intensive treatment programmes which deliver high quality effective care at home.	**2016-17 Investment: £32,600** An out of hour's crisis pilot service was implemented in February 2016. The service was initially provided by WLMHT and scheduled to run until February 2017. Review of the pilot has been undertaken and an interim amended model has been agreed. The reconfigured model will become business as usual in early January 2017 and will run until April 2018 after which formal evaluation will occur.

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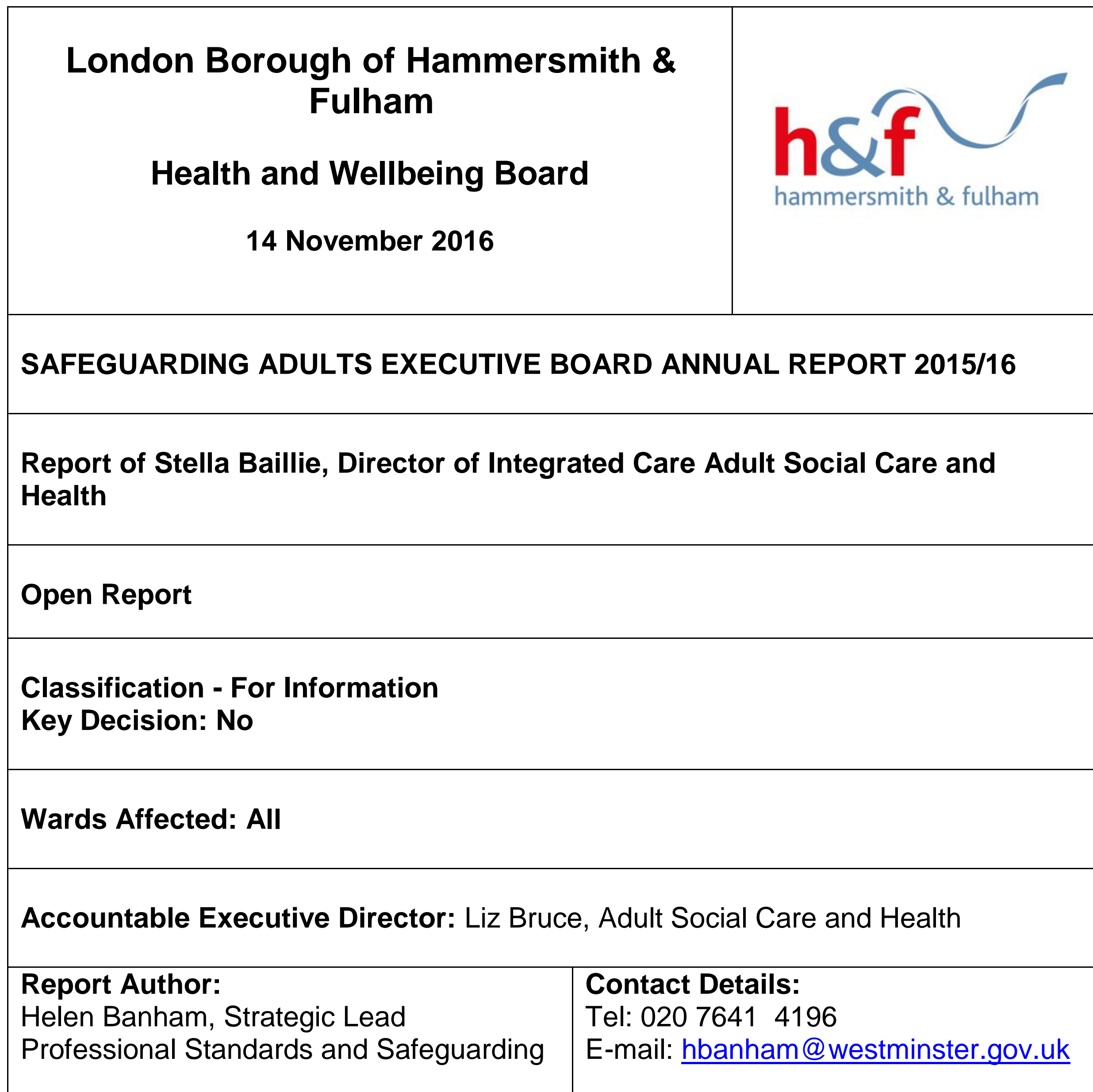
	Crisis and Urgent Care Pathways	**Hammersmith and Fulham CCG and Local Authority Local Approach:** The implementation of an out of hours crisis pilot was initiated in January 2016 by CNWL across Westminster, Kensington and Chelsea, Hillingdon, Harrow and Brent. This was not funded by transformation monies but by each of the eight CCG's separately. For future years a new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self-harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services.	Due to young people presenting at Chelsea and Westminster Hospital from 1 November 2016 the service will be commissioned through CNWL. £32K has been reserved to pay for this newly commissioned model until March 2017.



London Borough of Hammersmith & Fulham Health and Wellbeing Board 14 November 2016	h&f hammersmith & fulham
SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2015/16	
Report of Stella Baillie, Director of Integrated Care Adult Social Care and Health	
Open Report	
Classification - For Information **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Adult Social Care and Health	
Report Author: Helen Banham, Strategic Lead Professional Standards and Safeguarding	**Contact Details:** Tel: 020 7641 4196 E-mail: hbanham@westminster.gov.uk

1. INTRODUCTION

This is the third Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster. It is the first year that the Board is operating under Schedule 2 of the Care Act 2014, and overseeing the statutory duties of conducting Safeguarding Adult Enquiries (Section 42) and Safeguarding Adults Reviews (Section 44). The Board is required to report on progress on its strategic priorities, and particularly, on the work it has carried out reviewing deaths and serious harm, of people with care and support needs, as a result abuse and neglect, and where agencies may have worked better together to prevent harm or death.

Background papers: Protocol to set out governance arrangements between the Health and Wellbeing Boards and the Safeguarding Adults Board 14 January 2015

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Safeguarding Adults Executive Board
Annual Report 2015-16

Courage, Compassion, and Accountability

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Foreword

Mike Howard, Independent Chair of the Safeguarding Adults Executive Board

I am pleased to present the third annual report of the Safeguarding Adults Executive Board (SAEB) for Westminster, Kensington and Chelsea, and Hammersmith and Fulham. It is in a similar style and format to last year's report which was well-received. Much work goes into its compilation and it is gratifying to receive such positive comments.

The report describes how the Board's agencies, both jointly and independently, work to ensure the safety of those adults within the Boroughs who are deemed to be most at risk of harm through the actions of other people. In last year's report, I outlined the impact of the Care Act 2014 which gave a wider ranging definition of vulnerability. I also mentioned the establishment of a Safeguarding Adults Case Review Group. This group has developed over the past year and now has good representation from most Board agencies and is chaired by the Police Commander from Kensington and Chelsea.

The report focuses on the Group's work; they examine cases from a number of agencies working with local residents in the greatest need of protection but who, in some cases, have been let down by the 'system'. We do not seek to allocate blame, but rather look for opportunities for learning and to change practice. Some examples are summarised within the report.

The highest profile case involved a death in a care home, and led in September 2015 to the commissioning of a Safeguarding Adult Review from an independent reviewer from the Social Care Institute of Excellence. Mindful that such reviews can take many months, I set a deadline and the draft report was presented to the Board three months later. Work has taken place since January to act upon the findings of the Review. The report will be published in the autumn 2016 and a summary of strategic gains made will feature in next year's annual report.

After voicing criticism last year about the lack of funding, the Board now has received money from the Metropolitan Police; the London Fire Brigade; and the Clinical Commissioning Groups, with 'payment in kind' from the Central and North West London Mental Health Trust through use of meeting rooms.

The Board has done much over the past year to reach out to people living in the three boroughs. The Community Engagement work-stream is co-chaired by representatives from registered charities and they convened a consultation

workshop on 25th November 2015. The Care Act requires us to consult with the community and at the consultation event many of the eighty participants stressed the need for simple language. From this we developed the 'house' strategy which expresses in simple language what people said they wanted the Board to focus on for the next three years. We held a similar event this September to explain how we have acted upon the views expressed last year.

In the past, the Board has concentrated on the physical injury and neglect of local people. A major initiative for 2016 is to examine the mental and emotional harm caused by financial abuse or 'scams'. The Board now has a representative from Trading Standards, and examples of their work are mentioned in this report.

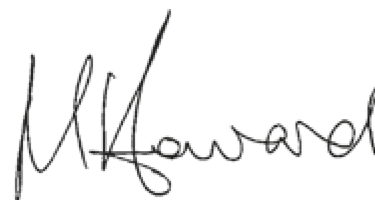
We also want to develop closer links with the network of Community Champions sponsored by Public Health. The Champions have an important role in creating local awareness about safeguarding matters, and we in turn can learn from them what really matters to people living in the three boroughs.

The case studies cite the difference that a safeguarding intervention makes to the life of an individual. Whilst the emphasis is rightly upon quality, there are some statistics about the safeguarding journey. The purpose is to show the number of concerns, and enquiries that result in some form of action and outcome for the person. It is important to show context so the data shows the size of the eligible adult population living in the three boroughs, together with those adults who have care and support needs.

Space precludes detailed mention of other projects championed by the Board in the past year; these include the production of a handbook to assist agencies to safely recruit staff for caring jobs; the on-going promotion of the principles and practice of Making Safeguarding Personal; and various training initiatives.

I am pleased that the Board continues to be well-supported and members have highlighted our work to other London Safeguarding Adults Boards as good practice.

I would like to end by thanking everyone for their contributions to the work of the Board. I am impressed by the commitment shown by all members and their common sense of purpose to ensuring the safety and well-being of residents in the three boroughs who are in need of care and support.



Mike Howard, Independent Chair October 2016

What is the Safeguarding Adults Executive Board and is it doing what it is meant to do?

The Care Act 2014 says that the local authority must have a Safeguarding Adults Board from 1st April 2015.

The Safeguarding Adults Executive Board was set up in 2013 and provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster.

The Board is a partnership of organisations working together to promote people's right to live in safety, free from abuse or neglect. Its purpose is to both prevent abuse and neglect, and respond in a way that supports people's choices and promotes their well-being, when they have experienced abuse or neglect.

The Board believes that adult safeguarding takes **COURAGE** to acknowledge abuse or neglect is occurring, and to overcome our natural reluctance to face the consequences for all concerned of shining a light on it.

The Board promotes **COMPASSION** in our dealings with people who have experienced abuse and neglect, and in our dealings with one other, especially when we make mistakes. The Board promotes a culture of learning rather than blame.

At the same time, as members of the Board, we are clear that we are **ACCOUNTABLE** to each other, and to the people we serve in the three boroughs.

The Care Act says key members of the Board must be the local authority; the clinical commissioning groups; and the chief officer of police.

The Director of Integrated Care Adult Social Care and Health; the Deputy Director of Quality, Nursing and Safeguarding, Central Westminster Hammersmith Hillingdon and Ealing (CWHHE) Clinical Commissioning Groups Commissioning Collaborative; and the Borough Commander of the Metropolitan Police in the Royal Borough of Kensington and Chelsea; are the three statutory members of the Safeguarding Adults Executive Board.

The Care Act says these three must appoint a chair person who has the required skills and experience.

Mike Howard has been confirmed as the Independent Chair of the Safeguarding Adults Executive Board for a further two years.

The Care Act says the Board can appoint other members it considers appropriate with the right skills and experience.

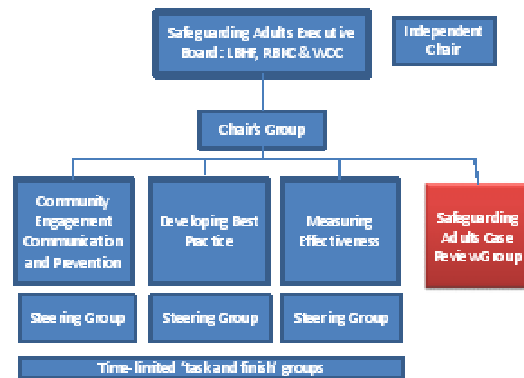
There are representatives on the Board, from the following organisations:

Imperial College Healthcare NHS Trust; Chelsea and Westminster Hospital foundation NHS Trust; The Royal Marsden NHS Foundation Trust; Central London Community Healthcare Trust; Central North West London NHS Foundation Trust; West London Mental Health Trust; London Ambulance Service; Healthwatch, Central West London; London Fire Brigade; London Probation Service; Children's Services; Elected members; Community Safety; Housing; Trading Standards; NHS England; HM Prison, Wormwood Scrubs; Public Health; Royal Brompton and Harefield NHS Foundation Trust.

There is now a senior 'go to' person in each of these organisations with responsibility for adult safeguarding. Their role as members of the Board is to bring their organsation's adult safeguarding issues to the attention of the Board, and to promote the Board's priorities, and disseminate lessons learned in their organisation.

An even wider group of people, including voluntary sector organisations; housing and homelessness agencies; advocacy and carers' groups ; and members of the public; all contribute to the four work-streams of the Board: Community Engagement; Developing Best Practice; Measuring Effectiveness; and Safeguarding Adults Case Review group.

The Safeguarding Adults Executive Board and work-streams



The Trust introduced a new operational model from September 2015 which has resulted in clear roles and responsibilities at a sector level, increasing representation at local authority Safeguarding Board meetings.
London Ambulance Service Safeguarding Annual Report 2015-16

The Board meets four times year and provides leadership and direction for adult safeguarding in the three boroughs. The work-streams meet more regularly. The Board is always mindful that the challenging work of preventing and responding to abuse and neglect is carried out by hard-working staff in all these organisations, every day of the year.

The Care Act says members may make payments for purposes connected with the Board.

The Local Authorities and the Clinical Commissioning Groups mostly fund the Board and its work-streams. This year, the Metropolitan Police Service contributed £5,000 per borough from the London Mayor's Fund; and the London Fire Brigade allocated £1,000 per borough to be shared between the Safeguarding Adults Board and the Local Safeguarding Children's Board. These contributions pay for the Board's administration costs; the independent chair; and externally commissioned Safeguarding Adults Reviews. The Board is planning to use these contributions to recruit a Board Business Manager to further improve its effectiveness and efficiency in 2016-17.

The Care Act says members may provide staff, goods, services, accommodation or other resources for purposes connected with the Board.

All the member organisations free up staff with the right skills and experience to contribute to meetings and to carry out the work of the four work-streams. Attendance is good and members are committed, and work hard to safeguard adults at risk of harm. Member organisations, in particular the Central North West London NHS Trust, have provided venues for Board meetings.

The Act says the Board must publish a report of what it has done during that year to achieve its objectives, including findings of the reviews arranged by it under Section 44 of the Act.

Despite the London Fire Brigade's non-statutory status on local safeguarding adult boards, to demonstrate its commitment to safeguarding the Brigade has made an offer of a £1,000 voluntary contribution to each of the 32 safeguarding adult boards (to be shared with children's safeguarding boards). In order to access this funding each borough is required to sign a Memorandum of Understanding agreeing to improve the lives of vulnerable persons within the borough by making appropriate safeguarding referrals when a concern is raised by the Brigade in carrying out its fire safety function; to agree to consider arranging and holding case conferences on particular cases when a Brigade representative requests following a fatal fire; and agreeing to make referrals of vulnerable persons to the Brigade to carry out Home Fire Safety Visits.
Extract from the London Fire Brigade Safeguarding Adults at Risk Audit Tool 2016-2017

This is the Annual Report of the Safeguarding Adults Executive Board. It is an account of what the Board set out to do in 2015-16 and what it has achieved.

This is the first full year that the Board has carried out its Section 44 duties to undertake Safeguarding Adults Reviews. These reviews are a legal requirement where a person with care and support needs has died, or suffered serious harm, as a result of neglect or abuse, and there is reasonable cause for concern about how agencies worked together to safeguard the person.

Cases that might meet the criteria for a review are considered by the Safeguarding Adults Care Review Group. This group is made up of representatives of organisations represented on the Board. The group recommends to the Chair of the Board the type of review that will provide a proportionate response to the concern, and the opportunity for most learning.

The report includes some of the learning from these Reviews and some of the changes that have been made to systems and practice as a result what has been learned.

In 2015-16 the first ever joint working protocols were agreed between the Violence Against Women and Girls Board; The Local Safeguarding Children's Board; and the Safeguarding Adults Executive Board.
The Violence Against Women and Girls Board has been working to strengthen relationships and improve referral pathways between specialist and statutory organisations.
The success of this is evident through the variety of sources of referral to the Angelou Partnership, and to the Multi-Agency- Risk Assessment Conferences, and joint working with the Metropolitan Central police to address trafficking for sexual exploitation and prostitution.

Extract from the Violence Against Women and Girls Strategic Partnership Annual Report 2015-16

Aspirations for 2015-16

In its 2014-15 Annual Report the Board made the following commitments for the year ahead:

There will be more opportunities for people who have direct experiences of services, and their families and carers, to be involved in safeguarding adults work, and the work of the Board, including:

- consulting on the Board's strategic plan;
- reviewing adult safeguarding information and advice;
- involving families in monitoring the quality of provision in the three boroughs;
- Making Safeguarding Personal in response to all concerns raised about abuse and neglect.

Agencies represented on the Board will continue to work together to ensure local services are safe, respectful, and of a high standard, including:

- Adopting safer recruitment practices;
- Learning from case reviews to inform health and adult social care commissioning, working with the Health and Well-being Boards;
- Building on the Compassionate Leadership Programme;
- Sharing information about local provider performance, including the views of customers and their families, in order to support continuous improvements and prevent market failure;
- Aligning the work of the Board to the Local Children's Safeguarding Board, and the Violence Against Women and Girls Board, to make sure agencies working with children and adults, who are experiencing different kinds of harm, are responsive, well-co-ordinated and the best use is made of resources.

*Board members will continue to work together to develop better information-sharing, to assist with the requirements, from 1st April 2015, to conduct Safeguarding Enquiries conducted under Section 42 of the Care Act 2014, and Safeguarding Adults Reviews, under Section 44 of the Care Act 2014***,** including:

- Exploring the possibility of an adult Multi-Agency-Safeguarding-Hub (MASH).

We also said*:*

"In next year's Annual Report (2015-16), having consulted more widely on the Board's strategic priorities, we will be reporting what YOU SAID: and what WE DID".

The things people told us are most important to them at the consultation event on 24th November 2015 that will shape the Board's priorities for the next three years

ADULT SAFEGUARDING STRATEGY 2016- 2019

I feel empowered to make choices about my own well-being

Creating a Healthy Community

I am aware of what abuse looks like and feel listened to when it is reported

I am kept up-to-date and know what is happening

My choices are important

My recovery is important

You are willing to work with me

Leadership Qualities

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you

Achievements in 2015-16

More opportunities for people who have direct experiences of services, and their families and carers, to be involved in safeguarding adults work, and the work of the Board

Consulting on the Board's strategic plan
On 25th November 2015, the Community Engagement Group held a very successful consultation event attended by eighty delegates, mostly members of housing, advocacy, and voluntary organisations, and local residents.

Delegates were asked what safeguarding meant to them, and what they wanted the Board to work on in the next three years. Everyone's ideas were captured on graffiti boards. From these ideas, we distilled the key themes which are in the **'house'**. These themes are deceptively simple, but challenging for organisations to consistently deliver. We are using these themes from the Consultation to guide the work of the Safeguarding Board and work-streams from now until 2018.

The **'house'** has two strands. The first is those things that people valued most in their dealings with statutory agencies, and which lead to **Creating a Healthy Community**. The second strand is what people said are the **Leadership Qualities** they expected from the Board and the organisations represented on it.

Leadership Qualities

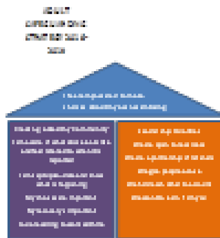
You said: *I want to be listened to and for you to be willing to work with me.*
We said: *We are a partnership of listeners. We want to learn from you and we are open to new ideas.*

What WE DID
In addition to the consultation, we are involving more families and, where a person does not have friends or family, representatives, in monitoring people's experience of local provision in the three boroughs. This includes encouraging care and nursing homes to set up residents and relatives groups, which in some homes are called **'Quality Boards'**.

People are telling us that there is more to do to restore confidence in provision of care at home. A **Homecare Board** has been set up to oversee improvements in the delivery of care at home, and one of the measures of success will be **fewer safeguarding concerns being raised**.

The new **duty of candour** has seen an increase in patient involvement in enquiries into incidents in hospitals and community and mental health trusts that have led to significant harm. This 'duty of candour' has also been adopted in the Board's approach to Safeguarding Adults Reviews, as demonstrated in the 'Learning from Safeguarding Adults Reviews' section of this report.

The growing concerns reported in the media, and through local councillor surgeries, of 'scamming' and financial abuse of older people, has led the Board to put new emphasis on tackling **financial abuse** together. The Trading Standards team are making an invaluable contribution to the work of the Board. Below are two examples of how the Board has initiated joint work that is helping people escape the clutches of people who systematically aim to defraud them.



A Good Outcome

Adult Social Care asked advice from the Trading Standards team about a man of 75 years who had lost all his money (in excess of £200,000) on a fake lottery. He was facing eviction due to large rent arrears. Together, Adult Social Care and Trading Standards submitted a letter of support with his housing benefit application, and are pleased to report his arrears of £6000 have been paid off. They are working closely with his bank to ensure he is not loaned any more money and that his priority bills are paid. Of concern is that after six years of making payments to one lottery, and despite continued best advice, he remains convinced he has won the US lottery.

A Sad Outcome

A repeat victim on the priority referral list who a member of the Trading Standards had been working closely with, and had just signed up to the Mail Marshal scheme died at the end of August. He had been spending on average £50 per month over a five year period (£3000) and had only won £30. His sister said that he had lost far more than that but had not disclosed the real sum.

You said: *'We need to hold each other to account'*

What WE DID

As promised, we published the **Safer Recruitment Guide** which is available to organisations in printed and electronic copy, and to people who may be recruiting personal assistants to provide their care.

Safeguarding Adult Reviews have provided opportunities for change and improvement, and there is also a growing sense of trust and transparency between agencies; and hopefully families, with timely **information sharing** (subject to usual information governance arrangements); and a genuine desire to work together to improve people's experiences of safeguarding and prevent

further deaths and serious harm, caused by abuse or neglect.
To date, it has not been necessary to invoke Section 45 of the Care Act 2014 which gives the Board the authority to formally request information, if an organisation is unwilling to share information in the course of a safeguarding enquiry or review.

The Board continues to explore the value of creating an adult **Multi-Agency Safeguarding Hub** as part of the front door to adult services, including mental health services. A number of possible options are being considered, together with the resource implications of each. This year, the Board signed up to working protocols which have strengthened the working arrangements with the **Local Safeguarding Children's Board** and the **Violence Against Women and Girls Board,** and these boards' relationship with the Health and Well-being Boards.

The joint work with **Violence Against Women and Girls Board** has been particularly important in ensuring that if someone is experiencing domestic abuse, or modern day slavery, they are directed quickly and confidentially to the agency that can best assist them. The success of this joint work is evident through the variety of sources of referral to the commissioned providers specialising in Domestic Abuse; and to the Multi-Agency-Risk Assessment Conferences; and working with the Metropolitan Central police to address trafficking for sexual exploitation and prostitution.

Creating a Healthy Community

You said: *"I want to feel empowered to make choices about my own well-being. My choices are important."*

What We DID
Through staff training we are promoting the Care Act principle that each of us is the expert in our own life, and this applies equally when we are making choices about our health and well-being, and when we have experienced harm or abuse. Staff in our organisations are being trained to always ask people who have experienced abuse or neglect, or where appropriate their representative, *'What is important to you?'* and *'What would you like to happen next?'* This is what is meant by **Making Safeguarding Personal.** We are now recording whether or not each person has achieved what they hoped to achieve, as a result of safeguarding work.

We are developing a directory for use at service front doors that will make sure that people are directed to the most appropriate source of information and advice, to meet their needs.

You said: *"I want to be aware of what abuse looks like and feel listened to when it is reported."*

What WE DID

The safeguarding information leaflets **'Say NO to abuse'** have been up-dated and a new leaflet, '**Keeping safe from abuse and neglect: what happens after you report abuse'** has been published this year. Both of these and other information and advice about safeguarding adults are available on the **People First website**. Printed copies are also available on request.

The Safeguarding '**Train-the-trainers' programme** is being offered to the Community Champion leaders who will then offer the training to the **300 Community Champions** in 2016 -17. We are already learning from Community Champions how to work more effectively and sensitively with people who may be reluctant to disclose that they are being harmed, to statutory agencies.

You said: '*I want to be kept up-to-date and know what is happening after I have told you about abuse or neglect'.*

What WE DID

This has been a challenge for a number of years. Very often a lot of very good work is happening, but we do not routinely tell the person who has experienced, or reported harm, what we are doing. So we have **redesigned our safeguarding system**, and built in to it the requirement that our enquiry officers talk to the person or their representative about what has happened to you. They will ask you what you hope our enquiries will achieve for you. When we have finished our work, we will ask you if you have achieved what you wanted to achieve. We will be checking that this is happening through our **case audits**.

The **Measuring Effectiveness Group** is also running a **pilot** which will test what sort of responses people have had when they have raised a safeguarding concern. The findings from this pilot will be reported to the Board in the Autumn.

"There are clear safeguarding processes which are well understood and owned across operational teams".

"The three boroughs can seize upon the opportunity and willingness of users, carers, staff and stakeholders to create real involvement, building on the good practice that already exists."

Extract from the Peer Challenge for Adult Social Care Shared Services in London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster 12th June 2015

Learning from Safeguarding Adults Reviews in 2015-16

The Safeguarding Adults Reviews that have been undertaken this year have provided insights into how effectively organisations are working together. A successful Review results in learning and improvements to systems and practice. A key lesson learned this year is that working with families, and using enquiries to answer their questions, gives everyone involved a better understanding of the circumstances that led to the serious harm, or death of their relative, and how to act to prevent future deaths or serious harm. It is hoped that this respectful way of working may help families towards recovering from their loss, which is very important to the Board.

In 2015-16 13 cases were accepted by the Safeguarding Adults Case Review Group as meeting the Section 44 Safeguarding Adults Review criteria. A list of the emerging themes from the Reviews is attached as APPENDIX 1.

These are some of the changes that have happened as a direct result of these Reviews:

- The security arrangements in the Accident and Emergency department in an acute Hospital have been tightened to make it more difficult for unaccompanied and vulnerable patients (for example, people with a learning disability, or dementia) to leave unnoticed.
- Delay in discovering the death of a man who had returned to a hostel on leave from hospital has led to a change to the welfare check procedures in the hostel to include daily checks of all unoccupied rooms. The hostel swipe-entry system is now disabled for people when they are admitted to hospital. This is so that when they return home from hospital, they have to check in with staff. Photos of residents are kept in the office to help new and temporary staff identify residents quickly.
- The leave and hospital discharge arrangements for people recovering from mental illness has been reviewed, and work is being done to improve communication and closer working between the Hospital and the hostel accommodation to which people are returning.
- The London Fire Brigade report all fatal fires to the Safeguarding Adults Case Review Group. As a result of a Review, the Brigade are currently working with the London Ambulance Service to pilot the provision of Home Fire Safety Visits to people who are at increased risk of fire from hoarding, as identified by the London Ambulance Service.

- A Homecare Board has been set up to address the local challenges of delivering safe and consistent care at home to residents of the three boroughs. The findings from three Reviews have confirmed that reducing risk and raising customer satisfaction with care at home is a priority area of work for agencies represented on the Board in 2016-17.

These are three examples of how the reviews have been conducted. They are used to illustrate the impact a death or serious incident have on agencies, and how they work together, and on families who have lost a loved one.

Ms. Adam's* was the first death reviewed by the Safeguarding Adults Case Review Group

*(*not her real name)*

Ms. Adam attempted to drown herself in the Thames, but was prevented from doing so by the police and detained in a local (mental health) Hospital. Within 24 hours, she absconded from the Hospital, and on her second attempt, did drown herself in the Thames.

As part of the Safeguarding Adults Review, the police and the Trust met to share what they had learned from this sad death, and agreed what each agency would do to prevent other, similar deaths occurring.

At the recent inquest into Ms. Adam's death, the jury found that Ms. Adam had been able to abscond due to inadequate security systems and processes at the Hospital, at the time.

However, the Coroner decided not to make a Prevention of Future Death report[1] because of the significant work that had been undertaken by the Trust to improve the security arrangements in the Hospital following Ms. Adam's death. The evidence provided by Trust's Chief Executive led the Coroner to reflect on how very difficult it is to get the balance right between creating the right environment (a hospital is not a prison) and the need for proper security.

The Coroner expressed praise for the joint work between the police and the Trust, which has led to the following measurable improvements:

In 2013 the police dealt with 104 mental health patients missing from the Hospital. When the joint work began, in 2014-15 this reduced to 62 missing persons, and by March 2016 was down to 40 patients. This reduction in demand has not only saved lives and made people safer, but has also saved an estimated £220,000 in police time, which can be spent on other aspects of policing.

Whilst escapes from the wards have effectively stopped, escapes during escorted leave have risen. The police, the Trust and hostels, are now working together to reduce the number of patients who put themselves at risk by

[1] Paragraph 7 of Schedule 5, Coroners and Justice Act 2009, provides coroners with the duty to make reports to a person, organisation, local authority or government department or agency where the coroner believes that action should be taken to prevent future deaths.

not returning to the Hospital when they should.
This case illustrates what can be achieved when agencies learn the lessons from a very sad and serious incident, and together use what they have learned to make changes to their systems and practices, to save both lives, and use scarce resources as effectively as possible.

The £220,000 has been calculated using the following assumptions:
If the police have a high risk missing person for 24 hours they deploy the following:

4 officers from the Missing Person's Unit (40 hours)
4 officers from Community Safety Unit (early / late and night duty) (120 hours)
1 Police Search Adviser team (12 officers x 6 hours) (72 hours)
4 officers from Emergency Response and Patrol Team (early / late and night duty) (120 hours)
1 officer from Casualty Information Unit (early / late and night duty) (24 hours)
1 member of Senior Leadership Team (2 hours per shift) (6 hours)
2 officers from Safer Neighbourhood Team (24 hours)

This equates to approximately £10,000 which is a conservative amount, and covers only the first 24 hours of officers' time.

Ms. Brewer's* was the first death to be reviewed by an external reviewer, using the Social Care Institute of Excellence (SCIE) Learning Together approach.
*(*not her real name)*
Ms. Brewer was living in residential care home, and was pushed over by a fellow resident. She was admitted into hospital with a broken hip. She also suffered a bleed on the brain as a result of her fall, and subsequently died in hospital.
Although the Review was prompted by the death of Ms. Brewer, the focus of the review was on how the man who caused her harm who, for the purposes of the review was called 'Andrew', came to be in a situation where he was able to inflict serious harm on a fellow resident.
Andrew's story is that the care he received from his partner made it possible for him to live at home, despite his severe dementia. After his partner died, Andrew spent some time in the acute mental health wards of two different hospitals, before being placed in a care home, registered to provide dementia care. Several professionals including social workers, nurses, and consultant psychiatrists, played a part in the decision-making about where Andrew's care and support needs would best be met.
Andrew stayed at the care home for two and a half months. He was removed after

the incident that resulted in Ms. Brewer's death.

The question the Review sought to answer was: *"What can we learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs?"*

As a result of the Review, the recently constituted Joint Health and Social Care Dementia Programme Board is looking at the range and variety of provision for people with dementia, and how this might be commissioned and delivered in a more imaginative way. This includes looking at the experiences of other people with similar needs to 'Andrew' and seeing how well they are being served, and how they might be better served.

Work is being done to increase staff understanding of how placements are made and how in future, health and adult social care processes can become more seamless.

The Board is also exploring how information might be shared more effectively through single 'front doors' and arrangements such as a Multi-Agency-Safeguarding-Hub (MASH) for adults, such as the one that is in place for safeguarding children across the three boroughs.

The review of Ms. Connor's* death confirmed how important it is for communication between teams to be crystal clear, and that families need to have answers to their questions when they have lost a family member

*(*not her real name)*

Ms. Connor was discharged home from hospital and because of a mis-communication between two teams, the homecare package she had been assessed as needing was not put in place. When she died, Ms. Connor was not wearing the call alarm pendant with which she might have been able to summon help.

Although Ms. Connor's family were very much involved in her care, they were not informed of her discharge from hospital. Key learning for all staff involved in the Review is always 'think family'.

An extract from a letter to Ms. Connor's son and daughter.

Thank you for taking the time to meet with us to review the circumstances of your mother's death. Like you, we needed to understand what went wrong. We hope that our meetings have given you an explanation of what happened, and that you know how very sorry we are that we did not provide your mother with the care she needed, that may, or may not have extended her life.

For us, the meetings with you helped us to focus on what is important, and what we need to do to prevent something similar from happening to someone else's mother, father, or family member.

All the agencies involved with providing health and social care to your mother realised as soon as we learned of her death, that this was a serious matter that

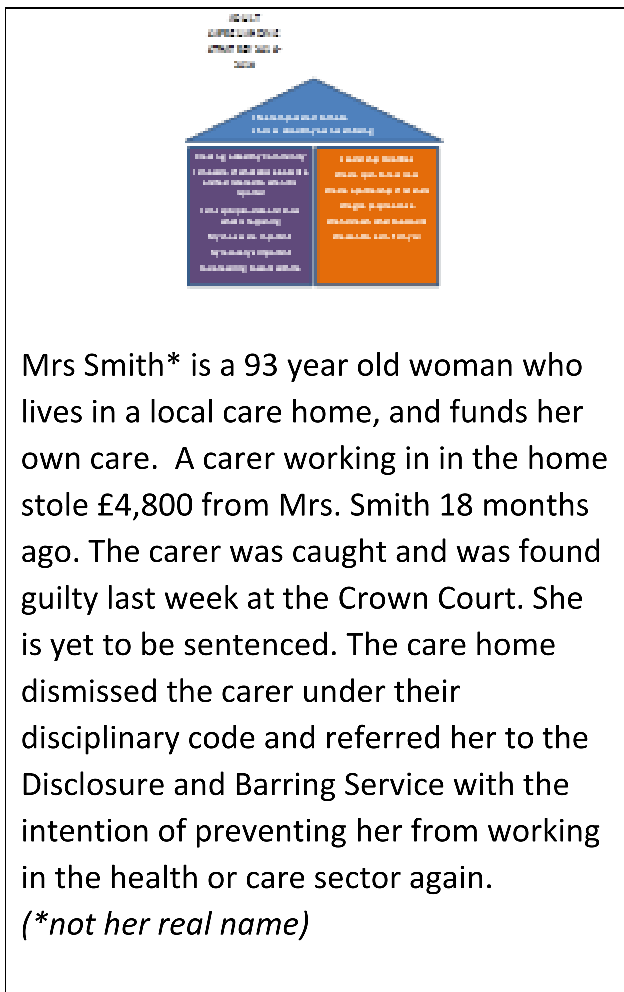
needed to be fully investigated. I asked the Head of Service to meet you as soon as possible so that we could understand the questions you needed answering. Each agency carried out their own internal enquiries, and we used this information to put together the timeline that we shared with you at our first meeting. I hope that sharing the timeline answered some of your questions, and that the second meeting you requested, provided you with a fuller account of what happened on the day your mother died, and the omissions which led to her not receiving the care she was assessed as needing.
In terms of actions, we are reminding all staff to ensure that pendent alarms are continually checked and placed around people necks.
A meeting with the hospital transport team has been called to ensure that all crews are aware of the importance of this and to ensure that when they take people home, the crews locate the pendent alarms and ensure they are within reach.
We are ensuring that all new referrals to the Service are accompanied by a letter confirming any conversations between the teams. This has been reinforced with all staff in the team, not just the person who omitted to confirm the bookings.
We have appreciated the way you have worked with us through this very difficult time for you and your family. We were especially touched by your generosity in the meeting when you said that whilst you felt that the staff involved had been negligent, you understood that they had not meant to harm your mother, and that you did not want them to be burdened by the guilt of what they neglected to do. We have passed your message to the staff involved.
Thank you for giving us permission to reflect with staff on the circumstances of your mother's death, so that we can all learn the lessons, and make changes to way we do things that will reduce the chances of something similar happening again.
Thank you also for giving us a copy of the lovely photo of your mother when she was younger. We will share this with staff in the 'learning together' session. It will remind us all that each person we work with has a story and, for those of us lucky enough to have family, how important our families are to us.
Please let me know if you have any questions that remain unanswered, or we have left anything out that is important to you.

In addition to the learning that Safeguarding Adult Reviews have provided this year, and opportunities for change and improvement, there is also a growing sense of trust and transparency between agencies; improved information sharing; and a genuine desire to work together to improve people's experiences of safeguarding and prevent deaths and serious harm, caused by abuse or neglect.

How we know we are making a difference?

Here are four examples of how the work of the Safeguarding Adults Executive Board is making a difference to people who are residents of the three boroughs.

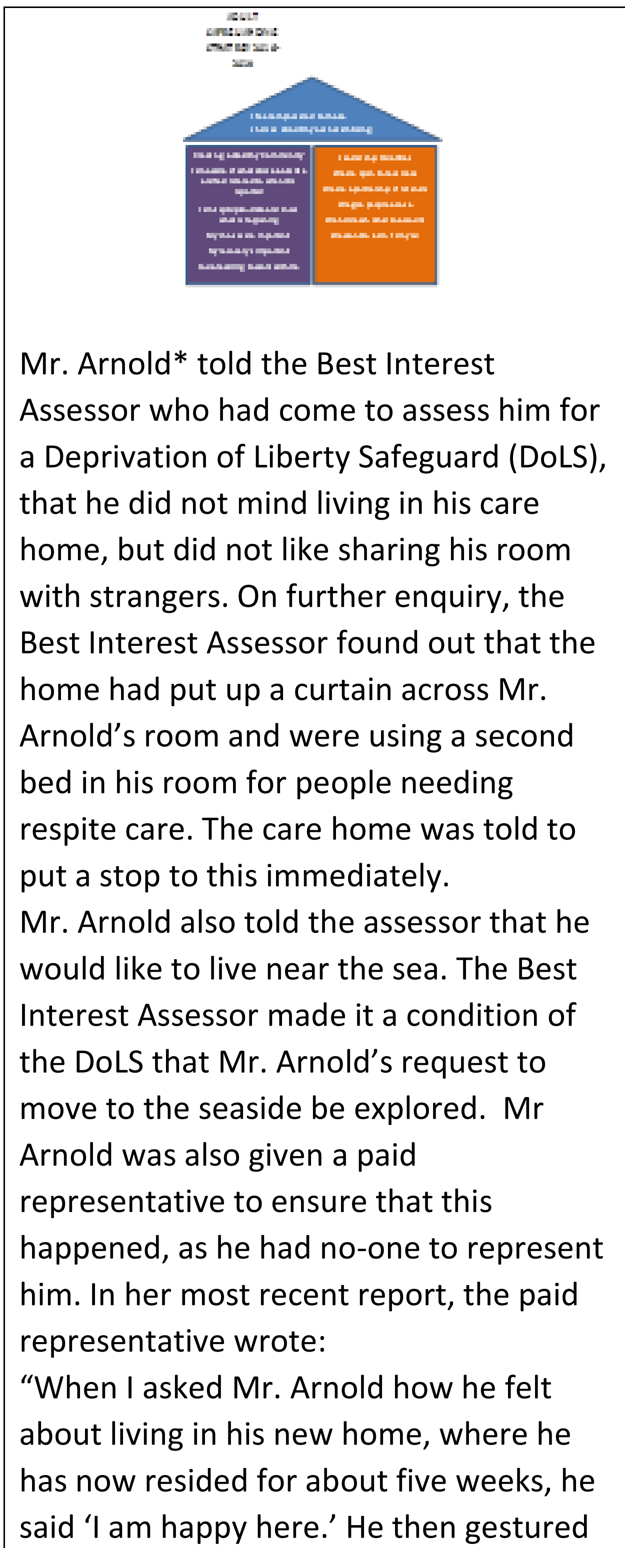
How safeguarding has provided justice to a woman who had a crime committed against her, and is working to take unsuitable people out of the health and care work-force so that they can no longer take advantage of people for whom they are meant to be caring.



Mrs Smith* is a 93 year old woman who lives in a local care home, and funds her own care. A carer working in in the home stole £4,800 from Mrs. Smith 18 months ago. The carer was caught and was found guilty last week at the Crown Court. She is yet to be sentenced. The care home dismissed the carer under their disciplinary code and referred her to the Disclosure and Barring Service with the intention of preventing her from working in the health or care sector again.

*(*not her real name)*

How the Deprivation of Liberty Safeguards, which often get a negative press, is making a real difference to a person's well-being and quality of life.



Mr. Arnold* told the Best Interest Assessor who had come to assess him for a Deprivation of Liberty Safeguard (DoLS), that he did not mind living in his care home, but did not like sharing his room with strangers. On further enquiry, the Best Interest Assessor found out that the home had put up a curtain across Mr. Arnold's room and were using a second bed in his room for people needing respite care. The care home was told to put a stop to this immediately.

Mr. Arnold also told the assessor that he would like to live near the sea. The Best Interest Assessor made it a condition of the DoLS that Mr. Arnold's request to move to the seaside be explored. Mr Arnold was also given a paid representative to ensure that this happened, as he had no-one to represent him. In her most recent report, the paid representative wrote:

"When I asked Mr. Arnold how he felt about living in his new home, where he has now resided for about five weeks, he said 'I am happy here.' He then gestured

out of his bedroom window and said, 'I like the scenery and I go down the beach.' I said that staff had told me that he goes to the seafront twice a week, and I asked if he felt that twice was enough? Mr. Arnold and replied, 'That's enough for me.' Mr. Arnold is also planning to visit is brother along the coast in Devon where he lived as a child"
*(*not his real name)*

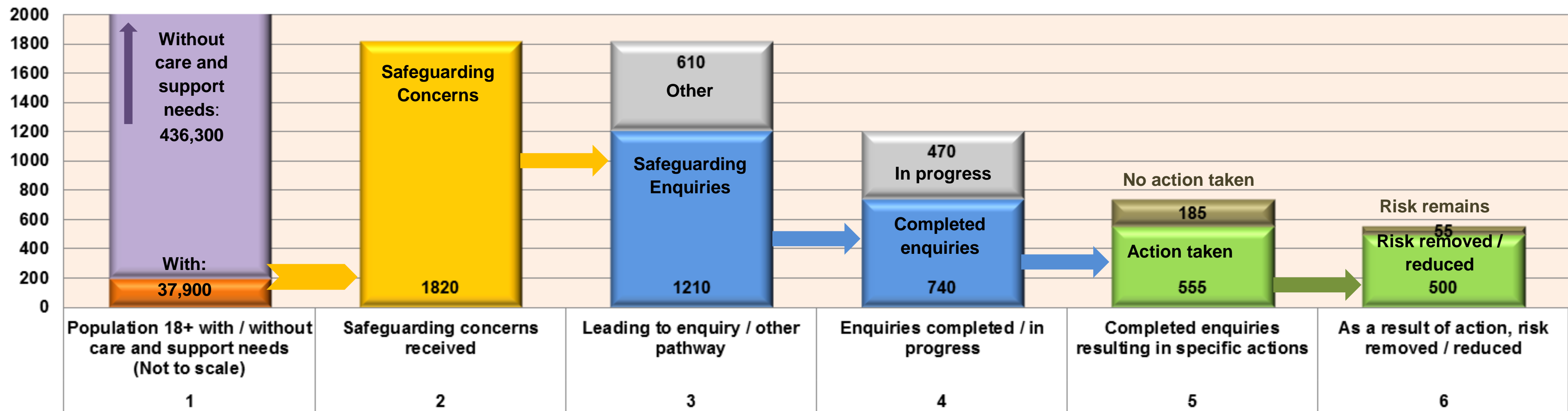
How agencies working together in the three boroughs are protecting people from scams, fraud and other forms of financial abuse that can cause emotional distress, increase social isolation, and can sometimes lead to illness and death.

The social work team were worried about various financial transactions Mr. Price* was involved in, and had a conversation with colleagues in Trading Standards to see if there was any substance to their concerns. Mr. Price has been sending money to a woman living in a West African country, with whom he believes he has been having a relationship for the past 7 years. The amount of money he has sent is in the region of £15,000. Mr. Price manages his own finances, but is beginning to struggle to pay his bills. Trading Standards contacted the organisation through which the money was being transferred. Their enquiries uncovered that another 10 men were transferring money to the same woman, on the same basis as Mr. Price. These transfers have been intercepted, and the money transfer organisation is now investigating the potential fraud with the police. Mr. Price and other victims have not been informed as there are concerns that they might inadvertently tip off the recipient, which could seriously jeopardise any investigations. This decision has been made to protect public interest. The social work team are working with Mr. Price to link him in to some local organisations that will help to address his feelings of loneliness and social isolation, which scammers often exploit.
*(*not his real name)*

"A safeguarding meeting is a very stressful time for a family, and for a GP, however the meeting being so well chaired, so well informed, and so well prepared for, has, I believe, helped the carers and the family, and I, to improve the care we offer Mr. Jones, and made this event have a number of productive outcomes in terms of risk prevention."*
(*not his real name)

Extract from a letter from a local General Practitioner March 2016.

What are the numbers telling us?



Raising of safeguarding concerns

- In mid-2015 the three boroughs (LBHF, RBKC and WCC) had a combined adult population of about 474,200.
- Using the percentage of adults aged 18+ who say in national surveys that they are unable to manage at least one self-care activity, such as washing or dressing, on their own (about 8%) as a proxy measure, we estimate that across the three boroughs about 38,000 adults have care and support needs. This is five times the number of adults who receive on-going support from social services
- In 2015-16 the three boroughs received a total of 1,820 concerns about cases of potential or actual harm or abuse. This is equivalent to about four concerns for every 1,000 adults in the general population, or 48 for every 1,000 adults with care and support needs, or 240 for every 1,000 adults receiving on-going social care (7,565)
- The majority of concerns were raised by health and care

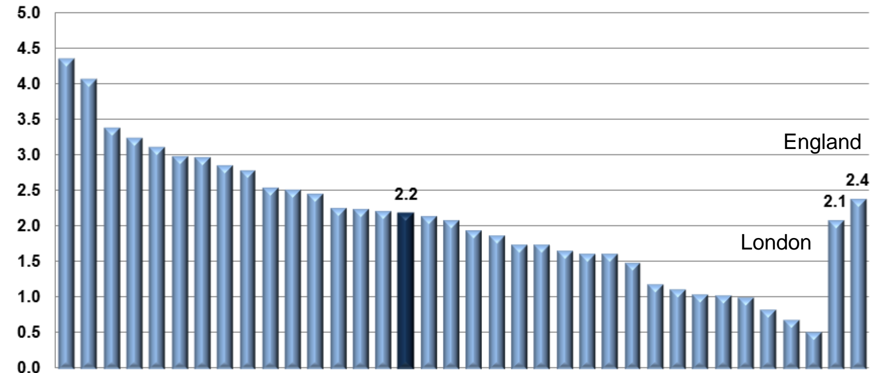
Resulting safeguarding enquiry process

- About two-thirds (1,210) of the concerns received were assessed as requiring follow-up under safeguarding procedures.
- This is because the people involved were assessed as:
  (a) experiencing, or being at risk of, harm or abuse; and
  (b) having care and support needs which prevented them from protecting themselves.
- These concerns became the subject of a safeguarding enquiry to establish *what the person wanted to happen in relation to the risk* and what needed to be done to achieve this
- Those concerns (610) not followed up as safeguarding enquiries were followed up in other ways, for example by referral to trading standards offices, domestic abuse support agencies, the police or the customer services team.

Outcome of enquiry process

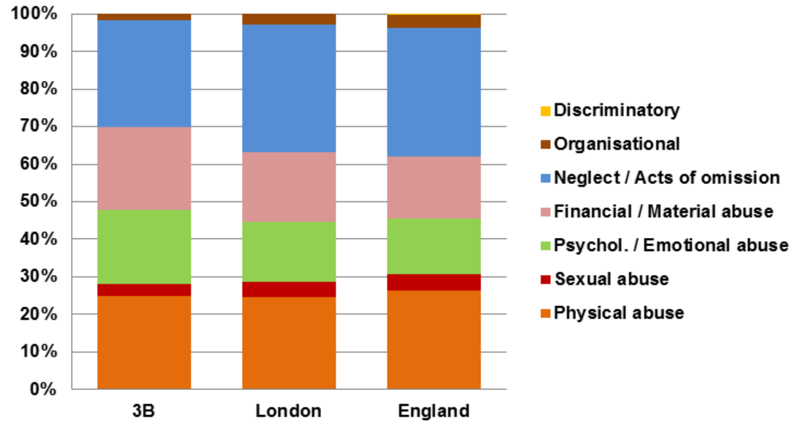
- Safeguarding enquiries can take varying lengths of time to complete, depending on the issues and organisations involved. At 31 March 2016 nearly two-thirds (740) of the enquiries that had been started since 1 April 2015 had been completed. The remainder were still in progress.
- Of the safeguarding enquiries which were completed in 2015-16, the majority (555, or about 70%) resulted in specific actions being taken in relation to the risk, such as disciplinary action or removing staff from the situation
- The remaining cases (185) had not resulted in specific actions for a number of reasons, for example because the inquiry had found the risk to be unfounded, or because the adult did not wish any action to be taken
- Where specific actions had been taken, in the great majority of cases (500, or 90%) the risk of harm or abuse was judged by the social worker to have been removed or reduced

A comparison with London and England 2015-16

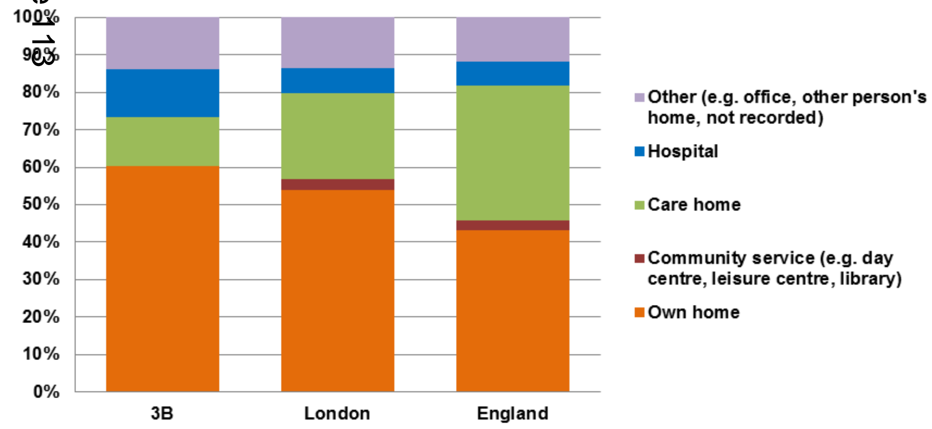


*3B=1,025 individuals; London=13,805; England=103,800.

The number of safeguarding enquiries started per head of population varied considerably across London with 3B in the mid-range close to the London average.

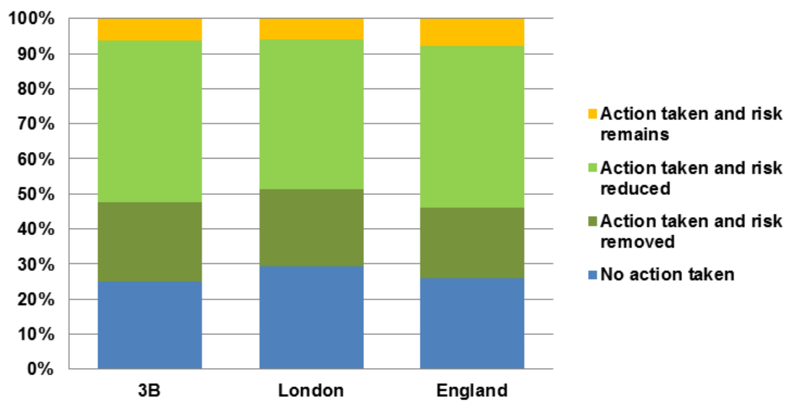


The frequency with which different types of abuse were reported was similar across the country but in 3B proportionately fewer enquiries involved instances of neglect. These cases nearly always involved care providers.



*Based on the number of enquiries completed in 2015-16, regardless of when they started.
3B=935; London=13,045; England=108,910

Compared with London as a whole and especially England, a higher percentage of enquires in 3B related to abuse in people's own homes. About half of these involved care professionals and about half relatives, neighbours or strangers.



In some cases safeguarding inquiries are unable to confirm the occurrence of abuse or identify a source of risk and do not require specific actions. But where they did do in nine out of ten cases the risk of abuse was reduced or removed. Where the risk remained this was with the agreement of the adult at risk.

What the Board will be working on in 2016-17?

The Board will continue to be guided by what people are telling us is important to them, as contained in the 'house'. We continue to work in the coming year on the three key areas of:

- Providing opportunities for people to be involved in safeguarding adults work, and the work of the Board;
- Working together to ensure local services are safe, respectful, and of a high standard;
- Developing better information-sharing.

To achieve these ambitions, the pieces of work we will be completing are:

- We will follow up on the consultation event and check with delegates and members of the public that the Board is doing what we said we would do.
- We will complete the review of our safeguarding systems and training to ensure that staff always ask *'What is important to you?' and 'What would you like to happen next?'* when you have reported a concern. We will also build the prompt to ensure you or the person who has reported the concern, is kept up to date with what is happening.
- We will be rolling out the Community Champions Training-the-training programme and evaluating how it is contributing to the health of the Community.
- We will continue to promote awareness of scams, fraud and financial abuse and tackle fraudsters by working together.

Learning from what the numbers are telling us we:

- We will be ensuring more timely ending of Safeguarding enquiries;
- We will be exploring in more detail what is happening in people's homes where the person causing harm is a relative, neighbour or stranger, and thinking about new ways of working that can help.

Learning from Safeguarding Adults Reviews:

- We will be publishing the Reviews and tracking progress on the changes made as a result of the findings and disseminating the learning;
- We will be tracking the progress made by Joint Health and Social Care Dementia Programme Board in developing the range and variety of provision for people with dementia;
- We will be working together to improve the life chances of people living in hostels, with mental health problems, and those who use substances;
- We will be raising awareness of fire risks, and working together to reduce the incidence of fatal fires;
- We will be working on increasing people's confidence in the provision of care at in their own home.

We will continue to involve people and their families in planning safeguarding enquiries and reviews, to better understand what has happened and learn what might prevent something happening again.

Glossary of terms

Safeguarding means protecting and adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and reduce the risk of abuse and neglect. When people have experienced abuse or neglect, safeguarding is about taking actions that are informed by the person's views, wishes, feelings and beliefs.

Making Safeguarding Personal starts with the principle that you are expert in your own life. Whilst many people do want to be safer, other things may be as, or more, important to you; for example, your relationship with your family, or your decisions about how you manage your money. So, our staff are being encouraged to always ask you *'What is important to you?'* and *'What would you like to happen next?'*

An Outcome is what you hope to get out of the conversations we have, and the work we do with you. Measuring outcomes helps the Board to answer the question "*what difference did we make?"* rather than *"what did we do?"*

Deprivation of Liberty Safeguards (DOLS)
When a person in a care, or nursing home, or hospital, is subject to continuous supervision and control from staff, and is not free to leave, under the Supreme Court judgement known as 'Cheshire West', they are deprived of their liberty. Once identified, a deprivation of liberty must be authorised either by the Court of Protection order; or under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005; or under the Mental Health Act 1983. If it is not authorised, under the law, it is an illegal detention.

Multi-Agency-Safeguarding-Hub (MASH)
The purpose of a Multi-Agency Safeguarding Hub (MASH) is to gather information from various professionals in order to make a brief assessment of a child and/or a family, or an adult, who is at risk of harm, to ensure their immediate safety and meet their welfare, or care and support needs. The MASH aims to improve the quality of information sharing between professionals in order to make timely and informed decisions based on accurate and up-to-date information. This assists to ensure that the child, their family or the adult at risk of harm, is provided with the most appropriate offer of supports and services, as soon as possible.

Duty of Candour is a legal duty on hospitals and community and mental health trusts, to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The duty of candour aims to help patients receive accurate, truthful information from health providers.

APPENDIX 1 Cases Accepted for Safeguarding Adults Review in 2015-16 and emerging themes

	Date case to SACRG	**Emerging themes from Safeguarding Adults Reviews**
1.	06/03/2015	The mismatch between the needs of older people with dementia and the range of appropriate provision to meet those needs ('requisite variety'); information-sharing between agencies. **(Case included because subject to a Review using Social Care Institute for Excellence Learning Together, September to December 2015 and shortly to be published)**
2.	29/05/2015	The challenges of providing suitable housing for a mix of adults with a range of needs, including drugs and alcohol use; mental health problems; physical frailty; age related conditions; and of keeping this mix of people as safe and secure as possible, particularly in hostel accommodation.
3.	10/07/2015	Staff confidence with application of the Mental Capacity Act in complex and life-threatening decision-making and support for staff when a capacitated decision is unwise, and as a result a person dies or suffers serious harm.
4.	10/07/2015	The challenge of how to effectively hold a private General Practitioner to account with regards to their clinical decision-making; and their application of the Mental Capacity Act; and end of life care.
5.	01/10/2015	The challenges of good information sharing, when electronic systems do not talk to each other; the need for secure handover of cases between agencies and teams within agencies; and to prevent the serious consequences of 'dropping the baton'.
6.	02/10/2015	The challenge of working with people with capacity who are reluctant to accept care from statutory services which results in their physical health care needs not being met.
7.	13/11/2015	The review of leave and hospital discharge arrangements for people recovering from mental illness, and the need for improved communication and closer working between hospital and the hostel accommodation people are discharged home to.
8.	13/11/2015	The value of working with relatives and families to prevent harm, and involving them as soon as possible when harm or death has occurred so their questions can help to inform the enquiries and reviews, and provide them with some answers.
9.	05/02/2016	The review of leave and hospital discharge arrangements for people recovering from mental illness, and the need for better communication and closer working between hospital and the hostel accommodation people are discharged home to.
10.	05/02/2016	The challenges of good information sharing, when electronic systems do not talk to each other; the need for secure handover of cases between agencies, and teams within agencies; and the serious consequences of 'dropping the baton'.
11.	05/02/2016	Quality of home care provision and risks associated with transfer of contracts to new providers
12.	18/03/2016	Quality of home care provision and risks associated with transfer of contracts to new providers
13.	18/03/2016	Adequacy of transport arrangements for an older patient between a mental health facility and an acute hospital

London Borough of Hammersmith & Fulham **HEALTH AND WELLBEING BOARD** **14 November 2016**	h&f hammersmith & fulham
DRAFT ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD	
Report of the Independent Chair of the Local Safeguarding Children Board	
Open Report	
For Information **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Clare Chamberlain, Executive Director of Children's Services	
Report Author: Steve Bywater, Service Manager, Strategy Partnerships and Organisational Development	**Contact Details:** E-mail: steve.bywater@rbkc.gov.uk

1. EXECUTIVE SUMMARY

1.1 A draft version of the Annual Report for the Local Safeguarding Children Board (LSCB) 2015/16 has been provided for consideration by the Health and Wellbeing Board. The publication of such a report is a requirement of the LSCB following statutory guidance.

1.2 The report includes key details about the demographics of local children, safeguarding responsibilities and activities of agencies which are represented on the LSCB, an overview of the LSCB priorities, activities and details of its budget; a review of the outcomes of Serious Case Reviews and learning that has resulted from these.

2. RECOMMENDATIONS

2.1 It is recommended that the Health and Wellbeing Board considers the degree to which the report provides them with sufficient information to understand and assess the effectiveness of multi-agency safeguarding arrangements in Hammersmith & Fulham.

2.2 It is also suggested that the Health and Wellbeing Board identifies additional information that it would find helpful to include in this or future Annual Reports.

2.3 The Health and Wellbeing Board may also wish to identify any priorities it shares with the LSCB and request a coordinated review of these as part of its forward plan.

3. INTRODUCTION AND BACKGROUND

3.1 The independent chair of the LSCB is required (through Working Together to Safeguard Children 2015) to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

3.2 The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

3.3 The annual report for the LSCB for Hammersmith & Fulham, Kensington and Chelsea and Westminster is currently being finalised and so what is currently a draft version has been provided to be considered by the Health and Wellbeing Board. It was also circulated to LSCB members prior to its most recent meeting on 11 October 2016. The Health and Wellbeing Board will be advised at its meeting on14 November of any significant changes that have since been made to the draft presented.

4. CONTENTS OF THE REPORT

4.1. The report includes details of:

- The local background and demographics of the borough and the other two local authorities covered by the LSCB.
- Statements of the activity of key partner agencies in relation to safeguarding children and self- assessments of their effectiveness.
- Details of core activities of the Board (including “Section 11” audits of arrangements agencies make to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children; multi-agency audits; the Child Death Overview Panel and others).

- Governance and accountability arrangements and a report on activity and progress made by the various sub-groups which report to the LSCB. This includes a summary of Hammersmith & Fulham's "Partnership Group" activity and developments this has resulted in, particularly in the areas of child sexual exploitation, domestic abuse, substance misuse and adult mental health. It describes the engagement of increasing numbers of voluntary and community agencies and the school sector leading to a strengthened understanding, knowledge and response to safeguarding issues. There have been specific improvements in practice resulting from concerns raised, for example in response to concerns expressed by sexual health clinics. The Partnership Group has also developed links between the LSCB and front line services including ongoing reviews of the degree to which key messages are being disseminated.
- An overview of serious case reviews initiated in the course of the year, two of which were regarding children with connections to Hammersmith & Fulham, and a summary of serious case review reports which were concluded.
- A review of the priorities of the LSCB and progress made and the priorities identified for 2016/17.
- Details of the LSCB budget (income and expenditure)

5. CONTEXTUAL INFORMATION

5.1 The Health and Wellbeing Board may wish to note two key developments which have influenced the current and future developments of local LSCB arrangements. Firstly the LSCB was reviewed by Ofsted as part of the inspection of services for children in need of help and protection and care leavers which took place in January and February 2016. The inspectors found the LSCB to be "good". Approximately a third of the 109 LSCBs to have been reviewed to date have received this judgement with only one recently found to be "outstanding". In the review of our LSCB, Ofsted recognised the "significant benefits for young people and for all partner agencies" resulting from the shared arrangement with the "right balance between shared and local functions" which "ensures that children are effectively safeguarded."

5.2 In May 2016, the government published a national review of LSCBs led by Alan Wood, a former Director of Children's Services. This made a number of recommendations regarding future arrangements to coordinate safeguarding activity at the local level. Many of these were accepted by the government and these are expected to be enacted through the Children and Social Work Bill currently progressing through Parliament. The government has announced its intention to introduce a more flexible statutory framework that supports local partners to work together more effectively to protect and safeguard children. The framework is expected to set out clear requirements for the key local partners, while allowing them freedom to determine how they organise themselves. The key local partners will be the local authority, the police and health (Clinical Commissioning Groups).

5.3 There is some appetite among partner agencies to review and, where possible, improve local arrangements. There is a variety of views about how to proceed,

often informed by the size of agencies who participate in our LSCB. Some board members need to represent their agency in LSCB arrangements across numerous other local authority areas as well as the shared LSCB while some other smaller agencies see the LSCB and its sub-group structure as a key way to participate in and stay informed about local safeguarding developments. There is also some overlap in the membership of the LSCB and Health and Wellbeing Board with some areas of common interest across the two Boards. There is a desire to review the overall purpose of the LSCB across the three boroughs and the way that we involve and have an impact upon frontline staff, children, families and the wider community. The LSCB is considering messages from the review and has started to assess opportunities for developing local arrangements to meet the needs of all partner agencies. Options will be considered and developed alongside developments at the national level.

6. FUTURE PRIORITIES OF THE LSCB

6.1 Informed by progress made in 2015/16 and the wider views of partners, the Annual Report summarises the LSCB priorities for the current year. These include:

- **To build on partnerships to improve safeguarding practice with a particular focus on increasing the capacity of vulnerable parents to safeguard their children effectively**
  This seeks to continue to focus the Board's attention on the key reasons why children need protection from significant harm, i.e. as a result of parental mental health difficulties, parental substance abuse and domestic abuse. There is an aim to improve engagement with other partnerships which have a role in coordinating and addressing such issues as they affect adults.

- **Improving communication and engagement**
  There is an ongoing need to continue to find ways to effectively involve frontline staff from all agencies, children and families and the wider community in the activity of the Board.

- **Demonstrating our impact and knowing where more effective practice is required**
  This seeks to make better use of data to target activity and increase the coordination of learning and action plans resulting from serious case reviews. There are also important areas of practice such as the Focus on Practice programme, the tackling of Neglect and development of early help which the Board need to maintain its overview of.

- **Improving the effectiveness of the Board**
  As well as ongoing forward planning and work to analyse the effectiveness of multi-agency training, this priority will also be informed by local

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None.		

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Appendix 1 – Local Safeguarding Children Board Draft Annual Report 2015/16

DRAFT ANNUAL REPORT

2015 / 2016

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FOREWORD BY LSCB INDEPENDENT CHAIR

I have been the Independent Chair of the Local Safeguarding Children Board for the three boroughs of Hammersmith & Fulham, Kensington and Chelsea and Westminster since it was established in April 2012. This is my fourth report, covering the year April 2015 to March 2016.

The LSCB is a statutory body and is a partnership comprising statutory partners who are charged with compliance with 'Working Together' (the statutory guidance underpinning LSCBs) and other partners, including lay members. We meet as a Board four times a year; but, the LSCB comprises a number of subgroups and a range of activities. The Board is responsible for the strategic oversight of child safeguarding arrangements by all agencies. It is not accountable for delivering child protection services - but it does need to know how well things are working.

This year the annual report presents information about what we know about children in our area, key partner agencies' activities in relation to safeguarding, the activities of the Board, the governance and accountability arrangements, an overview of serious case reviews and a review of the priorities for the coming year as well as some additional information on budget. The report refers to the 2016 Ofsted review of the LSCB (a judgment of Good') and the impact of resources - a reality for all agencies. The priorities for 2016/17 are included in the report.

An early start is being made to consider future options for making the local arrangements more effective. This needs to align with the changes that will be introduced nationally by government for multi-agency safeguarding leadership. 2016/17 is my final year chairing the Board and so I am working with others towards the handover, anticipating the national changes.

Once again I want to thank staff for the difference they continue to make to the lives of those with whom they work. Safeguarding is at the forefront of all that they do.

Jean Daintith, Independent Chair

Version 6 20/10/16

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EXECUTIVE SUMMARY

This report, as required of the Independent Chair through "Working Together to Protect Children 2015", provides an overview of the effectiveness of child safeguarding and promoting the welfare of children in the areas of Hammersmith & Fulham, Kensington and Chelsea and Westminster in 2015/16. It includes a self-assessment of the performance and effectiveness of many of the local and regional agencies represented on the LSCB and identifies a number of areas where improvements are required. The report also summarises a number of reports that have been published following reviews of incidents where children have died or been seriously injured and where abuse or neglect is thought to have been involved. The learning that has resulted from such reviews and how these have been communicated to those who work with children is also included.

The Safeguarding Plan for 2015/16 is reviewed with an overview of where progress has been made as well as areas where further work or attention is required. The Report concludes with an Assurance Statement provided by the Independent Chair and outline of the priorities of the LSCB for 206/17.

LOCAL BACKGROUND AND CONTEXT

The Local Safeguarding Children Board covers three inner London local authority areas. A total of 579,420 people live in the area, of which 110,240 or 18% are children aged 0-18[1].

Local Population Profile * *(mid year 2015 population estimates)*	LBHF	RBKC	WCC	Total
All ages resident population	179,410	157,711	242,299	579,420
0 to 4 years	11,601	8,981	13,927	34,509
5 to 10 years	11,990	9,989	14,616	36,595
11 to under 19 years	12,154	10,683	16,299	39,136
Total 0 to under 19 years	35,745	29,653	44,842	110,240

As with many boroughs in London, there are areas with high levels of affluence but also localities where there are significant levels of deprivation. The three boroughs' rates of child poverty after housing costs were (in 2014):

Hammersmith & Fulham 31%
Kensington and Chelsea 28%
Westminster 39%

These figures do not show the variations in levels of poverty within wards. For example, using the Her Majesty's Revenue and Customs (HMRC) measure of child poverty, the ward with the highest rate in London was Church Street in Westminster where 50% of children were classified as being in poverty[2]. 10 wards across the three boroughs have child poverty rates of over 40%.

As with many London boroughs, the three areas covered by the LSCB have highly diverse populations. The 2011 Census identified a BAME (black, Asian and minority ethnic) population of 188,969 people living in the area (58,271 in Hammersmith & Fulham, 46,632 in Kensington and Chelsea and 84,066 in Westminster).

The profile of the most vulnerable children in the LSCB area is summarised below.

Children subject to a child protection plan at 31 March 2016
(and comparative figures since 2011-12)

	2011-12	2012-13	2013-14	2014-15	2015-16
Hammersmith & Fulham	134	142	161	169	133
Kensington and Chelsea	79	74	92	61	85
Westminster	97	96	99	113	100
Total	310	312	352	343	318

[1] ONS Mid-Year Estimates 2014
[2] End Child Poverty 2014

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Following increases in the numbers of children subject to a child protection plan increased in Hammersmith and Fulham and Westminster in 2014-15, over the course of 2015-16, planned reductions in the numbers of children with plans were achieved in both boroughs. In Kensington and Chelsea, numbers increased by 7%. These changes are linked to fewer child protection plans starting in the year in Hammersmith and Fulham and Westminster and a higher number of plans ceasing. Kensington and Chelsea saw a similar number of plans starting in each of the two years, but fewer plans ended in 2015-16. The numbers of children with plans fluctuated considerably from month to month in all three boroughs.

Children in care at 31 March 2016
(and comparative figures since 2011-12)

	2011-12	2012-13	2013-14	2014-15	2015-16
Hammersmith & Fulham	224	236	200	185	198
Kensington and Chelsea	139	98	98	105	105
Westminster	208	188	176	179	166
Total	571	522	474	469	469

The numbers of looked after children have increased in Hammersmith and Fulham, reduced in Westminster and remained constant in Kensington and Chelsea over the course of 2015/16. Over the last three years, the number of unaccompanied asylum seeking children has increased by 73%. This trend has had an impact upon overall numbers of children in care which have otherwise been generally decreasing over time.

THE OFSTED REVIEW OF THE LSCB

In January 2016 Ofsted reviewed the LSCB as part of its inspection of the three inspections of Children's Services. The LSCB was reviewed as one body and reported on in all three reports on children's services, with the only variation in the three reports being in relation to the borough-based local partnership groups of the LSCB. The overall judgement of the LSCB was that it was 'Good'. This placed the LSCB in the top third of Boards reviewed at that time.

Ofsted commented on the strengths of the LSCB:

- Amalgamation under a single LSCB creates significant benefits for young people and for all partner agencies.
- The tri-borough achieves the right balance between shared and local functions, and this ensures that children are safeguarded effectively.
- Robust links are in place between the LSCB and other statutory bodies and this allows the board to make sure that children's safeguarding stays high on everyone's agenda.
- The Chair promotes safeguarding issues across the partnership and community, and provides appropriate challenge. As a result, extensive engagement by partners has been secured across the full range of safeguarding work. Partners are encouraged and enabled by the Chair to raise issues and challenges constructively.
- Through systematic analysis of audits under Section 11 of the Children Act 2004,

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the LSCB has assured itself that safeguarding is a priority for all partner agencies. (but see recommendation 3 below).

- Effective monitoring by the Child Sexual Exploitation/Missing sub-group enables the board to have a robust understanding of missing children and their behaviour across the tri-borough.
- An established case review sub-committee ensures that lessons learnt from reviews are disseminated promptly across the tri-borough (but see recommendation 4 below).
- A clear and detailed learning and improvement framework incorporates the learning from Serious Case Reviews (SCRs), themed audits and performance monitoring by the board. The learning and development sub-group of the LSCB undertakes its role across the tri-borough and ensures that sufficient safeguarding training is provided across all partner agencies.
- A wide range of activity to tackle the board's priorities and any lessons from SCRs is appropriately included in the LSCB annual report. A comprehensive safeguarding plan covers all of the board's priorities.

Ofsted made 5 recommendations for the LSCB

1. Review the extensive dataset to ensure that it is aligned to the board's priorities.

2. Devise a system for ensuring that actions arising from data scrutiny are carried out in the individual boroughs.

3. Ensure that recommendations from multi-agency themed audits are carried out and analyse their impact on improving practice.

4. Develop an overarching SCR action plan to track the progress of work arising from individual case reviews.

5. Devise a system to escalate concerns about infrequent partnership attendance at the board.

Ofsted also noted two changes of Business Manager for the LSCB in the previous year and the need for coordination of activities and work arising from the LSCB so that it is evident to others; the limited time available for the Independent Chair to maintain all the links across three separate boroughs; a need for a formal analysis of the impact of training either across the tri-borough partnership or at borough level; and an annual report that could be stronger on explaining the difference the LSCB has made to children's lives.

All these issues have been fed into the 2016/17 Business Plan and are being monitored during the year.

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THE EFFECTIVENESS OF LOCAL SERVICES

London Borough of Hammersmith & Fulham

The Borough's Family Services directorate coordinates a range of services for vulnerable children including statutory social work for children and families and early help. A number of services are provided by shared arrangements with the Royal Borough of Kensington and Chelsea and Westminster City Council. This includes specialist support for children involved in the criminal justice system via the local Youth Offending Team which is

managed by a single management team across three boroughs. There is also a single Fostering and Adoption service which recruits, approves and supports foster carers, connected persons and adoptive parents who care for children from all three boroughs. The borough's services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted under its unannounced single inspection framework in January and February 2016. This resulted in a "Good" judgement by Ofsted. The inspection report[3] included a sub-judgement of "Good" regarding the experience and progress of children needing help and protection.

Ofsted made six recommendations following the inspection in relation to children who go missing, access to independent advocates, out-of-hours services for children, care planning, opportunities for care leavers and pathway plans. The local authority has produced and reviewed progress on an action plan to address these recommendations which has been submitted to Ofsted.

Royal Borough of Kensington and Chelsea

As is the case with Hammersmith & Fulham, the Royal Borough's Family Services directorate coordinates a range of services for vulnerable children including statutory social work for children and families and early help and also shares the same services. The Royal Borough's services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted under its unannounced single inspection framework in January and February 2016. This resulted in an "Outstanding" judgement by Ofsted, one the first of two authorities to have received this judgement to date. The inspection report[4] included a sub-judgement of "Good" regarding the experience and progress of children needing help and protection.

Ofsted made four recommendations following the inspection in relation to children who go missing, out-of-hours services for children, engaging partner agencies in strategy discussions and access to independent advocates. The local authority has produced and reviewed progress on an action plan to address these recommendations which has been submitted to Ofsted.

Westminster City Council

As is the case with Hammersmith & Fulham and Kensington and Chelsea, Westminster's Family Services directorate coordinates a range of services for vulnerable children including statutory social work for children and families and early help and also shares the same services. Westminster's services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted under its unannounced single inspection framework in January and February 2016. This resulted in an "Outstanding" judgement by Ofsted, one of the first two authorities to have received this judgement to

[3] London Borough of Hammersmith and Fulham - Inspection of services for children in need of help and protection, children looked after and care leavers Ofsted 2016

[4] Royal Borough of Kensington & Chelsea - Inspection of services for children in need of help and protection, children looked after and care leavers Ofsted 2016

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date. The inspection report[5] included a sub-judgement of "Good" regarding the experience and progress of children needing help and protection.

Ofsted made four recommendations following the inspection in relation to children who go missing, out-of-hours services for children, evaluation of children in need cases and support for care leavers who are in custody. The local authority has produced and reviewed progress on an action plan to address these recommendations which has been submitted to Ofsted.

Metropolitan Police

A combination of individual Borough Commands and specialist teams provide policing across the LSCB area. All of these units prioritise children's safeguarding with their wider priorities informed by the Mayor's Office for Policing and Community (MOPAC). MOPAC identified 7 key neighbourhood crime types for particular attention between 2013 and 2016 including violence with injury. The future strategies of the Metropolitan Police will focus increasingly on key risks to vulnerable people, including children, for example, those who go missing, are at risk of sexual exploitation and victims of modern slavery.

The Child Abuse Investigation Team (CAIT) is one of 15 such teams covering all 32 boroughs and has responsibility for providing support, advice and assistance with any serious safeguarding issues relating to children. CAIT also investigate abuse committed within families as well as by professionals and carers. Such investigations take place in cooperation with local authority services and include recent and historical allegations of offences against children. Locally, the Borough police have focused particularly on children who go missing or are at risk of child sexual exploitation, domestic abuse and serious youth violence or gang activity. As more specialist secondary teams often rely upon borough police officers to detect and refer on such crime, it is important that frontline officers have the necessary levels of awareness and knowledge. Therefore, a continuous programme of training is provided to officers on these issues and safeguarding in general. Current pressures for the police service include needing to respond to high levels of children being reported as missing and meeting the needs of people who have significant mental health difficulties. In the LSCB area there are also additional pressures resulting from needing to provide initial responses to significant numbers of young people for whom there are concerns but who are the responsibility of other local authority areas.

The report following a "PEEL" inspection of the Metropolitan Police's effectiveness across London in response to vulnerable people was published in December 2015. It concluded that a good response was provided by the force to missing and absent children and that it had made a good start in ensuring it was well prepared to tackle child sexual exploitation. Meanwhile its response to victims of domestic abuse was good, clear and well understood by officers and staff across the force. However, the overall conclusion was that the force required improvement. There were recommendations to develop understanding of the nature and scale of the issue of missing and absent children through assessment of available data, including that of partner organisations. It was also recommended that it should be ensured that specialist staff receive appropriate training in relation to safeguarding and understanding how to prevent repeat instances which could lead to

[5] Westminster City Council - Inspection of services for children in need of help and protection, children looked after and care leavers Ofsted 2016

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harm. In 2016, Her Majesty's Inspectorate of Constabulary carried out an inspection of the Metropolitan Police's response to child protection issues, the results of which are yet to be published

Multi-Agency Safeguarding Hub (MASH)

The Tri-Borough MASH acts as the focal point for all police generated safeguarding referrals for both children and vulnerable adults. Excellent partnerships exist across all the agencies represented within the MASH ensuring consistency in the application of thresholds and informed risk based decision making. The team also shares all reports created in relation to missing children maintaining a productive working relationship with the Tri-Borough Missing Persons Co-ordinator. The officers within the MASH now have responsibility for the investigation of Category 1 CSE concerns across the LSCB area. This dedicated response has seen a significant increase in police attendance at strategy meetings and improved oversight of the links between missing children and CSE. Oversight for CSE across the area is managed via the Multi-Agency Sexual Exploitation (MASE) panel which enables a strategic overview of the effectiveness of interventions made with victims and disruption tactics employed with perpetrators. MASE is well attended by a range of partners who are supportive of the aims of the group which reports quarterly to the LSCB subgroup. The work of the MASH, MASE, and overall response to CSE were commended in the reports published by Ofsted following inspections in all three boroughs of services for children in need of help and protection, children looked after and care leavers. Arrangements have also been subject to a recent Her Majesty's Inspectorate of Constabulary inspection the results of which are yet to be published.

NHS England (NHSE)

NHS England London Region is responsible for ensuring that the commissioning system in London works effectively to safeguard children at risk of abuse or neglect. One of its outcomes is to ensure that NHS England London Region directorates are aware of their responsibilities with regard to safeguarding and are appropriately engaged with the Local Safeguarding Boards and key partners such as the Metropolitan Police across London.

Key activity for London Region in 2015/16 included carrying out a CCG Safeguarding Deep Dive Assurance and the development of a risk matrix outlining key safeguarding risks across London. This was partly based on the "Section 11 audit" used by LSCBs to assure themselves that agencies placed under a duty to co-operate are fulfilling their responsibilities to safeguard children. While the self assessment concluded that the theme of "The culture of safeguarding within the organisation" was fully met, the outcomes for "A safe organisation" and "Assurance and system leadership" were assessed as "partially met". This has led to planned actions to improve training for staff and to improve linkages between CCGs, local authorities and NHS London in relation to primary care assurance. The need for work with London Councils in relation to the Alan Wood Review (a government initiated review of the role of LSCBs published in 2016) was also highlighted.

Significant challenges for health agencies in London include the recruitment and retention of safeguarding professionals; effective working with CCGs, Care Quality Commission (CQC) and safeguarding boards to recognise and understand key safeguarding risks in primary care; keeping up with the challenge of complexity, particularly in relation to new and emerging risks including Female Genital Mutilation (FGM), Modern Slavery, counter terrorism, unaccompanied asylum seeking children and CSE. Activity in 2015/16 which has specifically impacted upon the area covered by the LSCB includes the implementation of

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the Child Protection-Information Sharing project (CP-IS). This is a national system that connects children's Social Care IT systems with those used by in unscheduled care settings across England. The system went live in Kensington and Chelsea in 2015/16 with Hammersmith & Fulham and Westminster due to go live by the end of 2016.

Priorities for 2016/17 include improving training numbers in the region; leading work on FGM and modern slavery; working with partners to understand the impact of the Alan Wood review; and improving the CH-IS roll out and to work on priorities identified from the CCG deep dives.

Clinical Commissioning Groups (CCGs): West London CCG, Hammersmith and Fulham CCG and Central London CCG

CCGs are statutory NHS bodies with a range of statutory duties – including the safeguarding of children. They are membership organisations that bring together General Practices to commission services for the registered populations and unregistered patients who live in their area.

CCGs as commissioners of local health services need to assure themselves that the organisations they commission have effective safeguarding arrangements in place. They are responsible for securing the expertise of Designated Professionals on behalf of the local health system. These professionals undertake this role across the health economy and actively participate in the work of the LSCB. During 2015-16 Designated Professionals played an integral role in all parts of the commissioning cycle, from procurement to quality assurance, ensuring appropriate services are commissioned that support children at risk of abuse or neglect, as well as effectively safeguarding their well-being.

During 2015 the three CCGs undertook an NHSE Assurance Safeguarding "Deep Dive" exercise. The CCGs were assessed against four components namely: Governance, Systems and Processes; Workforce; Capacity Levels; and Assurance

The table below details NHSE's assessment of the CCGs against these components.

Safeguarding Deep Dive Review Components		Outcome
1	Governance / Systems / Processes	Assured as Good
2	Workforce	Limited Assurance
3	Capacity Levels within CCGs	Assured as Good
4	Assurance	Assured as Good

Beneath these four high level components are a number of more detailed areas. The CCGs were assured as being **Outstanding** on the following areas:

- Engagement around FGM.
- The work being undertaken with Buckinghamshire New University to develop an educational tool to support practitioners in the application of the Mental Capacity Act (2005).

Components that were rated as providing Limited Assurance are being addressed at a CCG level. These predominately relate to the uptake of training.

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Imperial Hospital NHS Trust

Imperial College Healthcare NHS Trust has a well-established children's safeguarding service led by a Designated Doctor, Nurse and Midwife. Specialist staff are based in maternity, children's services and the A&E department and a quarterly safeguarding children meeting is held. Strong links have been established with organisations and charities, to provide joined up support in areas such as domestic violence (Standing Together) and youth gang violence and child sexual exploitation (Red Thread). Red Thread workers are based in the A&E department and sexual health clinic at St Mary's Hospitals. Close working has also been developed with adult safeguarding services to ensure that children are protected in situations where there are adult safeguarding concerns. An extensive programme of training and supervision has been established to ensure that staff are prepared and supported when dealing with safeguarding issues.

Chelsea and Westminster Hospital NHS Foundation Trust

Within Chelsea & Westminster Hospital there is a full safeguarding children's team – liaison health visitor, Designated Nurse, Midwife and Doctor, supported by an administration post. The Designated Doctor for the area works within the Trust and offers additional support. Quarterly Children's Safeguarding Boards are chaired by the Director of Nursing, and there is also an annual Joint Adult and Children's Safeguarding Board within the Trust. A social work team based within the hospital supports children's safeguarding. Child Protection medicals are undertaken within the hospital, and there is good attendance at case reviews by the safeguarding team along with the lead nurse for paediatrics.

The team has worked with the Designated Nurses and Tri-borough safeguarding leads in a number of SCRs with learning shared across the organisation and with other agencies. The relationships developed through the LSCB enable the organisation to provide best practice, up to date safeguarding training, supervision, and care to children and families. Domestic violence continues to be a theme within SCRs and training within this area has been a priority, led by our Domestic Violence lead. We are delighted to have an Independent Domestic Violence Advocate in post to offer support and advice to families and staff.

Child and Adolescent Mental Health Services (CAMHS) are an ongoing concern due to the lack of tier 4 beds (specialist in-patient care for children who are suffering from severe and/or complex mental health conditions), but senior staff within the hospital are working with the CCG, mental health providers and NHSE to bring about improvements for patients within this area.

The Director of Nursing is a member of the LSCB and this is an essential partnership to enable sharing of learning, best practice, and support across agencies.

Central and North West London NHS Trust (CNWL) and West London Mental Health Trust

Both Trusts have continued to work closely with children's social care across the three local authorities, referring cases appropriately whilst responding to MASH or Front Door enquiries as to whether parents are known to mental health services when safeguarding is a concern. There has been good feedback about the service provided by Trust link staff. We have worked hard to promote the "Think Family" agenda within adult mental health

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services and this has contributed to a demonstrable increase in referrals from adult mental health services to children's social care.

An audit on the joint protocol was included in our Commissioning for Quality and Innovation (CQUINs) payments framework. This showed good joint working across the partnership, but with no room for complacency. We have also tried to stress that mental health is not just about mental health services and this year have encouraged primary care to explain to service users the services that they provide to those with minor mental health problems or stable severe conditions.

In 2015/16 both Trusts were subject to CQC Inspections and there were no actions that were identified in relation to safeguarding children arising from either inspection.

CNWL has undertaken work in relation to the two Serious Case Reviews that it was involved with and is now in the process of implementing the action plans and embedding the learning across its services. This has also been shared with West London Mental Health Trust so that both Trusts can learn from incidents.

New reporting guidance on FGM has been implemented. New guidance on modern slavery has also been promoted and used effectively with a specific case so that a vulnerable adult was kept safe. The Prevent agenda also continues to be promoted with both agencies having internal targets to contributing to a three year target which is on track to be achieved. Both Trusts have been involved with a Mayor's Office for Policing and Crime (MOPAC) funded project. This includes join work with Standing Together to run sessions for mental health staff on raising awareness of domestic abuse and to improve compliance with procedures.

Probation

The National Probation Service (NPS) London continues to work with partner agencies to safeguard children within the three boroughs. NPS contributes to MASH, the Multi-Agency Risk Assessment Conference (MARAC), MASE and Multi-Agency Public Protection Arrangements (MAPPA) to ensure that issues of child safeguarding are at the forefront of all our work with service users. NPS undertakes an audit of a sample of cases every month and safeguarding aspects of casework are always considered when appropriate. Court teams are currently developing closer links with safeguarding agencies to ensure more effective and faster sharing of information to protect children of those who appear in our local courts. All staff are trained and are encouraged to take part in the opportunities for further learning provided by the LSCB training programme.

Community Rehabilitation Company (CRC)

Since December 2015, London CRC's offender managers have adopted a new approach which works with groups of offenders who have similar rehabilitation needs. The aim of this new way of working to deliver tailored services that tackle the underlying causes of offending. Young people receiving services are now assigned to one of six cohort groups including those who are 18 to 25 year old males, those who have mental health and learning disabilities (as the primary presenting need) and those who are women. Through this model, operational staff can spend more time working face-to-face with offenders. The CRC also continues to fulfil its Community Safety (Integrated Offender Management) and Safeguarding (MASH) responsibilities. The CRC has re-launched its performance framework which monitors the volume of responses and whether someone is known to

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children's social care. Meanwhile staff in the separate Rehabilitation, Partnerships and Stakeholders directorate are focusing on developing partnership relationships. This work is led by a Head of Stakeholders and Partnerships who attend this and other LSCBs.

Children and Family Court Advisory and Support Service (Cafcass)

Cafcass is a non-departmental public body, sponsored by the Ministry of Justice. It works in the family courts in circumstances where children have experienced or are at risk of experiencing abuse, neglect or trauma. Cafcass also work with families in circumstances where there is a dispute about where a child should live or with whom they should spend time, often following divorce or separation. The role of Cafcass is to make recommendations to the court about the right courses of action for children and young people. Cafcass was inspected by Ofsted in 2014 and judged to be good with outstanding leadership and management. Since then Cafcass continues to prioritise safeguarding activity and internal audit reveals that the organisation is making good progress. Cafcass's recent annual report detailed work with 116,104 children and young people across England. Cafcass's key performance indicators were met 2015-2016 despite a 10.3% increase in demand in private law and a 14.2% increase in public law cases.

Community Safety

Across the three local authority areas, Community Safety provides significant focus around prevention and a range of activity in support of safeguarding. Through the Channel and wider Prevent safeguarding processes, the Prevent Team works closely with different Council departments across the three local authorities and with other agencies to support and safeguard individuals potentially vulnerable to extremism or radicalisation.

Channel is a statutory, early intervention, multi-agency process designed to safeguard vulnerable people from being drawn into violent extremism and/or terrorism. Channel works in a similar way to other safeguarding partnerships such as case conferences for children in need. It is a pre-criminal process that is designed to support vulnerable people at the earliest possible opportunity, before they become involved in illegal activity. Safeguarding leads from within child protection and Children's Services also sit on the panel. Alongside this, other multi-agency partners, including all those involved in any specific case, are brought together to collectively assess the risks in relation to an individual and decide whether a support package is needed. If the panel feels that an individual would benefit from support; a bespoke package will be developed, based on their particular needs and circumstances. The value of this work across the three boroughs was recognised in the early 2016 Ofsted inspection of services for children in need of help and protection, children looked after and care leavers.

Significant work has taken place to address youth violence within and across the three boroughs. Westminster's Integrated Gangs Unit (IGU) has also delivered multi agency work to safeguard young people. Examples include the provision of intensive support for those involved in gangs (100 referrals per year), prevention in schools (3074 pupils took part in sessions in 2015), joint workshops to support women in the BAME community (Prevent and IGU) and work to safeguard those at risk of being exploited by potential child sexual exploitation perpetrators.

Housing and Housing providers

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The range of housing services across the three boroughs is very broad comprising the provision of tens of thousands of homes owned and/or managed by the three councils with similar numbers of affordable housing properties owned by Registered Providers (Housing Associations). Advice is provided to thousands of households in housing need and across the three boroughs. Accommodation is also provided for over 6000 homeless households and supported housing services to care-leavers and other vulnerable young people to support them to live independently. High priority has been given to ensuring front-line staff across all types of housing service have an excellent understanding of safeguarding, are able to identify risk and know the appropriate action to take. There has also been a strong focus from the LSCB on ensuring that the most vulnerable homeless families are prioritised for suitable housing within their home borough and that the use of non-self-contained bed and breakfast accommodation for households in need only happens in emergencies. At any one time there have not been any more than 10 such placements across the three boroughs. Reviews of young people's hostel accommodation have included a significant focus on safeguarding and the findings of such reviews were very positive with the overwhelming majority of young people feeling safe and knowing action to take following any incidents.

Voluntary / Faith Sector

The LSCB has benefited from a Community Development Worker post working closely with key safeguarding agencies from across the three boroughs, such as Prevent, the safeguarding in schools lead, and the FGM lead. In 2015-16, joint safeguarding sessions have been delivered to community groups, Imams, supplementary school teachers, and community forums. This joint working has helped to safeguard children more effectively in an LSCB area of significant diversity because of the increased face-to-face contact enabled with key community leaders who are often gate-keepers to the communities themselves. We have provided such leaders with key safeguarding contacts, an enhanced understanding of what safeguarding is, and some insight into signs and symptoms of abuse. This increased awareness amongst communities and groups can only strengthen safeguarding arrangements of children and young people. The Ofsted inspection in early 2016 provided very positive feedback regarding the work carried out with male members of FGM practising communities, particularly in reference to the support provided for key community leaders, including an Imam, in addressing this challenging issue amongst the wider community.

Schools

As at January 2016[6], there were there was a total of 255 schools across the three boroughs. 160 of these were state funded including 12 nursery schools, 104 primary schools, 30 secondary schools, 9 special schools and 5 settings which were either pupil referral units or alternative provision. 43 of these schools were academies or free schools. There is a significant independent sector across the three boroughs. In all there are 94 independent schools, 21 in Hammersmith & Fulham, 44 in Kensington and Chelsea and 29 in Westminster.

Ofsted Inspections of Schools 2015/16

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[6] DfE "Schools, pupils and their characteristics: January 2016"

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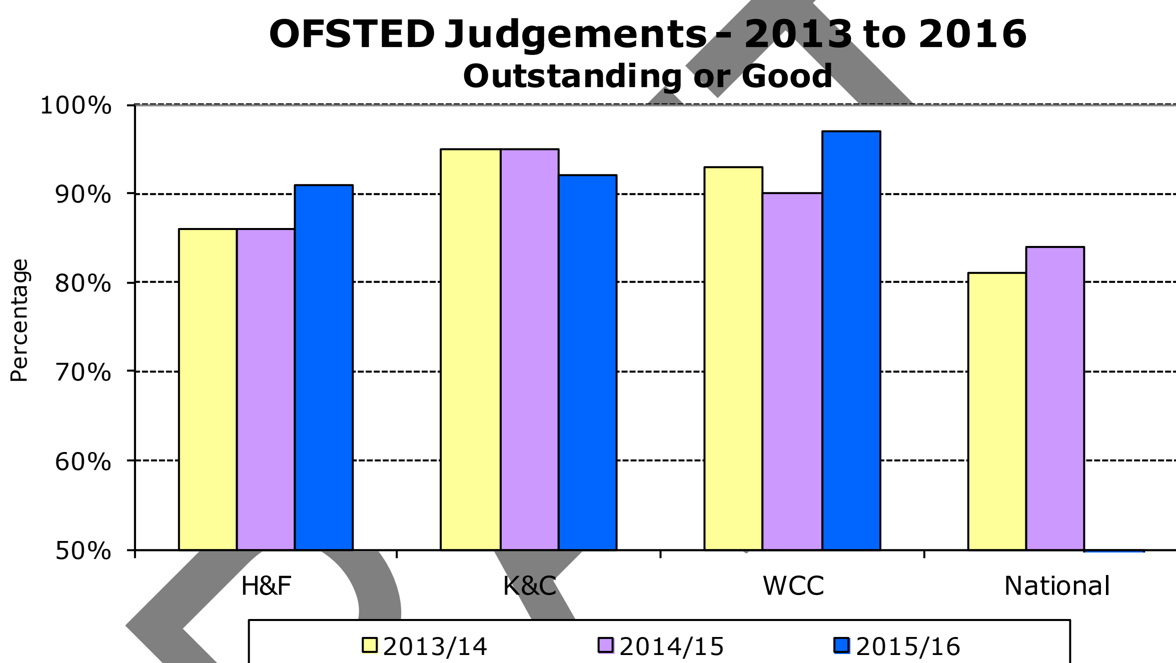
The percentages of schools in the tri-boroughs which are rated outstanding or good by Ofsted inspectors have remained consistently high during the last three academic years. Only three schools are currently judged inadequate (Hurlingham Academy and Phoenix, in Hammersmith & Fulham, and Wilberforce in Westminster) while seven of the 155 schools are judged to require improvement.

The percentages ranked outstanding or good at the end of the last three academic years is shown below; overall judgements for all three boroughs were considerably above the national average.



During 2015/16 to date there have been twelve full inspections of schools across the three local authorities. There have also been short inspections of a further four schools.
The reports from such inspections include specific commentary from Ofsted regarding the effectiveness of safeguarding arrangements in individual schools and these reports are all publicly available.

Children's Homes

The Royal Borough of Kensington and Chelsea maintains two children's homes in the area (Olive House and St Marks). St Mark's has a current Ofsted rating of Good following an inspection in June 2016. Olive House received a rating of Good with "declining effectiveness" in an interim inspection in February 2016. No recommendations were made for specific actions for Olive House and the "declining effectiveness" issue was linked to the registration status of the home's manager. An application for registration has subsequently been submitted to Ofsted.

Both Olive House and St Mark's continue to provide detailed risk assessments for all the young people placed with them. These identify areas of concern and actions taken to address them. All staff undertake relevant training including bespoke training as the needs arise. Specific training was commissioned to support staff around working with CSE and to

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respond more effectively to those people who go missing. St Mark's Ofsted inspection did note the lack of opportunity for young people to be seen by an independent person when returning after going missing and an action plan is in place to address this.

The Haven in Hammersmith & Fulham is a local authority children's home registered for up to seven children with learning disabilities and physical disabilities. The home mainly provides short breaks, but can also provide interim emergency and longer-term placements. It was last inspected in July 2016 and judged by Ofsted to be "good" across all three sub-judgements. An area identified for improvement was the "safeguarding knowledge" of staff. Managers advise that this refers particularly to temporary staff which have been needed to meet demands for longer-term placements. This demand has resulted from a planned strategy to ensure more children with complex needs can be placed locally with good access to their family networks and local support services. Managers have provided assurance that permanent staff have a good understanding of safeguarding and that these staff take lead responsibility for each shift. Further actions are being taken to increase recruitment to permanent positions and to ensure training needs of all staff are identified and met.

HM Prison Wormwood Scrubs

Safeguarding comprises a significant part of the work carried out by HM Wormwood Scrubs Prison with families and children of inmates. A lead officer, who is also an attending statutory member of the LSCB, is in place for safeguarding. Her role includes liaison with social workers, schools and families regarding children's visits to the prison and discussing any safeguarding issues. There are also links between the prison and external Multi-Agency Public Protection Arrangements (MAPPA).The officer has attended Level 3 multi-agency safeguarding training provided by the LSCB and the Academy of Justice and. Furthermore she provides a basic training to the officers who supervise visits and there are plans to recruit a family officer.

The prison's Visitor Centre has provided safeguarding training for the staff working there and can make referrals or consult with the lead officer where there are any safeguarding issues for families attending the centre.

A recent Justice Inspectorate inspection in December 2015 noted that public protection procedures were adequate and that applications for contact with children were assessed appropriately and suitable levels of contact approved where possible.

Section 11 Audits

Section 11 of the Children Act 2004 details the responsibilities that agencies have for safeguarding children. The LSCB carries out bi-annual audits of all member agencies. In 2015-2016, a working group, including one of the LSCB lay members, reviewed the pan-London audit tool in use and revised the questions in it to make it both more user friendly and helpful for agencies completing it. The audit tool questions were also updated to include new and emerging safeguarding concerns such as radicalisation and child sexual exploitation. The audit tool is now accessed online and once completed in full, allows users to generate an action plan to address any areas that need improvement. Following the development of the revised audit tool, a small number of agencies were selected to

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complete it at the end of the year. A wider range of agencies, including schools and voluntary sector providers are expected to complete it in 2016-2017.

ANNUAL REPORTS

Child Death Overview Panel (CDOP)

The 2015/16 Annual Report for CDOP provides analysis of the child deaths reviewed during 2015-16 in the boroughs of Westminster, Kensington and Chelsea and Hammersmith and Fulham, rather than those deaths notified during the same period. Between April 2009 and March 2016 there have been 226 child death reviews completed with 25 reviews in 2015- 16.

The panel has focused on reviewing all child deaths that have occurred across the 3 boroughs identifying factors that may have contributed to the deaths along with any modifiable factors.

The panels are themed to enable more effective learning from cases and do not review unexpected deaths until other forms of investigations or Serious Case Review has been undertaken.

In addition, the timing of reviews is subject to:

- The information available from agencies involved
- Other processes such as police investigation, serious case review or inquest
- Number of cases relation to particular themes

Of the 25 deaths of children, reviewed by the Child Death Overview Panel (CDOP) 10 were assessed as unexpected. The key themes for the unexpected deaths were related to life limiting disease and perinatal events. As a consequence, the main category of death has been those with life limiting disease.

The Clinical Commissioning Groups have continued to lead on the work of CDOP on behalf of the LSCB. Quarterly updates are given to the Board and progress has been made in strengthening links with other subgroups in particular the Case Review Subgroup.

The panel is chaired by the Deputy Director of Public Health for Westminster. A Specialist Nurse is being recruited to take responsibility for the management of the CDOP process working alongside the Designated Doctor for Child Death.

A number of recommendations were made for the work of CDOP in 2016/17 including

- To improve the communication process between CDOP and the parents of children who have died. Parents should receive a letter to inform them of the CDOP process along with appropriate leaflets.
- Identification of topics for research and to develop a work stream to support this.
- To work with the LSCB to develop web pages on the LSCB website so that families and professionals have access to information and resources in relation to the child death process and how to access support.
- To establish links with the Learning and Development subgroup secondary and primary care, education and the police to ensure that learning from the child

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death reviews is disseminated and that agencies are aware of the CDOP process.
- The learning from CDOP to inform the Joint Strategic Needs Assessment for the three boroughs.

Local Authority Designated Officer (LADO) – Safer Organisations

The LADO has provided a report regarding the management of allegations against adults working with children across the LSCB over the course of the past year.

The procedures used for managing allegations are as set out in the London Child Protection Procedures. The procedures are invoked when there is an allegation (whether historic or current) that a person who works with children has:
• behaved in a way that has harmed a child, or may have harmed a child;
• possibly committed a criminal offence against or related to a child; or
• behaved towards a child or children in a way that indicates they may pose a risk of harm to children

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people. If concerns arise about the person's behaviour to her/his own children, the police and/or children's social care must consider informing the employer or organisation in order to assess whether there may be implications for children with whom the person has contact at work / in the organisation, in which case this procedure will apply.

All staff should be made aware of their organisation's whistle-blowing policy and feel confident to voice concerns about the attitude or actions of colleagues; learning from Serious Case Reviews indicates that early reporting of low level concerns around rule breaking and boundary keeping can help to prevent the abuse of children.

In 2015/16, the local LADO service has been strengthened and developed. Child protection advisors in each of the boroughs handle incoming cases on a duty basis with support from the Safe Organisation manager /LADO lead. The majority of Child Protection Advisors are now permanent members of staff which means practice is embedded and there are opportunities to take advantage of discussing emerging themes and thresholds across the three boroughs. This is particularly important where there have been similar changes in the arrangement in place for the Child Abuse Investigation team.

Safe Recruitment and leaning from Serious Case Reviews
The LADO has continued to offer accredited safe recruitment training as part of the LSCB training programme. This has been well attended as have sessions on learning from SCRs and 'meet the LADO' events.

Raising the profile of the LADO role
The LADO has worked closely with the Safeguarding Lead for Schools and Education officer and the LSCB Training Officer to raise the profile of the role with schools and in particular in the independent school sector (in part prompted by the learning from the Southbank International School SCR). There is further work to be done academies, particularly those which belong to larger trusts and where in-house HR services for such schools do not have specialist knowledge of safeguarding.

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Origin of Referrals
Overall the volume of cases reported to the LADO service is increasing – this appears to be reflected across the London boroughs. More organisations are making contact for consultation and reassurance on risk assessment. The majority of cases still emanate from early years settings and schools.

It would appear that more historic cases are coming to light and this could partly reflect the influence of the Independent Inquiry into Child Sexual Abuse at a national level. All LADOs have been instructed to retain and secure records of previous concerns and it is possible that a local case will be called in during the course of the Inquiry.

It is notable that there has been a decline in the number of referrals from the voluntary sector. Whilst acknowledging that this is not a homogenous group of organisations, some consideration should be given to further outreach work to raise the profile of safeguarding and to ensure that the sector is well-supported amongst the wide range of organisations in this sector.

In contrast there has been an increase in referrals from a broad range of sports organisations. Whilst some bodies like the Rugby Football Union do have a regulatory role, many other such bodies are membership organisations, meaning that anyone can pay their fee and join. This can give users the false impression that sports providers are accredited and vetted and it can be very difficult to hold some small scale providers to account in these circumstances. A similar situation applies to other service providers – for example therapists who do not need to be registered with the Health Care Professionals Council (HCPC).

Private Fostering

The social worker responsible for the coordination of private fostering arrangements across the LSCB area provided a report to the LSCB in October 2015. The report showed an increase in notifications of such arrangements at that point of 2015/16 compared with the previous year. Notifications tended to come from agencies such as school admissions, the Benefits Agency, schools, local authority Children's Services and self-referrals. A programme of awareness-raising had taken place including with GPs, Health Centres, and Youth Hubs with some initial indications of this having an impact upon referrals. Other publicity and guidance had led to an increase in queries and consultations. The effectiveness of this coordinating role including awareness raising and impact on referrals was confirmed in the reports following the Ofsted inspections in all three boroughs in January and February 2016.

The report notes that a high number of private fostering arrangements had recently ended, largely because children and young people had either returned to the care of close family members, made the transition into adulthood or moved to other areas. Appropriate referrals have been made to the relevant boroughs to inform them of the likelihood that children were moving into their area subject to private fostering arrangements. Support had also been explored with carers of young people as they reached the age of 16, and appropriate referrals made where required.

Further work was planned including a formal communication and awareness raising strategy across the LSCB area including a single website; engagement with external special interest groups to ensure access to best practice; development of a local, shared

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Private Fostering Protocol and improvements to common recording and assessment processes.

Independent Reviewing Officers (IRO)

Independent Reviewing Officers chair reviews for individual looked after children and have an important role in the care planning and safeguarding of such children. They therefore hold significant information regarding the overall experiences of children in the care of the three local authorities covered by the LSCB.

Over the course of 2015/16, the IROs have been working as part of a unified service. The teams have remained relatively stable, with caseloads within the recommended limits set in the IRO Handbook. This allows IROs to know their children well, and to monitor cases between reviews. They have continued to work in collaboration with the social work teams to resolve issues and concerns about children's care plans in an informal manner wherever possible. There is a positive working relationship between IROs and front line teams across the three authorities, and this has kept the need for recourse to the formal Resolution Protocol to a minimum.

The role of the IROs was noted in the inspections of the three local authorities by Ofsted in 2016 with commentary including "Outstanding services for children looked after are characterised by robust arrangements in place for reviewing care plans by a dedicated team of independent reviewing officers", "Independent reviewing officers know children and young people well, and provide positive support outside of the reviewing process. There is a culture of informal and formal challenges to care plans" and that IROs "have manageable caseloads ..., enabling them to drive permanency planning vigorously. They routinely attend permanency planning meetings and are committed, knowledgeable and passionate about their work. They know the young people well."

51% of the children looked-after at 31st March 2016 had been in the care system for less than 12 months. This indicates a continued high turnover of children in the care system over the 12 month period. 78% of looked-after children across the three authorities are aged ten and over. This presents particular challenges for achieving stable and permanent placements for some of these young people, as their needs are likely to be more complex as a result of their late entry into the care system. 22% of looked-after children were placed outside of the London area. Progressing permanent and stable placements for these children close to their home authority wherever possible remains a challenge and the LSCB has reviewed the reasons behind children being placed at distance from a perspective of being able to provide consistent health services for them.

Across the three local authorities 91% of looked after children reviews were held within statutory timescales. Over 97% of looked after children participated in their review meetings over the year. They have also been involved in key service development initiatives through their Children and Young People's Panel / Children in Care Councils. These included engagement activities as part of the development and implementation of the Looked After Children and Care leavers Strategy, recruitment of senior Officers, and a number of events to celebrate key achievements

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Violence Against Women and Girls (VAWG) Partnership[7]

The three local authorities covered by the LSCB established have maintained a shared services response to VAWG commissioning, governance and strategy since 2014. Mayor's Office for Policing and Crime (MOPAC) London Crime Prevention Funding, matched by Council funding has been used for this purpose from 2013 with the current funding due to end in 2017. From April 2015 to March 2016 the three previously sovereign borough Domestic Violence/VAWG arrangements were brought within a single governance structure with a Strategic Board, chaired by the Tri-Borough Executive Director of Children's Services, and supported by six operational groups. Joint working protocols have been established with the partnerships including the LSCB in recognition of the cross cutting range of harms included in the scope of VAWG.

The VAWG strategy is configured around seven priorities including one which focuses on children and young people. The priority is that children and young people are supported if they witness or are subject to abuse and understand healthy relationships and acceptable behaviour in order to prevent future abuse. The Partnership prioritises both prevention of violence and abuse and direct provision of support for Children and Young People.

Specialist VAWG professionals within eight different children's services settings were co-located through the Partnership in 2015/16. Professionals in specialist services now work alongside colleagues from children's services to strengthen pathways and knowledge-sharing between them to support high risk families in the short term but also to undertake longer term work to prevent future abuse and increase safety in families.

Priorities for 2016/17 include a focus on whole school and whole family approaches and networks of lead professionals across the children's sector. Additionally, there is a plan to roll out the #SpeakSense campaign for young people alongside the young person's version of the VAWG Strategy.

Specialist support for children remains a significant gap in all three boroughs. There is no specialist advocacy support for children and young people under 13 years old who have been affected by domestic abuse in any of the three boroughs. The Partnership aims to address this gap with a needs assessment and joint commissioning strategy.

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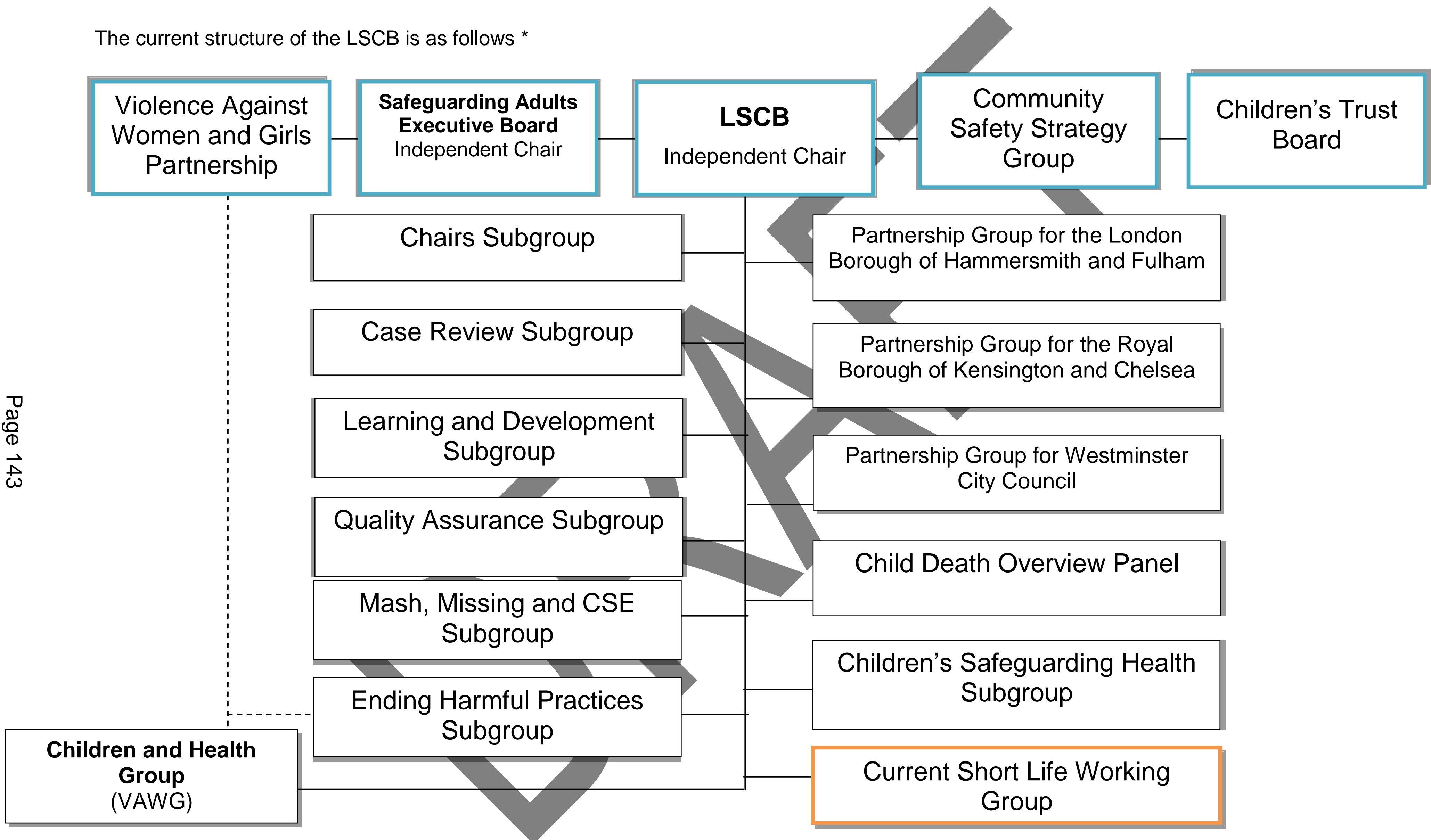
[7] https://www.rbkc.gov.uk/pdf/Violence%20against%20women%20and%20girls%20Partnership%20Annual%20Report%202015-16.pdf

GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

The current structure of the LSCB is as follows *



* LSCB membership on LSCB website https://www.rbkc.gov.uk/sharedservices/lscb/aboutus/boardmembersandadvisers.aspx

Version 6 20/10/16

PRIORITIES OF THE LOCAL SAFEGUARDING CHILDREN BOARD – 2015/16

The headline priorities of the Local Safeguarding Children Board for 2015/16 were as follows:

Continue to deliver the core business of the Board at high quality

- Evaluation and challenge of the role of Early Help in safeguarding children
- Engagement with diverse communities
- Effective child protection plans
- Multi-agency responses to neglect
- Ensure safeguarding practice meets the needs of children with mental health concerns, who are disabled or affected by domestic abuse

Improve the Board's effectiveness in reducing harm to children

- Learning from each other in a context of organisational change
- Increased learning from case reviews
- Ensuring that the needs of children from marginalised groups are scrutinised by the Board
- Effective communication with a multi-agency workforce
- Holding each other to account - challenge that improves outcomes
- Maximising our wider partnerships to better influence impact on the ground

Ensure effective, proportionate, multi-agency responses to safeguarding issues which affect children & young people with high levels of vulnerability

- Female Genital Mutilation
- Sexual exploitation
- Addressing perpetrators of abuse and exploitation
- Involvement with gangs
- Going missing
- Substance misuse
- Radicalisation of young people

Informed by the voice of the child & the experience of our looked after children

Version 6 20/10/16

Summary of outcomes and progress made

The Safeguarding Plan was developed to identify a series of outcomes through which progress could be measured. The following section lists the outcomes and evidence of activity that supports each of the outcomes.

1. **We know the impact of our early help framework in identifying and supporting children and young people who are at risk of neglect and/or have high levels of vulnerability.**
    - The LSCB was provided with an assessment from each borough of measured impacts of council early help services upon children and families.
    - A Focus on Practice impact report was provided showing initial indications of the positive effects of the programme on rates of children becoming looked after, those with child protection plans and re-referrals.
    - The LSCB Neglect Strategy was published which is now informing a series of tools and awareness raising developments across the three boroughs.
    - An integrated ante-natal offer and 2 year old check has been implemented across all three boroughs with Information Sharing Agreements in place.
    - Schools are increasingly engaged with addressing eSafety issues, including through linking with parents.

2. **Our performance framework identifies areas of concern which are challenged and addressed through the Board.**
    - The Board has consistently received performance reports with exceptions identified. There have been challenges which have been discussed at the Board including in relation to the numbers of looked after children placed out of borough.

3. **Partners have a shared overview of the effectiveness of safeguarding of disabled children and agree actions to address any concerns.**
    - Learning in relation to the specific needs of disabled children from relevant Serious Case Reviews has been reviewed and shared across the multi-agency workforce.

4. **We have reviewed the structure of the LSCB to maximise the contribution of our partners and the Board's impact upon wider practice.**
    - Ofsted's Review of the LSCB found the shared structure created significant benefits for young people through the rationalisation of time and secure involvement of senior representatives from partner agencies. The balance achieved between shared and local functions ensured that children are safeguarded effectively. Additional points of relevance to this outcome included:
        i. Although Ofsted recommended that the Board should devise a system to escalate concerns about infrequent attendance at the board by

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partners, there has been effective follow-up in relation to this by the Independent Chair and others. There has also been effective action to ensure departing members are replaced. The sub-groups are chaired by leads from a range of agencies. The LSCB now includes stronger input from Public Health, Health, Adults Services and Prevent.

ii. A Health Overview sub-group has been meeting since April 2015.

iii. A new system has been implemented to enable Section 11 audits to be carried out virtually with a phased programme to make this accessible to different agencies.

5. **A Communications Strategy is agreed which reflects the views of children and young people on how best to raise their awareness of our priority safeguarding issues; successfully disseminates key learning to practitioners in all partner agencies; identifies missing stakeholders/partners and strategies to engage them.**
    - A shared website went live in 2015 and has been regularly updated with further developments planned. A Twitter feed is driving visits to the site.
    - The "Young Humans" project regarding feelings of young people about being Muslim in West London has been hosted on the website.
    - The LSCB worked with young people during Youth Takeover Day to design anti-bullying resources.
    - Our communications are encouraging increasing numbers of independent schools to seek advice about safeguarding issues.

6. **Our training programme is targeted to reflect the priorities of the LSCB and address current challenges for frontline workers.**
    - The annual training programme was published with a plan in place to measure the impact on delegates at intervals after training was completed, as well as mystery shopping exercises.
    - Feedback from consultation has influenced training content, e.g. a VAWG consultation of young people led to key messages being stressed in LSCB core training. LSCB has facilitated advertising of Prevent WRAP training to increase uptake by the children's multi-agency workforce.

7. **LSCB members have a clear understanding of the role and challenges of other partner agencies including the impact of ongoing significant change.**
    - LSCB member agencies have publicised changes to service offers via the Board with challenges where it is felt that such changes could have an impact on safeguarding. This aspect of the Board's activity will be formalised through LSCB meeting agendas in 2016/17.

8. **All partner agencies are effective in identifying children and young people affected by gangs and serious youth violence and refer them on for effective support.**
    - There have been effective services and processes in all three boroughs as follows:

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i. Hammersmith & Fulham: Street Outreach Service operating as an autonomous service with referrals from police, children's services and probation following concerns about serious youth violence or emerging tensions.
ii. Kensington and Chelsea: Good working relationships between key agencies concerned with serious youth violence facilitate information sharing and effective meetings following London Child Protection guidelines. The local police gangs team work with all agencies on managing individual or groups of young people.
iii. Westminster: The multi-agency Integrated Gangs Unit located in the MASH meets daily to share information with strong partnership working with schools, Redthread and Child and Adolescent Mental Health Services.

9. **Frontline practitioners are aware of the signs of child sexual exploitation and are confident in supporting children who are affected.**
    - There is a high level of assurance about the effectiveness of a wide range of strategies to tackle CSE in the three boroughs. Ofsted noted a "robust and well-coordinated response…informed by the effective sharing of information and intelligence between all key agencies." The Review of the LSCB noted that "Effective monitoring by the child sexual exploitation and missing sub-group enables the board to have a robust understanding of missing children and their behaviour across the tri-borough partnership."
    - LSCB general and specialist training courses address CSE with additional training provided for Family Services staff by CSE leads. Training has been reviewed and revised where appropriate e.g. to make some generic training more specific to local situations. Staff from local authority Children's Services, health, the voluntary sector and probation have participated in the training offered.
    - Training and awareness videos have been published on the LSCB website.
    - Profiles of CSE activity have been produced and shared with partners through the MASH/Missing/CSE sub-group.

10. **The wider community has an increased awareness of young people vulnerable to sexual exploitation, gang activities, domestic violence and female genital mutilation.**
    - Operation Makesafe has been implemented across the three councils with a Stakeholder Group led by the Director of Children's Services reporting to the LSCB. This has engaged businesses including hotels, licensed premises and taxi companies in awareness of and responses to CSE
    - Awareness of CSE amongst young people has been addressed through the Healthy Schools Partnership and School Improvement Team which promotes this in schools through the Personal, Health and Social Education (PHSE) curriculum.

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- Young people in targeted schools have received training from the Integrated Gangs Unit and the police on consent and rape as well as additional training from Barnardo's and VAWG.
- Ofsted noted the effectiveness of awareness-raising regarding FGM which had led to referrals to children's social care increasing along with the effective role of the tri-borough female genital mutilation project in engaging fathers and husbands and from particular communities.

11. Multi-agency planning addresses the behaviour of perpetrators of CSE and Domestic Abuse.

- Ofsted noted the role of information sharing through the Multi-Agency Sexual Exploitation panel (MASE) and other local panels and mapping arrangements in ensuring a focus on both victims and perpetrators.
- Reports to the MASH/Missing/CSE Sub Group now include summary information about perpetrators and locations of concern.
- There is reciprocal attendance at key risk management groups such as MAPPA and Serious Youth Violence panels with good examples of "mapping" meetings in the boroughs sharing information about perpetrators from different agency perspectives.
- Anonymised examples of effective action to disrupt perpetrators and address locations of concern have been shared with the LSCB and the Sub Group.
- All three boroughs have well performing MARACs that safety plan for families where there is high risk domestic abuse

12. Agencies are aware of and able to respond to young people affected by domestic abuse perpetrated by peers

- A report has been presented by VAWG representatives to the LSCB with a commitment to regular updates going forward.
- Professionals from specialist services are now working alongside colleagues from children's services to strengthen pathways and knowledge-sharing between them to support high risk families and to provide longer term work to prevent future abuse and increase safety in families.
- Parenting Programmes have been introduced which support wider relationships and their impact on child well-being, in addition to developing additional components to early intervention parenting programmes that offer VAWG support. This includes *Talking Without Fear*, which focuses on offering extra support to non-abusive parents post separation as they are recovering from the trauma of abuse, and the *Healthy Relationships Healthy Babies* pilot, both of which have happened in Westminster.
- Children and young people have been identified as a priority in all of the VAWG's operational groups

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13. **Practitioners are increasingly able to identify children at risk of female genital mutilation and respond appropriately to safeguard them.**
    - A pilot project involving local authority and health services has introduced an innovative approach in identifying and working with potential and current FGM victims. A specialist social worker co-located and embedded within a health setting has contributed to strong multi-agency working which is enhanced by joint development work with Midaye, a Somali Development Network.
    - The project has led to a substantial increase in the number of families where FGM has been identified to be an issue, enabling a proportionate response at an early help stage or Child in Need or Child Protection services where required. From May 2014 to March 2016, 77 women from the three boroughs have been referred and seen in both clinics. All women who have daughters or are going to give birth to girls have agreed to social work visits.
    - At St Mary's weekly FGM clinic, the team see approximately 10-12 women per clinic. 3-7 of these are residents of the three boroughs. At Queen Charlotte's Hospital where an FGM clinic operates fortnightly, the team sees 5-10 women per clinic, with 4-5 women of these from the three boroughs.
    - The LSCB provides FGM training to a range of practitioners who have contact with girls across different age groups. "Learning Events" have been planned to support schools with addressing FGM.
    - The LSCB community worker has built strong links with Mosques and Madrassahs to build capacity to recognise and respond to safeguarding issues

14. **The LSCB has identified how best to work with other key partnerships to better address safeguarding issues resulting from the radicalisation of some young people.**
    - A major conference took place involving local schools and including presentations on responding to threats of radicalisation,
    - The Channel Panel has been expanded to include safeguarding representatives from Children's Services in all three boroughs and specific schools, determined by what is on the agenda.
    - Following training and awareness raising, an increasing number of schools and colleges are raising the issue through school councils, PHSE, assemblies and using the support and advice available from Prevent.

15. **The LSCB has ensured that local multi-agency responses to national safeguarding issues are proportionate and target the communities or localities most affected.**
    - There are good examples of tailored support being provided to specific communities, raising awareness of safeguarding in response to local needs while ensuring an appropriate range of other issues are addressed through this contact.

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Conclusions following the review of the 2015/16 Safeguarding Plan

1. While there have been significant developments in many service areas and improved processes, in some areas of LSCB activity, there is an ongoing need for a greater emphasis upon outcomes and clearer indications of impact upon children which result.
2. While we are now clearer about the impact of local authority Early Help services, there is less clarity about preventative services provided by other sectors and their contribution to effective safeguarding.
3. There is a need for the Board to consider the safeguarding needs of disabled children. While the recent Ofsted review and the simultaneous inspections of the three local authorities did not identify any specific concerns about disabled children, there is still a need for the LSCB to consider their safeguarding needs in more detail.
4. While there have been initiatives to involve young people in the work of the board and consult them about safeguarding, this has involved limited numbers of children. A more comprehensive understanding of how we assess the impact of safeguarding upon the lives of children and young people and how the Board has acted upon their views is required.
5. While we have made progress with communicating more regularly and in different ways, we are not always clear about the degree to which key messages are received and responded to by the large multi-agency workforce. Further developments could also be considered as to how the LSCB might best receive feedback from frontline staff about how safeguarding is working in practice.
6. There is an ongoing need for the LSCB needs to continue to develop its links with a range of partnerships with which we share a common agenda or priorities.

VIEWS OF CHILDREN AND YOUNG PEOPLE

With support from the LSCB Community Development Officer for Children and Young People we undertook a range of activities this year. In July, we hosted a workshop for school children aged 9-10 years old for the Children's Choice Conference for schools in Hammersmith and Fulham, and Kensington and Chelsea where we asked children to tell us about what worried them most. The children were asked 1) what worried them about a particular safeguarding topic, 2) how they could keep themselves and their friends safe and 3) what adults could do to keep them safe.

One of the main themes identified was bullying at school, and we subsequently planned an activity around this and e-safety for Youth Takeover Day in November. For this event, we challenged a number of young people from Phoenix High School in Hammersmith and Fulham to produce with a short stop motion film about keeping safe online which was used on the LSCB Twitter feed to promote Safer Internet Day in February.

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In 2015 we also worked with a group of young people in Westminster who formed our Young People's Panel. They identified 'sexting' and staying safe online as two issues they wanted to explore further during our workshops with them.

KEY ACHIEVEMENTS FROM LSCB SUBGROUPS

Hammersmith and Fulham Partnership Group

The Partnership Group has continued to develop strong partner relationships. There has been good and consistent attendance and contribution by a wide range of agencies. Key issues such as child sexual exploitation, domestic abuse, substance misuse and adult mental health have remained high on the agenda and are standing items for discussion. The Partnership Group has continued to engage the community and voluntary sector and has sought to strengthen collaboration and partnerships by bringing them into the core of safeguarding work. A range of voluntary sector partners have engaged with the partnership group, including Queens Park Rangers Football Club to develop relationships and strengthen their understanding, knowledge and response to safeguarding issues.

The Partnership Group now has a representative from education as a permanent member, which provides an essential link to the head teachers' forum and ensures that key education issues are brought to the attention of the LSCB.

The Partnership Group has routinely sought to encourage challenge between partners in a measured and proactive way. The LSCB is kept informed about all challenges that are raised. Challenges are recorded on the "challenge log", which is regularly reviewed to measure outcomes and the impact of any action taken. This has led to changes to protocols, pathways and responses. For example, a review led to improvements to the protocol and pathways in relation to pregnant refugee women presenting at maternity units for delivery who are homeless and have no recourse to public fund.

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‘What are you concerned about’ remains a standing agenda item of the Partnership Group. This facilitates the raising of key safeguarding issues which can then be escalated to the Board. Members consider safeguarding in the wider context and can prompt particular actions, e.g. sexual health clinics noted a rise in CSE concerns in schools and younger children engaging in sexual activities. A multi-professional meeting was arranged to explore the concerns and developed a more robust approach to the assessment of the safeguarding concerns for each child, an assessment of the response of schools and a strengthening of communication pathways between agencies.

The Partnership Group has been central in maintaining the link between front line services and the LSCB. Feedback has been actively sought from front line practitioners across all services through questionnaires or team/service discussions. The group has led on the dissemination of information to front line staff, including the LSCB newsletter and Learning Review. Exercises have also taken place to measure the impact of the Partnership Group on front line staff’s knowledge, understanding and practice following the dissemination of information about referral pathways, thresholds and Early Help and child sexual exploitation.

Kensington and Chelsea Partnership Group

The Partnership Group has a committed and long standing core membership. Members seek to investigate proactively safeguarding issues of relevance to local need and issues, reflect and debate, and take action where required to improve the quality of interagency working and the quality of service provision to the children, young people and families in Kensington and Chelsea.

The group has met formally on a quarterly basis, with additional work taking place as required. This is supported by a comprehensive Business Action Plan which guides the group’s focus and promotes the opportunity for reflection on local safeguarding issues.

Over the course of the year the Group considered a range of thematic subjects of relevance to local children, families, communities and professionals working at the frontline. These included; ending harmful practices such as FGM, early help services, organisational change and its impact, learning from serious case and management reviews, private fostering, child sexual exploitation, serious youth violence and gang activity. The Group members contribute to the delivery of information through papers, research and presentations on a range of issues. The opportunity to discuss and debate is actively pursued.

A range of speakers were invited to broaden the knowledge and the agenda. Guests discussed thematic issues, e.g. the Asian Resource Centre have presented their partnership work on ending harmful practices. Annual reports have been presented including those of the Child Death Overview Panel, Local Authority Designated Officer, Private Fostering, Multi Agency Risk Assessment Conference (MARAC) report considering domestic abuse, and the Multi Agency Public Protection Arrangements (MAPPA) report of the London Probation Service.

Guidance and signposting to specialist tools have been disseminated through members including FGM and CSE vulnerability assessment tools, and guidance

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resulting from the Southbank Serious Case Review in understanding the ‘grooming’ of the environment and how to ensure a positive safeguarding culture and leadership in organisations.

Organisational changes and the impact upon local safeguarding arrangements have continued to be a theme with opportunities to provide updates, ask questions, raise challenge and debate safeguarding issues and implications. A significantly beneficial aspect has been to focus on collectively how we may support colleagues and promote a positive interagency working arrangement, promoting the opportunity to form professional relationships and address the emergence of issues at the earliest stage. This has had direct benefits for effective working together arrangements and safeguarding matters in relation to children and their families.

The partnership group remains committed to the Board’s work on Neglect and a number of members are committed to the continuing partnership with the NSPCC to deliver the Neglect Campaign across the three Boroughs into 2016-2017.

Westminster Partnership Group

The partnership group has had a productive year including the Ofsted inspection of children’s services which took place in January 2016. The final report included a Review of the LSCB which was positive about the contribution and quality of Westminster’s Partnership Group.

Achievements this year included the collation and dissemination of a comprehensive list of Westminster supplementary schools. These are education establishments that may not be registered with Ofsted because they offer homework clubs, religious studies and other provision out of usual school hours and therefore are not subject to a regulatory framework. The Community Development Worker undertook some effective relationship building to enable input with those running schools and institutions. This has meant the profile of issues such as FGM, child sexual exploitation, private fostering and the safeguarding aspects of the ‘Prevent’ agenda are raised directly with communities who may be affected.
The Community Development Worker has offered advice about making referrals to children’s social care and therefore this work had a direct impact on the well-being of young people. She enabled discussions about the issues listed above to take place within the institutions which would not have happened otherwise. The list of supplementary schools was compiled with input from the group to ensure a comprehensive gathering of intelligence across the multi agency safeguarding spectrum.

The Children’s Services and Housing Panel was promoted at the partnership group to ensure agencies are aware of the referral pathways and the work that can be done to intervene early, preventing homelessness for children and families.
The Partnership Group identified a low take up of training from multi agency staff about how to use interpreters, which led to a discussion about interpreters’ understanding of safeguarding and the complications that can arise when using interpreters with families where there are safeguarding concerns. Subsequently the interpreting and translation contract for children’s services is being re-commissioned and this feedback was incorporated into the new specifications, ensuring that

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interpreters and users of the service will have clear expectations and quality standards.

The Group heard challenges about the quality of the emergency out of hours social work service, and this was subsequently recognised through self-assessment and the Ofsted inspection. The challenges raised by our Lay Member and Appropriate Adult volunteer resulted in a number of detailed meetings and examination of the processes. The position now is that although further work is required, additional social work resource has been agreed for the out of hours service in Westminster to improve its quality.

The Partnership Group also identified the need for young carers to receive a better service this year. The Young Carers contract with a voluntary sector provider subsequently came to an end with the decommissioning decision influenced by the partnership group. The service is now provided in-house by Westminster Children's Services. There is now a target within Westminster City Council to report on the numbers of young carers identified as a proportion of early help cases. Such cases will therefore have significant multi agency input.

A series of themed workshops were planned to address the priorities the partnership group identified for itself at the start of 2015-16. These were informed by the wider Safeguarding Plan of the LSCB as follows:

- Serious Youth Violence
- Child Sexual Exploitation
- Female Genital Mutilation
- Radicalisation and Prevent

This led to a number of examples of the direct, positive impact of the partnership group on outcomes for children:

A workshop was held with group members and additional invitees on each of the themes outlined resulting in actions to be taken in each area. For example, Redthread attended and gave a presentation at the serious youth violence workshop about their work in hospitals with young people who have been the victim of violence. This was at the suggestion of a safeguarding health lead and led to actions including Redthread attending a safeguarding briefing for GPs. The Tri-Borough Alternative Provision (TBAP) schools were also invited to the Integrated Gangs Unit meetings in order to create better information sharing and closer working as some young people attending such provision would be at risk of or perpetrating serious youth violence.

The workshop on CSE resulted in increased input at the Multi Agency Sexual Exploitation Panel from probation and housing, and a commitment from colleagues in the Safeguarding, Review and Quality Assurance section in Children's Services to ensure that child protection plans for children who were considered at risk of CSE contained specific actions that would increase their safety.

The FGM workshop ensured a greater profile for FGM prior to the summer holiday break in 2016, which we know is a crucial time to identify girls who may be at risk.

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Finally the Prevent workshop enabled an overview of the ‘reach’ of the current training offer for Prevent, offering reassurance that staff across the partnership have accessed the training and are making referrals where appropriate.

Case Review Subgroup

The Case Review Subgroup considers new child care incidents (of serious injury or death to children) and makes recommendations to the chair of the LSCB on whether a decision on holding a formal Serious Case Review (SCR) or another type of review should be held.

The sub group also receives completed reports commissioned within the three boroughs so that learning can be identified and disseminated to the LSCB workforce. The sub group considers national or other local authority review reports where there are potential lessons for our local services.

New child care incidents: Recommendations from Case Reviews

During the year two SCRs have commenced, one initiated by the shared LSCB and another by Luton LSCB involving a family which had prior involvement from services in Hammersmith & Fulham. Both reports will be completed in 2016/17.

The case initiated by the shared LSCB (known as “Baby Rose”) involved a young mother who gave birth abroad and returned to the UK four months later with the intention of taking the baby to Moorfield Eye Hospital for an operation. The mother informed her parents, who lived abroad, that Children’s Services had removed the baby from her care, and they were so concerned that they came to the UK immediately and took their daughter to the Police to report the baby missing. Following a police investigation the mother was charged and convicted of murder. Police advised that she had accepted that she suffocated and disposed of the body.

In the Luton case a baby died of severe physical injuries when cared for by a young mother and her new partner; the use of drugs by both parents influenced the care they provided for the baby. Hammersmith & Fulham Children's Services were involved at the time of the baby’s birth, before the family moved out of the area. Children's Services and Hammersmith & Fulham’s Housing Department are both engaged in the serious case review.

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COMPLETED REPORTS RECEIVED AND REVIEWED

A number of completed reports were received by the sub group and the key lessons reported to the LSCB and to the wider multi agency workforce through training, learning events and the Learning Review newsletter.

The key reports and lessons were as follows:

CD – Case Review

CD was a 21 year old care leaver who died as a result of drug misuse. She had a long history in care with multiple placements. The review noted that the services she was offered were provided by highly committed staff; despite the high level of input

the services did not sufficiently change her pattern of substance use or other life choices

The report identified the following lessons:

a. The LSCB should note the need for the care leavers' teams to have and/or have access to specialist substance misuse knowledge and should ask the Tri Borough Assistant Director for looked after children to review the position in the three care leaver's services and take appropriate action as necessary.

b. The borough's care leaver service should consider how to make available a drop-in opportunity for young people not able to keep to regular appointments.

c. Peer mentoring should be made available to engage hard to reach young people.

d. Pathway plans for young people leaving care should have a wider multi agency input into them.

e. Consideration should be given to a career pathway for personal advisors to ensure that the more complex young people can be allocated to the most experienced staff.

Sofia – Serious Case Review

In December 2015, the LSCB published the serious case review regarding baby Sofia. Sofia was a 13-month old baby who died as a result of neglect. Her mother had a history of moving between boroughs. As far as can be ascertained, Sofia and her mother lived in seven different areas prior to the baby's death.

The report identified the following lessons:

a. There was a pattern, particularly across London, whereby the complex nature of housing and benefits legislation (as it applies to foreign nationals) meant that professionals are ill-equipped to explore all options open to families.
b. There was a pattern in Westminster Children's Social Care at the time not to assess the needs of pregnant women where housing needs were the primary problem. This potentially placed unborn children at risk
c. Systems to share information between GPs and Health Visitors need to be more robust so that reliable oversight of babies' health is not undermined.
d. There was a pattern in London whereby strategy discussions had become diluted to a brief telephone communication between Police and Children's Social Care, which resulted in other agencies not being included in the discussion, even where they have the greatest knowledge of the family.
e. There was a pattern of professionals over-focusing on physical manifestations of neglect, such as weight loss and failing to identify more complex, less visible indicators.
f. There was a tendency to assess risk from the parent's perspective and not to focus on the child's experience. This meant that destitution, and resulting transience, were not seen as potential child protection issues.

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g. Children's Social Care being unable to complete an assessment because a family is 'avoidant' at point of transfer may lead to children inappropriately being described as 'in need' rather than 'in need of protection'.

JJ – Serious Case Review

In January 2016, the LSCB published the serious case review for JJ. JJ was a 3-year-old boy who lived in Westminster with his mother. He died in the care of his father while having overnight contact in another local authority area. The post mortem outcome was that this was an unexplained tragic accident; further specialist medical advice concluded that the injuries did not match the reported description of events and suggested force had been used. Because the child had died and abuse or neglect was suspected, a serious case review was held.

The review could not identify any information regarding what had happened the evening JJ died – this had been carefully investigated by the police. No agencies were involved in any plans for JJ's overnight stays with his father; this was organised informally between his parents. However there were lessons which emerged for agencies which arose from the interactions his mother had had with health agencies.

The report made the following recommendations

a. The health visiting service should review the assessment and recognition of support needs when mothers are presenting with low level mental health issues or anxiety.
b. Communication needed to be stronger to primary health services regarding presentations of children to Accident & Emergency services. This should include not just the transmission of information, but the aggregation of patterns of presentations and understanding the potential issues that might lie behind them.
c. Agencies should ensure that fathers are an important part of their thinking, assessments and intervention.

Southbank International School Serious Case Review

The sub group received the report on the abuse at Southbank International School, which occurred over a period of four years, perpetrated by a teacher, William Vahey, who is now known to have been a prolific sex offender.

The report concluded that: "William Vahey, an American citizen, joined Southbank School from the international school in Venezuela, having worked in several countries during his teaching career. It is significant that he had a conviction for sexual offences against young boys in California in 1969 and this conviction resulted in a 90-day jail sentence and five years' probation with a condition that he should be supervised in the company of males younger than 16 during that time. This conviction was not picked up at the point he qualified as a teacher in the United States or by any subsequent employer."

Recruitment processes which were not compliant with expected standards resulted in his appointment as a teacher at Southbank International School. Vahey had quickly established himself as a teacher who had an informal, unconventional teaching style but was popular with many pupils. He specialised in residential trips

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and ran the 'travel club' which involved him selecting pupils and teachers to accompany him on overseas trips.

The review has found that "aspects of Vahey's behaviour should have alerted senior staff at the school to the possibility that he was sexually abusing pupils; at no point was this given any formal consideration".

The key recommendations identified were:

a. There is a need to ensure that all staff in the multi agency workforce are able to use the report resulting from the SCR to further develop their understanding of the modus operandi of sex offenders.
b. The LSCB to consider how it can promote learning in agencies regarding the establishing and maintenance of a safeguarding culture that restricts opportunities for offenders, promotes identifications and ensures effective follow up when issues are raised.
c. The need for effective recruitment practice, and where possible, overseas checks to be implemented in all agencies so as to minimise the chances of offenders gaining access to employment and to children.

Family C - Serious Case Review to be published in 2016-17

In February 2015, the mother of two young children aged 4 and 18 months, killed her oldest child as well as the children's father and also seriously injured the youngest child, whilst she was experiencing an acute psychiatric disorder. The family had been known to local statutory agencies but had never met the criteria for any formal child safeguarding interventions. The mother was seen by adult services but left before formal assessments could be completed.

The SCR findings will be published in a full report, alongside the publication of a domestic homicide review (DHR), commissioned by the Community Safety Partnership. The timescale for publication of the SCR has not delayed sharing learning from it with practitioners and introducing some service changes in adult health services in order to improve communications.

External Serious Case Reviews

The sub group also considered two serious case reviews from other LSCBs where children had been harmed in other local authority areas. In one case a local authority foster carer had sexually abused children placed in his care over a 10 year period. Another SCR focused on a teenager who had suffered severe neglect over a long period of time. Local review of these cases and learning led to actions to ensure this was shared with relevant groups (e.g. the local Fostering Panel, services responding to school attendance concerns and Early Help services) as well as informing the content of training and conferences.

Communication of the Lessons

As a matter of routine all three local partnership groups in the three local authorities take the review reports to their meetings to ensure there is wide dissemination of the lessons. The LSCB's Learning Review newsletter includes a summary of the

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lessons. The LSCB training offer is amended where required to incorporate learning. In addition, all LSCB members are expected to communicate and cascade lessons back to their agency networks as appropriate.

Quality Assurance Subgroup

The Quality Assurance (QA) subgroup takes a lead on the LSCB's role in examining information including quantitative data, information about the quality of services, and information about outcomes for children. This is done by examining performance data from a number of key agencies, multiagency audits, section 11 audits and informal exception reporting. This is scrutinised to consider any unusual patterns or themes and compared with local and national data where possible. The subgroup has met quarterly to explore the above drawing conclusions and potential recommendations relevant for each sector.

In 2015/16 there were a number of achievements led by the QA subgroup. Section 11 audits are now completed using a virtual tool and the questions redesigned to ensure the document is user friendly and to increase agency participation. This has been trialled by several agencies with positive results tracked by the LSCB.

Multi-agency audits are now led by the local authorities' Quality Assurance Manager where previously an independent consultant was commissioned. In this period the subject chosen by the subgroup for audit was 'Safeguarding and Parental Mental Health' and the report was completed in January 2016. The process included agencies across a number of services completing individual case audits followed by a workshop to consider the findings. The information was analysed and contributed to a final report which was communicated to the LSCB meeting themed around mental health. The following findings cover a number of recommendations in the full report:

1) Challenges Associated with Information Sharing
This report has highlighted different examples of where information sharing has worked and where it is hindered. This ranges from parental consent/openness with practitioners to information sharing barriers between agencies. This is inclusive of private providers. The importance of taking a curious and proactive approach to safeguarding is essential.

2) The Importance of Robust and Purposeful Planning and Interventions
The inclusion of families and the importance of multiagency working is an important aspect of achieving good outcomes for families. There were examples where well attended network meetings had led to good discussions and planning to support families. However, there were examples where network meetings had not taken place and were therefore recommended within the audits.

3) Relationships
Relationships are central to working with families and the professional network to achieve positive outcomes and change. How we strengthen these relationships and utilise them is essential to continued development across services.

In November 2015, in response to a challenge from a voluntary sector partner agency, the Local Children Safeguarding Board was requested to review Children's

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Services use of the Barnardo's Domestic Violence Risk Identification Matrix (DVRIM) where domestic abuse is identified in the home. The audit also explored the other types of tools that may be contributing to the Social Work assessment of risk and also made wider observations related to the quality of practice.

Whilst use of the Risk Identification Matrix was not evident on any of the cases reviewed, the audit identified evidence of multi agency approaches to assessments and interventions with families. Social Workers had a good understanding of risk to the child or children and parents and considered these in detail. The drive of systemic practice across Children's Services in the three local authorities was also being utilised in a number of these cases both with Social Workers that were on the 'Focus on Practice' course and those who had not yet started demonstrating that this too is becoming embedded.

Planned multiagency audits will now occur twice a year with the flexibility to complete further audit work where agencies raise potential practice challenges as demonstrated above.

CSE, Missing and MASH Sub-group

The subgroup met on three occasions over the course of the year. As a multi-disciplinary partnership it considered strategic plans to deliver on LSCB safeguarding priorities in this area. The membership of the group continued to represent the wider spectrum of partnership agencies working with children and their families affected by child sexual exploitation, children who are missing from home, care and education. It also reflected the systems in operation through the Multi Agency Safeguarding Hub (MASH) to effective identified and manage the information flow when assessing risk for some of the most vulnerable families.

The MASH has now been in operation for a number of years, and its activity has been overseen by this sub-group. This included the regular scrutiny of activity data as well as an exploration of practice issues and workload demands. The communication flow back to agencies which have been consulted as part of the initial checks made by MASH remained a challenge for the Hub and professionals. This led to a clear statement which noted that professionals and agencies will not be contacted following initial checks unless there was a concern that needed to be communicated. The sub-group acknowledged that the MASH would not have capacity to provide any additional feedback and approved a decision that Family Services would provide this where appropriate as part of any assessment carried out.

With an expanding knowledge of child sexual exploitation (CSE), its signs, impact and the need to increase awareness, the sub-group has overseen a multi agency strategic approach to address this safeguarding priority. There have been significant developments in the last year which the LSCB has been instrumental in leading, including the development of the CSE strategy and oversight of the Multi Agency Sexual Exploitation (MASE) panel which considers the cases of significant vulnerability and concern. A CSE Screening Tool has been developed and the six month pilot and results reported back into the sub-group. The outcome of the screening pilot was a confirmation of good levels of local understanding of risks, the levels of vulnerability and the decision making which had taken place.

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Missing children and young people continue to be a priority of the LSCB's safeguarding plan. The last year saw an increased multi-agency understanding of the connecting factors of concern for children who go missing from home, missing from education, CSE, gang activity and criminal behaviour. The local authority Missing Coordinator has worked closely with social work practitioners and multi-agency partners to improve practice and safeguarding responses. The sub-group has been instrumental in refocusing the work of partners onto key issues of practice and effective interventions, leading to increased understanding about why children go missing and how they can be supported to not go missing in the future.

Harmful Practices Steering Group

The Harmful Practices Steering Group was formed in June 2015 as part of the new governance structure to deliver the 2015-2018 Shared Services Violence Against Women and Girls (VAWG) Strategy and regularly reports to the VAWG Strategic Board and the LSCB. The Steering Group is chaired by the VAWG Strategic Lead and the Deputy Chair is the Joint Head of Safeguarding, Review and Quality Assurance for Children's Services.

The main functions of the Steering Group have been to ensure that the Project for Ending Harmful Practices Pilot (PEHPP) is delivering its objectives and outcomes, and highlight and address any issues arising regarding the delivery of the pilot at the earliest available opportunity. It has also overseen the delivery of the FGM pilot at St Mary's Hospital and Queen Charlotte's Hospital.

Ending Harmful Practices Training

The PEHPP has overseen the roll out of a range of training opportunities on topics including FGM, forced marriage, honour based violence and faith based abuse. The training was delivered in stages, with half day multi-agency workshops open to staff from all agencies, followed by a two day specialist workshop open only to social workers, police and health staff. Staff who completed the two day specialist workshops were then invited to attend a series of half day follow up sessions to enable them to tackle the subjects in more depth.

Attendance in the first year of the training programme was good, although there was a high drop-out rate from bookings (overbookings were taken to compensate for this) with a good representation of practitioners from a variety of agencies. Evaluations from the earlier courses were taken into consideration to shape the following workshops and improvements were made in the delivery of subsequent workshops and evaluations continued to show good results as practitioners understanding of the subjects grew. The roll out of the training also coincided with the introduction of the FGM Mandatory Reporting Duty and the LSCB practice note on this topic was widely shared and discussed in training.

Educator Advocates:
The PEHP Pilot has also seen Educator Advocates deployed in all three local authorities, initially in Children's Services offices. Their role has been to assist children's social care professionals in effective case management where FGM, Honour Based Violence, Forced Marriage or Faith Based Abuse is a concern. The

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advocacy service was also available to support and offer guidance to victims of harmful practices. There were some initial barriers in getting this part of the project to work smoothly (e.g. access to system records, building trust with colleagues in children's social care) but these have gradually been overcome and the result is a steady growth in consultations that the advocates have carried out. The Educator Advocates have been proactive in visiting a range of offices where children's social care staff are based to reach a wide audience and extend the reach of this part of the programme.

Community Engagement:
The PEHP Pilot has also delivered a range of community engagement activities across the three local authorities. This includes work done in local schools to engage families during coffee mornings. A local organisation has been set up by men (mostly from Somali and Sudanese communities) and a session was held with them to explore ways we could engage men in the conversations around FGM. Our male FGM worker also co-ordinated the delivery of a training session on FGM to a local school for 120 boys which was very well received.

Female Genital Mutilation Early Intervention Project:
A partnership approach to the early identification of girls' at risk of FGM has been running at St Marys and Queen Charlotte's hospitals for a full year. This included a multi-disciplinary team of a specialist mid-wife, a specialist social worker, health advocates from the voluntary sector, a male worker and trauma therapists working together to deliver holistic maternity care to mother's who have suffered FGM, while working with those families to offer early help or safeguarding services to prevent FGM occurring to future generations. In the course of the year 139 families were worked with and 76 received further assessment and support from Children Services. This is compared to the baseline figure which was that no children at risk of FGM had been identified. The project will continue until December 2016.

Safeguarding Children Health Subgroup

The Subgroup is chaired by the Designated Professionals and meets on a quarterly basis. The purpose of this group is to provide a strategic focus across health agencies to safeguarding children, quality improvement and sharing of learning. During 2015-16, the group met four times although quoracy was not always met owing to competing priorities of health providers.

Key achievements of the group

- Implementation of the "Child Protection-Information Sharing" (CP-IS) project has progressed. This will improve the way that health and social care services work together to protect vulnerable children. NHSE have met with the NHS providers who provide unscheduled care and support is to be given regarding implanting CP-IS across different Information Technology systems within health.
- Links have been made between the Homeless Outreach Worker, wider health services and other vulnerable women's groups. Although many of the health providers are aware of risks within this particular group they tend not to be

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aware of the services being offered. This has reduced the risk of pregnant homeless women not accessing appropriate healthcare services.

- Work has taken place to identify "bed blocking" in maternity wards by mothers who are subject to delayed discharge for social reasons such as homelessness or awaiting court orders. An audit was undertaken to ascertain the level of bed blocking and the impact on emergency cases. Results of the audit will be presented to the sub-group and appropriate actions agreed.
- An audit has commenced on an apparent trend for increasing numbers of children attending Accident & Emergency units following falls from high rise buildings

The outcomes of these pieces of work will identify service areas that need improving and will strengthen the partnership working between health, social care and housing.

Priorities of the Safeguarding Children Health Subgroup for 2016/2017

- To improve the group's quoracy by identifying the key organisational representatives who should attend, rotating meeting days and setting dates for the year ahead to enable the right participants to attend.
- To revise the agenda setting process to ensure meeting outcomes are robust and relevant to members and to allow the group to feedback any issues to the LSCB and wider health partners in a timely manner
- To ensure serious case reviews are a standing agenda item so that recommendations for health agencies and action plans are incorporated into practice at the earliest opportunity so learning can be embedded
- To carry out self-audits and "deep dives" to measure how learning from SCRs impacts upon practice.
- To develop a standardised referral form to children's social care. This aims to alleviate staff anxiety and delays in acceptance of referrals as well as enabling enable professionals to have a common language and to facilitate the challenge and escalation of decisions where required.
- Increase the role of Designated Professionals in providing more scrutiny on health providers' Section 11 audits and where required, working with providers on activity relating to the national inquiry into historical child sexual abuse.

Learning and Development Subgroup

The LSCB has continued to provide a wide ranging training offer. This year, a total of 15 Introduction to Safeguarding Children workshops and 34 Multi-agency Safeguarding and Child Protection courses were offered. In response to demand from practitioners we introduced a half day refresher multi-agency safeguarding and child protection workshop.

New specialist workshops added to the programme included a session on the 'toxic trio' (domestic abuse, parental mental health and parental substance misuse) and

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also working with difficult and evasive families. In partnership with the Women and Girls Network, we have also offered a series of seven workshops on child sexual exploitation.

The LSCB facilitated the roll out of the Partnership for Ending Harmful Practices Pilot (PEHPP) training. This included twelve half day multi-agency workshops (open to all agencies) covering FGM, forced marriage, honour based violence and faith based abuse. These were followed by two-day specialist workshops for health staff and social workers for more in depth information to be explored. A series of half day follow on sessions were also offered to delegates completing the two day specialist workshops, however, attendance at these was significantly lower as practitioners found it challenging to take so much time away from work.

Working in partnership with the Safer Organisations Manager and Tri-Borough LADO, we hosted accredited Safer Recruitment Workshops and Meet the LADO workshops to raise awareness of this important role.

The LSCB published an e-learning course on private fostering and continued to signpost to free external e-learning on FGM, Forced Marriage and CSE.

Evaluation of the training courses is carried out by a pre and post workshop evaluation form, to show how much learning has taken place on the day. A selection of delegates was then asked to complete a further online evaluation some months later, once they had had a chance to put their learning into practice.

Our priorities for 2016-17 include improving the way we evaluate training workshops, by holding focus groups to further measure the impact of training. The specialist course offer will be reviewed and additional workshops on the toxic trio and parental mental health and e-safety will be explored. A learning event for schools on the Southbank International School serious case review is also being developed.

SHORT LIFE WORKING GROUPS

Parental Mental Health Short Life Working Group

Central North West London Mental Health Trust and West London Mental Health Trust have been meeting regularly with representatives from children's social care regularly and more recently have engaged primary care in this short life working group. Participation of other agencies has been more sporadic. The working group has reviewed the challenges that issues of parental mental health and safeguarding pose for the multi-agency network and have identified key themes for the LSCB to consider at its Board meeting when the working group's final report will be presented. Themes focus on:

- Challenges for primary care
- The role of specialist adult mental health services
- The development of perinatal mental health services
- Information sharing
- Training

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The group has also contributed to the development and completion of two multi-agency audits which have provided assurance on joint working and compliance with safeguarding policies. Findings from the audits will also be addressed in the final report.

Neglect Short Life Working Group

Neglect continues to be a key priority for the Board and in late 2014, a decision was taken to commence a short life working group (SLWG), tasked to consider:

- the needs of frontline professionals in the recognition of the signs of neglect
- how to increase understanding of the impact of neglect
- the identification of tools or guidance that might best increase professional capacity to work with families to address neglect and the harm to children.

The group has considered and reflected on a wide range of issues, including the needs of a wide range of stakeholders and the different nature of their relationships with families which impact upon their understanding of neglect.

First actions of the SLWG included:

- a review of a range of tools already used by other agencies nationally;
- development of the neglect pages on the LSCB website
- consideration of the National Society for the Prevention of Cruelty to Children (NSPCC) core programme on neglect, and development of in-house resources to aid the understanding of how a child or young people lives day to day when neglect may be an issue.

It was recognised that the family practitioners' access to the Focus on Practice programme within Children's Services has done much to assist frontline social workers to work more effectively with families, and that new sets of formal procedures or assessment models were not what was required.

The SLWG also concluded that schools and early years provisions are key to understanding the lived experience of children and their families' experience. Therefore more valid recognition needs to be placed on the information and understanding which such agencies bring to the wider professional understanding of this. These agencies are most likely to have a long term connection with a family and may also have a sibling group in attendance for many years. Some of these agencies have expressed difficulties at times in communicating their concerns when referring to statutory social work services. Locality social work teams acknowledge this, particularly in relation to the application of thresholds for interventions.

Recently published SCRs on the children Sofia and Leon recognised that such thresholds can be too high, and do not always evaluate the impact of chronic neglect, its "drip-drip" effect and its emotional impact which is difficult to measure. All agencies and practitioners recognised that this needs to be reviewed and improved where required.

Additional developments instigated by the SLWG include the development and piloting of two set of tools which have been developed and trialled across the three

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Family Service Directorates and in a number of schools. The purpose of these tools is to improve understanding of neglect, communication of concerns, focusing more on the 'lived experience' of children.

In collaboration with the NSPCC the Board agreed to the initiation of a Neglect Campaign into 2016-2017, with the launch being delivered through a multi-agency conference in May 2016. The aim of the conference was to increase awareness and recognition of neglect, with presentations from a number of prominent researchers and highly qualified professionals.

The work of the SLWG has increased professional awareness of neglect, improved the environment for professional discussion and debate and ensured that all practitioners working with families have access to a variety of tools to inform their work, supported by enhanced information on the LSCB website.

ASSURANCE STATEMENT

This year LSCB can take some assurance from the review by Ofsted that it is 'Good', as well as from the two 'Outstanding' and one 'Good' judgements from the inspections of the local authority children's services. Areas where the LSCB has to be assured of the range of services and their effectiveness - adoption, fostering, care leavers, early help, social work services - were inspected, as were areas where we share key responsibilities e.g. CSE, missing children. Some areas of joint work, FGM, were highlighted as particularly notable. Reviews of local health services' safeguarding arrangements, described in this report, also give a high level of assurance that services are good. In addition the strong relationships in the LSCB and across local partnerships enable challenge and problem-resolution and there is good 'working together'.

Children's services commit more resources and time to the LSCB than any other partner and in 2015/16 chaired all three partnership groups and all sub-groups with the exception of the Health sub-group. Whilst partners are committed to participation in sub-groups, it is notable that no sub-group or short life working group has been chaired by the Police. During 2016/17 the Police have agreed upon a SLWG that they wish to chair. This is welcomed as is the stronger leadership by the police at a local borough level and across the three boroughs. In relation to funding, the local authority input – both financial and 'in kind' for the LSCB – is way beyond what any other partner commits. All London LSCB Chairs have noted that the Metropolitan Police continues to choose to fund partnership safeguarding in London 45% less than all the other large urban Metropolitan Police Forces in England. Safeguarding is a complicated and demanding partnership arrangement that needs appropriate resourcing if it is to be effective.

However, the organisational arrangements for the LSCB, commented upon by Ofsted, have continued to be under pressure with the new Business Manager recently covering her previous role of training manager as well as her own work. A 'move' of the managerial arrangements of the small safeguarding 'team' to Children's Commissioning coincided with increasing demands on the remaining staff – and it has been through strong competence and willingness of staff that the arrangements have 'held' sufficiently for the Board's work to continue. The support for multi-agency work across the LSCB relies on the small business support team and the

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LSCB will not be able to maintain its momentum without this. The LSCB has met its statutory responsibilities in 2015/16.

The LSCB comprises all the required statutory partners and has strong and effective relationships with other partnership bodies across the three boroughs. Lay persons are engaged with the Board's work. The Board works closely with the Adult Safeguarding Executive Board for the three boroughs. All leaders and professionals, as well as voluntary organisations, prioritise safeguarding children. There could be a stronger link with front-line staff so that information from them directly informs the Board's work: the current emphasis upon relationships between and developments led by senior, strategic managers could be improved by a more genuine engagement of frontline workers, children and their families and the wider community. A multi-agency focus on and improvement of multi-agency practice should be the key means through which better outcomes can be realised and impact measured.

The national review by Alan Wood of the role and functions of LSCBs published with a response from government at the end of May 2016 will lead to national changes (currently being debated in parliament) for LSCBs in future years. I will complete my term as Independent Chair in 2016/17. National changes, which will place safeguarding responsibilities (yet to be defined) on local authorities, health and the police – as the three 'local leaders' – will pave the way for the current roles and functions operating at a local level to be re-defined and the structures to be reshaped. Early work by the LSCB to anticipate these changes is underway. New legislation and statutory guidance will be published during 2017. In the meantime, holding onto key staff and partnership working is imperative.

LSCB PRIORITIES FOR 2016-17

Following a review of progress with previous priorities by the Board and consideration of developing needs across the three areas, the following four priorities with associated outcomes and actions have been agreed through the LSCB's Safeguarding Plan for 2016/17:

1. **Build on partnerships to improve safeguarding practice with a particular focus on increasing the capacity of vulnerable parents to safeguard their children effectively**

   Outcome: More children are effectively safeguarded in families where parents have complex problems.

   The actions to achieve this priority and outcome are as follows:

- Maximise partnership arrangements to evaluate and increase their impact upon safeguarding children where parents are affected by domestic violence and abuse, mental health problems and substance misuse.

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- Improve links and, where appropriate, hold to account key partnerships[8] to demonstrate that strategic work has a positive impact upon frontline practice and outcomes for children.

2. Improving communication and engagement

Outcome: those who should benefit from the work of the LSCB are aware of and have an influence on what the Board is seeking to improve

The actions to achieve this priority and outcome are as follows:

- Develop a comprehensive communications strategy for all Board activity.

- Listen to and review issues raised by multi-agency staff about safeguarding and confirm action taken by the LSCB in response.

- Listen to feedback from vulnerable children, young people and parents about the impact of safeguarding issues upon their lives (including issues such as radicalisation, CSE, missing children and FGM) and ensure the Board responds to this where required.

- Build upon progress and further develop an interactive LSCB website.

3. Demonstrating our impact and knowing where more effective practice is required

Outcome: The Board is clear where improvements are required and can demonstrate actions which have made a positive difference to practice and children's lives.

The actions to achieve this priority and outcome are as follows:

- Streamline and improve the use of multi-agency data to better measure our impact and progress as well as identifying where we need to improve.

- Ensure the work of sub-groups and short life working groups informs and delivers the LSCB's Safeguarding Plan

- Maximise impact and of learning from serious case reviews across the three boroughs by coordinating subsequent action plans.

- Review how the impact of the Focus on Practice programme is experienced by agencies responsible for safeguarding children and the opportunities for multi-agency learning from the programme.

- Promote the best outcomes for children who have experienced neglect.

[8] To include Health and Wellbeing Boards, VAWG, Safeguarding Adults Board, Children's Trust Board, Crime and Disorder Partnerships, MARAC and MAPPA.

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- Assess the effectiveness of multi-agency early help partnership work at a borough level in improving outcomes for children, ensuring the LSCB is sighted on service changes that may impact on safeguarding.

- Review multi-agency action and planning to improve outcomes for children and young people whose needs are difficult to meet, and who may pose risks to other children.

- Develop links with commissioners in all relevant agencies to be able to identify where improvements in safeguarding are needed.

4. Improving the effectiveness of the Board

Outcome: All partners are consistently aware of and engage with the priorities of the Board

The actions to achieve this priority and outcome are as follows:

- Continue to monitor attendance of partners at Board meetings taking effective action when attendance is infrequent or turnover of key members is anticipated.

- Develop a Forward Plan to include key Board activities and scheduling in other required reports.

- Develop a work plan for the LSCB business support team that coordinates activities arising from the Board and partnership groups and drives through the priorities for children.

- Ensure there is an analysis of the impact of multi-agency safeguarding training at a tri-borough level.

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LSCB BUDGET

	LBHF	RBKC	WCC	FORECAST
Contributions received in 201516				
Sovereign Borough general fund (BUDGET at Period 13)	-87,369	-67,612	-69,926	**-224,907**
Partner Contributions in 2015/16				
Metropolitan Police	-5,000	-5,000	-5,000	**-15,000**
Probation	-2,000	-2,000	-2,000	**-6,000**
CAFCASS	-550	-550	-550	**-1,650**
CCG (Health)	-40,000	-40,000	-40,000	**-120,000**
Total Funding excluding reserves 2015/16	**-134,919**	**-115,162**	**-117,476**	**-367,557**
Forecast Expenditure in 2015/16	**LBHF**	**RBKC**	**WCC**	**FORECAST**
Salary expenditure	83,200	83,145	82,527	**248,872**
Independent Chair	5,153	5,153	5,153	**15,459**
Training	3,016	3,016	3,016	**9,048**
Peer review/consultancy	1,625	1,625	1,625	**4,875**
Multi-agency Auditing	3,333	3,333	3,333	**10,000**
Other LSCB costs	409	109	109	**627**
Total expenditure	**96,736**	**96,381**	**95,763**	**288,881**
Serious Case Review related expenditure in-year	1,750	2,224	4,354	
Forecast variance 2015/16 excluding Serious Case Review expenditure	**-36,433**	**-16,557**	**-17,358**	**-78,676**
Moved to B/S for partner income	**36,433**	**16,557**	**17,358**	
Final outturn	**0**	**0**	**0**	
LSCB Reserves as at Period 1 2015/16				
	LBHF	**RBKC**	**WCC**	**FORECAST**
Reserves Brought Forward into 15/16	-5,500	-72,835	-90,579	**-168,914**
Adjustment in year 2015/16	5,500	-16,557	-17,358	**-28,415**
Contribution to LSCB balance sheet accounts	-36,433	0	0	**-36,433**
Reserves to take forward into 2016/17	**-36,433**	**-89,392**	**-107,937**	**-233,762**

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GLOSSARY OF TERMS

BAME	Black, Asian and Minority Ethnic
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CDOP	Child Death Overview Panel
CRC	Community Rehabilitation Company
CCG	Clinical Commissioning Group
CQUIN	Commissioning for Quality and Innovation (payments framework)
CP-IS	Child Protection-Information Sharing project
CSE	Child Sexual Exploitation
FGM	Female Genital Mutilation
HCPC	Health and Care Professions Council
HMRC	Her Majesty's Revenue and Customs
IGU	Integrated Gangs Unit
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASE	Multi-Agency Sexual Exploitation meeting
MASH	Multi-Agency Safeguarding Hub
NHSE	National Health Service England
NPS	National Probation Service
NSPCC	National Society for Prevention of Cruelty to Children
PHSE	Personal, Health and Social Education
Ofsted	Office for Standards in Education
SCR	Serious Case Review
SLWG	Short Life Working Group
VAWG	Violence Against Women and Girls (partnership)

CONTACT DETAILS

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APPENDIX A: LEGISLATIVE AND STATUTORY CONTEXT FOR LSCBS

Section 14 of the Children Act 2004 and Working Together to Safeguard Children 2015 outlines the statutory obligations and functions of the LSCB as below:

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

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
(ii) training of persons who work with children or in services affecting the safety and welfare of children;
(iii) recruitment and supervision of persons who work with children;
(iv) investigation of allegations concerning persons who work with children;
(v) safety and welfare of children who are privately fostered;
(vi) cooperation with neighbouring children's services authorities and their Board partners;
(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
(d) participating in the planning of services for children in the area of the authority; and
(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

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APPENDIX B: LSCB BOARD ATTENDANCE 2015-2016

LSCB Main Board Attendance 2015-16

Role	21st April 2015	14th July 2015	13th October 2015	24th November 2015	19th January 2015
LSCB Chair	y	y	y	y	y
Executive Director of Children’s Services (Tri-borough)	y	y	y	y	y
Director of Family Services (H&F)	y	y	y	y	y
Director of Family Services (RBKC)	y	x	y	y	y
Director of Children's Services (WCC)	y	y	y	y	x
Director of Schools	y	y	y	x	y
Head of Combined Safeguarding & Quality Assurance	y	y	y	y	y
LSCB Business Manager	y	y	x	y	y
Director of Adults Safeguarding	y	y	y	x	y
Housing	y	y	y	y	x
Borough Command	y	y	y	y	y
CAIT	y	y	y	y	x
Probation	y	x	y	x	y
Community Rehabilitation Company	y	y	o	o	o
CAFCASS	x	x	x	y	y
Prisons	y	x	y	x	y
Ambulance Service	y	y	y	x	x
Voluntary Sector	y	y	y	y	y
Lay member	y	y	y	y	y

NHS England	x	x	x	x	x
Health CCGs	y	y	y	y	y
Designated Doctor	x	y	y	y	y
Designated Nurse	y	y	y	y	y
Head of Safeguarding, CLCH	y	y	y	y	o
CLCH Director of Nursing	x	y	y	x	y
Imperial Director of Nursing	y	x	x	x	x
Chelwest Director of Nursing	x	y	y	x	y
WLMHT	y	y	y	x	x
CNWL	y	y	y	y	y
Public Health	x	y	y	x	x
Community Safety Team (Commissioning)	y	y	y	x	y
Policy Team (Commissioning)	y	y	y	y	y
Head Teachers	x	x	x	y	y
Cabinet Member for Children's services, H&F	x	x	y	x	x
Cabinet Member for Family and Children's Services, RBKC	y	y	x	y	y
Cabinet Member for Children's Services, WCC	x	x	x	y	y

Please note for the purpose of this table 'y' means attendance of the LSCB Member of a representative, 'o' means a representative was not expected and 'x' that no representative attended. Please see the minutes of individual meetings for more in depth information.

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This report was prepared by the LSCB Independent Chair, Jean Daintith, with support from Emma Biskupski (Interim LSCB Business Development Manager) and Steve Bywater (Service Manager, Strategy, Partnerships and Organisational Development).

We would like to thank the many members of the LSCB who also made contributions to the report.

Draft Reviewed by LSCB: 11 October 2016

Published on (tbc) 2016

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Hammersmith & Fulham
Health & Wellbeing Board
Work Programme 2016/17

KEY
FOR DECISION
FOR DISCUSSION
FOR INFORMATION
PLANNING

Agenda Item	Summary	Lead	Item
Meeting Date: 14 November 2016			
STRATEGIC ITEMS			
JOINT HEALTH AND WELLBEING STRATEGY	The Board is asked to consider and comment on the next draft	All	**For decision**
CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TASK FORCE REPORT		CS	**For discussion**
DISCUSSION ITEMS			
SAFEGUARDING CHILDREN BOARD: ANNUAL REPORT 2015/16	Consider alignment of strategic priorities and lessons for integrated commissioning	Independent Chair	**For discussion**
SAFEGUARDING ADULTS BOARD: ANNUAL REPORT 2015/16	Consider alignment of strategic priorities and lessons for integrated commissioning	Independent Chair	**For discussion**

Meeting Date: 13 February 2017			
STRATEGIC ITEMS			
NW LONDON SUSTAINABILITY AND TRANSFORMATION PLAN	Update on next steps post Oct 21 submission	CCG/ASC	**For information**
JOINT HEALTH AND WELLBEING STRATEGY		All	**For discussion**
ACCOUNTABLE CARE PARTNERSHIPS		CCGs	**For discussion**
BETTER CARE FUND PLANNING UPDATE AND ALLOCATIONS 2017/18		ASC/CCG	**For decision**
CAMHS TRANSFORMATION UPDATE		CS	**For discussion**
INTEGRATED FAMILY SUPPORT SERVICE		CS	**For discussion**
JOINT HEALTH AND ADULT SOCIAL CARE DEMENTIA PROGRAMME:	Progress update implementing JSNA recommendations	CCG/ASC Frank Hamilton	**For information**
YOUNG ADULTS JSNA	For approval prior to publication	PH	**For decision**
ONLINE JSNA HIGHLIGHTS REPORT	For approval prior to publication	PH	**For decision**
Meeting Date: 20 March 2017			
STRATEGIC ITEMS			
HEALTH AND SOCIAL CARE INTEGRATION PLANNING	Update on planning for full integration by 2020	CCG/ASC	**For decision**
LEARNING FROM LONDON DEVOLUTION PILOTS	review of learning from first year of London devolution pilots	ASC	**For discussion**

THE ROLE OF PHARMACY IN OUR HEALTH AND CARE SYSTEM		PH	**For discussion**
BUSINESS ITEMS			
JOINT HEALTH AND WELLBEING STRATEGY: DELIVERY PLANNING	discussion focusing on a particular aspect of the strategy tba	ASC	**For discussion**
CCG OPERATING PLANS 2017/18	operating plans for 2017/18	CCG	**For information**

Other possible items

- Update on tackling mental health in the borough and Mind briefing on the role of local community services in supporting people with mental health problems
- Primary care transformation plans

KEY

STRATEGIC ITEMS – items concerning system level issues (e.g. health and care integration, devolution, primary care transformation)

DISCUSSION ITEMS – items of interest focusing on a specific part of the system such as a specific health condition, service or population group (e.g. JSNA deep dives)

BUSINESS ITEMS – items for the board's approval or information but which do not require a discussion (e.g. items that have been agreed offline but require formal approval by the Board)

INFORMATION ITEMS – items for information only and not requiring discussion