



City of Westminster

Committee Agenda

Title:

Health & Wellbeing Board

Note: this is an informal meeting of the board at which no decisions will be taken.

Meeting Date:

Thursday 27th May, 2021

Time:

4.00 pm

Venue:

This will be a 'virtual meeting' live streamed to YouTube:
<https://youtu.be/m2KhFVOrtlo>

Members:

Cllr Tim Mitchell (Chair)	WCC – Cabinet Member for Adult Social Care and Public Health
Cllr Timothy Barnes	WCC – Cabinet Member for Children's Services
Cllr Cem Kemahli (Chair)	RBKC - Lead Member for Adult Social Care and Public Health
Cllr Josh Rendall	RBKC – Lead Member for Family and Children's Services
Cllr Nafsika Butler-Thalassis	WCC - Minority Group
Sarah Newman	Bi-Borough, Children's Services
Olivia Clymer	Healthwatch Westminster
Tania Kerno	Healthwatch RBKC
Jo Ohlson	NHS England North West London
Bernie Flaherty	Bi-Borough, Adult Social Care
Toby Hyde	Imperial College NHS Trust
Philippa Johnson	Central London Community Healthcare NHS Trust
Nikki J. Beecher	Metropolitan Police
Dr Andrew Steeden	Chair of West London CCG
Dr Mona Vaidya	Central London CCG
Hilary Nightingale	Westminster Community Network
Darren Tulley	London Fire Brigade
Heather Clarke	Housing and Regeneration
Angela Spence	Kensington & Chelsea Social Council Representative
Iain Cassidy	Open Age Representative

This meeting will be live streamed and recorded. To access the recording after the meeting please revisit the link.

PLEASE NOTE that any member of the press and public may listen-in to proceedings at this 'virtual' meeting via a weblink which will be publicised on the Council website at least 24hrs

before the meeting. Members of the press and public may tweet, blog etc. during the live broadcast as they would be able to during a regular Committee meeting at the Town Hall.

If you require any further information, please contact Yasmin Jama, Governance Administrator

Tel: 07790824426; Email: yasmin.jama@rbkc.gov.uk

Corporate Website: www.rbkc.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 Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. WELCOME TO THE MEETING

The Chair to welcome everyone to a joint meeting of the Westminster and Kensington and Chelsea Health and Wellbeing Boards.

2. MEMBERSHIP

To report any changes to the Membership of the meeting.

3. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

4. MINUTES

To agree the Minutes of the meeting held on 25 March 2021.

(Pages 5 - 10)

Part A - COVID-19

5. COVID-19 VERBAL EPIDEMIOLOGY UPDATE AND LOCAL VACCINATIONS UPDATE

To receive an update from Russel Styles, RBKC and WCC Public Health; Joe Nguyen and Simon Hope, CLWL CCGs).

Part B - Other Important Items Sponsored by the Board

6. HEALTH AND WELLBEING STRATEGY REFRESH, POSITION STATEMENT AND HWBB ROLE

To receive an update from Senel Arkut, Director of Health Partnerships.

(Pages 11 - 16)

7. ICP STRUCTURE AND PRIORITIES AND RELATIONSHIP WITH THE JOINT HWB

(Pages 17 - 28)

To receive an update from James Benson – ICP Chair.

8. ROYAL BROMPTON UPDATE

(Pages 29 - 32)

To receive an update from Jo Thomas, Director of Communications and Rob Craig, Director of Development & Partnerships.

9. CANCER SCREENINGS AND RECOVERY UPDATE

(Pages 33 - 36)

To receive an update from Anna Cox – Public Health and Kathie Binysh, NHSE.

10. CHILDREN'S ANNUAL SAFEGUARDING REPORT

**(Pages 37 -
116)**

To receive a report from Angela Flahive, Head of Safeguarding Review and Quality Assurance - Children's Services.

11. ANY OTHER BUSINESS

**Barry Quirk
Royal Borough of Kensington and Chelsea Chief Executive**

**Stuart Love
Westminster City Council Chief Executive**

19 May 2021

MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a virtual joint meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Boards** held on 25 March 2021 at 4pm.

Present:

Councillor Tim Mitchell (WCC - Cabinet Member for Adult Social Care and Public Health)
Councillor Cem Kemahli (RBKC – Lead Member for Adult Social Care and Public Health)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Councillor Christabel Flight (WCC - Deputy Cabinet Member for Adult Social Care and Public Health)
Senel Arkut (Bi-borough Director Health Partnerships)
Russell Styles (Interim Director of Public Health)
Visva Sathasivam (Bi-Borough Director of Adult Social Care)
Jeffrey Lake (Deputy Director of Public Health)
Grant Aitken (Bi-Borough Head of Health Partnerships)
Annabel Saunders (RBKC & WCC – Assistant Director of Integrated Commissioning)
Heather Clarke (WCC – Divisional Head of Housing Needs)
Anne Pollock (Principal Policy Officer)
Neville Pursell (Chair, Central London CCG)
Andrew Steeden (Chair, West London CCG)
Janet Cree (West London CCG)
Simon Hope (North West London CCG)
Joe Nguyen (Borough Director, Central London CCG)
Philippa Johnson (Central London Community Healthcare NHS Trust)
Anna Bokobza (Imperial College Healthcare NHS Trust)
James Benson (Central London Community Healthcare NHS Trust)
Ann Sheridan Central and North West London NHS Foundation Trust (CNWL)
Lesley Watts (Chief Executive of Chelsea and Westminster Hospital NHS Foundation Trust and CEO of the North West London Integrated Care System (ICS))
Roger Chinn (Chief Medical Officer, Chelsea and Westminster NHS Foundation Trust)
Xiao Cai (Assistant Director, Elective Care NHS)

Lena Choudary-Salter (Westminster Community Network)
Olivia Clymer (CEO, Healthwatch Central West London)
Iain Cassidy (OpenAge)
DI Mark Kent (Metropolitan Police)
Tania Kernö (Healthwatch RBKC)

1. WELCOME TO THE MEETING

- 1.1 Councillor Tim Mitchell welcomed everyone to the joint meeting of the Westminster and Kensington and Chelsea Health and Wellbeing Boards. Both Boards confirmed that Councillor Mitchell would Chair the meeting in line with the agreed memorandum of understanding.

2. MEMBERSHIP

- 2.1 Apologies for absence were received from Councillor Tim Barnes (WCC – Cabinet Member for Children’s Services), Councillor Josh Rendall (RBKC - Lead Member for Family and Children’s Services), Bernie Flaherty (Executive Director for Adult Social Care and Health) and Darren Tulley (London Fire Brigade).

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest.

4. MINUTES

RESOLVED:

- 4.1 That the minutes of the Royal Borough of Kensington & Chelsea and Westminster City Council joint Health & Wellbeing Board meeting held on 28 January 2021 be agreed as a correct record of proceedings.

5. COVID-19 EPIDEMIOLOGY UPDATE

- 5.1 Russell Styles (Interim Director of Public Health) and Joe Nguyen (Borough Director, Central London CCG) provided the Board with a verbal update on the latest situation with regards to Covid-19 rates in Westminster and Kensington & Chelsea.
- 5.2 The Board was pleased to note that cases of Covid-19 had continued to steadily decline across both boroughs since mid-January which was consistent with the reported overall London levels. Despite this positive trend a couple of points of caution were raised which was that the five London boroughs with the highest case rates were located within the London north-

west area and also there were clear signs locally that rates were starting to plateau.

- 5.3 The case rates amongst the over 60 group were now very low which was a very encouraging indicator as this group were especially vulnerable to Covid-19. This was the result of the impact of the national lockdown which had reduced transmission levels and also due to extensive roll out of the vaccination programme.
- 5.3 Joe Nguyen provided further details on the ongoing primary care response and how Covid-19 hubs had been further expanded in order to provide support to patients within the community and not within a hospital setting. In particular, opening hours had been extended on evenings and weekends and there had been an increase in remote monitoring capabilities.
- 5.4 The Chair expressed thanks to all partners for their ongoing collaborative work over the past few months in responding to the Covid-19 pandemic.

6 COVID-19 LOCAL VACCINATION UPDATE

- 6.1 Joe Nguyen (Borough Director, Central London CCG), presented a report which provided details of key aspects of the national Covid-19 Vaccination programme and the approach followed in West and Central London. The report also outlined plans to further enable vaccine uptake in low-uptake areas and community groups.
- 6.2 The Board was interested to note the current figures regarding the vaccination uptake by cohort and how the use of population bases made a big impact in how vaccination performance was recorded, and then perceived. The Board discussed the figures and considered them overall to be encouraging.
- 6.3 In response to questions from the Board it was clarified that every resident who had not taken up the vaccine, but was eligible, was being contacted. Where individuals had specific concerns over the vaccine, they could discuss these directly with their GP in order to try and address any particular issues. Significant amounts of work were also being undertaken to tackle vaccine hesitancy with the establishment of a hotline to allow residents to talk to GPs and discuss any concerns they had.

7 ELECTIVE CARE TREATMENT DELAYS DURING 2020 AND SOLUTIONS

- 7.1 Xiao Cai (Clinician, North West London ICS) provided an overview to the Board of the current position for elective care in North West London.
- 7.2 The Board was pleased to note that North West London had maintained a greater portion of elective activity in Wave 2 of the pandemic compared to Wave 1. Care was able to be provided to Covid-19 patients in addition to the more clinically urgent elective patients requiring treatment within four weeks. It

was explained that this had been achieved through the development of a virtual outpatient consultation system. Integrated working across primary, secondary and community care had also been strengthened in addition to treating patients across North West London based on clinical priority and using mutual aid across organisations, including more use of the independent sector, where appropriate.

- 7.3 The Board was informed that waiting times for patients awaiting routine care had increased across the NHS. In particular, there was a significant number of patients who had been waiting for over 52 weeks for treatment. In response the four acute trusts within the North West London Integrated Care System, were working together to develop a detailed and co-ordinated 'reset and recovery' plan for all services as the country emerged from the Covid-19 second wave.
- 7.4 The Board expressed its thanks for all the efforts being undertaken to reduce delays for elective care treatment and requested a future update be circulated on the progress made.

8 NEW NHS REGIONAL STRUCTURE

- 8.1 Lesley Watts, Chief Executive of Chelsea and Westminster Hospital NHS Foundation Trust and CEO of the North West London Integrated Care System (ICS), provided details of the NHS White Paper 'Integration and Innovation', which set out proposals to streamline and update the legal framework for health and care.
- 8.2 The Board was advised that the new structure was based on the ICS providing a whole system approach bringing together NHS trusts and Foundation Trusts, general practices and local authorities and other sectors to collaborate and plan together in order to improve the health and care of local residents and patients.
- 8.3 In accordance with the emphasis in the White Paper on "place", it was explained that work would continue to progress Integrated Care Partnerships (ICPs) across the bi-borough area with local NHS partners, including primary, community (CLCH), mental health (CNWL) and voluntary sector partners. The ICPs for both boroughs had recommenced their integration efforts with the establishment of a "Leadership Quartet" – which included Local Authority, Primary Care, Community Health and Mental Health. These developments were bringing together a bi-borough framework and helping to address local needs and development at the Borough and Neighbourhood level.
- 8.4 In North West London, the Board noted that the joint working approach taken over the last year in establishing the NW London ICS meant that the governance and structures already put in place had anticipated much of what was outlined in the white paper. Whilst the formal establishment to an ICS would take place in April 2021, the Board was advised that North West London was already operating in this manner.

8.5 The Board expressed its thanks for the update and stressed the importance of ensuring local decision-making abilities remained within the bi-borough level so there was no loss of local autonomy and uniqueness to help address the needs of local residents.

9 BETTER CARE FUND – 2021/22 PROGRAMME

9.1 Senel Arkut (Bi-Borough Director of Health Partnerships) provided an update on the development of the Kensington and Westminster Better Care Fund (BCF), including the financial assumptions for the 2021/22 financial year and planning conditions as outlined by NHS England.

9.2 The Board noted that the 2021/22 BCF funding had yet to be confirmed through the NHS Planning Guidance, though NHS England had confirmed that the programme would be funded, based on the 2020/21 financial commitments and included an uplift for adult social care contributions.

9.3 As part of draft NHS national conditions, there would remain a requirement for the Health and Wellbeing Board to agree the 2021/22 BCF plan and to receive quarterly returns on progress including the overall performance of the programme against the draft national indicators. The Board was pleased to note that the required targets had been met. Members were also pleased to note that to further strengthen the Board in its assurance role, health and local authority officers were continuing to develop a shared set of key performance indicators (KPIs) to support progress against agreed priorities and to demonstrate the wider impact of delivery across system partners. Details on how a set of draft priorities and outcomes had been proposed were provided and these would inform the development of the programme. Further local performance indicators would also be developed to demonstrate how individual schemes contributed to the agreed local priorities and national conditions. These would be reported in quarter 1 as part of the national reporting requirement.

9.4 Following discussions, the Board noted the financial position of the indicative BCF programme and the activities being taken to provide greater transparency in how the BCF programme aimed to deliver against its national indicators and contributed to local priorities.

The Meeting ended at 5.15 pm.

CHAIR: _____

DATE _____

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Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	27 May
Classification:	General Release
Title:	RBKC Health and Wellbeing Strategy Position Statement and Refresh
Report of:	Bernie Flaherty, Bi-B Exec. Dir. ASC and Public Health
Wards Involved:	All
Financial Summary:	N/a
Report Author and Contact Details:	Anne Pollock (apollock@westminster.gov.uk)

1. Executive Summary

- 1.1 Within its constituted powers, the Joint Health and Wellbeing Board (HWBB) has been a body that has supported integration and partnership working across NHS, Public Health, Local Authorities and other Community & Voluntary sector organisations. The HWBB's activities are directed by its statutory requirements, including overseeing each borough's health and wellbeing strategies (HWBS).
- 1.2 Kensington & Chelsea's HWBS expires this year and Westminster's in 2022. As a statutory requirement, there is a need to ensure a new strategy is in place.
- 1.3 At the same time, the health and care environment is changing, with increased demand on services due to the pandemic, and new NHS commissioning structures (see Appendix 1). These changes will have a significant impact on health needs and service delivery for years to come. They need time to bed in and for the strategy to consider this. There is also an opportunity to reinforce the HWBB's role and remit so local priorities are identified and delivered against.
- 1.4 Officers across health and social care are currently focused on the Covid-19 response, which has limited their capacity to develop a new HWBS and to respond to the local changes. The full impact of Covid-19 is also as-yet unclear.

- 1.5 Given the significant overlap in HWB issues across the two boroughs, as well as the shared HWBB, it is proposed that a joint borough strategy is developed and launched in 2022. This will ensure Covid-19's impact on local health is considered; staff resource is in place and the new NHS structures are bedded in.
- 1.6 To provide Kensington & Chelsea with a strategic framework for health and wellbeing commissioning until the new strategy is in place, officers have drafted an HWB position statement (see Appendix 2) for adoption.
- 1.7 Furthermore, local government, health and other partners, through the HWBB, are accountable for the delivery of a sustainable and effective health and care system to improve population health and wellbeing outcomes.
- 1.8 Under the new ICS arrangements, although the HWBB remains a statutory body, there is currently no mechanism in place so their discussions are considered at the ICS level. The bi-borough would like the HWBB to take a central role in shaping the future of local services through a more strategic, integrated approach to commissioning that makes better use of locally-determined resources, achieves better outcomes for individuals, and creates a more joined-up system. This is in line with the NHS forward plan and would also provide greater local democratic accountability and enhanced external scrutiny.

2 Key Matters for the Board

2.1 You are asked to note

- The proposed continuation of the existing HWB Strategy for RBKC pending the launch of the Westminster and RBKC joint HWBS to be presented at a future meeting.
- Local health system changes and the emerging ICP policies and priorities.
- The need to reinforce the role of the joint HWBB as the body to provide challenge and direction to address local priorities.
- Plans to bring to a future board a paper outlining the HWBB role in local decisions and to influence and inform any policies through the ICS.

3. Background

- 3.1. Through Health and Social Care Act 2012, local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs through the HWBB.

- 3.2. Two or more HWBBs can collaborate to produce JSNAs and JHWSs. HWBS should explain the HWBB's local priorities identified in their JSNAs, translating findings into clear outcomes to inform local commissioning.
- 3.3. Given our boroughs' shared HWB issues, as well as the councils' shared social care services and HWBB, it is proposed that the boroughs develop a joint HWBS.
- 3.4. Officers across health and social care are currently focused on the Covid-19 response. As such, there has been limited capacity to develop a new HWBS.
- 3.5. Health and care service needs and provision has also changed significantly, including the launch of a new NW London ICS and supporting structures. Officers suggest allowing time for the new NHS structure to bed in, and to gather more information about the impact of the pandemic. As such, it is recommended that the new joint-borough strategy is developed and then adopted in 2022.
- 3.6. In the meantime, officers have drafted a HWB position statement to provide Kensington & Chelsea with a strategic commissioning framework until the new strategy is in place.
- 3.7. In the interest of true collaborative place-based leadership, HWBBs could be a key building block of the ICS and ICP if they are given a strong oversight role and are involved in planning. By ensuring local government and other partners can shape the ICS, together with the NHS, we will provide accountable, sustainable and effective health and care systems. This is in line with the new collaborative approach, and would ensure both greater local democratic accountability and enhanced external scrutiny.

4. Legal Implications

- 4.1. Councils have a statutory obligation to ensure a HWBS is in place.
- 4.2. Legal and Committee services have advised that a position statement can be published to provide the strategic framework for commissioning until the new joint K&C and Westminster HWBS is launched in 2022.

**If you have any queries about this Report or wish to inspect any of the
Background Papers, please contact:**

Anne Pollock apollock@westminster.gov.uk

Grant Aitken grant.aitken@rbkc.gov.uk

APPENDICES:

Integrated Care Systems – Background

Draft Kensington & Chelsea Health & Wellbeing Position Statement

BACKGROUND PAPERS:

[Kensington & Chelsea Joint Health and Wellbeing Strategy 2016-21](#)

[Westminster Joint Health and Wellbeing Strategy \(2017-2022\)](#)

Appendix 1 - Integrated Care Systems – Background

The NHS Clinical Commissioning Group (CCG) and local authorities across eight North West London (NWL) boroughs came together as an Integrated Care System (ICS) on 1 April 2021, to collectively improve life expectancy and quality of life, reduce health inequalities and achieve good health outcomes.

This is part of on-going work across the country to move health commissioning from local CCGs to regional ICSs; NWL is one of eleven areas that was formally designated as an ICS from 1 April 2021.

An ICS brings together NHS bodies and local authorities in an area to focus on improving the health of the local population. The NHS and local authorities in NWL have already been working informally as an ICS. Membership includes

- CheWest NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust
- London North West University Healthcare NHS Trust
- Royal Brompton and Harefield NHS Foundation Trust
- CNWL NHS Foundation Trust
- West London NHS Trust
- CLCH NHS Trust
- All eight NWL CCGs, expected to merge into one NWL CCG in April 2021
- Brent Council
- Ealing Council
- LBHF
- Harrow Council
- London Borough of Hillingdon
- London Borough of Hounslow
- RBKC
- Westminster City Council

The NWL ICS covers a population of 2.2 million people across eight London boroughs, employs c 50,000 people and was allocated a budget £6.8bn in 2020/21 to meet the health needs of the population.

Appendix 2 – Draft Kensington & Chelsea Health and Wellbeing Strategic Position Statement

RBKC's HWBS will expire this year; going forward, a joint K&C and Westminster HWBS will be developed.

Officers continue to respond to the on-going [Covid 19](#) pandemic and are still establishing the impact of covid on our communities. As such, we will be in a stronger position if we postpone the development of the new Health and Wellbeing Strategy so it can

- take into account the impact of Covid as much as possible (including Census 2021 results)
- ensure officers have capacity to develop a robust strategy

As such, it is proposed that RBKC retains the current joint Health and Wellbeing Strategy and uses this strategic framework to continue to plan our Health and Wellbeing needs in the borough until the new shared strategy is launched.

This means that we will retain the following priorities to bring the greatest and fastest improvements to health and wellbeing:

1. Enabling good mental health for all
2. Supporting children, young people and families to have the best possible start in life
3. Addressing the rising tide of long-term conditions
4. Delivering a sustainable health and social care system

Further detail can be found in the [Kensington & Chelsea Joint Health and Wellbeing Strategy 2016-21](#).



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	Thursday 27 th May
Classification:	General Release
Title:	Bi-Borough Integrated Care Partnership Development
Report of:	Health & Wellbeing Board
Wards Involved:	All Wards
Financial Summary:	N/A
Report Author and Contact Details:	James Benson, Chief Operating Officer, Central London Community Healthcare NHS Trust (CLCH) and Bi-Borough ICP Director Lead

1. **Executive Summary**

- 1.1 This report provides an overview of the approach to the development of the Bi-Borough Integrated Care Partnership.

2. **Key Matters for the Board**

- 2.1 The Health and Wellbeing Board are invited to note the update and contribute to the discussion points.

3. **Background**

- 3.1 This report is the follow-up to the new NHS regional structure and briefing on the white paper and local ICP update report to the health and wellbeing board in March 2021.

- 3.2 In accordance with the emphasis in the White Paper on “place”, it is the intention to progress Integrated Care Partnerships (ICPs) across the bi-borough area with local NHS partners, including primary, community (CLCH), mental health (CNWL) and voluntary sector partners.
- 3.3 The ICPs for both boroughs had recommenced their integration efforts with the establishment of a “Leadership Quartet” – which included Local Authority, Primary Care, Community Health and Mental Health.
- 3.4 These developments are bringing together a bi-borough framework and helping to address local needs and development at the Borough and Neighbourhood level.

4. Options / Considerations

- 4.1 The Health and Wellbeing Board is asked to review the approach taken to date and consider how the bi-borough Integrated Care Partnerships (ICPs) can work together to deliver the national and local health and wellbeing priorities in an innovative and agile manner.

5. Legal Implications

- 5.1 There are no legal implications of the paper

6. Financial Implications

- 6.1 There are no financial implications of the paper

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

James Benson, Chief Operating Officer, Central London Community Healthcare NHS Trust (CLCH)

Email: james.benson1@nhs.net

Telephone: 020 7798 1300

APPENDICES: Bi-Borough Integrated Care Partnership (ICP) Development Update

BACKGROUND PAPERS: N/A

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Bi-Borough Integrated Care Partnership (ICP) Development Update

Page 21
27 May 2021

Content:

- Context and evidence
- Developing our priorities
- Addressing inequalities and measuring improvements
- Agreeing next steps

Context: Overview of Integrated Care System in NWL

National Definition (as per Kings Fund)

- **Neighbourhoods** (populations of around 30,000 to 50,000 people*): served by groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).
 - **Places or Integrated Care Partnerships (ICPs)** (populations of around 250,000 to 500,000 people*): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations.
 - **Systems or Integrated Care Systems (ICSs)** (populations of around 1 million to 3 million people*): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.
- Population sizes are variable – numbers vary from area to area, and may be larger or smaller than those presented here. Systems are adapting this model to suit their local contexts, for example some larger systems are operating an additional intermediate tier between place and system.

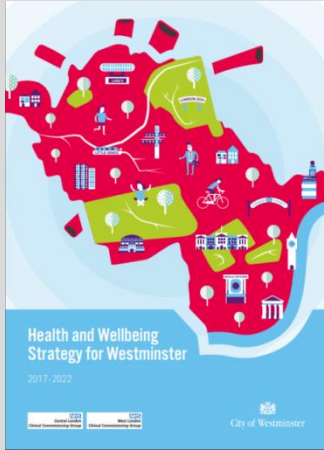
NW London Priorities for Integrated Care Partnerships (ICPs)



Source: <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

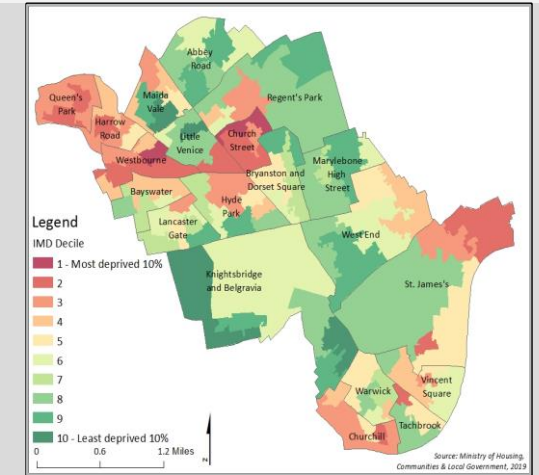
Context: Revisiting our Health and Wellbeing strategy

Westminster

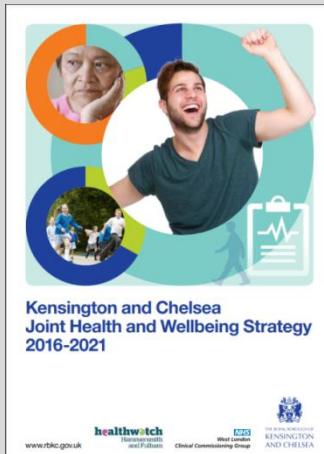


Four priorities

1. Improving outcomes for children and young people
2. Reducing the risk factors for, and improving the management of, long term conditions such as dementia
3. Improving mental health through prevention and self management
4. Creating and leading a sustainable and effective local health and care system.

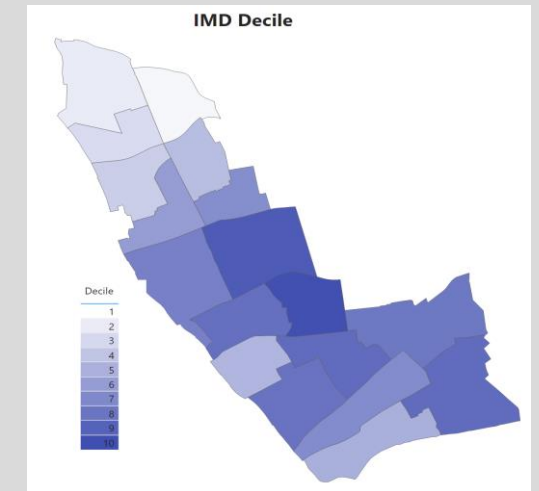


Kensington & Chelsea



Four priorities

1. Enabling good mental health for all
2. Supporting children, young people and families to have the best possible start in life
3. Addressing the rising tide of long-term conditions
4. Delivering a sustainable health and social care system

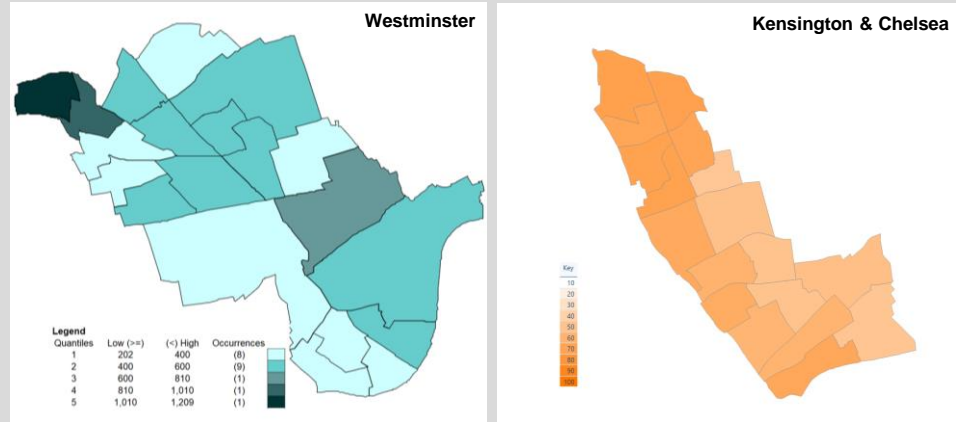


Do these priority areas still resonate with our post Covid19 recovery (i.e. 21/22)?

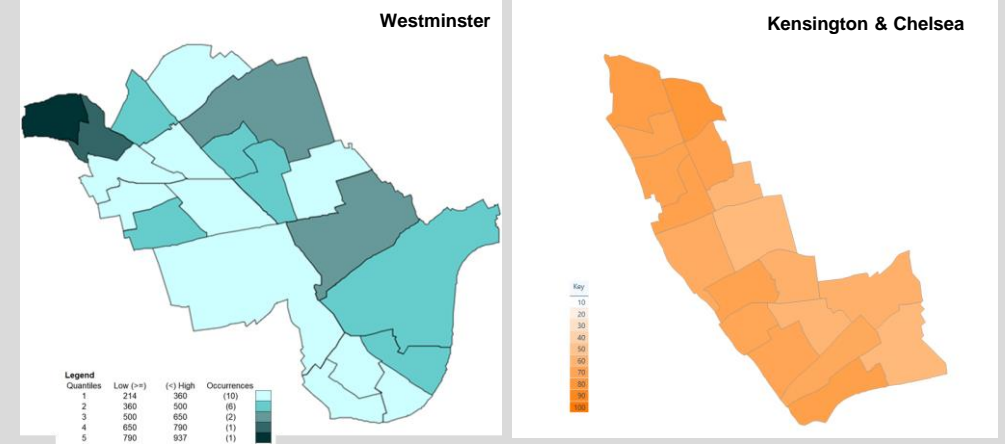
Public Health Indicators: what are the highlighted areas?

Page 24

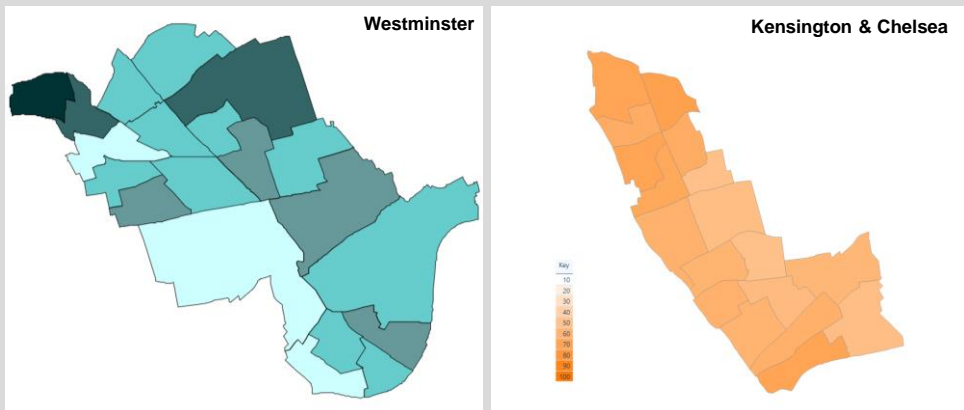
Obesity



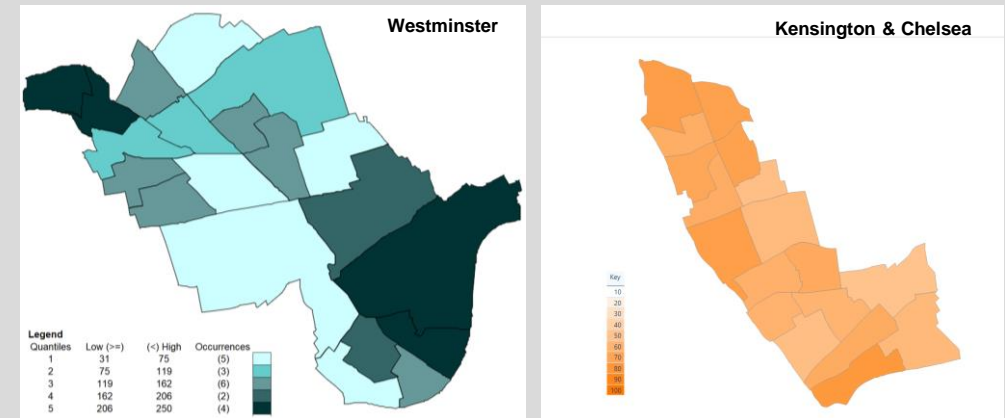
Diabetes



Hypertension



Severe & Enduring Mental Illness



A refresh of prevalence in December 2021 demonstrates the need to prioritise these areas as we move into recovery and geographical areas to target

Developing our ICP priorities:

1. Lessons Learned from Pandemic

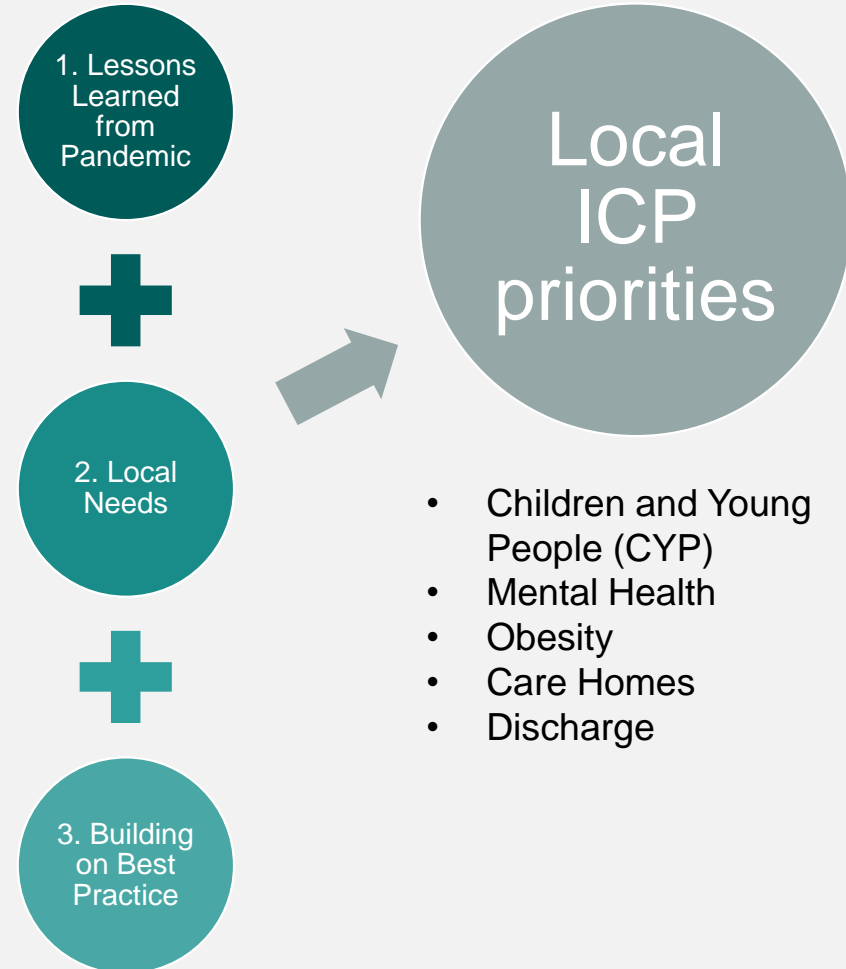
- Older people and vulnerable groups have been disproportionately affected – need to improve support for people at home and in care homes
- Emotional and mental wellbeing is one of the key priority areas – supporting individuals and families
- Health and social care can respond in agile approach – further embedding integration and further partnership working

2. Local Need and Evidence-Based approaches

- As per public health priorities (e.g. Obesity) – a renewed and targeted population health approach at both place and neighbourhood level can make a difference in the inequality gaps
- Targeting 3-4 outcomes measures will help focus our collective efforts – and test out new ICP approach

3. Building on existing and local good practice

- Refreshing our approach on delivering our Health and Wellbeing strategy (slide 2)
- Aligning our ICP programme of work to key areas of post-covid19 'recovery' and NW London and London priorities (sub-regional and regional)



An **innovative, targeted and agile ICP approach** can make a real difference in the priority areas – if successful can be scaled into other partnership areas

How will this improve the wellbeing of our residents?

Our ICP priorities will address key areas below:

Impact areas	WCC	RBKC
Children under 16 – living in poverty, obesity, dental health	✓	✓
People living with severe and enduring mental illness	✓	✓
Ageing population and growing health & care needs	✓	✓
Targeted support for vulnerable groups (e.g. Older People, Rough Sleeper, BAME)	✓	✓
Improving Mental Health and Employment	✓	✓

Potential measures for consideration:

- Mental Health (incl. CYP MH, Dementia) – SMI health check in primary care
- Obesity – under 10 school children who are obese
- Care Homes – discharge into care homes, care home staff satisfaction
- Discharge – people still home 91 days after discharge
- Children and Young People (CYP) – to be confirmed

Are the targeted impact areas the correct ones?

Discussions and next steps...

Prioritisation process

- Is there other evidence that we should be considering?
- How do we collectively ensure that keep focused, enabling us to demonstrate impact?
- What are the key measures if we had to choose 2-3?

Resident and patient engagement

- Does this align with the previous engagement and what our residents and patients have already told us?
- What other resident and patient input would be helpful for the prioritisation? Build into the ICP co-production process?

Other considerations

- How we build the voice of the citizen into our work.
- How we communicate our plans and our deliver.

Page 2

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Royal Brompton and Harefield hospitals



Briefing for Health & Wellbeing Board, May 27th 2021 City of Westminster / Royal Borough of Kensington and Chelsea

Background

Royal Brompton and Harefield hospitals form the largest specialist heart and lung centre in the UK, providing services to adults and children from across the country and internationally. Since February 2021 we have been part of Guy's and St Thomas' NHS Foundation Trust (GSTT), making it one of – if not the – largest providers in the NHS. Our patients can be cared for within the same organisation from before birth to old age, from local community services to the most complex, specialist services for rare conditions, all the while benefiting from research programmes that span the globe. At Guy's, St Thomas', Royal Brompton and Harefield hospitals we provide a full range of hospital and local services: as a national tertiary centre for cancer, renal, orthopaedic, paediatrics, respiratory, cardiovascular and other specialist services, and locally for people in Lambeth, Southwark and Lewisham.

1. Benefits for patients

Both Royal Brompton and Harefield and Guy's and St Thomas' have a long history of being at the forefront of patient care and research. Following merger, we can now use our collective clinical and academic expertise to provide the best possible care to patients and ensure the long-term future of the specialist services provided at Royal Brompton Hospital, which have been under threat for many years.

We also have an ambitious, long-term vision to create a new heart and lung centre on the St Thomas' site that will reflect the Royal Brompton name and heritage. We believe we can create one of the best centres in the world for heart and lung disease, delivering exceptional care to patients and driving research into new and better treatments.

Merging with Guy's and St Thomas' does not determine the future location of services. Any significant change, including location, remains subject to NHS England's commissioning requirements and public consultation. Being part of Guy's and St Thomas' provides a sustainable future for our hospitals and enables us to keep our expert teams together.

2. Royal Brompton and Harefield sites and heritage

Royal Brompton Hospital

We anticipate that Royal Brompton will remain operating on its current site for a significant period of time – at least a decade. If our vision is realised, services would re-locate less than three miles to the St Thomas' site once new facilities have been developed there. Any service moves would be the subject of NHSE public consultation.

We continue to invest in our current Royal Brompton site. At the end of this year, we will open a new, £50-million Imaging Centre at RBH, providing much-needed new facilities and equipment for the diagnosis and treatment of heart and lung diseases.

The Centre will give patients access to the newest imaging technologies all in the same facility, including MRI (magnetic resonance), CT (computerised tomography), CMR (cardiovascular magnetic resonance), interventional bronchoscopy, ultrasound, X-ray and echocardiology.

It represents the biggest capital investment by our hospitals in over 20 years and will mean we no longer have to rely on out-dated and temporary buildings scattered across the hospital campus, including portacabins on car parks.

Harefield Hospital

We expect Harefield to continue to thrive as it does now, as the designated heart attack centre for outer north-west London, the specialist heart and lung provider for a large population in northwest London and the home counties, and continuing to lead in heart and lung transplantation and devices for end-stage heart disease.

3. Children's services

Later this year, we expect NHS England to start a public consultation process on the proposed move of children's services from Royal Brompton Hospital to an expanded Evelina London Children's Hospital (ELCH) on the St Thomas' site. If the move is approved, we envisage a substantial relocation taking place when new purpose-built facilities are completed at ELCH in around five to six years' time. However, in the meantime, as a merged Trust, our paediatric teams will work together closely to best meet the needs of children and their families on the basis of a single, integrated clinical service delivered across our existing sites.

4. Implications for local residents and neighbouring NHS Trusts

City of Westminster and RBKC residents (and indeed all patients from North-West London) will always be able to access our specialist services, wherever they may be based.

We are committed to continuing to support services at Imperial College Healthcare NHS Trust, Chelsea & Westminster NHS FT and The Royal Marsden NHS FT as we do today and for as long as that support is wanted – both before and after any potential future service moves: there will be plenty of time to agree the nature of that support and how it should best be provided.

Partnership with The Royal Marsden

As part of that commitment, we have recently formalised our partnership with The Royal Marsden for a Joint Thoracic Oncology service, ensuring that both hospitals will continue to pool our combined expertise in diagnosing and treating cancers of the lung and chest from our base in Chelsea for many years to come. The partnership will not only seek to deliver the best clinical care to our patients, but also promote innovations and research into future treatments and services.

5. Patient and carer involvement

Patients continue to be involved in the development of our partnership proposals and vision. This includes a PPRG (Patient and Public Reference Group) which has been established for over a year. These proposals all centre around delivering benefits for our patients and better clinical care, so the contribution from our patients is invaluable.

6. Academic relationships

Royal Brompton & Harefield and Guy's and St Thomas' are both committed to continuing to work with each of our existing academic partners and to exploring new academic models with them. Our aim is to support the academic sub-specialty focus that drives much of the world-class research and teaching today.

In addition to collaborating with clinical academics from Imperial College London and King's College London, we will also welcome those from other academic centres both in the UK and overseas.

Responding to COVID-19

Like the rest of the NHS, our dedicated staff had little respite following the first surge of COVID-19. We moved to more than double our critical care capacity to deal with the second wave. As with the first surge, this called for very significant flexibility and commitment on the part of all our teams. We more than doubled our critical care capacity to 94 adult beds, with our paediatric critical care team again part of this effort. Across both our hospitals we delivered more than a third of the national VV-ECMO activity (ECMO is a specialised form of life support) and at one stage in early January 2021 we were caring for 28 COVID-19 patients on ECMO at Royal Brompton and Harefield, probably the highest such caseload in Europe.

During this second wave we ensured all our interventional services continued to operate across both hospitals, albeit at reduced levels of elective activity. During March, our staff yet again worked tirelessly to begin to return these elective services back up to 'pre-covid' levels: thanks to a huge, combined team effort across both hospitals, we will be delivering close to normal levels of diagnostic and therapeutic activity by early summer.

Maintaining other services

Daily 'virtual' multi-disciplinary meetings have ensured not only appropriate triage for our cardiac surgery patients but also that our capacity has been utilised to record levels. These meetings have involved colleagues from Harefield, Royal Brompton and many referring hospitals presenting cases for surgery. Since April 2020 we have also been working with a technology company to provide a tailor-made app to many of our waiting-list patients, accessible via their smartphones. The app helps identify and prioritise patients for surgery based on changes in their symptoms rather than the date on which they entered the waiting-list. It has enabled us to re-schedule treatment for nearly 100 of these patients. We are planning a more advanced version of the app to help monitor the whole pre- and post-operative surgical pathway.

The demands of COVID-19 have driven several other technology developments that enable care to be delivered remotely, supporting patients in taking more responsibility for managing their conditions, and improving the efficiency of patients' pathways within our hospitals. Through our programme to transform non-admitted care, around 80% of our follow-up outpatient appointments are now remote (from 20% two years' ago); we have provided spirometers for some of our respiratory patients to use at home to aid remote diagnostics and we continue to expand our home antibiotic infusion service. Our existing programmes of patient and public engagement continued virtually throughout the period, giving us valuable input and feedback as patient care evolved in these new and exciting ways. Latterly we have also begun to prepare for the implementation in 2023 of a new electronic patient record system which will extend across all clinical groups within Guy's and St Thomas', as well as King's College Hospital.

Ends/

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RM Partners

West London Cancer Alliance

Hosted by The Royal Marsden NHS Foundation Trust

RMP Screening Recovery Projects in K&C and Westminster Update to HWB

Claire Barry

May 2021

*Working in partnership, **we will achieve world class cancer outcomes** for the population we serve*

Bowel cancer screening reminder service

Pre COVID RMP had procured a multilingual organisation Community Links to call patients who had not returned their FOBT or FIT test for bowel screening

Post COVID this work is now focussed on contacting the Rising 60s i.e. people within 3 months of their 60th birthday and who will be receiving a FIT kit. It will be expanded to include the Rising 56s with age extension in May,

The approach is make 3 attempts to contact patients who are due their kits to explain the screening programme, the value of participating and the kit to them.

IG has been approved and calls to begin in coming weeks. Focus is on practices with lowest uptake and coverage of screening

Future plans under consideration:

When Hub and screening centres have capacity RMP to commission a call reminder service for non responders



Improving cervical screening coverage

RMP developed an approach with NHSE and Jo's Cervical Cancer Trust to raise awareness of cervical screening and to offer additional clinics

- Based on an award winning pilot between RMP and H&F it involved raising awareness of cervical screening—local promotional video, social media campaigns
- RMP funded the set up of additional clinics in extended access hubs – accessible areas – supporting the GP Feds with governance and SOPs to strengthen BAU

Page 35

Contacting GP practices with poor uptake figures and running searches for patients who have not been screened

- GP Feds in West and Central London CCG have received funding for extended access hub to end Q1 to meet current deficit in screens.
- Procured Jo's Trust to deliver training on key messages to non-clinical admin staff for approx. 150 staff in NWL IN 21/22 building on previous training in 20/21.
- Texting patients with the local videos to encourage attendance
- Scoping PCNs appetite and interest in delivering extended access screening from Q2



Breast Screening

- Risk of increased inequalities due to switch from timed to open invitations – women who are time poor, have poor health literacy or don't speak English as their first language are less likely to book an appointment.
- RMP have worked with the breast screening Hub and breast screening centres to commission a multi lingual to call those patients who have not responded to their Open Invitation.
- Early evidence of this work is that 93% of women booked by the service in WOLBSS attend and that there has been an 8% increase in attendance at these sites.
- Funding provided to WOLBSS to commission a call reminder and booking service for 19,000 patients to end of Q4

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City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	27th May 2021
Classification:	General Release
Title:	Local Safeguarding Children Partnership Annual Report September 2019 – September 2020
Report of:	Local Safeguarding Children Partnership
Wards Involved:	The Partnership covers the borough of Hammersmith and Fulham, Kensington and Chelsea, and Westminster.
Financial Summary:	2019/2020 partnership financial contributions detailed in table below:
Report Author and Contact Details:	Angela Flahive Head of Safeguarding – Bi Borough Children's Services Email: angela.flahive@rbkc.gov.uk Tel: 020 7361 3467 Emma Biskupski LSCP Business Manager Email: emma.biskupski@rbkc.gov.uk

1. Executive Summary

1.1 The report sets out the legal and statutory context for our multi-agency safeguarding arrangements, a profile of safeguarding data across the three boroughs, our shared safeguarding priorities (peer on peer abuse including child exploitation, voice of the child and domestic abuse), the activity to address these

- priorities, the impact upon safeguarding during the Covid19 pandemic, and how we made a difference.
- 1.2 Despite the Partnership, in its first year, having to address the needs arising out of the Pandemic, we have continued to innovate. With our multi-agency partners we have sought to process our 'alternative child protection pathways' in recognition of the need to better engage parents in the safety planning for their children, ensure information is effectively shared with families, the voice of the child / young people is heard, and that activity outcomes are agreed within timeframes which are relevant and effective for the child.
 - 1.3 In partnership with the Safeguarding Adults Board for the Bi Borough we have developed a shared workstream to look at transitions. We have considered how all agencies can work more effectively together, to meet the needs of young people requiring access adult services, whether that be social care, health, mental health, education, housing. The work has informed the development of our 'Think Family' approach, and the role of safeguarding in the care we offer to Care Leavers. A conference was held in late 2020, and the learning is being taken forward by a project group consisting of membership from both boards/partnership groups. This work is also contributing to the learning and development of our service delivery model by the Council.
 - 1.4 Following a commissioned review of the three borough arrangements in September 2020, it was agreed that the three-borough shared LSCP arrangement would end as of 31 March 2021. A new partnership arrangement to cover Kensington and Chelsea, and Westminster areas is established from April 2021.
 - 1.5 Our response to the Covid19 pandemic will be a key priority for the new Partnership.

2. Key Matters for the Board

This report is for information.

To provide the Board with an update in respect to our multi-agency safeguarding arrangements and how they are delivered to meet the needs of children and their families.

3. Background

This is the first annual report of the new Local Safeguarding Children Partnership, covering the borough footprints of Hammersmith and Fulham, Kensington and Chelsea and Westminster.

This is a report completed by the LSCP Business Team on behalf of the Partnership, as per the statutory guidance published in Working Together to Safeguard Children 2018.

4. Options / Considerations

This report is for information only.

5. Legal Implications

No legal implications.

6. Financial Implications

Non applicable

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

Angela Flahive

Head of Safeguarding – Bi Borough Children’s Services

Email: angela.flahive@rbkc.gov.uk

Telephone: 020 7361 3467

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LOCAL SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT

SEPTEMBER 2019 – SEPTEMBER 2020



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1

FOREWORD BY THE CHAIR

I am delighted to introduce the first annual report of the three borough Local Safeguarding Children Partnership (LSCP). The new arrangements outlined in the Department for Education 'Working together to safeguard children' (2018) restructured arrangements so that Local Safeguarding Boards would be replaced with LSCPs and introduced the role of an independent scrutineer for the LSCP.

As the independent scrutineer I have continued to offer challenge and support across the Partnership, so that we can continue to be confident that the local arrangements are sufficiently robust to keep children safe from harm and neglect. The role of our Partnership is to bring together representatives of each of the main Safeguarding Lead Partners (Local Authority, Health and the Police) to promote and protect children from abuse and neglect in Hammersmith and Fulham, Kensington and Chelsea and Westminster. We need to provide assurance that our local safeguarding arrangements are effective, and all partner agencies work together to promote and protect children's welfare.

The Annual Report 2019/2020 highlights the commitment to safeguarding by the Partnership across the three boroughs and the excellent work undertaken every day (including during an unprecedented pandemic) by dedicated staff to protect and support the most vulnerable people of society. Staff in all agencies across the three boroughs work relentlessly to put children and young people at the very heart of everything they do and this can clearly be seen throughout the report.

COVID-19 has created a number of challenges for children, young people, their families, and communities. The LSCP has ensured that up to date information about service provision and procedures are available on the LSCP website. Throughout the pandemic the Partnership and its subgroups have continued to meet online. Regular extraordinary Partnership meetings have ensured that ongoing changes and updates have taken place providing opportunities for lead partner staff and chairs of LSCP subgroups to exchange information. Practitioners have been able to share information about undertaking online child protection reviews with families, children and young people where appropriate; about supporting children vulnerable to criminal exploitation and how to ensure that children who were entitled to attend school where safe and appropriate are supported to do so.

Going forward, the LSCP agreed that an independent review of its first year of operation under the new safeguarding children arrangements should be undertaken. The recommendations from the independent reviewer outlined in this report have been put to the Lead Responsible Officers for the three Safeguarding Partners. These recommendations will be ratified at the next three borough LSCP meeting in January 2021. With my departure as the Independent Scrutineer, I would like to take this opportunity to say thank you to all the multi-agency partners for their ongoing commitment to promoting the needs and safety of children and their families within the three boroughs. It has been a pleasure to work with partners, and I wish you all the best for the future.

Jenny Pearce
October 2020

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WHAT THE LOCAL SAFEGUARDING CHILDREN PARTNERSHIP STANDS FOR

OUR VISION

Our vision is that children and young people in the three boroughs are effectively safeguarded, properly supported and their lives improved by all agencies working together.

We are guided by the following principles:

- Safeguarding is everybody's responsibility.
- To focus our work on safeguarding the needs of vulnerable children and young people and improving their outcomes.
- To have a culture of continuous review and learning with evidence-based practice.
- To be open to constructive professional challenge.

ROLES AND DUTIES

The Partnership's main objective is to ensure itself that local safeguarding arrangements and organisations act to protect young people from abuse and neglect. We do this by ensuring that children and young people in the three boroughs are effectively safeguarded, properly supported and their lives improved by all agencies working together.

We are guided by the following principles:

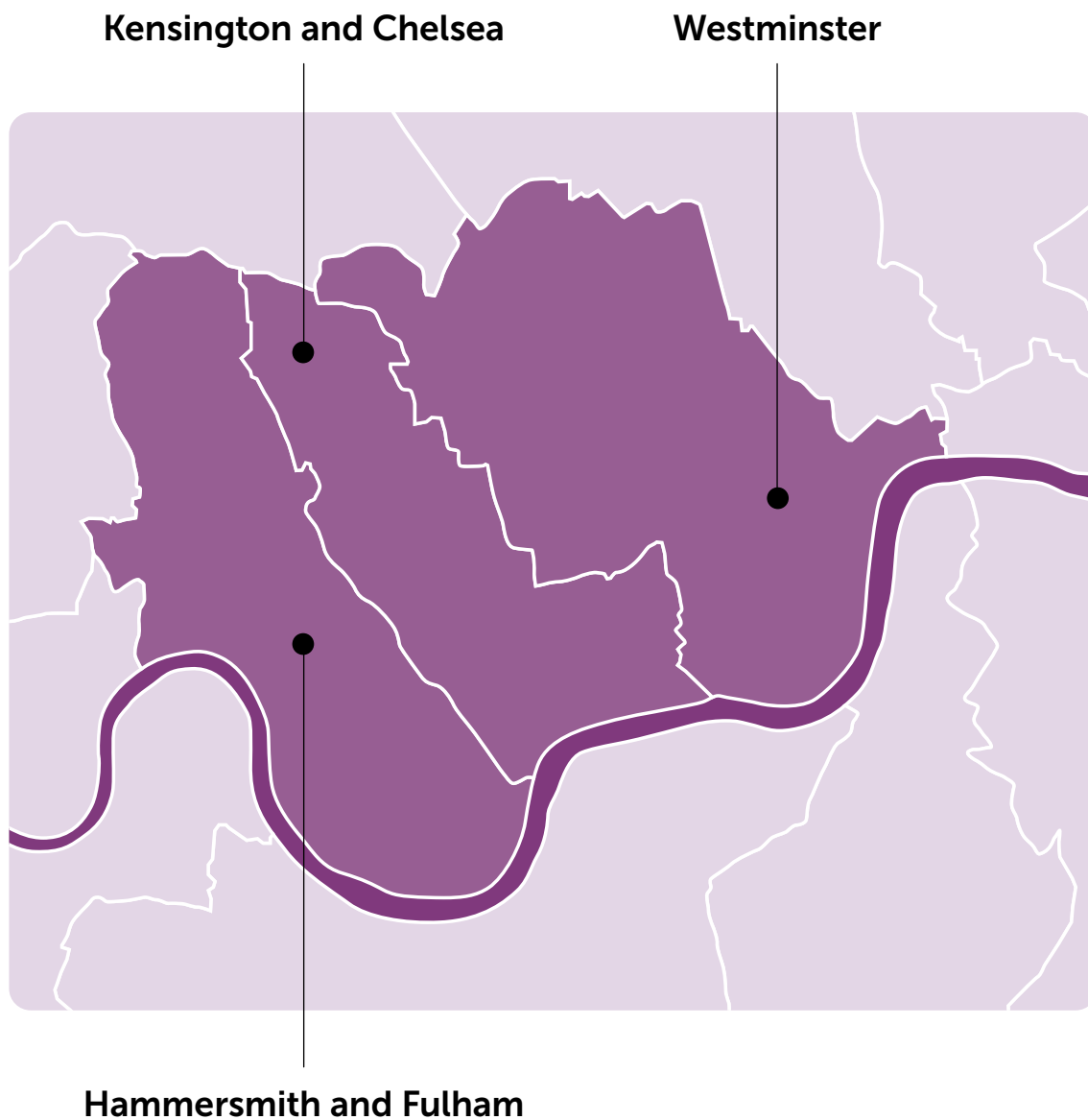
- All agencies and professionals have a shared vision to work together to improve outcomes for vulnerable children.
- We identify and address safeguarding issues and challenges early to effect positive change.
- Information is shared by professionals effectively to enable positive and timely decision making for children and their families.
- We continue to learn, to challenge each other and hold each other to account.

This year we introduced the role of 'independent scrutineer' to ensure that the three safeguarding partners are sufficiently engaged in their roles to prevent and protect children from experiencing abuse and neglect. The scrutineer holds agencies to account for their contribution, training and delivery of services to safeguard children and to challenge areas of practice where the standard falls short of expectations. Going forward there are opportunities to develop this role further.

3

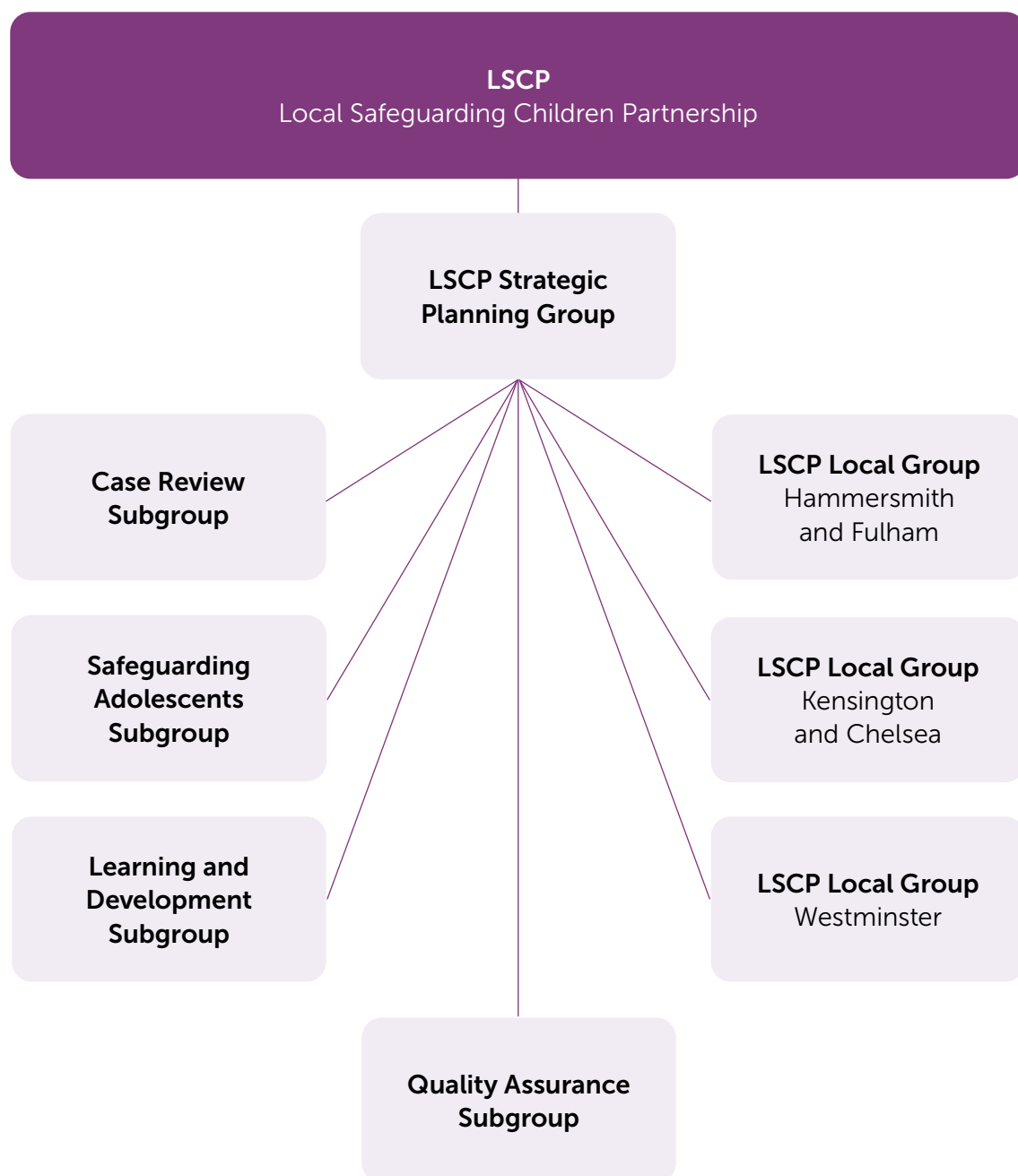
HOW DOES THE LOCAL SAFEGUARDING PARTNERSHIP WORK?

Our Local Safeguarding Children Partnership is managed on a three-borough footprint, across Westminster, Kensington and Chelsea and Hammersmith and Fulham. The Partnership is led by the three key safeguarding agencies; the local authorities, the clinical commissioning groups and the police.



The role of the Partnership is to assure that our local safeguarding arrangements are effective, and all partner agencies work together to promote and protect children's welfare.

The LSCP brings together representatives from each of the main Safeguarding Lead Partners (Local Authority, Health and the Police). It meets every three months for its main Partnership meetings, and the work is taken forward through subgroup and task and finish groups. The Partnership also part of a wider network of strategic Partnerships which exist in different forms in each of the three boroughs.



Other strategic Partnerships the LSCP will liaise with:

Safeguarding Adults Board
Hammersmith and Fulham

Safeguarding Adults Executive Board
Kensington and Chelsea / Westminster

Community Safety Partnership
Hammersmith and Fulham

Safer Kensington and Chelsea Partnership
Kensington and Chelsea

Safer Westminster Partnership
Westminster

Violence Against Women and Girls Partnership (VAWG)
Hammersmith and Fulham / Kensington and Chelsea / Westminster

Health and Wellbeing Board
Hammersmith and Fulham

Health and Wellbeing Board
Kensington and Chelsea

Health and Wellbeing Board
Westminster

4

SAFEGUARDING IN NUMBERS

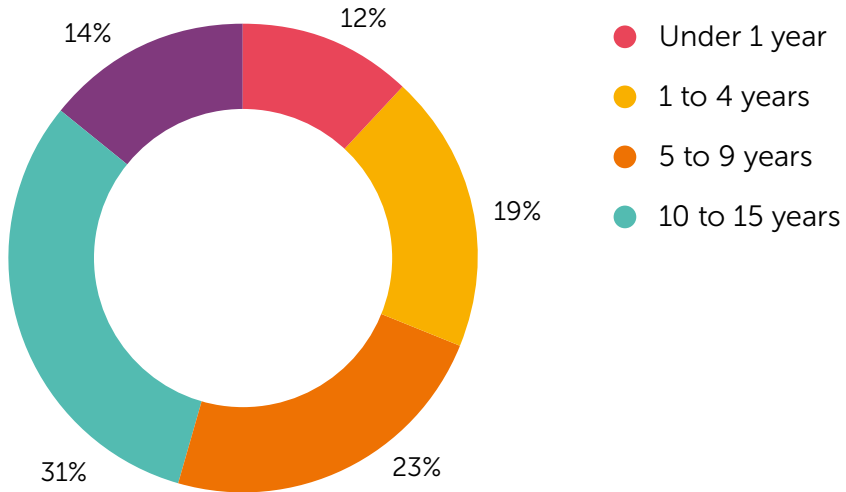
WESTMINSTER

Key facts

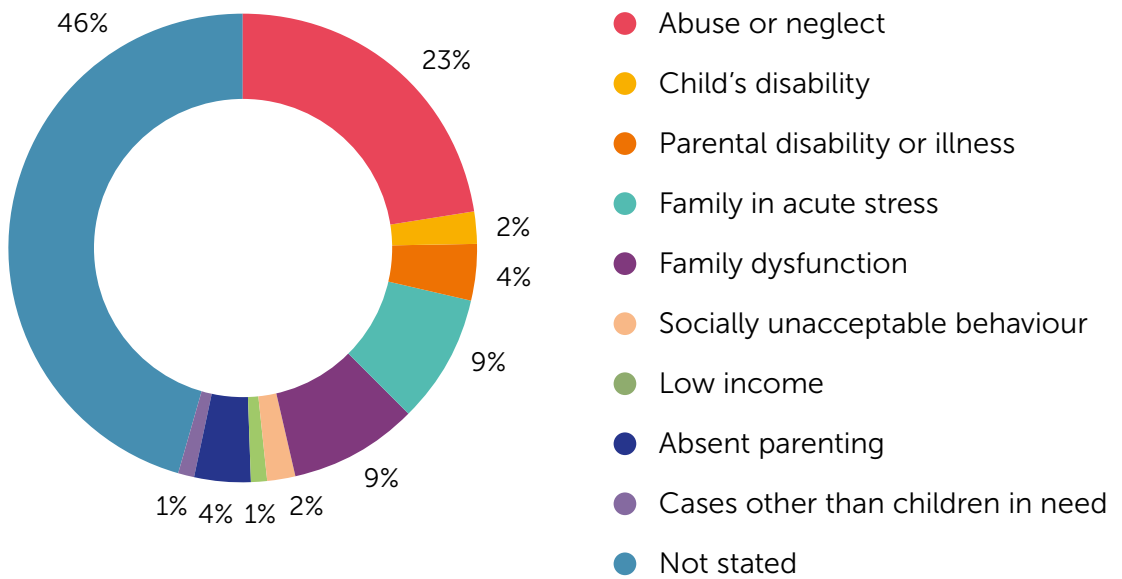
- The most common age group of children referred to children's social care in Westminster is 10 – 15 year olds. This is also the age group most likely to be supported through a child protection plan.
- The main referrer to children's social care is the police – this usually happens when police officers come into contact with children in the course of wider duties.

Between 1 April 2019 and 31 March 2020, 2012 referrals were made to children's social care. The charts on the following pages show who was making the referrals, the age and ethnicity of the children referred and the nature of the concern.

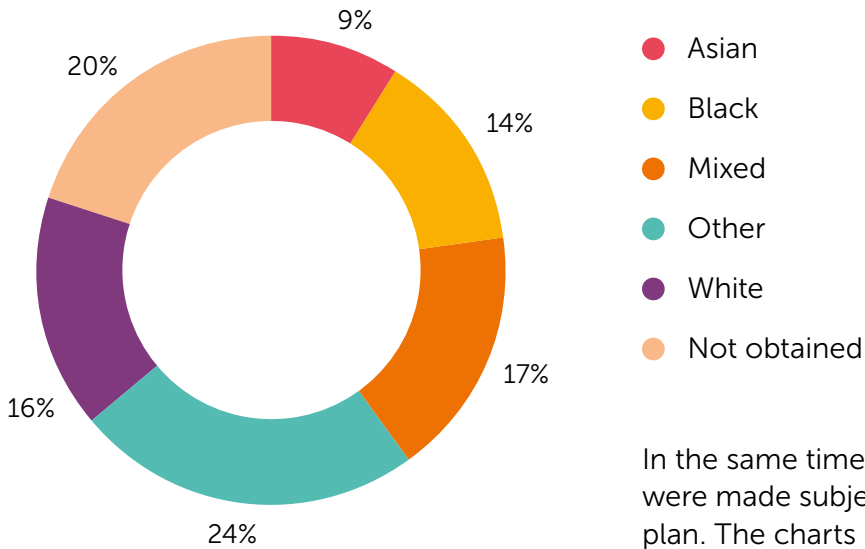
Westminster referrals 2019 – 2020 by age groups



Westminster referrals 2019 – 2020 by primary need groups

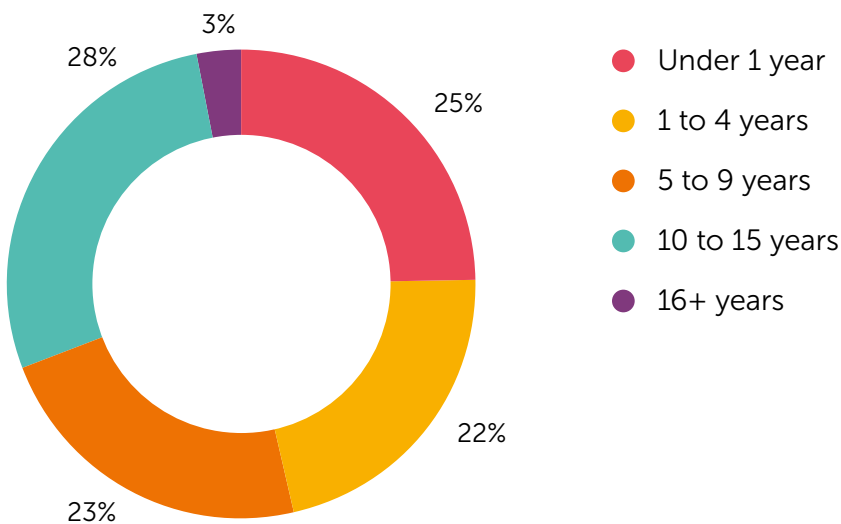


Westminster referrals 2019 – 2020 by ethnic groups

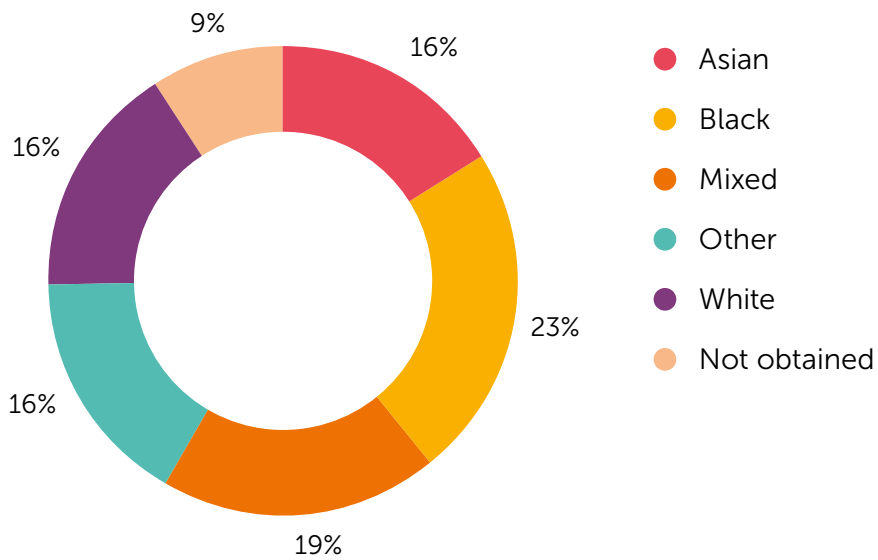


In the same time period 79 children were made subject to a protection plan. The charts below show the categories of the plans, the age and ethnicities of children subject to plans.

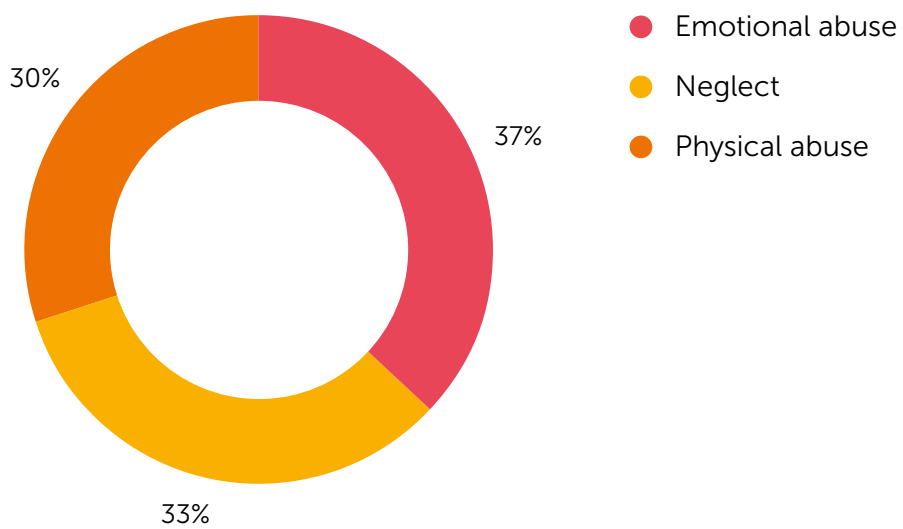
Westminster child protection plans registrations 2019 – 2020 by age groups



Westminster child protection plans registrations 2019 – 2020 by ethnic groups



Westminster child protection plans registrations 2019 – 2020 by initial plan category





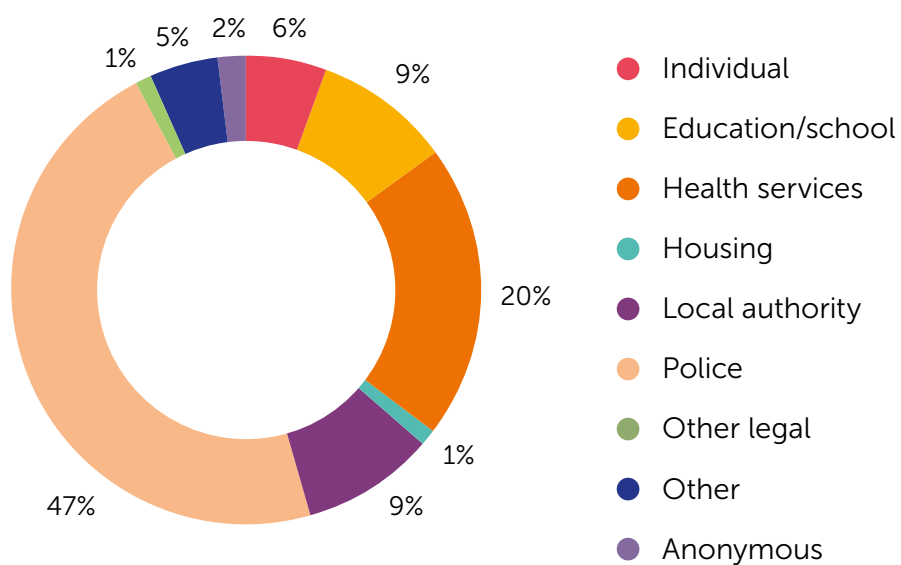
KENSINGTON AND CHELSEA

Key facts

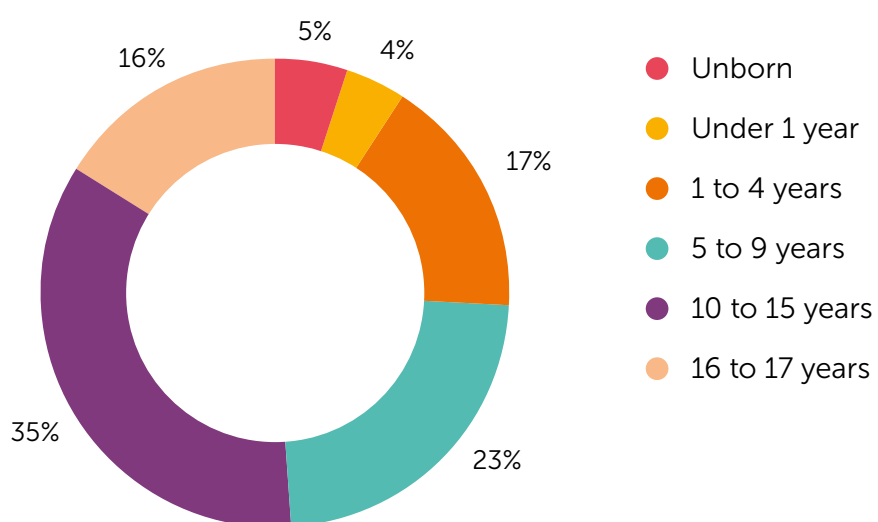
- In Kensington and Chelsea, six times as many children who have child protection plans are initially registered under the categories of emotional abuse or neglect, compared with the numbers categorised as experiencing physical abuse.
- Like Westminster, the main referrer to children's social care is the police – although the proportion of referrals from this source is higher in Kensington and Chelsea.

In 2019/2020, 2,368 referrals were made to social care. This referral figure covers all contacts and referrals. The charts on the following pages show who was making the referrals, the age and ethnicity of the children referred and the nature of the concern.

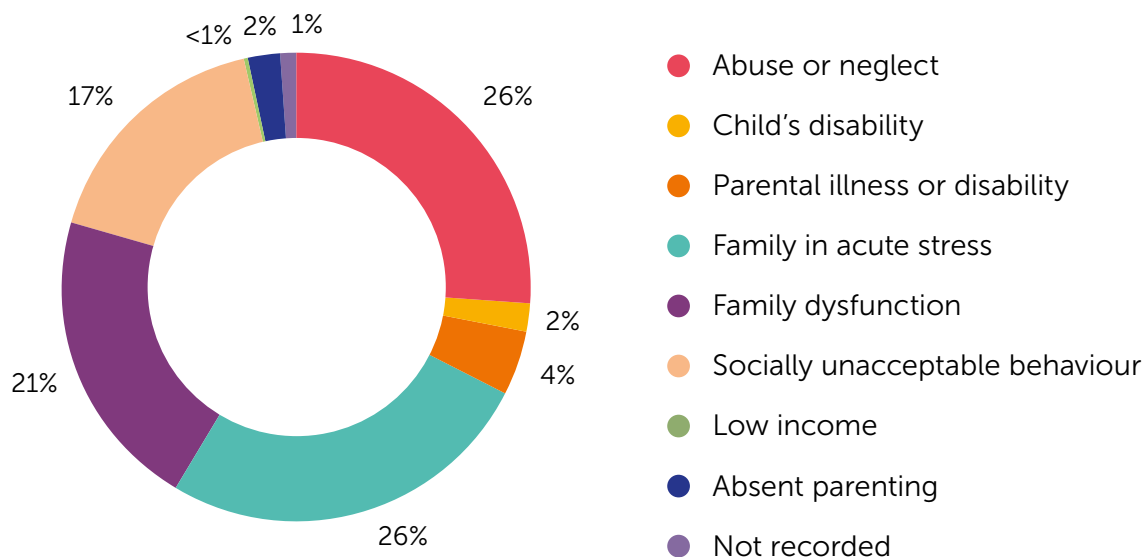
Kensington and Chelsea referrals 2019 – 2020 by source



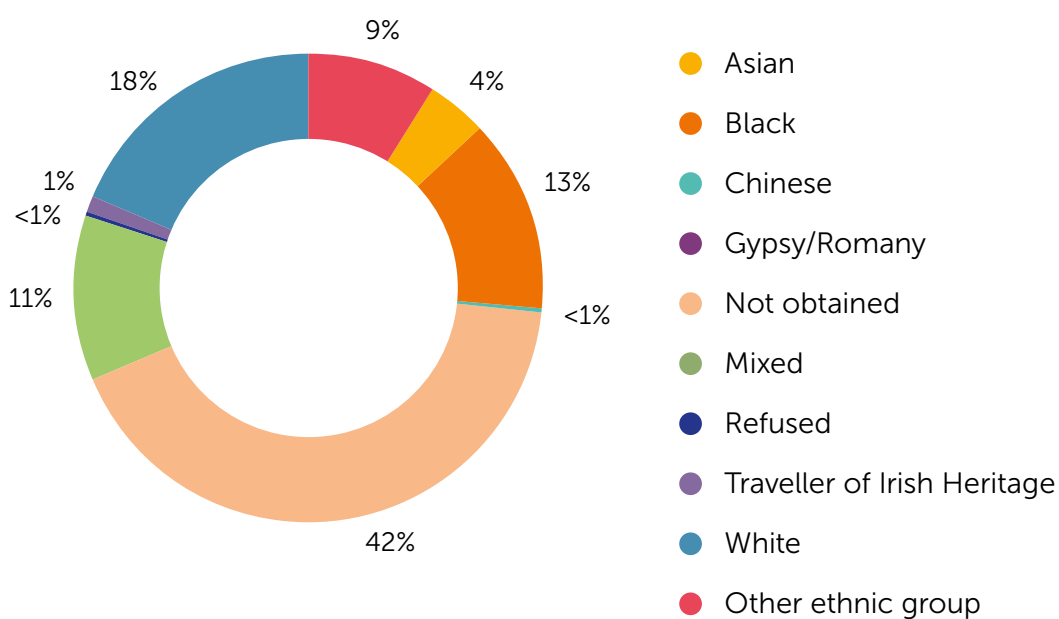
Kensington and Chelsea referrals 2019 – 2020 by age groups



Kensington and Chelsea referrals 2019 – 2020 by primary need code

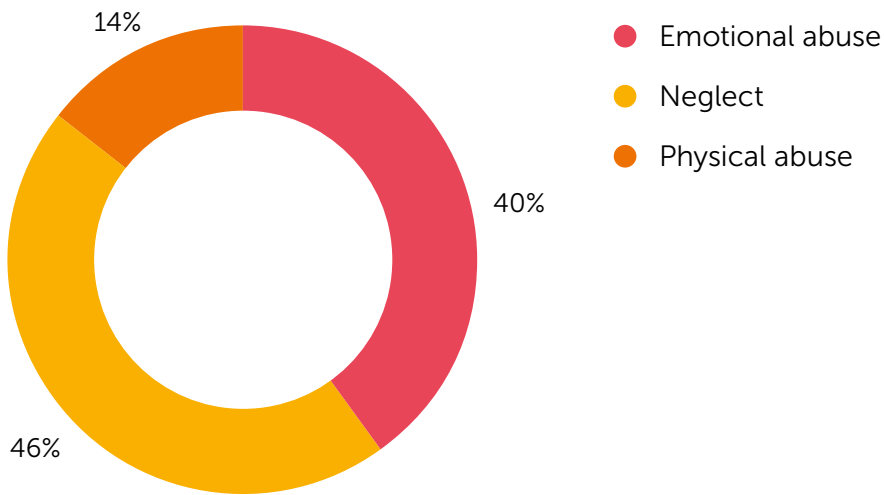


Kensington and Chelsea referrals 2019 – 2020 by ethnic groups

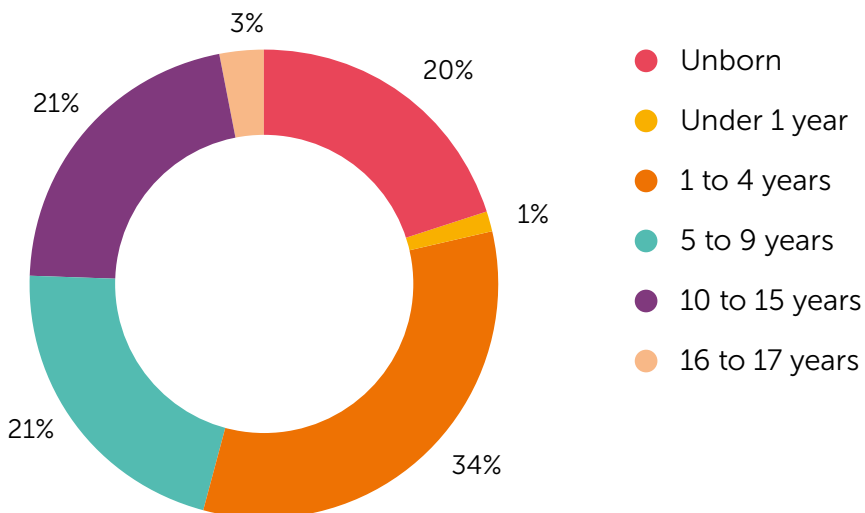


In the same time period 70 children were made subject to a protection plan. The charts below show the categories of the plans, the age and ethnicities of children subject to plans.

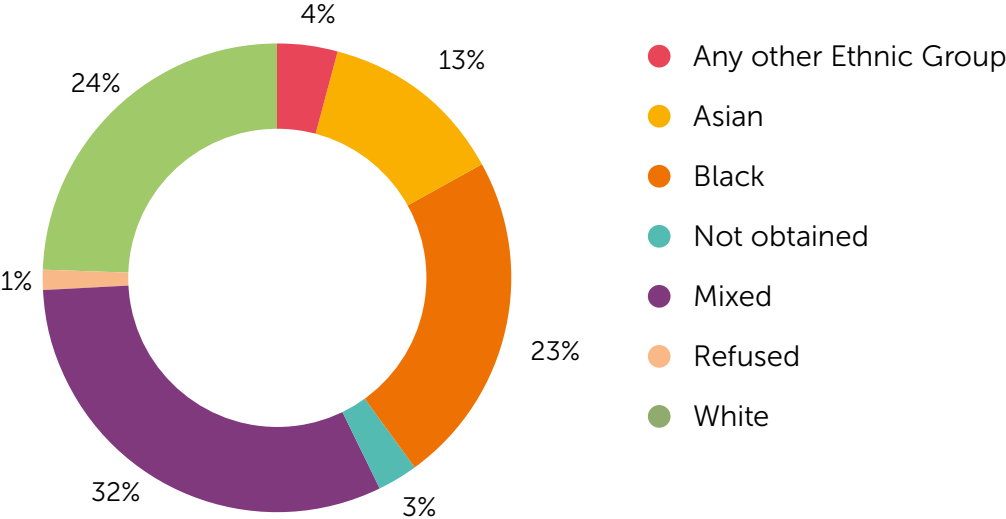
Kensington and Chelsea child protection plans 2019 – 2020 starting by category



Kensington and Chelsea child protection plans 2019 – 2020 starting by age groups



**Kensington and Chelsea child protection plans
2019 – 2020 starting by ethnic groups**



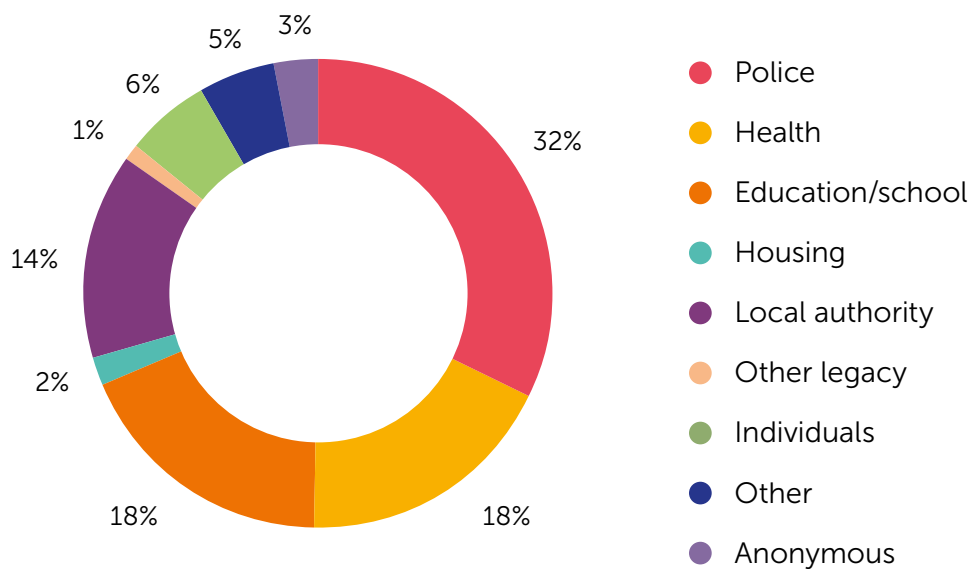


HAMMERSMITH AND FULHAM

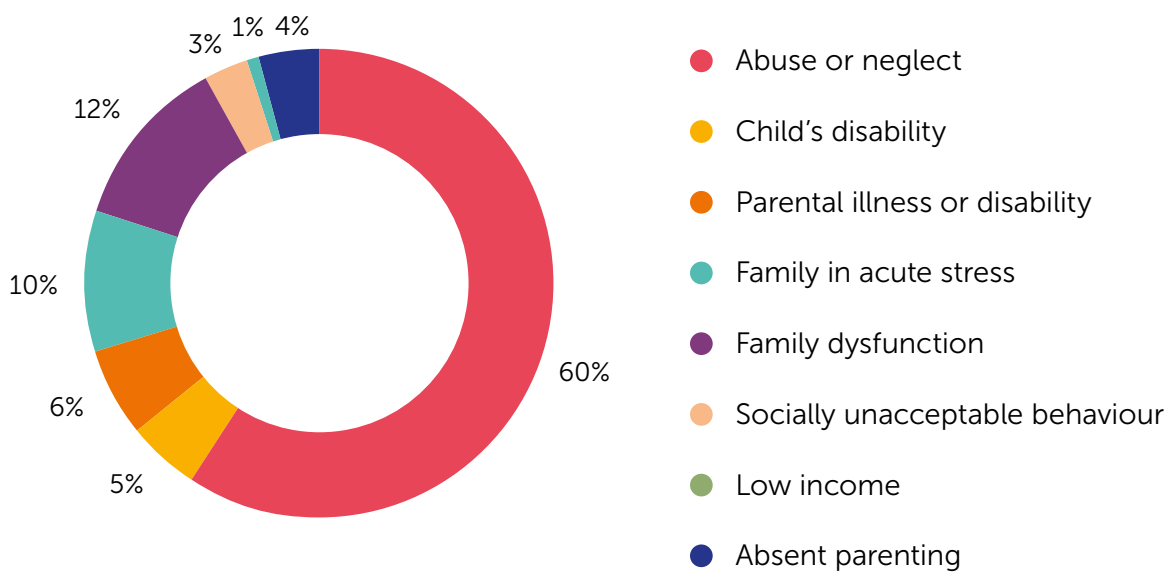
Key facts

- There were 1,670 referrals made to Children's Services in 2019/20.
- The majority of referrals came from the police (32%) and most referrals were made because of concerns about abuse or neglect.
- 81% of initial child protection registrations were under the category of emotional abuse or neglect.

Hammersmith and Fulham referrals 2019 – 2020 by source

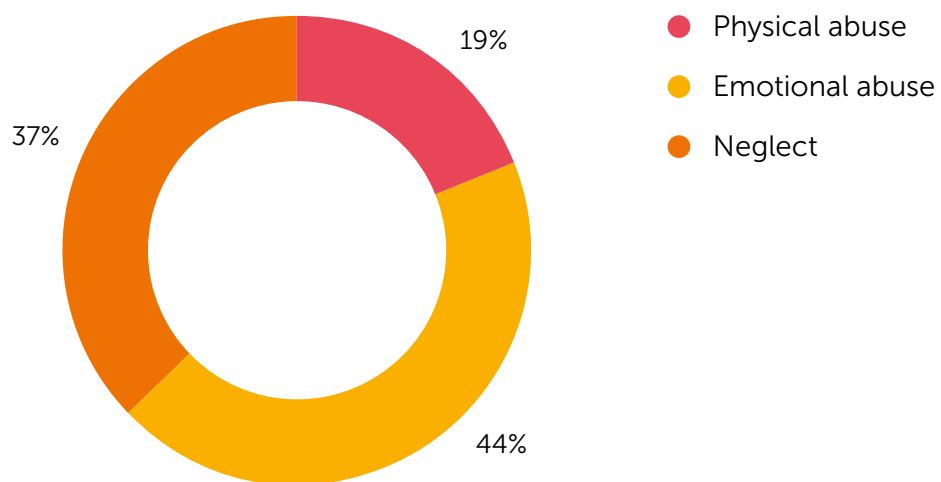


Hammersmith and Fulham referrals 2019 – 2020 by primary need group



In 2019 – 2020, there were 172 child protection registrations made in Hammersmith and Fulham with initial categories for registration as follows:

Hammersmith and Fulham child protection plans 2019 – 2020 by initial category





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WHAT THE LSCP HAS BEEN WORKING ON IN 2020/21

The Partnership's main function is to ensure that the local arrangements to keep children safe and protect them from harm is effective.

The Partnership has identified three priorities to improve the safety and wellbeing of children across the three boroughs:

- Reducing the harm from domestic abuse and coercive control.
- To identify and protect children vulnerable to exploitation.
- Listening to children and increasing community engagement.

6

PROGRESS WITH OUR PRIORITIES

PRIORITY 1 – REDUCING THE HARM FROM DOMESTIC ABUSE AND COERCIVE CONTROL

This year, the Partnership has made progress against this priority as a result of our work on two key projects:

Operation Encompass

Operation Encompass is an initiative whereby the police will notify a child's school if they (the police) are called to an incident of domestic abuse at the child's home address. This then allows an opportunity to provide appropriate pastoral care for the child as he or she comes into school.

The Police and the Local Authority Safeguarding Leads for Schools have continued to work together to increase the sign up from schools (including independent schools). To date, the following numbers of schools are involved with Operation Encompass:

- 32 schools in Hammersmith and Fulham.
- 29 schools in Kensington and Chelsea.
- 27 schools in Westminster.

With this rapid provision of support within the school environment, children are better safeguarded against the short, medium and long-term effects of domestic abuse.

Views expressed by the Schools Designated Safeguarding Leads at their forum were that this initiative has enabled school staff to effectively support those families and children where domestic abuse is known. If any new or emerging situations arise, schools have the ability to seek new information and review what proactive safeguarding actions may need to be undertaken.

Keeping families safe and together

We have been working with the voluntary sector organisation 'Standing Together Against Domestic Abuse', to support families staying together and addressing the domestic abuse concerns – where it is safe to do so. Training has been delivered to social care practitioners and managers across the Partnership so that they can support victims, better intervene with perpetrators and support children remaining in the care of the non-abusing parent and further training will be shared with wider partners.

A significant number of referrals are made to children's social care to report concerns about domestic abuse. The Safeguarding Partnership has carried out an audit of casework to see how effective our interventions are in terms of keeping families together and improving outcomes for children. This exercise will be repeated next year so that we can understand the impact of the new Safe and Together approach.

During the first COVID-19 lockdown, there was significant concern across the Partnership about a potential increase in domestic abuse concerns. Local public awareness campaigns were rolled out, assisted by the LSCP, to ensure that more residents knew how to get support and that professionals who were in contact with families were aware of possible signs of abuse and how to seek the most appropriate specialist support. Police reports of domestic abuse incidents were monitored monthly by the Partnership so that relevant agencies could tailor the support offered to meet local needs. Across the three boroughs the police have not yet received an increased number of reported incidents of domestic abuse but this remains under close review.

PRIORITY 2 – PROTECTING CHILDREN VULNERABLE TO EXPLOITATION

Our second key priority, as a Partnership, has been to focus on tackling peer-on-peer abuse including child sexual exploitation, criminal exploitation, 'county lines' activity and serious youth violence. A Safeguarding Adolescent subgroup was set up, specifically to drive and coordinate the work.

Each borough now has a better understanding of their local context through the development of a local data set and has used this to explore and confirm the role that each agency can play in tackling the issues more effectively. An Exploitation Safeguarding Lead in each borough has instigated strategy meetings and reported back to the wider Partnership on the learning from this activity.

Over the year, through several targeted Partnership activities, we have improved our collective understanding and the effectiveness of collaborative approaches. Key projects include:

Operation Makesafe

Operation Makesafe is a police-led initiative to test and improve awareness of child exploitation amongst staff in hotels and licensed businesses. The initiative has been ongoing for a number of years locally and provides training to hotels, informed by local data and intelligence on areas or locations of concern in relation to exploitation. This training and awareness raising has led to a number of young people being positively identified as potentially at risk and ensured a robust police response. We have also learnt that due to the transient nature and turnover of hotel staffing, we need to ensure the training is on a rolling programme.

To ensure the effectiveness of Operation Makesafe, police cadets, supported by multi-agency partners, participate in active testing of hotels' safeguarding responses to potential exploitation scenarios. We receive regular updates on the activity and learning from the Police Safeguarding Lead and our LSCP Business Manager, to inform practice, interventions and develop the training offer.

Taith Project

In response to our shared concerns about a small number of children and young people who display harmful sexual behaviours, we partnered with Barnardo's to deliver the Taith project as a specific intervention to provide support. This is a 'trauma informed' service funded through the Mayor's Office for Policing Crime that works with young perpetrators, to reduce offending behaviours and provide therapeutic support. Referrals to the Taith project in all three boroughs have increased over the past year. The funding comes to an end in March 2021 and we are planning to include the learning from the project in our local offer provided through social work and health services.

GMACE (Gangs and Multi-agency Child Exploitation Panel)

Over the last year we have placed considerable attention on the purpose and effectiveness of the former Multi-agency Gangs and Sexual Exploitation Panel covering the three boroughs. In recognition of our evolved understanding of the lived everyday experiences of vulnerable children and young people, we have extended the panel's remit to include child exploitation and gang involvement. We have taken the decision to strengthen the function of this panel as a key strategic multi-agency group, with its work being overseen by the Safeguarding Adolescents Subgroup. The terms of reference have been updated, with a focus on addressing the needs of victims and perpetrators, areas and locations of concern, mapping trends and disrupting harmful behaviours. This will assist with the development of our strategic approach.

The Metropolitan Police have been developing a revised pan-London child exploitation protocol with feedback from a wide range of stakeholders and this will be circulated and shared with partners when published in 2021. As safeguarding partners, we will review the protocol to better understand the impact locally in relation to the identification of those in need of protection, the targeting of services and strategic planning.

Safeguarding Adolescents at Risk Panel (SARP)

In Hammersmith and Fulham, the SARP has continued to merge all panels which review at-risk young people into one comprehensive multi-agency panel. This has helped to streamline the current safeguarding practices and support for the better identification of risk and information sharing for some of the borough's most vulnerable children and young people.

Development of Gangs Violence Exploitation Unit (Hammersmith and Fulham)

The new Gangs Violence and Exploitation Unit in Hammersmith and Fulham has been initiated this year. This is a Partnership between the police and the local authority. The unit will work with Children's Services, Housing and other local authority departments, as well as the voluntary sector, in order to plan for better outcomes for young people who are vulnerable to involvement in serious youth violence. The service started in September 2020 and will provide regular updates to our Safeguarding Adolescents Subgroup.

Operation INNERSTE

This police-led initiative in Partnership with Immigration Enforcement aims to prevent the need for complex investigations of migrant children who go missing. It also provides an opportunity to identify and prevent modern slavery and child trafficking through an enhanced multi-agency response and stronger information sharing processes. A welfare check, together with photographs and fingerprints are undertaken at first contact with the police.

The initiative has led to a reduction in the number of times children go missing and the influence of traffickers as well as the prevention of re-exploitations of who are known to be particularly vulnerable. Local safeguarding guidance is being updated to reflect learning from this initiative and its potential impact across different partner agencies.

School inclusion projects

We recognise that schools and education settings are a key partner in the safeguarding of children. We know that after the family it is the school who often know the child best as they have daily contact over a number of years. We work with schools to promote a child's wellbeing and their protection. In recent years we have been aware of the growing local and national attention given to the impact on children of exclusion from school in terms of their education but also upon wider outcomes such as health, wellbeing and longer term life chances. Children who are excluded are also particularly vulnerable to all types of exploitation. Research and data suggests that boys, children who are looked after, living in poverty, or from particular ethnic minorities as well as those who have special educational needs, are all disproportionately excluded from schools.

All three local authorities are committed to reducing exclusion rates, particularly from secondary schools. A number of strategies and services have been established in each of the three boroughs in Partnership with schools, Children's Services inclusive of Early Help, the voluntary sector and children and parents. The strategies set out how we will all work together in the local area to promote positive engagement of children and families in education, reduce rates of exclusion and improve outcomes for young people who have been or are at risk of exclusion.

PRIORITY 3 – LISTENING TO CHILDREN AND YOUNG PEOPLE, AND COMMUNITY ENGAGEMENT

We as a Partnership recognise how vital it is for us to listen to children, their families and their communities about safeguarding issues that are important to them. The voices of the child, young person, family and community are central to our work as an effective Partnership. The multi-agency basis of the Partnership allows us to hear from a wider range of children and families and a key part of our role is to ensure that their views and experiences are understood, responded to and shape the way we develop and deliver our services.

Essential to our work in the last year has been the appointment of a Children and Community Engagement Officer, who started in the post at the beginning of the year. Despite the challenges of the COVID-19 lockdown the Officer has been successful in mapping and liaising with a range of relevant stakeholders and organisations in order to build relationships and seek the voice of children and young people. Our Engagement Officer has met with a range of young people, groups and professionals to shape the development of our work-streams, and inform our future safeguarding plans. This includes:

- Youth Councils.
- Children in Care Councils.
- Child Protection Advocates.
- SEND Participation Officer (Kensington and Chelsea and Westminster).
- Coproduction and Inclusivity Consultant (Hammersmith and Fulham).
- Young Healthwatch Westminster.
- Mind Youth Services (three boroughs).
- Young Hammersmith and Fulham Foundation.
- Young Westminster Foundation.

Our Engagement Officer has also initiated or supported a number of projects which specifically aim to develop understanding and practice around engaging children and families. The learning from these projects will inform our safeguarding priorities and work plans going forward.

This has included:

- Collaborating with the Youth Engagement Police Officers to develop their workshops with young people.
- Being a member of the steering group for Youth Voice Network Meeting (Hammersmith and Fulham).
- Attending the SEND Participation Network (Kensington and Chelsea and Westminster).
- Working with the Prevent Community Engagement Taskforce (Westminster).
- Raising awareness of updates about children and young people's projects to the LSCP Local Groups and the LSCP Strategic Planning Group.
- Updating the LSCP website and training materials.

Feedback received to date by the Engagement Officer from young people and organisations which represent them by the Engagement Officer has led to a number of service developments including:

- A workshop to support youth service providers to confidentially make referrals to children's social care.
- Tailored safeguarding training for supplementary schools in Hammersmith and Fulham and Westminster, with further workshops available.
- Improving awareness of and access to multi-agency training opportunities for smaller voluntary organisations.

A key role of this post is to further strengthen the safeguarding support provided to voluntary, community and charitable organisations within the boroughs. In building relationships and providing practical support, we are promoting greater awareness, improving practice and ensuring that referrals for support or safeguarding concerns are addressed in a timely way. To date, 18 such organisations have taken up offers of support to develop their Safeguarding Children policies. Our Section 11 regulatory auditing framework for agencies will ensure that we map the effectiveness of the delivery of these policies going forward.

In addition, we are aiming to recruit 'young scrutineers' to enhance the way in which the Partnership is scrutinised and challenged over the progress we are making against our priorities based on the views and experiences of local young people. This will enable us to truly reflect on how effective we are at meeting the needs of children and young people locally and how we can learn, listen and improve our services.

7

SAFEGUARDING DURING THE COVID-19 PANDEMIC

Throughout the pandemic the partnership and its subgroups have continued to meet online. Regular extraordinary Partnership meetings have ensured that ongoing changes and updates have been communicated, providing opportunities for lead partner staff and chairs of LSCP subgroups to exchange information in a fast-changing environment.

COVID-19 Case Study: Hammersmith and Fulham

Overnight, COVID-19 challenged our operating model within Children's Services, increasing family pressures and making children more vulnerable to hidden and long-term harm. At the start of lockdown in March 2020, it was difficult to find ways to see children in their homes, and schools and health settings were generally not open. An early decision was made that there would be some children and families who would need to be visited due to safeguarding reasons. In order to identify the most vulnerable children, all open cases were individually risk assessed and RAG (Red, Amber, Green) rated in accordance with the level of risk. This information was recorded on a dynamic RAG register on MOSAIC (the Children's Services case management system) which allowed ongoing review of all children and families receiving support from Children's Services ensuring that those at greater risk receive adequate face-to-face support and monitoring.

A virtual model of work was introduced across all settings, and guidance was developed on how to engage with the families in this way.

In May 2020, the Vulnerable Children's Working Group was formed, to ensure robust oversight of the school attendance and education provision for the most vulnerable children during COVID-19 lockdown. The working group's objectives were to track and monitor vulnerable children's school attendance and to ensure that the school attendance and to ensure that the children and families received an appropriate offer in terms of education and support from children's social care. This ensured that there was a shared understanding of the needs of the wider vulnerable children's group, which informed ongoing service delivery.

COVID-19 Case Study: Kensington and Chelsea

Children's Centres are part of the new Family Hub model at the Royal Borough of Kensington and Chelsea (RBKC) and have adopted the 'whole family approach'. The joint focus and shared objectives of the children's centres, statutory and voluntary sector partners have been key in offering a holistic approach to supporting families during the pandemic.

During lockdown one centre remained open as an operational "hub" acting as a distribution or collection point for vitamins, food bank vouchers and over 2000 wellbeing/activity packs for families receiving brief interventions, those with new births, families from the Travellers community, refugee families, those living in women's refuges and other groups.

All face-to-face group work needed to cease so a virtual timetable of activities was delivered including sign & rhyme, targeted support, messy play and story times. Supported by Maternity Champions, pregnant mothers were able to take part in online interactive antenatal classes and coffee mornings.

'Safe Space' opportunities were extended into schools, leisure and voluntary sector venues so that more families could receive targeted support through self-baby weighing, baby massage, developmental and communication assessments.

Through this experience, services across the borough have learnt that there is a clear place in future service provision for the use of technology alongside traditional, face to face groups when working with vulnerable families.

COVID-19 Case Study: Westminster

The local authority was very aware of the decrease in referrals to Children's Social Care during the pandemic, and that some vulnerable families were not taking up the school provision which was available to them.

To support the protection of children and young people during lockdown, Bi-Borough Children's Services worked with the local authorities' communication teams to develop a child abuse awareness campaign. This aimed to encourage residents to report any concerns they had that a child was being harmed or abused to Children's Services and was promoted through social media posts and flyers distributed in communities and in services, such as GP surgeries, pharmacies, parks, food banks, supermarkets and bus stops.



8

HOW DO WE KNOW WE'RE MAKING A DIFFERENCE?

OUR ACHIEVEMENTS IN THE PAST YEAR

This has been a unique and challenging year. The impact of the COVID-19 pandemic has been significant for children and their families. This has also come at a time when we were establishing our new partnership arrangements. Despite the challenges, it has been possible to make good progress in a number of areas including:

- The bringing together of three Safeguarding Leads from Health, Police and the Local Authority to coordinate, drive and oversee the work of the wider Partnership.
- Significant activity to progress our three safeguarding priorities.
- A growth in knowledge and joint responsiveness regarding child exploitation. Partnerships are working together more effectively to safeguard all vulnerable young people with safety plans in place which are regularly tracked and monitored.
- Listening and engaging with children, young people and communities has made significant progress this year with the work of the Engagement Officer, who has quickly established important networks and initiated key projects. Going forward, the Partnership will be better informed and guided by the needs, wishes and feelings of the children and communities we work for.
- Through our 'Think Family' approach, we have better connected the work taking place through children's and adult services. Joined-up working relationships have been strengthened to address domestic abuse. Joint learning events undertaken within the year have informed wider conversations about service arrangements and how they may be delivered in the future.
- Our training programme has adapted and evolved to meet changing demands and ensure all services on offer to children and appropriately refer families on for support.

- We have developed the common data-sets used to inform our Quality Assurance Subgroup activity, enabling compare and contrast and analysis of trends which may vary across the three boroughs. During COVID-19 lockdowns and restrictions we have built upon the long-standing professional relationships to communicate effectively and address challenges as they arose. The monthly COVID-19 safeguarding meeting provided a forum for sharing of concerns and how we can collectively respond. This work directed a range of activity to take place, including the continued delivery of medicals for children subject to child protection concerns and for children who are looked after. The refocused offer from health visiting, the proactive support for new mothers, and ongoing responses in respect to domestic abuse.
- Our social media profile has enabled us to communicate to a wider audience, and to highlight news and activity which is relevant for our Partnership and communities at robust pace. We will continue to explore how this avenue can be further used to communicate more widely and more effectively.



REDESIGNING CHILD PROTECTION CONFERENCES AND ALTERNATIVE PATHWAYS

As part of the three borough Partners in Practice programme we have championed innovation and models of best practice developed with key partners from Health, Police and Education settings. We are keen to improve our service offer so that it is more responsive to the needs of families while remaining committed to always promoting more effective safeguarding for children.

The Redesign and Alternative Pathways projects were part of a wider review of how our traditional child protection system was working. We looked at the early months of engagement with families and the child protection conference system through a systemic lens, reflecting on what happened and considering whether there are different ways of doing things that would bring greater benefits to families while keeping children safe. In response to this insight and review we have implemented:

- **Alternative Pathways** – this is a new model for strategy discussions (where child protection investigations are planned), the Front Door Family Meeting model, and the option whereby family group conferences could be used instead of initial child protection conferences for some families. It provides more flexibility to respond in different ways to considering and planning to address concerns about children’s safety.
- **The redesign of the initial child protection conference process** – this gave careful thought and planning as to what happens during and after a conference. The intention was to find ways to build relationships (during a period of stress) which could increase engagement for the sharing of information and co-production of safety plans with families and other professionals.
- **The redesign of the physical space** – to provide a more welcoming environment for conferences to take place. The before and after example opposite shows the significant improvements made to the conference room available in Westminster. The feedback from families and professionals about the improved facilities has been very positive.

Before



After



In the light of using virtual platforms to meet and engage with families during the pandemic, we are keen to develop these new ways of working, progressing to a more blended model of engagement going forward. Over the next year, across the three boroughs and with partners and families, we will be further developing a shared language and commitment to this new approach.

9

LEADING, LISTENING AND LEARNING

MULTI-AGENCY TRAINING

Since the launch of the new Partnership, we have continued to coordinate a comprehensive, multi-agency training programme, offering 63 workshops on a range of core, specialist and managerial workshops to all practitioners and volunteers across the three boroughs. The most popular workshop is 'Multi-agency safeguarding and child protection' and examples of courses include:

- Introduction to Safeguarding Children.
- Meet the Local Authority Designated Officer (management of allegations).
- Safer recruitment.
- Child sexual exploitation.
- Safeguarding children and substance use.
- Safeguarding children and domestic abuse.
- Female Genital Mutilation and Harmful Cultural Practices.
- Harmful sexual practices.
- Radicalisation (via the local Prevent Teams).

The LSCP continues to seek evaluation feedback from practitioners attending the multi-agency training, both immediately after the workshops have been held, and with follow up surveys to gauge the impact of training a few weeks after the workshops. This is taken into account when developing and refining the local training offer.

LEARNING FROM REVIEWS

The LSCP continues to have a key role in commissioning and coordinating learning from a range of reviews following a serious incident or in situations where children die. The two key mechanisms which help us to achieve this are through the Child Death Overview Panel (CDOP) and through Case Reviews.

Child Death Review

A new NWL Clinical Commissioning Group (CCG) Child Death Overview service was established in 2020 in response to the new Child Death Review (CDR) statutory guidance. The new Child Death Review Team, comprising five full time staff, became fully operational from 1 April 2020. The service assumed responsibility for coordinating and managing the child death review process across the eight boroughs of north west London in collaboration with the Designated Doctors for CDOP. This new arrangement splits NWL into two separate Child Death Overview Panels (CDOP) including the Flute CDOP for (Brent, Harrow and Hammersmith and Fulham, Kensington and Chelsea and Westminster) and Triangle (Ealing, Hillingdon and Hounslow) with these two CDOPs each review more than the sixty deaths per year, while also giving a larger overview of deaths, which should improve the ability to identify trends and learning.

The service has played a key role in keeping us updated on learning, themes and guidance on how to strengthen our collective safeguarding practices resulting from analysis of deaths of children in our boroughs and beyond. An annual report is presented to the Partnership to assist our learning. Prior to the new eight-borough service coming into effect, our local Child Death Overview Panel was responsible for coordinating the local service across the three boroughs and the data below:

The total number of child deaths reported per borough has been as follows:

Borough	Hammersmith and Fulham	Kensington and Chelsea	Westminster	Overseas Deaths	Total
2019/20	9	9	14	6	38
2018/19	14	7	9	10	40

CDOP formally reviewed 15 cases in the year 2018 – 2019 and 22 cases the following year 2019 – 2020. From this we are aware that 21% of the deaths reviewed from 2019 – 2020 had modifiable factors. Our understanding of such factors is important to understand as a combination of actions at national or local level can have a positive impact upon the risk of future child deaths.

Locally, significant factors have included chronic medical conditions, perinatal/ neonatal events, and chromosomal, genetic and congenital anomalies. Over the past year, there has been a national review of a number of deaths, leading to the identification of similar learning points. This has led to:

- Campaigns to increase public awareness of the signs of sepsis in children.
- Advocating for the development of a national safer sleep campaign for infants with resources for parents in multiple languages and formats.
- The need for increased awareness amongst 999 emergency staff and NHS 111 on the use of translation services for those with English as an additional language.

Learning from Case Reviews

One of our primary objectives in the delivery of our Partnership arrangements is to maximise every opportunity for learning in order to challenge ourselves and drive continuous improvement. Our Case Review Subgroup plays a role in this through its role in commissioning and responding to reviews of serious incidents. In the past year we have revised local guidance and procedures for serious incident notifications, the conducting of 'Rapid Reviews' as well as 'Child Safeguarding Practice Reviews' in relation to incidents of serious harm to, or death of, children and young people.

We have also completed three serious incident notifications to the National Panel, resulting in the holding of three Rapid Reviews.

To ensure continuous and timely learning, we immediately consider themes as they emerge from the Rapid Reviews and ongoing Child Practice Reviews. In the past year, such learning has included:

- The importance of professional networks recognising the impact of domestic abuse. Learning has led to changes in the content of our training programmes in relation to those vulnerable to exploitation, gang affiliation and serious youth violence.
- Return home interviews, carried out when children who have gone missing are found, are an important tool to the understanding of patterns of missing episodes. We are specifically monitoring the way that return home interviews are carried out as we develop our safeguarding responses to missing children.
- The importance of professionals recognising indicators of child criminal exploitation and the role that criminal enforcement can play in assisting with safeguarding victims.
- The importance of 'professional curiosity' when children are recorded as 'was not brought' after they have missed health appointments. Audits of this practice have taken place and the findings will be shared with the Case Review Subgroup. Together we are developing a video resource for professionals on 'was not brought' to highlight the awareness of potential safeguarding concerns that may be linked to this.
- There is a potential safeguarding gap in services for young people who need support from child and adolescent mental health services but are not eligible once they are 17½ years old. This is being addressed through wider strategic service conversations with Health Commissioners.
- Responding to a local need identified for further training on fabricated and induced illness, we are holding a learning event in early 2021 to be hosted by a leading paediatrician in this field. We are seeking to improve identification and enhance multi-agency Partnership working and communication to act effectively to safeguarding children where this is a potential concern.

The Case Review Subgroup aims to improve our communication about the learning points from Rapid Reviews so that these can be distributed more widely. There has been additional learning from four case reviews published out of area. This has led to us starting to develop a local protocol regarding incidences of bruising in non-mobile babies and children, as well as the development of a seven minute briefing around the 'Think Family' approach.



10

THE FUTURE

The independent review of our local safeguarding arrangements undertaken in August 2020 highlighted that there was an opportunity for us to rethink current arrangements. This was within the context of a single Partnership needing to maintain a clear overview of the effectiveness of safeguarding practice in three increasingly diverse areas. It also suggested that the Partnership should find ways to work more closely with frontline services and be responsive to variations in need across the localities. Therefore, a key recommendation was that two safeguarding Partnership arrangements could be established, one to cover the Hammersmith and Fulham area and another to cover the Bi-Borough areas of Kensington and Chelsea and Westminster.

The recommendations are expected to be formally agreed by the three Safeguarding Lead Partners in January 2021 with new arrangements in place from 1 April 2021. An activity plan is being established to take this forward.

With the departure of our Independent Chair in October 2020, we will be using flexibility under the Working Together guidance to develop a new approach to independent scrutiny. We are strengthening our scrutiny approach through the recruitment of an auditor to undertake multi-agency quality assurance work. This work aims to enable Partners to learn about and reflect on local safeguarding practice, aided by challenge and scrutiny from an independent safeguarding professional. We also want to develop a more incisive approach to understanding and actively responding to how different communities experience safeguarding activity and support in the local areas.

The work to address our three safeguarding priorities will continue until March 2021. Beyond then, the two new Partnerships will determine their own priorities.

11

JARGON BUSTER

Angelou Partnership	The Violence Against Women and Girls commissioned services to support victims of domestic abuse. Their work is over seen by the three Borough VAWG Strategic Group.
Barnardo's Taith model	A service to raise awareness of harmful sexual behaviours and help young people through a structured intervention to build a positive future. It aims to reduce offending behaviours and provides opportunities for therapeutic support.
CDOP	Child Death Overview Panel: A statutory panel for reviewing information on all child deaths, looking for possible patterns and potential improvements in services, with the aim of preventing future deaths.
Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
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.
Clinical Commissioning Group (CCG)	A clinically led statutory NHS body responsible for the planning and commissioning of health care services for their local area.
Community Rehabilitation Company (CRC)	A private law enforcement agency that works alongside the National Probation Service to support offenders to complete their probation orders.

Community Safety Partnership

Community Safety Partnerships were set up under the Crime and Disorder Act 1998. They are made up of representatives from the police, local authorities, fire and rescue authorities, health and probation services, who work together to protect their local communities from crime and to help people feel safer. They address issues including anti-social behaviour, drug and alcohol misuse and re-offending.

Contextual Safeguarding Network

Network from the University of Bedfordshire that brings together practitioners, researchers and policy makers who are committed to protecting young people from harm outside the home.

contextualsafeguarding.org.uk

Co-ordinated Community Response

An inter-agency approach for responding to domestic abuse, to help local police, law enforcement agencies, the courts and wider community to support victims and survivors of domestic abuse.

DfE

An inter-agency approach for responding to domestic abuse, to help local police, law enforcement agencies, the courts and wider community to support victims and survivors of domestic abuse.

Designated Safeguarding Lead

A practitioner, usually part of the management team, who takes the lead on safeguarding children matters in their team/agency.

Domestic Homicide Review (DHR)

A multi-agency review of the circumstances in which the death of a person aged 16 or over has or appears to have resulted from violence, abuse or neglect by a person to whom they were related, or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves

Early Help

Also known as early intervention, is the support given to a family when a problem first emerges. It can be provided at any stage in a person's life. Early help services can be delivered to parents, children or whole families, but their main focus is to improve outcomes for children.

FGC	Family Group Conference: A family-led planning meeting in which the whole family comes together to make a plan for a vulnerable child. Professional agencies will contribute and a 'family plan' will address the concerns and how the child/family can be supported.
FGM	Female Genital Mutilation: A harmful practice where the female genitalia are deliberately cut, injured or changed, but there is no medical reason for this to be done.
ICPC	Initial Child Protection Conference: Convened to consider the risks and safety plan for our most vulnerable children.
IDVA	Independent Domestic Violence Advisor.
IRIS	IRIS is a general practice-based domestic violence and abuse (DVA) training support and referral programme, including training and education and enhanced referral pathway to specialist domestic abuse services.
IGU	Integrated Gangs Unit: A multi-agency unit, aiming to reduce serious youth violence. It consists workers from the local authorities, Met Police, Probation and St Giles Trust, a mental health nurse and employment coach, working together to support young people aged 10–24 who are involved in group violence, or on the periphery of gangs. The team also works with neighbouring boroughs to tackle cross border gang violence.
LADO	Local Area Designated Officer: Local authorities should have designated a particular officer, or team of officers to be involved in the management and oversight of allegations against people who work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example qualified social workers. Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

LSCP

Local Safeguarding Children Partnership
(replaces the LSCB from October 2019).

MARAC

Multi-Agency Risk Assessment Conference: A victim focused information sharing, and risk management meeting attended by all key agencies, where high risk cases domestic abuse cases are discussed.

MASE Panel

Multi-Agency Sexual Exploitation Panel: A multi-agency panel to develop a strategic overview of child sexual exploitation and reduce the risk of harm to children and young people at risk.

MOPAC

Mayor's Office for Policing and Crime.

**Multi-Agency
Safeguarding Hub (MASH)**

The MASH is a team made up of co-located staff from Children's Social Care, Police and Health from across the three boroughs with links to Probation, Housing and Youth Offending Teams. The MASH provides the capacity, skills and the practical arrangements to collect, analyse and securely store the information held by all partners about children and families that is relevant to an assessment of safeguarding risk. It does this in defined timescales that reflect the level of risk identified.

**Private Fostering
Arrangements**

Private fostering is an arrangement made where someone other than the child's immediate family is looking after a child for longer than 28 days. Examples of private fostering situations include children with parents working or studying elsewhere; children whose parents are overseas; children on holiday exchanges.

Private fostering arrangements should be notified to the relevant local authority children's social care team.

Section 11 Audit

A Self-Assessment audit to allow partner agencies to demonstrate how they meet key safeguarding standards.

Serious Case Reviews (SCR) A statutory review, required under Working Together to Safeguard Children 2015 when abuse or neglect of a child is known or suspected; and (b) either – (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

Safe and Together Model This child-centred model provides a framework for multi-agency practitioners to work alongside survivors of domestic abuse, and better intervene with perpetrators, in order to keep the child/ren safe and together with the non-abusing parent.

Safeguarding Partner 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.

Standing Together Against Domestic Violence (STADV) Standing Together support organisations, including the Police, criminal justice partners, social services, healthcare workers and charities, to identify and respond effectively together to domestic abuse.

Think Family A Think Family approach is the steps taken by practitioners to identify wider family needs which extend beyond the individual they are supporting.

Transitions This Term relates to the transition between children's and adults' services. Young people may still need support when they turn 18. 'Transition' is the period of time when young people are moving from childhood into adulthood.

Services for adults are different from those for children, so it's important that young adults get the services they need to live a full life.

Violence Against Women and Girls Partnership (VAWG) A local strategic Partnership that oversees the response to domestic abuse and harmful practices such as FGM.

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BUSINESS PLAN 2019/20

LSCP SAFEGUARDING PLAN 2019-2021

Priority 1 – Reducing the Harm to Children and Young People from Domestic Abuse and Coercive Control

Outcome	Action	Who	When
Children are appropriately supported following witnessing or experiencing domestic abuse and coercive control.	Roll out Operation Encompass to local schools, including schools in the independent sector:	Police/ Education Leads	From May 2019 onwards
	<ul style="list-style-type: none"> • Schools to sign up to the operation. • MASH to ensure schools have access to the 'BOX'. • Ensure schools have support staff/pastoral care to support children impacted. • Feedback on progress due after first full term. 		January 2020
	Update August 2020:		
	<ul style="list-style-type: none"> • 32 schools LBHF signed up. • 29 schools RBKC signed up. • 27 schools WCC signed up. 		

Outcome	Action	Who	When
Ensuring perpetrators of domestic abuse are better held to account for their actions.	Roll of out Safe and Together model for tackling domestic abuse across the Partnership:	VAWG / LSCP	July 2019
	• Overview day to be held July 2019 to introduce the model.	VAWG / LSCP	September 2019
	• Learning event with David Mandel to raise awareness of the model with managers.	VAWG / LSCP	October 2019
	• Delivery of Safe and Together e-learning modules to Children's Social Care and partners. Single agency training for children's social care – cost implications/ social care staff.	Quality Assurance Subgroup	Ongoing – review quarterly
	Other partners: LSCP multi-agency domestic abuse audit re/post roll out of Safe and Together to test impact of learning on case recording an decision making		
	Audit template: shared with health providers to enable their participation.		Completed

Outcome	Action	Who	When
Multi-agency workforce well informed of best practice around domestic abuse.	<p>LSCP training offer to include training on or signpost to:</p> <ul style="list-style-type: none"> • Domestic abuse awareness. • Learning from applicable Domestic Homicide Reviews. 	Learning and Development Subgroup	<p>Review quarterly by LSCP Learning and Development Subgroup</p> <p>Complete</p>
Seek the voice of practitioners – what are the issues they grapple with regards to effective interventions around domestic abuse.	Ensure that LSCP Local Groups in LBHF/RBKC/WCC give an opportunity to frontline practitioners and managers to share challenges and successes from the front line.	LSCP Local Groups	<p>RBKC achieved in February 2020</p> <p>LBHF/WCC postponed due to COVID-19 – WCC discussion September 2020</p> <p>LBHF – December 2020 Local Group Meeting</p>
<p>Ensure LSCP is sighted on development of VAWG Partnership projects such as:</p> <ul style="list-style-type: none"> • Pathfinder project and IRIS project. 	<p>Developing best practice regarding domestic abuse in acute health trusts/ mental health trusts/ general practices.</p> <p>Developing best practice regarding domestic abuse in general practice</p>	VAWG Strategic Lead	<p>Attendance of safeguarding leads in LSCP and VAWG strategic workstreams</p> <p>Information shared at quarterly Partnership Meeting and Local Group meetings</p> <p>Completed</p>

Priority 2 – Tackling Peer on Peer Abuse

Outcome	Action	Who	When
LSCP develops best practice on safeguarding adolescents.	<p>Development of LSCP Safeguarding Adolescents Subgroup .</p> <p>Identify subgroup co-chairs and draft terms of reference for Safeguarding Adolescents Subgroup to cover the following:</p> <ul style="list-style-type: none"> • Child sexual exploitation. • Harmful Sexual Behaviours. • Missing. • Online Safety. • Knife/gun/ acid crimes. • Adolescent Neglect. • Modern Slavery. • County Lines. • Gangs. • Radicalisation. 	Independent Chair	Completed

Outcome	Action	Who	When
Frontline workers updated around Contextual Safeguarding.	Delivery of Contextual safeguarding workshops via LSCP training programme.	CSE Leads/ LSCP trainer	Ongoing – to be reviewed at by Safeguarding Adolescents Subgroup December 2020
	Local authority contextual safeguarding training for social care staff.	CSE leads	
Development of updated GMACE.	MASE Panel to be updated to become GMACE (Gangs, Multi-Agency Child Exploitation Panel) to reflect overlap between different areas of harm.	MASE co-chairs	Completed June 2020
	Revised Terms of Reference to be developed.	GMACE Co-chairs	Completed September 2020
	CSE/CE/Missing data to be shared with Safeguarding Adolescents Subgroup.	GMACE Co-chairs	Reviewed quarterly by the Safeguarding Adolescents Subgroup
Better engagements of local hotels in tackling child sexual exploitation (CSE).	Roll out of Operation Makesafe training to local hotels.	Police	Ongoing
	Operation Makesafe test operations in local hotels.	Police and LSCP members	Twice a year (March 2020 delayed due to COVID-19)
	Learning event conferences for local hotels to share feedback on results of test operations and raise awareness of CSE.	Police and Children's Social Care and Health	Next operation October 2020 Once a year

Outcome	Action	Who	When
Further activity around 'One Life, No Knife' activities in all three local authorities.	<p>Links to community safety Partnerships/ coordinate this work/HWBB/Adults.</p> <p>Development of OLNK event in LBHF – paused due to venue availability.</p> <p>Development of OLNK event in RBKC – paused due to COVID-19.</p>	LA/CCG/Police/ Vol orgs	Activity ongoing (paused due to COVID-19)
Learning from national reviews.	Sharing learning from reviews published by other LSCPs and informing next steps.	Safeguarding Adolescents Subgroup	Ongoing – quarterly review by both Safeguarding Adolescents Subgroup and Case Review Subgroup
Engaging with schools.	Termly Designated Safeguarding Lead forums – sharing best practice and key learning points.	Safeguarding Leads for Schools and Education/LSCP Business Manager	Usually termly in each borough – frequency increased due to COVID-19

Outcome	Action	Who	When
Reducing Harmful Sexual Behaviours.	Taith project working in all three boroughs to engage children and young people who have engaged in harmful sexual behaviours.	CSE leads/SRQA managers	Ongoing – quarterly reporting by Barnardo’s
	Beyond Referrals research project (with Contextual Safeguarding Network) working in five RBKC / WCC schools to explore barriers to addressing harmful sexual behaviours in schools.	Safeguarding Lead for Schools and Education (Bi-Borough) and Senior Inclusion Lead (Bi Borough)	LSCP Local Groups to review paused due COVID-19 and maternity leave of University of Bedfordshire project lead– to be recommenced

Priority 3 – Voice of the Child

Outcome	Action	Who	When
Ensure LSCP members prioritise and understand the voice of the child across their key work with children and young people.	Ensure voice of child is reflected in work of all partner agencies (on case files) through multi-agency audit work and single agency audits.	QA subgroup	Ongoing Presentation by Engagement Officer at LSCP Strategic Planning Subgroup, LSCP Local Groups June and September 2020, and LSCP Partnership Meeting October 2020
The LSCP and subgroups understand the safeguarding concerns of all children and young people, including vulnerable groups such as children looked after and care leavers.	Recruit community and children and young people engagement officer.	LSCP Business Manager	Completed – January 2020
	Identify what engagement forums already exist such school councils in the three boroughs, children in care councils, reps from independent schools, youth MPs, youth mayors, possibly selecting on a rolling rota.	LSCP Children and Community Engagement Officer	Completed – part of continuing work plan

Outcome	Action	Who	When
Children and young people across the three local authorities hear key messages from the LSCP. To improve direct communication pathways with children and young people.	Consult Children and Young People about LSCP website format and content. Consult children and young people about effective engagement methods that suit their needs. Develop annual plan of targeted activities with children and young people across the three authorities.	Children and Community Engagement officer	Sept/Oct 2020 – completed – part of ongoing work Being undertaken throughout the year
Children and young people are able comment on progress of work of the LSCP – developing the role of young scrutineers.	Ensuring LSCP meeting and sub group and Partnership meetings content are shared with children and community engagement officer and any children and young people are representatives /advocates where appropriate. Ensuring children and young people are able to comment on progress and that this feedback is incorporated within the LSCP annual report / LSCB Board meetings / Subgroups where appropriate.	LSCP Business Manager /LSCB Children and Community Engagement Officer Children and Community Engagement Officer	Completed Outstanding – part of the Engagement Officer’s work plan to further develop – January 2021

Priority 4 – Joint work with other Strategic Partnerships

Outcome	Action	Who	When
Identify joint priorities with SAEB/ HWBB/Community Safety Partnerships.	Meeting with Chairs September 2019.	LSCP Chair/LSCP Business Manager	Completed September 2020
	Joint LSCP/ AEB/ HWBB Event planned March 2020 – theme of Transitional Safeguarding – delayed due to COVID-19.	LSCP Chair/ Safeguarding Adolescents Subgroup Chair/ LSCP Business Manager and Chairs of Community Safety Partnerships	GMACE re-established to oversee strategic work – June 2020 Feedback into the Safeguarding Adolescents Subgroup
	Completed in September 2020 with online webinar from Dez Holmes – Research in Practice. Development of joint approach to working with young victims and perpetrators of County Lines.		
Identify joint priorities with VAWG Partnership.	Angelou Partners invited to present at LSCP October 2019.	LSCP Business Manager/Standing Together Partnership Manager	October 2019 Complete

Priority 5 – LSCP Business as Usual

Outcome	Action	Who	When
Maintain LSCP website.	Ensure LSCP website is updated with changes in LSCP membership/key updates/multi-agency guidance.	LSCP Business Team	Completed – reviewed quarterly
	Work with RBKC Web team to update LSCP microsite template to ensure access to news carousel and update to LSCP logo on front landing page.	LSCP Business Team	Continuing – Accessibility audit of LSCP microsite due September 2020 Work to commence late 2020
Maintain LSCP multi-agency training programme.	Ensure LSCP offers a multi-agency training programme for practitioners across a range of agencies and supports signposting to appropriate training for single agency training needs.	LSCP Multi-agency Trainer	Ongoing monitoring by the Learning and Development Subgroup on quarterly basis Adapting face to face training programme to online delivery via Microsoft Teams in light on COVID-19 – priority on Domestic Abuse training, Safer Recruitment following requests from partners

Outcome	Action	Who	When
Ensure LSCP maintains an oversight of Child Death Review Processes.	Ensure that Local Authority and CCG partners contribute to new North West London Child Death Review procedures including Joint Agency Response Meetings and Child Death Review Meetings, as well as Child Death Review Panels.	LSCP Business Manager	Completed actions Activity ongoing
	Ensure that LSCP is sighted on key issues emerging from North West London Child Death Review Panels and Strategic Meetings.	LSCP Business Manager / LA Safeguarding Managers and Designate Nurses.	Relevant Local Authority members attend the CDOP panel and Strategic CDOP.

