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City of Westminster

Committee Agenda

Title:	**Family and People Services Policy and Scrutiny Committee**
Meeting Date:	**Monday 4th February, 2019**
Time:	**7.00 pm**
Venue:	**Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR**
Members:	**Councillors:** Jonathan Glanz (Chairman) Margot Bright Nafsika Butler-Thalassis Maggie Carman Peter Freeman Patricia McAllister Emily Payne Selina Short

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

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An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Tristan Fieldsend, Senior Committee and Governance Officer.

Tel: 020 7641 2341; Email: tfieldsend@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any personal or prejudicial interests in matters on this agenda, in addition to the standing declarations previously made.

3. MINUTES **(Pages 5 - 12)**

To approve the minutes of the meeting held on 3 December 2018.

4. CABINET MEMBER UPDATE **(Pages 13 - 26)**

To receive an update on current and forthcoming issues within the portfolio of the Cabinet Member for Family Services and Public Health.

5. CHILD OBESITY IN WESTMINSTER **(Pages 27 - 50)**

To review action taken to address childhood obesity in Westminster.

6. LOCAL CHILDREN'S SAFEGUARDING BOARD **(Pages 51 - 98)**

To receive a draft version of the LSCB Annual Report 2017-2018.

7. ANNUAL LOOKED AFTER CHILDREN AND CARE LEAVERS REPORT 2017/18 **(Pages 99 - 114)**

To provide an overview of the Local Authority's activity to support looked after children and care leavers and the outcomes achieved.

8. 2018/19 WORK PROGRAMME AND ACTION TRACKER **(Pages 115 - 130)**

9. REPORTS OF ANY URGENCY SAFEGUARDING ISSUES

Verbal Update (if any).

10. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Stuart Love
Chief Executive
25 January 2019

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CITY OF WESTMINSTER

MINUTES

Family and People Services Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Family and People Services Policy & Scrutiny Committee** held on **Monday 3 December 2018** in Room 3.1, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Ruth Bush, Nafsika Butler-Thalassis, Lorraine Dean, Peter Freeman, Patricia McAllister, Emily Payne and Selina Short

Also present: Councillor Heather Acton.

1. MEMBERSHIP

1.1 It was noted that Councillor Ruth Bush had replaced Councillor Maggie Carmen.

2. DECLARATIONS OF INTEREST

2.1 Councillor Glanz declared that in respect of Item 5 the Soho Surgery was located within his Ward.

3. MINUTES

RESOLVED:

3.1 That the Minutes of the Family and People Services Policy and Scrutiny Committee meeting held on 15 October 2018 be approved, subject to the following revision:

Care Home Improvement Programme (CHIP)

Minute 6.1: That the paragraph be amended to read: "…had set a strategic target to improve all care home CQC quality ratings in Westminster to 'Good or Outstanding."

4. CABINET MEMBER UPDATE

4.1 Councillor Heather Acton (Cabinet Member for Family Services and Public Health), provided a briefing on key issues within her portfolio. The Committee also heard from Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care and Health), Melissa Caslake (Bi-Borough Executive Director of Childrens Services), Chris Greenway (Bi-Borough Director of Integrated Commissioning) and Sarah Newman (Director of Family Services).

4.2 Councillor Acton provided an update on the following additional items of interest:

- Thanks were expressed to Louise Butler, Strategic Lead in Professional Standards and Safeguarding, and her team for producing a Safeguarding 'Jargon Buster'.

- A very successful Learning Disabilities Presentation Lunch had recently taken place, which had been very well attended.

- Thanks were expressed to Christine Mead, Public Health Strategic Commissioner, on the recent successful Community Champions Conference, which had been attended by over 250 Community Champions.

- The Council was currently making a submission to Public Health England on provision for autism, a topic the Committee could potentially explore at a future meeting.

4.3 The Committee was interested to learn about the programme currently entitled 'Healthy Families, Healthy Communities' which was due to commence in November 2019. Councillor Acton explained that new healthy lifestyle support services were being commissioned across communities. These would take the form of a range of contracts rather than one large contract and funding had been applied for from the Greater London Authority.

4.4 The Committee noted that as part of the Special Educational Needs and Disabilities Local Area Inspection, focus groups would be established to include a range of participants across the community. The Committee was advised that parents who expressed an interest in participating were selected for the focus groups. The Westminster Parents Group was also closely involved in feeding back opinions along with a range of multi-agency professionals across the system. It was explained that Council officers also regularly attended the focus groups.

4.5 The Committee requested further information on any work undertaken between the Council and sugar retailers to combat childhood obesity. It was noted that a sugar strategy was currently being developed and the suggestion to involve

retailers would be considered. Sugar and childhood obesity was a priority for the Health and Wellbeing Board and this would be focused on at its next meeting.

4.6 Further information on the topic of unaccompanied minors was requested. The Committee was advised that recently greater number of unaccompanied minors were arriving in Westminster with passports, which made it easier to assess their ages. Any who arrived without documents and appeared not to be minors would be assessed using Government issued guidance. Unaccompanied minors would receive a range of support and a holistic assessment of their needs would be undertaken. Each received a welcome pack with specialist pathways developed for each child. An unaccompanied minors group had also been established to allow them to meetup, form friendships and develop their English ability.

4.7 In response to questions regarding youth violence the Committee was informed that work between the Council and the Police was ongoing regarding youth engagement work. The multi-agency response to youth violence was highlighted including the work of the Integrated Gangs Unit and its four key elements of preventing, protecting, disrupting and bring to justice. A working group had been formed to look into tackling youth violence from a public health perspective and the Committee requested it be kept informed of developments.

4.7 The Committee also discussed Speech and Language Therapy and Funding Issues.

5. SOHO SQUARE – LIVINGCARE REPORT

5.1 Tania Terblanche, Operations Director, LivingCare, was invited to present the Committee with an update on LivingCare's response to the findings of the Care Quality Commission's (CQC) inspection of Soho Square Surgery. The Committee noted that the Surgery had received an inadequate CQC rating and as such had been placed into special measures with various patient services suspended. Tania Terblanche provided the Committee with a presentation on the concerns raised by the CQC and the work undertaken to address these concerns including the appointment of a Lead GP, improved patient access and the strengthening of relationships with key stakeholders.

5.2 Peter Chadwick, a representative of the Soho Square Patient Participation Group (PPG), was invited to address the Committee. Mr Chadwick advised that due to the location of the surgery it required high levels of specialist treatments. However, concerns were expressed that due to the instability at the surgery access to these services was being hampered. The Committee was advised that there continued to be a lack of consultation with patients and the PPG, with a high turnover of staff leading to a lack of any continuity.

5.3 The Committee was interested to learn further details of the work undertaken to address all the concerns raised. Tania Terblanche advised that a new team had

been installed at the surgery, including the introduction of a Lead GP, to help ensure the right service was provided to patients. A clear audit plan was now in place and weekly clinical meetings were being held to share and document lessons learned.

5.4 In response to concerns raised over a lack of engagement Tania Terblanche explained that meetings had been held with the PPG and the Chinese Community Centre to improve levels of engagement and the Practice's service delivery. A newsletter had also been developed for the local community and it was aimed to embed these, and other, changes into the new system. The Committee was invited to attend the Surgery and observe the efforts made to implement the improvements required.

5.5 The Committee recognised that concerns still existed over the services provided at the Practice and highlighted the importance of making certain that the situation was improving as previous assurances had not been met. It was therefore expected that the Committee would receive a future update on progress being made and welcomed the invite to visit the Practice. The importance of all parties participating in dialogue was highlighted in order to address the issues raised.

6. SAFEGUARDING BOARD

6.1 Louise Butler (Strategic Lead in Professional Standards and Safeguarding) and Patricia McMahon (Business Manager – Safeguarding Adults Executive Board) provided the Committee with an update on the fifth Annual Report of the Safeguarding Adult Executive Board (SAEB). It was explained how the multi-agency Board provided leadership regarding adult safeguarding across both the Royal Borough of Kensington and Chelsea and the City of Westminster. The purpose of the Board was to ensure that member agencies worked together, and independently, to secure the safety of residents who were at most risk of harm from others, or through self-neglect.

6.2 Louise Butler tabled data on safeguarding concerns raised within Westminster in 2017 and 2018 and informed the Committee that following the introduction of the Care Act safeguarding now had a much broader remit including forced marriage, modern slavery and a very strong domestic violence agenda.

6.3 Recent safeguarding trends in London were highlighted. The Committee was interested to note that issues relating to abuse in care homes had reduced, however levels of abuse in peoples own homes were increasing as there was a focus to care for people in their own home for longer. The report also demonstrated how the data was being used to focus attention on particular areas and ensure the joined-up working between departments such as Trading Standards. Considerable work had also been undertaken with Environmental Health and Housing around the topics of hoarding and self-neglect.

6.4 In response to a question over safeguarding cases within Westminster the Committee was informed that it was important to ensure lessons were learned from all cases, any emerging themes identified with these fed into the strategy for next year. The Committee was interested to learn what the safeguarding procedures were and requested that they be shared with Members. Details on how to raise safeguarding issues were provided and Members were advised that if they had not yet received the training this could be delivered on request.

6.5 The Committee held a discussion regarding the Westminster safeguarding data detailing the types of alleged harm or abuse, the sources of risk and, where risk had been identified, steps taken to reduce it. It was requested that a regular update on safeguarding data be provided to the Committee detailing the actual figures as well as percentages.

6.6 The Committee noted the report, the safeguarding strategy and the emerging themes informing its current work. The partnership work undertaken with other agencies was commended as a positive step to prevent abuse and neglect, and where it was experienced to ensure it was responded to in a way that supported a person's choices and promoted their well-being. The Committee requested that when the report next came to the Committee for consideration the possibility of a service user also attending be explored.

7. DIRECT PAYMENTS/PERSONAL BUDGET

7.1 Chris Greenway (Director of Integrated Commissioning) and Sharon Grant (Adult Social Care Commissioning) introduced a report providing detailed information on personal budgets and direct payments processes used in Westminster as well as an overview of the development of the Adult Social Care Personalisation strategy. This information had been requested by the Committee following concerns raised by Healthwatch that the system was not providing the service users with the support required. The Committee was pleased to note that following discussions between the Head of Personalisation and Healthwatch the issues raised had been addressed and therefore the paper before it set out current processes in place and an overview of the Personalisation strategy.

7.2 In response to questions from the Committee it was explained that an individual with mental health support needs would be assessed to ensure they were capable, and if it was appropriate, for them to be offered a personal budget. The process was aimed to provide people with as much choice and control as possible and ensure the appropriate level of support was in place.

7.3 The Committee was interested to learn more around digitalisation and how this could be used to modernise the way social care was delivered to residents. Members were advised how the Personalisation team was leading on projects to make full use of digital technology to encompass a range of tools including a service user web portal, e-marketplace and self-service. It would also be used to

utilise business intelligence data and predictive analytics technologies in order to work in a more effective and preventative way, as well as increasing the efficiency of staff. Joined up working with companies which provided products such as electricity smart meters was being explored with suppliers showing significant interest in working with the Council. Following a detailed discussion the Committee requested that personalisation digital work be included on its work programme.

7.4 Carena Rogers (Programme Manager, Healthwatch) was invited to address the Committee and expressed her service users thanks that the issues raised had been taken up, heard and acted upon. Thanks were given to officers who had helped resolve the problems experienced and advised that it was important to continue to monitor the budget system so that any other potential issues could be identified at an earlier stage and resolved. The Committee was informed that as part of the digitalisation programme it was planned to implement real time monitoring so that any potential issues experienced by service users could be identified early on.

8. COMMITTEE WORK PROGRAMME AND ACTION TRACKER

8.1 Aaron Hardy (Policy and Scrutiny Manager) presented the Committee's Work Programme and Action Tracker.

8.2 Councillor Emily Payne provided an update on the task group established to focus on Young People's Mental Health and Technology. During initial discussions the following three potential areas of focus had been identified:

i) The effect of technology on young children and their cognitive development;
ii) The effect of technology on teenagers and young adults mental health; and
iii) How the rapid expansion of technology and information was impacting on young people's ability to process information.

Those Councillors wishing to participate in the task group were requested to inform Councillor Payne on which area they wished the group to focus on.

8.3 The Committee was reminded the next meeting would be focused on children services.

8.4 A request was also made that the topic of loneliness and social isolation be included on the work programme.

RESOLVED:

1) That the Work Programme be noted;

2) The Action Tracker be noted; and

3) The revised terms of reference for the North West London Joint Health and Overview and Scrutiny Committee be noted and Councillor Lorraine Dean be appointed Westminster City Council's one voting Member.

9. REPORTS OF ANY URGENT SAFEGUARDING ISSUES

9.1 The Chairman advised there was nothing to report.

The Meeting ended at 9:21pm.

CHAIRMAN: _____ DATE: _____

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City of Westminster

Family and People Services Policy & Scrutiny Committee
Cabinet Member Update

Date:	**Monday 4 February**
Briefing of:	**Councillor Heather Acton, Cabinet Member for Family Services and Public Health**
Briefing Author and Contact Details:	**Charlie Hawken** chawken@westminster.gov.uk **020 7641 2621**

PUBLIC HEALTH

1. Integrated Healthy Lifestyles Service (IHLS)

1.1. The Integrated Healthy Lifestyles Service, delivered by Thrive Tribe, began on the 1st January 2019. This new service will provide online resources, one to one support and group sessions to help give residents the knowledge and skills to improve their health and wellbeing. It also offers training for professionals to ensure they have the competence and confidence to converse with residents on how to achieve positive changes in behaviour affecting health.

1.2. This service replaces and enhances the contracts which ended on 31st December 2018:

- Healthy Hearts
- Health Improvement Team
- Kick It Stop Smoking service

1.3. The service is branded as One You Westminster and will have an official launch in the Spring.

2. Immunisations

2.1. Public Health (PH) held a meeting with NHS England (NHS E) in December to discuss plans for Immunisations in Westminster. NHS E will provide further local data and PH Intelligence and Clinical Commissioning Groups will work together to supplement this local borough intelligence.

2.2. NHS E has agreed to prepare a paper for both Health and Wellbeing Boards – highlighting current performance, reasons for variance, their current approach

and further steps to address variance in performance. This will include an action plan agreed by all partners.

2.3. Immunisations performance to date will be presented by the PH Business Partner at Councillor briefings and also at WL CCG Quality and Performance Committee and the Primary Care Commissioning Committee during February.

3. Flu Vaccines

3.1. Vaccine uptake overall is slightly down on last year (by a couple of percentage points). The exception is vaccination in school age children where uptake is slightly better than last year.

3.2. Current indications are that the predominant flu strain circulating is A(H1N1)pdm09 and that the vaccine is a good match. This strain presents a higher risk to young children and pregnant women and therefore efforts to increase uptake should be focussed on these groups. PH Communications continue to promote vaccine uptake through media posts and social media.

3.3. Public Health (PH) has been working with schools to promote uptake and to disseminate Winter Readiness information provided by Public Health England (PHE). PH sent letters signed by the Director of PH to all schools not responding to schools vaccination programme. Six of the eleven have now fixed an appointment with the provider.

3.4. PH has requested information from Adult Social Care (ASC) to ascertain vaccination uptake in front line social care workers and care home residents. This information is not routinely collected elsewhere.

3.5. Performance in London GP practices who have 0% uptake in 2-3year olds has been escalated by NHS E to their medical directors and safeguarding team. They will be contacting practices and CCGs directly. There are 4 in Central London and 6 in West London CCG within Westminster.

3.6. Real time uptake data at GP practice level is available via the national ImmForm website. PH participates in regular Pan London Flu teleconferences and local Flu task force meetings, organised by the NHS. PH receives a weekly Flu Bulletin from PHE.

4. Drug and Alcohol Services

4.1. DAWS, the commissioned substance misuse service, has launched “Out DAWs’ - a partnership with St Mungos and outreach teams to target the most stuck rough sleepers. One example is very vulnerable multi-drug users requiring an instant access response including prescribing on the day and help with housing pathways.

5. Shisha

5.1. Shisha tobacco contains nicotine, tar, carbon monoxide and heavy metals, such as arsenic and lead. The British Heart Foundation has concluded that a typical shisha smoking session of 1-hour compares to smoking around 100 cigarettes.

5.2. Shisha tobacco therefore carries the same risks as other tobacco-containing products, such as cigarettes, meaning it is addictive and linked to multiple health issues, including lung cancer and chronic pulmonary obstructive disease.

5.3 Shisha pipes will now have to display labels in Westminster to warn of these health risks, following new guidelines introduced by the council. These labels are very similar to current cigarette packaging warnings. Warnings will also have to be displayed on herbal shisha pipes, as they also pose health risks.

6. Annual Report of the Director for Public Health

6.1. The 2017/18 Annual Report of the Director for Public Health will be published shortly. The report focusses on the health and wellbeing of young people, and draws on evidence from a rage of sources, including consultation with over 80 young people including engagement with the Youth Council and Young Westminster Foundation.

6.2. The report makes recommendations to develop collaborative working across organisations and with young people; engage with more young people to identify unmet needs; build trusted relationships with young people to empower them to talk about their concerns; and engage and promote services through platforms used by young people.

7. Mental health and wellbeing Joint Strategic Needs Assessment (JSNA)

7.1. A Joint Strategic Needs Assessment on mental health and wellbeing is being developed in response to a recommendation in 'The Roads to Wellbeing', the 2016/17 Annual Report of the Director of Public Health. Its aim is to inform and support strategy development and commissioning decision making, and planning to improve mental health and wellbeing with equal access.

7.2. Drawing on an analysis of the evidence data, the JSNA contains an assessment of current strengths, areas for future development, opportunities and potential challenges across the City of Westminster and the Royal Borough of Kensington and Chelsea. From this, one key recommendation has been made:

"The Health and Wellbeing Board takes a leadership role in setting the vision to achieve improved mental health and wellbeing in the Bi-borough and to reduce inequalities. The Board should establish a Mental Health and Wellbeing Working Group involving key partners to:

- Reach consensus on a vision for mental health and wellbeing in the Kensington and Chelsea, and Westminster population.
- Agree on a set of priority outcomes to achieve this vision
- Create a Strategic Action Plan and framework to implement and deliver these outcomes
- Monitor progress against the Strategic Action Plan and provide quality assurance for the Health and Wellbeing Board
- Ensure that local strategy and delivery plans address the findings of this JSNA

- To identify innovation and ‘cutting edge’ practices and develop a mechanism to coordinate bids to maximise potential for success”

7.3. A draft JSNA report and executive summary has been prepared and circulated to key stakeholders, including this Committee, for consultation until 3 February 2019. It was discussed at last week’s Health and Wellbeing Board and some adjustments were proposed for the areas to be covered by the Task Force, in order to make sure there was no duplication of effort with existing boards. Colin Brodie was also commended for a thorough report. Responses will be collated and reviewed by the Mental Health and Wellbeing JSNA Steering Group with a final JSNA report presented to the Health and Wellbeing Board in March 2019 for approval prior to publication. To get involved in the consultation please email cbrodie@westminster.gov.uk.

8. Healthy Families, Healthy Communities

8.1. The specification for the service element of the Healthy Families, Healthy Communities programme Is being developed and is due to go out to tender in early February 2019. An event held in November 2018 to promote the contract suggests a lot of interest in the service from providers.

CHILDREN’S SERVICES

9. Special Educational Needs and Disabilities (SEND)

A new SEND strategy and action plan came out in April 2018, alongside a complex Joint Strategic Needs Assessment for Westminster. Progress since then includes:

- The views of children, young people and parents being captured through the Parent Carer Forum, working groups and surgeries feeding into CFA board.
- Schools were provided with guidance on their statutory duties in readiness for the new academic year in September.
- Westminster is developing a quality assurance framework – in the absence of a national framework – meaning more Education Health and Care Plans (EHCP) are of good quality and achieving an increase in the number of plans completed in 20 weeks.
- An audit of looked-after children (LAC) with EHCPs and an audit of home-educated children with EHCPs is about to be undertaken.

For the “Local Offer” a rigorous self-evaluation is in place, regularly updated and published on the Local Offer website. The Local Offer provides information about services that children, young people with SEND and their families can expect from a range of local agencies. A Bi-Borough Local Offer Steering Group oversees delivery of an Action Plan. The Group is co-chaired by parents from WCC and RBKC and includes officers from Education, Health, Social Care and Adults

Services. Local Offer Parent Champions operate in Westminster, supporting the promotion of the website through community connections. We are also working with local schools to develop and promote good practice.

10. Practice week and emerging priorities

The Family Services Departmental Management Team held a Practice Week between 29th November and 7th December 2018. This is one of our key quality assurance activities and encourages dialogue about approaches and effectiveness of our practice across Family Services. During Practice Week, case audits and observations were completed alongside the social worker or practitioner. Any concerns about individual practice are followed up with Team Managers/Service Managers. Similarly comments about good practice are passed on to Team Managers/Service Managers and examples of excellent practice shared across teams. There was a dual purpose to the week, the intention being to both assure the quality of work and also to influence front line practice by facilitating reflection on case direction, work undertaken and case recording. Practitioners value the additional opportunity to interact with Senior Leaders and this further strengthens relationships. The audit team identifies and explores organisational and systems issues beyond individual cases. Practice Week is well established and continues to develop an ethos of transparency and learning amongst both front-line staff and managers at all levels.

Outputs

- 57 Audits were undertaken alongside practitioners. Workshops were delivered in advance of Practice Week to strengthen the quality of the written audits completed
- 17 parents, carers or young people were spoken to in order to gather feedback about their experience of working with Social Care and Early Help and the impact this had.
- 5 Observations of Practice were undertaken, which included meetings with families and other multi-agency professionals
- Feedback meetings were held to facilitate discussion and exploration of identified themes and learning
- Headline findings are informing our continuous improvement work

Outcomes achieved

Social workers and practitioners have been positive about Practice Week and have fed back that they have used ideas and recommendations generated during audits to inform their practice. They value the reflective space, the fresh eyes, appreciation for change that has occurred with families and ideas about improving practice. It was also found beneficial to have the opportunity to have an independent check that their interventions are effective and achieving change for families.

Overall, this quality assurance exercise evidenced thoughtful, measured and confident practice across Social Work and Early Help teams. Auditors identified examples of sensitive approaches and careful thought given to ways of working differently with families. In terms of outcomes achieved for children and their families as a result of our intervention, audits showed that a range of children and young people were being kept safe, offered quality care and stability, provided with opportunities to achieve and to explore their feelings. There were examples where school attendance had improved and children enabled to meet their developmental milestones. The majority of family feedback was positive about the experience of working with Family Services.

The findings from Practice Week are shared with Senior Managers and the relevant staff group/s. The Quality Assurance Manager attends meetings and forums to discuss the findings and recommendations. Heads of Service have an oversight of the priority actions arising from auditing activity. The Director of Family Services and Departmental Management Team monitor areas of development arising from Practice Week.

11. Unaccompanied minors update

There is continued pressure on children's social care as a result of the high numbers of unaccompanied minors coming into Westminster. Unaccompanied minors represent 34% of our looked after population. At the end of December 2018 we were looking after a total of 71, which is more than double the quota set out by central government in the National Transfer Scheme (NTS). The distribution of the care of unaccompanied minors has remained a voluntary system and not all councils are taking part. London councils had established an effective system to distribute care responsibilities across London Boroughs with all authorities willing to accept responsibilities up to their allocated quotas. All London Authorities have now reached their limits and this poses a significant pressure for Westminster where since April we are processing an average of 9 per month. In the absence of any working transfer routes responsibility will rest with Westminster to provide for their care. As we reported in October this is at a time when there is already additional pressure on care leaving services due to Local Authorities having additional responsibilities for care leavers up until they reach 25 years old**.**

12. Passenger Transport

The procurement for Passenger Transport minibus service will begin shortly. The service provides for children with special educational needs eligible for travel assistance to school or college, and vulnerable adults travelling to day activities as part of their social care provision. The new service has been designed incorporating feedback from consultation and engagement and provides an opportunity to formalise service improvements for better contract management.

The new contracts will be procured with the Royal Borough of Kensington and Chelsea. Contract award recommendations are expected in May 2019, for contracts to be awarded in June 2019. This will enable successful providers time to work with the Council, partners, parents, carers, schools and day centres to

ensure a smooth transition to new arrangements. Successful providers will be required to take into account the individual needs of each service user and offer 'meet and greets' to service users and families in advance of the service commencing.

The service will commence for vulnerable adults in August 2019 and eligible children from September 2019.

13. Trailblazer Site: Young People's Mental Health School Support Teams

The government published a Green Paper in December 2017 to develop plans for improving emotional wellbeing and mental health support for children and young people. Following a highly competitive national bid process, West London CCG (NHS), in partnership with MIND and the Royal Borough of Kensington and Chelsea (RBKC)/Westminster City Council (WCC), have been chosen to be part of the first wave of Trailblazer sites for the new Mental Health Schools Support Teams. The programme will cover the West London CCG catchment area which consists of all of RBKC and wards in North Westminster above the Harrow Road (Queens Park etc).

The Trailblazer programme will provide a significant enhancement to local emotional wellbeing services for children and young people 5-18 yrs. The programme is fully funded for the first 2 ¼ years. The new service will be provided by MIND, the mental health charity, and will be targeted at low to moderate mental health needs working alongside existing CAMHS services. The programme consists of two new teams totalling 16 specialist child emotional wellbeing and mental health staff. Staff in the new service will participate in a specialist emotional wellbeing training programme and will be placed within schools. Schools eligible for the programme will be expected to appoint a mental health lead and asked to host a trainee beginning in late March 2019. The teams are expected to be fully operational by December 2019.

<u>School Governors Conference – Mental Health Provision</u>

On Saturday 2 February, a School Governors' Conference is being held on the topic of improving SEND and mental health provision in schools. This will give the local school context for governors, talk about autism in education and tackling mental health in schools.

14. Speech and language Therapy Services Update

Contract arrangements for speech, language and communication needs are being refreshed from April 2019 in line with the current contract end. It is not anticipated that there will be a new provider at this time or that there will be disruption to existing provision, however, there will be an increased focus on developing a more graduated offer of support. Under the new arrangements the Local Authority will be the lead commissioners for the school age Speech and Language Therapy Service and the Clinical Commissioning Group (Health) will be the leads for the early years service. Both the Local Authority and CCG will continue to oversee

the provision jointly. A breakdown of areas of responsibility are set out below. These will be subject to a formal agreement or contract with the CCG.

Service	**Funding responsibility**
Early Years	
Universal and Targeted Support and training for early years settings and parents	CCG
Specialist • Assessment of all children 0-5 with SLCN • Treatment of all children 0-5 with SLCN where speech and language therapy is not specified in Section F of an EHC Plan.	CCG
Specialist Treatment of all children with speech and language therapy specified in Section F of an EHC Plan.	LA
Specialist Treatment of all children in Reception Year	LA / CCG
Education	
Universal Range of training courses to support identification of children with SLCN.	CCG / LA
Targeted SALT support to schools to support a whole-system approach to children's communication	LA / Schools
Specialist Delivery of all SALT specified in Section F of EHC Plans	LA
Specialist • Delivery of all SALT specified in Section G of EHC Plans • Delivery of health-related interventions such as dysphagia or dysfluency • ASD diagnosis service	CCG

The key new areas of focus for the specification are:

- Building on the existing training offer and support to schools to directly deliver a stronger early intervention targeted offer, and;
- Looking at the interface between the early years service and the school age service to improve school transitions for children and young people.

Some of the recent developments within the service including:

- A range of training opportunities available to schools, practitioners and parents from the Therapy Service and the Westminster Training and Outreach Team to support the development of a whole-system approach to speech, language and communication;
- A termly newsletter from the Speech and Language Therapy Service;
- Waiting times in early years having significantly improved for pre-school children meaning they are receiving intervention earlier (within 6 weeks for the majority of children), and;
- The first of a series of dedicated speech, language and communication focused session was held in October at the SENCO forum to support best-practice sharing.

15. Corporate Parenting Strategy Update

The Corporate Parenting Board is in the process of updating the corporate parenting strategy, including our pledge to children in care and care leavers. Working with the Children in Care Council we have identified 6 key promises - about care, health, education, identity, future and involvement. At the council team leadership meeting on 16th January there was a good discussion across all directorates about the Westminster Way for children in care and care leavers, including the detail of our offer. We anticipate that we will be able to sign off a final version of the strategy at the next Corporate Parenting Board in March.

16. Serious Youth Violence

In response to growing concerns around youth violence, the Council has established the Serious Youth Violence Officer Task Group to place a greater emphasis working together across Public Health and other Council departments, the police, and the voluntary and community sector to adapt to the changing nature of violence. The Task Group will examine what initiates serious violence to provide appropriate strategic and tactical responses, as well as empowering our communities to help reduce serious youth violence. Current work includes engagement and consultation with hard-to-reach young people, training to staff to encourage young people to disclose concerns around serious youth violence anonymously if they wish, and developing serious youth violence resources for parents which will be incorporated into current parenting programmes run across Westminster.

ADULT SOCIAL CARE

17. Personalisation:

Digital platform - Work is taking place to build on the market testing activities that were held in November and December, which resulted in a number of providers keen to offer high level proposals to meet our vision to modernise the way that we deliver social care to our residents. The digital platform will include website, e-marketplace, e-wallet and self-service. Procurement of the Digital platform will start once the specification has been developed.

Market shaping – Work is taking place to increase the number and variety of suppliers for service users to choose as their provider. We mapped the market and identified a number of gaps, including the availability of personal assistants, more creative day opportunities and peer support to help people access services. We are now trying to attract new entrants in to the market to enable more personalised delivery based on personal budgets, working closely with service users and specialist organisations to build the micro market.

Delivering on the Digital Bid - The Bi-Borough has been successful in its bid to NHS Digital for funding to become a Digital Social Care Demonstrator of Health Information into ASC. The total award amount is for £46,000. The main objective of the pilot is to improve access to information held in clinical settings for ASC providers. The technology has now been built and is going through product testing with our health and social care colleagues.

18. Homecare market

Work continues to deliver the Council strategy to help strengthen the local market in order that the Council only contracts with home care agencies with a CQC performance rating of 'Good' or 'Outstanding'. With less than two years remaining on the Lead Provider contracts, the Bi Borough Domiciliary Programme Board is undertaking a service review.

The Council is working together with London Association of Directors of Social Services (ADASS) to develop robust and sustainable contingency plans to reduce its risk exposure to provider failure. This includes the Council seeking to diversify its supply chain by expanding direct payments and its spot market.

At a sub-regional level, the Council is also working together with the West London Alliance to learn together about different models of care, sharing best practice and business intelligence. This business intelligence helps shape the work of the Bi Borough Domiciliary Programme Board, which includes operational officers, quality assurance, commissioning and commercial colleagues and wider stakeholders, to analyse, plan, implement and to consult on business as usual and all aspects of a future delivery model.

Of the Lead Providers, Healthvision UK and Sagecare Ltd (both have a 'Good' CQC performance rating) are performing consistently well. There are positive

signs that VCP is on the right path (awaiting the results of an inspection by CQC). However, there has recently been a deterioration in London Care's performance as a result of staffing and management issues in the company. A plan is in development to help resolve London Care. In addition, work is underway to improve market oversight with one of the largest spot providers, Respect Care Services, across the Bi Borough.

Winter Resilience Plans were delivered effectively over the holiday period.

19. Residential and Nursing Quality update

The Quality Assurance team continues to provide support to homes in the borough through sharing good practice, regular liaison and close working with the regulator CQC.

St Georges Nursing Home - recently completed a challenging journey from an 'Inadequate' CQC rating to an overall 'Requires Improvement', gaining Good in two domains. The CQC report stated that 'At this inspection we found significant improvements had taken place'. The focus of improvement was around the culture at the home, personalisation for residents and making dementia awareness a priority. Work is ongoing to sustain the improvements made.

Carlton Dene - A number of concerns have been raised since the last inspection, and as a result the QA team have been going in weekly to support the provider on a range of issues, particularly around medications management. A permanent Deputy Manager is now in place and a new Registered Manager starts in March 2019. There is regular liaison and close working with the regulator CQC.

Meadbank - is an out of Borough nursing home (located in the borough of Wandsworth) run by BUPA. It has capacity for 170 users and at present accommodates 118. It is operating at the moment under an embargo with no new residents being admitted. It currently has 20 WCC clients. It was given the determination of 'inadequate' in November 2018 and was found to be in breach of a number of Regulations. Welfare checks have been undertaken on all residents, by Westminster, and no significant concerns have been identified. Liaison continues both with Wandsworth Council and the regulator CQC.

Feedback has been provided from CQC highlighting the importance of the work of the Quality Assurance Team in improving the overall quality of the local market.

20. OTHER ADULT SOCIAL CARE UPDATES

Brexit - On the 21 December 2018 the Permanent Secretary for the Department of Health and Social Care wrote to all local authorities regarding the Governments preparation for a March 2019 "no deal" scenario for Adult Social Care. The key points addressed were:

Local Resilience Forums – are co-ordinating efforts to assess the impacts of the EU Exit using a template provided by the Ministry of Housing, Communities and

Local Government. All organisations in the local health and care economy are strongly encouraged to input to this work.
Contingency plans – ensuring that plans are updated in the light of the impact of the EU exit on providers and that they are up to date and consistent with other local contingency plans across the health and care system, in particular those being developed by the Local Resilience Forums.

EU Settlement Scheme – outlining the scheme that will be launched for EU nationals who will be able to register for settled status if they have been here for five years, or pre-settled status if they have been here for less than five years.

In addition, providers have been written to, advising of the following:

- Business continuity plans – encouraging providers to ensure they have up to date contingency plans for the possible implications a 'no deal' EU Exit scenario. Communications include areas to focus on.
- Workforce and the EU Settlement Scheme – outlining the EU Settlement Scheme.
- Supply of medicines and clinical consumables – advising providers not to stockpile.
- Supply of non-clinical consumables, goods and services – advising of supply chain reviews being completed to identify any risks with social care commissioners; and providers being written outlining the scope of the Department's work in these areas, as well as advising on actions that need to be taken locally.

The pack of information also contained the EU Exit Operational Readiness guidance containing several sections:

- Supply of Medicines and Vaccines
- Supply of Medical Devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access

To ensure that Adult Social Care is able to respond in the event of a no deal scenario or to ensure EU Exit Readiness, an action plan has been developed in line with the guidance.

HEALTH AND WELLBEING BOARD

A concurrent meeting of the Royal Borough of Kensington and Chelsea and Westminster Health and Wellbeing Boards took place on 29 November. The meeting was themed around loneliness and members of the Board were also trained as Dementia Friends.

Another concurrent meeting of the RBKC and Westminster Health and Wellbeing Boards took place on 24 January, and the theme was dementia and discussions

took place to agree to framework of a Dementia Strategy The boards will considered proposals to create a joint board and this was agreed. The Boards received an update on the Mental Wellbeing JSNA.

Heather Acton
Cabinet Member for Family Services and Public Health

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Policy and Scrutiny Committee

Date:	Monday 4th February 2019
Classification:	General Release
Title:	Child Obesity in Westminster
Report of:	Andrew Howe – Director of Public Health
Cabinet Member Portfolio	Cllr Heather Acton
Wards Involved:	All
Report Author and Contact Details:	Kate May, Ellie Lewis and Debbie Arrigon (Public Health) Kmay@westminster.gov.uk Elewis@westminster.gov.uk Darrigon@westminster.gov.uk

1.0 Executive Summary

1.1 Preventing childhood obesity is a key national and local priority. Obesity is associated with multiple adverse health outcomes and significant costs to the NHS and wider economy. Children in Reception (aged 4/5) and year six (aged 10/11) have their height and weight measured as part of a national annual National Child Measurement Programme (NCMP). Across Westminster, rates of childhood obesity are below the London and England average for children in Reception year but above the London and England average for children in year six.

1.2 In 2015 Public Health introduced a focused programme of work that aimed to halt and reverse levels of childhood obesity across Westminster in partnership with the NHS and wider Council. This involved the commissioning of new prevention and treatment services and cross-council action to create healthier local environments. As a result of our collective efforts, rates of childhood obesity are starting to reduce locally. Whilst this is positive news, inequalities are widening and there is a need for increased focus on improving outcomes for children living in the most deprived areas. In May 2019, Public Health will launch a refreshed approach to accelerate local efforts – this will include a range of accessible new services, a robust new cross-council action plan to create healthier local environments, and development of a new network to support collective action amongst all those with a role in promoting healthy lifestyles for children and families across Westminster.

2.0 Key Matters for the Committee's Consideration

2.1 Public Health would like to seek the committee's views and support on the local approach:

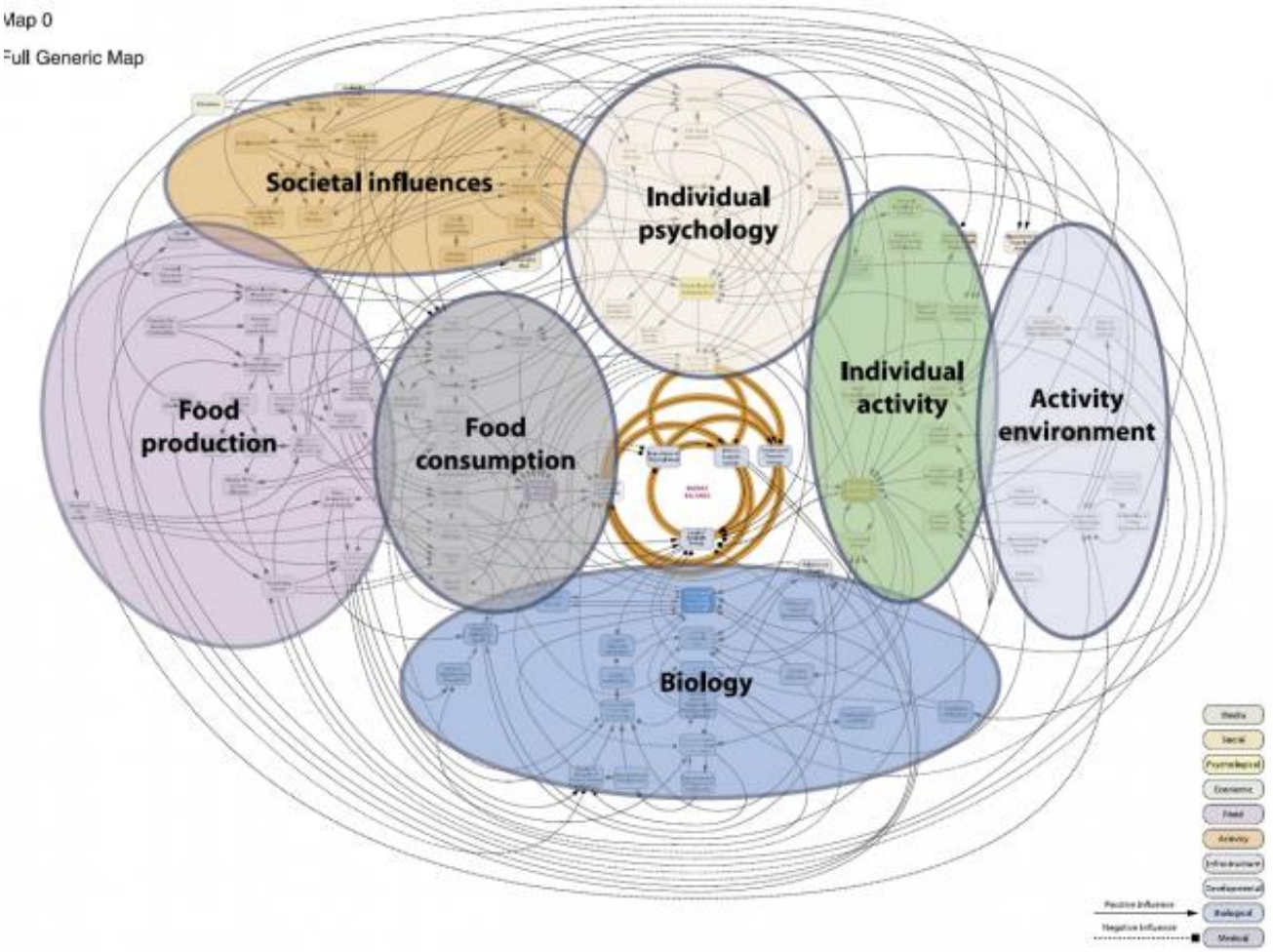
- Is the committee in support of the outlined approach?
- Are there any other Council departments or organisations not mentioned in the report that we should aim to engage?
- Are there any additional national strategies or programmes that we should explore to achieve whole system change?

3.0 Background

3.1 Childhood obesity is one of the most serious public health challenges of the 21st century. Around a fifth of children in England are overweight or obese by the time they start primary school aged five, and this rises to one third by the time they leave, aged 11. Children who are overweight or obese tend to remain so and are more likely to become overweight or obese adults.

3.2 Being overweight seriously affects quality of life and health. It increases the risk of heart disease, stroke, type 2 diabetes and some cancers. It is also associated with bullying in children and stigma in both children and adults, which is associated with common mental health disorders and low self-esteem. Obesity costs wider society £27 billion. We spend more each year on treatment of obesity and diabetes than we do the police, fire service and judicial system combined.

3.3 Tackling obesity is not straightforward. In 2007 the Foresight report Tackling Obesity underlined that there is no single solution to tackle obesity and a broad range of actions involving a range of stakeholders is needed. The diagram below illustrates the many influential and complex factors that surround obesity.



4.0 *The local picture: childhood obesity in Westminster*

4.1 In Westminster, the height and weight of school children (reception/4-5 year olds and year 6/10-11 year olds) is measured annually as part of the statutory National Child Measurement Programme (NCMP). This is often regarded as world-class data with over one million children being measured each year nationally, collected alongside post-codes and ethnicity to allow for thorough analysis.

Key findings are:

- 18.4% of **reception** are above a healthy weight. This is lower than the London (21.9%) and England (22.4%) averages (Appendix 1, fig 3).

- 39.1% of **year 6** are above a healthy weight. This this is higher than the London (37.7%) and England averages (34.3%) (Appendix 1, fig 4).

- There has been a significant decline in rates of obesity amongst reception aged children since 2016/7. This is a positive outcome of local efforts to prevent obesity across maternity and early year's services. However, these trends mask widening **inequalities** between children in most and least deprived wards (Appendix 1, fig 5).

- Given that a 'whole system' approach is needed to tackle childhood obesity, it is very difficult to identify which of the multiple interventions taking place across the area are having the most relative impact. Lines of attribution are often unclear as so much is happening across the 'system' to influence choices and behaviour. Academics in the obesity field highlight that it can be more helpful to look at the cumulative impact of the whole system and refine activities based on learning and reflection. Section 8.1 sets out how we think we can improve our local approach to maximise impact.

- **Ethnicity**: children from black and minority ethnic families are also more likely than children from white families to be overweight or obese: for example, over the last three years 39% of year 6 Asian pupils are overweight or obese, compared to 28% of year 6 white pupils (see Table 1). Deprivation is the strongest predictor of obesity

Table 1 shows a breakdown of overweight or obese in relation to ethnicity based on the last three years of NCMP Westminster data.

Y6	Male	Asian	39%
Y6	Male	Any other ethnic group	38%
Y6	Female	Mixed	35%
Y6	Female	Black	35%
Y6	Male	Not stated	33%
Y6	Male	Mixed	31%
Y6	Female	Any other ethnic group	30%
Y6	Male	Black	29%
Y6	Male	White	28%
Y6	Female	Asian	24%
Y6	Female	Not stated	24%
Y6	Female	White	22%
R	Male	Black	21%
Y6	Male	Chinese	20%
R	Female	Black	19%
R	Male	Any other ethnic group	18%
Y6	Female	Chinese	18%
R	Male	Asian	16%
R	Female	Any other ethnic group	16%
R	Male	White	15%
R	Male	Mixed	15%
R	Female	Mixed	14%
R	Female	Asian	14%
R	Male	Not stated	14%
R	Female	White	13%
R	Female	Not stated	10%
R	Female	Chinese	9%
R	Male	Chinese	8%

- In comparison to our 16 statistical neighbours, the prevalence of overweight and obesity is the third lowest in reception. However, in year 6 it is the fourth highest with Brent, Tower Hamlets and Southwark having higher rates (Appendix 1, figs 1 and 2).

- **Tooth decay** is also of huge concern and very much linked to child obesity: in Westminster, 30.3% of children suffer from tooth decay; this is the eight highest in London and higher than both the London (25.1%) and England (23.3%) average[1].

4.2 *Inequalities*

4.3 Children and families on a low income can face multiple barriers that make it more difficult for them to access and enjoy a healthy diet and sufficient opportunities to be physically active.

4.4 This includes the relative cost and availability of healthy food relative to cheap convenience food, time constraints, limited education about healthy eating and cooking skills and facilities. Children living in deprived areas are less likely, than their more affluent peers, to have access to gardens and safe places to play

[1] Public Health England - Oral health survey of 5-year old children in 2017

and be active. The costs often associated with organised sports and physical activity are also important factors.

5.0 *Our local response to the issue*

5.1 In 2015, Westminster's Public Health team developed a programme which aimed to halt and reverse the rising trend in childhood obesity across the bi-borough. The programme, entitled Tackling Child Obesity Together (TCOT), came to an end in October 2018 and had three components:

- Healthy weight services: the implementation of a family healthy weight care pathway, workforce training and family healthy lifestyle services.
- Engaging the whole system (internal Council, NHS, science, business and community sectors) across Westminster to change the environment so that the healthy choice is the easy choice for residents.
- A community led healthy lifestyle pilot – Go Golborne, initially focused on the ward of Golborne in RBKC to trial activities for future replication elsewhere in the Bi-Borough.

5.2 As part of this whole-systems approach in WCC, opportunities were identified within the council and with partners to make positive changes to the wider environment that contribute to reducing childhood obesity. The outputs of the TCOT programme are illustrated in appendix 2. Key highlights of this have included:

- 58 food businesses (cafes, restaurants and take-aways) have achieved the Healthier Catering Commitment award, a joint initiative led by environmental health colleagues to make it easier for residents to make healthier food choices. To achieve the award businesses need to demonstrate that they comply with a number of healthy catering standards, such as providing sensible portion sizes and reducing salt, fat and sugar content. This year environmental health have been working with secondary schools to identify fast food outlets most used by school children.

- Westminster's leisure contractor has installed water fountains in entrance foyers that are accessible to the public and has banned price promotions on sugary drinks. Colleagues in Community Services are leading on further improving accessibility to free water fountains such as installing water fountains in all WCC libraries.

- Growth, Planning and Housing colleagues installed 18 new food-growing projects in nurseries, schools and housing estates to promote healthy eating.

- Removal of restrictive signage: 15 “No balls games” signs have been removed encouraging active play and physical activity. In addition, two Playstreets[2] (Church St, Lisson Grove and Luxborough St, Marylebone) have been introduced to encourage active play. Westminster council now has a strong strategic narrative around this, outlined in the Active Westminster strategy.

- Air Quality, Asthma, and Physical Activity: studies conducted around the globe demonstrate a consistent and statistically significant association between long-term exposure to air pollution and the risk of premature mortality. The relationship between exposure to air pollution and health impacts, including the limitation of physical activity is supported by a strong body of evidence[3]. Additionally, people with asthma engage in lower levels of physical activity compared with controls. Higher levels of physical activity may positively impact on asthma clinical outcomes. Sedentary time should be more widely assessed. [4]. As such, improving air quality remains a local public health priority alongside prioritising active travel initiatives.

- Sport and Leisure colleagues have supported schools to implement the Daily Mile initiative: around 50% of primary schools in Westminster are now actively participating. There is a national ambition outlined in the Governments’ Child Obesity Plan for action for all primary schools to adopt a similar initiative. A key challenge is around space and that this is not mandated for schools.

- A recent exciting development is the implementation of the Junior parkrun at Paddington Recreation Grounds (to commence 27th January 2019)[5].

- The Licensing team has introduced measures to limit advertising of unhealthy food and drink via council-owned advertising space. This has included refusing a license for Coca Cola to bring its Christmas truck to Leicester Square.

5.3 In addition we have supported the development and promotion of educational campaigns across the Westminster including:

- Active promotion of the Change 4 Life’s ‘Be Food Smart’ app in partnership with the communications team. This shows families how much sugar, saturated fat and salt is in their food and drinks so they can make healthy choices. Westminster achieved the highest total clicks of any UK authority (6607) and

[2] Playstreets is a scheme that allows local children and families to reclaim their neighbourhoods by closing selected streets to through traffic, and turning them into temporary play streets
[3] Air pollutants, oxidative stress and human health. Yang W and Omaye ST. Mutat Res 2009; 674 45-54
[4] A systemic Review of Associations of Physical Activity and Sedentary Time with Asthma Outcomes Cordova Rivera L, Gibson P, Gardiner P, McDonald V The journal of allergy and clinical immunology: in Practice 2018, 6 1968-1981
[5] Parkrun is a free and timed weekly run, jog or walk 5k. Junior park runs (2k) were introduced nationally in some areas in 2018 for 4-14 year olds.

hundreds of App downloads. In 2019, we will be promoting the Change 4 Life sugar swap campaign across the borough.

- In 2017, the council also developed an oral health Campaign called “The Tale of Triumph Over Terrible Teeth’ aimed at reducing tooth decay, which encourages children to brush in the morning and before bed with fluoride toothpaste, to cut down on sugary foods and drinks and to visit the dentist regularly. The campaign features an animation and quiz. It has been screened to children and their parents at 5 libraries and 23 schools to date.

- Incentives: research suggests that incentivising physical activity to tackle inactivity and sedentary lifestyles can lead to better activity levels. This is an area Public Health could explore further especially in relation to advancements in technology (Fitbits, Apple watches and other trackers).

- Current national advancements in this area include: One you couch to 5k App, and the Change 4 life 10 minute shake ups teaming up with Disney. These 10-minute activities count towards 60 active minute kids need every day.

6.0 *Local services*

6.1 A range of local services are in place to provide children and families with support to eat well, keep active and achieve a healthy weight. This includes universal prevention services and targeted treatment services. A detailed overview of local services is outlined within the local Family Healthy Weight Care Pathway Toolkit that was published in 2015 and developed in partnership with key local stakeholders including the NHS. A diagram of the Pathway is included as Appendix 3. Local services include:

- **A school-based programme (Mind Exercise Nutrition Do It! (MEND) in Schools)** that has so far supported over 1341 primary school children across Westminster to be more active and learn about healthy eating.
- **Family focused MEND programmes delivered in community settings**; this includes specialised courses for expectant mothers, families with young children, and teenagers.
- **Health visiting and the school health services** - these key front-line commissioned services provide individual healthy lifestyle support and support a whole-school approach, in line with the council’s wider early intervention and prevention strategies.
- **Weight management services** - parents of children who are identified as being above a healthy weight as part of the NCMP are sent a letter to let them know about local support services and invite their attendance. Referrals are also made by GP’s, health visitors and other professionals in line with processes set out in the local Healthy Weight Care Pathway.

- **Paediatric Nutrition and Dietetic Services** – children who are very overweight and/or have more complex needs can be referred to specialist paediatric obesity clinics held in Bessborough Health Centre and Chelsea and Westminster Hospital

6.2 In addition, the following services are available to build the skills and capacity of the local workforce to prevent childhood obesity:

- **Workforce training –** a rolling programme of free training is available. This includes modules on physical activity, nutrition, and how to raise the issue of weight with parents. Around four hundred staff and volunteers from local organisations have been trained each year since 2015. A particular emphasis is given to support community organisations that work with families most at risk of poor health outcomes.
- **The Bi-borough Healthy Schools and Healthy Early Years programme**, a GLA initiative, adapted locally. This programme encourages schools to adopt best practice approaches to healthy eating and physical activity and is delivered by Health Education Partnership (HEP) in partnership with local schools, children's centres, nurseries, and early year's settings.

7.0 *National and pan-London activities*

7.1 At a national level, there is a lot happening to complement our local efforts. In June 2018, the Government published the second chapter of Childhood Obesity: a plan for action. The plan sets the bold ambition to halve childhood obesity by 2030 and significantly reduce the gap in obesity between children from the most and least deprived areas. A key part of the plan is sugar reduction. The soft drinks industry levy (also known as the sugar tax) came into force in April 2018. Soft drinks companies pay a charge for drinks with added sugar and total sugar content of 5g or more per 100ml. £100m of revenue has been generated from the levy, which will form the healthy pupil capital fund for schools.

7.2 This fund is intended to improve children's and young people's physical and mental health and medical conditions. A challenge is that this money is not ring-fenced; Public Health and Children Services are exploring this further.

7.3 In addition, the government has launched a calorie reduction campaign challenging industry to take 20% of sugar out of food most commonly eaten by children by 2020. They are also looking to update current marketing restrictions of the promotion of unhealthy food and drink on TV, online and in shops. This includes banning price promotions such as buy one get one free and multi-buy offers on unhealthy food. The plan also includes measures to introduce mandatory calorie labelling on food served outside the home, banning the sale

of energy drinks to children, and strengthening of nutrition standards in the Government Buying Standards for Food and Catering Services.

7.4 In 2018 the London Childhood Obesity Taskforce was launched by the Greater London Authority (GLA). The Taskforce is taking an action-focused approach to address the factors that encourage obesity and make recommendations for action in collaboration with children and young people. The action plan will be introduced in February 2019 and the implementation phase will run until November 2020.

8.0 *Next Steps*

8.1 Whilst many positive outcomes have been achieved, reflection and learning from the TCOT programme highlights that there is scope to further refine and improve our approach. In particular, we have identified the need for:

- A more systematic approach to engage with Council departments on issues affecting access to healthy food and opportunities to be active, including planning and licensing decisions
- A more flexible approach to the delivery of weight management services to increase accessibility and engagement
- A more focused strategy for supporting teenagers to eat well and keep active
- Increased support for community and voluntary organisations to implement best practice approaches and ensure consistent messages across sectors
- A refined and less resource intensive version of Go Golborne that extends the reach of activities to all communities with high levels of childhood obesity
- Increased integration between services and programmes that impact on childhood obesity, clearer alignment and more consistent messaging
- A more holistic approach that more actively addresses the links between children's physical health and wider emotional well-being

8.2 Public Health is developing a new and invigorated Bi-Borough programme that will build on this learning and accelerate efforts to prevent childhood obesity from April 2019 onwards. Our vision is for all children and families across the bi-borough to live in communities where:

- Every child and family receives the right information and support to make healthy lifestyle choices;
- Children most at risk of becoming an unhealthy weight and their families receive targeted practical non-stigmatising support;
- All children and families will live in communities where it is easy to make healthy choices

8.3 The key aims of the programme, provisionally entitled 'Healthy Families, Healthy Communities' are to:

- Significantly reduce inequalities in health outcomes between children living in the most and least deprived wards across the Bi-Borough
- Contribute to central Government's target to halve childhood obesity rates by 2030

8.4 This will be achieved by:

- **Cross council** activities to maximise use of policy levers and powers that can help further develop healthy environments for children and families including development of a robust cross-council action plan (i.e. action to ensure 100% local schools participate in the Daily Mile initiative)
- **Commissioning** of a range of new healthy lifestyles support services across the communities and revision of the local healthy weight care pathway
- **Targeted community engagement** activities in areas where children are most at risk of poor health outcomes and creation of a network to guide and support local organisations who play a role in preventing obesity

8.5 The specification for the new healthy lifestyle support services is in development and has been informed by consultation with key stakeholders. The new services will replace the current childhood obesity services when the contracts end later this year and will include:

- Workforce training and capacity building support to promote best practice across school and community settings
- Family, child and teen prevention and treatment sessions in school, early years and community settings
- Enhanced activities and campaigns in targeted wards (e.g. Churchill Gardens, Queens Park and Westbourne)

8.6 The combination of these new services and a renewed focus on cross-council policy levers will create a robust and holistic 'whole system' response to local drivers of childhood obesity. A visual representation of the new programme is included as Appendix 4.

8.7 The refreshed approach will be launched in May 2019 with an inaugural conference to engage colleagues working with children and families across the Bi-borough in activities that support healthy eating and physical activity. The new healthy lifestyle support services will go live across Westminster in November 2019.

A revised Healthy Weight Care Pathway will be developed to support delivery of the new services and ensure all relevant health and social care professionals are aware of how to refer children, young people and families.

A strategy for promoting the new services and associated health messages will be developed in partnership with the communications team – this will include activity to promote the national Change4Life campaigns led by Public

Health England at a local level and to co-ordinate dissemination of publicity materials and resources across all key settings including schools, Children's Centres, libraries and community venues.

8.8 Lastly, Public Health recently submitted an expression of interest to be part of the LGA's Childhood Obesity Trailblazer Programme[6]: we find out if we have been successful at the end of January.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:
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Elewis@westminster.gov.uk
Darrigon@westminster.gov.uk

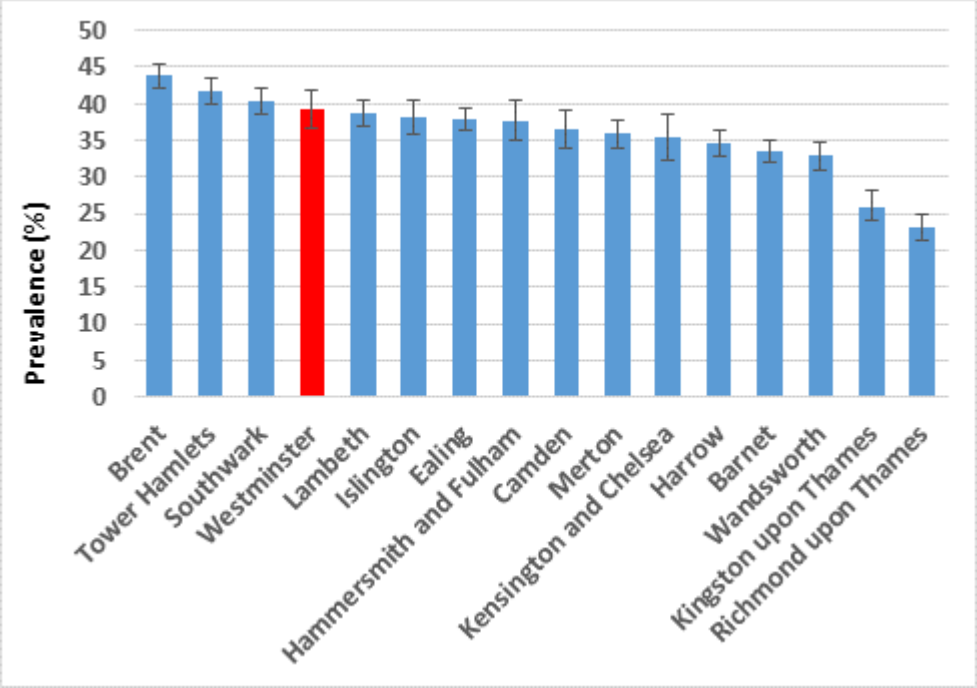
APPENDICES:

Appendix 1: Data and Trends
Appendix 2: TCOT Infographic
Appendix 3 and 3 (b): Family Healthy Weight Care Pathway
Appendix 4: Healthy Families, Healthy Communities outline diagram

[6] The LGA Childhood Obesity Trailblazer programme is a three-year programme supporting local councils to lead innovation action in their local community.

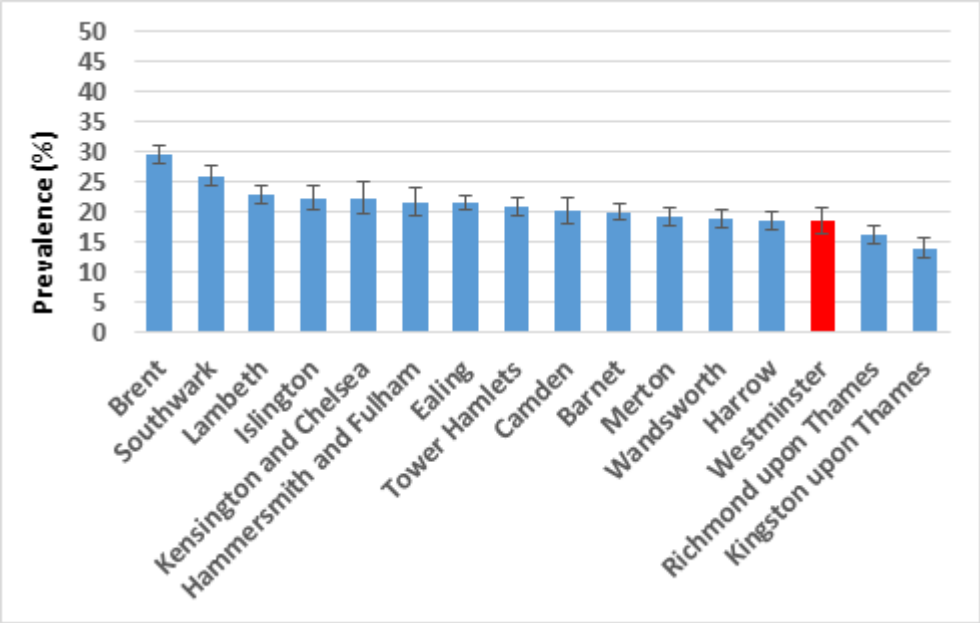
Appendix 1: Data and trends in obesity

Fig 1: Prevalence of excess weight amongst Year 6 pupils in Westminster and its statistical neighbours



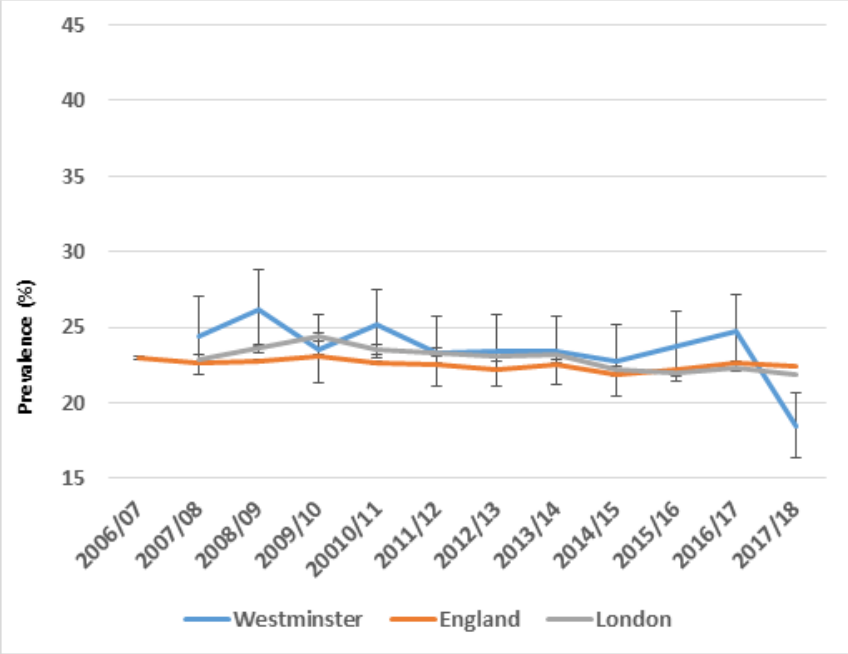
Compared with our statistical neighbours rates of obesity in year 6 are the fourth highest - Brent, Tower Hamlets and Southwark have higher rates.

Fig 2: Prevalence of excess weight amongst reception pupils in Westminster and its statistical neighbours



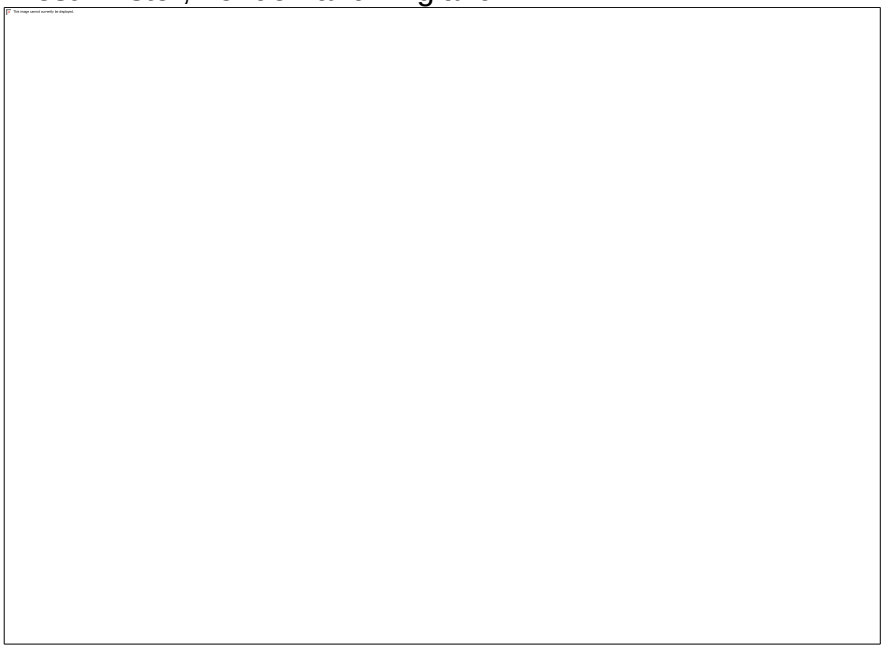
In comparison to our 16 statistical neighbours, the prevalence of overweight and obesity is the third lowest in reception.

Fig 3: 10 year trend in the prevalence of excess weight amongst reception pupils in Westminster, London and England



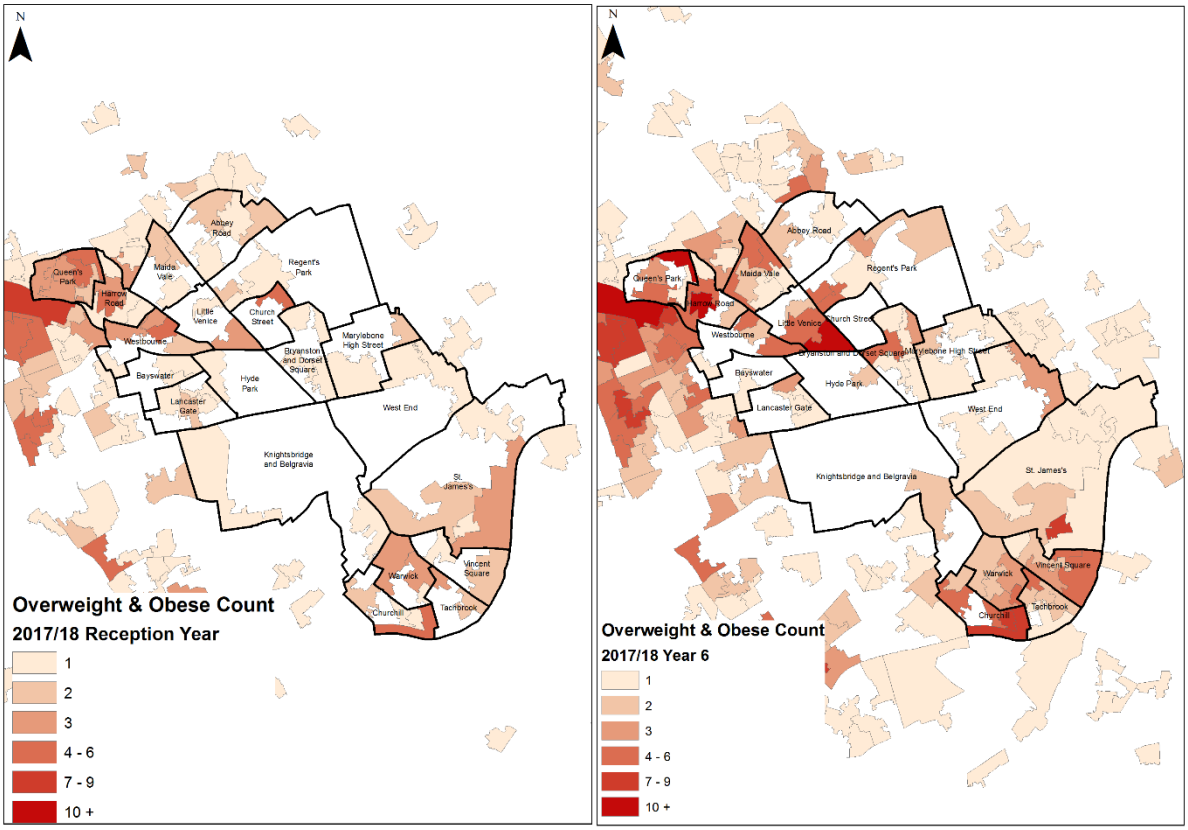
*18.4% of **reception** are above a healthy weight. This is lower than the London (21.9%) and England (22.4%) averages. There has been a significant decline in rates of obesity amongst reception aged children since 2016/7.*

Fig 4: 10 year trend in the prevalence of excess weight amongst Year 6 pupils in Westminster, London and England



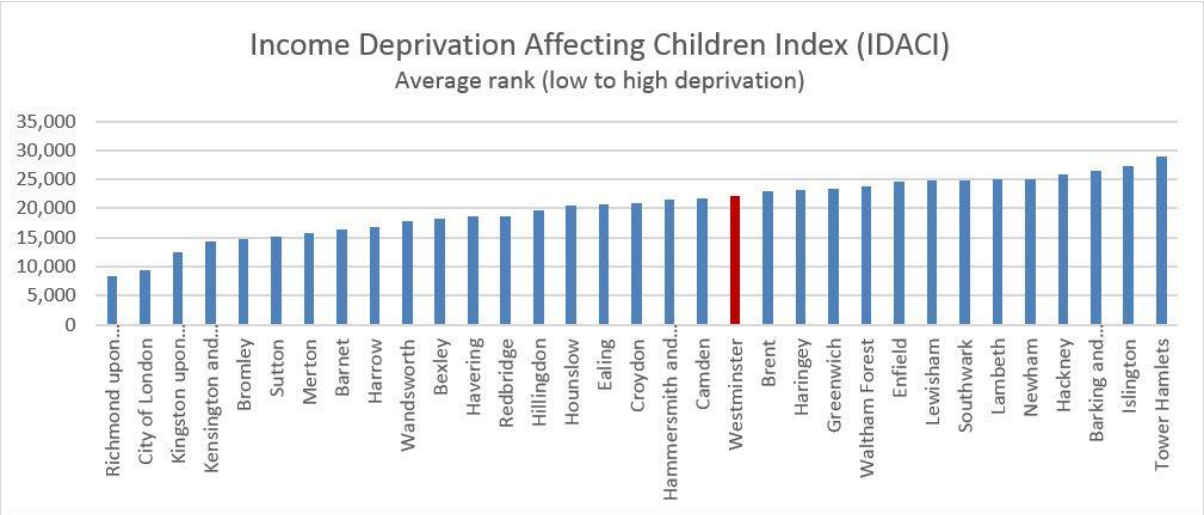
*39.1% of **year 6** are above a healthy weight. This this is higher than the London (37.7%) and England averages (34.3%)*

Fig 5: Excess weight by ward 2017/18 in Westminster



Deprivation is strongly linked to child obesity: children from low-income households are more than twice as likely to be obese than their wealthier peers, and this inequality gap is increasing.

Fig 6: Income deprivation affecting children by borough



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Key Highlights from 2017

Local promotion of Change4Life Be Food Smart campaign engages over

6000 local parents

TACKLING CHILDHOOD OBESITY TOGETHER IN WESTMINSTER

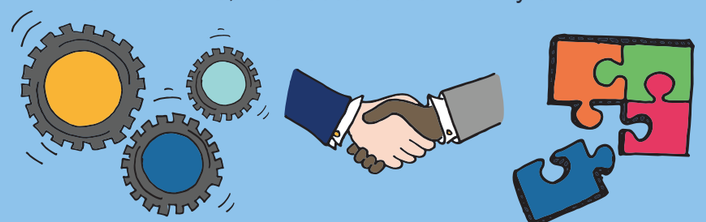
Working in partnership to help children and families eat well and keep active

KEY AIM

To halt and reverse the rising trend in childhood obesity

HOW?

A whole-system partnership between local government, NHS and science, business and community sectors

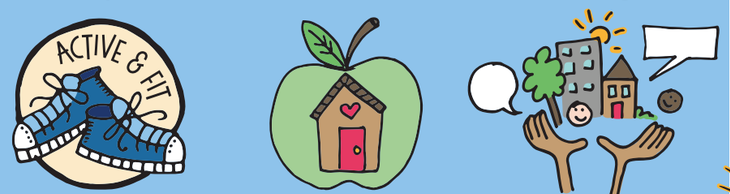


KEY COMPONENTS

Services to support healthy lifestyles

Creating healthier local environments

Community engagement and co-design



City of Westminster

HEALTHY SCHOOLS AWARDS

Recognising good practice in promoting healthy eating, physical activity and emotional well-being in schools

4 Gold Awards

8 Silver Awards

13 Bronze Awards

Bringing the overall total to 68

600

Young people participated in football and physical activity sessions led by CityWest Homes

18

New community food growing projects developed

15

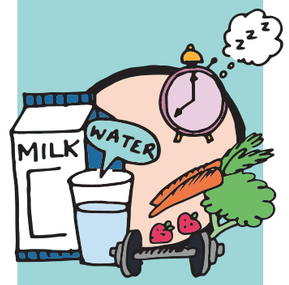
'No Ball Games' signs removed to encourage children to play

2

New Play Streets introduced to encourage active play

1341

Primary school children participated in Mind Exercise Nutrition Do It! (MEND) healthy lifestyle programmes



604

Children participated in oral health promotion programmes and launch of a new animation

HEALTHY EARLY YEARS AWARDS

Recognising good practice in promoting healthy eating, physical activity and emotional well-being in early years settings

5 Silver Awards

5 Bronze Awards

Bringing the overall total to 22

20 New businesses achieved a

HEALTHIER CATERING COMMITMENT AWARD

Making it easier for residents to make healthy food choices

Bringing the overall total to 58

385

Staff and volunteers working across the community attended healthy lifestyle training courses delivered by Mytime Active

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FAMILY HEALTHY WEIGHT CARE PATHWAY (0-4 years)

UNIVERSAL PREVENTION SERVICES

Maternity Services, Health Visiting, Early Years Settings, Healthy Early Years Programme, Sport, Leisure and Parks Services, Play Services, Children's Centres, Mytime Active.

8

Antenatal BMI >30
Offer referral to Dietitian and signpost to services to get physically active and post-natal weight loss programmes e.g MEND Mums

Postnatal Support
Health Visitor support on breastfeeding, infant feeding and weaning. Signpost to opportunities to get physically active and lose weight.

Publicity and Promotion/Whole Community
All families with children aged 0-4 encouraged to attend Mytime Active programmes. Publicity and Promotion to encourage self-referral.

Evaluate if suitable for programmes and book on to appropriate Mind, Exercise, Nutrition…Do it! (MEND) programme. If unsuitable for Mytime Programmes refer to GP/Health Visitor.

1, 2, 8

Child Weight Concern Identified
Underweight or Overweight: Use brief intervention/motivational interviewing skills to raise the issue and refer to Mytime Active. If considered required refer on to GP/Health Visitor.

2

MEND Mums
Group sessions delivered by Dietition for postnatal women with baby aged 0-2 years.

MEND 2-4
Group sessions delivered by Dietition for Parents/Carers and children aged 2-4.

One to Ones
Sessions delivered by Dietition for parents and children aged 0-4 where group programme not suitable.

Primary Care Assessment by Health Visitor or GP
- If suitable refer to Mytime Active.
- If not suitable referral to Clinical Assessment.

1, 2, 3

Clinical assessment by GP for co-morbidity/underlying cause
- Referral letter

4, 5, 6

Paediatric Dietitian Overweight
BMI > 98th plus Co-morbidity or complex needs such as learning or educational difficulties.

5, 9

Paediatrician
Significant Co-morbidity or complex needs such as learning or educational difficulties

5, 9

Paediatric Dietitian/ Paediatrician Underweight
Age 0-2 weight <0.4th centile
Age 2-4 BMI < 0.4th

5, 9

Exit Programme
Encourage long-term use of sports, leisure, play services etc.

Follow up
Did not attend, dropped out of programme, negative changes to BMI.
- Primary assessment by GP or Health Visitor, consider **safeguarding**

7

Good Progress
Assess need for continued additional support and signpost to appropriate services e.g Mytime Active. Reinforce healthy eating and physical activity.

Follow up
Did not attend, dropped out of programme, negative changes to BMI.
-Return to clinical assessment by GP, consider **safeguarding**.

7

KEY

- Toolbox containing further information
- Prevention Services
- Identification of Issue
- Issue in process of being resolved
- Issues resolved

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FAMILY HEALTHY WEIGHT CARE PATHWAY (5-19 years)

UNIVERSAL PREVENTION SERVICES

Sport, Leisure and Parks Services, Play Services, Healthy Schools Programme, Mytime Active, Schools, Youth Clubs.

8

Whole Community

All families with children aged 5-19 encouraged to participate in universal prevention programmes.

PUBLICITY AND PROMOTION

Self-referral to Mytime Active

Child Weight Concern Identified

- Overweight or Underweight: Use brief intervention/motivational interviewing skills to raise the issue.
- Overweight: Refer to Mytime Active
- Underweight: Refer to GP/School Nurse

2

mytimeactive Feel amazing!

Evaluate if suitable for programmes and book on to appropriate Mind, Exercise, Nutrition…Do it! (MEND) programme. If unsuitable for Mytime Programmes refer to GP/School Nurse

1, 2, 9

MEND 5-7
Group sessions delivered by Dietitian or registered nutritionist for children aged 5-7 with BMI >91st centile and their parents/carers.

MEND 7-13
Group sessions delivered by Dietitian or registered nutritionist for children aged 7-13 with BMI>91st centile and their parents/carers.

MEND Teens
Group sessions delivered by Dietitian or registered nutritionist for young people ages 13-19 with BMI>91st centile. Parental involvement not mandatory at every session.

Primary Care Assessment by School Nurse or GP

Overweight: If suitable refer to Mytime Active. If not suitable referral to Clinical Assessment.

1, 2, 3

Clinical assessment by GP for co-morbidity/underlying cause

- Referral form

4, 5, 6

Exit Programme
Encourage long-term use of sports, leisure, play services etc.

Follow up
Did not attend, dropped out of programme, increasing BMI.
- Primary assessment by GP or Health Visitor, or direct referral to Paediatric Dietitian if considered appropriate.
Consider **safeguarding**

5, 6, 7

Paediatric Dietitian Overweight
BMI > 98th plus Co-morbidity or complex needs such as learning or educational difficulties.

5, 9

Paediatrician
Significant Co-morbidity or complex needs such as learning or educational difficulties

5, 9

Paediatrician /Paediatric Dietitian Underweight
BMI <0.4th
See toolkit guidelines

5, 9

Good Progress
Assess need for continued additional support and signpost to appropriate services. Reinforce healthy eating and physical activity.

Follow up
Did not attend, dropped out of programme, negative changes to BMI.
-Return to clinical assessment by GP, consider **safeguarding**.

7

KEY

- Toolkit containing further information
- Prevention Services
- Identification of Issue
- Issue in process of being resolved
- Issues resolved

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Healthy Families, Healthy Communities – a whole system programme to promote healthy weight amongst children

National — Public Health: influencing pan-London and national policy by informing key policy consultations and working groups

Bi-Borough — Public Health: work across the Council's to utilise policy levers and embed systems that promote healthy lifestyles

Public Health: lead evaluation activities, oversee NCMP and commissioning of complimentary services

Communities across Bi-Borough

Provider: Workforce training and capacity building across settings	Provider: Family, child and teen prevention and treatment sessions in multiple settings	Provider: Co-ordination of enhanced activities across targeted communities
Modules to support healthy eating and physical activity	Open access family activities – cooking and play focused	Themed healthy lifestyle campaigns on key topics
Specialist input tailored to school or setting: menu planning, packed lunch audits, support HCC Awards etc	Educational and interactive workshops in school and community settings	Scheme of small grants for local organisations
Award scheme to recognise good practice in community organisations	Targeted, flexible weight management programmes	Community events, networking, and proactive community engagement

Learning informs policy and strategy

City of Westminster

Family and People Services Policy and Scrutiny Committee

Date:	4th February 2019
Classification:	General Release
Title:	Draft Local Safeguarding Children Board Annual Report 17-18
Wards Affected:	All
Key Decision:	No
Cabinet Member Portfolio:	Cabinet Member for Family Services and Public Health
Report of:	Jenny Pearce, Local Safeguarding Children Board **Independent Chair** Contact Details: via LSCB Business Manager *Emma.Biskupski@rbkc.gov.uk*

1. Executive Summary

1.1 The Local Safeguarding Children Board gives an overview of the work of the Board during 2017-18, including our key priorities, learning from case reviews and multi-agency audits.

2. Key Matters for the Committee

2.1 That the Family and People Services Policy and Scrutiny Committee notes and provides feedback on the report.

3. Background, including Policy Context

3.1 Local Safeguarding Children Boards are required to publish an annual report of their work. The LSCB covering Hammersmith & Fulham, Kensington and Chelsea, and Westminster has completed the annual

report detailing our work against our key priorities of reducing the harm of domestic abuse and coercive control, tackling peer on peer abuse (including child sexual exploitation) and hearing the voice of children and young people.

3.2 The report also gives an overview of the multi-agency training that we provide to the children's workforce across Hammersmith & Fulham, Kensington and Chelsea and Westminster, as well as the multi-agency audits that we have worked on. The report also notes the work of our Child Death Overview Panel that reviews the child deaths, both expected and unexpected across the three local authorities, and the future changes expected this year in the development of a larger CDOP footprint. The Independent Chair also comments briefly on the future developments of the LSCB in light of the Children and Social Work Act 2017.

4. Financial Implications

The LSCB annual report includes a summary of our budget for 2017-18.

5. Legal Implications

None

6. Staffing Implications

None

If you have any queries about this Report please contact:

Emma Biskupski, LSCB Business Manager:
emma.biskupski@rbkc.gov.uk TEL: 07779 348 094

BACKGROUND PAPERS:

None

Local Safeguarding Children Board

Hammersmith & Fulham | Kensington and Chelsea | Westminster

ANNUAL REPORT 2017-2018

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Introduction from the LSCB Independent Chair

Independent Chair

Jenny Pearce

Welcome to this year's LSCB annual report. This report covers my first full year as chair of the LSCB. I have been impressed by the dedicated commitment to safeguarding children demonstrated by the full range of LSCB partners. The essential element of the success of an LSCB is its partnership arrangements: where emerging issues of concern can be identified, appropriate information can be shared and colleagues can work together towards common aims. Our LSCB achieves this through its quarterly board meetings, its range of sub-groups and by its capacity to respond to emerging issues of concern if and when they arise.

We have three shared priorities that we are all working towards together and we have had regular updates from partners on particular areas of work in progress and under development. This collaboration means that the safeguarding of children remains up to date, becomes a genuinely multi agency endeavour and that support and appropriate challenge between partners on ongoing practice is facilitated.

It is not possible for this annual report to reflect on the year without noting the impact of the tragic fire at Grenfell Tower which happened shortly after I first came into post. Following an internal assessment to ensure that all children directly impacted by the fire were receiving appropriate support, we have continued to have updates at each LSCB meeting to inform partners about ongoing activities with families, communities, schools, health and all other partners impacted by the tragedy. We have received updates on the re-housing of families and children, on the support input for local schools and community groups and have facilitated time for partners to ask questions about any safeguarding concerns they may have about children affected. This work is, and will continue to be, ongoing and of essential priority to the work of the LSCB.

Over and above this essential priority, we have worked together to implement our three safeguarding children priorities that were identified in early 2017 to ensure that:

(1) the LSCB are responsive to the needs of children witnessing/experiencing domestic abuse and coercive control and minimizing the impact of this on children and young people;

(2) that children and young people are kept safe from peer on peer abuse (including during transition into and out of adolescence);

(3) the work of the LSCB is informed by the voice of children and young people resident in the three boroughs. In response we have held a 'No Knife, One Life' event at a local college and, drawing on the learning, are planning a second further event.

While we are moving forward to work on these and other emerging priorities, we have also looked forward to ensure that we are assessing our strengths and identifying areas for improvement. It has been timely that the Children and Social Work Act 2017, supported by 'Working together to safeguard children 2018' (DfE 2018) has created a new platform for arrangements for safeguarding children. Leads from three partners: The Local Authority, Police and Health commissioners will become the three identified

safeguarding partners responsible for funding and overseeing safeguarding arrangements.

The change gives us an opportunity to assess our strengths and identify any existing challenges. To this end we have had focused discussions with the LSCB and targeted meetings on management arrangements and the number, role and focus of LSCB sub groups. I have met with the representative leads of the three partnerships, all of whom are keen to build on the existing strengths of the partnerships in place. There has been agreement that we assess the necessary number of sub groups and the potential strategic role that subgroup chairs could play in directing safeguarding arrangements of the future. These suggestions are under final consideration and will be submitted to central government during 2019.

Central to our developing ideas is the knowledge that any abuse, neglect and/or harm caused to children are intolerable. Numerous reviews, inspections and evaluations have identified that working together, sharing idea, resources and skills is at the heart of safeguarding children. I hope that this report gives you an overview of the work that we are doing to achieve this.

The local picture

Hammersmith and Fulham

Approximately **33,777** children and young people aged 0 to 17 years live in Kensington and Chelsea. This is **19%** of the total population in the area.

Approximately **29.7%** of the local authority's children are living in poverty (London average – 24%, national average 20%)

The three most deprived wards with large child populations are Wormholt & White City, College Park & Old Oak, Shepherds Bush Green.

There are **2,900** (15%) workless households in the area with dependent children aged 0 to 19 years compared to London average of 5%.

The proportion of children entitled to free school meals:

- In primary schools is **22.4%** (the national average is **14%**)
- In secondary schools is **19.6%** (the national average is **12.9%**)

Children and young people from minority ethnic groups account for **46%** of all children living in the area, compared with **21. 5%** in the country as a whole.

The largest minority ethnic groups of children and young people in the area are Black and Black British and Mixed.

The proportion of children and young people with English as an additional language:

- in primary schools is **53.8%** (the national average is **20%**)
- in secondary schools is **46.7%** (the national average is **16%**)

At 31 March 2018, **230** children are being looked after by the local authority. There were **125** children subject of a child protection plan, and **1496** children in need.

Kensington and Chelsea

Information about Children and Young People in Kensington and Chelsea March 2018

Approximately **28,890** children and young people aged 0 to 17 years live in Kensington and Chelsea. This is **18%** of the total population in the area.

Approximately **24.8%** of the local authority's children are living in poverty.

There are **1,890** workless households in the area with dependent children aged 0 to 19 years.

The proportion of children entitled to free school meals:

- In primary schools is **23%** (the national average is **14%**)
  In secondary schools is **16%** (the national average is **12.9%**)

Children and young people from minority ethnic groups account for **38.5%** of all children living in the area, compared with **21. 5%** in the country as a whole.

The largest minority ethnic groups of children and young people in the area are Mixed and Black and Black British.

The proportion of children and young people with English as an additional language:

- in primary schools is **53.8%** (the national average is **20%**)
- in secondary schools is **46.7%** (the national average is **16%**)

At 31 March 2018, **87** children are being looked after by the local authority There were **78** children subject of a child protection plan, and **765** children in need.

Westminster

Approximately **44, 465** children and young people aged 0 to 17 years live in Westminster. This is **18%** of the total population in the area.

Approximately **34%** of the local authority's children are living in poverty, compared to the London rate of 24% and the national rate of 20%.

The three most deprived wards with large child populations are Queens Park, Westbourne and Church Street.

There are **3,830** workless households in the area with dependent children aged 0 to 19 years.

The proportion of children entitled to free school meals:

- In primary schools is **22%** (the national average is **14%**)
  In secondary schools is **26%** (the national average is **12.9%**)

Children and young people from minority ethnic groups account for **57%** of all children living in the area, compared with **21. 5%** in the country as a whole.

The largest minority ethnic groups of children and young people in the area are Mixed and Black and Black British.

The proportion of children and young people with English as an additional language:

- in primary schools is **69%** (the national average is **20%**)
- in secondary schools is **62%** (the national average is **16%**)

At 31 March 2018, **204** children are being looked after by the local authority. There were **80** children subject of a child protection plan, and **606** children in need.

Local Safeguarding Data 2017/2018

5785 Referrals to Children's Social Care (**1651** LBHF / **2460** RBKC / **1674** WCC)

283 Children were subject to a Child Protection Plan (**125** LBHF / **78** RBKC / **80** WCC)

The percentage of Child Protection Plans that ended but had lasted two years or more is **7.3%** LBHF / **3.3%** RBKC / **7%** WCC

Children on a Child Protection Plan for a second or subsequent time, **22.4%** LBHF / **13.1%** RBKC / **4%** WCC

Neglect was the most frequent reason for children being placed on a Child Protection Plan in 2017-2018

Domestic Abuse continued to be the main parental risk factor leading to children becoming subject of a Child Protection Plan

Neglect, Mental Health, Alcohol and Substance Misuse are also significant factors.

521 children were Looked After (**230** LBHF / **87** RBKC / **204** WCC)

20 Children were in Private Fostering Arrangements (**5** LBHF / **5** RBKC / **10** WCC)

X Children and young people were reported missing from home more than once.

X Child Sexual Exploitation (CSE) referrals. Of those targeted, majority are girls. The average age of victims is 14-17 years old.

Peer on peer is most common model of CSE but **online grooming and exploitation is a growing concern.**

3 actions identified from Section 11 audits

0 active Serious Case Reviews but 1 LSCB Conference to share the learning from the recent **Clare and Ann Serious Case Review**

100 face to face multi-agency safeguarding training workshops attended by **1753**

delegates

6 Designated Safeguarding Lead for Schools Training Sessions

3 Designated Safeguarding Lead for Schools Networking Forums

3 Safeguarding Training workshops for School Governors, accessed by **66** Governors from **50** schools **61** schools in Hammersmith and Fulham, **93%** were rated Good or better

39 schools in Kensington and Chelsea, **100%** rated Good or better

59 schools in Westminster, **97%** rated Good or better

Governance and Structure

All local authority areas were required by law to have a Local Safeguarding Children Board and ours spans the three local authorities of Hammersmith & Fulham, Kensington and Chelsea and Westminster. This is a statutory partnership established following the Children Act 2004, and follows the 'Working Together to Safeguard Children 2015' statutory guidance.

.Our LSCB is chaired by an Independent Chair, Jenny Pearce, who joined us in April 2017. The Board meetings take place quarterly, as do the subgroup meetings.

The main functions of the LSCB (as per Working Together to Safeguard Children 2015) are to:

- Develop policies and procedures for safeguarding and promoting the welfare of children in the local area
- Communicate the need to safeguard and promote the welfare of children, raising awareness of how this can be best done and encouraging all to do so
- Monitoring and evaluating the effectiveness of what is done by the local authorities and their Board partners individually and collectively to safeguard and promote the welfare of children
- Participating in the planning of services for children in the local area
- Undertaking reviews of serious cases and sharing the lessons learnt.

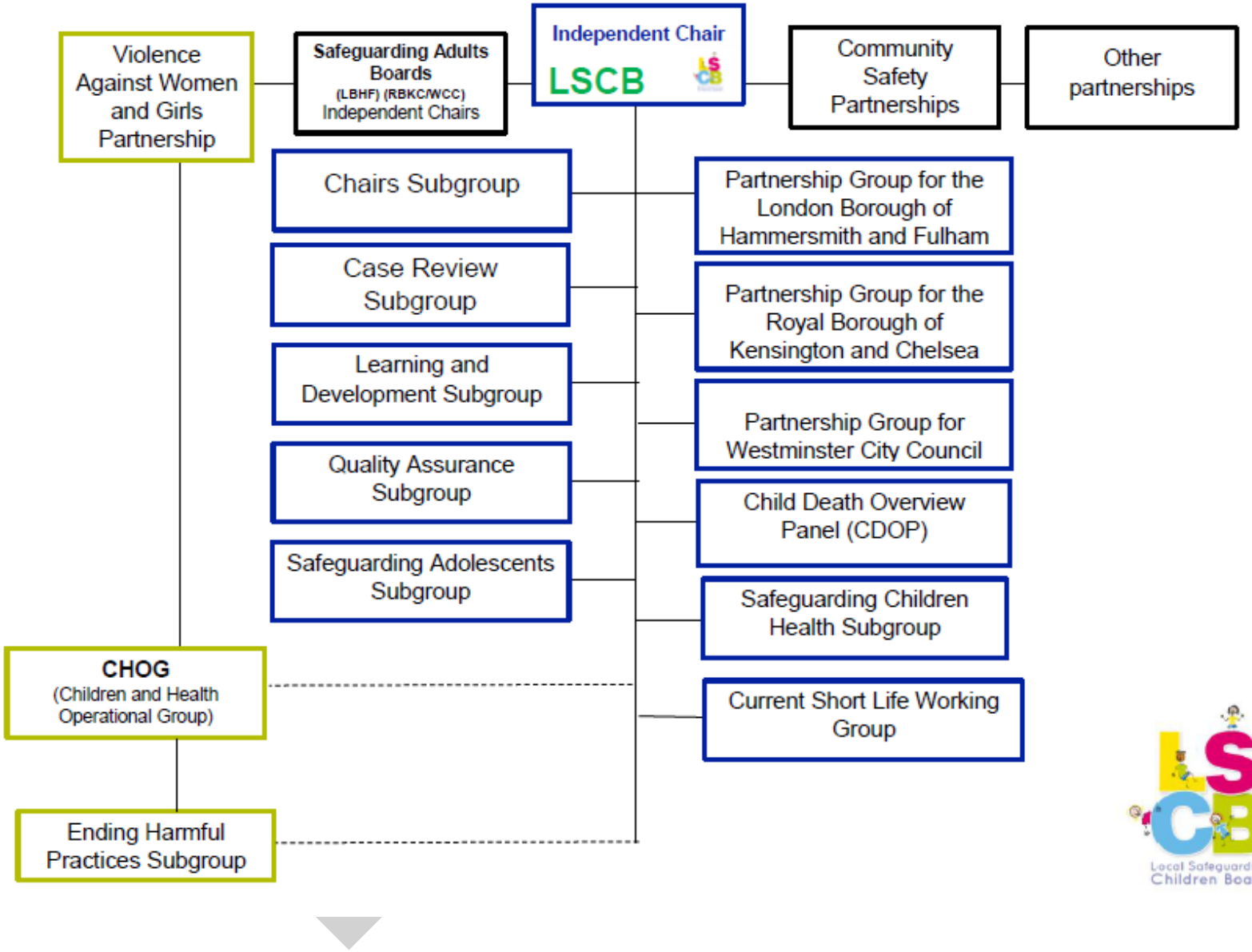
Future of the LSCB

It is important to note that the future of the multi-agency safeguarding partnership is currently being reviewed by the Board, in light of the revised statutory guidance 'Working Together to Safeguard Children 2018', published in July 2018 following the new Children and Social Work Act that received Royal Ascent in 2017. This sets out the new framework for the delivery of multi-agency safeguarding arrangements which will come into effect no later than July 2019. These arrangements must be agreed by the Safeguarding Partners (as named in Working Together to Safeguard Children 2018).

Safeguarding partners
A *safeguarding partner* in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:
(a) the local authority
(b) a clinical commissioning group for an area any part of which falls within the local authority area
(c) the chief officer of police for an area any part of which falls within the local authority area

The Independent Chair has held meetings with the local authority Chief Executives, Directors of Children's Services, Police and Clinical Commissioning Group to begin to develop the new model and this work continues in 2018-2019.

LSCB structure



LSCB Priorities 2017-2018

The new LSCB Chair challenged Board members to agree three key priorities for our work across the partnership.

These include:

Priority 1 – Reducing the Harm of Domestic Abuse and Coercive Control

What is Domestic Abuse?

Any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional.

Controlling behaviour is a range of acts performed by the abuser and designed to make their victim subordinate and/or dependent.

Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used by the abuser to harm, punish or frighten their victim.

A lot of our work on tackling domestic abuse and coercive control is co-ordinated by the Children and Health Operational Group (CHOG), a shared subgroup of the LSCB and the Violence Against Women and Girls Partnership. Its role is to encourage the implementation of the Co-ordinated Community Response (CCR) model in children and health agencies, both statutory and non-statutory, to improve organisational responses to domestic abuse through both formal and ad-hoc training, advocacy of best practice through various safeguarding and health meetings and forums, representation of survivor's and their children's voices and domestic abuse policy development and implementation.

The Children and Health Operational Group meets on a quarterly basis. Four meetings took place the last year, during which the following themes were explored: Trauma & Adverse Childhood

Experiences (ACEs), Coercive Control & Perpetrator Accountability, Engaging / Working with Perpetrators, Family Support Services & Domestic Homicide Reviews.

The Standing Together Against Domestic Violence (STADV) Children and Health Co-ordinator (who co-ordinates the CHOG) has engaged with a variety of stakeholders such as GP practices, sexual health services, substance misuse services, health visitors, Children's Services, early years providers, and front-line domestic abuse service providers in the boroughs of Hammersmith & Fulham, Kensington and Chelsea and Westminster. In the last year, one of the main priorities was to enhance the knowledge and skills of professionals working in GP practices, to respond to and prevent further domestic abuse by identifying it, screening patients safely and understanding the risk factors in relation to domestic abuse and referring to MARAC and domestic abuse services.

Key successes include:

- 217 professionals working in GP practices were trained in 2017-2018
- 20 GPs received half-day Domestic Abuse Leads / Champions training
- 160 Domestic Abuse Leads trained up at Chelsea & Westminster Hospital and 90 trained at Imperial Healthcare Trust.
- Health professionals working in GP surgeries reported an increase in their knowledge of domestic abuse and confidence in handling the disclosures because of the training they received
- Domestic abuse briefings were delivered to 57 additional health professionals such as SASH (Support & Advice for Sexual Health) Workers.
- Our Safeguarding Children Health Subgroup received a briefing on the domestic abuse risk assessment tools available.
- The LSCB training programme has signposted to the regular MARAC workshops available once a term and delivered six training sessions on Domestic Abuse and Safeguarding Children
- Challenge raised by the RBKC MARAC co-ordinator about the number of outstanding actions for partners to complete was amplified in the LSCB RBKC Partnership Group.
- Learning from Luton Child J Serious Case Review disseminated through all three Local Partnership Groups and
- Development of co-located IDVAs and DVIP practitioners with Children's Social Care in Hammersmith & Fulham leading to effective partnership working and positive impact on engaging families.
- In Kensington and Chelsea, social workers are consulting with embedded domestic abuse workers and systemic clinicians to think about how best to engage with perpetrators.

Planned work for 2018-2019

The LSCB is keen to explore how we could roll out Operation Encompass, a scheme whereby the Police in the Multi-Agency Safeguarding Hub (MASH) contact schools to notify them of specific domestic abuse concerns that may have arisen overnight. This would allow the schools to provide the appropriate pastoral care for children following an incident that they may have witnessed or heard at home.
The LSCB Learning and Development Subgroup will continue to explore how we can deliver

training around working with perpetrators of domestic abuse.

Priority 2 – Tackling Peer on Peer Abuse (including Child Sexual Exploitation)

What is Peer on Peer Abuse?
Peer on peer abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18. 'Peer-on-peer' abuse can relate to various forms of abuse (not just sexual abuse and exploitation), and it is important to note the fact that the behaviour in question is harmful to the child perpetrator as well as the victim. There is no clear definition of what peer on peer abuse entails. However it can be captured in a range of different definitions:
Domestic Abuse: relates to young people aged 16 and 17 who experience physical, emotional, sexual and / or financial abuse, and coercive control in their intimate relationships;
Child Sexual Exploitation: captures young people aged under-18 who are sexually abused in the context of exploitative relationships, contexts and situations by a person of any age - including another young person;
Harmful Sexual Behaviour: refers to any young person, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to abusive behaviours);
Serious Youth Crime / Violence: reference to offences (as opposed to relationships / contexts) and captures all those of the most serious in nature including murder, rape and GBH between young people under-18.

What is Child Sexual Exploitation?
Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate, or deceive a child or young person under the age of 18 into sexual activity a) in exchange for something the victim needs or wants and/or b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact. It can also occur through the use of technology.

The MASE (Multi-Agency Sexual Exploitation) Panel covering the three boroughs meets monthly, chaired jointly by the Police and Local Authorities. This is attended by the Local Authority CSE Leads and multi-agency partners. MASE meetings focus on victims, perpetrators and locations of concern and themes as per the London CSE Protocol published in June 2017.

Mapping has been used to try and identify trends, associates and look at the broader picture across various groups of young people to identify and disrupt harmful behaviour. Mapping exercises were also undertaken to help develop our understanding of the both the victim and

offender profile. This has included looking at associates and networks as well as those known to be at risk and cross border mapping across the three boroughs.

There continued to be strong collaboration between the three CSE leads in each borough, who in turn liaise with key services such as sexual health, safer schools officers and community safety.

The CSE leads, along with specialist practitioners and partners collaborated to deliver CSE training and awareness raising sessions to Family Services staff and key partners, as well as taking part in Operation Songtroop, a Police-led initiative to test CSE awareness in hotels.

A short life working group met to consider the needs of young people displaying harmful sexual behaviours. Linked to this, the three local authorities have been successful in obtaining funding via MOPAC to deliver a trauma informed service (Barnardos TAITH model) with perpetrators of harmful sexual behaviour.

An engagement event was held in February 2018 with parents and carers in RBKC to discuss knife crime.

Case Study

In February 2018, the Local Safeguarding Children Board co-hosted an event alongside the Community Safety Partnership and the Police to help support parents and carers to keep young people safe from knife crime. Broadly, the aims of the event were to:

- To help parents/carers understand the risks young people face
- To help parents/carers understand the signs and indicators that their children/young people may be carrying knives
- To help parents/carers understand the impact of social media and the language that young people use to talk about knives
- To help parents/carers understand the breadth of local services available to engage young people in positive activities
- To help parents/carers understand who they can come to for advice and guidance on this issue
- To help local services hear directly from parents/carers about their concerns and what they need from us

We invited parents/carers from across the Royal Borough of Kensington and Chelsea to attend an evening at a local college, where a number of guest speakers gave brief talks, followed by a question and answer panel. The speakers included the LSCB Independent Chair, the Police Borough Commander, a parent who runs a parents support group in Hackney, a parent whose child was previously involved in knife crime and a young person who was a former gang member.

Local Councillors and faith leaders were also invited to attend. In addition, there were information staffs available from the Early Help Service and EPIC (youth service provider).

Feedback from the audience included concerns about school exclusions, the availability of alternative educational provision, and positive aspirations for young people.

Feedback also suggested that future events may need to be run on a small scale in order to allow for deeper discussions and for all voices to be heard. There was a

One Life, No Knife

This is an initiative that began in Kensington and Chelsea but it is hoped that elements can be replicated in both Hammersmith & Fulham and Westminster.

The Local Safeguarding Children Board, together with the Safer K&C Partnership and Police collaborated to host an evening event for parents and carers in the borough to come and hear from colleagues in Police and voluntary sector services about the challenging subject of knife crime and how to help keep children and young people safe.

The event was also an opportunity for local services to begin a conversation with residents about how we can work in partnership to reduce the risk of harm to our young people.

London Needs You Alive Campaign - MOPAC

Supporting parents and carers to keep young people safe

Hosted by the Safer K&C Partnership, the Local Safeguarding Children Board and the Met Police.

Tuesday 20 February 2018
6pm to 8:30pm

St Charles Sixth Form College, St Charles Square, London W10 6EY

To find out more and to register, visit www.rbkc.gov.uk/knifesafetyevent

This is a free event for parents and carers to hear from those whose lives have been directly affected by knife crime.

You will also hear from the police, community support services and experts suggesting practical steps parents and carers can take to help keep children and young people safe.

We are keen to hear from you about how we can work in partnership together to minimise the risk to our young people.

METROPOLITAN POLICE
TOTAL POLICING

LSCB Local Safeguarding Children Board

K&C PARTNERSHIP

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Case Study

Operation Songtroop

Operation Songtroop was a Police-led operation to target child sexual exploitation (CSE) within the boroughs of Hammersmith & Fulham, Kensington and Chelsea and Westminster.

It was specifically implemented as a proactive method to address criminal offences associated with CSE that were occuring in certain hotels across the LSCB footprint.

The operation took place in early March 2018, ahead of Operation Makesafe talks that took place across the the boroughs before National CSE Awareness Day, also in March 2018. Police worked closely with partner agencies who play an active role in safeguarding children from CSE.

Background:
Budget hotels have long been recognised as 'hotspots' for child sexual exploitation nationally. It is known that the use of local (national chain) hotels for sex parties remains a feature of the CSE profile across London.

A total of 60 local hotels were selected as part of Operation Songtroop, following a review of data gathered from the Multi-Agency Sexual Exploitation Panel (MASE) and other local intelligence.

Our aims:
The key objectives of the operation were:
- to test local hotels' understanding, recognition and response to possible CSE situations from the Operation MakeSafe training that they had previously received.
- to share the findings with the hotels themselves as well as partner agencies to identify opportunities for learning, identify patterns and behaviours and to develop intelligence about CSE in order to inform further work in this area.

How we did it:
Each hotel was visited twice, after school, with different pairings of adult and child. The adults took in a clear plastic bag which contained multiple bottles of alcohol that was clearly displayed for the hotel staff to view. The primary objective of the adult was to try and book a hotel room for them and the child and to pay for this using cash.

The adults were encouraged to give other indicators of CSE during the booking process if the opportunity arose, such as being reluctant to provide ID, asking if the room would be available for only a few hours, and to talk for the child if they were spoken to by staff. All of the above indicators are highlighted within the Operation MakeSafe training previously delivered to hotels and should have been recognised by hotel staff.

Once each pairing had visited the hotels, they were met by a 'feedback team' who took notes about each scenario. Following this, the hotel staff and general manager were debriefed by Police CSE officers.

Considerations:
Special consideration was given to the appropriate selection of young people who had been trained and prepared for this

operation. The young people were police cadets and were selected because of their previous involvement in 'test purchase' operations with other Police teams. The cadets were of an appropriate age to fully understand the reasons for the operation and all were fully briefed and appropriate consent was sought from parents and carers. After each day, the cadets were de-briefed by the officers from the Police CSE teams to ensure that they felt comfortable during the operation, to see if any follow up support was needed, and to see if they had any suggestions for how it could be improved.

Another key element of Operation Songtroop was that it was a joint piece of work with the partner agencies who work with Police to tackle CSE. This was essential in order to benefit from the expertise of colleagues who make up the MASE Panel. A co-ordinated approach also meant that any safeguarding matters relation to the children participating could be acted on immediately, as well as for any children found to be at risk during the operation.

Results:
A total of 60 local hotels were visited as part of Operation Songtroop. The adults were not challenged about the bookings in all but two of the hotels visited, in terms of any of the following indicators:

- Relationship between the adult and child presenting
- The purpose of their visit
- That alcohol was clearly visible
- Why the child was not in school

Only two hotels too proactive steps to challenge the situation or to ensure the child was safe, with one making a call to Police.

The results highlighted the evident lack of awareness of CSE, despite the previous work done by the Police and partners specifically tailored towards these businesses. The fact that bookings were accepted at hotels highlights that children are still at risk of CSE within the three boroughs when entering hotels.

The result of the operation show that the Operation MakeSafe training previously delivered to the hotels is not always disseminated by the hotels to their staff as part of routine induction training or regularly enough for it to be familiar to long term staff.

Next steps:
It is anticipated that this operation will be repeated in 18-19 across all three local authorities and that a wider learning event for hotels and licensed premises will be convened so that local businesses can learn more about child sexual exploitation and how to raise concerns locally with Police and Children's Services.

Operation Makesafe

Operation Makesafe has been developed by the Metropolitan Police in partnership with London's boroughs to raise awareness of child sexual exploitation in the business community, such as hotel groups, taxi companies and licensed premises.

The aims
The purpose of the campaign is to help business owners and their employees identify potential victims of child sexual exploitation and, where necessary, alert police officers to intervene prior to any young person coming to harm.

What's involved
Businesses such as hotels, licensed premises and taxi companies are being provided with awareness training to help them recognise the signs of child sexual exploitation. They are directed to call 101, quoting 'Operation Makesafe', should they suspect suspicious behaviour or activity on their premises or in their vehicles.

Met Police call handlers have received specialist training to identify calls relating to child sexual exploitation and provide the appropriate advice and police response.

Online Safety

We know that children and young people are increasingly spending time online. The Internet can be a fantastic resource for young people, but can also expose children to harm.

The LSCB is keen to raise awareness of online safety matters with parents / carers and young people as well as the professionals and volunteers that work with them.

Online Safety Working Group Case Study

A small working group was developed following an emerging concern about keeping children safe online in the Westminster LSCB Partnership Group.

The group wanted to produce some helpful information for parents and carers about keeping their children safe online and ensure this was widely distributed, to coincide with the annual Safer Internet Day which was due to be celebrated on the 06th February 2018. Safer Internet Day is celebrated globally in February each year to promote the safe and positive use of digital technology for children and young people and inspire a national conversation.

Coordinated in the UK by the **UK Safer Internet Centre** the celebration sees hundreds of organisations get involved to help promote the safe, responsible and positive use of digital technology for children and young people.

The day offers the opportunity to highlight positive uses of technology and to explore the role we all play in helping to create a better and safer online community. It calls upon young people, parents, carers, teachers, social workers, law enforcement, companies, policymakers, and wider, to join together in helping to create a better internet.

The working group decided to produce a flyer for parents and carers to help signpost them to already existing resources. The completed flyer was distributed to schools, colleges and early years providers (electronically and in hard copy where requested), as well as to local libraries and children centres. The flyer was also circulated to GP practices across the three local authorities and shared with colleagues in the Police who in turn were able to share it with parents/carers. Copies were also circulated to partner agencies to share with practitioners.

The flyer was then adapted to remove reference to the Safer Internet Day so that it could be used all year round and featured on the LSCB website alongside other helpful resources for parents/carers.

The flyer was also translated into Arabic following a request from the LSCB Lay Member in Westminster who had

recognised that some parents/carers may not be able to engage with the flyers in English.
In 2018-2019, this working group has been expanded to include practitioners from across all three boroughs and we are working on developing further awareness raising sessions and training.

Planned work for 2018-2019

LSCB Partners are keen to develop a greater understanding about Contextual Safeguarding, and will launch a new subgroup for Safeguarding Adolescents that will work to create proactive, preventative multi agency engagement with the social, economic and environmental 'context' within which adolescent risk, harm and vulnerability occur. It will safeguard adolescents through multi agency partnerships to address the diverse, changing and multiple forms of risk and harm impacting on their lives. It will bring assessment of the various safeguarding concerns together, preventing siloed responses to needs artificially separated from each other.

A learning event regarding Contextual Safeguarding for Board members is planned for July 2018 with a speaker from the Contextual Safeguarding Network. Further training will be added via the LSCB training programme and across Children's Services in Hammersmith & Fulham a series of Contextual Safeguarding training workshops have been planned.

It is anticipated that we will develop the role of the MASE panel to also include other forms of harm, including criminal exploitation.

In Hammersmith & Fulham, an integrated and multi-disciplinary Adolescent Service will be developed.

The LSCB will make more enquiries about school exclusions.

The LSCB will seek to collate data on the number of and effectiveness of Adolescent at Risk Meetings.

Priority 3 – Hearing the voice of children and young people

The LSCB Chair held two meetings with both a small group of care leavers and a small group of young people known to the Youth Offending Service to ascertain their views about how safe they feel.

All three local authorities have embedded systemic practice within Children's Services and continue to use the Signs of Safety approach in Child Protection Conferences to ensure that children's experiences are the focus of support and interventions.

Local Authority partners have also collaborated with Future Gov to develop a new digital recording system that better captures the child's journey with Children's Services. This will allow practitioners to make decisions that are informed both by data but also the child's experiences.

Planned work for 2018-2019

The LSCB has created the role of Children and Community Engagement Officer and we are in the

process of recruiting to this post following an appointment that fell through earlier in the year. We also want to build on the One Life No Knife events for parents and carers and host events for young people in order to hear their feedback.

Hearing the voice of children and young people is an area of development for the LSCB and a key priority for our work next year.

Quality Assurance

During 17-18, the LSCB conducted two multi-agency audits: one on Neglect and the other on Child Sexual Abuse.

Neglect Multi-Agency Audit for children aged 7-16 years old:

Agencies involved in the audit included School Nursing, Education, GPs, Police, Community Rehabilitation Company & Probation, Youth Offending and CAMHS. new neglect screening tool was applied to all cases in the audit sample where children and young people were aged between 7-15 years old. Auditors found that where neglect had been identified, as a safeguarding issue, effective interventions lead to improved outcomes for children. In four of the cases, however, auditors found that neglect had not been identified as a key issue but should have been. Emotional neglect was highlighted as a factor in these cases but practitioners found it more difficult to identify that parents were not responding to their children's needs.

The key findings included:

- Legacy of a long history of neglect, which had been managed or improved for period of time, been partially addressed or had not been successfully addressed in the past.
    - When parenting reaches 'good enough' standard less need for professional intervention but often impact of early experiences felt later.
    - General awareness and understanding of the history (positive finding). Potential to lead to frustration and feelings of hopelessness for professionals working with the case/becoming 'stuck'. Whilst some did feel like that, examples of the opposite and workers committed to making a difference now.
    - Is it possible to change the trajectory at this point? What should our expectations be? Identifying an opportunity to make a difference.
    - Dealing with feelings of frustration and hopelessness- what helps? Supervision, strong professional network, use of clinical workers

- A common feature in many of the cases was potential undiagnosed or untreated emotional/mental health or cognitive needs for the parents (including personality disorder). This made it extremely difficult to work with parents and poses a challenge about how we work with them and how we maintain a professional relationship with them, and address some of their underlying needs when there are no formal services in place.

- Education: It can be a challenge for schools and alternative provisions to meet the needs of young people who have experienced persistent neglect.
    - How do we work with young people excluded from education or not attending? What capacity is there to be creative? Where does the responsibility lie?
    - How effectively do social workers and other professionals escalate concerns about the quality of the education being provided?

- A small proportion of the cases involved specific health needs for the children and there was a need to challenge the parents who were not meeting their child's needs.
    - Whose responsibility is it to challenge the parents?
    - Is there a shared understanding of how the needs will affect the child if untreated / what is the significance?

Outcomes and Recommendations

1. Identifying the opportunity to make a difference

- Establishing and maintaining strong professional networks. Making sure it is clear who needs to be involved and why. Ensuring plans
- Continue to ensure regular supervision for practitioners (already in place) which offers space to express feelings of frustrations and hopelessness

2. More successful engagement with parents who have complex emotional, learning or personality needs

- Clinical consultations with systemic practitioners with Children's Services to take place in these cases to explore and review approaches. Learning from these consultations to be broadened to include the multi-agency network involved with child or young person. Professional network to share knowledge of 'what works' for that parent.

3. Ensuring education needs are met appropriately

- Attendance and Inclusion workshop have been held to start to explore how we work with children not consistently in education for a range of reasons.

4. The impact of health needs are fully understood

- Where there are concerns that a child's health needs may not be met, multi-agency meeting is convened to include all the relevant health professionals. Creative approaches to be considered including use of skype and telephone conferencing. These meetings will agree who should take the lead and who should undertake any direct work with the parent.

5. Tailored approaches to working with adolescents informed by research and practice

- Adolescent at Risk model - this is currently being reviewed and developed
- Each borough is developing an approach to working specifically with adolescents. These approaches will be informed by practice experience and should take into consideration the issue and impact of neglect

6. Establish a resource bank for working with Adolescents. Collating tools and best practice evidence from across the three boroughs – this will be led by the Safeguarding Adolescents Subgroup established in 18-19.

7. Dip sample neglect screening to be undertaken in Early Help and YOS to evaluate how we are identifying neglect in this age group (7-16 years) – we aim to complete this in 18-19.

Child Sexual Abuse Audit:

The particular focus for this audit was to consider the multi-agency response to cases where there had been questions, indicators and concerns about sexual abuse, as well cases where sexual abuse has been alleged or investigated. Cases were audited between November 2017 and January 2018.

Many of the areas of learning and reflection identified during this audit reflect those recognised as part of recent national research. As local multi-agency partners we grapple with similar dilemmas and challenges in our response to sexual abuse. We know that most victims of sexual abuse are abused by someone in their trusted circle and that it can be years before a child is in a position to disclose the abuse to anyone. Yet, often we rely on children to tell us about abuse before we feel able to take action. The majority of cases reviewed as part of this audit involved a disclosure by a child or young person which appropriately triggered an investigatory and safeguarding response. However, these children had contact with various agencies prior to disclosure (at both a voluntary and statutory level). This audit did not find evidence that obvious or overt signs and indicators

were missed, in nearly every case. Instead it prompted reflection about how we are able to be more professionally curious and how we open up opportunities for children (and parents/carers) to talk and feel safe to explore things they feel worried or uncomfortable about.

Some of the ways we can do this include building and promoting relationships (with children, families and within professional networks), seeking to understand the way family networks function (including the significant people in their lives) and by holding the possibility of sexual abuse in mind. When approaching our assessments and investigations we need to remember that criminal investigation is just a small part of the work and should not be the primary focus; the welfare and safety of the child or children involved is much broader than this.

Strengthening communication between social workers and health professionals in the planning and execution of investigations should help us shift the focus. Non-abusing parents/carers have a key role in recognising abuse, increasing safety, helping children talk and supporting children to recover. We need to think about how we promote and support this. Often this means addressing their individual difficulties or support needs. Domestic abuse was a feature in a number of the cases audited and re-enforced the importance of recognising the impact of domestic abuse when assessing and supporting the capacity of the non-abusing parent to act protectively.

It is hoped that this audit has raised awareness and prompted reflection in the safeguarding partnership and individual agencies about our responses to sexual abuse.

The Quality Assurance Subgroup has developed an action plan to address the recommendations in the audit. This includes ensuring that Strategy Discussions include meaningful contributions from appropriate health partners and ensuring that all partners are confident in their role and responsibilities to contribute to these meetings. We want to continue to build relationships between health practitioners and social workers and plan to host local networking events to facilitate this. We also plan to review how social workers work alongside Police colleagues for ABE interviews and what training may be required to facilitate this. The LSCB will monitor the progress of the TAITH project that is working to support children who are displaying harmful sexual behaviours, and we will review pathways and access to therapeutic interventions for child victims of sexual abuse.

Section 11 Audit findings:

The section 11 audits are a useful way to check the safeguarding arrangements within agencies and provide the Board with assurance that agencies are doing what they can to ensure the safety and welfare of children.

In 2017-2018, the audits were circulated to maintained schools in all three local authorities, private health providers and one local NHS trust.

An analysis of the audits completed by schools found that schools had a safeguarding children policy in place, and a Designated Safeguarding Lead who had a clear job description that highlighted the breadth of their role. Not all schools reported they had a back-up designated safeguarding lead who could cover the role when required. Most schools were able to report on a clear culture of listening to the voice of children and young people within their setting. Most schools had also been able to access key safeguarding documents and contacts from the LSCB website. One area that the schools were less confident about was on the LSCB priorities, so the Board needs to explore further ways of ensuring this information is cascaded to schools.
A concern that was noted through the audits (and the Designated Safeguarding Leads Forum)

was around communication with key partners, with some schools reporting frustrations at the lack of feedback from Children's Social Care and in some cases schools not being aware that children they work with have an allocated social worker. Schools reported they were able to access appropriate safeguarding training but there were some further requests on training on FGM and Child Sexual Exploitation.

Future audits in 2018-2019 will include the local authorities, and voluntary sector partners.

Learning from Case Reviews

The Case Review Subgroup is made up of multi-agency partners including Police, Health and Local Authorities and was chaired previously by the Director of Family Services in Hammersmith & Fulham, however, following a change in role, the subgroup was subsequently chaired by the LSCB Independent Chair. In 2017-18 the subgroup met and reviewed:

- 5 Serious Case Reviews published by other LSCBs
  Themes explored included suitability of special guardianship orders, effective services to meet the needs of vulnerable adolescents due to neglect, appropriate multi-agency responses to vulnerable adolescents at risk of exploitation through radicalisation, effective supervision to challenge fixed thinking around a case, transitions between children and adults services.
- A challenge another LSCB on a finding included in a newly published serious case review.
- Unpublished learning review from another LSCB
- 3 local cases not meeting the threshold for serious case review but where learning is applicable
- Changes to the Serious Case Review process due to be implemented following the Government's consultation on Working Together to Safeguard Children 2018.
- 3 action plans from local Serious Case Reviews

The LSCB worked in partnership with two other LSCBs on the Luton Child J Serious Case Review, which was published in June 2017. Child J was a thirteen-month-old boy who had moved with his mother and her new partner to Luton after spending his early life in Hammersmith and Fulham and Ealing. Whilst there was very limited work with the family in Hammersmith and Fulham, we have cascaded the learning from the serious case review to practitioners via our LSCB multi-agency training programme and a local lunch and learn session. In addition, the Cabinet Member for Children's Services in Hammersmith & Fulham wrote to the then Minister with responsibility for child safeguarding, asking that government review and set out guidance so that there is no room for variation between authorities and clarity about what should happen when a 'Child in Need' moves into a new area. This is partially reflected in the revised 'Working Together to Safeguard Children 2018' which now states that 'Where a child in need has moved *permanently* to another local authority area, the original authority should ensure that all relevant information (including the child in need plan) is shared with the receiving local authority as soon as possible. The receiving local authority should consider whether support services are still required and discuss with the child and family what might be needed, based on a timely re-assessment of the child's needs, as set out in this chapter.'

A challenge to one of the findings in the review was raised by a local partner agency (Standing Together) and escalated by the Chair of the LSCB to the Luton LSCB.

Members of the Case Review Subgroup also contributed to the delivery of the LSCB Learning Event for the Clare and Ann Serious Case Review that took place in January 2018 where over 100 practitioners from local services attended.

The LSCB is awaiting the publication of a local Safeguarding Adults Review (SAR) to learn from the case of an adult where practitioners would not gain access, leading to a near miss. This SAR was commissioned by the Safeguarding Adults Board in December 2017 and the LSCB will work in partnership with the Adults Board to disseminate the learning once published.

LSCB Multi-Agency Training

The LSCB training programme is coordinated by our LSCB Multi-Agency Trainer with support from the Learning and Development Subgroup. Between April 2017 and March 2018, the LSCB delivered 100 face to face training workshops through the LSCB training programme. A total of **1753** delegates attended the workshops from a range of agencies across the partnership, including many in the voluntary sector. Across all of our workshops offered, there was an average booking rate of **97.6%**, illustrating the high demand for safeguarding children training, whilst overall attendance at training (across all workshops) was **71.6%**.

The Learning and Development Subgroup approved revised terms and conditions for the LSCB training programme to start in 2018-2019, and it is hoped that this will further reduce the number of delegates not attending training and raise revenue for the development of the LSCB training programme where cancellation fees are applied.

The LSCB training programme is split into three main sections:

Mandatory training: this features our two core training workshops which are the Introduction to Safeguarding Children (1/2 day) and the one day Multi-Agency Safeguarding and Child Protection Workshop.

Specialist training: this features a variety of more specialist topics, including Safeguarding Children and Domestic Abuse, Child Sexual Exploitation, Safeguarding Children and Gang Awareness, Private Fostering Workshops and we developed a new workshop on Online Safety.

Managerial training: this features training such as our Meet the LADO workshop and Safer Recruitment and Safer Recruitment Refresher workshops.

Further details about our training offer can be found on the LSCB website: www.rbkc.gov.uk/lscbtraining

The LSCB conducts a training needs analysis every year in order to help inform the design and commissioning of the training. This involves consulting with partners about their training needs, and helps us to understand what the emerging needs may be and if we need to expand on or deliver new training topics.

The LSCB is proud of the collaborative working demonstrated in the delivery of the LSCB training programme. Where ever possible, the LSCB asks key partners to deliver or co-deliver the training workshops so that local knowledge and expertise can be shared and the table on the page 21 demonstrates this.

The LSCB hosted a learning event in January 2018 to highlight the learning from a local Serious Case Review: Clare and Ann. This case involved a mother, who, whilst acutely unwell, killed her partner and eldest daughter, and seriously injured the couple's youngest child. The aims of the event were to explore the key learning points within both the Serious Case Review and the Domestic Homicide Review, and share updates from key partners about the changes that have been implemented since the reviews were first published. 121 local practitioners attended the event and 86.25% of attendees who completed an evaluation rated the event as 'good' or 'excellent'.

The LSCB monitors the feedback from LSCB training workshops, but acknowledges that it is still challenging to monitor the impact of the training we deliver. At every workshop we deliver, we ask delegates to rate the workshop experience, as well as whether the learning outcomes have been

met. Some example feedback from a couple of our mandatory workshops are displayed below:

Delegates are asked to rate their knowledge and understanding of the learning outcomes before the workshop and after. They are also asked to rate the training experience overall.

This is the scale they are asked to use.

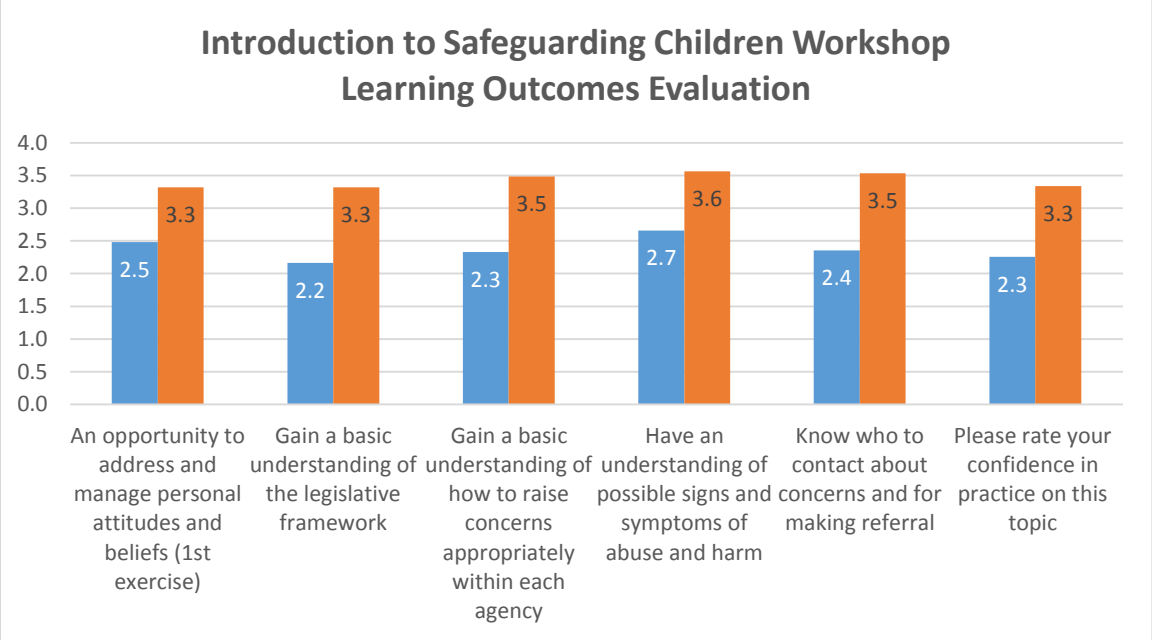
Poor = 1 Satisfactory = 2 Good = 3 Excellent = 4

Legend

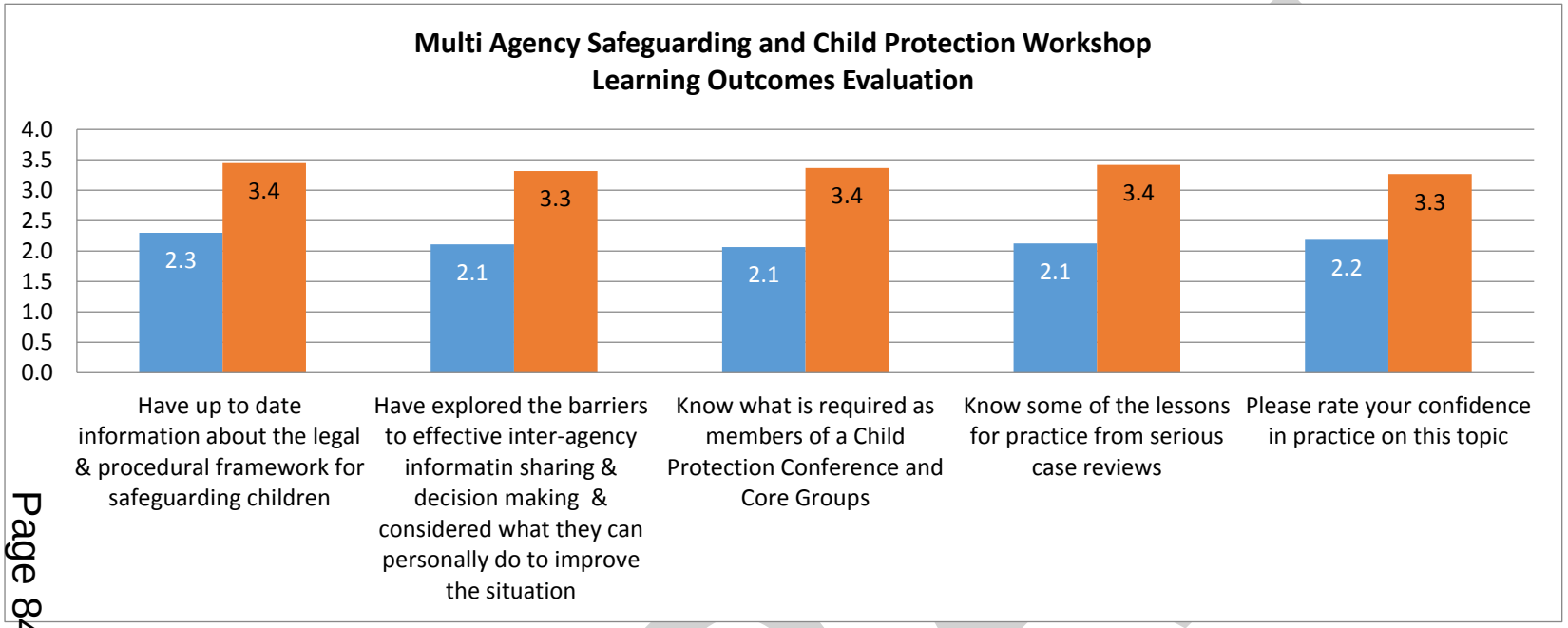
- Before the workshop - After the workshop

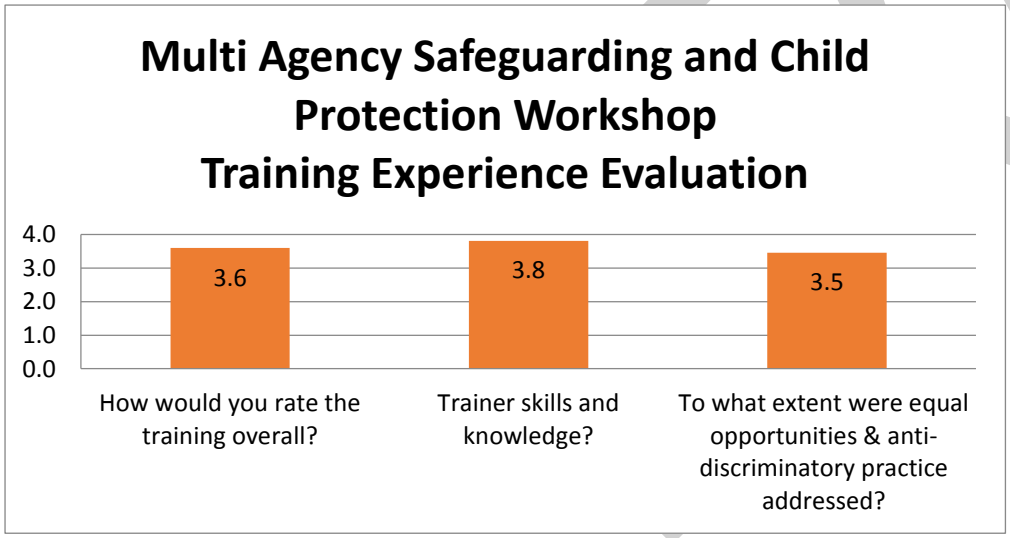
The following charts show the average scores given for learning outcomes and training experience for the Core workshops:

Sessions Delivered: 12 Delegates: 206



Sessions Delivered: 34 **Delegates: 705**





The Learning and Development Subgroup has also tried to monitor the impact of the training course that we deliver via the LSCB training programme. Delegates are asked to share feedback at the end of each workshop about how what they've learnt will impact on their practice. We also send a smaller number of delegates a follow up email survey to check the impact three to six months following their attendance at training. We have noted that only a small percentage of delegates complete this. The LSCB Learning and Development Subgroup will continue to monitor and challenge this in 18-19.

Future plans:

In 2018-2019, the Learning and Development Subgroup are keen to support the workforce to gain a better understanding of contextual safeguarding, in order to build on our work to safeguard adolescents in particular. We are also keen to re-launch our 'Learning from Serious Case Reviews' workshops.

In 2018-2019, the LSCB will also need to launch a new learning management system (LMS) for LSCB training bookings. This is because it is anticipated that the current system used by the Local Authorities is due to be upgraded.

The table below demonstrates the wide range of LSCB partner agencies supporting the delivery of LSCB training workshops.

Programme	Workshop	Trainer Agency											Total no. of sessions
		Health	LBHF	RBKC	WCC	Tri-Borough	LSCB Trainer	External Trainer	Standing Together	IKWRO	Turning Point	WAGN	
Core	Introduction to Safeguarding Children						11						11
Core	Multi-Agency Safeguarding and Child Protection (level 3)	9		7			33		2				51
Core	Multi-Agency Safeguarding and Child Protection (Refresher level 3)						5						5
Managerial	Safer Recruitment					4	4						8
Managerial	Safer Recruitment Refresher (level 6)					3	1						4
Managerial	Meet the LADO					5							5
Specialist	CSE: A Trauma Focused Approach											7	7
Specialist	Safeguarding and Domestic Abuse								6				6
Specialist	MARAC Workshop								8				8
Specialist	Safeguarding and Neglect							1	1				2
Specialist	Safeguarding and Gang Awareness		1		1	1							3
Specialist	Ending Harmful Practices (RBKC only)									2			2
Specialist	Ending Harmful Practices					2							2
Specialist	Private Fostering workshop					3							3
Specialist	Young Carers information session					3							3
Specialist	Parental Substance Misuse										1		1
Specialist	CP conference workshop			4		1							5
Specialist	Safeguarding and Supervision								1				1
Specialist	Missing Children protocol		3			3							6
Specialist	Online Safety						2	2					4
Total number of sessions delivered		9	4	11	1	25	56	3	18	2	1	7	137
% of total sessions delivered		6.6	2.9	8	0.7	18.2	40.8	2.3	13	1.5	0.7	5.1	100

Child Death Overview Panel (CDOP)

The Local Safeguarding Children Board functions in relation to child deaths are set out in Regulation 6 of the Local Safeguarding Children Board Regulations 2006, under section 14 of the Children Act 2004. The LSCB is responsible for:

- Collecting and analysing information about each death with a view to identifying:
    - Any case giving rise to the need for a review
    - Any matters of concern affecting the safety and welfare of children in the area of the LSCB
    - Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area.
- Putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

Note: The responsibility for determining the cause of death rests with the Coroner or the doctor who signs the medical certificate of the cause of death and not with the Child Death Overview Panel.

The process for reviewing child deaths includes:

- an overview of all child deaths up to the age of 18 years (excluding those babies that are stillborn and planned terminations of pregnancy carried out within the law)
- A multi-agency rapid response meeting is convened following an unexpected child death in order to make initial enquiries and co-ordinate support to the bereaved family.

This has been a challenging year for CDOP colleagues and partner agencies. We have received an increase in child death notifications related to registration of extremely premature infants born alive, as well as the notifications following the tragedy of the Grenfell Tower Fire.

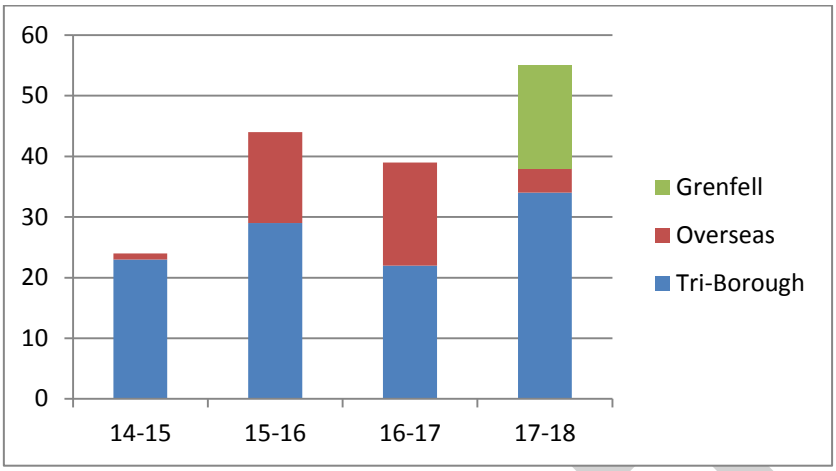
Following an unexpected death, a rapid response meeting is normally held within 5-7 days of the death occuring. This is chaired by the Designated Paediatrician for Child Death.

Modifiable factors are defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced.

The panel has reviewed child deaths that have occurred across the three local authorities, identifying factors that may have contributed to the deaths along with any modifiable factors. The timing of the reviews is subject to the number of cases relating to a particular theme and other processes such as serious case review, police investigation or an inquest occurring.

In 2017-18, the CDOP Panel received 55 child death notifications in total, including 17 children who were victims of the Grenfell Tower fire and four children who

normally resided overseas but who died whilst in the LSCB area.

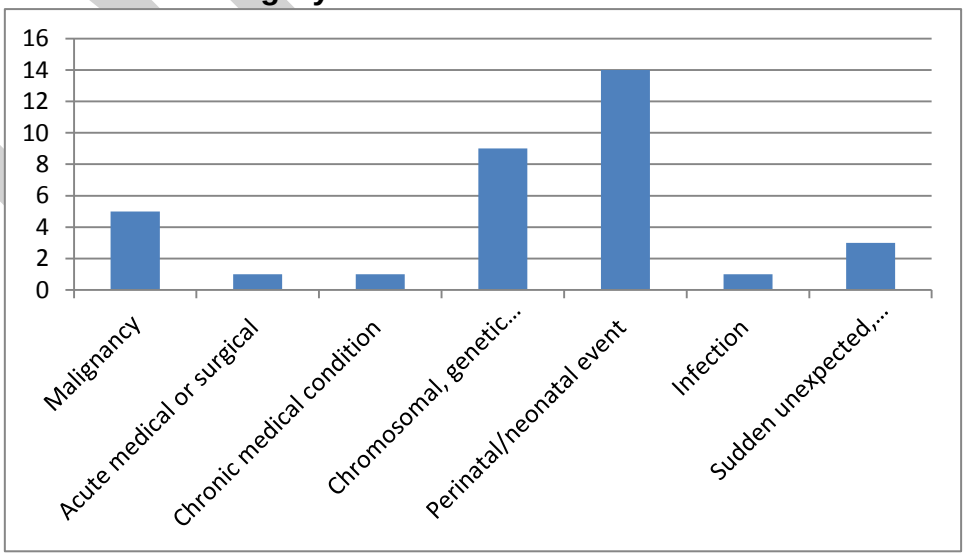


We noted a significant increase in notifications compared with previous years, and whilst the cases associated with the Grenfell Tower fire account for some the increase, there remains an increase of approximately a quarter on the average number of cases notified in the previous three years. This is likely due to an increase in neonatal notifications following the publication of the 'Registration of Stillbirth' briefing paper (House of Commons, 2018) which states 'the birth of a baby who is born alive must be registered, whatever the length of the completed pregnancy. The death of a baby born alive must be registered in the same way as any other death', thus requiring notification to CDOP as well.

Separate to the deaths relating to the Grenfell Fire tragedy, in 2017-18, a total of 12 deaths were unexpected, and required a rapid response meeting to be held. This is similar to 2016-2017 where 32% of the deaths in the LSCB area were unexpected.

The main categories of death for deaths occurring in 2017-18 include perinatal/neonatal events (this is the largest group, and links with the largest age group being neonates under 28 days old), or chromosomal, genetic and congenital and again this relates to this group of six infants under 28 days old.

Provisional category of death for deaths notified in 2017-2018



22 boys and 12 girls died across the LSCB area. The number of boys who have died is almost double from last year, when 12 boys died and this increase is due to the

number of boys under 28 days of age dying in 2017-2018 more than doubling (5 neonatal male deaths in 2016-2017). The majority of the children (74%) were under the age of one and this is similar to last year's figure of 76%.

The CDOP panel was notified of the deaths of four children who normally resided overseas but who died locally. We have seen a significant drop in the number of such children dying as compared to last year. It is unclear why this is, but may be linked to work the CDOP panel has undertaken with private healthcare providers. We convened where a themed panel with representatives from the private healthcare sector in order to gain insight into the referral processes, practices and bereavement care, to enable the panel to be assured about the practices undertaken by the specialist nurse for Child Death to review the cases being notified by private providers, no concerns were identified.

Learning from child death reviews:

A number socioeconomic and economic factors were identified in the deaths reviewed in 17-18, including vulnerable pregnant women with no recourse to public funds, poor housing, chaotic home environment, unsafe sleep environment, temporary housing and knife crime.

A number of parenting and family factors were also identified in the cases reviewed, including parents unable to accept prognosis and wanting to continue active treatment which may not be in the child's best interests, parental mental health issues impacting on their ability to access antenatal care, high maternal BMI and maternal infections associated with increased risk of premature delivery and parental smoking.

The panel also identified an access to healthcare factor in parental access to mental health services during an acute crisis.

The panel identified some service provision and care factors which have been raised with individual providers where appropriate including:

- Increased vulnerability of children following complex surgical and medical interventions
- Appropriateness of transfer to the UK for treatment when the prognosis is very poor
- Appropriateness of extensive invasive treatment in neonates with extremely poor prognosis
- Implantation of multiple embryos during IVF
- Inadequate communication between Health, Social Care and Police, particularly in relation to welfare checks
- Recognition of breech presentation in early labour

Safeguarding factors that the Panel identified included:

- Vulnerability of parents at high risk of suicide following the death of their child
- History of parental alcohol and substance misuse
- History of poor parenting with children's social care involvement, including known neglect/abuse in the family home
- History of domestic violence in the home
- Young children acting as carers for their younger siblings

Other factors that the Panel identified included:

- Extreme prematurity
- Chorioamnionitis (infection within the womb) and other maternal factors linked with premature delivery
- Congenital complex medical disease

It is important to note that due to relatively low number of deaths, this makes it impossible to provide an accurate statistical interpretation or trend analysis. All unexpected deaths were managed appropriately using rapid response process.

Relevant learning is cascaded via the health networks in our LSCB area, with the intention that learning from local and national child reviews is incorporated into practice, training and supervision.

Trends and learning identified that may have implications nationally are shared through the national CDOP network.

The future of CDOP and transition to new arrangements

The new 'Working Together to Safeguard Children 2018' was published in July 2018, and alongside this, new guidance for Child death review: statutory and operational guidance (England) was published in October 2018.

The new statutory guidance requires CDOPs to cover a geographical footprint that would enable a minimum of 60 cases to be reviewed per year. In order for our CDOP to meet this requirement, it is anticipated that we will need to merge with at least two neighbouring CDOPs. With that in mind, CDOPs across North West London have been exploring ways in which we could develop a service across this wider footprint.

This guidance sets out the full process that follows the death of a child who is normally resident in England. It builds on the statutory requirements set out in Working Together to Safeguard Children 2018 and clarifies how individual professionals and organisations across all sectors involved in the child death review process should contribute to reviews. The guidance sets out the process in order to:

- improve the experience of bereaved families, and professionals involved in caring for children
  and
- ensure that information from the child death review process is systematically captured in every case to enable learning to prevent future deaths

The new guidance places an emphasis on the Joint Agency Response, which includes home visits by a Child Death Review clinician and senior police officer, as well as bereavement support with the introduction of a new key worker role.

Grenfell Tower Fire

Members of the Local Safeguarding Children Board were deeply saddened by the recent tragedy of the Grenfell Tower Fire and our thoughts rest with the families and friends who lost loved ones in this disaster and the many families who lost their homes.

The Board met shortly after the tragedy in July 2017 and approved the development of the Grenfell Operational Management Group, in conjunction with the Safeguarding Adults Board, to help facilitate information sharing and prioritise actions for partner agencies in their response to the fire.

The Board also received updates on the package of support available to all local schools impacted by the fire, for both the staff and the children and families. An enhanced summer programme 'Summer in the City' was commissioned by the Local Authority and delivered in order to provide local children and families with positive activities to take part in.

Members of the LSCB team supported the staff and volunteers at the Al Manaar Mosque in north Kensington in the immediate few weeks after the fire as well as assisting with outreach work in the community to help promote the local services on offer to support residents in the aftermath of the fire.

Our Child Death Overview Panel (CDOP) team collated the information that was possible to from the Coroner's Court in relation to the very sad deaths of the children as a result of the fire and liaised with the Grenfell Key Workers and Police Family Liaison Officers to ensure that all the bereaved families were signposted to support. As a result of the ongoing Police investigation, Coronial Proceedings and Public Inquiry, the CDOP reviews for the children who died were not able to be completed in full and it is expected that these will be delayed until all other proceedings have concluded.

In the months that followed the fire, the Board received regular updates from colleagues about the work undertaken to re-house families, as well as updates on the delivery of the Grenfell Support Service which allocated dedicated keyworkers to residents affected by the fire, and the development of The Curve facility for residents.
The LSCB facilitated dedicated safeguarding children training sessions for staff and volunteers working at the Curve and we shared advice with the team at the Curve to help them develop their safeguarding children policy.

The Local Authority Safeguarding and Quality Assurance team also assisted the Grenfell Support Team to conduct audits of their casework.

Following the tragedy, the RBKC Early Help service has seen an increase of 13% in early help referrals and as a result a specific team of Early Help practitioners has been set up to respond to Grenfell families. The Local Authority has also set up the Grenfell Education Fund. This provides financial support to schools and is also planning longitudinal studies to understand the longer-term impact on children.

LSCB Website and Social Media

The LSCB website statistics show that the most viewed webpages tend to be the LSCB Training Pages and Safeguarding Contacts Pages. Further development work is needed on the front page of the website, to include a scrolling carousel of news items on the front page, rather than the static image we have currently – we hope that this will enable us to highlight new and refreshed content to visitors.

The LSCB has a social media presence on Twitter (@LSCBx3). We have grown our following to over 500 followers and have used this platform to amplify messages about national safeguarding campaigns led by the DfE and local initiatives such as our One Life, No Knife event for parents and carers. This is something we would like to develop further in 2018-19.

Future priorities

As the LSCB is in transition to our new multi-agency safeguarding arrangements, the priorities will be reviewed with partners again to determine if any updates are required.

Appendix 1 – LSCB Membership and Attendance

LSCB Main Board Attendance 2017-18				
Role	**11th May 2017**	**18th July 2017**	**17th October**	**23rd January 2018**
LSCB Chair	y	y	y	y
Executive Director of Children's Services (Tri-Borough)	y	y	y	n
Director of Family Services (H&F)	y	y	y	y
Director of Family Services (RBKC)	y	y	y	y
Director of Children's Services (WCC)	y	y	x	y
Director of Schools (Asst Director) – Tri-Borough	y	y	y	y
Head of Combined Safeguarding & Quality Assurance (Children's Services)	y	y	y	y
LSCB Business Manager	y	y	y	y
Director of Adults Safeguarding (or rep)	y	y	y	y
Housing	y	y	y	n
Police Borough Commander	y	y	y	n
Police CAIT	y	y	n	n
Probation	y	y	y	y
Community Rehabilitation Company	y	n	n	n
CAFCASS	y	y	y	y
Prisons (Wormwood Scrubs)	y	n	y	n
London Ambulance Service	n	n	n	n
Voluntary Sector (Standing Together)	y	y	y	y
Lay members	y	y	y	y
NHS England	n	y	n	n
Clinical Commissioning Groups	y	y	y	n

Designated Doctor	y	n	y	y
Designated Nurse	y	y	y	y
Head of Safeguarding, CLCH	y	y	y	y
CLCH Director of Nursing	n	y	n	n
Imperial Healthcare Trust, Director of Nursing	y	n	n	y
ChelWest, Director of Nursing	n	n	n	n
WLMHT/West London NHS Trust	n	y	y	y
CNWL	y	y	y	y
Public Health (Tri-borough)	y	n	n	n
Community Safety	y	y	y	n
Policy Team (Commisioning)	y	o	o	o
Head Teachers	y	y	y	y
Cabinet Member for Children's services, H&F	y	n	n	n
Cabinet Member for Family and Children's Services, RBKC	n	n	y	y
Cabinet Member for Children's Services, WCC	y	n	y	n

Appendix 2 – LSCB Budget LSCB Budget

2017/18 Outturn

	2017/18 Outturn			
	LBHF	**RBKC**	**WCC**	**TOTAL**
CONTRIBUTIONS				
Sovereign Borough General Fund	**-79,169**	**-59,470**	**-77,699**	**-216,338**
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**
London Fire Brigade	-500	-500	-500	**-1,500**
CCG (Health)	-20,000	-20,000	-20,000	**-60,000**
Total Partner Income	**-28,050**	**-28,050**	**-28,050**	**-84,150**
Total Funding (excluding reserves)	**-107,219**	**-87,520**	**-105,749**	**-300,488**
EXPENDITURE				
Salary expenditure	58,957	58,957	58,957	**176,871**
Training	2,750	2,750	2,750	**8,250**
Other LSCB costs	7,700	7,700	7,700	**23,100**
2016-17 S113 shared cost adjustment	30,779	-40,848	10,069	**0**
Total expenditure	**100,186**	**28,559**	**79,476**	**208,221**
Forecast variance	**-7,033**	**-58,961**	**-26,273**	**-92,267**
Moved to B/S for partner income				
Final outturn variance	**-7,033**	**-58,961**	**-26,273**	**-92,267**
BALANCE SHEET				
Reserves Brought Forward	-38,183	-70,689	-55,226	**-164,098**
Adjustment in year				**0**
Contribution to LSCB balance sheet accounts	-7,033	-58,961	-26,273	**-92,267**
Reserves to take forward	**-45,216**	**-129,650**	**-81,499**	**-256,365**

excluding corporate overhead costs

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City of Westminster

Family & People Services Policy & Scrutiny Committee

Date:	16th January 2019
Classification:	General Release
Title:	**Annual Looked After Children and Care Leavers Report 2017/18**
Report of:	Nicky Crouch
Cabinet Member Portfolio	Councillor Heather Acton, Cabinet Member for Children
Wards Involved:	All
Policy Context:	City for Choice / Heritage / Aspiration
Report Author and Contact Details:	Nicky Crouch, **Head of Looked After Children and Specialist Services** ncrouch@westminster.gov.uk

Annual Looked After Children and Care Leavers Report

1. Purpose of report

1.1 This report is for information only, providing an overview of the Local Authority's activity to support looked after children and care leavers and the outcomes achieved.

1.2 Outcomes for looked after children are often poorer than they are for those not in the care system due to the trauma and losses they have experienced in their lives. We aspire to improve the outcomes for our looked after children and care leavers and closely monitor their progress and needs to inform intervention and the delivery of services.

2. Executive Summary

2.1 As at 31st March 2018 the Local Authority were looking after a total of 204 children in care and supporting 175 care leavers.

2.2 Through the course of the year (April 2017 to March 2018) 159 children had come into care of which 104 were UASC and 138 children had left our care (of which 83

were Unaccompanied Asylum Seeking Children - UASC).

2.3 In the year 2017/18 a total of 104 unaccompanied minors were located in Westminster and 35 were dispersed through the PAN London agreement. As at 31st March 2018 Westminster were looking after 69 UASC and supporting a further 68 as care leavers.

2.4 Trend analysis indicates that numbers of looked after children from Westminster City Council's resident population are reducing whereas the numbers of unaccompanied minors being located in Westminster are increasing – pushing our total numbers up. This has financial implications – including the capacity and capability of the workforce to manage increasing demand.

2.5 There has been a decrease in the number of children aged 0-5 coming into care and an increase in the numbers of children aged 14 plus – who now account for 65% of our total care population. This reflects the growing numbers of UASC and is likely to mean that numbers of children leaving care will increase - creating a resource pressure.

2.6 Outcome measures for looked after children are broadly above national average across all key performance indicators.

3. Introduction

3.1 Looked After Children are those children who's care arrangement is provided by the local authority. In these circumstances the local authority has a responsibility to safeguard and promote their welfare and to act as good parents so they can reach their full potential.

3.2 Following the implementation of the children and Social Work Act 2017 local authorities have duties and responsibilities to those young people who leave care after the age of 18 years and up to the age of 25.

3.3 Children who are looked after by the local authority have generally experienced abuse or neglect; or they are considered beyond parental control or abandoned (as in the case of unaccompanied minors).

3.4 Children in care are looked after in a range of settings, which include prospective adoptive families, foster care, friend and family placements and residential children's homes/schools. Where possible children will be reunified with their birth family alternatively we will seek to secure a permanence plan for children in a timely way and those who require long term care will access a wide range of services to support them in respect of their placement, education, health and emotional well-being. In some cases this will involve intensive intervention and clinical support to address the impact of trauma and effects of abuse and neglect.

3.5 Generally the corporate parenting strategy details the council's commitment to looked after children including annual priorities. However, the focus this year has been the disaggregation of the Tri-borough arrangement and maintenance of the service standards whilst this process was complete. It is anticipated that the corporate parenting strategy will be updated 2018/19.

4. Local Profile of Looked After Children

4.1 The care population in Westminster is changing; whereas the numbers of children coming into care from the generic population are reducing, the numbers of UASC arriving in Westminster are increasing – pushing total numbers up. See table (A).

Table A: New LAC starters

	0-5	6-13	14+ (excl. UASC)	14+ UASC	Total
2015/16	23	26	29	26	104
2016/17	35	31	30	50	146
2017/18	21	11	25	105	162

4.2 When a child or young person comes into the care of the local authority there are range of placement options:

- Kinship foster care (placement with extended family supported and regulated by LA)
- Foster care
- Independent foster care (private agency)
- Residential care
- Supported lodgings
- Other (semi-independent, independent housing)

4.3 In 2017/18 28 of the 33 children aged 0-13 (85%) were placed with foster carers (kinship, LA and independent agencies) – see table B below:

Table B: New starters aged 0-13, Placement Type

	2015/16	2016/17	2017/18
Kinship Foster Care	11	12	1
LA Foster Care	24	26	22
Independent Foster Care	8	9	3
Residential Care	7	10	7
Supported Lodgings	-	-	-
Other	-	-	-
Total	50	67	33

4.4 In 2017/18 the majority of 14+ coming into care we placed in either supported lodgings or semi-independent accommodation. This reflects the high numbers of unaccompanied minors coming into Westminster who are almost all aged 16 & 17 years. See table C below:

Table C: New starters aged 14

	2015/16	**2016/17**	**2017/18**
Kinship Foster Care	2	3	-
LA Foster Care	10	40	43
Independent Foster Care	2	3	12
Residential Care	7	5	4
Supported Lodgings	21	15	35
Other	12	13	35
Total	54	78	129

4.5 It is interesting to note that the numbers of children across all ages placed with kinship carers at the outset of care has reduced significantly. This will need to be better understood so as to ensure that when children can live with extended family and it is safe for them to do so – we are supporting this arrangement.

4.6 Importantly 83% children coming into care are placed within a 20-mile radius of Westminster. Children remaining in close proximity to their parental home affords better opportunity to maintain important relationships with friends and family and to maintain attendance at existing schools.

4.7 The numbers of children ceasing to be cared for are becoming increasingly less than the numbers coming into care – meaning that overall numbers of children in care as at 31st March 2018 are higher than preceding years. This reflects the increasing number of UASC and numbers of children aged 14+ in the cohort – see table D below:

Table D: Children ceasing LA care

	0-5	**6-13**	**14+**	**Total**
2015/16	19	24	72	104
2016/17	33	27	72	132
2017/18	15	8	117	140

4.8 The reasons behind children leaving care include returning home, placement with relatives under special guardianship orders, adoption or the young person reaches 18 years old and becomes a care leaver. A further reason can be when a responsibility transfers to another local authority. There has been a PAN London agreement to share responsibilities for UASC up to each authority's quota (0.07 per 10,000 population). The table below details the numbers and reasons for leaving care:

Table E: Reasons for children ceasing LA care

	2015/16			2016/17			2017/18		
	0-5	**6-13**	**14+**	**0-5**	**6-13**	**14+**	**0-5**	**6-13**	**14+**
SGO		4	3	6	2		3		
Adopted	5			8			2		
Returned home	9	12	10	413	18	9	8	5	11
Care assured by another LA						12			46
Reach 18 and a care leaver			58			51			56
Other	5	8	1	5	7		2	3	4

4.9 The low number of SGO and Adoption Orders reflect a reduction in the number of court proceedings but needs further analysis so as to ensure those children who can leave care – do so and do so in a timely way.

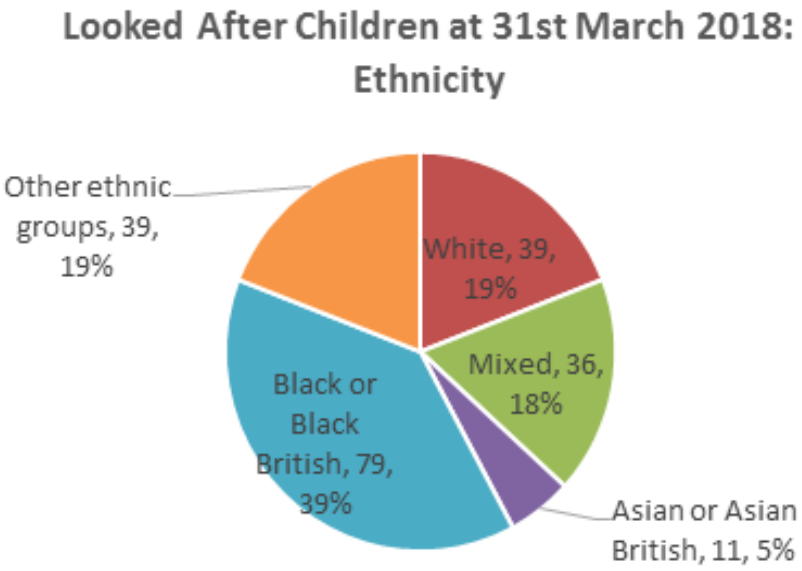
4.10 The average length of time a child spends in care is interesting to understand. The adoption scorecard requires that we understand the number of days between a child becoming looked after, the making of the Placement Order when the plan for adoption is agreed and the date of placement with the adoptive carers. For all children there can be a wide range of determinants that impact the length of time a child spends in care. Over the past 5 years the duration of care has been reducing – with a very small increase this year – see table F below:

Table F: Average duration of care (in years)

	0-5	**6-13**	**14+**	**Total**
2015/16	0.7	0.5	3.0	2.1
2016/17	0.6	0.4	2.0	1.3
2017/18	0.8	1.6	1.5	1.4

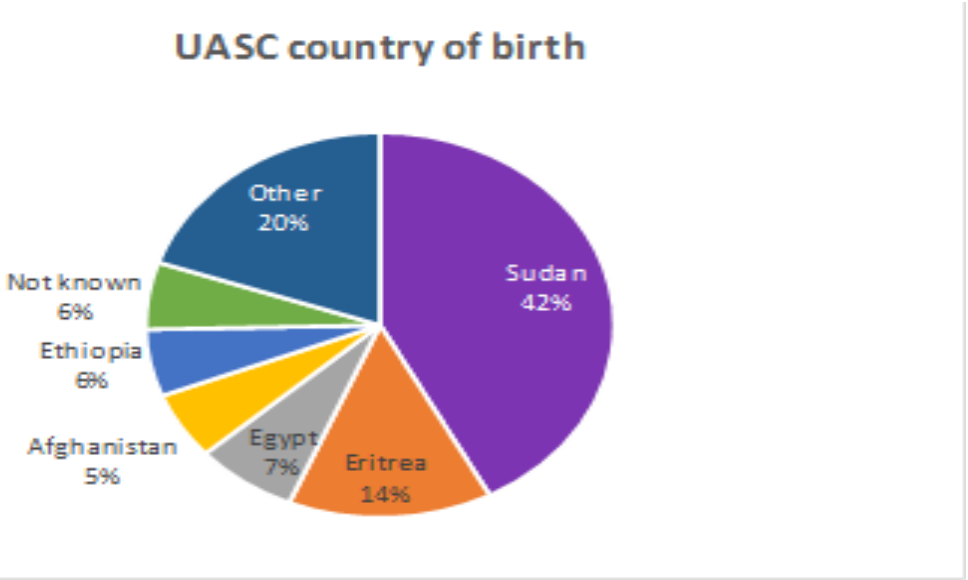
4.11 In terms of ethnicity, as at 31st March 2018 the ethnic profile of our looked after children is as follows:

Table G: Ethnicity of children in care



4.12 The originating countries of our UASC population in care as at 31st March 2018 is as follows:

Table H: Originating countries of Looked After UASC



4.13 The majority of unaccompanied minors arriving in Westminster are from Sudan 42% with 14% coming from Eritrea, 7% Egypt, 6%from Ethiopia and 5% from Afghanistan.

5. Outcomes

5.1 Safeguarding Outcomes for Looked After Children and Care Leavers

5.101 Children who are subject to frequent placement moves are less able to form positive attachments with carers which makes them more vulnerable to forming unsafe relationships with other adults or their peer group and disengagement from education and positive activities. The number of placement moves that children have is carefully monitored to ensure plans are adapted and additional services introduced to make placements more resilient where required. In 2016-17, 5% (8 children) of looked after children experienced three or more placement moves, a decrease on the previous year where there were 11% (18 children) of children with three or more placement moves.

5.102 As a geographically small borough, not all looked after children are able to live within Westminster when they are in care. However, there are significant efforts at both the local and national level to reduce the distance at which looked after children are placed from their borough of origin. While there are a small minority of children who are more effectively safeguarded by being placed at a distance such as those young people identified to be at risk due to gang affiliation or child sexual exploitation (CSE), the consistent lack of foster placements in Inner London means that many children need to be placed in other local authority areas, although usually these are a 20-mile radius. Of the children and young people looked after at 31 March 2018, just under 83% were placed within 20 miles of Westminster, and 61% of children placed in foster placements were placed with in-house foster carers compared to 67% in 2016-17. Additionally, there are currently 8% care leavers who continue to live with foster carers under a “staying put” arrangement, an initiative which enables care leavers to continue to live in their foster placement when they become young adults to support them with their transition to living independently.

5.103 Looked after children are at greater risk of going missing than their peers due to their turbulent life experiences, and are therefore vulnerable to Child Sexual Exploitation (CSE) and child criminal exploitation CCE). Children with frequent placement moves, more fragile attachments and late care entrants are more likely to go missing and this behaviour in turn impacts upon the stability of any new placements. There was a total of 184 missing episodes regarding children in care during 2017-18, which includes a small number of individual young people who had frequent repeat missing episodes. This compares to 150 missing episodes in the preceding year 2016-17. A robust process is in place that ensures management oversight and that missing children are visited and interviewed in order to address any potential safeguarding issues that the child may be encountering either within or outside the placement.

5.104 With specific reference to children at risk of CSE and CCE there continue to be a number of monitoring and practice systems in place to identify those assessed to be at risk and to provide a comprehensive support package to ensure that risks are reduced. This includes monthly Multi-Agency Sexual Exploitation (MASE) meetings chaired by the Police and Children's Services, a shared risk assessment tool, a common pathway to services coordinated through the Multi-Agency Safeguarding Hub (MASH), clear data sets and problem profiles, a range of training and awareness-raising initiatives, and a CSE lead practitioner based in the Integrated Gangs Unit who undertakes direct work with those assessed to be at risk of CSE and gang related activity. This work is being extended to include those children at risk of criminal exploitation.

5.105 As at 31st March 2018 Westminster had a total of 36 children identified at risk of CSE, however only one of these was a looked after child. The data analysis is improving to help us understand where risk is decreasing, over what timescales and where risk is increasing.

5.2 Health Outcomes for Looked After Children

5.201 Looked after children and young people share the same health risks and problems as their peers but often to a greater degree. They often enter care with greater health needs than their peers in part due to the impact of poverty, abuse, neglect and chaotic parenting. A key role for social workers, foster carers and LAC nurses is to educate and support looked after children in relation to healthy eating, exercise and dental care and address any areas at concern.

5.202 Local authorities have a statutory duty to ensure that health assessments are carried out for every looked after child in their care. Of the 111 Annual Health Assessments (for children who have been in care for a year) 98% were carried out on time.

5.203 The Local Authority has a duty to act as a 'good parent' in relation to the health of looked after children. The proportion of children with up to date immunisations in 2017/18 was 97% compared with 100% 2016/17 and 99% the year before. There has been a drive to ensure that young people receive their school leaver booster (diphtheria tetanus and polio), to ensure that eligible girls are receiving the human papilloma vaccination (HPV) and that unaccompanied minors receive immunisations that they missed when living in their country of origin or when transient.

5.204 Dental health is an integral part of the Health Assessment. The local authority and NHS Trust are required to ensure that are looked after children receive regular check-ups with a dentist. 97% of all children in care for twelve months at 31 March 2018 had their teeth checked by a dentist. In comparison with 98% the previous year

5.205 Due to the nature of their experiences prior to and during being looked after, many looked after children may have poor mental health. This may be in the form of significant emotional, psychological or behavioural difficulties. Where appropriate children may access direct intervention from the specialist LAC Child and Adolescent Mental Health Service (CAMHS) which is co-located with the social work team, from the CAMHS services local to their placement or from commissioned provision. Services are also able to access support and consultation from the LAC CAMHS Team and Westminster's own internal clinical team.

5.206 100% of children in care for twelve months aged 4 to 16 years had a strengths and difficulties questionnaire completed. In comparison to 98% in 2016/17 and 89% the year before. The average score for looked after children was 12 which is higher than the general population which is 7. A score of 14 is indicative of mental health problems.

5.3 Educational Outcomes for Looked After Children

5.301 Detailed analysis of each cohort of pupils in 2017/18 indicates Westminster looked after children and care leavers continue to make good progress in most areas and have obtained their predicted levels and grades.

5.302 Changes in the assessment, marking and reporting procedures used by schools and Local Authorities in were introduced 2017/18, including:

- GCSEs in England have been reformed and will be graded with a new scale from 9 to 1, with 9 being the highest grade. The new GCSE content is much more challenging and fewer grade 9s will be awarded than A*s. English Language, English Literature and Maths have already moved onto this new grading system, with an additional 20 subjects to follow in 2018 and the remaining transitioning by 2019.
- The new grades have been introduced to signal that GCSEs have been reformed and to better differentiate between students of different abilities.
- The DfE has advised schools and Local Authorities that it would be incorrect and misleading to make direct comparisons showing changes over time.
- The introduction of Progress 8 and Attainment 8 last year is the measure by which schools are now being judged.
- There are significant difficulties in using the new methods for calculating the attainment of Looked After Children. Many pupils do not have prior attainment data, making it difficult to calculate progress, pupils at KS4 often achieve non GCSE qualifications and the new methods do not take into account the particular educational journey of each pupil. Virtual School Heads are currently in discussions with the DfE as to the most appropriate method to report attainment and progress from 2016.

5.303 In light of the above context, attention should be paid to individual stories and progress each child/young person rather looking at the headline outcomes.

5.304 Historically, Westminster's Looked after Children and Care Leavers have achieved good outcomes at the end of Key Stage 2, Key Stage 4 and with their routes into Further and Higher Education.

- 2017's GCSE were above the national averages for LAC
- KS2 outcomes were above the national averages for LAC
- The number of Post 16 LAC in education, employment or training is high compared to national averages
- The number of care leavers in Higher Education has remained consistently high and above the national averages.

Progress and attainment at Key Stage 1

There was only 1 pupil in the reporting cohort in Westminster. They made expected progress, exceeding age related expectations in their writing and age related expectations in Science.

Progress and attainment at Key Stage 2 (Table I)

There were 6 pupils in the reporting cohort in Westminster. Westminster Looked After Children achieved particularly well and show a narrowing of the gap between national averages across each area this academic year, with our children achieving above the national average across all areas.

	New expected standard reading	New expected standard grammar, punctuation and spelling	New expected standard Maths	New expected standard in all areas
WCC LAC (6)	67%	67%	67%	67%
All pupils	75%	78%	76%	64%

All pupils received the support of the Virtual School and had an up to date PEP. Close collaboration between professionals has ensured that the majority of pupils are now in more stable care and school placements. There is evidence that Pupil Premium was used to good effect to improve progress. There remains work to be done with schools to ensure they are equipped with effective strategies to support these pupils effectively into KS3 and KS4.

Progress and attainment at Key Stage 4 (Table J)

There were 11 pupils in the reporting cohort in Westminster.

It is difficult to compare this year's grades to previous years due to the introduction of numbered grades instead of lettered grades for English Literature, English Language and Mathematics and a range of other subjects. The educational background of many LAC makes this a complicated procedure; many LAC do not have prior attainment data or arrive in to care during KS3 or KS4 making it very difficult to give an accurate score. As yet the Virtual School is still is the process of finalising these figures, therefore for the benefit of this report, the old performance measures have been used.

This year represents a significant increase in the overall attainment of pupils at KS4, despite the complex nature of the cohort. This cohort had a range of needs, with 4 of the cohort having Education Health Care Plans in place and two young people on SEN support. Despite a range of complex needs, young people made good progress. In particular, one young person gained 6 9's (the new A**), two 8's (A*) and one 7 (A).

	5 A-C including English and Maths	5 A-C	5 A-G	1 A-G
WCC LAC 2017-18	45%	45%	73%	82%
WCC LAC 2016-17	23%	31%	46%	62%

The cohort was supported by a series of interventions to improve attainment and progress. This included the creative use of Pupil Premium to support the training of school staff, which enabled them to have a better understanding of the required interventions to support pupils, the use of 1-1 tuition and the provision of in-class support. Effective use of Pupil Premium was monitored by the PEP process and the Virtual School's tracking system. Specific projects were organised to support high achieving pupils (e.g Look to the Future) and to support SEN pupils. All pupils except one have a school or college placement for this academic year and it is expected many will continue to progress.

5.305 Post 16 & Care Leavers:

Jamie's Farm NEET Project – June 2018

Table K: EET

Current EET (internal reporting)	Westminster		
	2016	2017	2018
% of 16 and 17 year olds who are EET	76%	70%	62%
% of 18-25 year olds who are EET	69%	60%	60%
% attending university (18-25)	15%	10%	12%
% of apprenticeships (18-25)	4%	4%	4%

Westminster continues to perform above the national and London averages with our Care Leavers, however, we are constantly striving to improve the number of young people who are in Education, Employment and Training and this remains a key area for improvement.

In the last academic year there have been a series of complex 16 and 17 year olds who have been late entrants into care and an influx in unaccompanied asylum seeking young people. They arrive often with complex histories, significant trauma and entrenched behaviour that will take time to change. The Virtual School work closely with the wider network to support these young people in moving away from gang affiliation and moving them away from being school refusers.

While some progress has been made in addressing the issues and barriers around sustaining education, training and employment for care leavers, the number of care leavers who are NEET remains high and this remains a key area for improvement. We are working on continuing to develop partnerships with Council colleagues and with businesses outside the Council to create a wider range of ambitious, stimulating and rewarding apprenticeships and employment opportunities specifically for Westminster care leavers. There have been a number of very successful cases where long term NEET young people have been successfully re-engaged in training or employment and we are continuing to explore how we can build more capacity in this area.

At the end of March 2018, 60% of care leavers were in education, employment or training (those NEET included young parents, those with significant mental health concerns, missing UASCs and those in custody). This includes 25 care leavers that are attending university and a further 5 that are off to university in Autumn 2018. This is above the national average for care leavers. Four care leavers obtained university degrees in Summer 2018 and several have made significant progress through their degrees and have moved into either their second or third years.

It is also worth noting that in the most recent DfE statistical release, Westminster has 25% of Care Leavers in Higher Education in the 19-21 cohort and is currently ranked number one in the country.

The Virtual School has also initiated a number of projects and initiatives to improve the employability of care leavers. These include:

- A monthly EET panel to track and monitor EET performance
- A pilot with Jamie's Farm which provided tailored, intensive support for NEET young people (50% of whom are no longer NEET)
- The setting up of weekly advice drop in sessions for care leavers
- The development of wider links with the Leaving Care team and other services to ensure a continued focus on care leavers across the wider council
- The development of a duty rota to enable young people and social workers to meet with Virtual School staff and receive tailored support on a weekly basis
- The use of Partnership Working with a variety of organisations to provide greater capacity

There remains a major challenge in reducing NEET levels for care leavers. There are a high of care leavers in custody, a high number of care leavers with complex needs, particularly those young people who came into care late, and an increase in the number of UASCs who have recently transitioned in to the Leaving Care Service. The Virtual School and the LAC and Leaving Care Service is working together to tackle these issues and to improve our understanding of the needs of specific groups of care leavers.

UASC who arrive in the UK late in their education often struggle to attain in line with their peers and additional language and learning support is made available to support their transition. Additionally UASC who do not have a positive decision regarding their immigration status may be unable to engage in paid employment, some training/apprenticeship opportunities and higher education.

6. Attendance and Exclusions (Table L)

	Westminster		
	2016	**2017**	**2018**
Average attendance R-11	92%	88%	88%
Number with one or more fixed term exclusion	14	19	21
Number with permanent exclusion	0	0	0

The attendance figures for 2018 remains stable in comparison to 2017 and the figure can largely be attributed to the profile of new entrants to care and their complex needs and school history prior to entering care. There were again no permanent exclusions in 2017-18. This reflects the work the Virtual School undertakes directly with schools, social workers and carers in developing strategies to avoid permanent exclusion. There were 21 pupils with one or more fixed term exclusion in 2017-18, this represents the stricter behaviour policies that are being implemented by academies and a number of young people who came into care attending schools that were unable to meet their needs.

7. Engagement and Participation

7.1 Westminster offers an extensive programme of participation for both looked after children and care leavers, providing them with opportunities to participate and engage within the service. This programme includes a variety of groups, consultation events, projects as well as recreational and enrichment activities. In doing so, it is recognised that the children and young people we work with want to participate in different ways and in varying degrees. Some young people want direct involvement in consultation and decision making whilst others might want to attend a group or activity. This means that we have a core group of looked after children and care leavers that frequently participate within all aspects of the programme and more specific opportunities that attract many of the wider population. In doing so, we recognise that the children and young people we work with want to participate in different ways and in varying degrees. Some young people want direct involvement in consultation and decision making whereas others might want to attend a group or an activity. Working in this flexible manner means that Westminster has a core group of looked after children and care leavers that frequently participate within all aspects of the programme as well as providing opportunities for others placed further out of borough to participate differently.

7.2 Consultations were carried out with looked after children and care leavers throughout 2017/18. A thematic approach is used whereby children and young people are consulted quarterly. The following topics were consulted on from April 2017 March 2018: Missing Consultation, Local Offer work, What do you want out of a foster carer and what do you want out of children's services.

7.3 The findings of these consultations are being taken forward by the Corporate Parenting board and will inform the updated Corporate Parenting strategy.

7.4 Other groups, actives and events which are part of the participation programme include a Tuesday cooking group, Winter Festivities Party, annual Sayers Croft Residential trip, a wide ranging enrichment activities programme and an annual Education Awards Ceremony. A number of looked after children and care leavers also participated in a creative arts group programme that focuses on self-esteem and emotional wellbeing. A celebration event that showcased their work was held at Tate Britain and resulted in several of them going on to participate in a London wide Tate youth arts programme. Overwhelmingly positive feedback received from participants has resulted in the programme being re-commissioned.

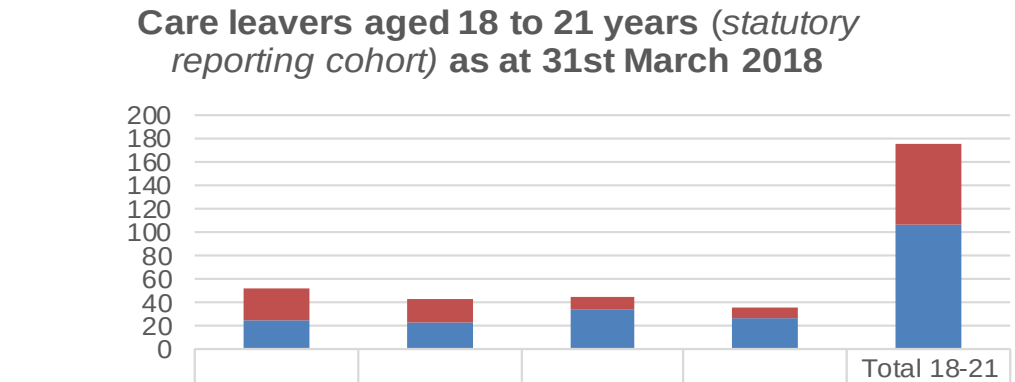
8. Outcomes for Care Leavers

8.1 The Leaving Care Service assists, befriends and advises young people to make a successful transition from the Council's care to independent living in the community.

8.2 Care leavers move into the Leaving Care Service at the age of 18 when they officially leave care and become an adult. At this point, they are allocated a Personal Advisor who takes full case responsibility. The Pathway Plan sets out the support available for all aspect of their life, with a particular emphasis on securing settled accommodation and appropriate education, employment and training (EET). The Plan is reviewed every six months until the young person is 21, or later if they are a) completing an agreed course of education, training and employment b) they request ongoing support up to 25.

8.3 There were 175 care leavers in the statutory reporting cohort of 18 to 21 years at 31st March 2018, of whom 68 were UASC.

Table M: Care Leaver Cohort (including UASC).



	18 years old	19 years old	20 years old	21 years old	Total 18-21 year old (statutory reporting cohort)
UASC	27	20	12	9	68
Care leavers	25	22	33	27	107

8.4 At the end of March 2018, 58% of care leavers aged 19, 20 and 21 years old were in education, employment or training (those NEET included young parents, missing UASCs and those in custody). This includes 25 care leavers that are attending university and a further 5 that are off to university in Autumn 2018. This is above the national average for care leavers. 5 care leavers obtained university degrees in Summer 2018.

8.5 A key priority is improving the availability, choice and promotion of apprenticeships and employment for care leavers. Westminster's Virtual School publicises vacancies on a weekly basis to care leavers, provides drop in sessions and individualised packages to support care leavers in accessing and sustaining employment and training. This includes support with writing CVs, interview preparation and accompanying young people to interviews. Current apprenticeships include within the Council, working for an MP, working as a trainee practice manager within the NHS, as a sous chef with News UK, with a dry

lining firm following the successful completion of a construction course and with a car manufacturer.

8.6 76% of care leavers were in suitable accommodation at March 2018. Of those not in suitable accommodation the majority (19%) were either in custody, deported former unaccompanied minors or missing to avoid deportation. No care leavers were evicted from their final stage accommodation or living in bed and breakfast accommodation. A joint Housing and Leaving Care Service Panel meets to agree nominations and review what additional interventions some care leavers require to address their needs and enable them to eventually live independently and manage a tenancy. There is a joint funded Care Leaver Housing and Employment Coach. This post supports care leavers to manage a tenancy, to budget and manage on an income, to become economically active and financially self-reliant via sustainable employment.

8.7 Westminster City Council continue to provide financial support to care leavers who are liable to pay council tax charges through a 3 years exemption. This model has been adopted by many local authorities in an attempt to support care leavers with the transition to managing adult finances.

NICKY CROUCH
HEAD OF SERVICE FOR

LOOKED AFTER CHILDREN, CARE LEAVERS & SPECIALIST SERVICES

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author
ncrouch@westminster.gov.uk

City of Westminster

Family and People Services Policy & Scrutiny Committee

Date:	4th February 2019
Classification:	General Release
Title:	**2018/19 Work Programme and Action Tracker**
Report of:	Director of Policy, Performance & Communications
Cabinet Member Portfolio	Cabinet Member for Family Services and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	**Aaron Hardy x 2894** **Ahardy1@westminster.gov.uk**

1. Executive Summary

1. This report presents the current version of the work programme for 2018/19 and also provides an update on the action tracker.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Review and approve the draft list of suggested items (appendix 1) and prioritise where required
- Note the action tracker (appendix 2)
- Note Imperial College Healthcare NHS Trust's proposal for oesophago-gastric cancer surgery (appendix 3)

3. Changes to the work programme following the last meeting

3.1 The work programme has been amended into account the committee's comments its previous meeting.

4. North West London Joint Health Overview and Scrutiny Committee

4.1 The next meeting of the North West London Joint Health Overview and Scrutiny Committee (JHOSC) will be held on 12th January 2019. The agenda will include:

- Mental health (Delivery Area 4 of STP) (Including a focus on Addiction, Links with homelessness and Emergency mental health care for 18 to 21-year olds)
- The financial aspects of the Sustainable Transformation Plan (STP)
- Continuing Health Care and policy development
- Shaping a Healthier Future Programme and SOC 1 funding- feedback
- Summary of the Joint CCG committee's meetings/ activities
- Consultation on the Royal Brompton Hospital move

5. Imperial College Healthcare NHS Trust

5.1 On 8th January 2019, the Chairman of this Committee, Councillor Glanz, met with Professor Tim Orchard, Chief Executive of Imperial College Healthcare NHS Trust to discuss a number of issues facing the trust, including:

- Trust Property
  - Sir Robert Naylor is to undertake a review of the Trust property, including properties owned by the charity. The review is likely to report in late 2019.
- Winter Pressures
  - The trust is dealing well with winter pressures so far, with only one day where both sites had a black warning so far, a reduction on last winter
- Royal Brompton Hospital Move
  - NHS England is considering the options for the Royal Brompton's services. Imperial see there being three options, Brompton's proposals, Imperial's proposals and keeping the Brompton as is, moving minimal services out of the site
- Capital Funding
  - The trust received £1.8m funding as part of the wave 4 capital allocation. This was the only successful bid in NW London.
- Oesophagogastric (OG) cancer specialist surgery
  - The trust is proposing to move its OG cancer specialist surgery from St Mary's Hospital to Hammersmith Hospital. (Appendix 3)

6. Young People's Mental Health and Technology Task Group

6.1 The task group has agreed to focus on preparing young people for the 21st century and will meet to further discuss the scope on 4th February 2019 before the committee's meeting.

If you have any queries about this Report or wish to inspect any of the Background Papers please Aaron Hardy

ahardy1@westminster.gov.uk

APPENDICES:

Appendix 1- Suggested Work Programme
Appendix 2- Action Tracker
Appendix 3 – Letter from Professor Orchard on Oesophagogastric (OG) cancer specialist surgery

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Family and People Services Policy and Scrutiny Committee 2018/19 Work Programme

ROUND ONE 18 JUNE 2018		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Heather Acton – Cabinet Member for Family Services and Public Health

ROUND TWO 15 OCTOBER 2018		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Care Home Improvement Programme	Review the purpose an effectiveness of the care home improvement programme. What does it do, what impact has it had, how has the programme affected service users, are there are any ways that the programme could improve?	Bernie Flaherty - Bi-Borough Executive Director of Adult Social Care

ROUND THREE 3 DECEMBER 2018		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Safeguarding Adults Board Annual Report	To review the annual report of the SAB	
Soho Square Surgery	To review the progress towards addressing points raised by the CQC report into Soho Square Surgery and the lessons learnt from the practice.	Central London CCG/LivingCare

Direct Payments/Personal Budgets	To review the council's approach to the administration of direct payments and personalisation.	Chris Greenway, Bi-Borough Director of Integrated Commissioning

ROUND FOUR 4 FEBRUARY 2019		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Childhood obesity	To review action taken to address childhood obesity in Westminster	Debbie Arrigon - Public Health Business Partner – Children's Services and Obesity
Local Children's Safeguarding Board	Annual report	Emma Biskupski, LSCB Business Development Manager
Annual looked after children and care leavers	Annual report	Nicky Crouch, Head of Looked After Children and Specialist Services

ROUND FIVE 1 APRIL 2019		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Sexual Health in Westminster	To review provision of sexual health services in Westminster	

UNALLOCATED ITEMS		
Agenda Item	**Reasons & objective for item**	**Represented by**
Technology in care		
Female genital mutilation	Update on FGM project.	
Preparedness for SEND inspection	To review the council's readiness for SEND inspections. What will	

	Ofsted be looking for? Can we learn anything from other inspections that have already taken place? What kind of preparations are the council doing?	
Child sexual exploitation	Update on the project focusing on perpetrators of CSE being run in partnership with Community Safety, Barnardo's and 7 other London local authorities.	
Support for young carers	What support does the council offer to young carers? Can we do more to help them and those they care for?	
Green paper on social care	To understand the impact on Westminster and inform future priorities	
Out of area placements in mental health services	The Government has set a target of ending out-of-area mental health care by 2020/21 but last year almost 6,000 patients in England were sent elsewhere - a rise of almost 40% in two years. How is this affecting Westminster residents, what are the reasons behind this, how we can we improve this and achieve the government's target?	
Support for addicts	Review support for addicts in Westminster. How has the removal of the ring-fenced drug and alcohol budget affected services and outcomes in Westminster? Nationally, interventions have fallen, budgets have fallen by 15%, drug-related deaths are at a record high and hospitals receive over 1m alcohol and drug related admissions a year. Possible focus on services aimed at rough sleepers.	Bi-Borough Director of Public Health

TASK GROUPS		
Subject	**Reasons & objective**	**Type**

Adolescent mental health in the 21st Century	A review of the effect of technology on the mental health of young people.	Task Group
Community Independence Service	Update on the CIS report published in 2017.	Single member study led by Councillor McAllister

Family and People Services Policy and Scrutiny Committee Action Tracker

ROUND THREE 3 DECEMBER2018		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Provide details of how people without internet access can get the SEND self-evaluation forms	Completed
	Include and update on youth violence public health approach in cabinet member report	In progress
	Include updates on agreements of areas of lead responsibility for Speech and Language Therapy in cabinet member report	In progress
Item 5: Safeguarding Board	Share section 42 safeguarding process map with the committee	Completed
	Circulate to all councilors the contact details they should use to raise safeguarding issues	Completed
	Provide update on deprivation of liberty safeguards work in cabinet member update	In progress
Item 6: Direct Payments/Personal Budgets	Circulate examples of payroll services to the committee	Completed

ROUND TWO 15 OCTOBER 2018		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Include updates on the e-based system for STIs in future cabinet member updates	In progress
	Contact Central London CCG about the discontinuation of the ‘different voices’ service.	Completed
	Provide a briefing note on new contract for passenger transport	Completed
Item 5: Westminster HealthWatch Update	Include direct payments/personal budgets on the committee’s work programme	Completed

Item 6: Care Home Improvement Programme (CHIP) - Older People's Nursing and Residential Homes	Share reply about young woman at Forrester court with the committee	Completed
	Provide benchmarking briefing on care home ratings	Completed
	Organise briefing session on commissioning for the committee	In Progress
	Provide the committee with an update on the IBCF funding settlement once it's known.	In Progress

ROUND ONE 18 JUNE 2018		
Agenda Item	Action	Update
Item 3: Minutes	The Committee to receive a leaflet distributed by the CCG to GP Practices regarding new protocols around repeat prescriptions.	In progress
Item 4: Policy and Scrutiny Portfolio Overview	A briefing to be provided on unaccompanied asylum-seeking children within Westminster. To include information on how age assessments are undertaken.	Completed
	Information to be circulated to the Committee providing updated details on the day services safe space provision provided at the Beethoven Centre.	In progress
Item 5: 2018/19 Work Programme	A list of NHS acronyms relating to the work of the Committee to be circulated to Members.	Completed

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NHS
Imperial College Healthcare
NHS Trust

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Councillor Jonathan Glanz
Chair, Family and People Services Policy and Scrutiny Committee
Westminster City Council
5 Strand
London
WC2N 5HR

23 January 2019

Dear Cllr Glanz

Re: Proposal for oesophago-gastric (OG) cancer surgery

Thank you for our meeting on 8 January 2019 together with Professor Katie Urch our Trust's divisional director for surgery, cardiovascular and cancer. We agreed that I would write to you outlining the service change proposal we discussed relating to specialist oesophago-gastric (OG) cancer surgery.

Introduction

Our OG cancer service treats patients with cancers of the oesophagus and stomach. Diagnosed OG cancer patients are usually treated with surgery (with either a gastrectomy or oesophagectomy), chemotherapy or radiotherapy or sometimes a combination of all three.

The renowned OG cancer surgery service is well established with nationally outstanding outcomes and an award-winning multi-professional perioperative (the period from the day before to the first few days after surgery) programme of support and optimisation - 'PREPARE for Surgery Programme' - which has delivered a 50 per cent reduction in hospital length of stay for patients as well as improving postoperative pneumonia rates and patients' long and short-term quality of life.

OG cancer is relatively uncommon, with less than 4 per cent of all national cancer diagnoses each year. The highly specialised service at Imperial College Healthcare offers complex OG cancer surgery to an annual average total of around 50 patients (plus another 10 patients referred from across the country who have complex procedures for benign OG conditions).

There has been a national NHS England review leading to a published expert consensus statement and NHS commissioning guidelines which state individual specialist surgeons should undertake a minimum of 15 to 20 resections (surgical removal of a portion of a part of the body) per year working within centres comprising 4-6 surgeons undertaking more than 60 resections total per year. We expect that for

our Trust this would mean achieving an annual average volume of around 100 patients per year undergoing OG cancer surgery.

Proposal

Building on our existing reputation for complex OG surgery and Hepatobiliary (relating to liver, pancreatic, biliary and gall bladder disorders) (HPB) surgery we propose moving our OG cancer surgery service from St Mary's Hospital to Hammersmith Hospital.

Co-locating OG and HPB surgery at Hammersmith Hospital would combine clinical and academic excellence to ensure we maintain our specialist OG cancer surgery and create one of the largest and best performing Upper Gastrointestinal (Upper GI) units in the country.

This move would also allow for future joint working with West Hertfordshire Hospitals NHS Trust (WHHT) and the Mount Vernon Cancer Network, subject to commissioner approval, enabling the centralisation of the most complex OG cancer surgery into one highly specialised centre with the annual volume of procedures required by NHS England.

The key benefits to be gained from this proposal are:

- Protecting our excellent cancer outcomes while reducing cancellations and avoiding cancer waiting times breaches
- Meeting the strategic imperative set by NHS England's national review, commissioning standards and published expert consensus, which requires expansion of the annual volume of procedures for complex OG cancer surgery
- Decompressing the St Mary's site to improve emergency pathway flows and deliver surgical capacity
- Leveraging existing excellence in translational research and surgical innovation to expand and develop our academic capacity.

Phase one of the proposal would co-locate OG cancer surgery and HPB surgery in a new specialist surgical unit at Hammersmith Hospital. This move would allow our Trust to protect and maintain the existing specialist clinical service, reduce cancellations, avoid waiting time breaches, and expand surgical capacity. It is proposed that this happens in early 2019.

Phase two involves working with wider partners including WHHT and Mount Vernon Cancer Network to deliver implementation of whole systems change and centralisation of the most complex OG cancer surgery, which should deliver benefits including improvements in patient outcomes and sustainability. It is proposed that this happens during spring 2019.

Westminster impact

While the OG cancer surgery service is currently located at St Mary's Hospital in the borough of Westminster, there were no Westminster patients who had OG cancer and required surgery at St Mary's during 2017-18. It is estimated that this proposed service move would affect on average no more than two patients resident in the borough of Westminster per year.

Under this proposal all existing diagnostic, radiotherapy and chemotherapy pathways would remain in place across our St Mary's, Charing Cross and Hammersmith hospitals in their current configuration. So future Westminster patients suspected of oesophageal or gastric cancers would still come to St Mary's for their diagnostic tests – following OG cancer being diagnosed their surgical procedure would be at Hammersmith - with chemotherapy or radiotherapy as required at Charing Cross - and their follow up outpatient appointments then being available locally at St Mary's.

This proposal would have no impact on emergency surgical services or other general surgery on the St Mary's Hospital site.

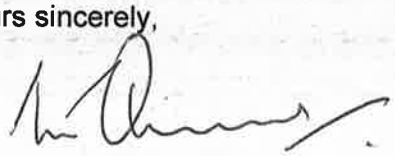
Summary

This proposal is necessary in order to maintain our renowned specialist OG cancer surgery service and would have a very low level of impact on the patient population of Westminster. We believe the co-location of OG cancer surgery and HPB surgery in a new specialist surgical unit at Hammersmith Hospital will protect our excellent cancer outcomes and improve the experience of our patients.

We appreciate your assistance and your offer to share the contents of this letter with fellow members of the Family and People Services Policy and Scrutiny Committee.

I look forward to hearing from you and in the meantime please let me know if you require any further information.

Yours sincerely,



Professor Tim Orchard
Chief executive officer