

**Bexley Wellbeing Partnership Committee
meeting held in public**

14:00 – 16:00, Thursday 26th September 2024

Venue: Council Chamber, Ground Floor, Civic Offices, Bexleyheath DA6
7AT

Agenda

No.	Item	Encl.	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 25 th July 2024 and matters arising	B	Chair	14:04
Public Forum				
4.	<i>Public Questions</i>			14:05
Decision				
5.	Bexley Autism Strategy	C	Jim Beale	14:10
6.	Bexley Safer, Haven, Inspiring, Empowering, Leading & Defending (SHIELD) Partnership: Annual Report 2023/24	D	Stephen Kitchman/Diana Braithwaite	14:25
7.	Better Care Fund 2024/25	E	Steven Burgess	14:40
Assurance				
8.	Primary Care Delivery Group Business Update Report – Q1 & Q2 2024/25	F	Graham Tanner	14:55
9.	Community & Mental Health Services – Operational Report (Oxleas NHS Foundation Trust)	G	Dr Simon Henley-Castleden	15:10
10.	Finance Report – Month 4	H	Opeyemi Adetokunbo-Aina	15:30
11.	Risk Register	I	Rianna Palanisamy	15:45
Public Forum				
12.	<i>Public Questions</i>			15:55
Closing Business				
13.	Any other business		Chair	16:00

For Information			
14.	Glossary	J	
15.	Date of the next meeting: Thursday 28 th November 2024, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT		

Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Jim Beale, Deputy Director, Adult Social Care, London Borough of Bexley Council
- Stephen Kitchman, Director of Children’s Services, London Borough of Bexley Council
- Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System
- Steven Burgess, Policy and Strategy Officer, Strategy, Performance and Projects, London Borough of Bexley
- Graham Tanner, Associate Director – Primary & Community Care, NHS South East London Integrated Care System
- Dr Simon Henley-Castleden, Director of Performance, Oxleas NHS Foundation Trust
- Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care System
- Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care System

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date:19.09.2024

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Dr Sid Deshmukh*	Chair- Bexley Local Care Partnership Committee	<ol style="list-style-type: none"> 1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50% 2. Shareholder of GP Federation – Financial interest 3. Shareholder Frogmed Limited - Financial Interest (Dormant company) 4. Chair - Frognal Primary Care Network GP Lead – Financial interest 5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director – Indirect interest 6. Non-financial personal interest in Inspire Community Trust; a) Wheelchair service; b) Joint Equipment Store; c) Personal Health Budgets; d) Information and service support for people with physical and sensory impairment. 7. Clinical Lead for Diagnostics (Bexley) – financial interest 8. Clinical Lead for Urgent Care (Bexley) – financial interest 9. Director, Bexley Health Neighbourhood Care CIC – financial interest 		
Diana Braithwaite*	Place Executive Lead (Bexley), NHS South East London Integrated Care Board	Nothing to declare.		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	<ol style="list-style-type: none"> 1. Working with Leeds University who are receiving sponsorship from the Pfizer Foundation – Non-Financial Professional Interest 		

		2. Salaried GP at Leyton Healthcare		
Yolanda Dennehy*	Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	<ol style="list-style-type: none"> 1. Chief Officer of Bexley, Bromley & Greenwich Local Pharmaceutical Committee 2. Chief Officer of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee 3. Chair of Community Pharmacy London 4. Board Member of Pharma BBG LLP 5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited. 6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest) 		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	<ol style="list-style-type: none"> 1. Independent Advisor and Tutor, Kings Health Partners (financial interest) 2. Patient Public involvement Co-Lead, DHSC/NIHR 3. Independent advisor and Lay Reviewer, UNIS 4. Lay co-applicant/collaborator on an NIHR funded project 5. Independent Reviewer, RCS Invited Review Mechanism 6. Lay co-applicant, HS2 		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, The Albion Surgery (financial interest) 2. Clinical director, APL PCN (financial interest) 		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, Bexley Group Practice (financial interest) 2. Clinical director, Clocktower PCN (financial interest) 		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, Northumberland Health Medical Centre (financial interest) 2. Co-director of BHNC (financial interest) 3. Co-clinical director, North Bexley PCN (financial interest) 		

		4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest 3. Joint Clinical Director, Frognal PCN – financial interest 4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of		

		<p>Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest</p> <ol style="list-style-type: none"> 5. CYP and Families Clinical Lead – Bexley – non-financial professional interest 6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest. 7. Member of Bexley LMC – non-financial professional interest. 8. GP Appraiser for south east London – non-financial personal interest. 		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	<ol style="list-style-type: none"> 1. Clinical Director, Clocktower PCN – Financial Interest 2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest 3. Shareholder, Bexley Health LTD – Financial Interest 4. GP Principal, Dr Davies and Partner – Financial Interest 		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	Nothing to declare.		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich NHS Trust	###		

***voting member.**

members who have not made the annual declaration for 2024/25 will be requested to make a verbal declaration within the meeting.

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in public

Minutes of the meeting held on Thursday, 25th July 2024, 14:00 – 16:00

Venue: Council Chambers, Council Chamber, Ground Floor, Civic Offices,
Bexleyheath DA6 7AT

(and via Microsoft Teams)

Voting Members

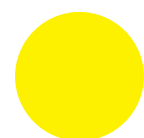
Name	Title and organisation
1. Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS South East London Integrated Care Board
2. Jennifer Bostock (JB)	Chair, Independent Member
3. Yolanda Dennehy (YD)	Director of Adult Social Care, London Borough of Bexley (LBB)
4. Diana Braithwaite (DB) (via MS Teams)	Place Executive Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)
5. Iain Dimond (ID)	Chief Operating Officer, Oxleas NHS Foundation Trust
6. Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley
7. Dr Surjit Kailey (SK)	Clinical Lead, North Bexley Primary Care Network
8. Dr Adefolake Davies (AD) (via MS Teams)	Clinical Director, Clocktower Primary Care Network
9. Dr Miran Patel (MiP) (via MS Teams)	Clinical Director, APL Primary Care Network
10. Dr Pandu Balaji (PB)	Clinical Lead, Froggnal Primary Care Network
11. Raj Matharu (RaM)	Chief Officer, Local Pharmaceutical Committee

In attendance

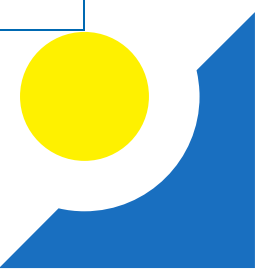
Dr Sonia Khanna-Deshmukh (SK-D) (via MS Teams)	Clinical Director, Froggnal Primary Care Network
Keith Wood (KW) (via MS Teams)	Lay Member, Primary Care (Bexley), NHS SEL ICB
Paul Thorogood (PT)	Chief Executive of the London Borough of Bexley (LBB)
Diana Braithwaite (DB) (via MS Teams)	Place Executive Lead (Bexley) NHS SEL ICB
Clive Anggiansah (CA) (via MS Teams)	Clinical and Care Professional Lead – Primary and Community Care
Stephen Kitchman (SK)	Director of Children's Services
Jattinder Rai (JR)	CEO Bexley Voluntary Services
Alison Rogers (AR)	Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB
Katherine Gutierrez (KG)	Engagement Lead, Dartford & Gravesham NHS Trust
Abi Mogridge (AM)	Chief Operating Officer (COO), Bexley Health Neighbourhood Care CIC (GP Federation)
Spencer Prosser (SP) (via MS Teams)	Chief Financial Officer and Executive Lead (Bexley) NHS SEL ICB
Chris Dance (CD) (via MS Teams)	Finance Lead, NHS SEL ICB
Ellie Thomas (ET)	Associate Director of Planning and Partnerships, Dartford and Gravesham NHS Trust
Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Graham Tanner (GT)	Associate Director Primary Care, (Bexley) NHS SEL ICB
Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare
Patrick Gray (PG)	Engagement Manager (Bexley) NHS SEL ICB
Hanif Guven (HG)	Community Champions Co-ordinator
Rianna Palanisamy (RP) (<i>Presenter</i>)	Partnership Business Manager (Bexley) NHS SEL ICB
Nazima Bashir (NB) (Minutes)	Corporate Business Manager, (Bexley) NHS SEL ICB

		Actioned by
1-2	<p>Welcome, apologies and declarations of interest</p> <p>The Chair, SD opened the meeting and welcomed all present. Apologies were received from MeP, NN, OA-A, SaB and RG and the meeting was declared as being quorate. There were no declarations of interest other than those recorded on the register of interests.</p>	SD
3.	<p>Draft minutes of the public meeting held on 23rd May 2024</p> <p>Bexley Wellbeing Partnership agreed that the draft minutes of the public meeting held on 23rd May 2024 were a true and accurate record of that meeting and approved them on that basis</p> <p>Matters Arising</p> <p>No additional matters were raised.</p>	SD
4.	<p>Public Questions</p> <p>No public questions were received in advance or during agenda item 4.</p>	SD
5.	<p>Primary Care Access Recovery Plan</p> <p><i>Dr Sid Deshmukh handed over the chairing of this agenda item to Jennifer Bostock (JB), Independent Member and Vice-Chair. This was due to the conflict of interest as stated in the report for all GP voting members of the committee the mitigation included GPs being asked to leave the meeting. This mitigation was enacted to maintain impartiality, as the discussion pertain to a pecuniary interest for GP practices as holders of PMS and GMS contracts.</i></p> <p>Graham Tanner presented the progress on the Primary Care Access Recovery Plan and the Primary Care Networks (PCNs) efforts over the past year. This included addressing patient access issues, the rollout of new systems, and funding structures. The conversation also included feedback on patient experience, the validity of survey methodologies, and the importance of continuous improvement.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Concerns were raised about the validity of data from the Friends and Family Test and local surveys. There was a noted increase in patient dissatisfaction despite improvements in some areas. • The next phase will focus on improving patient outcomes and experiences, with a particular emphasis on understanding and addressing areas of dissatisfaction. • Ensure that reports include context, particularly around data collection methodologies and any external factors affecting patient satisfaction. • Plans to launch a campaign ("Better Access Bexley") to improve patient understanding of new systems and changes within primary care. • Explore potential sanctions for PCNs or practices that fall significantly short of expected progress. <p><i>Regarding agenda item 5, it was noted that out of six eligible voting members, five voted in favour and one abstained. This clarification is necessary as the voting outcome wasn't fully captured publicly due to the hybrid format of the meeting, with some members participating virtually and others in person.</i></p> <p>The Bexley Wellbeing Partnership Committee:</p>	GT

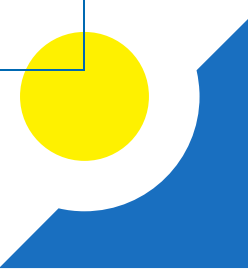
	<p>(i) Noted the summary report and Enclosure C(i).</p> <p>(ii) Based on the evidence of achievement provided, endorsed the recommendation that 30% Local Capacity and Access Improvement payment (2023/24) to the four Bexley Primary Care Networks (APL, Clocktower, Frognal and North Bexley) with the following caveats:</p> <p>(a) Whilst there has been significant achievement and demonstrable improvements this is a two-year national programme to March 2025 and therefore, the expectation from Primary Care Networks is that the areas requiring additional effort must be delivered in full.</p> <p>(b) Improving patient experience is at the heart of this national programme – Primary Care Networks must continue to gain feedback and test patient experience and enact changes where applicable.</p>	
<p>6.</p>	<p>Special Educational Needs & Disabilities: Preparing for Adulthood Strategy</p> <p>Alison Rogers presented the new combined strategy for Special Educational Needs and Disabilities (SEND) and Preparing for Adulthood (PfA). The strategy consolidates previous separate approaches into a single, cohesive framework designed to better support children and young people with SEND as they transition into adulthood. The strategy emphasises partnership working, early identification of needs, the importance of listening to the voices of children and young people, and the effective use of resources.</p> <p>Key Points</p> <ul style="list-style-type: none"> • The action plan within the strategy will be reviewed annually to remain flexible and responsive to emerging needs, including those identified through the Joint Strategic Needs Assessment (JSNA) and the autism strategy. • The strategy highlights the importance of addressing physical health needs, especially for those with learning disabilities, who face significant health inequalities. • The strategy includes initiatives to improve employment opportunities for young people with SEND, aligning with broader efforts like the autism strategy and supported employment programmes. • Integrate suggestions regarding the inclusion of context around poverty and intersectionality, as well as the needs of children transitioning from hospice care into adult services. <p>The strategy is designed as an adaptable document to new insights and changing needs, with a strong emphasis on partnership, early identification, and the effective use of resources. The ongoing focus will be on ensuring that the voices of children, young people, and their carers are central to all aspects of the strategy's implementation.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) Approved the new Special Educational Needs and Disability (SEND) & Preparing for Adulthood (PfA) Strategy 2024-2028.</p>	<p>AR</p>



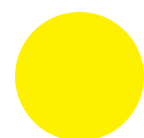
7.	<p>Finance Report: Month 3</p> <p>Chris Dance (CD) presented the finance report which outlined the financial performance for Bexley and the wider Integrated Care System (ICS) up to Month 3. Bexley's financial position is favourable, with a small surplus year-to-date and a positive forecast. However, the wider ICS is experiencing financial challenges, notably due to disruptions caused by the Synnovis global outage and industrial action. The report also touches on broader financial risks within the system and the need for a more comprehensive approach to capturing and managing these risks.</p> <p>There is a need to better capture financial risks across the system, not just those related to NHS spending. Diana Braithwaite (DB) suggested integrating these risks into a shared risk register that reflects the broader system challenges, including those faced by partner organisations.</p> <p>CD mentioned that the month 3 ICS board report, which they are willing to circulate after the meeting, highlights that providers have faced income losses due to disruptions in activity. CD also offered to share a slide with more detailed, granular information.</p> <p>DB at this point added that in terms of the ICS, primary care budget had been protected despite the challenges being face by the ICS. DB emphasised the importance of keeping this in mind and mentioned ongoing work, discussed in various forums like the Local Medical Committee, to determine the best ways to support GPs. DB clarified that the financial challenges do not apply to GP practices under their GMS and PMS contracts.</p> <p>Kate Heaps (KH) asked DB how financial risk across the system, beyond just NHS spending, can be captured effectively, following up on a discussion from a previous meeting.</p> <p>DB responded by clarifying that the current finance reports focus on delegated functions and budgets to the Place Executive Lead allocated by the ICB through NHSE. DB acknowledged the need to better represent the financial risks faced by partners within the system and suggested incorporating this into the risk register. DB proposed working with KH to develop a jointly owned risk register that accurately reflects these challenges.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <ul style="list-style-type: none"> (i) Discussed and noted the month 3 (June 2024) financial position for Bexley Place. (ii) Noted that the NHS South East London ICB and NHS South East London Integrated Care System financial position at month 2. 	CD
8.	<p>Partnership Performance Assurance report.</p> <p>The Partnership Performance Assurance report primarily addresses key performance areas in healthcare services, focusing on IAPT (Improving Access to Psychological Therapies), child immunisation programmes, and hypertension management. Both Alison Rogers (AR) and Graham Tanner (GT) who provided their input, emphasised that the report comprehensively covers the issues, with no additional points necessary from their side.</p> <p>The committee is assured that ongoing work is in place to address the challenges in vaccination uptake and hypertension management, with an</p>	AR/GT



	<p>understanding that certain demographic and cultural factors continue to influence performance in these areas.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) Noted the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based for the latest reporting period.</p>	
9.	<p>Place Risk Register</p> <p>Rianna Palanisamy presented (RP) presented the salient points of the Place Risk Register.</p> <ul style="list-style-type: none"> • Ongoing management and monitoring of six significant risks in Bexley, with measures in place to mitigate their impact. • The senior management team's consistent monthly review ensures that these risks are being actively managed, with appropriate escalations when necessary. • Risk of overspending against the borough delegated budgets, potentially failing to meet the financial control total for 2024/25. <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) Noted the Risk Register.</p>	RP
10.	<p>Public Questions</p> <p>A question was raised about a recurring issue with surgery phone queues, where callers are told they are at a specific position in the queue (e.g., number 11), but after progressing, the call abruptly disconnects, and they have to rejoin the queue from the start. The Chair, SD stated that this problem seems to be related to a technical issue with a particular telephony provider, as similar incidents have been reported by other practices.</p> <p>The issue may be resolved with the upcoming implementation of cloud-based telephony systems, which offer a callback option. This feature allows callers to retain their place in the queue without having to stay on the line, with the system automatically calling them back when they reach the front of the queue.</p> <p>Additionally, Abi Mogridge offered to take the individual's details after the meeting to connect them with the practice for further assistance with any specific concerns.</p>	
11.	<p>Let's talk about our Community Champions</p> <p>The <i>Let's Talk About Our Community Champions</i> discussion led by Patrick Gray (PG), focused on the Bexley Community Champion programme, which was initiated in June 2020 during the COVID-19 pandemic by the London Borough of Bexley Council. This programme has since evolved into a crucial element of the community's health and wellbeing efforts. Initially, created to combat misinformation and reduce isolation, the programme has since expanded to address various health issues, including mental health, diabetes, and dementia. With over 700 active champions, the programme leverages trusted local voices to disseminate accurate information and support community health initiatives.</p> <p>During a recent meeting, key figures discussed the programme's history, status, and plans, focusing on enhancing engagement, deepening involvement, and expanding the programme's impact. The community champions shared their personal experiences, highlighting the challenges they face and the positive impact of their roles in the community.</p>	PG



	<p>Areas:</p> <ul style="list-style-type: none"> i. SD raised a comment/question about how, GPs and others might "refer" patients who could benefit from involvement in the champions' work. This highlights a broader issue around integration, signposting, and making it easier for GPs and other referrers to utilise these community programmes for the benefit of their patients. PG to consider the best mechanism to improve this process, enabling more GPs to access and use these vital resources. ii. Iain Dimond (ID) will work with relevant parties to integrate Community Champions into ongoing healthcare provisions through Local Care Networks (LCNs). iii. Stephen Kitchman (SD) will invite Patricia, Community Champion and other stakeholders to a meeting aimed at enhancing connectivity between schools and support services for families with Special Educational Needs and Disabilities (SEND). iv. Focus on recruiting more champions in underserved areas using live mapping to identify gaps. v. Offer more training opportunities based on the needs and interests of the champions, such as additional sessions on mental health and safeguarding. vi. Increase the involvement of Community Champions with GP practices and potentially through Patient Participation Groups (PPGs). <p>It was highlighted the critical need for better engagement between schools and parents, particularly concerning SEND support. It was noted that many champions, especially those in the north of the borough, are actively involved but find that official services are not providing the necessary support, leading to a gap in information and assistance.</p> <p>On a separate note, it was accentuated to shift away from using the term "hard-to-reach" to a more positive and engaging approach when describing efforts to connect with certain communities.</p> <p>The BWP expressed gratitude to the community champions and the Bexley communications team.</p>	
12.	<p>Any other business There was no further business and the Chair closed the meeting.</p>	
13.	<p>Glossary These glossary terms were noted.</p>	
14.	<p>Date of the next meeting Thursday 26th September, Council Chamber, London Borough of <i>Bexley</i>, <i>Civic Offices</i>, 2 Watling Street, <i>Bexleyheath</i>, Kent, DA6 7AT</p>	SD



Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

Item: 5

Enclosure: C

Title:	Bexley Autism Strategy
Author/Lead:	Deborah Travers, Associate Director – Adult Social Care, London Borough of Bexley
Executive Sponsor:	Jim Beale, Deputy Director – Adult Social Care, London Borough of Bexley

Purpose of paper:	The purpose of this report is to inform the Bexley Wellbeing Partnership committee on the engagement that has been undertaken to develop an updated Autism Strategy and action plan for Bexley.	Update / Information	
		Discussion	
		Decision	X
Summary of main points:	<p>Statutory guidance published in the Autism strategy (2015) outlines the duties for local authorities and NHS organisations to support Autistic Adults and is extended in the new strategy to Autistic Children, Young people and Adults (2021).</p> <p>Bexley’s current Autism strategy was developed in 2017 and requires updating in line with the new national strategy. The purpose of this report is to:</p> <ul style="list-style-type: none"> inform the Bexley Wellbeing partnership committee on the engagement that has been undertaken to develop an updated Autism Strategy and action plan for Bexley. Present the coproduced vision and key priorities for the Autism strategy <p><i>‘Autistic people of all ages in Bexley are valued, supported and empowered to thrive as individuals.’</i></p> <p>Priority areas:</p> <ol style="list-style-type: none"> Raising Awareness - Autistic people feel valued, understood and part of our community. Autistic people have good access to support and services to thrive as individuals. There are more opportunities for autistic people to be heard and to influence change in Bexley. Autistic people have better health and wellbeing. Autistic people have better access to education and employment. 		
Potential Conflicts of Interest	None arising as a direct result of this paper.		
Other Engagement	Equality Impact	A Needs Assessment regarding Autism in Bexley and the prevalence of Autism in comparison to national trend will be completed by the Public Health	

		team in Quarter 3 2024/25. An updated Equalities Impact Assessment will also be prepared.													
	Financial Impact	Throughout the development of the strategy there has been a clear message that there are currently no identified financial resources to fund additional services and the strategy must be achievable within existing resources. However, the action plan will require commitment and the investment of staff time across all directorates of the council, health partners and the Autism Partnership. Therefore, careful consideration of staff resourcing capacity should be considered when reviewing and endorsing the proposed strategy and action plan.													
	Public Engagement	<p>In total 200 people responded to surveys and shared their views and experiences. The survey, which was promoted through partners, the Bexley Magazine, and social media, received 120 responses. Of those, 24% were autistic people, 68% of these were family or unpaid carers and 8% were people who work with autistic people.</p> <p>Focused events were held with over 100 people aged 5 years and up across a number of workshops and engagement sessions. Of those, approximately 37% were autistic people, 27% of these were family or unpaid carers and 34% were people who work with autistic people.</p>													
	Other Committee Discussion/Engagement	<table border="1"> <thead> <tr> <th>Meeting</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Bexley Wellbeing Partnership Executive Corporate Leadership Team</td> <td>7th August 2024</td> </tr> <tr> <td>Overview and Scrutiny committee</td> <td>22nd August 2024</td> </tr> <tr> <td>Bexley Health & Wellbeing Board</td> <td>4th September 2024</td> </tr> <tr> <td>Bexley Wellbeing Partnership Committee</td> <td>19th September 2024</td> </tr> <tr> <td>Public Cabinet (Council)</td> <td>26th September 2024</td> </tr> <tr> <td></td> <td>24th October 2024 – Final approval</td> </tr> </tbody> </table>	Meeting	Date	Bexley Wellbeing Partnership Executive Corporate Leadership Team	7 th August 2024	Overview and Scrutiny committee	22 nd August 2024	Bexley Health & Wellbeing Board	4 th September 2024	Bexley Wellbeing Partnership Committee	19 th September 2024	Public Cabinet (Council)	26 th September 2024	
Meeting	Date														
Bexley Wellbeing Partnership Executive Corporate Leadership Team	7 th August 2024														
Overview and Scrutiny committee	22 nd August 2024														
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Bexley Wellbeing Partnership Committee	19 th September 2024														
Public Cabinet (Council)	26 th September 2024														
	24 th October 2024 – Final approval														
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Note the engagement completed to inform the draft strategy. (ii) Review and endorse the draft Autism Strategy. (iii) Note the action plan and resources identified to support delivery of the Strategy can be made available on request. 														

Agenda Item: 5
Enclosure: C(i)

BEXLEY WELLBEING PARTNERSHIP COMMITTEE

26th September 2024

AUTISM STRATEGY

SUMMARY:

Statutory guidance published in the Autism strategy (2015) outlines the duties for local authorities and NHS organisations to support Autistic Adults and is extended in the new strategy to Autistic Children, Young people and Adults (2021).

Bexley's current Autism strategy was developed in 2017 and requires updating in line with the new national strategy. The purpose of this report is to inform the Bexley Wellbeing partnership committee on the engagement that has been undertaken to develop an updated Autism Strategy and action plan for Bexley.

Bexley Wellbeing Partnership is asked to:

- (i) Note the engagement completed to inform the draft strategy.
- (ii) Review and endorse the draft Autism Strategy.
- (iii) Note the action plan and resources identified to support delivery of the Strategy can be made available on request.

1. BACKGROUND

- 1.1 Autism is a lifelong developmental disability that affects how people perceive, communicate, and interact with others. Autism touches the lives of many people in our borough and can affect many aspects of life, from school to healthcare to employment and social lives.
- 1.2 The Autism Act 2009 requires the Government to introduce and keep under review an adult autism strategy. The first two strategies were published by the Government in 2010 and 2014, followed in 2021 by the new national strategy for Autistic Children, Young People and Adults (see **List of Background Documents**).
- 1.3 The latest strategy sets out a vision for what the Government wants autistic people and their families' lives to be like in 2026 across six priority areas. It focuses on autism awareness, education and positive transitions into adulthood, employment, tackling health and care inequalities, reducing inpatient care and building the right community support, and improving support in the criminal justice system. The national strategy lays out the steps national and local government, the NHS and others will take towards this vision. The refreshed strategy extends its scope to children and young people for the first time.
- 1.4 The new strategy aligns with the existing statutory guidance on implementing the Autism Act for local authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015). This sets out local authorities' and NHS organisations' duties to support autistic adults and remains in force, which means that local systems should continue to deliver on existing requirements, including having active Autism Partnership Boards in local areas.
- 1.5 At local level, the Government's expectation is that the Council and the NHS must work in collaboration with each other and relevant local partners to take forward the key priorities in the national strategy. The statutory guidance (page 32) states that local authorities should "ensure that there are appropriate arrangements in place to ensure senior level sign off for responses to the national autism self-assessment exercises and other appropriate developments around the delivery of the local autism strategy". The

Local Government Association have also published advice that each area should have its own Autism Strategy which details priority actions, the organisations responsible for implementation, and the timescales for delivering the actions (see **List of Background Documents**).

- 1.6 Autism Self-Assessment Framework exercises were undertaken in 2016 and 2018. However, over the course of the national strategy, reliance on self-assessments has decreased, reflecting the move towards a cross-government approach to autism data collection and reporting.
- 1.7 Prior to the 2024 General Election, the Department of Health and Social Care was prioritising updating the statutory guidance. This raises the prospect of a public consultation at some point on the updated guidance.
- 1.8 The adoption of a new local autism strategy will, therefore, help the Council and our partners to continue working within the parameters of the existing national strategy, which runs to 2026, in line with existing statutory guidance and it will put us in a good position to respond to any updated statutory guidance.

2. BEXLEY'S AUTISM STRATEGY

- 2.1 The current Autism Strategy for Bexley was developed in 2017 and adopted by Public Cabinet in February 2018. One off health funding (through the Learning Disability and Autism programme) was used to commission Bexley MENCAP to engage with local people and services to inform and develop a refreshed Autism strategy for Bexley. The Autism Partnership Board were engaged throughout the development of the strategy and reviewed feedback from local people to inform the priority areas and actions for the strategy. The partnership board has membership across Adult Social Care, Children's Social Care, Place, Strategy, Performance and Projects, the voluntary and community sector, health partners and experts by experience.

3. ENGAGEMENT IN DEVELOPING THE AUTISM STRATEGY

- 3.1 To develop the Autism strategy, it was important to hear from a range of voices and to try to reach people who may not be known to traditional services or organisations. Bexley MENCAP were commissioned on behalf of the local authority and Integrated Care board to engage with local people. MENCAP utilised a range of approaches to do this including publicising a borough wide survey. MENCAP also spoke to local people through workshops facilitated by a range of voluntary sector organisations.
- 3.2 In total 200 people responded to surveys and shared their views and experiences. The survey, which was promoted through partners, the Bexley Magazine, and social media, received 120 responses. Of those, 24% were autistic people, 68% of these were family or unpaid carers and 8% were people who work with autistic people.
- 3.3 Focused events were held with over 100 people aged 5 years and up across a number of workshops and engagement sessions. Of those, approximately 37% were autistic people, 27% of these were family or unpaid carers and 34% were people who work with autistic people.

4. WHAT WE HEARD

- 4.1 The results of the survey and themes emerging from the focus groups are attached as **Appendix A**. The Autism Partnership reviewed the emerging feedback and identified the following priority areas for the strategy:
 1. Raising Awareness - Autistic people feel valued, understood and part of our community.
 2. Autistic people have good access to support and services to thrive as individuals.
 3. There are more opportunities for autistic people to be heard and to influence change in Bexley.

4. Autistic people have better health and wellbeing.
5. Autistic people have better access to education and employment.

4.2 The partnership board agreed the following vision for the Autism Strategy:

‘Autistic people of all ages in Bexley are valued, supported and empowered to thrive as individuals.’

4.3 The draft Strategy is laid out in **Appendix B** and the action plan is available on request.

4.4 The action plan proposes a number of outcomes over a 3 year period. These include a range of areas of focus aligned to the priority areas including:

- Developing a communications subgroup,
- Development of a digital hub to provide information and resources to support autistic people,
- Evaluating outcomes from short term funded services (funded through the Learning Disability and Autism programme),
- Working with local businesses and employees to support accessibility to employment.

4.5 Throughout the development of the strategy there has been a clear message that there are currently no identified financial resources to fund additional services, and the strategy must be achievable within existing resources. However, the action plan will require commitment and the investment of staff time across all directorates of the council, health partners and the Autism Partnership. Therefore, careful consideration of staff resourcing capacity should be considered when reviewing and endorsing the proposed strategy and action plan. The action plan includes exploring opportunities and developing business cases for a proposed investment in services which can prevent and reduce demand in statutory services through prevention and early intervention support.

4.6 There are clear alignments and themes between the Autism Strategy and the Preparing for Adulthood (PFA) and Special Educational Needs and Disability (SEND) Strategy. Feedback heard through the PFA/SEND consultation and engagement has been considered in the development of the Autism Strategy (and vice versa).

4.7 The requirement for a needs assessment regarding Autism in Bexley and the prevalence in comparison to National trend is outstanding and is an area of priority for the Public Health team who will be completing this in Quarter 3 2024/25.

4.8 The Autism Partnership Board and the PFA/SEND Board will be responsible for the development and delivery of the action plan aligned to the strategy. As the strategy and action plan encompasses a multi-agency system approach, the strategy will be taken to a range of boards and partnerships for comment and endorsement. Public cabinet will provide the final approval of the strategy for the local authority.

5. TIMETABLE FOR SIGN-OFF

Meeting	Date
Bexley Wellbeing Partnership Executive	7 August 2024
Corporate Leadership Team	22 August 2024
Overview and Scrutiny committee	4 th September 2024
Bexley Health and Wellbeing Board	19 September 2024
Bexley Wellbeing Partnership meeting	26 September 2024
Public Cabinet (Council)	24 October 2024 – Final approval

6. LEGAL IMPLICATIONS

a) Summary of Legal Implications

The 2021 national strategy for Autistic Children, Young people and Adults builds on and replaces the preceding adult autism strategy, 'Think Autism', published in April 2014 and which related to adults only. It extends, for the first time, the scope of the strategy to children and young people, recognising the importance of ensuring that they are diagnosed and receive the right support as early as possible and across their lifetime. The strategy and its underpinning implementation plan are issued pursuant to the Secretary of State for Health and Social Care's powers under section 1 of the Autism Act 2009.

The Autism Act 2009, section 1 requires the Secretary of State to prepare and publish a document setting out a strategy for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts. The Autism Strategy must be kept under review and may be revised. Consultation should be undertaken with bodies that the Secretary of State considers appropriate which includes Local Authorities.

Under the 2009 Act, Council's Social Services and Health bodies are required to comply with the guidance.

Local authorities must 'follow the path charted by the guidance, with liberty to deviate from it where the authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course' ([R v Islington Borough Council, ex parte Rixon \(1998 ICCLR 119\)](#)).

The Autism Strategy for Bexley must therefore be in accordance with the current Autism Strategy published by the Secretary of State.

A local authority which failed to comply with section 7 (Local Authority Social Services Act 1970 – duty to act under the guidance of the Secretary of State) without a compelling reason for doing so would be acting unlawfully and could find itself subject to judicial review or default action by the Secretary of State.

The new strategy aligns with the existing statutory guidance on implementing the Autism Act for local authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015). This sets out local authorities' and NHS organisations' duties to support autistic adults and remains in force, which means that local systems should continue to deliver on existing requirements, including having active Autism Partnership Boards in local areas.

Progress towards the government's vision is to be measured and evaluated across 6 priority areas:

- improving understanding and acceptance of autism within society
- improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment
- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

The government plans to refresh national governance arrangements to ensure government, delivery partners and other organisations responsible for implementing actions set out in the implementation plan are held to account on progress and set measures of success for each of the priority areas in the strategy to make sure the government can effectively monitor progress in year one and beyond, being clear about what it expects to achieve by 2026.

b) Comments of the Monitoring Officer

Please note the duty outlined above.

The proposal within the Governance arrangement and timelines within this report is that the Bexley Autism Strategy be referred to the Bexley Health and Wellbeing Board for approval. The role of the Health and Wellbeing Board includes the duty to discharge the statutory duties laid out under the Health and Social Care Act 2012, which includes the development of a Joint Health and Wellbeing Strategy. Further, to be accountable and responsible for better outcomes for people’s health and wellbeing in Bexley by facilitating collaboration.

7. FINANCIAL IMPLICATIONS

a) Summary of Financial Implications

There are no direct financial implications arising from the development and co-production of the Autism Strategy. Any developments proposed through the strategy will be within existing resources and funding.

b) Comments of the Chief Finance Officer

Chief Finance Officer comments are covered in the Summary of Financial Implications above.

8. RISKS AND MITIGATION MEASURES

Risk	Mitigation
Risk that the people who use services and/or carers who took part in the engagement are not representative of Autistic people in Bexley as a whole in regard to their protected characteristics, and views.	MENCAP took steps to ensure they engaged with as wide a range of Autistic people and carers as possible – across several different forums to reach and include as many people as possible, reflective of protected characteristics and views.
Risk that the Autism Strategy and associate action plan provides an unrealistic aspiration for local people that cannot be achieved within financial and people resources.	MENCAP have been clear in engagement that actions must be within available resources. This message has also been clear to the Autism Partnership Board throughout the development of the priority areas and action plan.
The National Autism Strategy was originally published under the 2019 to 2022 Johnson Conservative government and covers the period 2021 to 2026. Prior to the General Election, the Department of Health and Social Care was prioritising updating the Autism Act statutory guidance. If this work continues to be prioritised by the DHSC in 2024/25, then a public consultation on the updated guidance may be expected to follow.	Adopt our local Autism Strategy. Keep abreast of policy developments. Prepare a response to any government consultation on updated statutory guidance. Consider the implications for Bexley of any forthcoming updated statutory guidance.

9. SUMMARY OF OTHER IMPLICATIONS

Equal Opportunities

Under the Equality Act 2010, all public sector organisations, including employers and providers of services, are required to make reasonable adjustments to services with the aim of ensuring they are accessible to disabled people, including people with autism. The strategy aims to have a positive impact on accessibility to services. This includes raising awareness of autism among professionals (e.g., through training) and taking account of the needs of people with autism in relation to the design and delivery of services. A Needs

Assessment regarding Autism in Bexley and the prevalence of Autism in comparison to national trend will be completed by the Public Health team in Quarter 3 2024/25. An updated Equalities Impact Assessment will also be prepared.

HR Implications

The strategy includes a priority on training staff with a particular focus on those who come into contact with or provide services for people with autism. Delivery of the Autism Strategy will also require engagement from directorates across the Council, health and wider partners. For example, this may include support from Strategy, Performance and Projects, Communications, Integrated Commissioning and Public Health teams to: keep abreast of policy developments; promote the work of the Autism Partnership Board and encourage public engagement; complete the Autism Needs Assessment; and monitor the delivery and impact of relevant directly-commissioned services. It is expected that this is achievable within existing staffing resources.

Community Safety

The statutory guidance states that NHS bodies, Foundation Trusts and local authorities should engage with the criminal justice system as a key partner in our planning for people with autism.

Environmental Impact

There are no environmental impact implications arising from this report.

Human Rights

The statutory guidance states that professionals working with those with autism must be aware of and act within the Mental Capacity Act 2005 (MCA). The MCA sets out guiding principles to professionals who provide care to an individual who lacks capacity. In particular, professionals must consider whether care is being provided in the least restrictive way possible to achieve intended outcomes. The statutory guidance states that Local Authorities, NHS bodies and NHS Foundation Trusts must consider how to promote the article 8 right to family life (Human Rights Act 1998) for people with autism, including opportunities for friendships and family contact, to a life in the community where possible, and the opportunity to develop and maintain relationships.

Health and Well-Being of the Borough

The Autism Strategy should have a neutral or positive impact on the health and well-being of the Borough. The statutory guidance issued in March 2015 was revised to reflect the Care Act 2014 and Children and Families Act 2014. In particular, the Care Act 2014 introduced a general duty on local authorities to promote an individual's 'wellbeing'. This means that local authorities should always have a person's wellbeing in mind and when making decisions about them or planning services.

Asset Management

There are no Asset Management implications arising from this report.

Data Privacy

There are no Data Privacy implications arising from this report.

Local Government Act 1972 – section 100d List of background documents

Inclusion, Participation, Aspiration and Achievement: Special Educational Needs and Disability & Preparing for Adulthood Strategy 2024-2028:
<https://democracy.bexley.gov.uk/ieListDocuments.aspx?CId=149&MId=28503&Ver=4>

Autism: Overview of policy and services, Research Briefing, House of Commons Library, 2 April 2024: <https://commonslibrary.parliament.uk/research-briefings/cbp-7172/>

Must-know guide – Autism, Local Government Association, 5 May 2022:
<https://www.local.gov.uk/publications/must-know-guide-autism>

The National Strategy for Autistic People, Children and Young People 2021 to 2026, LGA Briefing, 23 July 2021: <https://www.local.gov.uk/parliament/briefings-and-responses/national-strategy-autistic-people-children-and-young-people-2021>

National strategy for autistic children, young people and adults: 2021 to 2026, Department of Health and Social Care and Department for Education, 21 July 2021:
<https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

Adoption of Autism Strategy, Public Cabinet, 26 February 2018:
<https://democracy.bexley.gov.uk/ieListDocuments.aspx?CId=149&MId=28503&Ver=4>

Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy, Department of Health and Social Care, 26 March 2015:
<https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

Adoption of London Borough of Bexley's Autism Strategy, Cabinet Member for Adults' Services, 16 June 2012: <https://democracy.bexley.gov.uk/ieDecisionDetails.aspx?ID=2093>

Autism Act 2009: <https://www.legislation.gov.uk/ukpga/2009/15/contents>

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Appendix A – Survey Results
Appendix B – Bexley Autism Strategy

Bexley Autism Strategy 2024-2028 FINAL DRAFT

Introduction

What is autism?

Autism is a lifelong developmental disability which affects how autistic people communicate with, and relate to, the world around them. Autistic people see, hear and feel the world differently to other people. Every autistic person has difficulties with communication and social interaction, but autism is a spectrum condition which means that how it affects people varies widely. Autism is not a learning disability or a mental health condition although many autistic people will also have a learning disability or experience poor mental health. There is currently no known cause of autism.

Autistic people may have other difficulties such as anxiety, repetitive or restrictive behaviours or sensory difficulties where they find things like bright lights or noises overwhelming. Autism is something which people are born with and cannot be treated or cured and whilst some autistic people will need very little or no support in their everyday lives others may need high levels of care, such as 24-hour support. People may need help with a range of things, such as forming friendships, coping at school, managing at work, or being able to get out and about in the community. Autistic people are all different and will have different skills, strengths and needs.

Context

Why do we need an Autism Strategy?

We know from speaking to local people, including autistic people themselves, that there are many challenges and barriers which autistic people in Bexley face. Working to find solutions to these barriers is not something that any organisation or person can do alone but will need us all to work together to improve the experiences of autistic people.

The 2018 Autism Strategy for Bexley had a number of outcomes it hoped to achieve, and we aim to build on that previous work to continue improving things for local people. Our previous strategy focussed only on adults but with the introduction of the National All Age Strategy we recognise the need to create a new strategy that works to create positive outcomes for Bexley residents of all ages.

We also know that the Covid-19 pandemic affected disabled people more significantly than others and know that it is likely that autistic people's needs are now different to that of 2018. There are many positive changes coming up, such as the new Adult Social Care vision and development of new Preparing for Adulthood and Special Education Needs Strategies,

so it feels important to make sure that the new Autism Strategy takes advantage of these pieces of work and that they support each other to achieve the best outcomes for autistic people of all ages.

Autism in Bexley

There are 246,500 people living in Bexley based on the 2021 Census. Although we do not know exactly how many autistic people live in Bexley, we can use national averages to help us. National data suggests that at least 1 in 100 people are autistic which would mean that there are at least 2,465 autistic people in Bexley.

However, information from our GPs and health partners suggests that the actual number is higher. Data from Oxleas NHS Foundation Trust shows that there are 4,089 autistic people, whom either live in Bexley or have a Bexley GP. This comprises:

- 2952 people with a primary diagnosis, 213 with a secondary diagnosis and 924 unconfirmed.
- Of these, 82% are children and young people (3,344 people aged under 18) and 18% are adults (745 people aged 18 and over).
- 84% of the 4,089 people received an autism diagnosis in the last 10 years.
- The higher numbers of children and young people with autism may be partly due to greater awareness and understanding of autism. It's possible that not as many people, who are now adults, were diagnosed as children in the past. Data from the Adult Autism Diagnostic Service shows a significant increase in referrals for adult assessments, compared to the position 10 years ago (see below).
- 26% (1,079 people) are female and 74% (3,009) are male. More men and boys are currently diagnosed with autism than women and girls. Autistic characteristics in women and girls may differ from those of other autistic people, which can mean that they can struggle to get a diagnosis, receive a diagnosis late in life or are misdiagnosed with conditions other than autism.
- 65% (2,565 people) are from the white ethnic group and 25% (1,024 people) from all other ethnic groups combined. The ethnicity of the remaining 12% (500 people) was not stated or not known. According to the 2021 Census, 28% of residents in the London Borough of Bexley are from ethnic minority backgrounds. The data on autism diagnosis indicates that people from ethnic minorities may be under-represented. Nationally, it has been highlighted that people may not approach health and social care services for support, potentially due to cultural reasons or a lack of understandable information on the topic.
- 67% (2,733 people) have additional diagnoses. This includes 314 people who also have a learning disability (representing 7.7% of the overall cohort of 4,089 people).

According to the School Census (Spring Term), there were 1,563 pupils with ASD out of 43,328 pupils at Bexley schools (3.6%). As of March 2024, there were 37% of children and young people with an Education, Health and Care Plan giving autism as the primary support reason (1,142 out of 3,075 active EHCPs).

Data from the Adult Social Care Statutory Returns shows that 181 autistic people aged 18+ were accessing long term support at the year-end (31st March 2024). This compares to 150 people as at 31st March 2023 and 123 people as at 31st March 2022.

In 2022-2023 there were 147 referrals for adult diagnosis compared to 47 received in 2013. Of adults who went through the assessment process, 48% led to a positive diagnosis.

National Context

The Autism Act 2009 guaranteed the rights of autistic adults in England and led to the introduction of the first national Autism Strategy. This has since been updated with the publication of the National Strategy for autistic children, young people and adults 2021-2026 and supporting implementation plan. This was the first strategy to include autistic people of all ages and is now supported by a number of other strategies and white papers which aim to positively impact autistic people.

The NHS 10 Year Plan also sets out a focus on supporting autistic people by making it one of the four clinical priority areas that it needs to focus on as well as a commitment to deliver better clinical services and support.

Our Approach – how we developed this strategy

It was important to try to hear from a range of voices and to try to reach people who may not be known to traditional services or organisations. We worked with people in different ways to do this, including a survey promoted borough wide and workshops run through different voluntary sector organisations to speak to local people.

In total we heard from over 200 people who shared their views and experiences with us. The survey, which was promoted through partners, the Bexley Magazine and social media, received 120 responses. Of those, 24% were autistic people, 68% of these were family or unpaid carers and 8% were people who work with autistic people.

We also spoke with over 100 people aged 5 years and up across a number of workshops and engagement sessions. Of those, approximately 37% were autistic people, 27% of these were family or unpaid carers and 34% were people who work with autistic people.

This strategy was developed by Bexley Mencap in partnership with local voluntary sector organisations and local autistic people. The Bexley Autism Partnership Board oversaw the work to help to shape the final strategy.

Our Language

We know that the language used when talking about autism and autistic people is still evolving and that it can be a matter of personal preference. However, for the purposes of this strategy we have used the recommended language from the National Autistic Society so refer to people who have autism as autistic people. Although some people may still use terms such as Aspergers or high functioning autism we will talk of the autism spectrum.

However, as part of our strategy we want to continue the conversation with local people to develop a better understanding, and use of, a shared language when talking about autism in Bexley.

Our Vision and Priorities

Our Vision

This strategy will help us to make sure that autistic people of all ages in Bexley are valued, supported and empowered to thrive as individuals.

To help us achieve this we have identified 5 main priorities.

Our Priorities

Raising Awareness - Autistic people feel valued, understood and part of our community

Why this is important?

Less than half of people who responded to our survey felt that people living or working in Bexley understand autism. Through our conversations with local people, we heard that people felt that they experienced a wide range of challenges in living their lives due to a lack of understanding, reasonable adjustments and personalised support. We want to work towards improving public understanding and acceptance of autism so that autistic people feel more included in our community.

“Greater awareness in that many autistic people are working and living independently or with little support and may well be your neighbour or colleague or the person on the bus next to you” – Survey response from a family member of an autistic person

Our ambition:

- To promote greater awareness of autism in Bexley
- That autistic people are understood, welcomed and can better access community services
- That reasonable adjustments are better understood and more widely offered to autistic people
- That local professionals have access to high quality training delivered in partnership with autistic people

How we will know we are making progress

- Autistic people feel that people living or working in Bexley better understand autism
- Training delivered in partnership with autistic people to local partners is developed and accessed
- Autism Friendly Borough scheme is evaluated and implemented

Autistic people have good access to support and services to thrive as individuals

Why is this important?

Over half of autistic people and families who we spoke to felt that there is not enough information and support for people to take part in hobbies and activities. Many people felt that there is a lack of autism specific services in the borough, especially for autistic adults. We want autistic people to have the opportunity to be involved in our community and to do the things that are most important to them.

“To make support, information, the services available, more easily accessible. It would be good not to feel so isolated from support.” – Survey response from a family member of an autistic person

Our ambition:

- That information about support and services is accessible and easier to find
- That autistic people help to identify gaps in services and are involved in developing solutions
- Services are more accessible for autistic people
- There are a range of activities, support and services for autistic people
- We understand our autistic population better and use this information to help shape services

How we will know we are making progress

- There is a central place for accessing information about services in Bexley which support autistic people
- There are a wider range of activities and services that autistic people can access
- We have more accurate data about autism in Bexley which is used in planning local services

There are more opportunities for autistic people to be heard and to influence change in Bexley

Why is this important?

Almost three quarters of autistic people felt that they could be better involved in decision making locally.

We asked people what else would help autistic people be more involved in decision making in Bexley: *“Being heard... they are speaking, they just aren’t being listened to!” – Survey response from a family member of an autistic person*

Our ambition:

- Ensure the voices of autistic people in Bexley are heard and considered when planning and delivering services

- Ensure that the Autism Partnership represents the views of a wide range of autistic people and works to influence positive change for autistic people in Bexley
- Autistic people feel listened to and that their views and experiences are reflected in our support and services

How we will know we are making progress

- There is more engagement with autistic people and their views and experiences help to shape local services
- The Autism Partnership Board has a diverse membership and works to influence local planning

Autistic people have better health and wellbeing

Why is this important?

Almost three quarters of people felt that there needs to be more support for autistic people following their diagnosis. Many people told us that they did not feel that they could get the support they need from mental health services and that there needed to be a wider range of reasonable adjustments when accessing health and wellbeing services. We want people to be able to access information and support to get a diagnosis when the time is right for them. We want autistic people to have fair access to health and wellbeing services that are accessible to help them live healthier lives.

“Support is geared up to pick us up after we have fallen. We need support to stop us from falling in the first place” – Survey response from an autistic person

Our ambition:

- To improve early identification and better understanding of how autism can present in a range of individuals
- People have the right information at the right time about how to seek a diagnosis
- To reduce diagnosis waiting times and improve pre and post diagnosis support
- Autistic people have good support to improve their mental health and wellbeing and have improved access to mental health services
- Health and wellbeing services are accessible and provide appropriate reasonable adjustments

How we will know we are making progress

- Mental health services are more accessible for autistic people
- A greater number of health and wellbeing services offer suitable reasonable adjustments
- Autistic people receive support whilst awaiting, and following, their diagnosis

Autistic people have better access to education and employment

Why is this important?

We heard from many people that accessing the right education at the right time can be challenging and that many young people find the transition to adulthood and adult services difficult. Over half of people we spoke to felt that there is not enough support around education, transitions to adulthood or employment. We know that autistic people nationally face the worst employment gap out of all disabled people; only ‘three in ten autistic people are in work, compared with five in ten disabled people and eight in ten for non-disabled people’. (National Autistic Society, Buckland Review data). We want to make sure that children and young people are more able to achieve their potential through inclusive and understanding education. We also want to see more autistic people employed and supported to stay in employment, with local employers feeling more confident in employing autistic people.

“All of my attempts to gain employment have failed. I have felt unsupported and totally unwanted” – Survey response from an autistic person

Our ambitions:

- Autistic children and young people have access to the right support at the right time and in the right place
- Autistic children and young people have opportunities to live a fulfilled adulthood
- Autistic people have more opportunities to use their skills to gain employment
- Employers have a better understanding of how to support autistic employees and provide more opportunities to autistic people

How we will know we are making progress

- The ambitions of the SEND strategy are fully met
- More autistic people are in work in Bexley
- More employers offer opportunities and support to autistic people

How we’ll achieve our strategy

Autism Partnership Board

Bexley’s Autism Partnership Board is made up of a mix of local people including autistic people, unpaid carers, health and social care staff, voluntary sector organisations and statutory organisations such as the local council, DWP and education. It aims to work toward improving the lives of local autistic people and help to amplify the voices of autistic people and their carers.

The Partnership Board is currently an adult focussed board but will be working on expanding to involve members who can represent the views of children and young people as this strategy will now be an all-age strategy.

Action Plan

An action plan will give more detail about how we will work towards achieving our strategy, including how we'll achieve our priorities, who will lead on the work and by when. The Autism Partnership Board will oversee the Autism Strategy and review the action plan at least annually to make sure that we are on target to achieve our aims and to update anything which may have changed.

We know that our priorities and actions may change over time so the Autism Partnership Board will ensure that the action plan continues to be relevant and working towards achieving what local people need most. The board will regularly report on the strategy and publish information on Bexley Council's website. Appendix A gives an overview of the actions within the action plan.

Appendix A: Action Plan Priorities

Raising Awareness - Autistic people feel valued, understood and part of our community

The actions will be:

- Explore whether an Autism Friendly Borough Scheme can be set up in Bexley
- Develop an awareness campaign to recognise Autism Acceptance Week
- Set up an Autism Partnership Board Communications working group
- Support the rollout of the Oliver McGowan Autism Awareness Training
- Evaluate if an Autism Alert Card scheme would be of benefit in Bexley and if so, work to set it up
- Work with local businesses and other venues to extend autism friendly provision e.g. quiet hours in shops
- Develop an autism friendly checklist for businesses and services
- Work with statutory partners (e.g. Bexley Council and health teams) to ensure their staff access good quality autism training

Support and services - Autistic people have information about, and access to, high quality support and services to thrive as individuals

The actions will be:

- Develop a digital hub in partnership with autistic people to provide a single place for information about local services and support relevant to autism
- Create an Autism Partnership Board newsletter
- Develop a business case for support services for autistic people focusing on prevention and early intervention so that we are ready if funding becomes available
- Work with the Voluntary Sector to identify opportunities to increase availability of services and support to autistic people
- Consider how we hear from local autistic people, including young people, through creating an autism forum or similar

Being heard - Autistic people have more opportunities to be heard and to influence change in Bexley

The actions will be:

- Update how the Autism Partnership Board work together making sure we have the right organisations involved. To improve involvement of autistic people and their families in the Autism Partnership Board
- Appoint an autistic person as Co-Chair of the Autism Partnership Board
- Publish a newsletter or 6 monthly Autism Partnership Board update which can be widely shared

- Use experiences of local autistic people to better influence local policy and services
- Conduct an annual survey based on the Strategy survey which shapes the refresh of the action plan

Health and wellbeing - Autistic people have better health and wellbeing including timely access to diagnosis and more accessible services

The actions will be:

- To review and develop how the autism diagnosis pathways are promoted ensuring that they are accessible, clear and well publicised
- Review and update the post-diagnosis information given to residents to ensure they receive accurate information about support and services
- Consider how to deliver, and fund, pre and post diagnostic support
- Support and inform the rollout of Oliver McGowan learning disability and autism awareness training
- Host a mental health listening event with autism forum to connect them with commissioners and providers
- Work with mental health commissioners to improve accessibility of mental health services for autistic residents
- Include the requirement to make reasonable adjustments and support autistic people in specifications for talking therapies and CAMHS services
- Support the implementation of the Reasonable Adjustments Digital Flag to ensure that health professionals are aware of people's needs

Education and employment - Autistic people have better access to appropriate and supportive education and employment

The actions will be:

- A representative of the Autism Partnership Board to be involved in oversight and delivery of the SEND Strategy
- Develop hints & tips sheet about supporting autistic employees for employers to be shared through partners
- Autism Partnership Board organisations better support their existing autistic employees to enable them to lead by example and share good practice with others
- Promote employment programmes such as Access to Work and Disability Confident Scheme

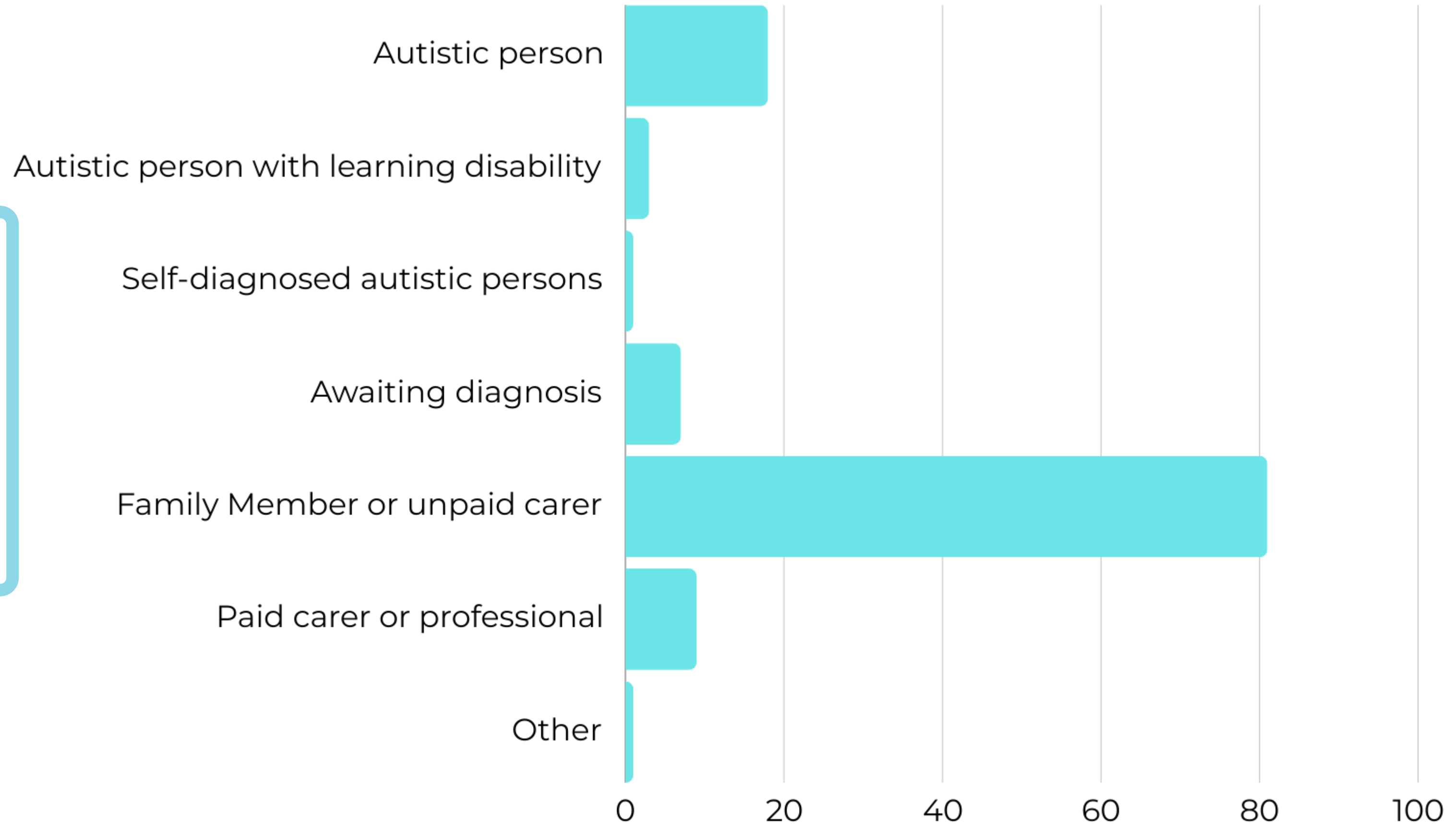
Bexley Autism Strategy

Initial Data

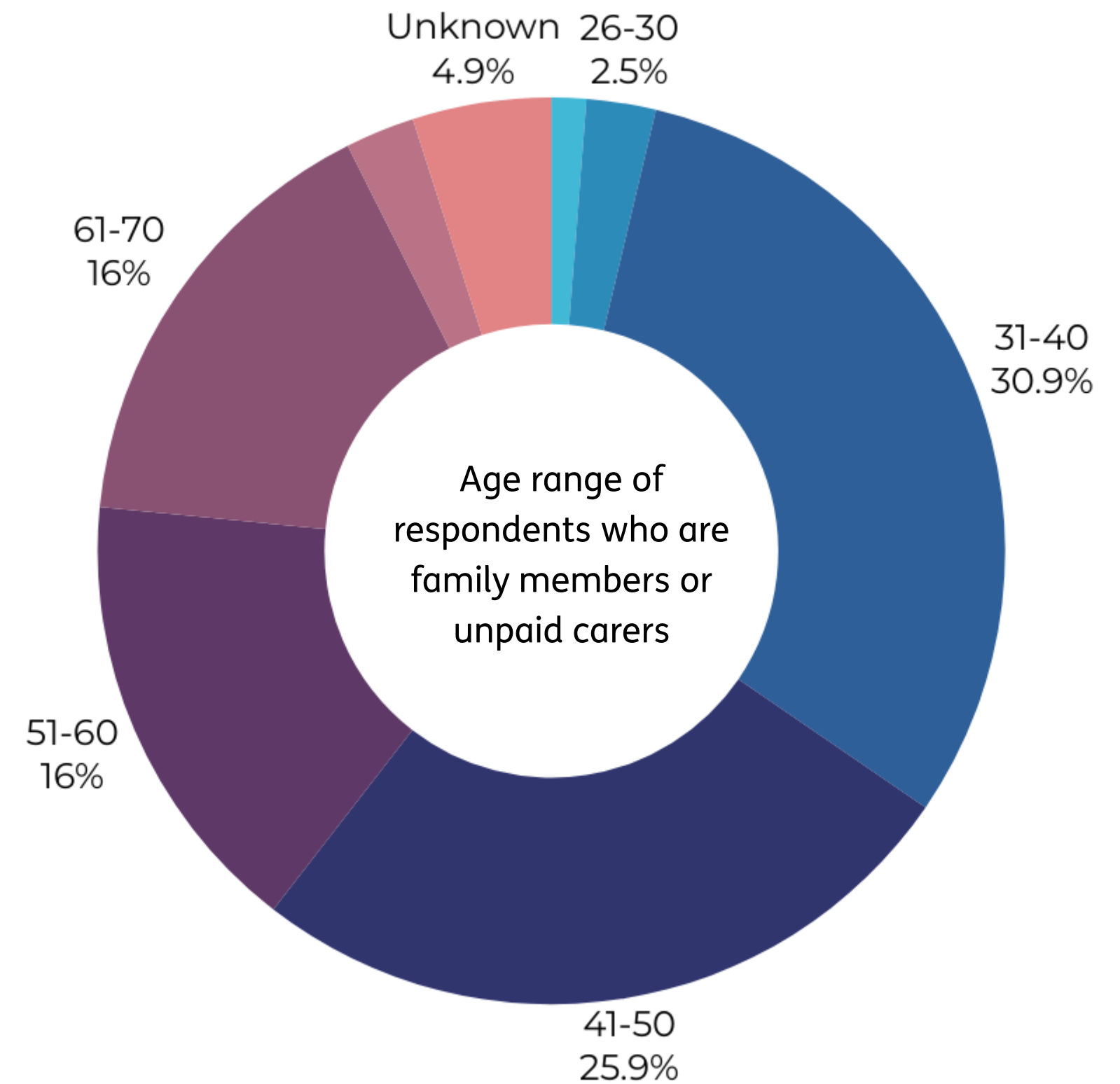
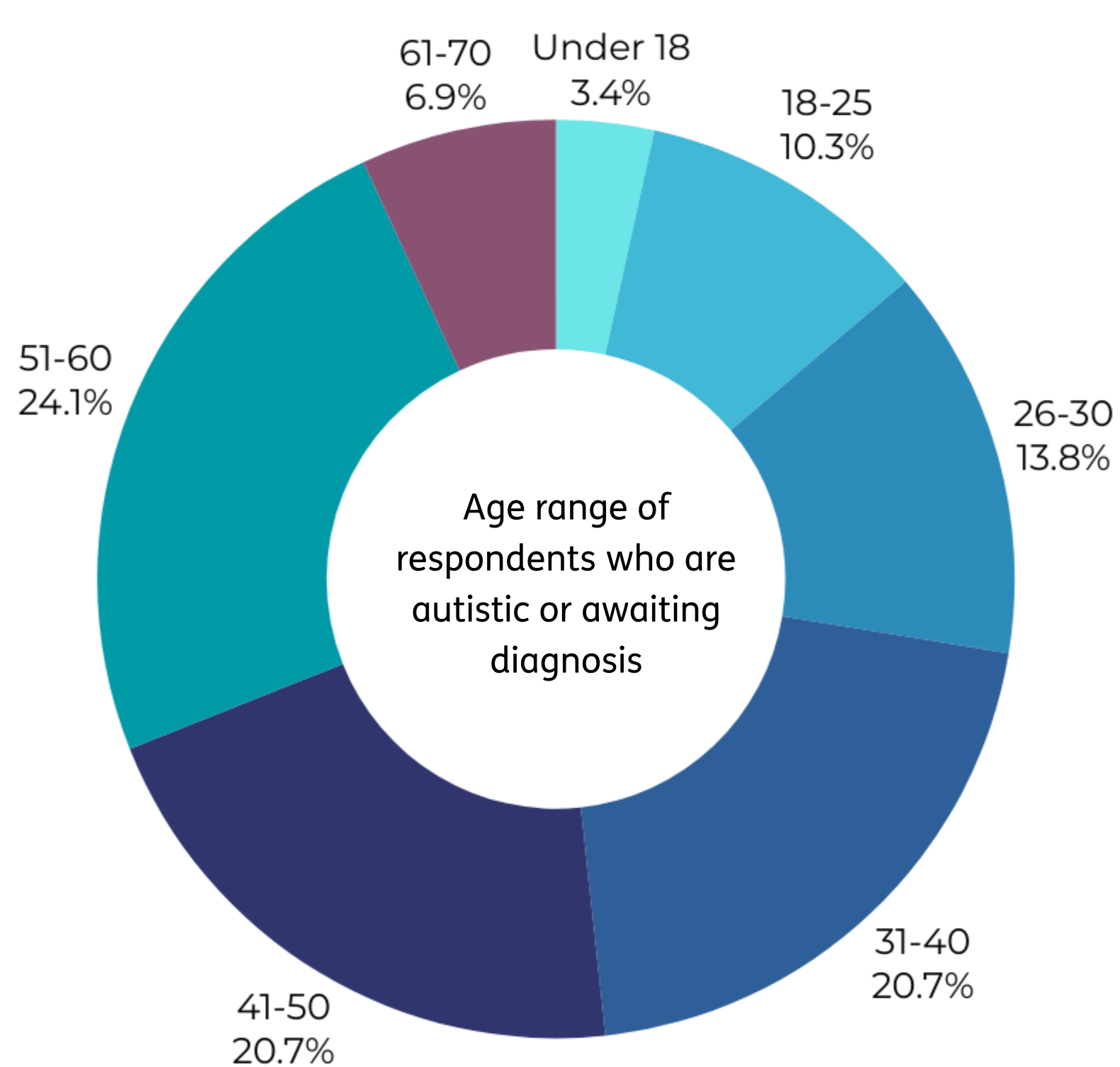


Survey responses

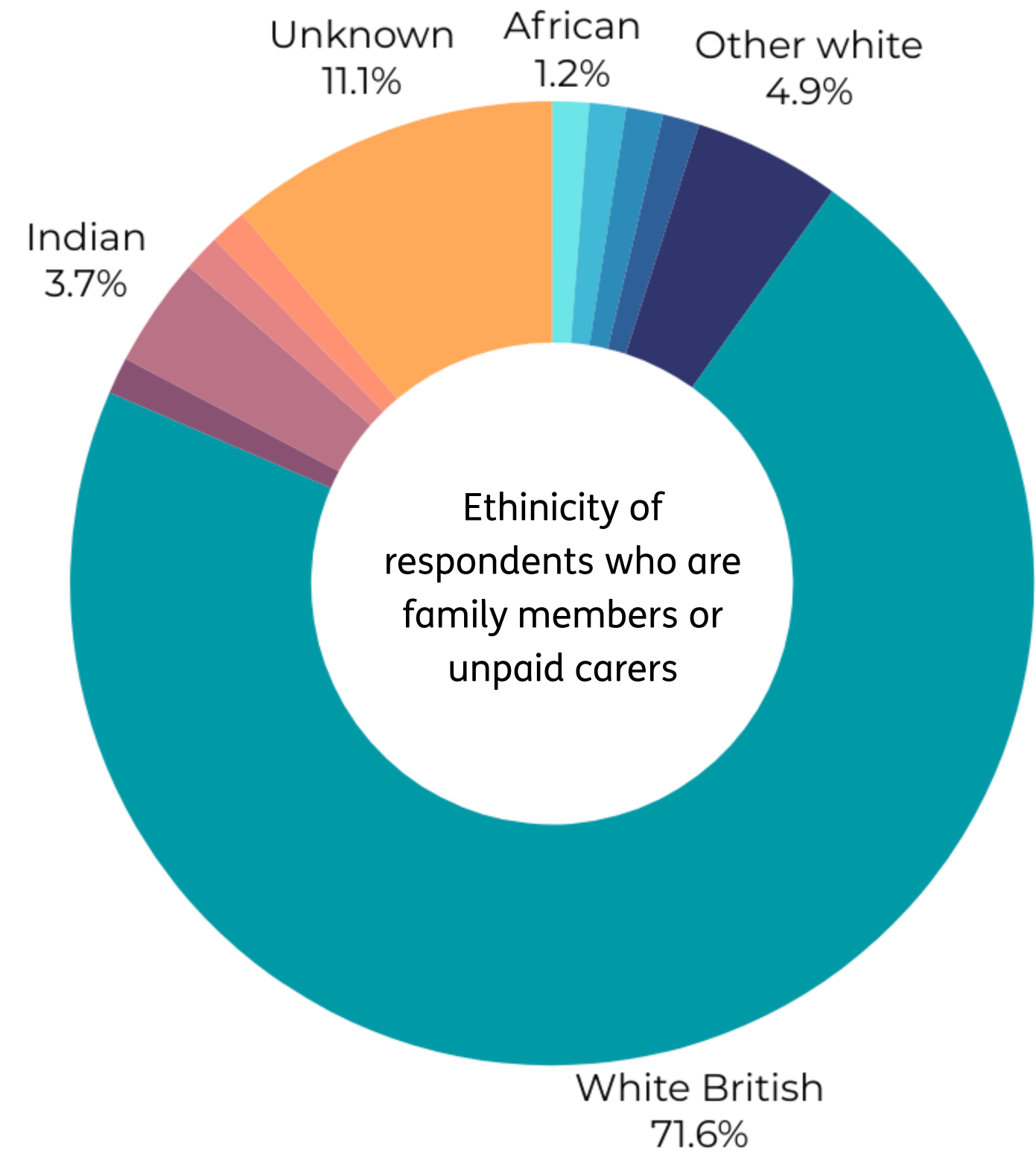
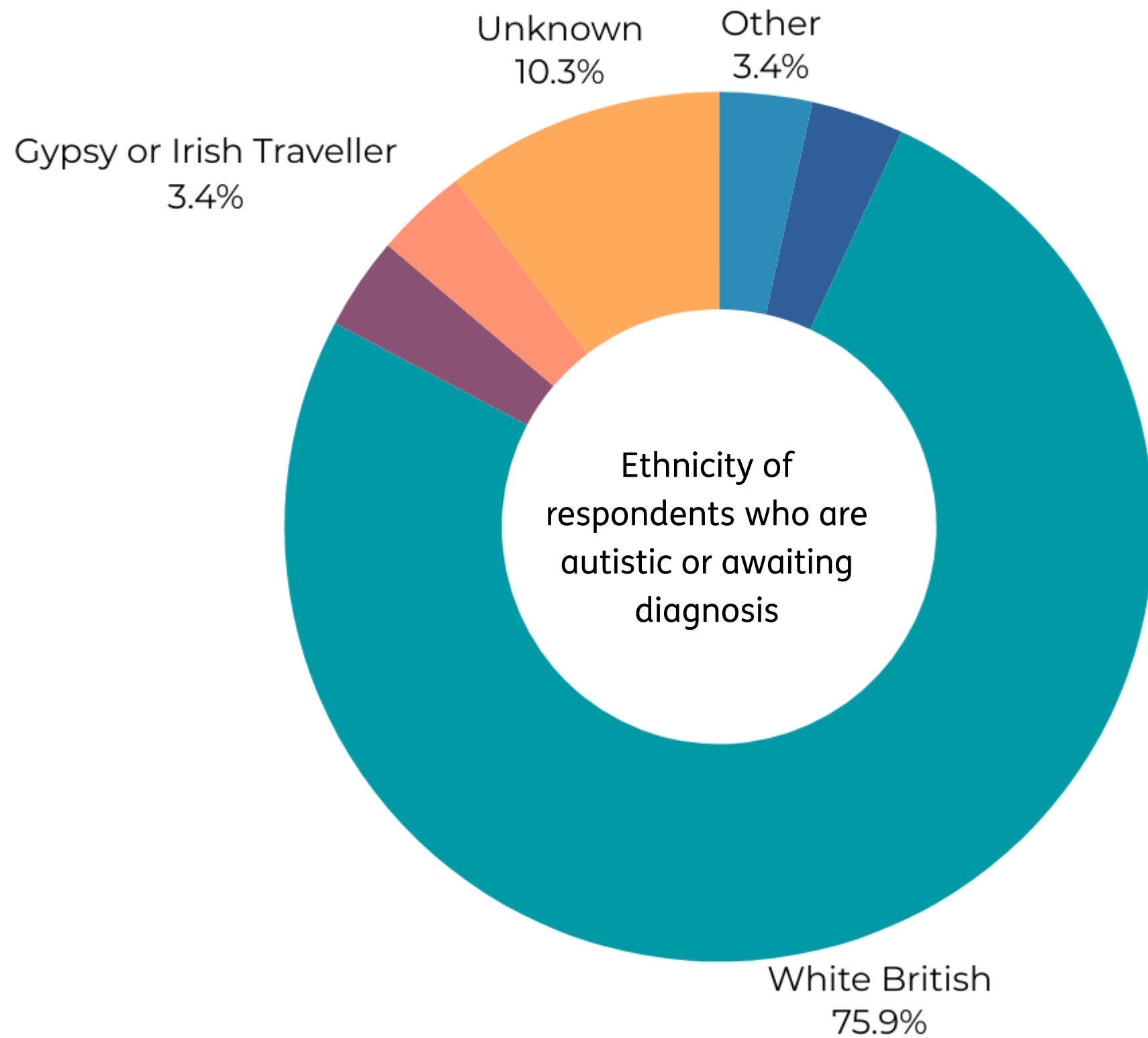
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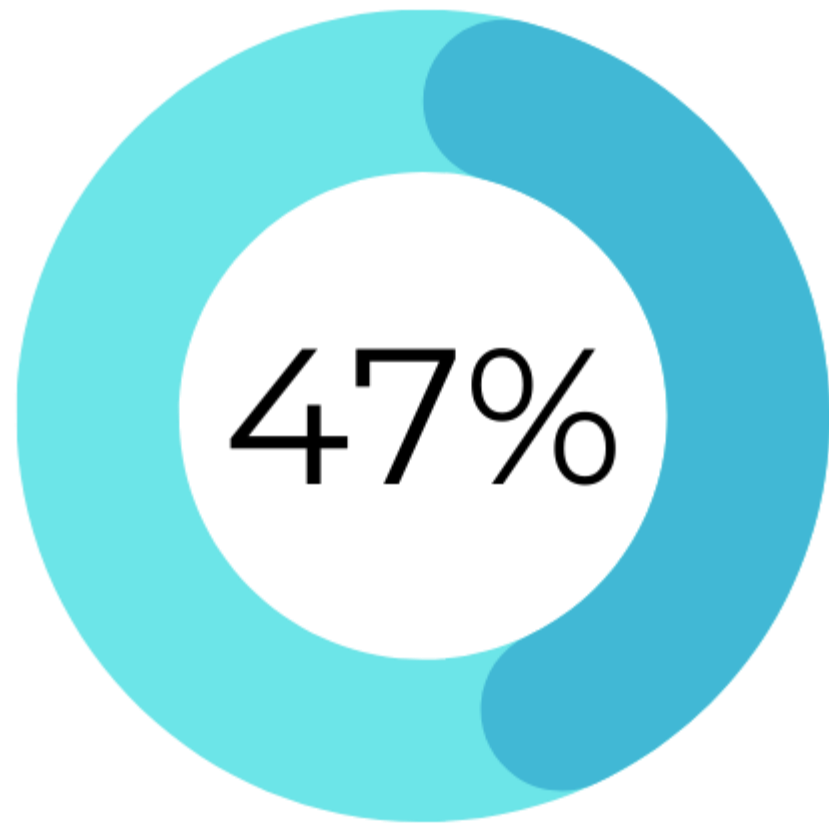
Survey responses - age range



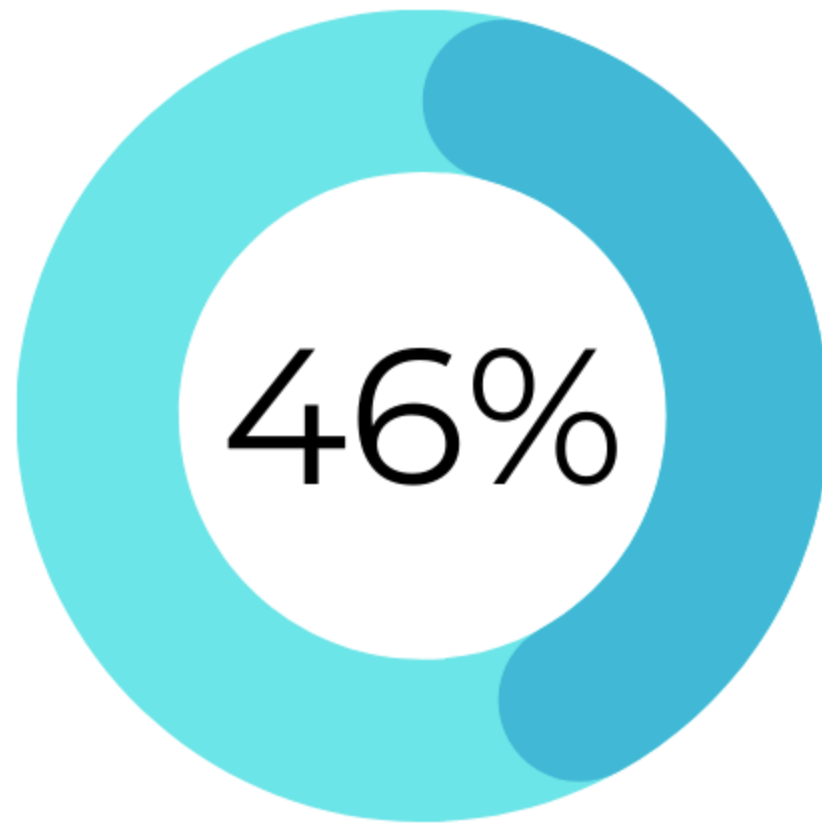
Survey responses - demographics



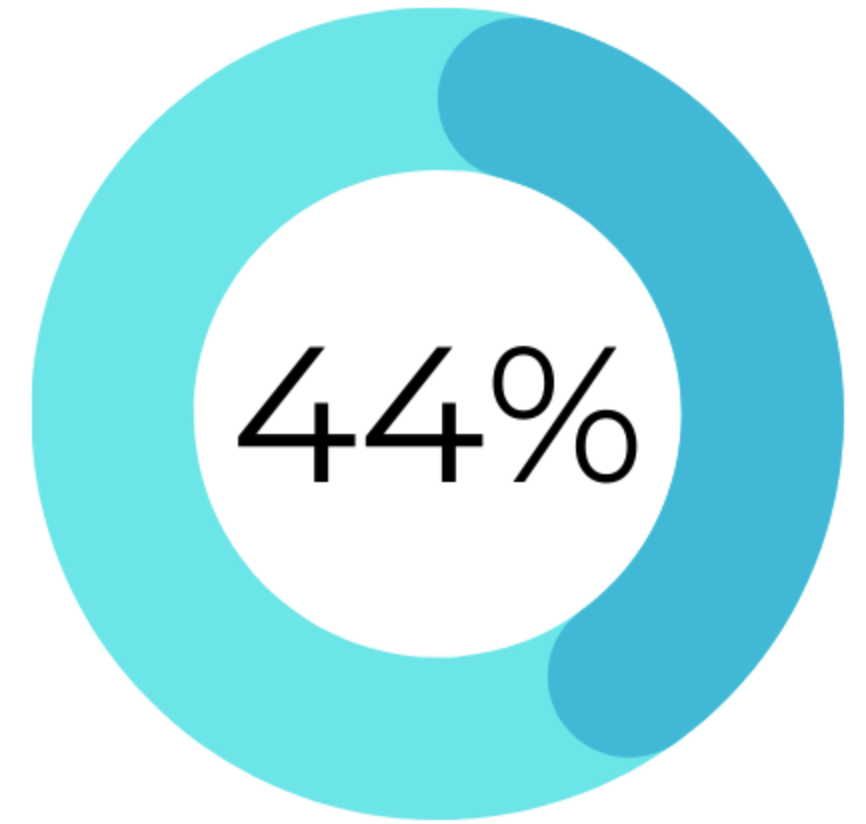
Engagement Data



people feel that people living in Bexley understand autism all or some of the time

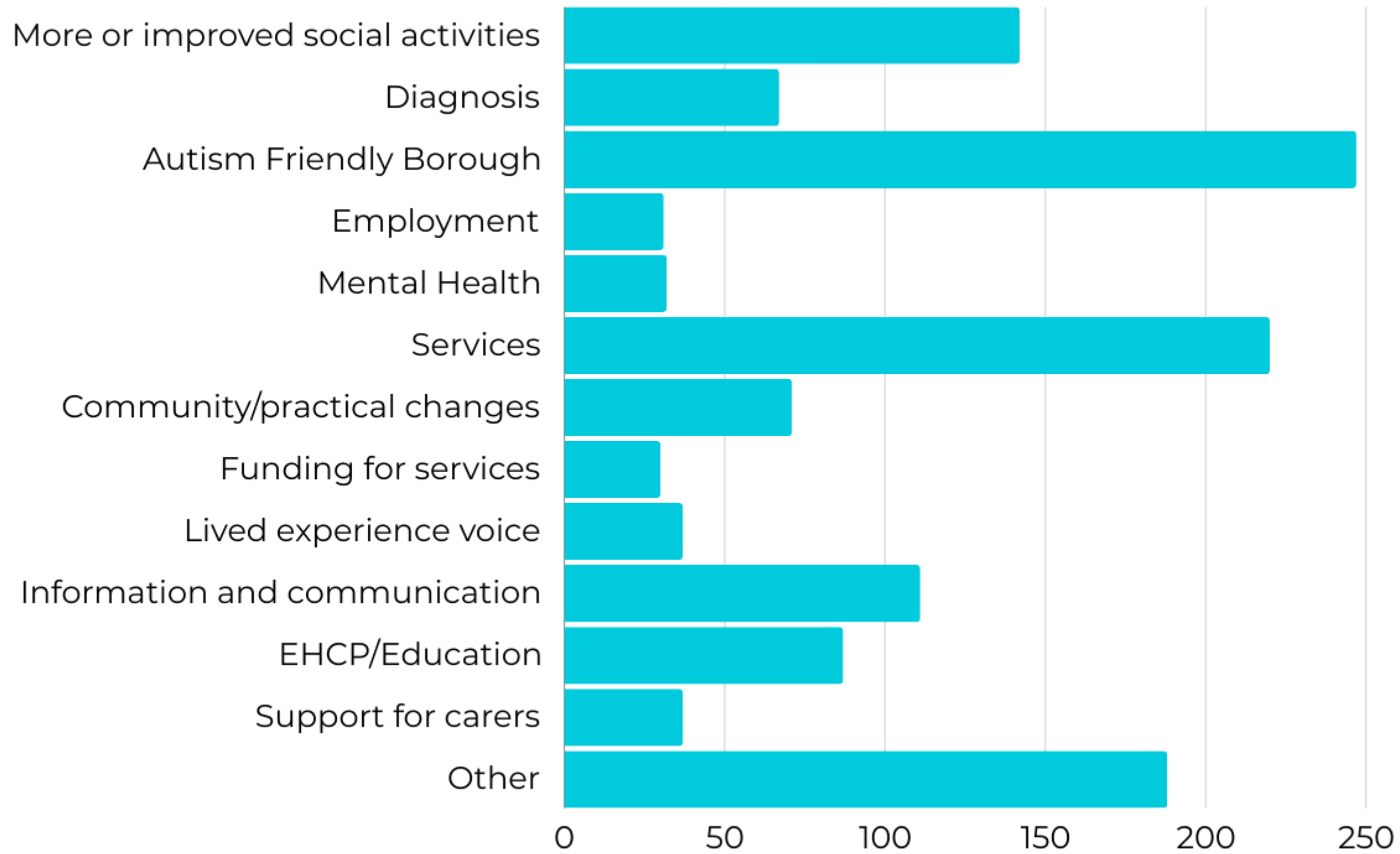


people feel that people working in public services in Bexley understand autism all or some of the time

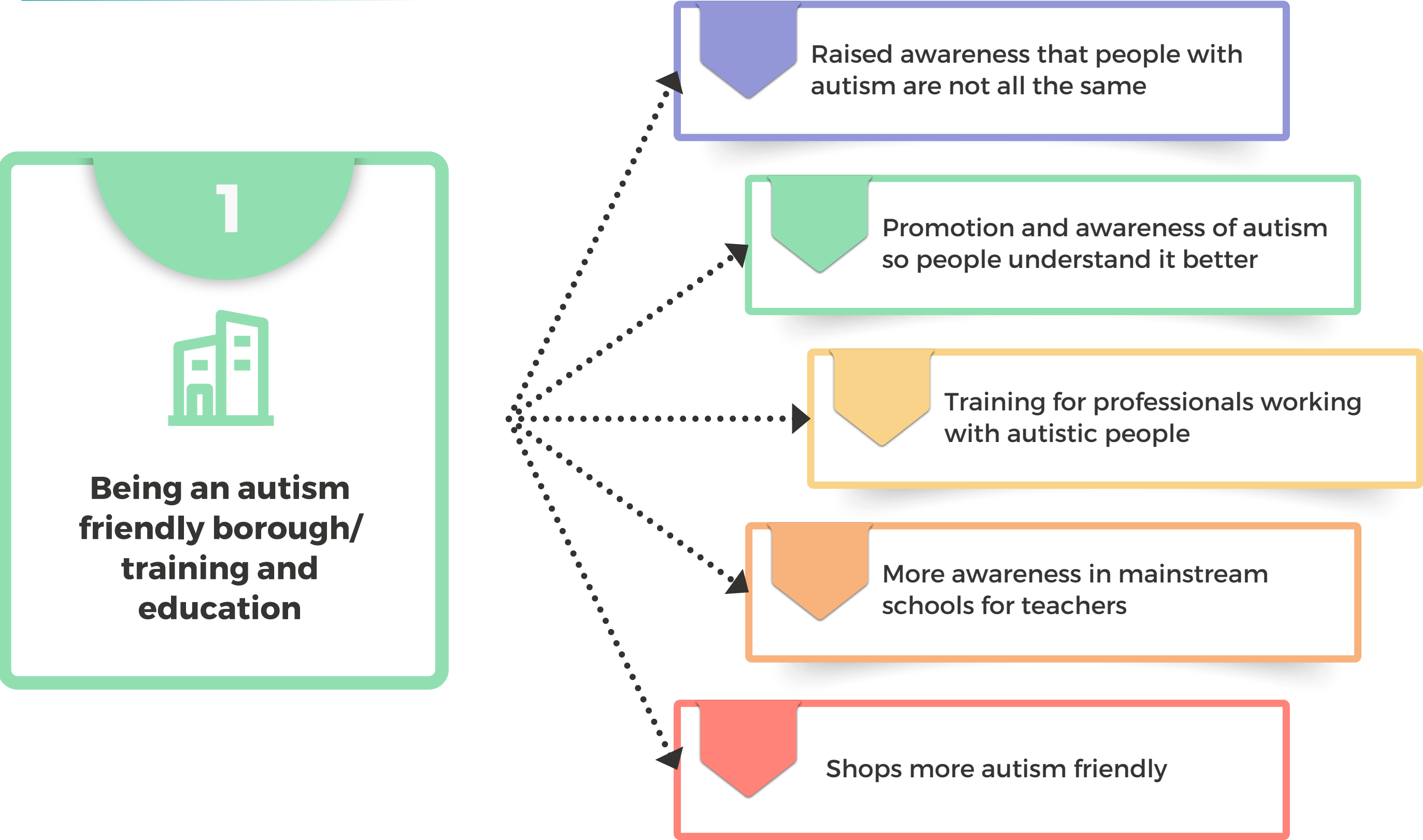


autistic people or people awaiting an autism diagnosis feel that they are treated with dignity and respect

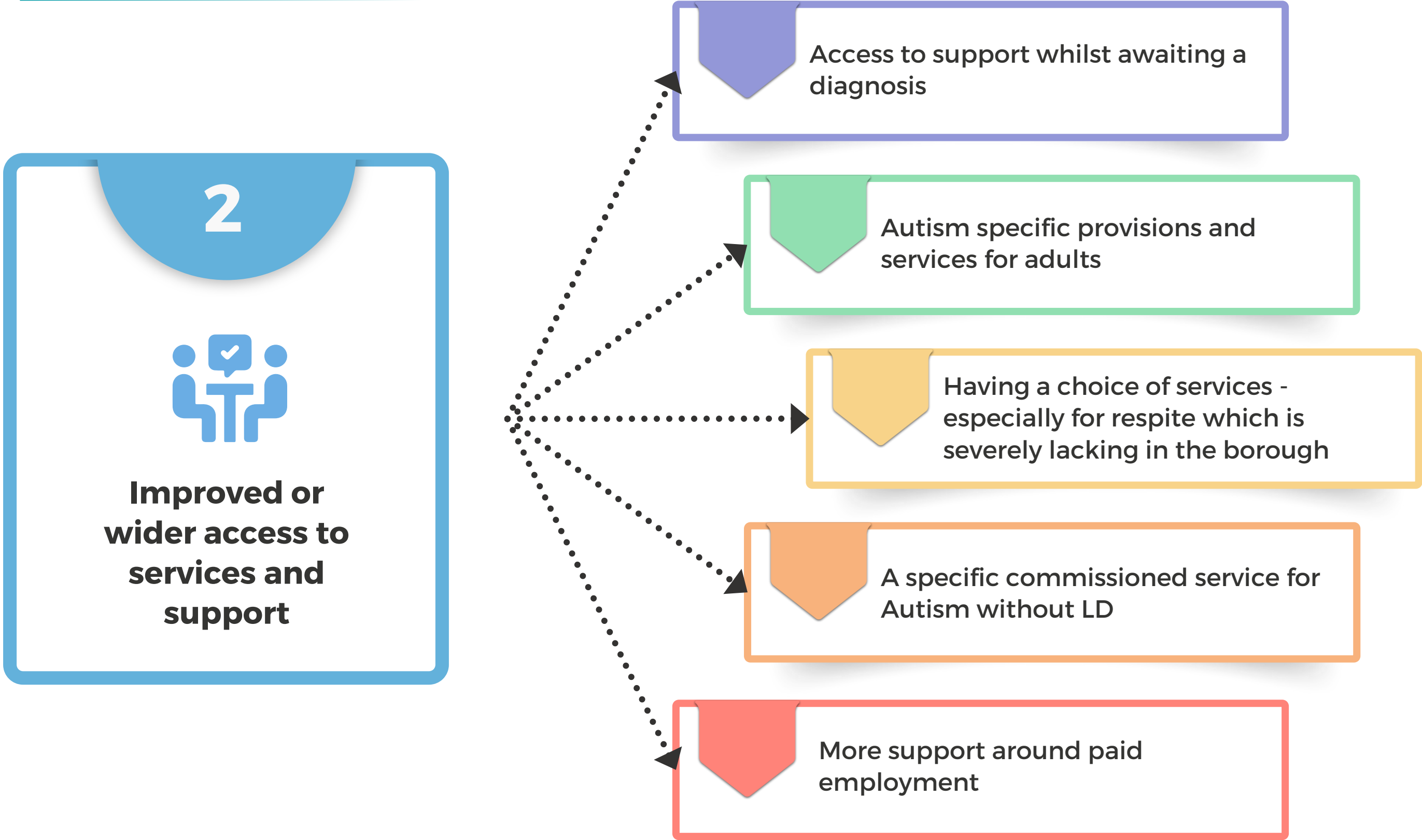
What could be better for autistic people in Bexley? (main themes)



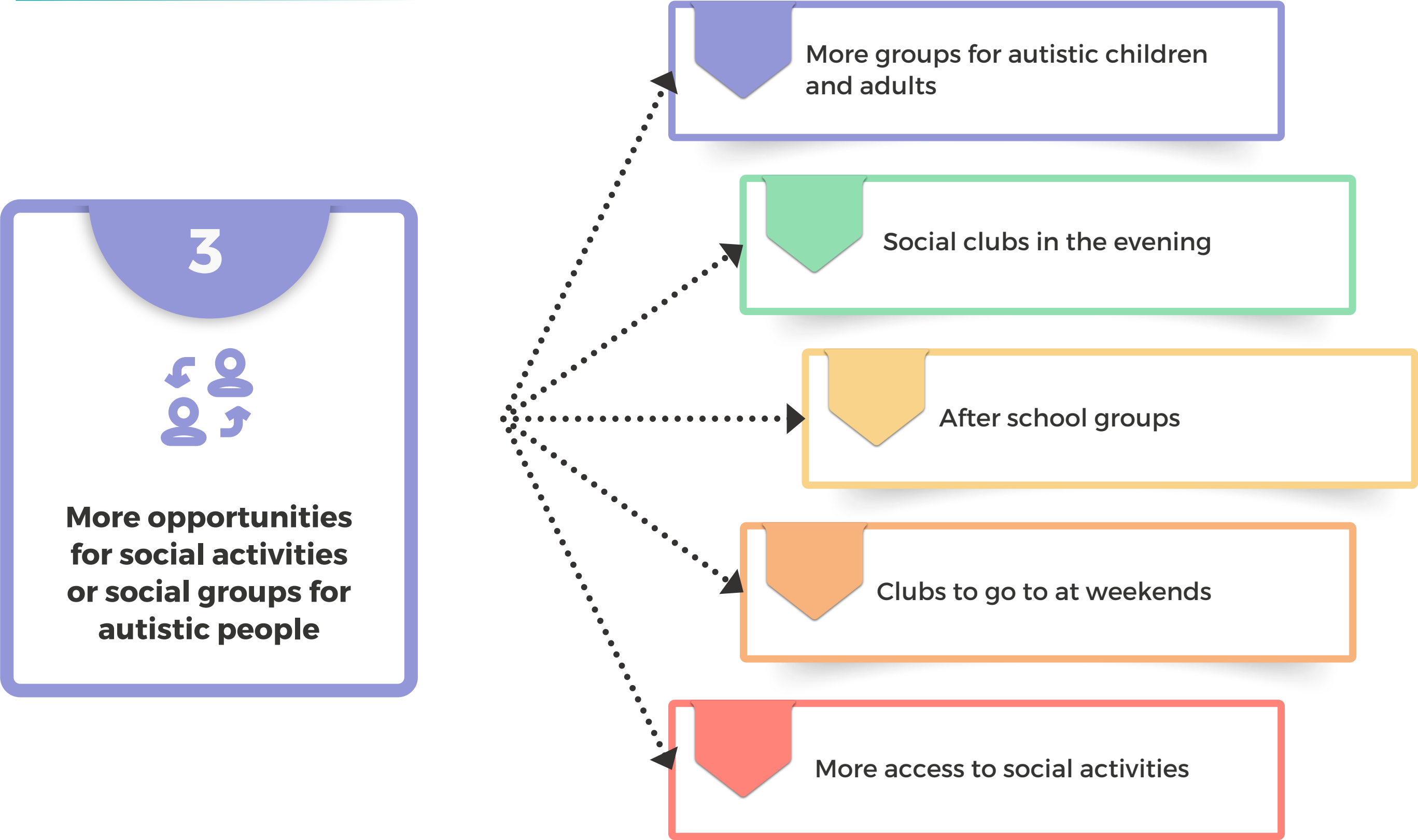
What 3 things could change to make things better for autistic people in Bexley?



What 3 things could change to make things better for autistic people in Bexley?



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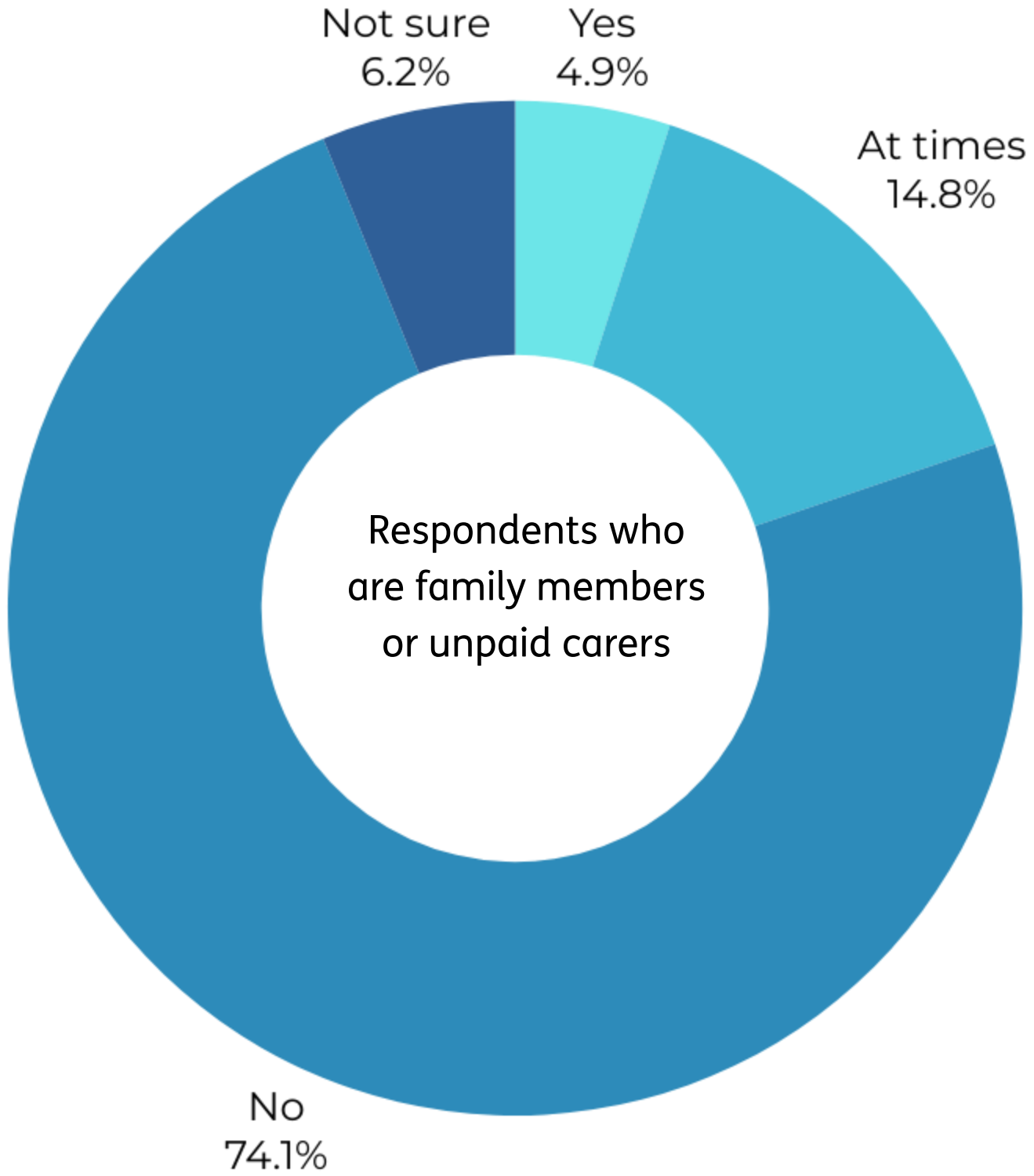
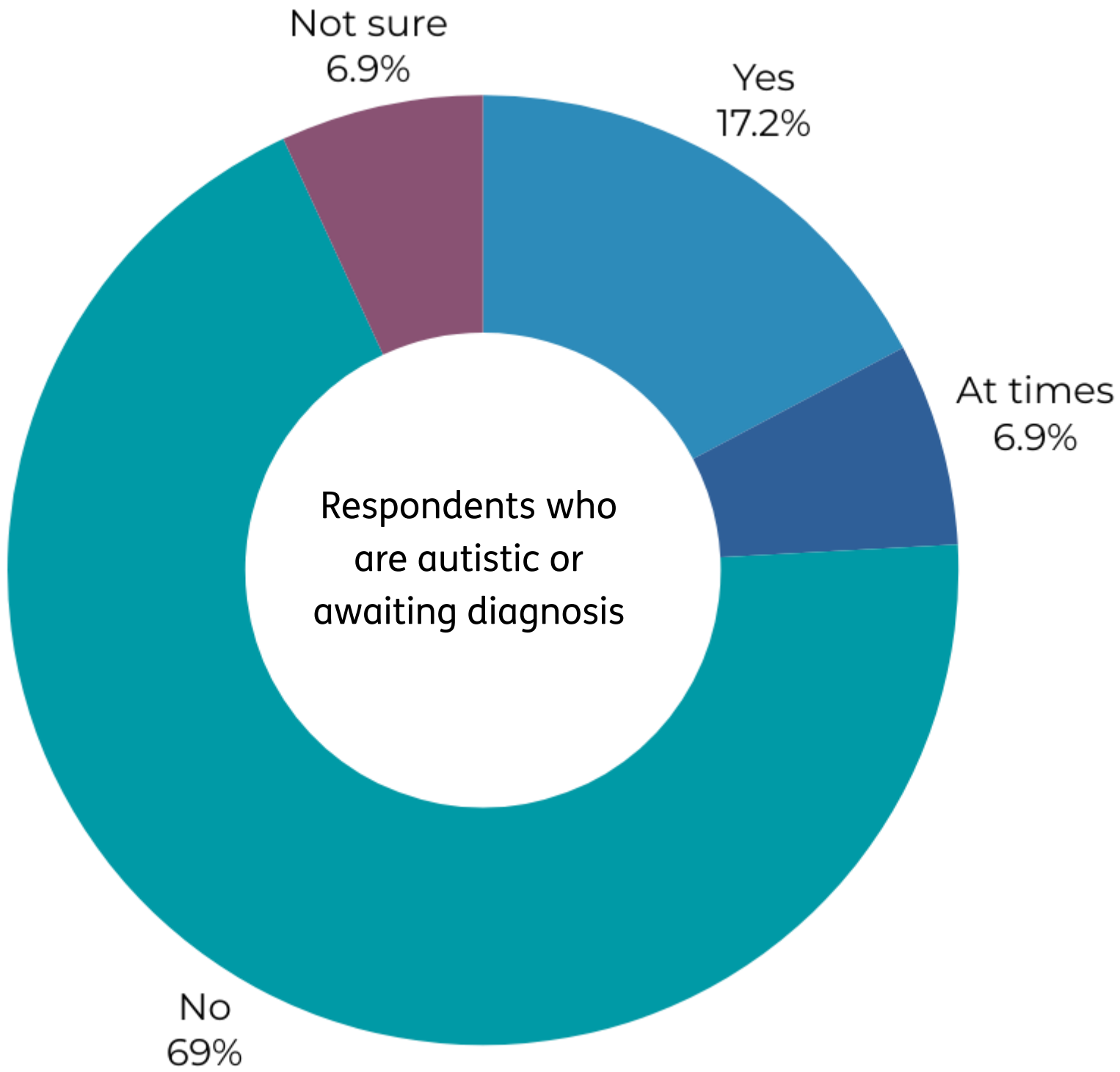
What could be better for autistic people in Bexley?



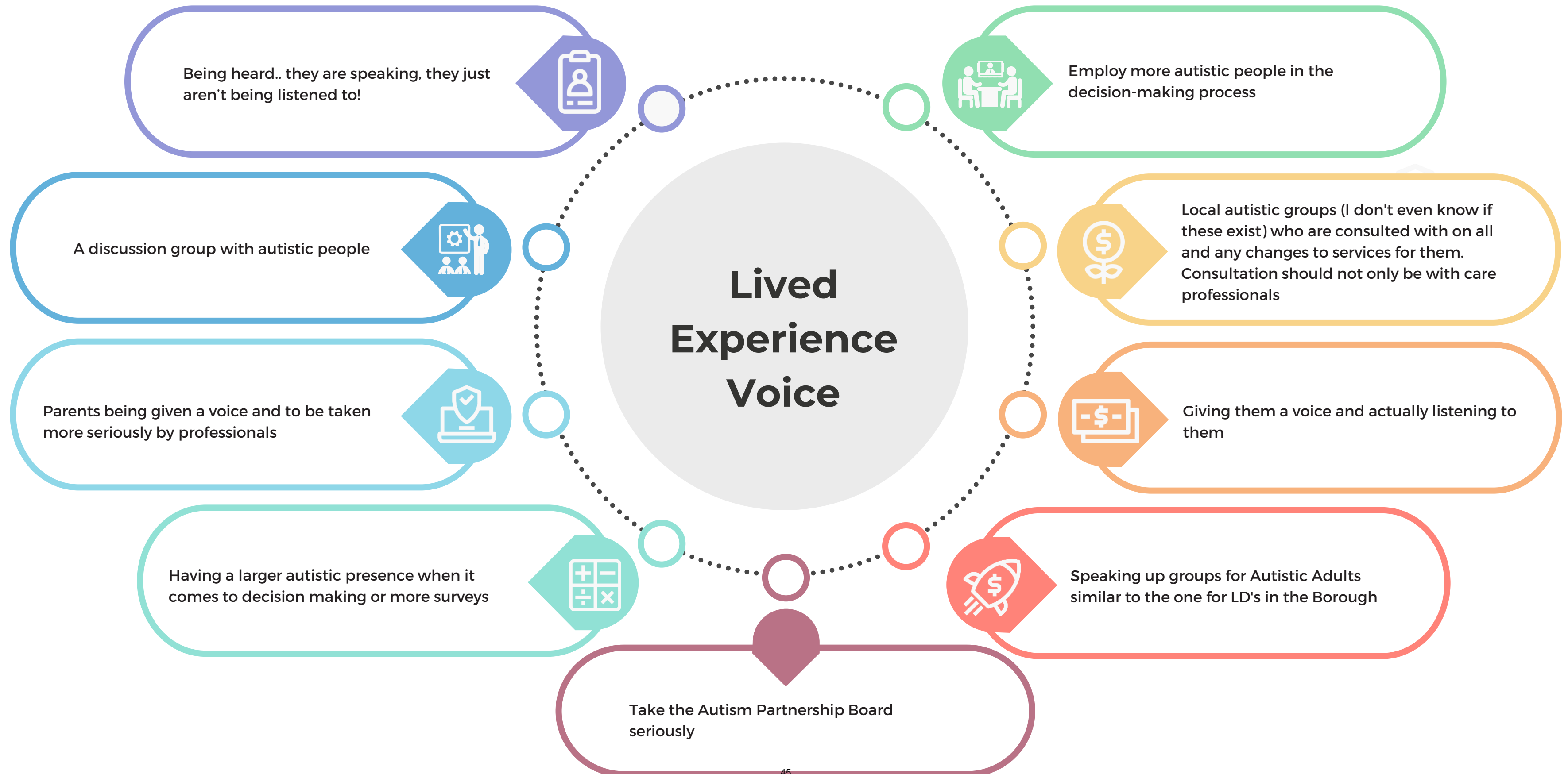
What could be better for autistic people in Bexley?



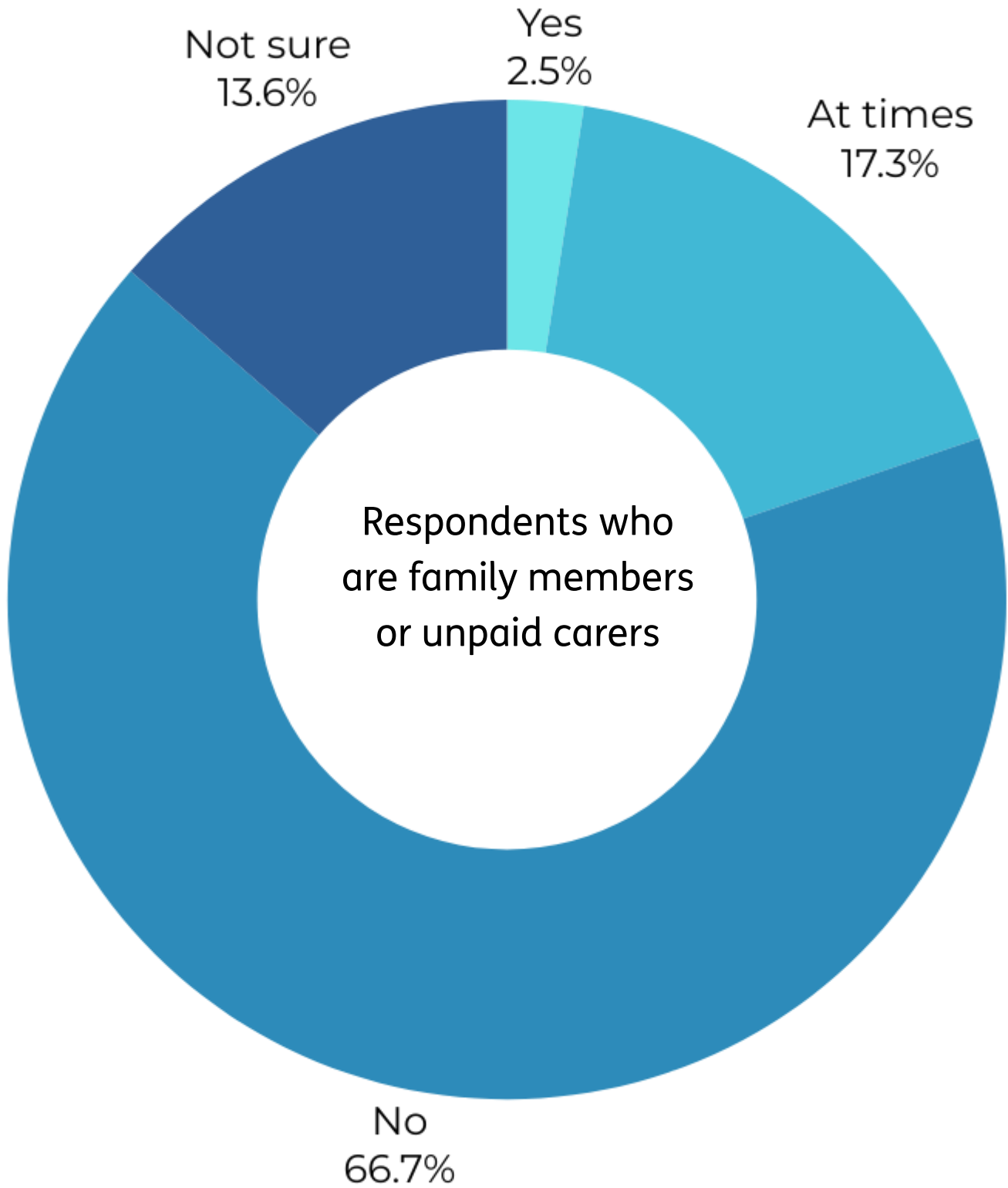
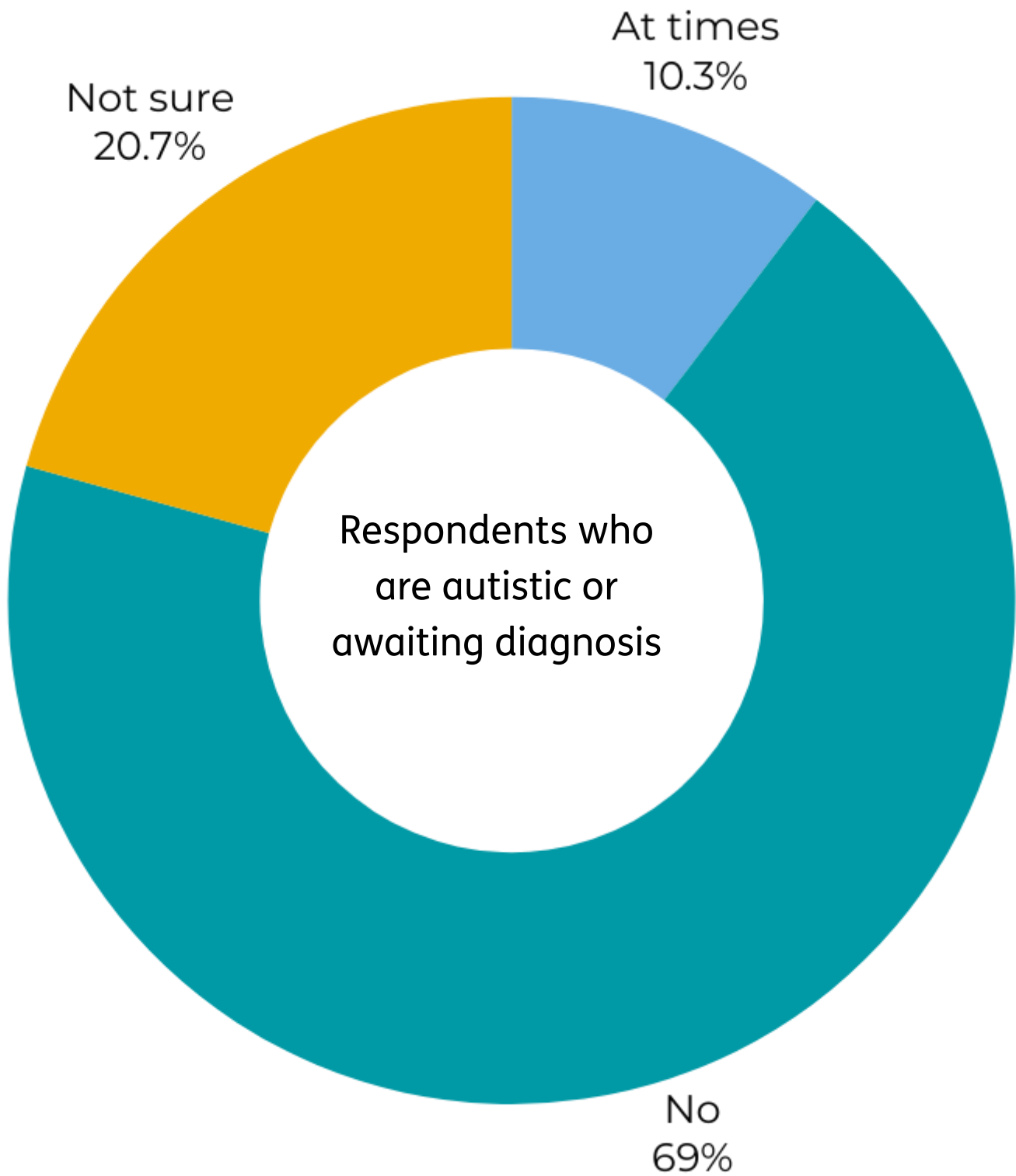
Do you feel that you are involved in making decisions about things which affect autistic people in Bexley?



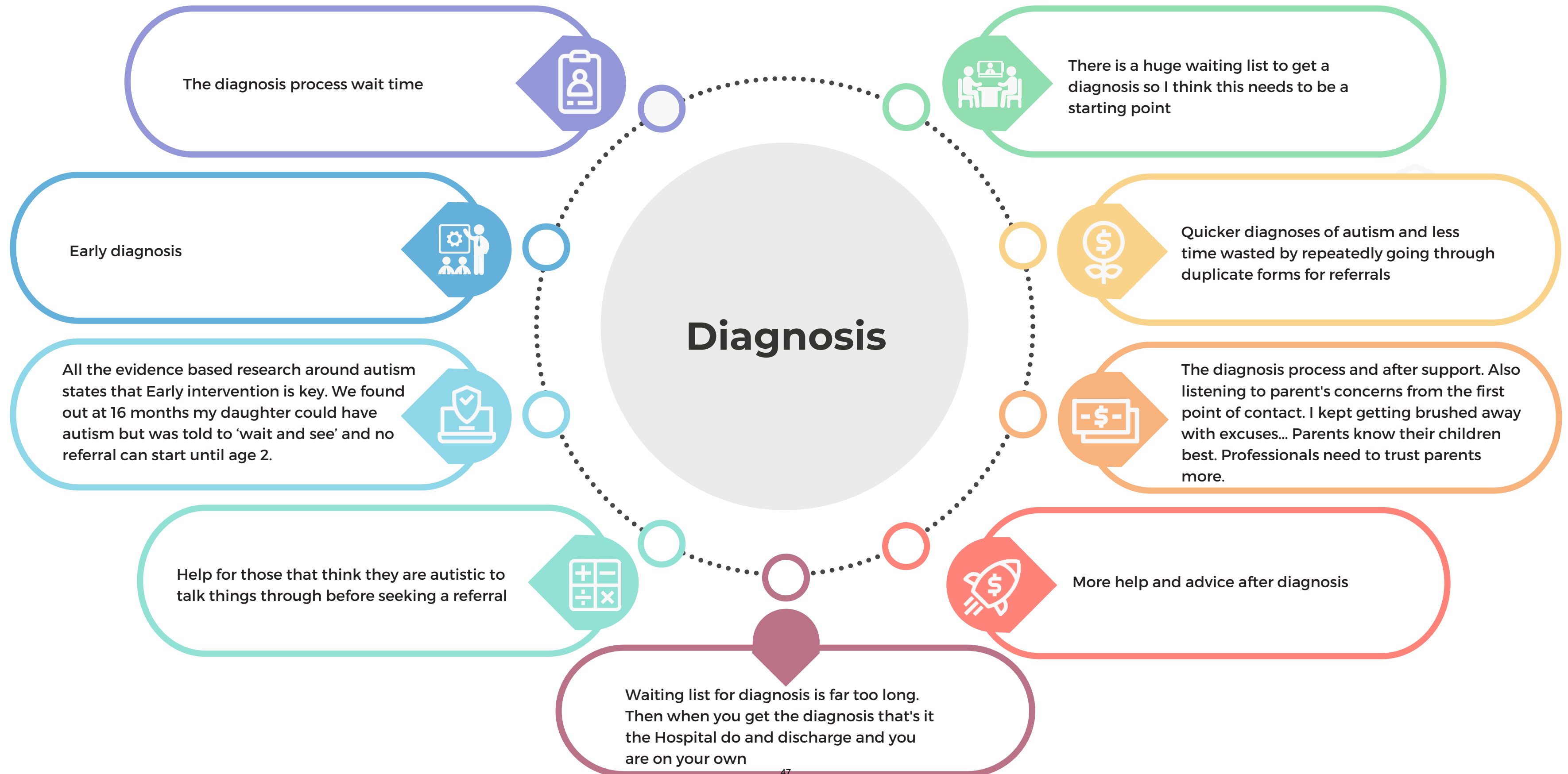
What could be better for autistic people in Bexley?



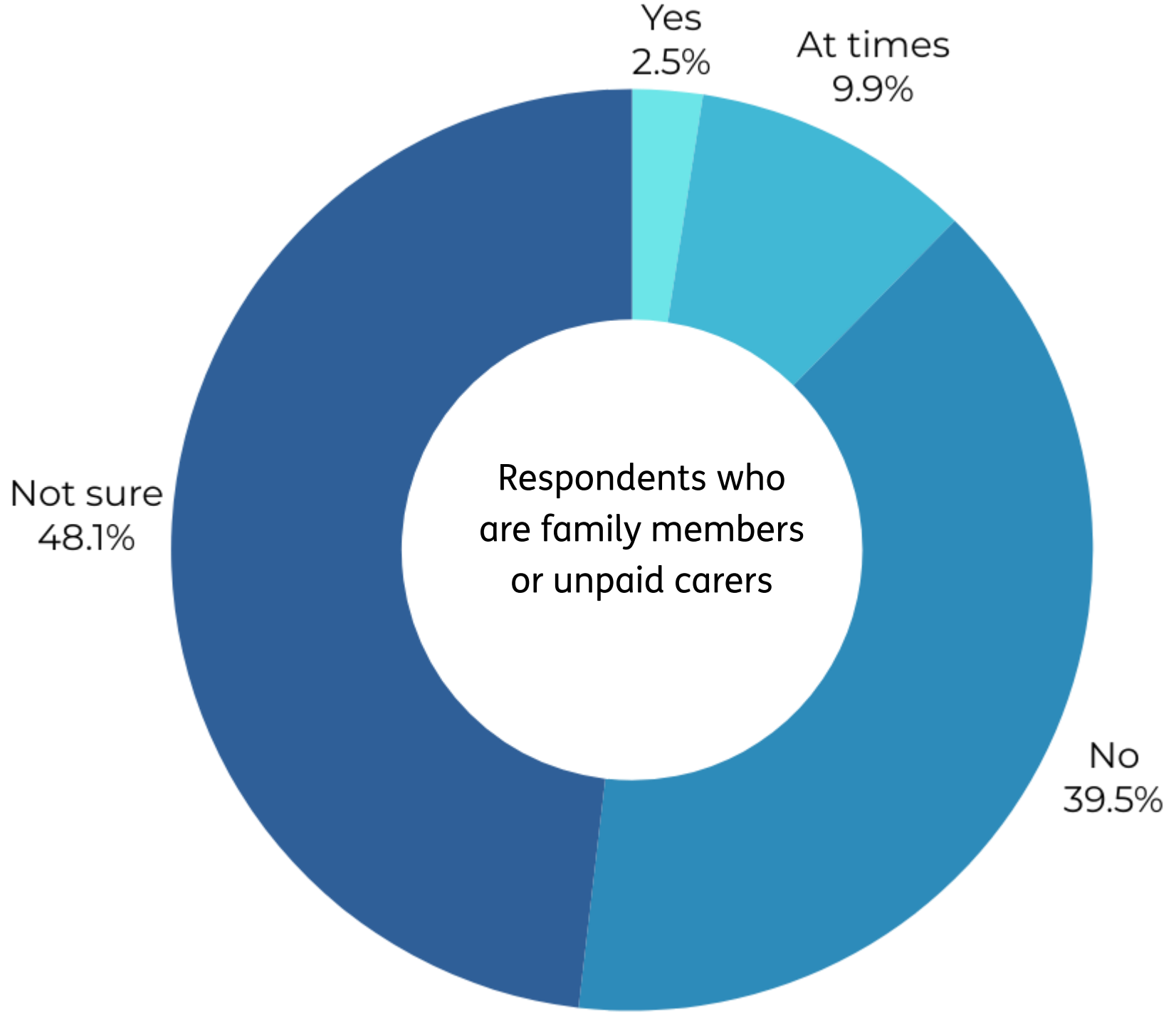
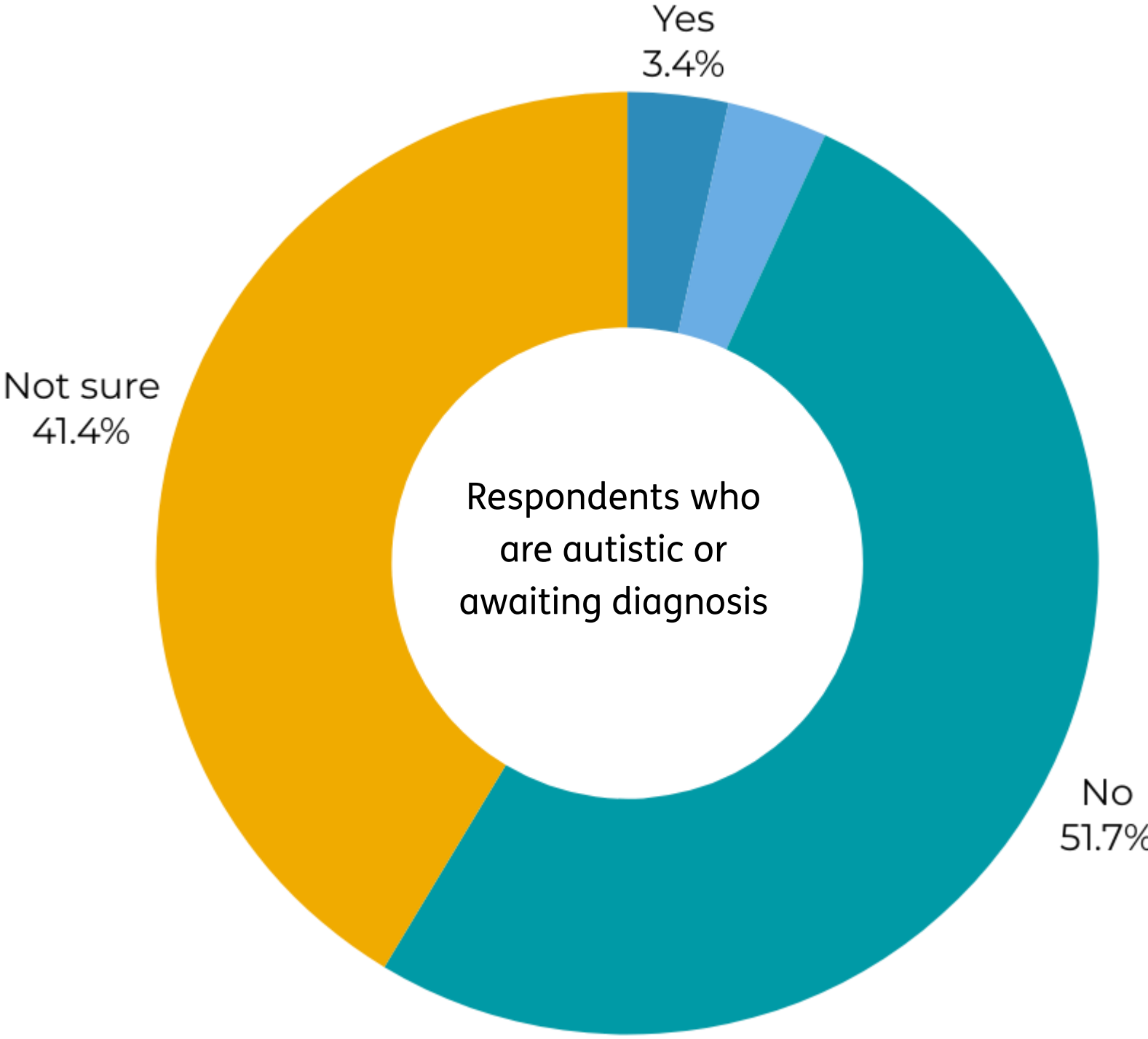
Do you think there is enough support for autistic people after they get a diagnosis?



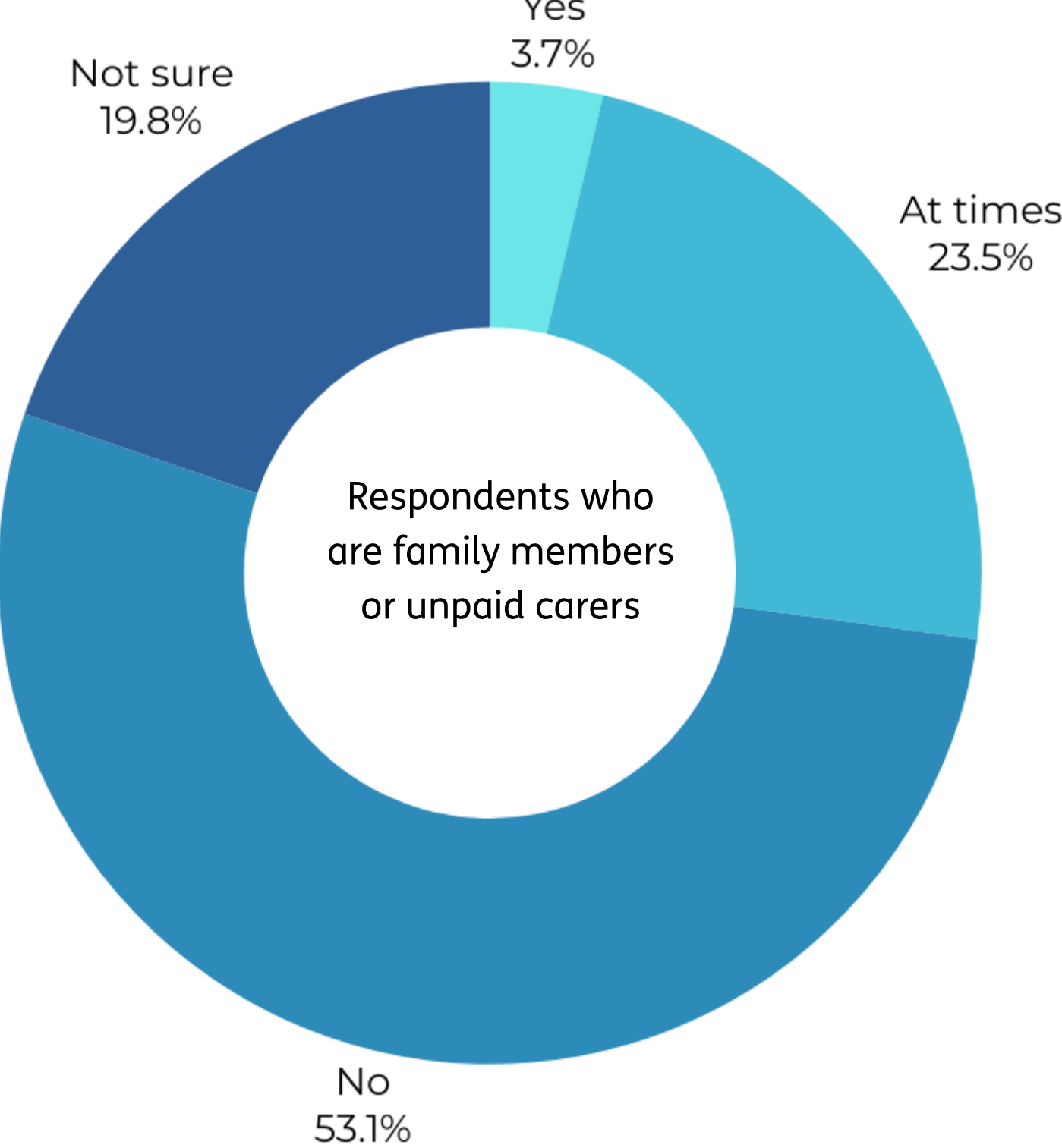
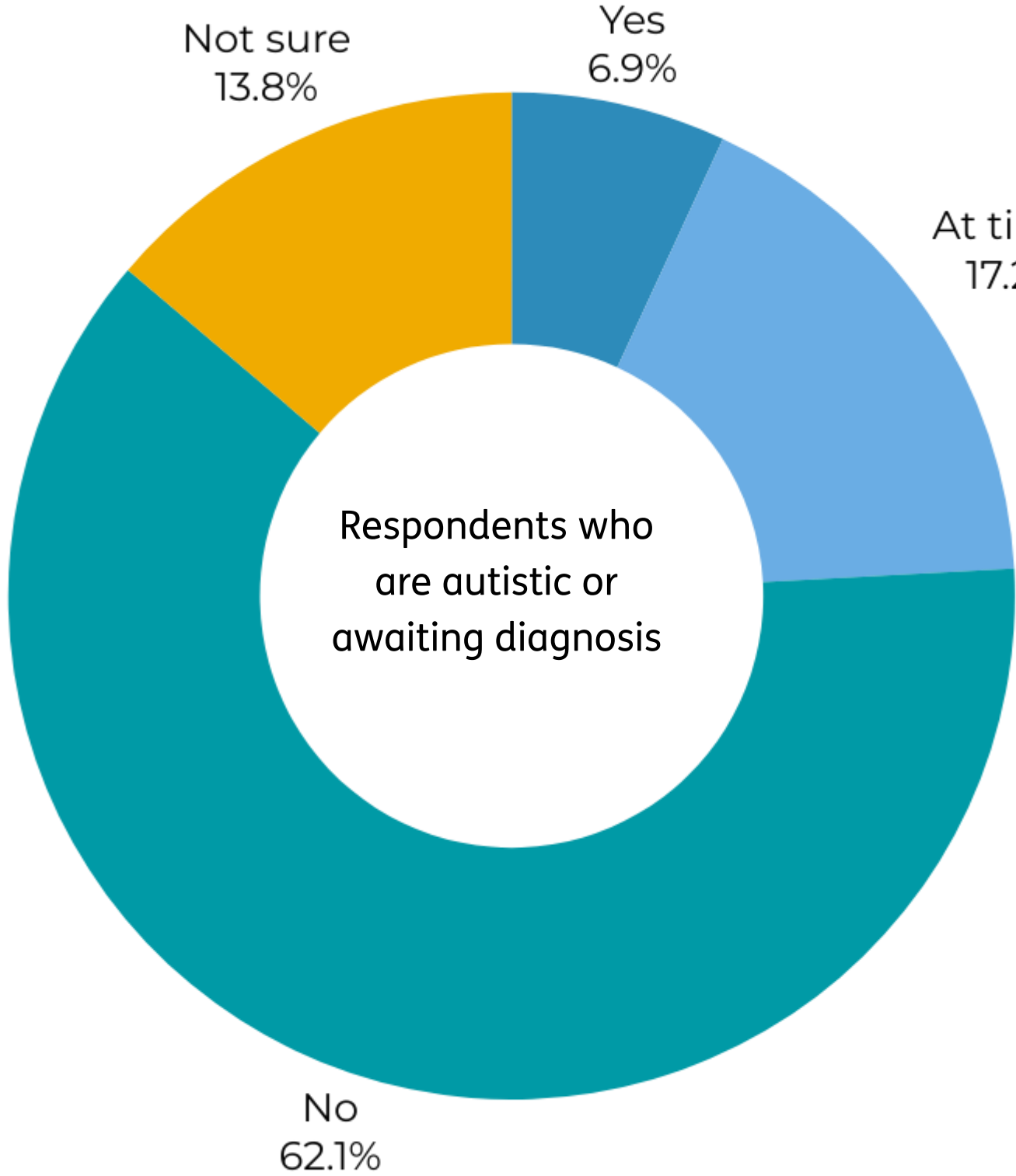
What could be better for autistic people in Bexley?



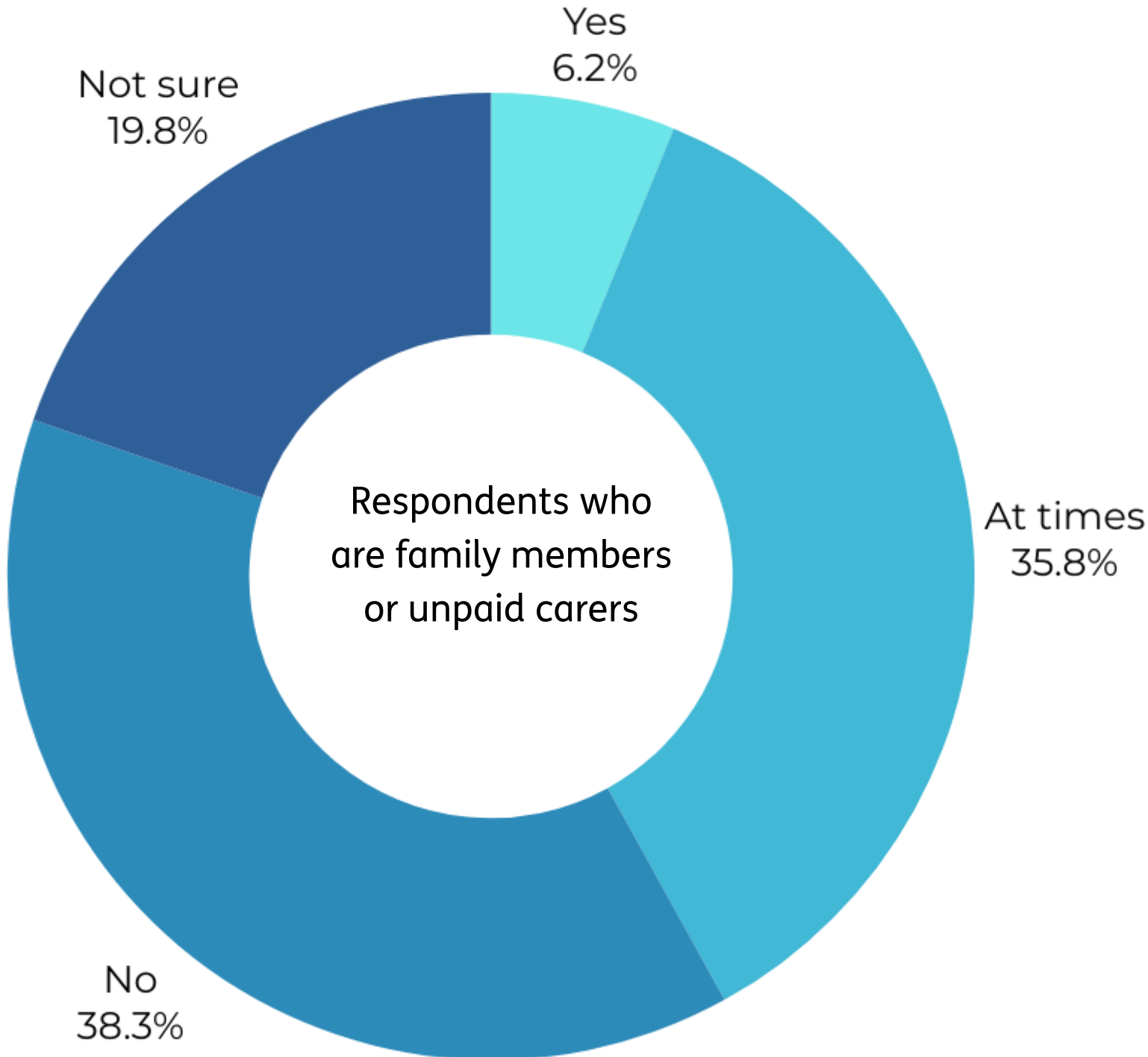
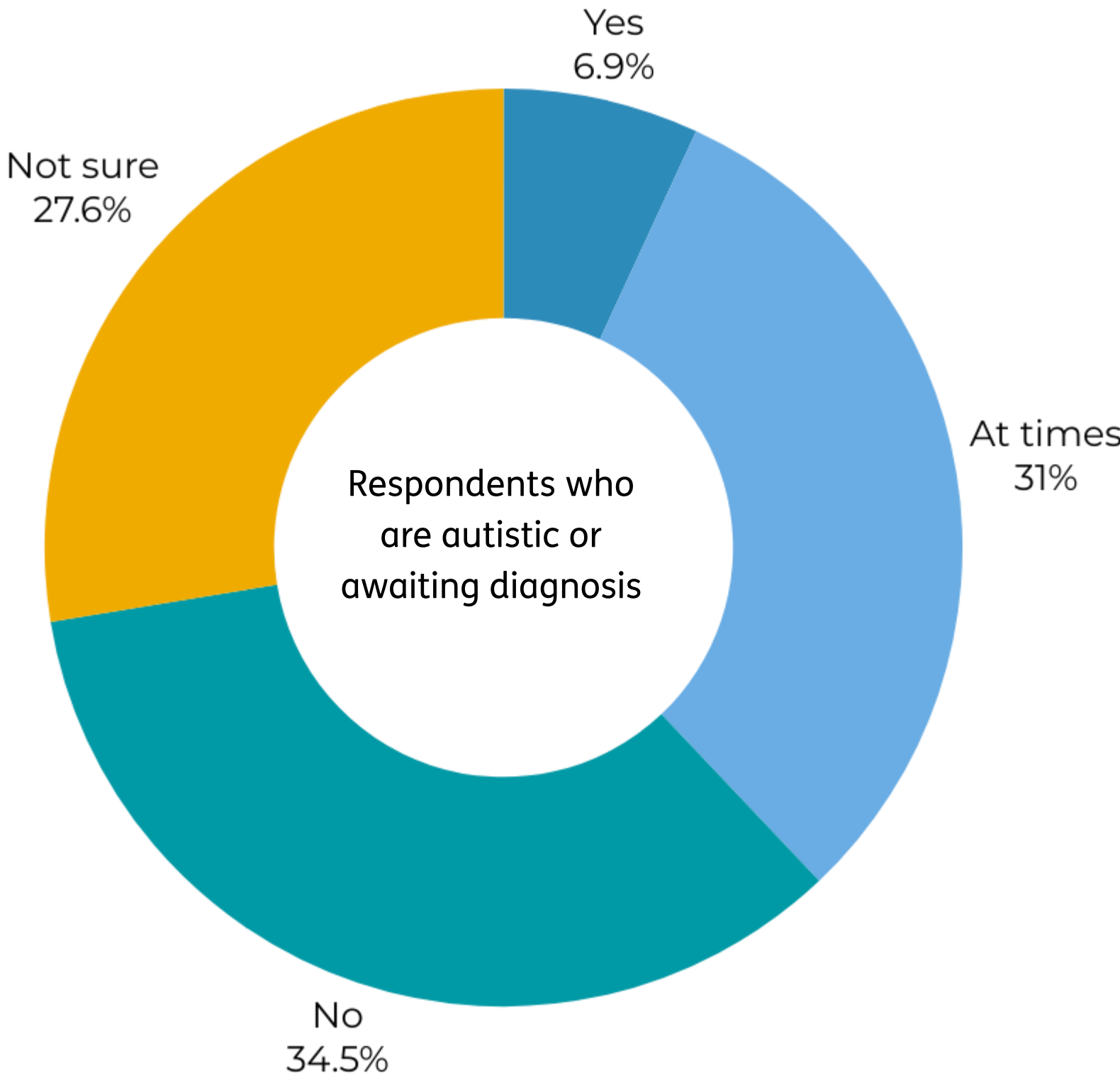
Do you think autistic people can easily get support from adult social care (sometimes called social services)?



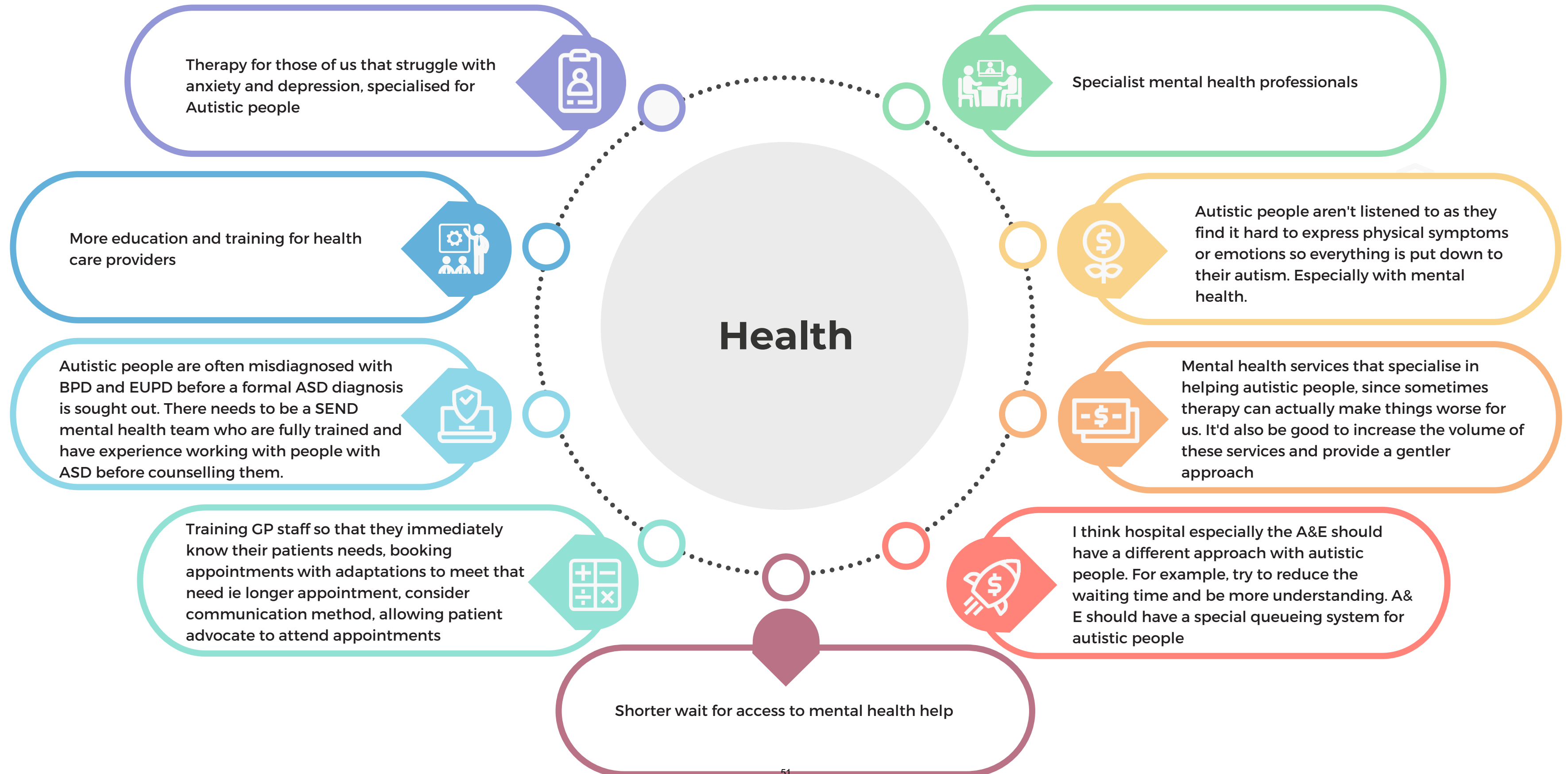
Do you think autistic people can get the support they need from mental health services?



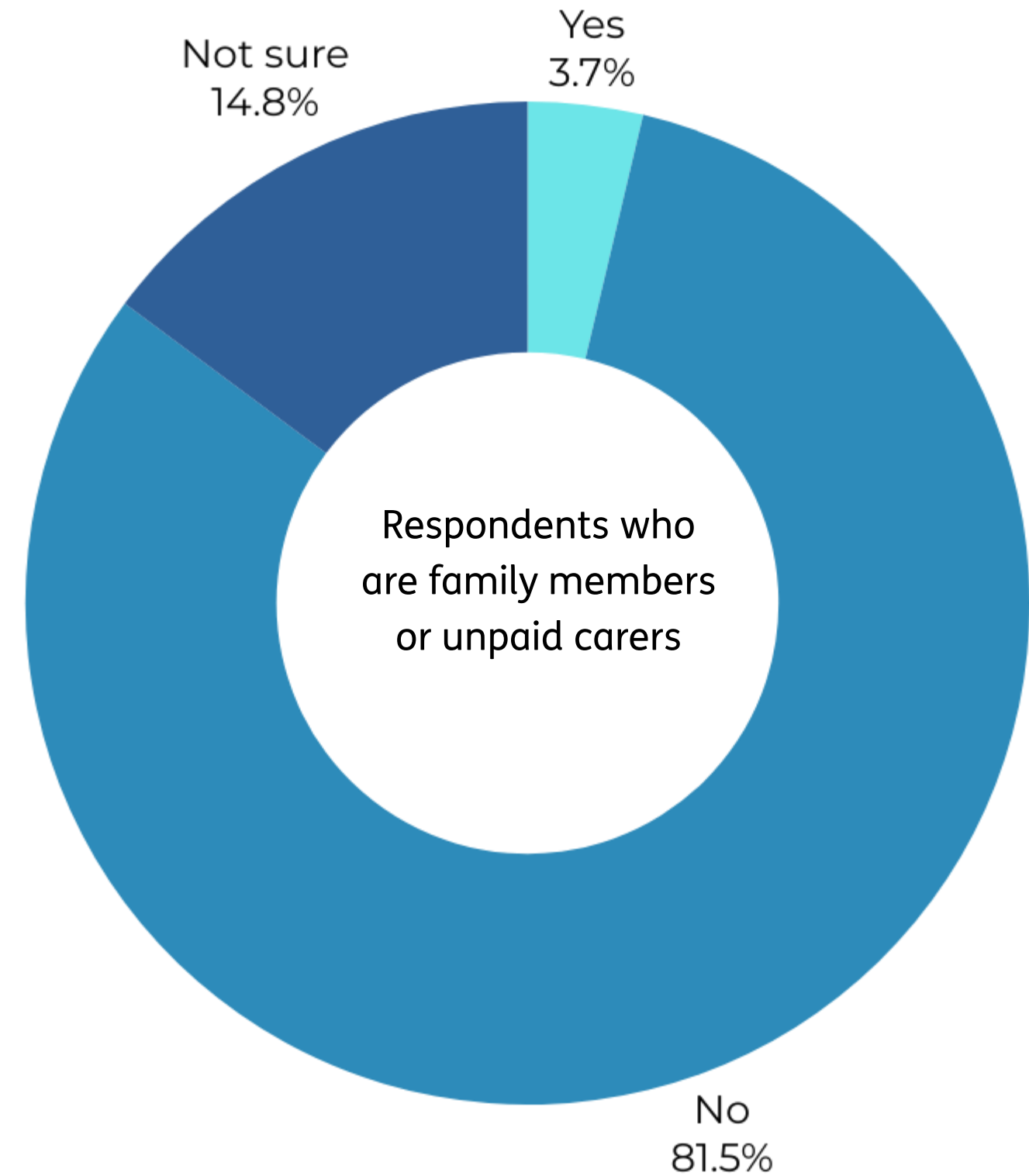
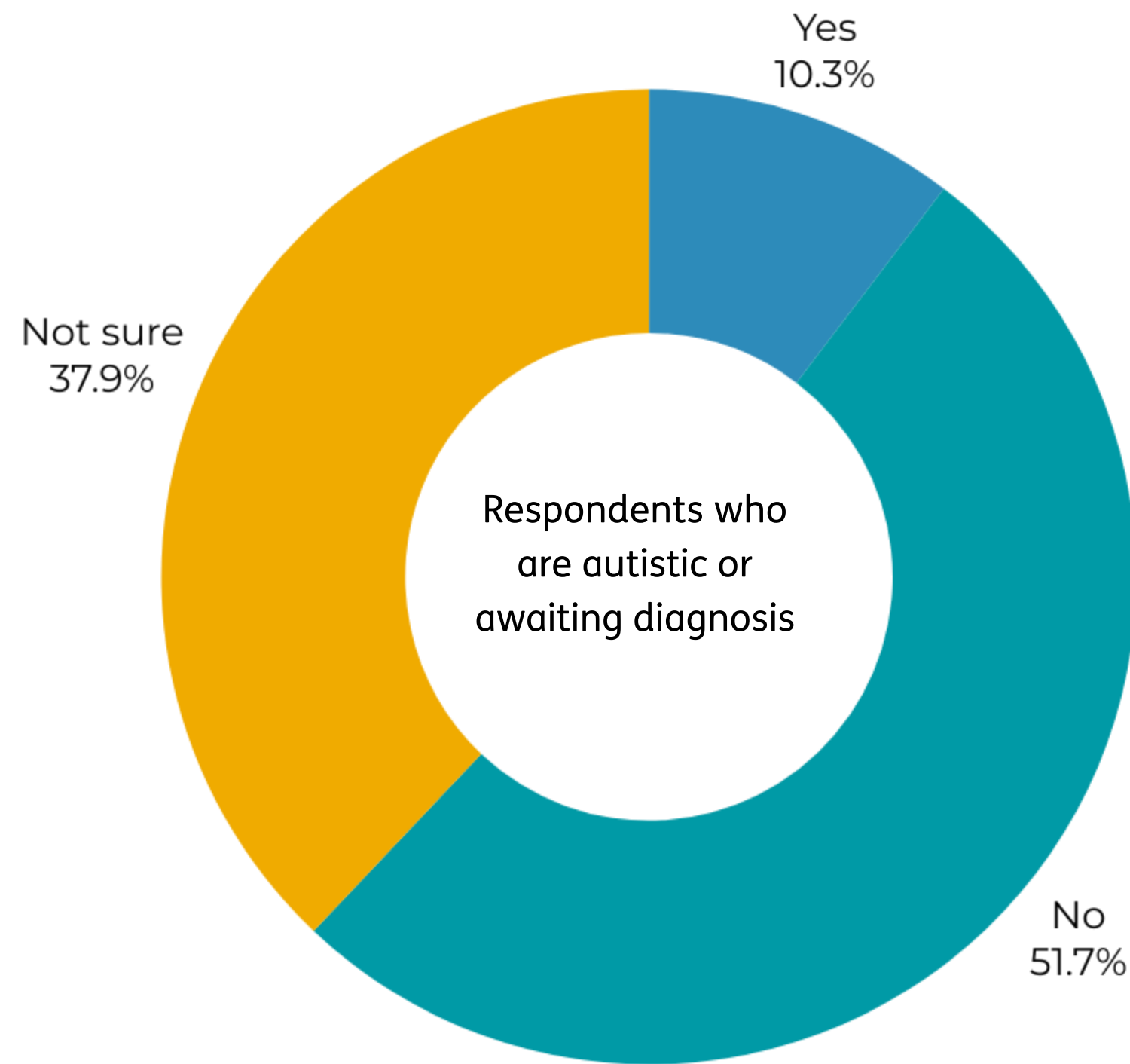
Do you think autistic people can get the support they need from physical health services?



What could be better for autistic people in Bexley?



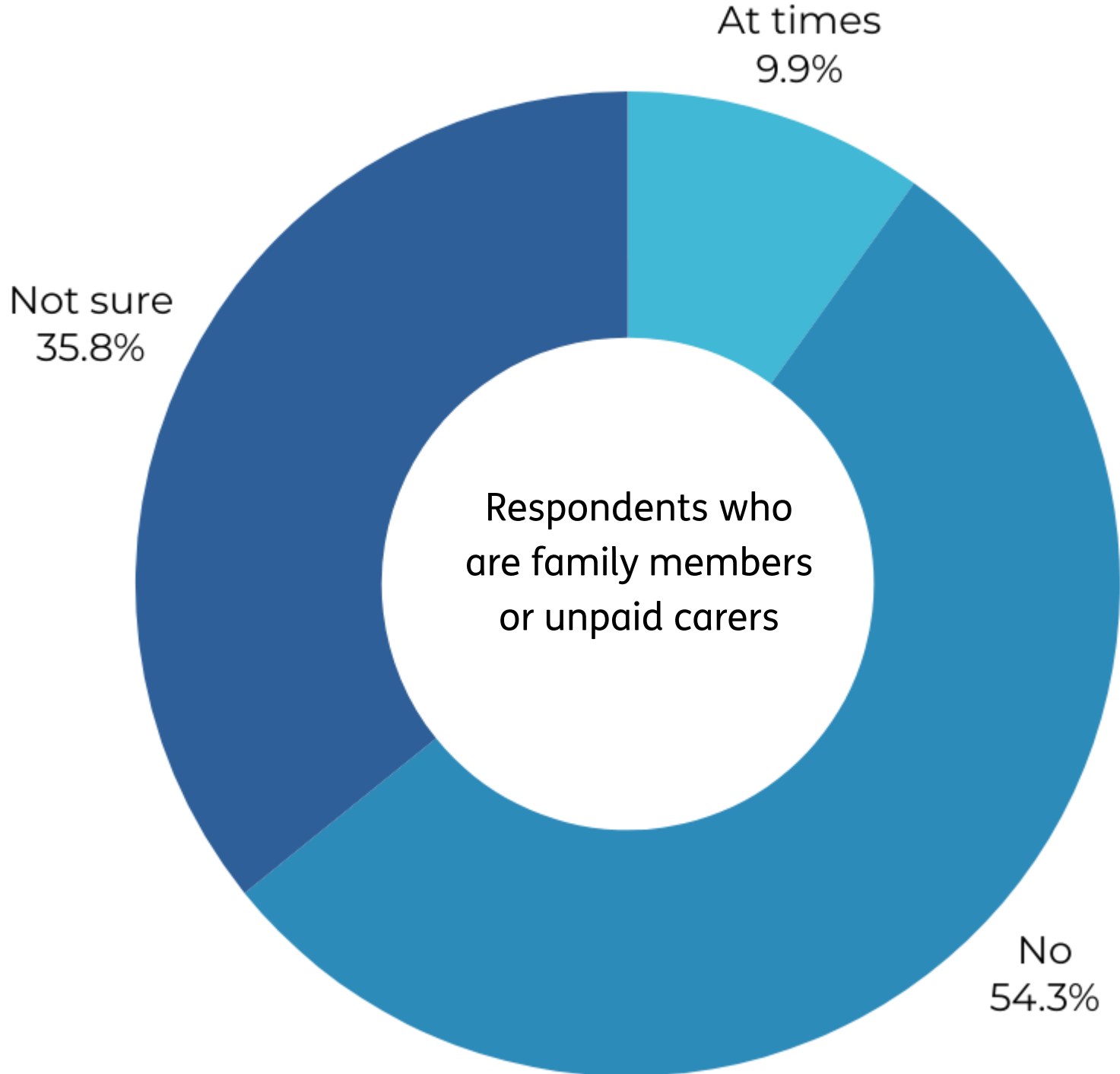
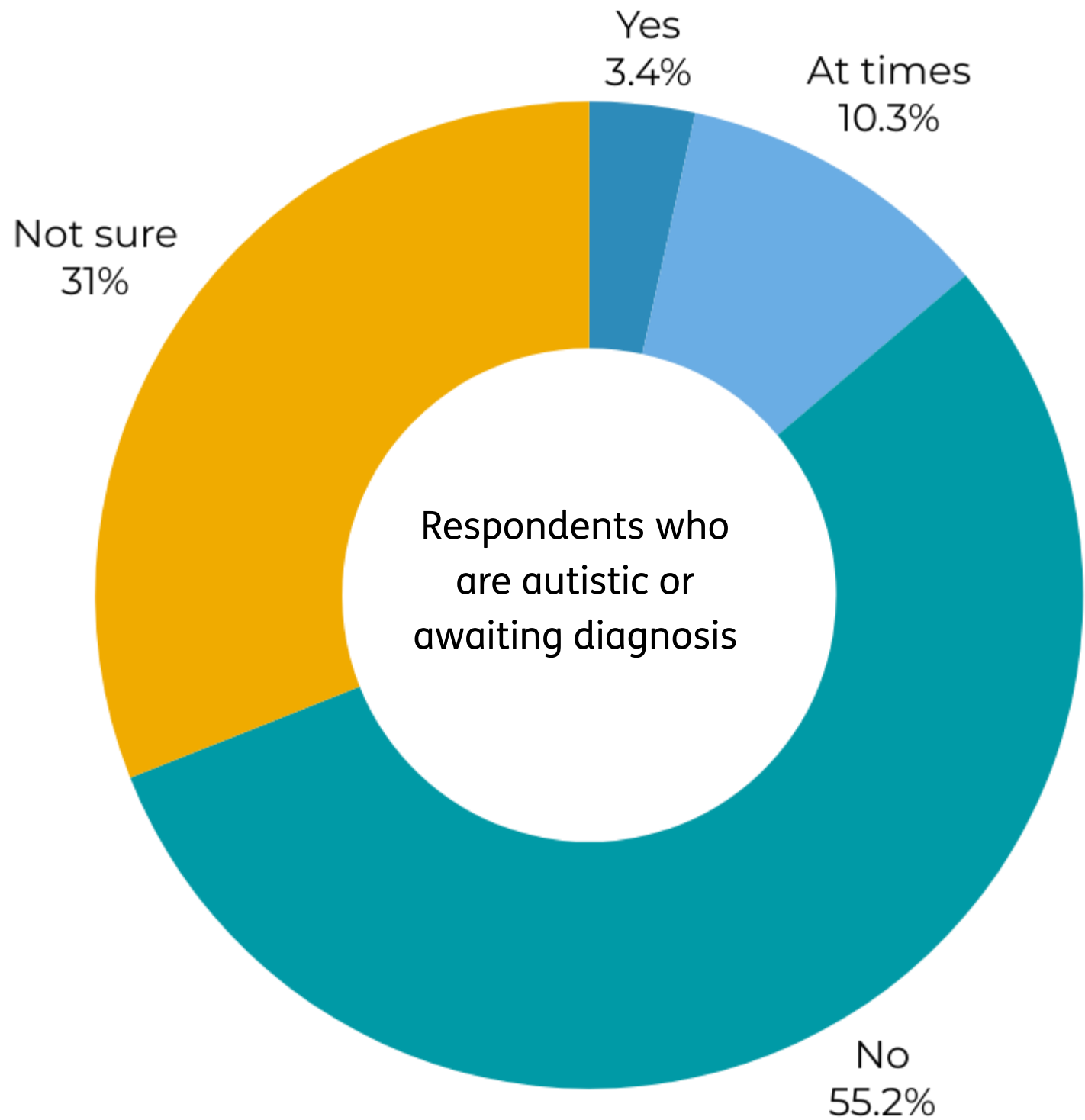
Do you think that there is enough information and support for autistic people to take part in hobbies and activities?



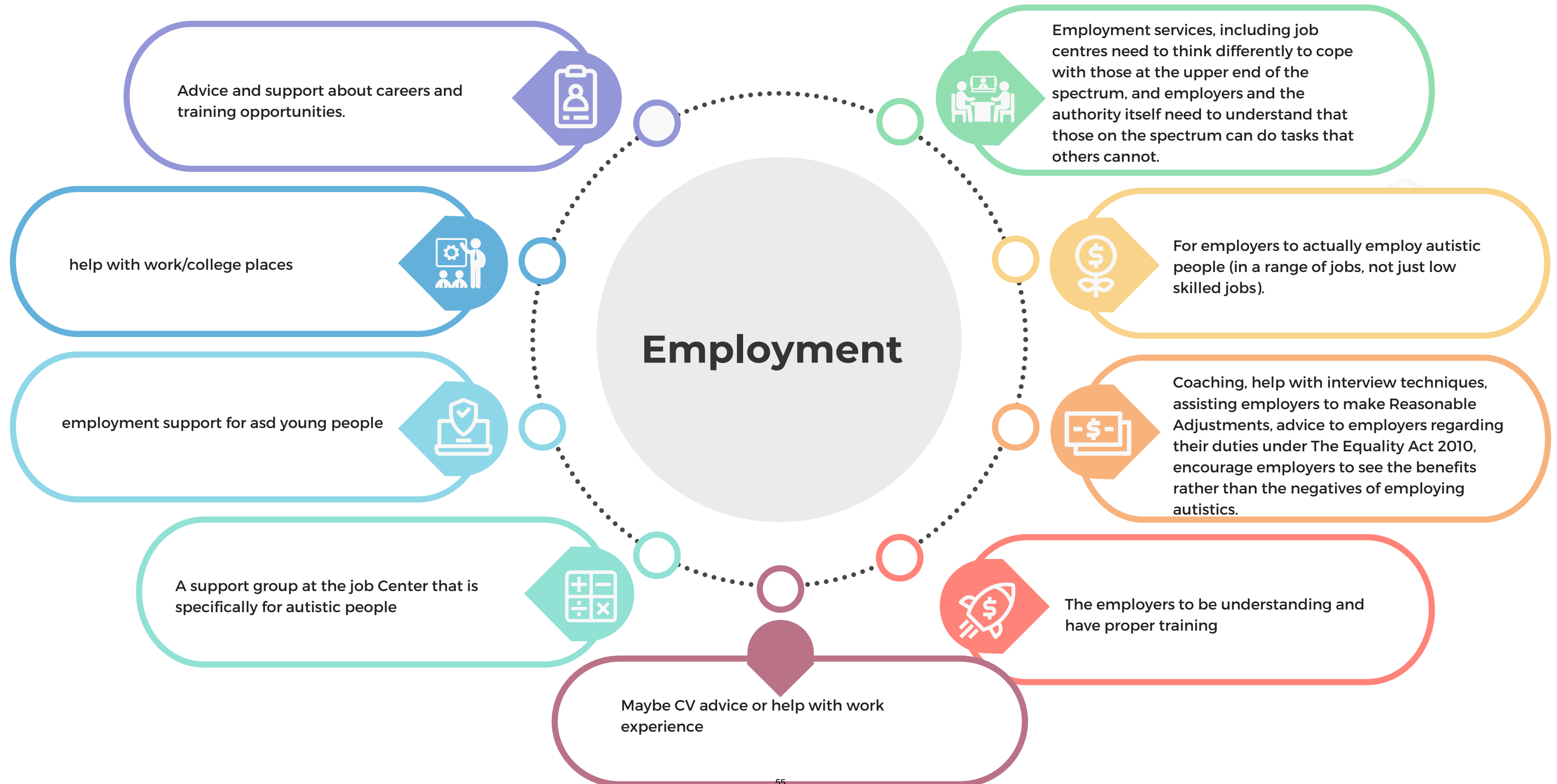
What could be better for autistic people in Bexley?



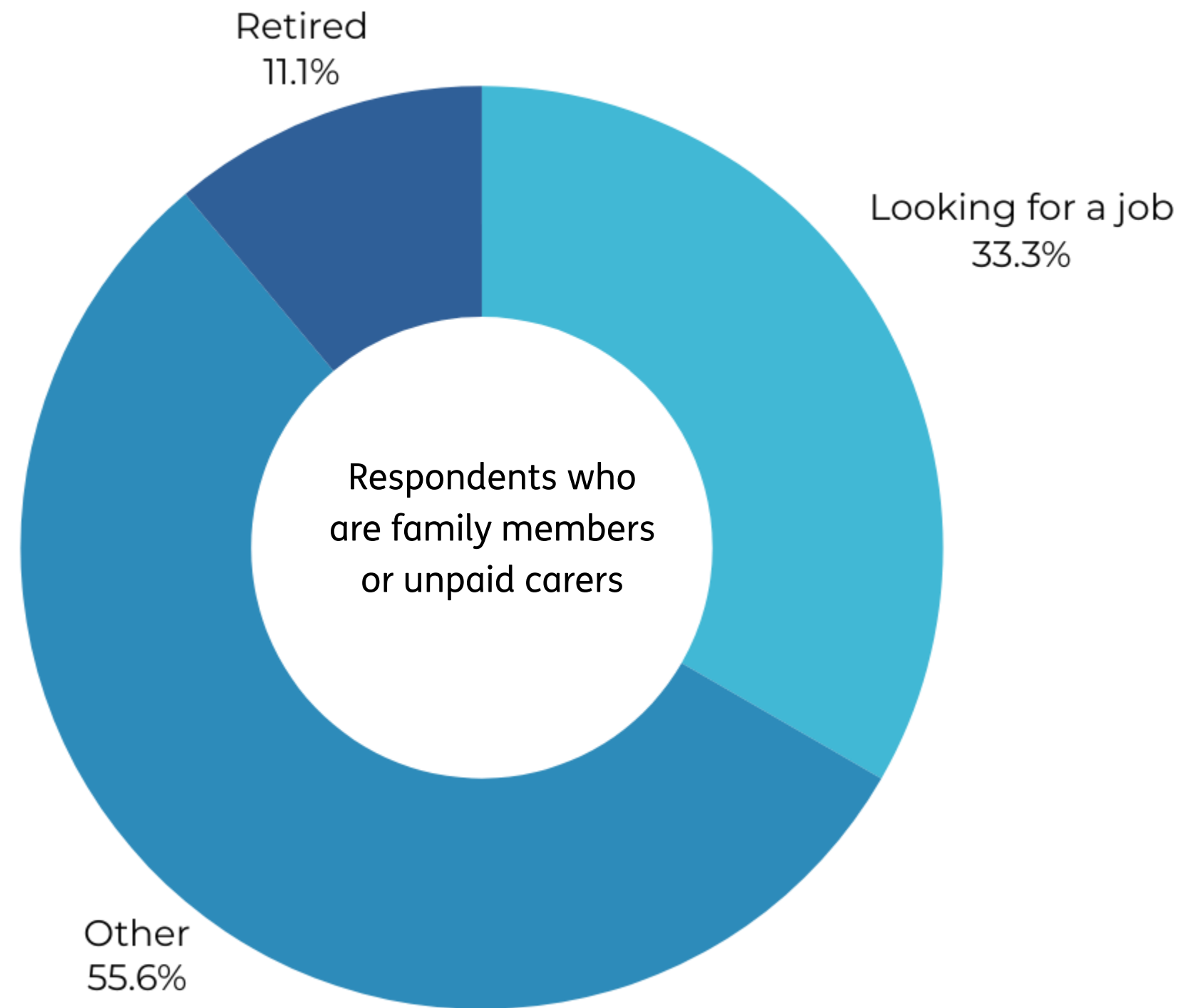
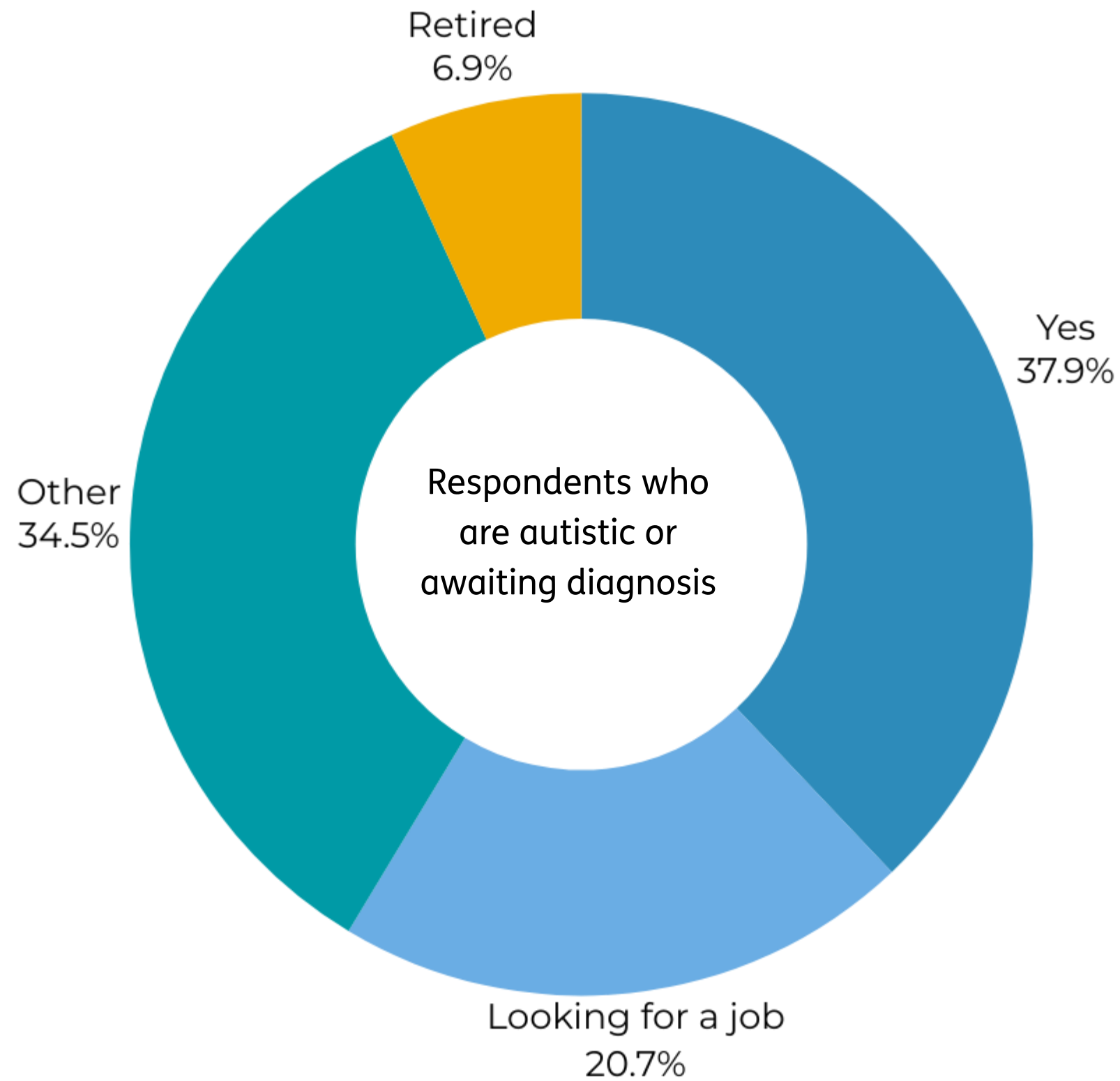
Do you think there is enough support for autistic people to find and keep a job?



What could be better for autistic people in Bexley?



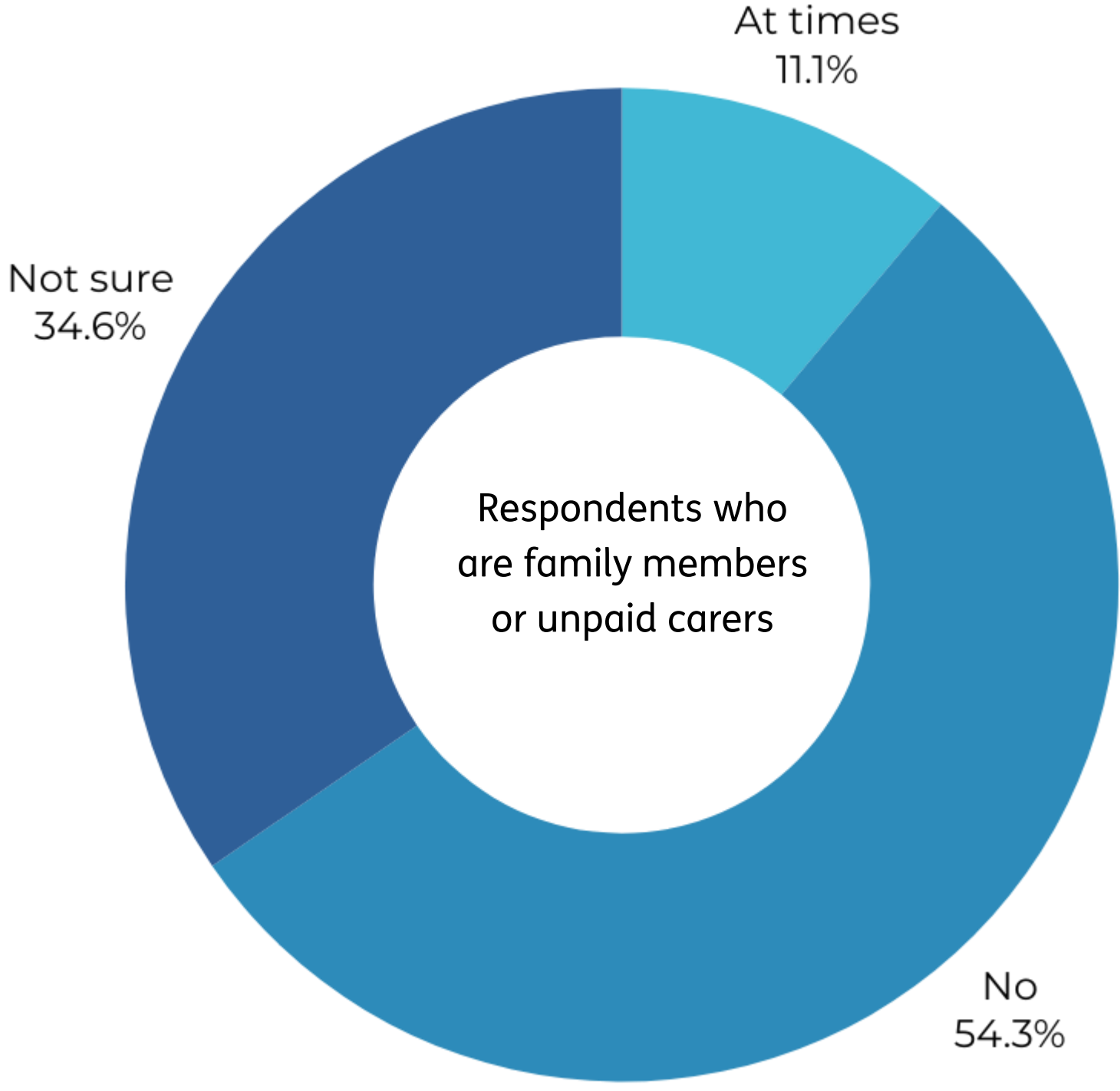
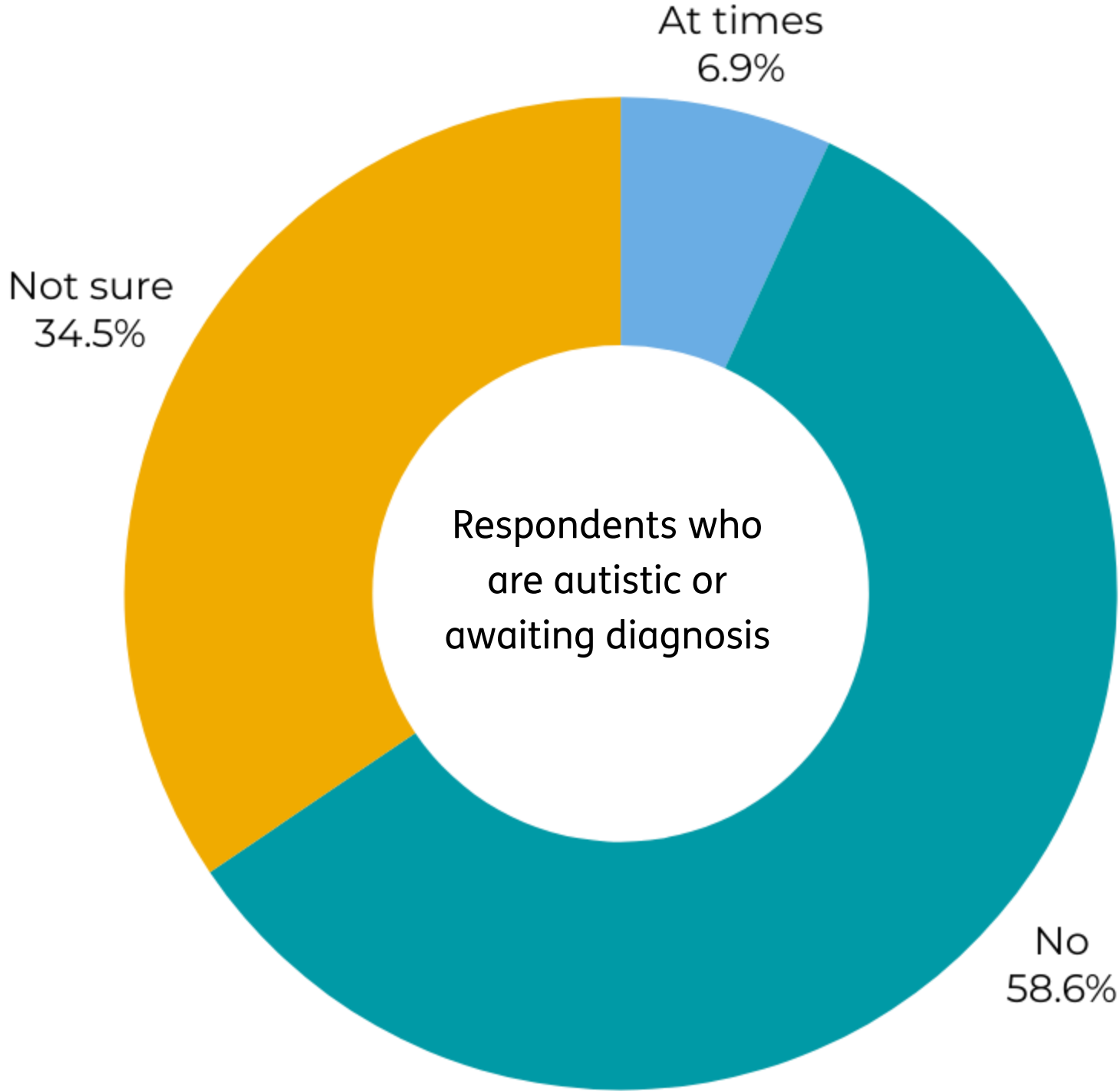
Do you have a job or are looking for a job?



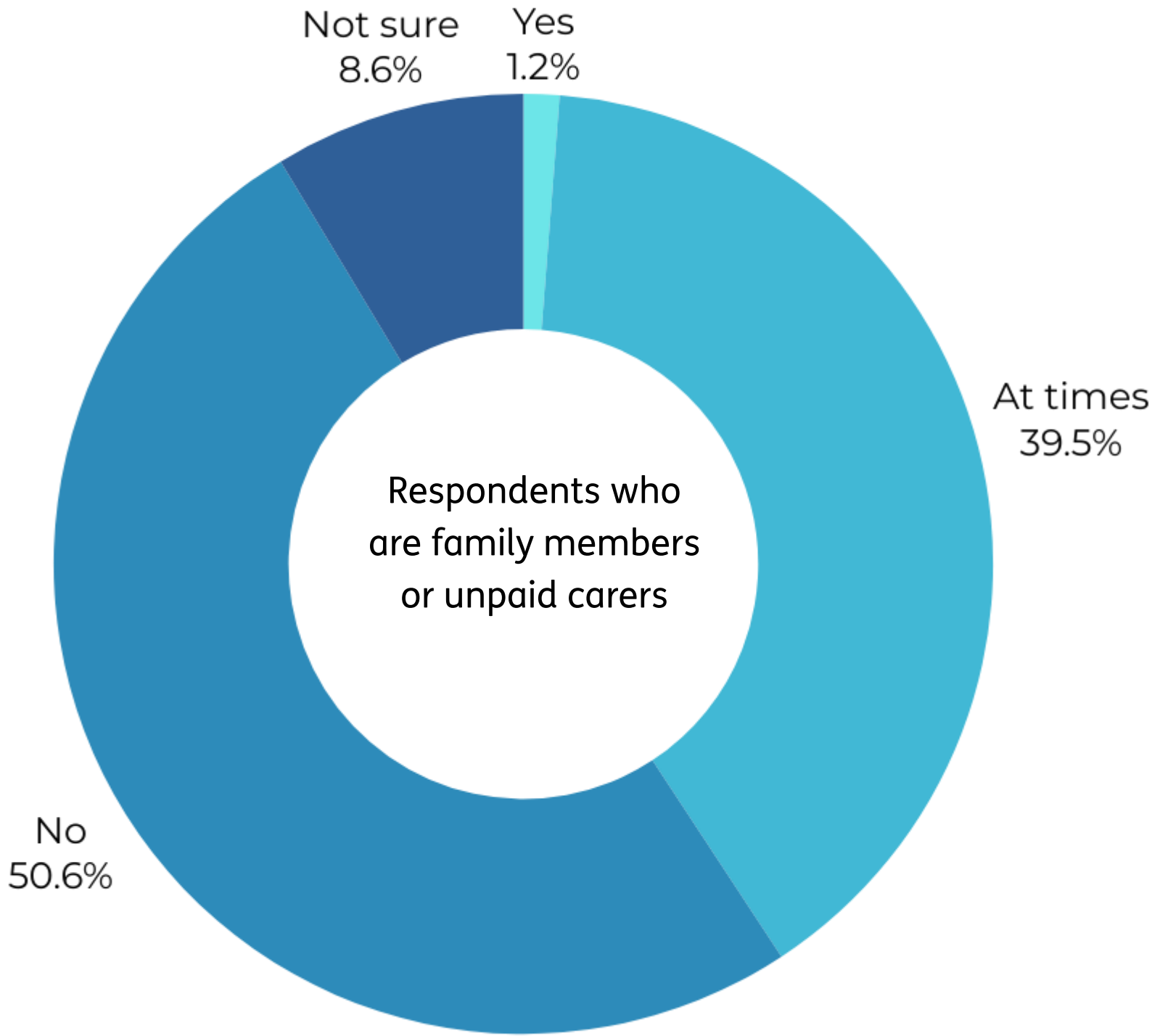
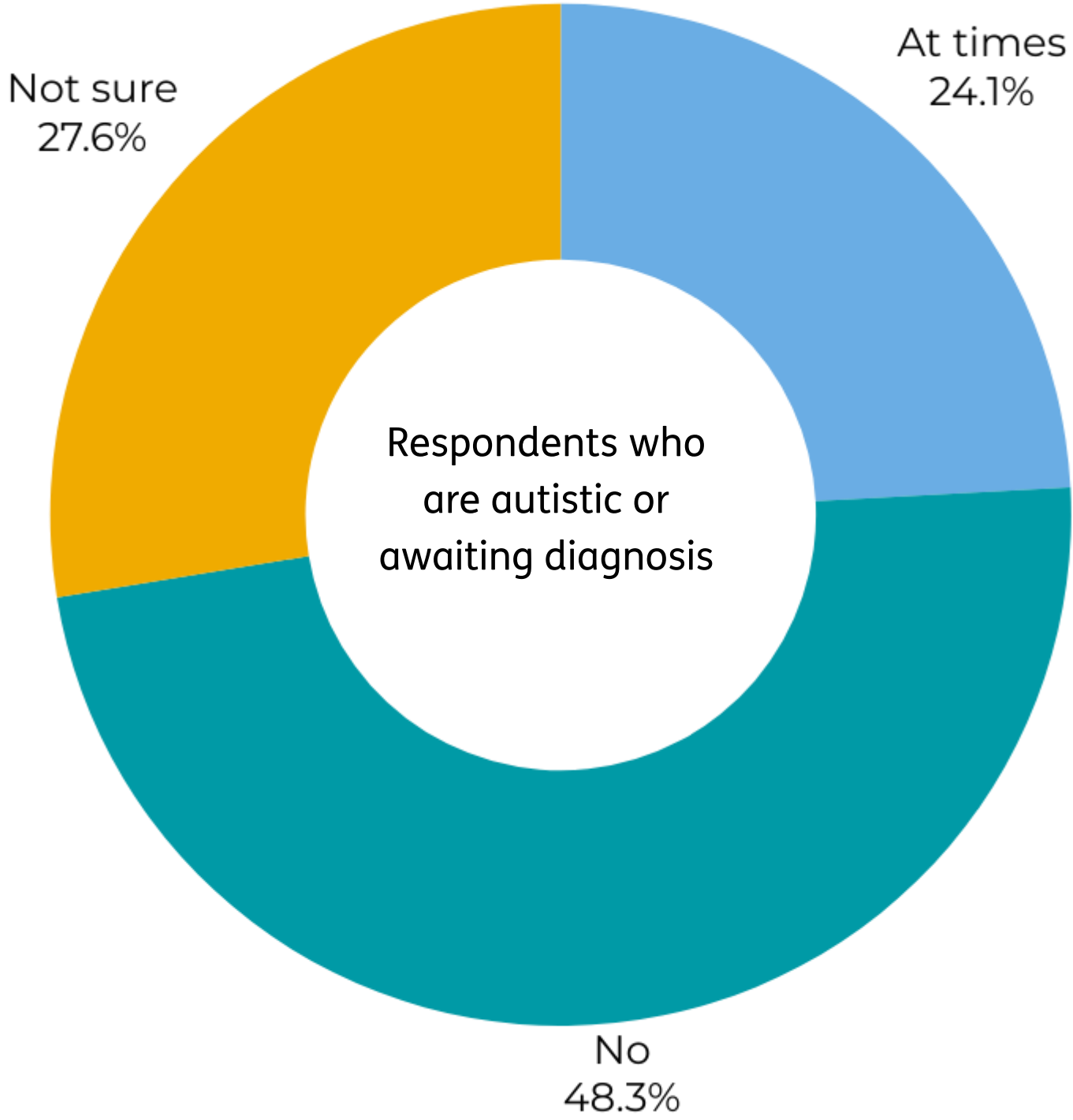
Do you have a job or are looking for a job - comments



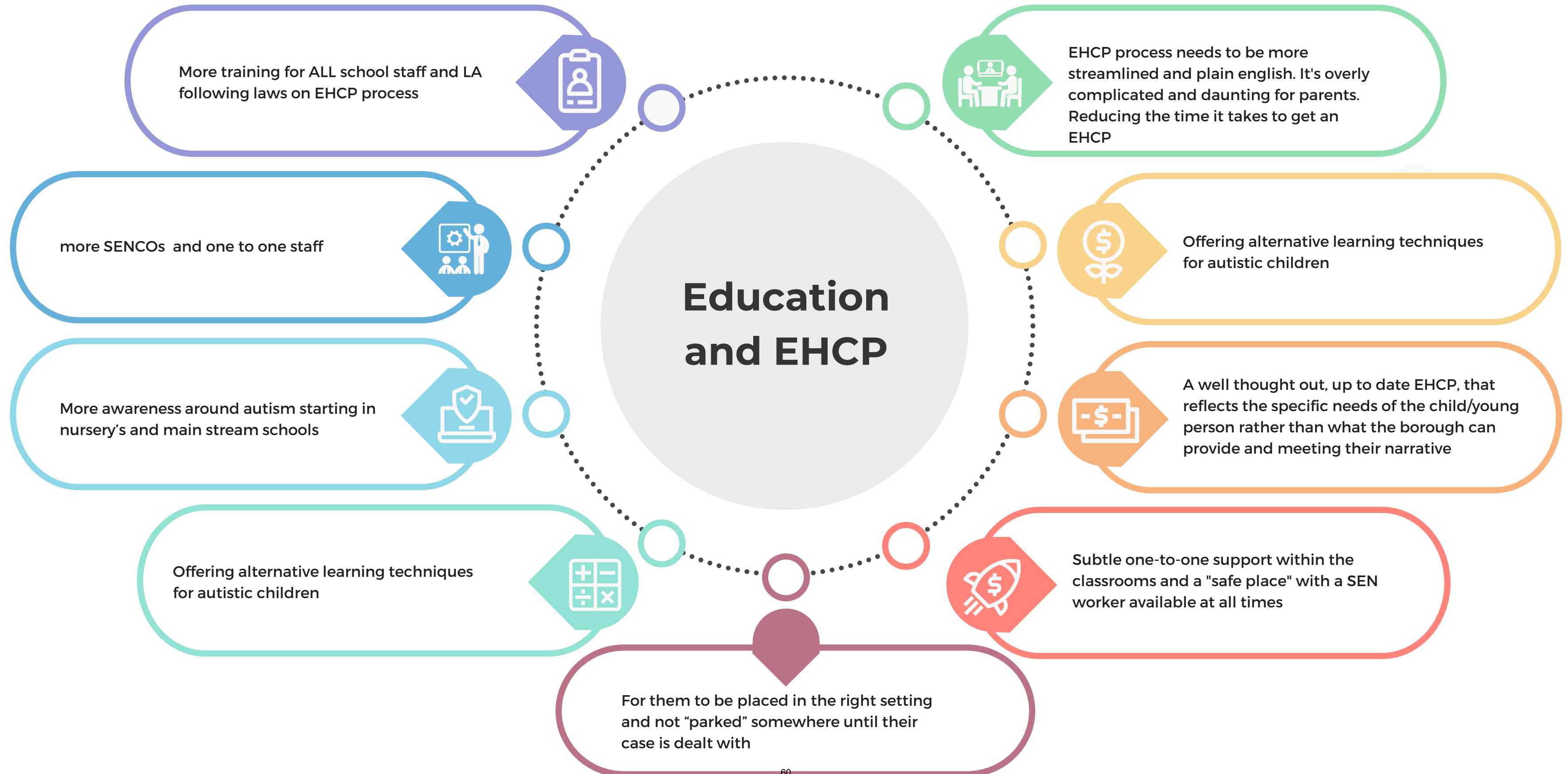
Do you think that autistic children and young people get enough information and support to prepare for adulthood?



Do you think that autistic children and young people get the right support with their education?



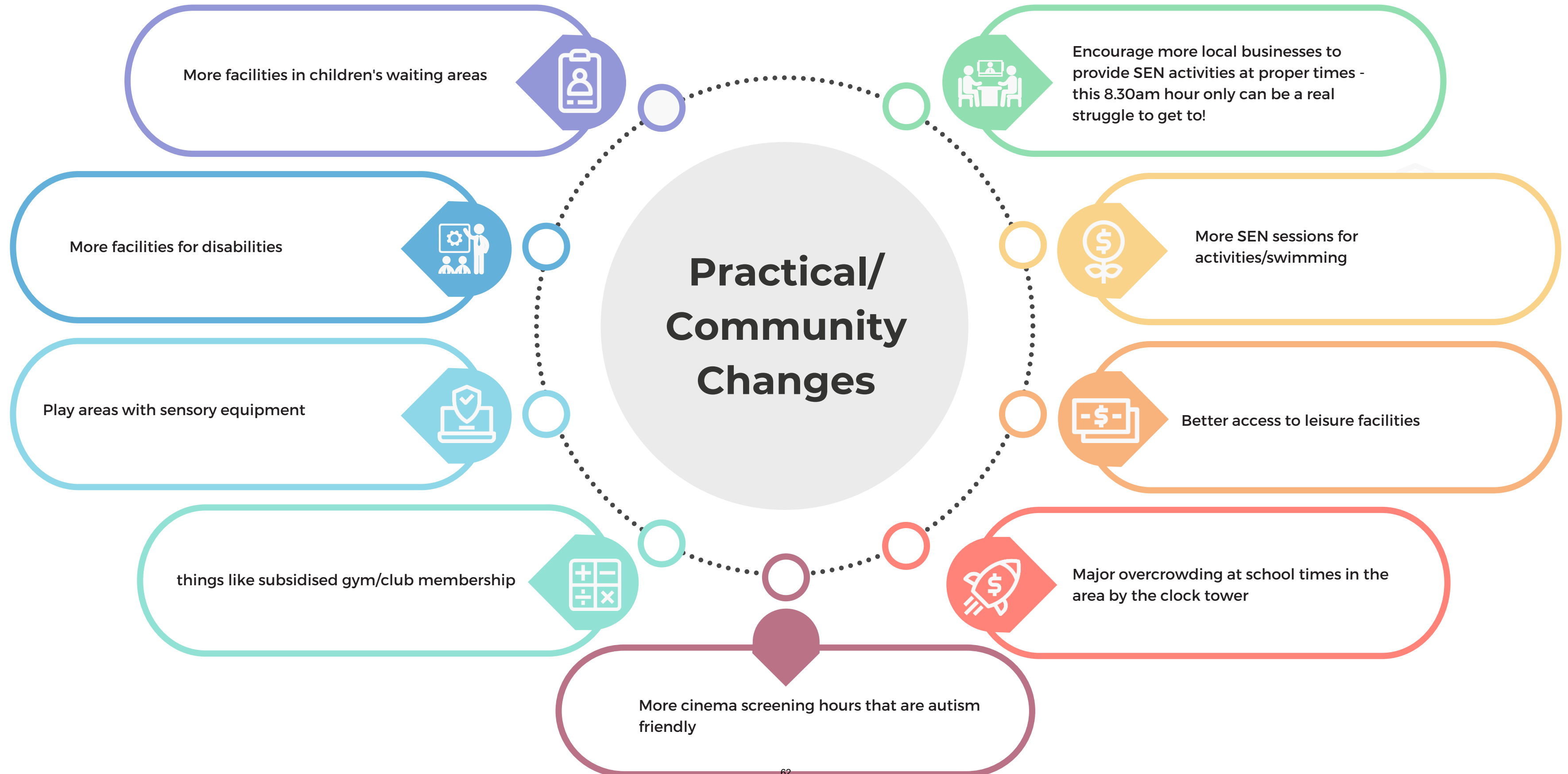
What could be better for autistic people in Bexley?



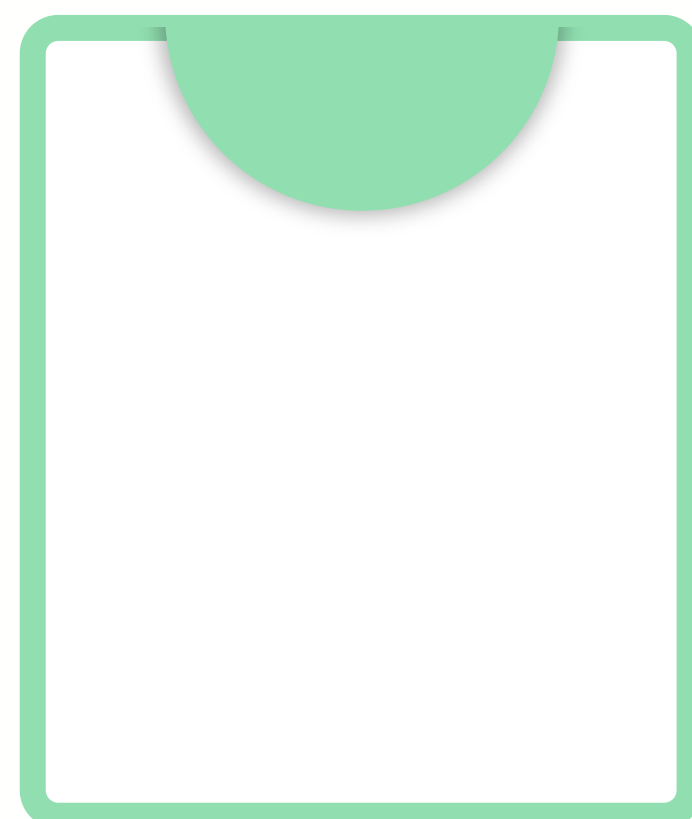
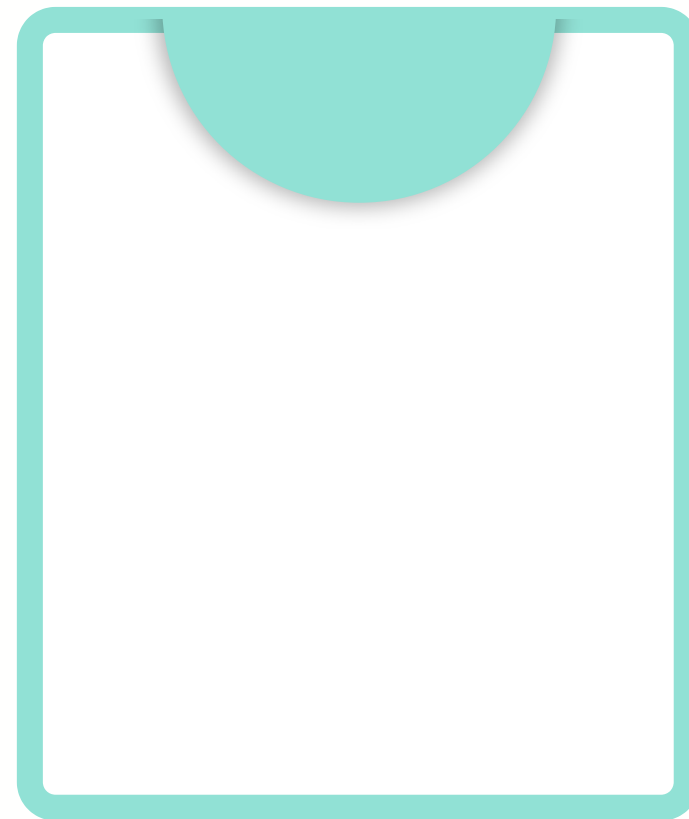
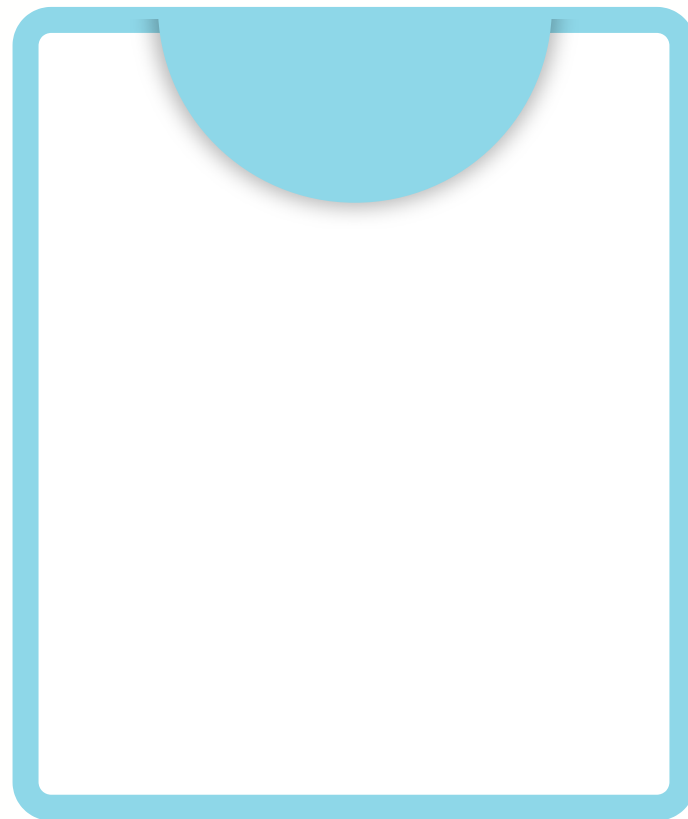
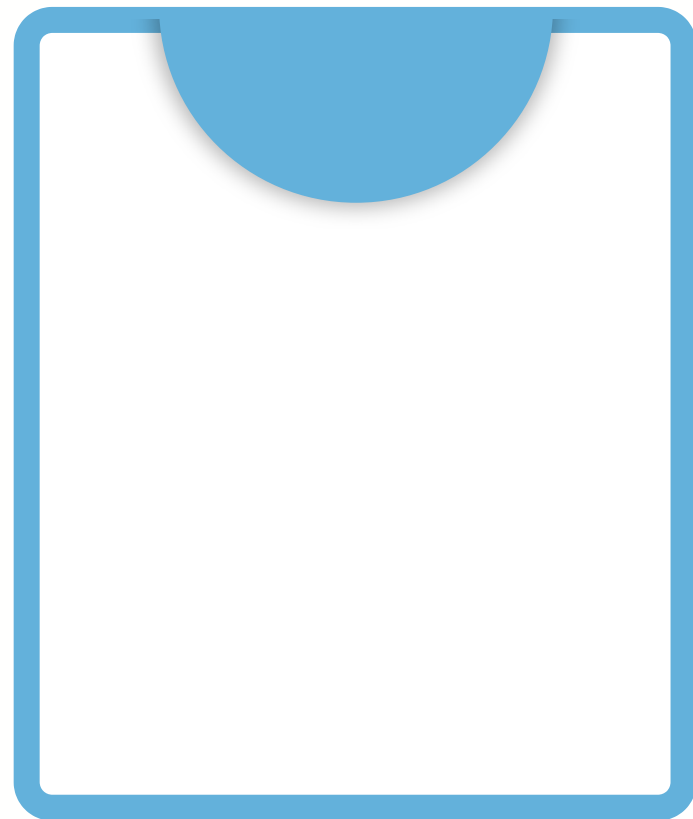
What could be better for autistic people in Bexley?



What could be better for autistic people in Bexley?



As a family we felt fully supported throughout my son's childhood but once he left school we have felt pretty much on our own. Now I am getting older I know that I won't be here forever for my son. He won't be able to live on his own unsupported and I am daunted by the task of finding a solution to where he might live and who will look after him after my husband and I are no longer here.



Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

Item: 6

Enclosure: D

Title:	Bexley Shelter, Haven, Inspiring, Empowering, Leading & Defending (S.H.I.E.L.D) Partnership: Annual Report 2023/24
Author/Lead:	Tim Woodings, Strategic Safeguarding Lead – Shelter, Haven, Inspiring, Empowering, Leading & Defending Partnership
Executive Sponsor:	Diana Braithwaite, Place Executive Lead, NHS South East London Integrated Care Board Stephen Kitchman, Director of Children’s Services, London Borough of Bexley

Purpose of paper:	Bexley Wellbeing Partnership Committee are asked to note the content of the S.H.I.E.L.D. annual report for 2023/24 and the plans and priorities for 2024/25. Whilst the content of the annual report is prescribed by Working Together to Safeguard Children 2023 (statutory guidance), Bexley S.H.I.E.L.D. would welcome feedback on the format and accessibility of this report.	Update / Information	X
		Discussion	X
		Decision	

Summary of main points:	<p>Introduction</p> <p>Working Together to Safeguard Children 2023 was published in December 2023 and replaced the previous statutory guidance (Working Together 2018). Working Together 2023 sets out the statutory requirements for safeguarding partnerships in each local authority area and who the statutory lead partners for these arrangements are. For Bexley, the leads are:</p> <ul style="list-style-type: none"> • The London Borough of Bexley Children’s Services • The NHS South East London Integrated Care Board (ICB) • The South East Basic Command Unit (BCU). <p>Working Together 2023 also requires partnerships to produce a report at least annually of all of its activity to be submitted to the Department for Education and Foundations (What Works Centre for Children and Families) in the September of each year.</p> <p>Contents of the annual report</p> <p>The contents of the annual report is determined in accordance with Working Together 2023 requirements (as set out in Chapter 2 of the guidance) and reflects Bexley S.H.I.E.L.D.’s statutory published arrangements document (refreshed in February 2023). This includes a commentary by the partnership’s independent scrutineer, Jenny Pearce. The report covers the period April 2023 to March 2024.</p> <p>Report governance, sign-off and submission</p> <p>The production of the annual report was overseen by Bexley S.H.I.E.L.D. Executive and the report was signed off by the S.H.I.E.L.D. Partnership</p>
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Board on 15 July 2024 before being submitted to the Department for Education and Foundations (What Works Centre for Children and Families) on 30 July 2024. The report was also formally shared with the South East BCU as well as Bexley Safeguarding Adults Board and Bexley Community Safety Partnership. The report will be presented to South East London ICB Wellbeing Partnership Committee on 26 September 2024 and Children's & Education Overview and Scrutiny Committee on 9 October 2024.

Bexley S.H.I.E.L.D.'s priorities during 2023-24

Bexley S.H.I.E.L.D. Executive agrees the focus of the partnership's priorities based on the learning from statutory reviews, national learning and guidance, local data and intelligence, and recommendations from previous partnership priorities. Priorities are then explored in the multi-agency Learning Hub (whose membership is bespoke to each priority and which meets over a 4-month period). The priorities in the partnership's sixth year were as follows:

- Priority 14 – *Developing a strategic multi-agency approach to Early Help in Bexley*
- Priority 15 – *Better understanding the multi-agency approach in Bexley to (a) children and young people going missing and (b) safeguarding in and by the wider community*
- Priority 16 – *Getting basic child protection right – with a focus on working with under-1's, domestic abuse, and the gender identity and sexuality of young people.*

Each Learning Hub group made a series of recommendations which were presented at the Partnership Board for discussion and sign-off. The Board also monitored the action plans to take forward these recommendations. Section 2.2 of the annual report sets out in detail the Learning Hub's work, progress with its recommendations, and future priorities for the partnership's seventh year.

Other highlights from the reporting period

The annual report also describes the partnership's other core statutory functions:

- The multi-agency response to notifiable and other serious incidents which sits within the partnership's Learning from Practice framework – section 2.4
- The partnership's response to adolescent exploitation/contextual risk – section 2.5
- The multi-agency training programme commissioned and/or delivered by the partnership – section 2.7
- Independent scrutiny arrangements and activity – section 3.

The report also provides details of the following:

- The work of Bexley FLARE, the partnership's parent engagement group, and consultation with children and young people – section 2.3
- The partnership's arrangements for engaging with education settings – section 2.6.

Independent scrutiny of the partnership

The annual report also describes the partnership's other core statutory functions:

- The multi-agency response to notifiable and other serious incidents which sits within the partnership’s Learning from Practice framework – section 2.4
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The report also provides details of the following:

- The work of Bexley FLARE, the partnership’s parent engagement group, and consultation with children and young people – section 2.3
- The partnership’s arrangements for engaging with education settings – section 2.6.

Also of note was the successful recruitment of a Safeguarding Practice Advisor to the S.H.I.E.L.D. business team in November 2023 and a part-time Data Analyst (who started in post in April 2024).

Future work programme

S.H.I.E.L.D.’s priorities for its seventh year (from April 2024) are as follows:

- *Getting our collective response to adolescent vulnerability right* – with a focus on children and young people who go missing and transitional safeguarding
- *Getting basic child protection right* – with a focus on neurodiversity, information-sharing, developing a partnership dataset, and Working Together 2023 compliance.

Recommendations coming out of these Learning Hubs will be reported on in the annual report 2024/25. Priorities for the partnership’s eighth year will be considered by Bexley S.H.I.E.L.D. Executive from October 2024.

Other key activities for the partnership in 2024/25 include:

- The independent scrutiny of how learning is embedded and practice changed (with an ongoing focus on the effectiveness of Bexley’s Early Help offer)
- Completing work on the partnership’s Working Together 2023 compliance plan by December 2024 including the following key deliverables:
 - The confirmation of the 3 Lead Safeguarding Partners (LSPs) from the LB Bexley, the NHS SEL ICB and the SE BCU
 - The confirmation of the 3 Delegated Safeguarding Partners (DSPs) from the LB Bexley, the NHS SEL ICB and the SE BCU
 - The appointment of a partnership chair from the DSP group from January 2025 for one year (chairing will then be rotated on an annual basis between the 3 DSPs)
 - Republishing the published arrangements document by December 2024
- Completing work on the new partnership multi-agency dataset and Early Help Strategy.

Potential Conflicts of Interest

None arising as a direct result of this paper.

Other Engagement

Equality Impact

This report has been produced in accordance with the requirements of Working Together to Safeguard

		Children 2023. There are no other equality implications.
	Financial Impact	There are no financial and other implications arising from this report. The S.H.I.E.L.D. budget is set out in section 4.1 of the annual report.
	Public Engagement	Not applicable (to note the annual report is a public-facing document and is available via the S.H.I.E.L.D. website)
	Other Committee Discussion/Engagement	Noted above in the governance/sign-off section of the summary
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Note the content of the S.H.I.E.L.D. annual report for 2023/24 and the plans and priorities for 2024/25. (ii) Feedback on the format and accessibility of this report to Bexley S.H.I.E.L.D. to inform future iterations of the report. 	



Bexley S.H.I.E.L.D.

Safeguarding Partnership for Children and Young People

Annual report 2023-24

Published July 2024



Bexley S.H.I.E.L.D Safeguarding Partnership for Children and Young People

Our Partnership Plan 2023 - 2026

1 SHARED ViSiON:

In Bexley we want healthy, safe, resilient family networks in communities that are also safe. We want children and young people to attain the skills that they need at schools and colleges so that they grow up to be independent and productive. We want children, young people and their families driving our local growth and engaging in the plans we make and the services we deliver.

OUR SHARED PRIORITIES

1

The mental health of children, young people and their families



2

Adolescent exploitation and contextual safeguarding worries



3

Getting basic child protection right



What difference are we making? "So WHAT?!"

OUR SHARED 5 AMBITIONS



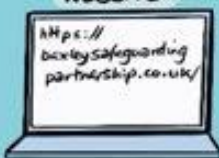
For all of us!

- All children & young people are safe from harm
- All children & young people are healthy and enjoy healthy lifestyles
- All children & young people enjoy + achieve at school and/or college so that they have the skills they need for life & future employment
- All children & young people have access to leisure & opportunities for fun as they are growing up
- All children & young people are active in their communities, their experiences count and they have a voice with influence



WE COMMISSION MULTI-AGENCY TRAINING

THE PARTNERSHIP HAS A DEDICATED WEBSITE:



WE WORK CLOSELY WITH THE SAFEGUARDING PARTNERSHIPS IN GREENWICH & LEWISHAM



OUR AGREED SUCCESS MEASURES

1

Restorative learning with families and children



2

Learning with practitioners



3

A kind and healing system



WE LEAD ON STATUTORY LEARNING REVIEWS IN RESPONSE TO NOTIFIABLE SERIOUS INCIDENTS



THERE IS A BUSINESS TEAM WHO SUPPORT THE PARTNERSHIP



WE HAVE AN INDEPENDENT SCRUTINEER OF THE PARTNERSHIP ARRANGEMENTS



Contents

	Foreword by the 3 safeguarding partners	Page 4
1	Introduction 1.1 Working Together 2023 compliance 1.2 Our vision, values, success measures, practice priorities and frameworks 1.3 Bexley local profile 1.4 Bexley S.H.I.E.L.D. 3-year plan 2023-26	Pages 6 – 8
2	Review of the effectiveness of the partnership arrangements and their impact on practice 2.1 The impact of the work of the 3 safeguarding partners 2.1.1 Contributions of the 3 safeguarding partners to the partnership arrangements 2.1.2 Focus of activity and key decisions 2.1.3 Impact of independent scrutiny on partnership leadership 2.2 The partnership priorities and the work of the Learning Hub 2.2.1 The Learning Hub model 2.2.2 Priorities 14, 15, 16 – summary of work and recommendations 2.2.3 Impact of Years 4 and 5 work on practice 2.2.4 Learning Hub priorities for Year 7 2.3 The work of Bexley FLARE parents and feedback from young people 2.3.1 Bexley FLARE activity and impact 2.3.2 Consultation activity with young people and parents 2.4 Learning from Practice 2.4.1 Child Safeguarding Practice Reviews (local and national) and Rapid Reviews 2.4.2 Multi-Agency Learning Forum impact 2.4.3 Multi-agency auditing 2.4.4 Feedback from Bexley’s relevant agencies – Section 11 2.4.5 Multi-agency data and learning 2.5 The partnership’s response to adolescent exploitation and contextual risk 2.5.1. Bexley’s CREST arrangements 2.5.2 Other workstreams 2.5.3 Future plans 2.6 Role of education settings in the partnership 2.6.1 Current arrangements 2.6.2 Future plans 2.7 Multi-agency training 2.7.1 Training and development activity 2023/24 2.7.2 Safeguarding champions 2.7.3 Tri-borough training and development activity 2.7.4 Training and development plan 2024/25	Pages 10 – 11 Pages 12 – 16 Pages 17 – 20 Pages 21 – 25 Pages 25 – 27 Pages 27 – 28 Pages 28 – 31
3	Independent scrutiny 3.1 Feedback from Jenny Pearce, Independent Scrutineer 3.2 Future plans	Pages 33 – 35
4	Governance 4.1 Budget 4.2 Published arrangements document 4.3 Annual reporting arrangements	Pages 37 – 38
	Appendix 1 – Bexley S.H.I.E.L.D. Executive Strategic Planning 10/10/23 Appendix 2 – Early Help learning event 1/2/24 Appendix 3 – Training and development activity April 2023 – March 2024	Page 39 Page 40 Pages 41 – 42

Foreword by the 3 safeguarding partners

This annual report provides an overview of the work of Bexley S.H.I.E.L.D. in 2023/24, its sixth year of activity since the partnership arrangements were first put in place. During this reporting year, the Department for Education has issued a revised version of Working Together 2023 (which can be found [here](#)). Compliance with the requirements of this revised statutory guidance will be a key focus for the remainder of 2024 when we will publish our updated partnership arrangements.

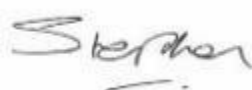
In increasingly busy and challenging times, we have a number of thank yous to say:

- To our Partnership Board members who represent Bexley's relevant agencies and who have supported the strategic multi-agency decision-making throughout the year (see **section 2.1** of this report)
- To those Bexley practitioners who attended our Learning Hubs on Early Help, missing, how the wider community safeguards, and basic child protection practice (see **section 2.2**)
- To the children, young people and families who generously gave of their time when providing feedback to help shape the recommendations from our priority work (see **section 2.3**)
- To our dedicated colleagues who are part of our Learning from Practice Group and who support our statutory review work, multi-agency auditing activity and Multi-Agency Learning Forum (see **section 2.4**)
- To the chairs and attendees of our CREST panels for supporting the improvement plan and development work in that space (see **section 2.5**)
- To colleagues across Bexley's education sector as we seek to strengthen the voice of education in the partnership's strategic leadership meeting in line with Working Together 2023 (see **section 2.6**)
- To those practitioners including our S.H.I.E.L.D. safeguarding champions who have attended training and learning events during 2023/24 (see **section 2.7** and **Appendix 3**)
- Finally, to Jenny Pearce, our independent scrutineer, whose work is described in **section 3**. Jenny has reviewed this annual report and approved its content in line with Working Together 2023 requirements (and this report's introduction provides a compliance checklist in relation to those requirements).

We hope you enjoy reading this record of our partnership's activity in the 2023/24 reporting period and also learning about future plans for 2024/25 and beyond!



Diana Braithwaite
South East London Integrated Care Board
Place Executive Lead (Bexley)



Stephen Kitchman
London Borough of Bexley
Director of Children's
Services



Simon Dilkes
South East Basic Command Unit
Detective Superintendent Public
Protection

I. Introduction

I. Introduction

I.1 Working Together 2023 compliance

[Working Together to Safeguard Children](#) was republished in December 2023 by the Department for Education and sets out the reporting requirements for safeguarding partnerships. The table below sets out these requirements alongside where our local response can be found:

Working Together 2023 requirement for annual reporting*	Section(s) in S.H.I.E.L.D. annual report
What partnerships have done as a result of the arrangements, including on child safeguarding practice reviews	2.1.1, 2.2.1, 2.4.1
How effective these arrangements have been in practice	2.1.2, 2.2.3, 2.4.2, 2.5.1, 2.6.1, 3.1
The contribution of each safeguarding partner to the functioning and structure of the multi-agency safeguarding arrangements	2.1.1
Any themes emanating from aggregated methods of scrutiny, for example, reviews and scrutineer activity and multi-agency audits	3.1, 3.2, 2.4.1
Evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families	2.2.3, 2.4.2, 2.5.1, 2.7.1, 2.7.2, 2.7.3
An analysis of any areas where there has been little or no evidence of progress on agreed priorities	2.1.2, 2.2.2, 2.2.3
An analysis of learning from serious incidents	2.4.1
A record of key decisions and actions taken by the safeguarding partners in the yearly cycle, including in relation to implementing the recommendations from any local and national child safeguarding practice reviews and the impact this has had	2.1.2, 2.4.1
Ways in which the safeguarding partners have sought and utilised feedback from children and families to inform their work and influence service provision	2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2
The breakdown of costs in delivering the arrangements for that period, including the financial contributions of individual partners, any changes to funding and an assessment of the impact and value for money of this funding	4.1
Evidence of how safeguarding partners are ensuring the adequate representation and input of education at both the operational and strategic levels of the arrangements	2.6.1, 2.6.2
An overview of how data is being used to encourage learning within the arrangements and evidence of how information sharing has improved practice and outcomes	2.4.5
A review of the impact and learning from independent scrutiny arrangements to ensure the leadership is strong and the arrangements are leading to the desired and necessary impact	2.1.3, 3.1
Any updates to the published arrangement with the proposed timescale for implementation	4.2
Evidence that national reforms have been implemented, taking into account key decisions and actions taken by safeguarding partners in response to reforms, and any issues or concerns encountered within the yearly cycle	1.1, 2.4.1

(* see *Working Together 2023*, pages 40–42)

The Department for Education have set a timetable for all Local Safeguarding Children’s Partnerships to be compliant with *Working Together 2023* by December 2024. An update on Bexley S.H.I.E.L.D.’s compliance will be included in the partnership’s annual report for 2024/25.

1.2 Our vision, values, success measures, practice priorities and frameworks

In March 2023, Bexley S.H.I.E.L.D. Executive – the strategic leads from NHS South East London Integrated Care Board (ICB), South East Basic Command Unit (BCU/Metropolitan Police) and the London Borough of Bexley – reviewed and reconfirmed the partnership’s shared vision for children and young people. This shared vision was originally agreed in 2017 for the local area:



In Bexley, we want healthy safe, resilient family networks in communities that are also safe. We want children to attain the skills that they need at schools and colleges so that they grow up to be independent and productive. We want children and young people driving our local growth and engaging in the plans we make and the services we deliver.

Behind the name S.H.I.E.L.D. sits a number of values Bexley’s Youth Council identified for the partnership:

- Shelter
- Haven
- Inspiring
- Empowering
- Leading
- Defending.

5 shared ambitions for all children and young people in Bexley were also reconfirmed by the Bexley S.H.I.E.L.D. Executive:

- All children and young people are safe from harm
- All children and young people are healthy and enjoy healthy lifestyles
- All children and young people enjoy and achieve at school and/or college so that they have the skills they need for life and future employment
- All children and young people have access to leisure and opportunities for fun as they are growing up
- All children and young people are active in their communities, their experiences count, and they have a voice with influence.

Bexley S.H.I.E.L.D. Executive have also reviewed and reconfirmed the partnership’s success measures:

Success measure 1: restorative learning with families and children

- A framework and approach to learning alongside families. Used to identify when practice makes a real difference to families and when it could be improved or further developed – replacing Serious Case Reviews with Child Safeguarding Practice Reviews (for good and less good practice) – this includes the Learning from Practice Group, Multi-Agency Learning Forum and Bexley FLARE.

Success measure 2: learning with practitioners

- Implementing the Learning Hub model which examines up 2–3 priority areas of practice
- Each Learning Hub priority is supported by an agreed practitioner membership
- Recommendations for practice improvement are presented to the Partnership Board.

Success measure 3: a kind and healing system

- Bexley FLARE (parent engagement group) is a central element of the partnership arrangements – they work with the system and professionals to influence the improvements we make – we have extended the FLARE model to include children and young people
- The work of the partnership will prioritise healing from the trauma children, young people and their families sometimes experience in their complex home situations or from challenges within their communities.

In October 2023, Bexley S.H.I.E.L.D. Executive agreed that the Learning Hub would move from a focus on 3 broad practice priorities (adolescent vulnerability, basic child protection, and the mental health of children and their families) to 2 priorities (the former 2 areas) – see **Section 2.2.4** for more information.

The key practice frameworks promoted by the partnership to its relevant agencies and partners working with children, young people, and families are:

- Think Family
- Signs of Safety (the practice framework in place within LB Bexley Children’s Social Care)
- Contextual safeguarding.

1.3 Bexley local profile

There are approximately 57,000 children and young people aged 0-18 years old living in Bexley (2021 Census)

61% are White, 17% are Black, 11% are Asian, 8% are from mixed ethnic groups, and 3% are from other ethnic groups (2021 Census)

There are approximately 1500 Children in Need open to Bexley Children’s Social Care, 220 children subject to a Child Protection Plan, 300 children in care and 360 care leavers (Children’s Social Care March 2024 – provisional).

There are approximately 43,000 children in Bexley schools, of which 11% receive SEN Support, and 4.6% have an Education Health and Care Plan. 19% are eligible for Free School Meals. English is an additional language for 21% of pupils (School Census January 2024)

1.4 Bexley S.H.I.E.L.D. 3-year plan 2023-26

The partnership’s original 3-year plan was established in 2017. A further plan was drawn up for 2020-23. A new 3-year plan has been produced for 2023-26 and is shown on page 2 of this report.



2. Review of the effectiveness of the partnership arrangements and their impact on practice

2. Review of the effectiveness of the partnership arrangements and their impact on practice

2.1 The impact of the work of the 3 safeguarding partners

2.1.1 Contributions of the 3 safeguarding partners to the partnership arrangements

The Police, ICB and Local Authority partnership leads have shared the chairing of Bexley S.H.I.E.L.D. (with the rotating of the Partnership Board chairing on a meeting-by-meeting basis between all 3 safeguarding partners). The Local Authority have chaired Bexley S.H.I.E.L.D. Executive to date. In terms of sub-group chairing, the ICB chair the Learning from Practice Group, and the Police and Local Authority co-chair the CREST meetings. These arrangements will be reviewed and refreshed during 2024 in line with the requirements of Working Together 2023.

2.1.2 Focus of activity and key decisions

The Partnership Board remains the decision-making body overseeing the multi-agency plan to promote and protect children and safeguard their welfare. The Partnership Board is led by the 3 safeguarding partners – Police, ICB and Local Authority – and is made up of 22 separate agencies/services. The Partnership Board met quarterly between April 2023 and March 2024.

In this reporting period, the Partnership Board's achievements included the following:

- Considered the findings of Baby Y Local Child Safeguarding Practice Review and from Bexley's Rapid Review activity and the learning to take back to relevant agencies in Bexley
- Delivered case presentations from 2 relevant agencies to support local networking and greater awareness of partner's work (LB Bexley Youth Justice Service and Bexley Voluntary Services Council) and heard from other relevant agencies in relation to key practice updates (Bexley Community Safety Partnership on its Modern Slavery Strategy and NRM local panel, Bromley Healthcare on its supervision audit in response to the Baby Y LCSPR, and LB Bexley Education in relation to the findings from its Section 175 audit of schools)
- Reviewed and agreed the Learning Hub's recommendations from Priority 13 (on young carers), Priority 15 (on adolescent risk and vulnerability), and Priority 16 (on basic child protection) – and discussed the ongoing work of Priority 14 (on Early Help)
- Contributed to the scoping of the partnership's Year 7 priorities (2024/25)
- Discussed the findings of the independent scrutiny deep dive into Bexley's Learning Hub and Learning from Practice models
- Discussed the feedback from the chairs of Strategic CREST in relation to Bexley's current focus on the multi-agency response to young people at risk of exploitation
- Discussed the work of Bexley FLARE (parent engagement group) including its summer 2023 activities programme
- Completed a Section 11 organisation-wide survey for 2022/23 and considered the summary findings from the surveys
- Considered the Tackling Child Exploitation (TCE) practice principles/resources and their application within Bexley agencies
- Considered the partnership's response to the government consultations on Working Together 2023 and information-sharing guidance
- Discussed the key learning from the Child Safeguarding Practice Review Panel's Annual Report 2021 (including the Panel's leadership questions for safeguarding partnerships)
- Agreed and signed off the Bexley S.H.I.E.L.D. Annual Report 2021-23
- Reviewed the partnership's learning and development activity for 2022/23 (including the effectiveness of the safeguarding champions network) and the Bexley S.H.I.E.L.D. Learning and Development Plan 2023/24
- Confirmed the partnership budget and partner contributions for 2024/25.

The purpose of Bexley S.H.I.E.L.D. Executive is to coordinate the work of the safeguarding partnership. It is made up of representatives from the 3 safeguarding partners – Police, ICB and the Local Authority – and the Bexley S.H.I.E.L.D. Strategic Safeguarding Lead, Safeguarding Practice Advisor, and independent scrutineer. As previously, representatives from Bexley's relevant agencies or other specialists have been invited to the Executive on an ad hoc basis.

In this reporting period, Bexley S.H.I.E.L.D. Executive achieved the following:

- Provided a regular forum for discussing and sharing safeguarding arrangements for each statutory partner
- Considered Bexley's multi-agency approach and/or response to the following: young people going missing (including funding further input from Missing People charity), Bexley's response to the Child Safeguarding Practice Review Panel's National Review on Children with Complex Needs and Disabilities, the partnership's performance in relation to the statutory timeframes for Rapid Reviews, the local response to the London thresholds matrix, the London Enhancing Child Sexual Abuse (CSA) Pathway programme, Operation Seymour (Police), the provision of welfare checks (Right Care, Right Person – Police/NHS), Serious Incident Notification data (from Department for Education/Child Safeguarding Practice Review Panel), local Police personnel/resources, London Strategic Action Plan for Reducing Deaths in Babies, Children and Young People, the local Child Death Overview Panel annual report, the Child Safeguarding Practice Review Panel's review on child sexual abuse within the family environment, school nursing provision in Bexley, future JTAI inspection, multi-agency learning in respect of routine safe enquiry, the HMIC report on the Metropolitan Police's handling of exploitation
- Discussed progressing the recommendations from the independent scrutiny review of Bexley's Learning Hub model the future scrutiny of (a) the Learning from Practice model and (b) the partnership's approach to developing embedded and sustainable multi-agency learning
- Agreed the final published report for the Local Child Safeguarding Practice Review Baby Y (published February 2024) – and sought updates on all other statutory review activity
- Reviewed and refreshed the partnership's overarching priorities (basic child protection and adolescent vulnerability) including the programmes for Year 7
- Requested an update report from the Strategic CREST chairs in relation to the effectiveness of Bexley's CREST arrangements (multi-agency response to young people at risk of exploitation)
- Continued to review the attendance of relevant agencies at all partnership meetings
- Agreed the funding and supported the successful recruitment of a data analyst to focus on the partnership's dataset and exploitation data analysis within the CREST arrangements
- Clarified the LADO's role in cases where safeguarding concerns have been raised about the historic conduct of Police officers
- Engaged with the Kings College-led Multi-Agency Child Safeguarding (MACS) evaluation project
- Co-facilitated a webinar on Early Help for The Association of Safeguarding Partners (March 2023)
- Agreed Bexley S.H.I.E.L.D.'s joint response to the consultation on Working Together 2023 draft guidance and the partnership's Working Together 2023 compliance plan
- Reviewed the impact of the commissioned Seconds Out boxing programme for young people at risk of exploitation
- Contributed to the partnership's Early Help conference in February 2024.

A visual record of the Executive's strategic planning session (held in October 2024) can be found in **Appendix I**.

2.1.3 Impact of independent scrutiny on partnership leadership

The partnership's independent scrutineer follows the [Six Steps to Independent Scrutiny](#) framework that has a focus on leadership. The independent scrutineer regularly attended the S.H.I.E.L.D. Executive to provide updates on all scrutiny activity as well as to provide ongoing support and challenge to the partnership's leadership group. Scrutiny recommendations identified key learning in the leadership space – for example, in relation to the approach to statutory reviews (the Learning from Practice model) and the Learning Hub arrangements/resource implications. This learning will be revisited at the next Executive development session (co-facilitated by the independent scrutineer) in May 2024.

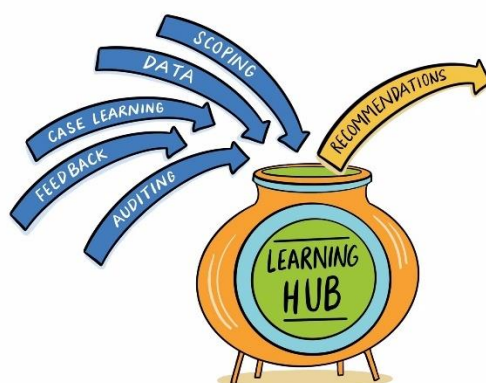
2.2 The partnership priorities and the work of the Learning Hub

2.2.1 The Learning Hub model

The Learning Hub is a multi-agency group of practitioners who come together to examine evidence from a variety of sources and in order to consider the effectiveness of practice. Evidence includes:

- Current data and performance
- Relevant statutory and other guidance
- Evidence from previous Learning Hubs
- Self-assessments and peer challenge
- Child Safeguarding Practice Reviews, Rapid Reviews, and child deaths reviews
- Single- and multi-agency audit findings
- National reports
- Inspection reports (including from other areas).

The Learning Hub considers frontline challenges and successes and makes suggestions and recommendations to improve multi-agency working which are presented to the Partnership Board. A plan is established for measuring the impact of any recommendations made by the Learning Hub on practice across the multi-agency system. The Learning Hub's cycle of activity is described in more detail on the S.H.I.E.L.D. website: <https://bexleysafeguardingpartnership.co.uk/about-partnership/learning-hub/>

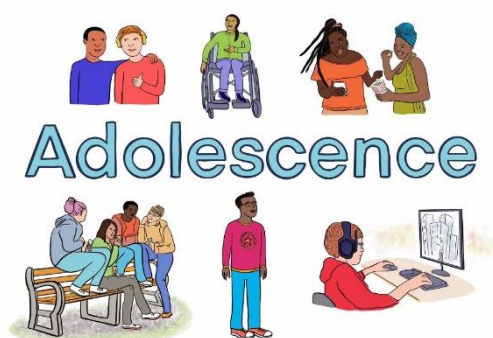


2.2.2 Priorities 14, 15, 16 – summary of work and recommendations

The priorities for the partnership's sixth year were determined in January 2023 by Bexley S.H.I.E.L.D. Executive and shared at the Partnership Board in April and July 2023. Below is a description of the Learning Hub's activity and recommendations made to the Partnership Board with updates to take forward these recommendations also noted:

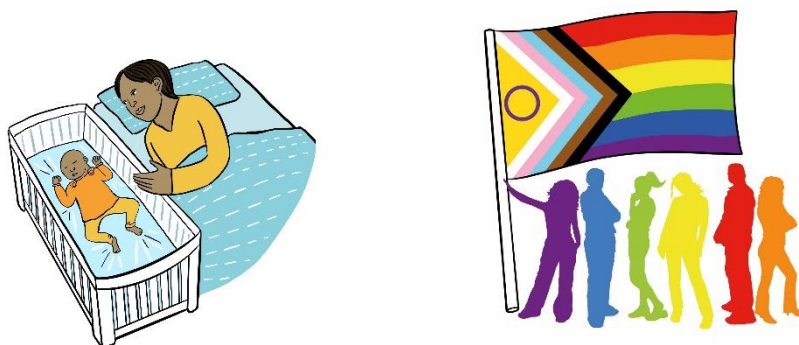
Priority 14	
The focus of the priority	Timeframe
Developing a strategic multi-agency approach to Early Help in Bexley	May 2023 – ongoing
Learning Hub activity	
<ul style="list-style-type: none"> • 15 Learning Hub members from Bexley relevant agencies • Reviewing Priority 12 baselines for current practice, activity and recommendations • Task and finish group to plan and deliver a community conference(s) to support the development of a multi-agency strategy on Early Help for Bexley (initial event held 1/2/24) • Carry out research activity into Early Help models in Southwark, Hackney and Essex • Complete an audit of contacts into MASH where signposting to universal services takes place 	
Next steps and updates on progress to take these forward	
1. Bexley S.H.I.E.L.D. to plan and deliver a follow-up event for parents to support the development of Bexley's Early Help Strategy	Event being planned to take place on 12/8/24
2. Bexley S.H.I.E.L.D. to produce a multi-agency Early Help Strategy for Bexley	To be completed by December 2024

Priority 15	
The focus of the priority	Timeframe
Better understanding the multi-agency approach in Bexley to (a) children and young people going missing and (b) safeguarding in and by the wider community	June – October 2023
Learning Hub activity	
<ul style="list-style-type: none"> • 13 Learning Hub members from Bexley relevant agencies • Initial scoping of what we already know and agreeing the Hub’s activity plan • Agreeing a baseline for current practice in Bexley • Mini-Hub sessions on Priority 15 issues: <ul style="list-style-type: none"> ○ Session to review work of Priority 1 as part of stock take on ‘missing’ and consider Children’s Society’s self-assessment tool (17/8/23) ○ Session to consider the PCC report “Missing children in London’ (18/7/23) • Review work of Missing People charity to date in Bexley • Preparatory work towards tri-borough missing event 20/10/23 • Evidence gathering to develop a contact list of community groups and organisations with a remit relating to children’s safeguarding • Safeguarding champions events in September/October • Recommendation-setting 	
Recommendations and updates on progress to take these forward	
1. That Bexley S.H.I.E.L.D. Executive require Strategic CREST to review the Priority 1 impact report (May 2020) and agree a position in relation to current practice on missing	Completed in December 2023 – Missing People charity commissioned to complete a full review (July 2024)
2. That Bexley S.H.I.E.L.D. Executive require Strategic CREST chairs to produce a report for the January 2024 S.H.I.E.L.D. Partnership Board with the above assessment of practice relating to missing including feedback from the Targeted Youth Service on the current RHI process	Completed at Partnership Board on 29/4/24
3. That Strategic CREST notes any findings and next steps from the tri-borough missing event in October 2023 in relation to developing practice in Bexley (including informing on any future commissioning of support from Missing People charity)	Completed in December 2023
4. That Strategic CREST notes the Children’s Society’s missing self-assessment tool as a mechanism for reviewing current and/or future practice around missing	Shared and discussed at Strategic CREST in January 2024
5. That Bexley S.H.I.E.L.D. follows up with the community contacts list to identify key service information and shares the final contacts list as a resource for the wider safeguarding system	Community contacts list produced and ongoing work to add service information
6. That Bexley S.H.I.E.L.D. agrees any further promotional work and networking activity in relation to the groups and organisations on the community contacts list (including involving them in future Learning Hub work)	Ongoing work (in conjunction with recommendation 5)



Priority 16	
The focus of the priority	Timeframe
Getting basic child protection right	October 2023 – February 2024
Learning Hub activity	
<ul style="list-style-type: none"> • 11 Learning Hub members from Bexley relevant agencies • Reviewing the existing evidence base • Agreeing a baseline for current practice in Bexley • Mini-Hub sessions on Priority 11 issues: <ul style="list-style-type: none"> ○ 13/11/23 – Gender/sexuality of younger people ○ 23/11/23 – Working with under-1's ○ 7/12/23 – Domestic abuse • Parent/young people consultation November 2023 – January 2024 • Auditing on gender/sexuality strand December 2023 • Recommendation-setting 	
Recommendations and updates on progress to take these forward	
1. That Bexley S.H.I.E.L.D. commission an ongoing series of briefings on Bexley's bruising protocol (including recording a briefing for practitioners to review independently)	Webinar recorded and issued April 2024, ongoing briefings scheduled (first taking place 2/7/24)
2. That Bexley Children's Social Care shares the findings from their deep dive on pre-birth assessments in March 2024 with Bexley S.H.I.E.L.D.	Work ongoing
3. That Bexley S.H.I.E.L.D. commissions a series of briefings on Bexley Children's Social Care's Pre-birth Assessment Protocol	Work ongoing
4. That Bexley S.H.I.E.L.D. ensure any previous recommendations relating to working with under-1's and not completed are prioritised in the partnership's work programme for 2024/25	S.H.I.E.L.D. team reviewing recommendations log monthly and sharing any specific recommendations at Learning from Practice Group
5. That Bexley Children's Social Care routinely share pre-birth safety plans with Health Visitors and GPs	Work ongoing
6. That Bexley S.H.I.E.L.D. in partnership with Bexley Children's Social Care use the MASH audit (February 2024) to follow up on any key lines of enquiry identified by this Learning Hub in relation to working with under-1's, domestic abuse and gender identity/sexuality and share the findings of the MASH audit accordingly	Work ongoing (MASH audit is a longer-term piece of work)
7. That Bexley Community Safety Partnership develops practice guidance and resources relating to children who witness domestic abuse in their home, including feedback from children, young people and parents gathered by this Learning Hub	Work ongoing
8. That Bexley Community Safety Partnership develops practice guidance and resources relating to parents who experience violence towards them from their children, including feedback from children, young people and parents gathered by this Learning Hub	Work ongoing
9. That Bexley FLARE are invited to support recommendations 7 and 8	Work ongoing
10. That Bexley S.H.I.E.L.D. commissions a report from Bexley Community Safety Partnership on practice relating to routine safe enquiry (drawing from the work of Bexley's statutory learning reviews and the Learning Hub)	Work ongoing
11. That Bexley S.H.I.E.L.D. ensure any previous recommendations relating to domestic abuse are prioritised in the partnership's work programme for 2024/25	S.H.I.E.L.D. team reviewing recommendations log monthly and sharing any specific recommendations at Learning from Practice Group

12. That the Designated Safeguarding Leads (Schools) Network review the impact for children and young people in Bexley of the draft guidance on gender questioning children and feedback any findings to Bexley S.H.I.E.L.D.	Guidance shared at DSL network in January 2024 and further discussions planned from summer 2024
13. That Bexley S.H.I.E.L.D. follow up on any recommendations made in the CASS review report and their implications for Bexley	Completed and summary of published CASS review produced – item at July 2024 Partnership Board
14. That Bexley S.H.I.E.L.D. produces a 7-minute briefing on the gender identity and sexuality strand of Priority 16 including resources, audit findings, and good practice (including in relation to respectful language), including feedback from children, young people and parents gathered by this Learning Hub	Drafted and due for consultation in June 2024
15. That Bexley S.H.I.E.L.D. commissions further multi-agency awareness training from Metro in relation to gender identity and sexuality	Additional training providers being scoped as of April 2024
16. That LB Bexley Education includes a question in the 2024/25 Section 175 audit in schools to identify current policy provision and support needs in relation to responding to the gender identity and sexuality of young people	Planning meeting June 2024



2.2.3 Impact of Years 4 and 5 work on practice

Some of the key outputs from the work recommended by the Learning Hub in 2021-23 (Priorities 9 – 13) include:

- The delivery of a multi-agency learning event on Bexley's Neglect Strategy and Toolkit (November 2022)
- Complete an audit of multi-agency attendance at mandatory and other domestic abuse training
- Revised the LB Bexley's Pre-birth Assessment Protocol (April 2022)
- Produced a 7-minute briefing on learning from the multi-agency auditing of strategy meeting attendance and good practice (July 2022)
- New partnership communications plan agreed including revised e-bulletin format (issued July 2023)

- Bexley multi-agency Strengths and Difficulties Questionnaires (SDQs) Policy produced (issued October 2023)
- Planning progressed towards delivering an Early Help conference (to support the development of a partnership Early Help strategy for Bexley)
- Produced a resource on young carers – to include a description of what a young carer is, case studies, pathways to refer to Imago (the commissioned service), and other resources (issued November 2023)
- Strengthened the joint working between Imago and other key partner agencies (including GPs, schools, and Adult Social Care).

Feedback about and evidence of the usage of the guidance and resources noted above are sought via ongoing auditing activity and practitioner learning events.

2.2.4 Learning Hub priorities for Year 7

Bexley S.H.I.E.L.D. Executive met from October 2023 to agree the work programme for the partnership's seventh year including the Learning Hub priorities. Executive members agreed to reduce the partnership's core priorities from 3 to 2 per year and to be carried out over a longer 5-month cycle. This would also allow for more time to be dedicated to considering the impact of previous priority work. The priorities for Year 7 will be as follows:

The focus of the priority	Timeframe
Getting our collective response to adolescent vulnerability right	May – October 2024
Practice areas:	
<ul style="list-style-type: none"> • Children and young people who go missing • Transitional safeguarding • Bexley's CREST arrangements 	

The focus of the priority	Timeframe
Getting basic child protection right	September 2024 – January 2025
Practice areas:	
<ul style="list-style-type: none"> • Neurodiversity • Information-sharing • Working Together 2023 compliance • The development of a partnership dataset 	

Getting Basic Child Protection Right



It was agreed to include the Child Safeguarding Practice Review Panel's checklist of contemporary themes (shared in September 2023 at the London Safeguarding Children Summit) in all Learning Hub work for broader consideration:

- Shape of system
- Deeper analysis of impact of race, racism, intersectionality
- Neglect (as distinct from poverty)
- Harm outside the family
- Education
- Mental health.

2.3 The work of Bexley FLARE and feedback from young people

2.3.1 Bexley FLARE activity and impact

Bexley FLARE was established in 2019 as a group to support parents who have some experience of child protection services. The group is facilitated by Bexley S.H.I.E.L.D.'s Participation Officer and Bexley Moorings. Highlights from FLARE's activity in 2023/24 are set out below:

Bexley FLARE	
<p>A year of growth</p> <ul style="list-style-type: none"> • FLARE now has 169 registered members – 54 recruited last year • 296 Facebook members • 319 Bexley parents have attended a FLARE drop-in session or workshop • 56 have received 1:1 support 	<p>Outreach</p> <ul style="list-style-type: none"> • 8 home visits with the Staying Together team • 16 school visits • 14 toddler groups • 4 church groups • 18 foodbank visits
<p>Challenges for families</p> <ul style="list-style-type: none"> • Poverty still very evident, especially visible through foodbank use • Overcrowding affects a number of FLARE families • School avoidance is a growing concern • Securing SEND diagnosis continues to worry many parents 	<p>Challenges for professionals</p> <ul style="list-style-type: none"> • FLARE continues to be less racially diverse than the borough of Bexley - last quarter has seen an improvement • Engaging with fathers • Helping families deal with multiple issues eg overcrowding, disability and mental health all in one household
<p>A solid foundation for the future</p> <ul style="list-style-type: none"> • The group's founders continue to offer solid support to each other, and new members • The Facebook group is rapidly becoming a valuable local resource and for informal, and immediate, support • The workshops are well attended and responsive to parent requests and needs • FLARE has good links in with other Bexley teams (for example, Youth Justice, Community Safety and Staying Together) 	

Case Study – J, a single mother of 2 boys

- Introduced by Youth Offending Service and met at a home visit in November – completed registration together after requesting help.
- Worried about having sufficient funds to buy food – support given to access local food banks (which don't require vouchers) along with locations and opening times.
- J confirmed concern re managing Christmas and her family – Christmas support offered, via the Salvation Army, and accepted (this included a food hamper and gifts)
- Court letters received re school avoidance – FLARE liaised with Youth Offending Service/Youth Justice to find out more about sons' school refusal and how support can be offered
- Further concern expressed re food - information obtained and shared from 'Info Bexley' re obtaining vouchers so that J can access all Bexley food banks not just those who don't require vouchers
- Parent confirms struggling with her own mental health and decision made to refer herself back to Mind
- Regular contact made to reassure and support (usually every couple of weeks).



2.3.2 Consultation activity with young people and parents

Bexley S.H.I.E.L.D.'s Participation Officer has led the partnership's consultation work with young people and parents. Activity in 2023/24 has been focused around 2 strands of Priority 16 – *Getting basic child protection right*:

- Domestic abuse
- Gender identity and sexuality.

Consultation questions were developed in the Learning Hub. 18 adults and 34 young people contributed to the consultation on domestic abuse, 22 adults and 42 young people contributed to the consultation on gender identity and sexuality:

Domestic abuse – young people consultation and feedback		
Group/forum	Summary of feedback	Demographic information
Bexley Youth Council	<ul style="list-style-type: none"> • Boys/young men often displaying dismissive attitudes towards domestic abuse and not considering hitting/pushing sisters/mothers as abuse • Very high levels of understanding of coercive control, financial control etc, so good work from schools on furthering understanding 	<ul style="list-style-type: none"> • Age range 11-19 • 10 white, 4 black • 13 male, 1 female split • 14 in group
Positive Journeys (for young adults who have been Looked After)	<ul style="list-style-type: none"> • This group were the most open about personal experience of family violence • Very nuanced understanding of the impact of violence and control within families • Only young people group with no gender split in attitudes to violence 	<ul style="list-style-type: none"> • Age range 16-23 • 6 white, 1 biracial, 1 traveller • 5 female, 3 males • 8 in group
Mixed group of teenage boys from multiple Bexley schools	<ul style="list-style-type: none"> • Group thinks women/girls often make false or exaggerated allegations of abuse • Monitoring a girlfriend or sister's phone, or having GPS tracking on her movements, is not controlling, it is just "what boyfriends do" 	<ul style="list-style-type: none"> • Age range 15-17 • All white • All male • 6 in group
Mixed group of teenage girls from multiple Bexley schools	<ul style="list-style-type: none"> • Very aware of 'red flags' in male behaviour • Girls were very clear they were focused on female friendship more than romance, e.g. 'Galentines' 	<ul style="list-style-type: none"> • Age range 14-16 • 4 white, 2 biracial • All female • 6 in group
Domestic abuse – parent consultation and feedback		
Group/forum	Summary of feedback	Demographic information
Bexley FLARE parent carer network	<ul style="list-style-type: none"> • Relatively limited understanding of the forms domestic abuse can take, e.g. coercive control • Broadly non-creative responses to the question of how a child witnessing domestic abuse might be impacted, commenting mainly on them being likely to feel fear • All parents agreed that they would not report child-to-parent abuse and only sibling-on-sibling abuse if it resulted in serious injury 	<ul style="list-style-type: none"> • Age range 26-63 • 15 female, 3 male • 9 white, 9 minority ethnic • 18 in total

The following analysis in response to the above feedback was shared with the Partnership Board in March 2024:

- There was a worrying gender split in attitudes to domestic abuse and violence in general
- Boys/young men often expressing a nostalgia for an imagined past where they would not have to talk about feelings or be competing with girls

- Boys expressed the view that school is a feminised environment, with subjects like RSHE (Relationships, Sex and Health Education) where domestic abuse might be discussed, being labelled as 'woke' and for girls. At the same time, they also said they would like very clear guidance in schools about boundaries of acceptable behaviour in relationships
- Boys were sceptical about statistics on domestic abuse, with talk of false claims by girls and women and also thought there was a significant amount of unreported female-on-male violence
- Girls/young women were much more likely to frame violence as mostly male-on-female, and to think that this type is still under reported. They totally refuted the idea that this is likely to be exaggerated or false and cited the 'bravery and guts' needed to report it still.

Gender identity and sexuality – young people consultation and feedback		
Group/forum	Summary of feedback	Demographic information
Bexley Youth Council	<ul style="list-style-type: none"> • The group felt that they needed more guidance on language • Confusion around the divide between gender and sex • Worry about causing offence or 'getting it wrong' • Schools reported to be including discussion on LGBTQ+ topics across the curriculum 	<ul style="list-style-type: none"> • Age range 11-19 • 8 white, 2 black, 2 Asian, 1 biracial • 10 male, 3 female split • 13 in group
Positive Journeys (for young adults who have been Looked After)	<ul style="list-style-type: none"> • This was a very volatile meeting with the most strongly expressed views on trans issues • One brother/sister duo clashed strongly on the issue with the older brother expressing quite strongly transphobic opinions. They had a traveller background and this was used as an explanation for his views • There were several young people in the group who identified as trans/non-binary and they talked about their own stories of telling family/schools/friends • There was significant push-back from some of the boys about non-binary identities in particular, with extreme frustration expressed around the idea of a fluid identity 	<ul style="list-style-type: none"> • Age range 16-23 • 12 white, 1 biracial, 3 travellers • 8 female, 5 males, 3 trans/non-binary, • 16 in group
Mixed group of teenage boys from multiple Bexley schools	<ul style="list-style-type: none"> • Society and school 'forces' LGBTQ+ information on them, and being straight is now somehow 'boring' or 'average' • All confirmed they knew at least one gay peer and that all of these (regardless of school) were bullied by other boys • Confirmed that all out gay young people had friendship groups that were mostly female, the gay boys at all male schools were described as very isolated • Homophobic abuse in schools still common and unlikely to be picked up or challenged by staff • Said there was an increase in bullying incidents during Pride Weeks at school as boys were 'sick of it' 	<ul style="list-style-type: none"> • Age range 15-17 • All white • All male • 6 in group
Secondary school Pride Group	<ul style="list-style-type: none"> • Pride groups act as support system for LGBTQ+ young people and their friends • Agreed homophobic/transphobic slurs are still quite common, but said they weren't 'very serious' and often more to be teasing than hateful • Said teachers struggle to keep up with slang and wouldn't necessarily recognise words as being used to describe LGBTQ+ pupils, e.g. "zesty" • The two trans young people both agreed school had been very supportive and after a rocky start bullying from other pupils had subsided. 	<ul style="list-style-type: none"> • Age range 12-16 • 5 white, 1 Asian, 1 black • 1 girl, 4 boys, 1 trans girl, 1 trans boy • 7 in group

Gender identity and sexuality – parent consultation and feedback		
Group/forum	Summary of feedback	Demographic information
Bexley FLARE	<ul style="list-style-type: none"> Limited understanding of the language of gender identity and sexuality No parents had a trans or non-binary person in their own friendship group or workplace Adults felt they didn't need to specifically seek out information on the LGBTQ+ community Low levels of confidence about getting respectful language right Fairly high levels of acceptance, but some annoyance about non-binary identities 	<ul style="list-style-type: none"> Age range 26-63 15 white, 5 black, 2 Asian 18 female, 3 male split All identified as heterosexual 22 in total

Similarly to the domestic abuse consultation, the following analysis in response to the above feedback was shared with the Partnership Board in March 2024:

- There was a clear split in attitudes between boys and girls, with girls being far more accepting of gay/questioning identities and no children reporting cases of verbal abuse from girls
- Schools are discussing the topic, although some are confining it to Pride Week and varying levels of teacher enthusiasm and preparedness were described, with some lessons seeming 'grudging' or 'basic'
- All children's groups said parents were leaving discussions on LGBTQ+ issues to the schools, with only gay/trans pupils describing having specific conversations at home, and then in the context of their own coming out stories
- Some of the older, straight boys were angry about having to learn about differing sexualities, and especially, gender identities, with the concept of non-binary coming in for particular abuse
- Boys repeatedly used the word 'woke' as a pejorative and expressed jealousy and bafflement as to why girls were attracted to friendships with gay/trans/questioning children
- Girls were very understanding about the issues facing LGBTQ+ children, and wanted to help make their school experience easier, forming a 'protective ring' around their friends (they also pointed out that the worst bullies were also a nightmare for them as girls and young women, so an element of solidarity is also in play)
- The children at the Pride Group were the least likely to be open about bullying, and most likely to describe it in low-key terms (this may be a testament to the school or an unwillingness to rock the boat or discuss painful incidents)
- All groups and boys and girls agreed that there is an unofficial hierarchy of abusive language with homophobic language not taken as seriously as racist language – all groups agreed this was correct, with even the Pride group strongly agreeing racism was 'worse' than homo/transphobia.

See section 2.2.2 of this report for the Learning Hub recommendations in relation to this priority/feedback.



2.4 Learning from Practice

The Learning from Practice Group meets 6-weekly to discuss all serious incident cases and any related learning and agreed actions. The Group is also required to make recommendations following a statutory Rapid Review in response to a serious incident (including whether a Local Child Safeguarding Practice Review should be commissioned). The Learning from Practice Group met 8 times in this reporting period (and additionally for any statutory review panels).

2.4.1 Child Safeguarding Practice Reviews (local and national) and Rapid Reviews

One Local Child Safeguarding Practice Review has been published during this reporting period and 2 reviews are current. 2 Rapid Reviews have been commissioned. An overview of these reviews is set out below:

Baby Y Local Child Safeguarding Practice Review – published February 2024

This 10-month-old baby's case was referred to S.H.I.E.L.D. in July 2022 following an incident where the baby was admitted to hospital with a suspected non-accidental injury (NAI). A Rapid Review took place in July 2022 and the Learning from Practice Group agreed a number of themes and local recommendations (which were reported in the previous S.H.I.E.L.D. annual report). The Group also agreed an overall recommendation to carry out a Local Child Safeguarding Practice Review. The Child Safeguarding Practice Review Panel agreed with this approach (“We thought the review identified a range of pertinent practice issues including interagency working and appropriately intervening in families where there are issues about consent and disguised compliance as well as consideration of the role of men, culture, and diversity. We were pleased to note immediate actions including audit of cases of young children in order to ensure indicators of risk are appropriately escalated and analysed.”). An independent reviewer was commissioned in October 2022 to lead the Local Child Safeguarding Practice Review and the review was completed in July 2023 (although publication was delayed until February 2024 due to an ongoing criminal investigation).

A summary of the findings from this review:

- Neglect is a complex issue that needs to be assessed over time. Better outcomes are achieved by using evidence-based tools such as Bexley's neglect toolkit to plot progress (or the lack of it).
- Gut instinct and professional curiosity are important aspects of multi-agency work that should not be underestimated. Both of these should be given airtime to discuss.
- Better use of supervision from designated professionals may have elicited an earlier multi agency approach to working with this family where the above points would have been considered.
- There is a need for practitioners to think holistically about families and consider all the presenting needs, including those of all the adults in the family.
- Consideration of and assessment of fathers' contributions to their children's lives, particularly where parents are not together, is still not embedded across the partnership.
- The importance of grasping children's day to day lived experiences and how their history, identity, and individual struggles shape this.
- Issues of intersectionality and the impact of multiple oppressions experienced by this family need to be explored and understood.
- There is an opportunity for some joint learning between children's and adults' services in relation to information sharing.

Key learning themes identified by the review:

Information-sharing and record-keeping	Routine safe enquiry
Neglect (including the use of local resources when responding)	Cross-borough working
Escalation	Case closure
	Think Family

5 recommendations were made in the Local Child Safeguarding Practice Review report covering the themes set out above; the report and a 7-minute briefing can be found on the partnership's website:

- <https://bexleysafeguardingpartnership.co.uk/wp-content/uploads/2024/02/Bexley-S.H.I.E.L.D.-LCSPR-Report-Baby-Y.pdf>
- <https://bexleysafeguardingpartnership.co.uk/wp-content/uploads/2024/02/S.H.I.E.L.D.-7-minute-briefing-Baby-Y-LCSPR.pdf>

Young Persons D, E, F Local Child Safeguarding Practice Review – current review

2 young men were sadly killed in November 2022 in 2 related stabbing incidents and a third young man arrested and convicted as one of 4 perpetrators of the killings. Rapid Reviews took place for each of the young men (which were reported on in the partnership’s previous annual report). The Child Safeguarding Practice Review Panel agreed with the Learning from Practice Group’s overall recommendation to carry out a thematic Local Child Safeguarding Practice Review for all 3 young men. The review commenced in June 2023 and remains ongoing.

Childs K and M joint Local Child Safeguarding Practice Review and Domestic Homicide Review – current review

A safeguarding alert was received by London Borough of Bexley Children’s Social Care in March 2023 from Metropolitan Police, informing them at 2 young male siblings had been found deceased at the family home along with their mother (who had sadly killed her sons and then herself). A Rapid Review took place in April 2023 and the Learning from Practice Group recommended a joint Local Child Safeguarding Practice Review and Domestic Homicide Review (given the incident met the criteria for the later statutory review process). The Child Safeguarding Practice Review Panel agreed with this recommendation, noting the Rapid Review “was of good quality and clearly written”. The joint review is being led by Standing Together, commenced in November 2023, and remains ongoing.

Learning from Rapid Reviews

Bexley S.H.I.E.L.D. commissioned 2 Rapid Reviews in this reporting period. The Child Safeguarding Practice Review Panel agreed with the Learning from Practice Group’s recommendation not to commission a Local Child Safeguarding Practice Reviews in respect of the first Rapid Review (“We thought your Rapid Review identified the relevant learning but this would have been made more accessible by an integrated chronology”). In the case of other second Rapid Review, the next steps remain under discussion with the Child Safeguarding Practice Review Panel (this review took place in early April 2024). Recommendations from Rapid Reviews were agreed, actioned, and monitored by the Learning from Practice Group. The themes from Rapid Reviews have been periodically collated and set out in 7-minute briefings.

Learning from national reviews

The following national reviews and reports have informed Bexley S.H.I.E.L.D.’s local activity during this reporting period:

- ‘Child Safeguarding Practice Review Panel: 2022-23 annual report’ (Child Safeguarding Practice Review Panel, January 2024)
The report findings (in relation to new and emerging practice themes, review analysis, and questions for leadership) were shared with Bexley S.H.I.E.L.D. Executive on publication and were due to be presented to the Partnership Board (April 2024) and Learning from Practice Group (May 2024).
- ‘Safeguarding children with disabilities and complex health needs in residential settings – phase 2 report’ (Child Safeguarding Practice Review Panel, April 2023)
Ongoing local reporting (a ‘Quality and Safety Review for Children with Disabilities in our Care placed in Residential Settings’) was established after the phase 1 report in late 2022. The next report from London Borough of Bexley Children is due to be presented to Bexley S.H.I.E.L.D. Executive in June 2024.

Learning from Practice Group



2.4.2 Multi-Agency Learning Forum impact

The purpose of the Multi-Agency Learning Forum (MALF) is to take forward and embed the learning from Local Child Safeguarding Practice Reviews, Safeguarding Adult Reviews, and Domestic Homicide Reviews whilst looking for opportunities for shared learning across the safeguarding systems for children and adults. The MALF is co-chaired by Bexley S.H.I.E.L.D., Bexley Safeguarding Adults Board and Bexley Community Safety Partnership and the full membership meets quarterly to consider current reviews and emerging cross-cutting themes, learning from national reviews. Business planning meetings for the chairs of the MALF take place quarterly and case referrals into the MALF, an overview of current reviews, regional/national learning and agreeing any joint learning events.



When	Key learning theme	Local reviews cited	Commentary
May 2023	Think Family	<ul style="list-style-type: none"> DHR Andrea SAR Mary SAR Paul SAR Elvis Baby Y LCSPR Young Person F LCSPR Various Rapid Reviews 	<ul style="list-style-type: none"> Review of Bexley's Think Family Protocol action plan Planning for joint conference on Think Family (February 2024)
September 2023	Carers	<ul style="list-style-type: none"> DHR Andrea SAR Jonah LD Systems Review Young Person S LCSPR Childs K and M LCSPR/DHR 	<ul style="list-style-type: none"> Input from Bexley Carers Partnership
November 2023	Professional curiosity	<ul style="list-style-type: none"> Session drew on national learning and case studies 	<ul style="list-style-type: none"> Support for professionals with their professional curiosity and how to improve practice
March 2024	Round-up of MALF activities and future planning	<ul style="list-style-type: none"> Not applicable in this session 	<ul style="list-style-type: none"> Recommendations for learning themes for 2024/25 MALF including information-sharing

2.4.3 Multi-agency auditing

Multi-agency auditing forms part of the work of both the Learning Hub and the Learning from Practice Group when wishing to seek assurance about the effectiveness of practice. Auditing activity commissioned by Bexley S.H.I.E.L.D. during this reporting period:

When	Theme of multi-agency audit	Reason for audit	Audit team
November/December 2023	Gender/sexuality of young people	Priority 16 activity	Bexley S.H.I.E.L.D., Priority 16 Learning Hub members
Key learning from multi-agency audit			
<ul style="list-style-type: none"> Overall, language used was respectful, and there was evidence of good practice in terms of recording the young person's voice in relation to their sexuality and how this impacts on their identity Incorrect coding of sexuality on some of the records, e.g. coded as "asexual" but self-described as "pansexual" in the notes If a young person is clearly comfortable with their sexuality and able to express this, it is important to consider whether this is an area where support/focus is needed? It was noted that some records did not make a clear separation between sexual identity and any harmful sexual behaviour perpetrated by the young person 			

- It wasn't always clear in the recording if the young person had explicitly stated that they were identifying as their recorded sexuality, or if this was an assumption by the worker. It would need to be made clear in the records that it is the young person's identity that is recorded
- Evidence of good practice in exploring and recording how a young person's sexuality impacts on their decision making, and supporting them to feel empowered to do this confidently
- There was evidence in the records of relevant support services being discussed and offered to young people, with appropriate signposting.

November/ December 2023	Communication between GPs and Children's Social Care (CSC) with regards to information sharing for Child Protection Conferences	Local and National LSCPRs have a consistent theme of information sharing across agencies	SEL ICB, London Borough of Bexley Children's Social Care, Bexley S.H.I.E.L.D.
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Key learning from multi-agency audit

- Of the cases identified, not all had the correct GP recorded (or had no GP recorded at all)
- 15% of the conferences reviewed had included the GP on the invitation list
- 50% more reports from GPs for conferences had been provided than were recorded on the LB Bexley Children's Social Care system
- Minutes or outcomes of conferences were sent to the GPs in 30% of the cases
- Of these 30% of cases, only half were coded appropriately by the surgery – the surgery that had not coded has taken action to do so and discussed in a clinical meeting.



2.4.4 Feedback from Bexley's relevant agencies – Section 11

As with the previous 2 years, Bexley S.H.I.E.L.D. has worked with the safeguarding partnerships in Greenwich and Lewisham in 2023/24 and undertaken one Section 11 safeguarding assurance survey across the tri-borough to avoid colleagues working in all 3 areas needing to undertake multiple surveys. The findings from both surveys will be reported to the Partnership Board in April 2024 – headlines are set out below:

Bexley S.H.I.E.L.D. had 319 responses, 48 more than last year (271 responses)

Health had the largest number of responses (113 out of 319)

After Health, the highest number of responses were from Schools (49), LBB Education/Schools Improvement (43) and LBB Children's Social Care (41)

This year, there were no responses from Probation (1 response last year), 26 responses from Police (14 more than the previous year), and 43 responses from LBB Education/Schools Improvement (9 responses last year)

Responses from LBB Children's Social Care and from Health partners was close to the previous year's numbers

Overall, responses showed a high confidence in core safeguarding issues such as reporting, role of DSL and escalation

86% of respondents are aware of the name and contact details of the DSL. ICB have the highest level at 100%, followed by Schools at 98%

If Police, Education staff and LBB staff felt that their concerns were not being addressed by the DSL, they would raise their concerns with their line manager, or the manager of the DSL. 29% of respondents from Health services would make a referral to the Multi-Agency Safeguarding Hub

All agencies report to be confident in recognising a safeguarding concern about a child

All agencies are also confident in reporting concerns about a child and seeking advice about a safeguarding concern. Respondents are also confident about obtaining and recording views of a child

Education staff are the most confident about recording views of a child, followed by Police and Health staff

In relation to staff development support received over the last 3 years in relation to safeguarding children, most popular is via e-learning, then informal discussions/updates via meetings/events, then face to face training

Training facilitated by a DSL and e-learning are more popular than online training and classroom training

The most popular training courses were Child sexual exploitation, Online safeguarding, the PREVENT duty (against radicalisation), Female genital mutilation (FGM), and Criminal exploitation

A series of follow up sessions with relevant agencies to explore the findings of the Section 11 surveys are planned from May 2024 and will be led by the tri-borough independent scrutineers.

2.4.5 Multi-agency data and learning

As part of the partnership's ongoing development work within the Learning Hub and CREST arrangements and more broadly, the provision of a data analyst has been secured during the 2023/24 reporting period. The role was successfully recruited to in February 2024 and in post from April 2024 with a focus on:

- Improving the data collection and analysis in the CRAMM, Operational CREST and Strategic CREST meetings in line with the terms of reference for each meeting
- Developing a S.H.I.E.L.D. partnership dataset to sit alongside any ongoing data analysis in relation to the partnership's priorities.



2.5 The partnership's response to adolescent exploitation and contextual risk

The London Child Exploitation Operating Protocol (2021) sets out the London operating protocol for safeguarding and protecting the welfare of children from exploitation. This protocol is police-led but equally owned by the Metropolitan Police Service, Local Authorities Children's Services and Health. Bexley's local arrangements are described below.

2.5.1. Bexley's CREST arrangements

Bexley's Children at Risk of Exploitation Specialist Safeguarding Task Group (CREST) was established in 2020 to replace its then Multi-Agency Sexual Exploitation Operational Panel (MASE). CREST operates with an Operational CREST panel and a Strategic CREST meeting. In order to remain compliant with the London protocol, a pre-CREST panel was introduced in Bexley in 2022 known as

the Crest Referral and Missing Meeting (CRAMM). The CREST meetings provide a coordinated, tactical and strategic response to adolescent exploitation and are co-chaired by the Police and Children’s Social Care in Bexley.

Bexley S.H.I.E.L.D.’s independent scrutineer, Jenny Pearce, completed a deep dive into Bexley’s CREST arrangements in March 2022 and made 24 recommendations for the partnership to consider. An action plan was created to track the progression of these recommendations and key actions were shared at Strategic CREST. The action plan was shared with Bexley S.H.I.E.L.D. Executive and Jenny Pearce provided a final update report in March 2023 (the details of this review and progress made with taking forward the recommendations were included in the previous S.H.I.E.L.D. annual report). The action plan remains under ongoing review and actions have been discussed at Strategic CREST during this reporting period.

Following a meeting of Bexley S.H.I.E.L.D. Executive in October 2023, it was agreed that the wiring of Strategic CREST within the S.H.I.E.L.D. partnership arrangements as a formal sub-group of the partnership would be strengthened. In addition, it was agreed that the partnership’s Strategic Safeguarding Lead would offer programme management support to the Strategic CREST chairs and business support lead going forward. Bexley S.H.I.E.L.D. have led on a review of attendance at all the CREST meetings and carried out observations of the effectiveness of the meetings to support the ongoing strengthening of the meetings.

Bexley S.H.I.E.L.D. has as one of its standing priorities a focused piece of work each year on adolescent exploitation. Related practice issues are explored in the partnership’s Learning Hub. The recommendations from the most recent adolescent Priority 15 – *Better understanding the multi-agency approach in Bexley to (a) children and young people going missing and (b) safeguarding in and by the wider community* – included 4 recommendations for Strategic CREST to take forward in relation to missing:

Recommendation	Update
1. That Bexley S.H.I.E.L.D. Executive require Strategic CREST to review the Priority 1 impact report (May 2020) and agree a position in relation to current practice on missing.	Missing People charity have been approached to carry out this review as an independent ‘critical friend’ – agreed at Strategic CREST in January 2024 and scheduled to take place in July 2024 as part of the missing strand of the S.H.I.E.L.D. priority, <i>Getting our collective response to adolescent vulnerability right</i> .
2. That Bexley S.H.I.E.L.D. Executive require Strategic CREST chairs to produce a report for the January 2024 S.H.I.E.L.D. Partnership Board with the above assessment of practice relating to missing including feedback from the Targeted Youth Service on the current RHI process.	A version of this report (once discussed at Bexley S.H.I.E.L.D. Executive on 9/1/24) was presented to the Partnership Board on 29/1/24 by the Police co-chair of Strategic CREST.
3. That Strategic CREST notes any findings and next steps from the tri-borough missing event in October 2023 in relation to developing practice in Bexley (including informing on any future commissioning of support from Missing People charity).	An initial meeting of key stakeholders and the Police lead for the missing event took place on 5/12/23 to collate initial feedback from event attendees and form an action plan – the missing coordinators in each area along with the Police lead are taking this forward with a follow-up event scheduled for September 2024.
4. That Strategic CREST notes the Children’s Society’s missing self-assessment tool as a mechanism for reviewing current and/or future practice around missing.	Self-assessment tool shared with Strategic CREST chairs in December 2023 – discussed at Strategic CREST in January 2024.

2.5.2 Other workstreams

Activity in this reporting period included:

- The Targeted Youth Service recruited a lead worker for Return Home Interviews (RHIs) in summer 2023 and the post holder started in September 2023. A reporting template on the thematic learning from RHIs was shared at Strategic CREST in January 2024 and will be completed on an ongoing basis going forward to provide the CREST panels with appropriate intelligence in this space. Missing People charity will be commissioned from Mat 2024 by Bexley S.H.I.E.L.D. to provide ongoing support for Bexley practitioners (via case workshops and system coaching)
- Given that the local policing footprint of the South East Basic Command Unit (SE BCU) covers Bexley, Greenwich, and Lewisham, there has been a joint approach to learning and development across the tri-borough including a Police-led focus on practice relating to missing. An information-sharing and networking event was held in October 2023 and an action plan based on feedback from attendees on good practice and areas for service improvement is being produced by the Police lead in conjunction with key stakeholders – this work is still underway. A follow-up event is now being planned for September 2024.
- LB Bexley Children’s Social Care has led an Exploitation Steering Group with input from the Police and other stakeholders – the meeting has a terms of reference to steer its work. From January 2024, its work programme has been linked in with and reported to Strategic CREST to inform all ongoing strategic work and to ensure resources are being best employed. It is anticipated that the Steering Group will act as a task and finish group until its action plan has been completed.



2.5.3 Future plans

- Data analysis post – a series of planning meetings to scope the remit of the role from key stakeholders’ perspectives took place in March 2024. See **section 2.4.5** for more details about the work of this post.
- The creation of a specialist Exploitation Team is being led by strategic leads within LB Bexley Children’s Social Care and updates on the development plan for this work were provided at the Exploitation Steering Group and Strategic CREST meetings in January and March 2024. Ongoing development work will be a priority in 2024/25.
- Bexley S.H.I.E.L.D. has agreed its priorities for 2024/25 (its seventh year as a partnership) including an ongoing focus on adolescent exploitation. The scoping of the adolescent priority – *Getting our collective response to adolescent vulnerability right* – has been completed in March 2024 following consultation with the Partnership Board in January 2024 and the priority will consider:
 - Transitional safeguarding (including some shared focus with Bexley Safeguarding Adults Board)
 - Children and young people who go missing
 - The effectiveness of Bexley’s CREST arrangements.The Learning Hub will meet from May 2024 to begin work on this priority and will make its recommendations in September 2024. These will be heard by the Partnership Board in October 2024.
- It was agreed at Bexley S.H.I.E.L.D. Executive that tracking progress with the local response to the HMICFRS report on how the Met Police handles exploitation should take place in the Strategic CREST going forward.
- The Strategic CREST chairs will provide an updated report with a position on the effectiveness of the CREST arrangements in July 2024.

2.6 Role of education settings in the partnership

2.6.1 Current arrangements

Representatives from education settings in Bexley – from early years settings to colleges for post-16 years – have engaged with Bexley S.H.I.E.L.D. in the following ways during 2023/24:

Practitioners from early years settings and Bexley schools have attended safeguarding champions events, partnership learning events, the Learning Hub, and the Multi-Agency Learning Forum

Bexley schools have participated in Rapid Reviews and Local Child Safeguarding Practice Reviews as required

Bexley S.H.I.E.L.D. attended Bexley Primary School Leaders (BPSL) in June 2023 and Bexley Association of Secondary Leaders (BASL) in April 2024 to re-establish the links between these forums and the safeguarding partnership

The termly Designated Safeguarding Leads (DSL) network has remained a key forum for Bexley schools to hear about the work of Bexley S.H.I.E.L.D. and to provide feedback about S.H.I.E.L.D. priorities – Bexley S.H.I.E.L.D. presented at 5 DSL network meetings during this reporting period

6 representatives from the DSL network are members of Bexley S.H.I.E.L.D.'s Partnership Board. These representatives cover primary, secondary, and college provision in Bexley



2.6.2 Future plans

During 2024/25, and in line with the requirements of *Working Together 2023*, the role of Education with the partnership arrangements will be reviewed and strengthened. This will include representation at the S.H.I.E.L.D. Executive meeting and further linkage with Bexley Primary School Leaders (BPSL), Bexley Association of Secondary Leaders (BASL), the DSL network and early years settings.

2.7 Multi-agency training

Working Together 2023 includes the responsibilities of the 3 safeguarding partners (ICB, Police and Local Authority) to provide: “The provision of appropriate multi-agency safeguarding professional development and training” (page 29). The partnership’s training and development plan for 2023/24 was agreed by the Partnership Board in April 2023. Training and development activities have targeted staff with the following levels of need:

- Level 1 – Staff / volunteers who have occasional contact with children and young people
- Level 2 – Staff/volunteers who might get involved in safeguarding processes
- Level 3 – Staff where a substantial amount of time is spent working with vulnerable and at risk children and young people
- Level 4 – Safeguarding champions.

2.7.1 Training and development activity 2023/24

Training and development activity during this reporting period has included the following:

- E-learning (modules on basic safeguarding and Signs of Safety)
- Safeguarding champions events (both in-person and online sessions were offered in 2023/24) – see **section 2.7.2** below
- Briefing sessions on statutory basics/working in Bexley (continued as online sessions in 2023/24)
- Specialist training on practice relating to domestic abuse (continued as online session in 2023/24)
 - Specialist training relating to:

- Multi-agency child protection
- Internet awareness/safety
- Faith based abuse
- Modern slavery and exploitation
- Neurodiversity
- Suspected bruising protocol for non-independently mobile infants and children
- Parental substance misuse
- Adulthoodification
- Neglect Strategy and Toolkit
- Think Family
- Multi-agency response to missing children and young people
- Tri-borough learning events:
 - Domestic abuse and the effects on children
 - Modern slavery and child exploitation
 - Unconscious bias and cultural competence in safeguarding children.

Early Help learning event (February 2024)

Priority 14 – *Developing a strategic multi-agency response to Early Help in Bexley* – continued the work of Priority 12 – *Understanding the effectiveness of Bexley’s Early Help* – with the aim to develop an Early Help strategy in Bexley. An Early Help event was held on 1/2/24 with facilitator Steve Bather who has previously work with the Association of Safeguarding Partners (TASP). An online forum was available to all attendees in advance of the event to share their views on Early Help in Bexley. This event was attended by 37 practitioners from Health, Police, Local Authority, Schools, Voluntary and Community sector with a focus on:

- What is collectively define as Early Help
- What is currently provide as Early Help in Bexley
- What else could be done to improve how well Early Help services are promoted?

A visual record of this event can be found in **Appendix 2**.

Think Family learning event (February 2024)

A joint Think Family learning event with Bexley’s Safeguarding Adults Board (BSAB) was held on 27/2/24 with guest speaker Michael Preston-Shoot (social work academic since 1988 and currently Head of applied Social Studies at University of Bedfordshire) to relaunch the Think Family protocol at an in-person event for the first time. There were partnership presentations from Oxleas NHS Foundation Trust and Dartford & Gravesend NHS Trust and contributions from Bexley S.H.I.E.L.D.’s independent scrutineer, the BSAB’s independent chair and the London Borough of Bexley’s Chief Executive.

A full breakdown of training courses and attendance is set out in **Appendix 3**.

An evaluation of training and development activities for 2023/24 was presented to the Partnership Board in April 2024 (this included noting how any training-related recommendations from the Learning Hub had been taken forward). This evaluation report included the following:

- Bexley S.H.I.E.L.D. carried out an analysis of training attendance by each relevant agency in 2023/24. Quarterly training attendance reports are provided to partner agencies as and when requested
- A pilot charging for non-attendance (where this is not communicated in advance) was introduced in May 2022 to address non-attendance issues with an aim to being able to re-advertise or offer any cancelled spaces to waiting lists to maximise the number of people accessing S.H.I.E.L.D. training courses. The pilot has shown that there has been an increase in the number of cancellations received prior to the sessions which has enabled these spaces to be re-advertised or offered to waiting lists. The number of ‘no-shows’ at sessions has also decreased. The claiming of non-attendance charges from partner agencies has not proven very successful and this is mainly due to the small numbers of active responders who have conceded to pay. Charging for non-attendance at training courses will continue in 2024/25 with the current process being reviewed which will include a conversation with tri-borough and Bexley partners on their current approach

- Training evaluation feedback forms were issued to attendees of S.H.I.E.L.D. training courses in 2023 / 2024 – a total of 39 responses were received (although this a small sample, the feedback remains useful) – the following headlines have been drawn from the responses:
 - 95% either agreed or strongly agreed that training course objectives were clearly defined
 - 95% either agreed or strongly agreed that the training course was relevant to their needs
 - 95% either agreed or strongly agreed that they could apply the knowledge learnt to their work.

Additional feedback received from attendees of S.H.I.E.L.D. training courses:

- *“One of the most engaging sessions I have attended, the two sessions were answering so many of my questions that I never had clarified before. Practices and protocols, legislations were clearly explained and what I like most – Trainer 1 kept it real, I respected her down to earth approach coupled with a wealth of knowledge and a real passion for what keeping children safe entails. Trainer 2’s insight into the Police remit made me appreciate the complexity of law in layman’s terms”* – Multi-agency child protection training
- *“The training was excellent, and we have signposted other leaders to attend”* – Internet safety
- *“Very good, the trainer was engaging, and I particularly liked the inclusion of the modern thought on autism in relation to traditional thought”* – Neurodiversity
- *“I found the course interesting and challenging – there was so much information, the course needed to be a full day to think through some of the issues”* – Adulthood
- *“Great course! Informative, enjoyable, and thought provoking”* – Parental Substance misuse.

2.7.2 Safeguarding champions

The Bexley S.H.I.E.L.D. safeguarding champions play a key role in disseminating learning, resources and other information from the partnership to the wider safeguarding system. Safeguarding champions events took place in May and September 2023 and in February 2024. The events covered a number of key partnership priorities:

- Updates on the activity of the Learning from Practice Group (Serious Incident Notifications / Rapid Reviews / Local Child Safeguarding Practice Reviews)
- Updates on the activity of the Learning Hub
 - Priority 14 – *Developing a strategic multi-agency approach to Early Help in Bexley*
 - Priority 15 – *Better understanding of the multi-agency approach in Bexley to (a) children and young people going missing and (b) safeguarding in and by the wider community*
 - Priority 16 – *Getting basic child protection right*
 - Year 7 priorities
- Signposting to new guidance, resources and training
- Understanding the work of Bexley’s Community Safety Team
- Discussion on support for young carers in Bexley
- Discussion on information-sharing.

The networking opportunities presented by these events remain a strength, although attendance numbers remain low. In-person sessions were offered to the champions network and there has been one in-person session all other sessions were online events. A review of attendance and the champions network commenced in May 2021 and continues to be updated after each champions session. There are currently 337 champions with 15 being recognised as ‘active champions’.

2.7.3 Tri-borough training and development activity

Our tri-borough work – within the safeguarding children’s partnerships in Lewisham, Greenwich, and Bexley – has continued to focus on shared priorities and key themes associated with Child Safeguarding Practice Reviews arising from all 3 areas.

A 3-year tri-borough training plan was agreed by the now Tri-borough Strategic Leadership Group in June 2022 and has continued to be progressed. The following training (also noted above) relates to themes arising from the statutory review work carried out by all 3 safeguarding partnerships:

- Unconscious bias and cultural competence in safeguarding children
- Domestic abuse and the effects on children
- Modern day slavery and child exploitation workshop.

In October 2023, the tri-borough partnership delivered a missing children event which was led by the Police Public Protection Unit. The event explored the Police and Crime Committee Report on missing, the Met Police response to this, and had a focus on planning and prevention, and a partnership response to missing children. 70 professionals were in attendance and there was rich engagement and participation.

The tri-borough partnership has continued to progress the below priorities in terms of learning together as 3 areas:

- Developing our approach to child exploitation through greater alignment of our MACE/CREST arrangements
- Greater alignment of activity by the independent scrutineers in all 3 areas to consider learning and impact from reviews
- Sharing approaches to implement local safeguarding partnership changes to align with Working Together 2023
- Sharing safeguarding processes, for example referral forms, strategies, pre-birth procedures/protocols to reduce duplication for front line staff
- Disseminating learning from central government and local Child Safeguarding Practice Review Panel (in relation to legislation, policy, guidance) across all 3 areas (including the production of briefing notes and presentations) by our Tri-borough Learning Forum.

2.7.4 Training and development plan 2024/25

Based on the evaluation of the previous training and development plan for 2023/24, a plan for 2024/25 has been produced. Proposed learning activities include:

- E-learning
- Safeguarding champions events
- Briefing sessions on statutory basics/working in Bexley
- Specialist training which will include subjects recommended by the Learning Hub or Learning from Practice Group
- Learning events on themes arising from Local Child Safeguarding Practice Reviews (some of these will be joint events with Bexley Safeguarding Adults Board and Bexley Community Safety Partnership and/or Greenwich and Lewisham Safeguarding Children Partnerships)
- S.H.I.E.L.D. themed conference relating to one of the Year 7 priorities.

A copy of the plan can be found on the partnership's website:

<https://bexleysafeguardingpartnership.co.uk/Training-and-Development-Plan-2024-2025>



3. Independent scrutiny

3. Independent scrutiny

3.1 Feedback from Jenny Pearce, Independent Scrutineer

This has been a productive year for Bexley S.H.I.E.L.D. which has strong and consistent leadership and excellent day to day management led by the S.H.I.E.L.D. business unit. During this year I have continued to scrutinise Bexley S.H.I.E.L.D. drawing on the 'checklist for independent scrutiny' ([Independent-Scrutiny-Checklist-August-2022.pdf \(vkpp.org.uk\)](#)) covering scrutiny of leadership, relevant agencies, engagement with children and young people, use of data and quality assurance, training and workforce development. I regularly attend leadership and sub-group activities, follow progress of task and finish groups and multi-agency audits. In addition, I review reports and reviews undertaken by S.H.I.E.L.D. and carry out deep dives into agreed areas of practice.

While my work has been closely focused on Bexley S.H.I.E.L.D., I am aware that external factors impact on children, young people, and their families across the country. The repercussions of the Covid-19 pandemic continue, the increases in the cost of living and the impact of austerity have meant that many families face a number of challenges. As a trustee for The Association of Safeguarding Partners ([theasp.org.uk](#)) (TASP), by attending TASP Independent Scrutineer Support Group, and London Councils Safeguarding Children partnership meetings, I benefit from support identifying the impact of these factors. This provides opportunity to put the experiences of children and families living in Bexley in perspective and to ensure that I am equipped with regular updates on regional and national safeguarding children initiatives. This includes understanding the implications of the revised government guidance for Safeguarding Children, Working Together 2023 ([Working together to safeguard children - GOV.UK \(www.gov.uk\)](#)).

In line with the requirements of Working Together 2018 and 2023, I have scrutinised the content of this annual report. I confirm that it covers the areas identified for reporting and see it as an accurate record of partnership activity.

Leadership

Bexley S.H.I.E.L.D. is an active and strong partnership, with regular review of priorities and associated action plans undertaken by the S.H.I.E.L.D. Executive. Stephen Kitchman, Director of Bexley Children's Services, has chaired the Executive with rigour and commitment. During the latter part of this year, the ICB lead for safeguarding, Stuart Rowbotham, retired. His strong dedication to safeguarding children was noted. His replacement, Diane Braithwaite, has demonstrated enthusiasm and expertise in safeguarding children, attending leadership meetings and ensuring health colleagues and health policy initiatives are incorporated into strategic planning. The police lead, Simon Dilkes, also attends Executive leadership meetings ensuring that the partnership is up to date with new policing policy initiatives such as 'Right Care, Right Person' and the recent new consultation on the 'Child First' strategy.

The Executive are looking at the implications of Working Together 2023 specifically in terms of partnership governance with the introduction of Lead Safeguarding Partners (LSPs) and with the opportunity for S.H.I.E.L.D. to make further strategic links with other boards/partnerships such as the Community Safety Partnership, Bexley Safeguarding Adults Board, and the Health and Wellbeing Board. This will ensure joined up strategy for safeguarding children in the longer term. Working Together 2023 also asks for education leadership engagement with the strategic planning for safeguarding children; plans are underway to ensure this for the future, building on the already strong links with schools' designated safeguarding leads network. In addition, I have suggested further strategic links with London Borough of Bexley Housing and housing providers, recognising the increasingly important role that housing has to play in face of austerity and the increased cost of living. This is an initiative that will be monitored over time.

The leadership team have been actively involved with oversight of Rapid Reviews and Local Child Safeguarding Practice Reviews (LCSPRs); in partnership events (such as the learning event on Early Help); and in learning from independent scrutiny. This has included the need to confirm sign-off arrangements for Rapid Reviews and LCSPRs, to re-assert the importance of Early Help provision across the partnership, to develop a shared partnership dataset through the appointment of a data analyst, and the need to develop a full partnership strategy for exploited children with accompanying focus on adolescent exploitation. These initiatives are commendable and will be part of ongoing scrutiny in the future.

Relevant agencies

Relevant agencies, including housing, youth services, and Early Help providers have been actively involved with partnership activity. Scrutiny of the Learning Hub and of Early Help have further clarified the important role relevant agencies have in safeguarding children. Bexley, alongside other partnerships, has felt the impact of the reduction of youth service provision but has ensured that commissioning responds to local need. For example, a further Targeted Youth Service practitioner has been appointed and 'SHIFT' services are now fully established in Bexley, increasing contact with young people at risk of and involved with the criminal justice system. MASH reviews of referrals have illustrated the need for health practitioners (including GP surgeries and hospital-based accident and emergency) to have improved access to Early Help providers. Recommendations have been taken up from the independent scrutiny of CREST and services for exploited children. The recommendation for the partnership to review questions of disproportionality in relation to serious youth violence was completed with a resulting disproportionality action plan produced. This will be a focus for future scrutiny of the partnership in line with 'embedding learning'. There has been a focus on commissioning services for missing young people and on the appointment of safeguarding champions from relevant agencies. The school network of designated safeguarding leads has been active in reporting safeguarding concerns and in considering contextual safeguarding approaches.

The tri-borough (Bexley, Lewisham, and Greenwich safeguarding children's partnerships) Section 11 activity has resulted in a targeted focus on police, health and relevant agencies responses, with renewed activity planned for adapting safeguarding training approaches to ensure as much participation as possible. The independent scrutineers have been actively involved in this work and will continue to ensure a targeted and accessible approach to identifying relevant agency safeguarding training needs.

Children and young people

Hearing and understanding the experiences of children and young people is central to scrutiny of safeguarding children partnership activity. The work of Bexley FLARE demonstrates productive consultation with parents, carers and families and the safeguarding partnership Participation Officer is now engaged in a number of activities consulting with children and young people. The approach is to extend reach into existing youth groups such as youth parliaments, Bexley Youth Council, leaving care groups as well as consulting with children and young people within schools and educational contexts. This has provided feedback on priority areas including domestic abuse and recently on gender identity and sexuality. This work is developing and will be a focus for future scrutiny on how learning is embedded to change practice.

The partnership is actively involved with reviewing its arrangements on transitions to adulthood. Part of this development will involve consultation with children and young people. I will monitor and review progress with colleagues to ensure that the voice of the child is central to the developing service delivery.

Data and Quality Assurance

Previous scrutiny noted that further work could be undertaken to encourage the sharing of multi-agency data and for this to better inform strategic development of the partnership activity. For example, scrutiny of CREST and work with children at risk of or experiencing exploitation, noted that data from cases could better inform the awareness of themes emerging from the work as well as locations that place children at risk (contextual safeguarding). This has been responded to with the appointment of a data analyst who will review all partnership data and maintain data sharing between agencies. This is to be commended and scrutiny will monitor the use of data for strategic planning and priority setting in the future.

Bexley S.H.I.E.L.D. has a well-developed and successful structure for quality assurance processes. I have undertaken targeted scrutiny into the Learning from Practice and the Learning Hub models. This scrutiny showed that both approaches (and their respective forums) encourage open learning in safe and well managed contexts and demonstrate good and improving practice. They also use rigorous processes to identify areas of work for further development. Both the Learning from Practice and the Learning Hub models are well understood by a range of partner agencies and have healthy engagement. The multi-agency audits undertaken are well attended, clearly managed, and facilitate constructive learning between and within partner agencies. Although it is hard for some practitioners, particularly GPs and police staff to commit time to attend learning events, clear processes are in place to transfer learning across the different sectors including the use of 7-minute briefings, short, targeted reports and specific one off 'place based' meetings. There is evidence of learning from Rapid Reviews and local and national CSPRs being extracted and cascaded across the partnership through a range of methods and formats. The scrutiny of the Learning from Practice Group and the Learning hub led to two specific outcomes. Firstly, a focused meeting was held to consider processes for chairing, reviewing, and signing off Rapid Review and CSPR reports. This has added further clarity to ensure full partnership engagement with signing off the content of reviews. Secondly, scrutiny identified that despite excellent mechanisms for identifying and sharing learning, there were challenges in evidencing that learning had been embedded to further improve practice. This is a nationally recognised challenge, already identified by the Child Safeguarding Practice Review Panel. In response, we have agreed that the next area of scrutiny will employ a strengths-based approach to identifying examples where learning has been embedded across Bexley S.H.I.E.L.D. This will be done alongside similar work with Greenwich and Lewisham safeguarding children's partnerships, offering opportunity for peer review. The aim is for service providers (individuals or teams) to themselves suggest examples where learning has been successfully embedded to improve practice. We will then look together at the reasons this has been successful. I am very much looking forward to undertaking this work during 2024/25.

Training and workforce development

The partnership training offer is comprehensive, identifying learning from research, local and national reviews and keeping staff updated on changes/initiatives from local and central government bodies. It is well attended, although time pressures on front line staff mean that a variety of training methods are required. These include bespoke 'place based' training initiatives and employment of varied methods for distribution of learning and training materials. The partnership is currently looking at how learning loops are fully functioning so that feedback on learning activity is given and staff are encouraged to challenge their own assumptions as to how good practice can be achieved.

3.2 Future scrutiny activity

Alongside continued scrutiny under the topics identified above, a deep dive into how learning is embedded into practice will take place. Following consultation to date, it is expected that the examples of good practice illustrating how learning is embedded to change practice will include the use of the Think Family approach, the work of FLARE and the ongoing outreach activities of the Learning Hub. Throughout this work, a particular focus will be on learning about how to address questions of disproportionality (including the impact of racism, considerations of gender and sexuality and disability).

I very much look forward to continued scrutiny of the partnership activity over the next year period.

Jenny Pearce
12/06/24



4. Governance

4. Governance

4.1 Budget

Bexley Safeguarding Children's Board was funded through a pooled budget, and this was formally transferred to the new partnership arrangements in October 2018. Partner contributions for 2023/24 were confirmed at the January 2023 Partnership Board and are set out below:

Income	£
London Borough of Bexley	215,000
SE London ICS	34,000
Metropolitan Police	5,000
Probation Service	1,770
Oxleas NHS Trust	7,000
Bromley Healthcare	7,000
Lewisham and Greenwich NHS Trust	15,000
Dartford and Gravesham NHS Trust	15,000
Total income	299,770

Expenditure for 2023/24 was as follows:

Expenditure	£
Staffing	209,000
Training and events	17,000
Communications and publicity (including website)	7,500
Statutory learning reviews	17,000
Independent scrutineer	15,000
Bexley FLARE	1,200
Membership fees	800
Savings exercise (rebate to LB Bexley and 3 other partners)	25,500
Total expenditure	293,000

4.2 Published arrangements document

The partnership's published arrangements document was first issued in October 2018 in line with the requirements set out in the then Working Together 2018. The document was last updated in February 2023 and submitted to the Department for Education (the updated content was noted in the partnership's previous annual report). As part of its work programme for 2024/25, and in line with the Department for Education's timetable for compliance with Working Together 2023, Bexley S.H.I.E.L.D. will re-issue its published arrangements document by December 2024 (and report any revisions in its annual report 2024/25).

The document can be found here:

<https://bexleysafeguardingpartnership.co.uk/news-publications/published-arrangements/>.



4.3 Annual reporting arrangements

The Partnership Board will review a final draft of the annual report for 2023/24 (Year 6) in July 2024 following sign-off by the 3 safeguarding partners. The report will then be submitted to the Department for Education (which includes sharing with the Child Safeguarding Practice Review Panel and Foundations (What Works Centre for Children and Families) by September 2024.

This annual report will be available on the partnership's website here:

<https://bexleysafeguardingpartnership.co.uk/news-publications/annual-report/>.





Bexley S.H.I.E.L.D. Exec Strategic Planning Session 10/10/2023

what is the DATA telling us??

Intro's, objectives, check-ins

what's our Approach?
BEXLEY SHIELD PRIORITIES 2024/25

What's our TIMETABLE for setting priorities?
TIMETABLE 2024/25

HOW LEADING SAFEGUARDING PARTNERS ARE GOING TO OWN PRIORITY SETTING?

How can we be more EFFECTIVE?

How is communication within the group working?

How Bexley SHIELD & Exec will take OWNERSHIP of implementing CHANGES

WORKING TOGETHER 2023 & our local partnership arrangements

MULTI-AGENCY RESPONSE to: COMPLEX CASES

UPDATES & FUTURE PLANS

CONNECTIVITY IN BEXLEY SHIELD EXECUTIVE

APLOGUES: Jo Cross - LB Bexley
 Jenny Pearce - Independent Scrutineer

In attendance: Clare Hunter - NHS, Stephen Kitchen - LB Bexley, Simon Dukes - POLICE, Tim Woodings - SHIELD, Amanda Gillard - LB Bexley, Stuart Rombottom - NHS, Jenny Pearce - Independent Scrutineer

PRIORITY SETTING

Become less REACTIVE! Have a LONGER TERM VIEW... in order to set priorities!

USE THEMES? by Adolescence & Basic Child Protection

ADOLESCENCE: umbrella priorities? is under 18s are so vulnerable!

MENTAL HEALTH: who do we mean? Do we need to get to the ROOT CAUSE?

DATA: Why do we not ALL know this?

BENCHMARK DATA: are we using any data? get BEHAV on the case!

NHS HEALTH POLICE HOUSING SCHOOLS: anyone can make a referral! what's the TRIGGER?

Individual case management? what's the TRIGGER?

Identify what we can do & who else we can do outreach work?

Think FAMILY NARRATIVE EMBEDDING? why are we struggling?

What's going on further upstream? LB Bexley

Getting everyone together - at the right TIME

WORK ON THRESHOLDS? UPDATE REVIEW

TERMS OF REFERENCE & SCRUTINY - what if there's a disagreement?

How can we be more TIMELY?

CONSENSUS & decision making

Have updates regularly from Learning Hub

Depending on the circumstance - we may need a mediator

Focus on MISSING: One of the highest scoring for CSE & missing people

Focus on MISSING: MISSING

Focus on MISSING: MISSING

Working together 2023

NEW STATUTORY GUIDANCE

Hoping for new guidance by end of the year

Exec meets monthly - when to invite schools? Every other meeting

When to check on compliance?

Let's LINK with SCHOOLS

Primary & Secondary head teachers

making the links with young people

Strengthen partnerships

Good to have their lens on it!

Stephan will ask local school heads/DDDs

PRIORITY SETTING: who decides? D. of Children's services Chief nurse, Borough commander police

When do we need to begin working on this?

We need to get the word out too!

Issuing NEW GUIDANCE

Fundamental changes to ways of working!!

What are we trying to fix?

Delegation is INEVITABLE!

if we had lots of challenge back!

Pathfinder sites 'Shape of the System' Family help would be different

other areas are saving. Remove the red paint chair?!

contentious suggestion...

Puts the responsibility on the PARTNERS

Updates on strategic work + governance

Reserves to Spend

We're cheaper than Lewisham + Greenwich (Site pricing) but different structure (10/20k cheaper)

TYS post going great guns

Funded until next August

Jenny is doing research with Kings College Uni to show IMPACT we've made

Data Analyst: still recruiting

Need a clear brief

Mid-level seniority 50-60k for 18 months - 2yrs

Let's avoid duplication!!

Children's DNA: we said we'd fund some of it - shall we go ahead? YES!

(Independent Domestic Violence Advocate)

VACANCY

Exploitation Skill LOTS to understand

Where do CREST arrangements stand? it involves ALL the agencies

S.H.I.E.L.D. to take control of strategic CREST meeting arrangements & collate info with CREST

ACTION!

Multi-agency response to Mental Health complex cases

Map out who's who!

THINK FAMILY Feb 2023

Liquid Logic access

We need to create the SPACE to access the info & put heads together

CASE MAPPING & harm matrix

& make it QUICKER

As a practitioner need CLEAR guidance

A practitioner with a DUAL lens on the MASH team.

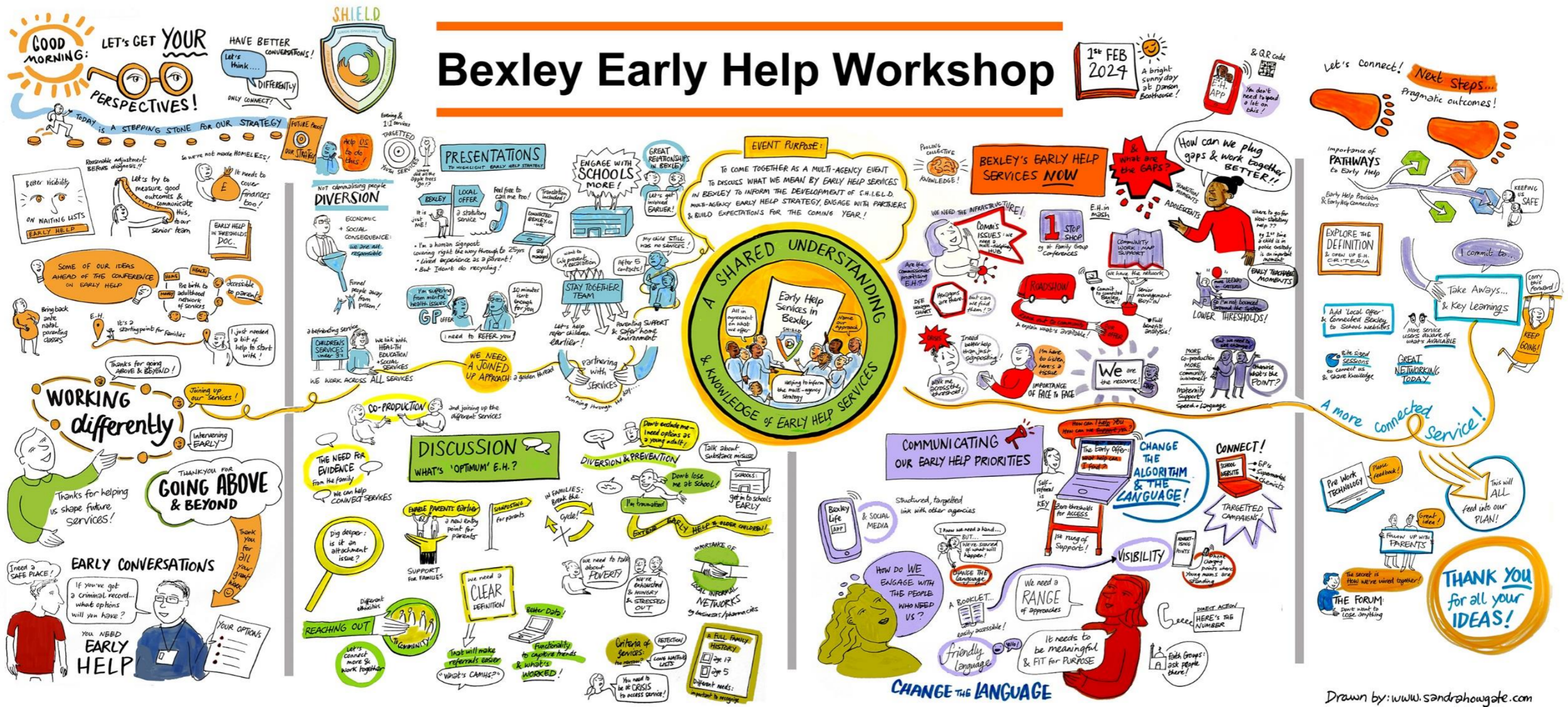
having a foot in different age groups

Where to go for advice? Who does WHAT map the process & on line CASES

Amanda to share analysis

Next steps

- Priority setting: about when we make a decision (in January!)
- Potential headings: BASIC CHILD PROTECTION ADOLESCENCE
- Stretch timings by 1 month
- Update Terms of Reference for our Exec
- Check in with Jenny when she's back in the zone!
- Stephen to check with Schools re: joining the meetings
- Sharing of DATA sets also (& think about what would be useful)
- Refresh CREST governance arrangements
- Update escalation arrangements
- Sharing of priority 1 impact report & Working Together consultation document (by Tim!)



Drawn by: www.sandrhoagate.com

Appendix 3 – Training and development activity April 2023 – March 2024

In 2023/2024, Bexley S.H.I.E.L.D. submitted training courses that meet the criteria for accreditation with Continuing Professional Development (CPD); courses that attained accreditation are noted.

Activity / event		Target group(s)	Dates	Number attending	CPD?	
E-learning	Basic safeguarding children awareness	1,2	E-learning module available throughout reporting period	148	No	
	Signs of Safety for partners	1,2	E-learning module available throughout reporting period	21	No	
S.H.I.E.L.D. safeguarding champions events		4	22/5/23 and 26/5/23	56	Yes	
			27/9/23 and 2/10/23		Yes	
			19/2/24		Yes	
S.H.I.E.L.D. briefing sessions	Working Together 2018	3,4	20/6/23	16	Yes	
	Serious incidents	3,4	31/1/24	20	Yes	
	Effective Support for Children, Young People and Families in Bexley	3,4	20/9/23	19	Yes	
	Learning review themes	3,4	20/3/24	11	Yes	
	Introduction to LADO (Local Authority Designated Officer)	3,4	20/9/23	14	No	
	S.H.I.E.L.D. partnership arrangements	3,4	31/5/23	1	Yes	
Domestic abuse training	Domestic Abuse Dynamics, Risk Identification & Assessment (DASH)	3,4	8/6/23 and 29/6/23	53	No	
			4/10/23 and 25/10/23			
	Introduction to MARAC	3,4	17/5/23	5/6/23	217	Yes
			13/7/23	8/8/23		
			22/9/23	31/10/23		
			20/11/23	12/1/24		
			21/2/24	19/3/24		
	Stalking and harassment	3,4	1/9/23	38	Yes	
			4/12/23			
	Honour based violence	3,4	13/10/23	13	Yes	
	Criminal orders and civil orders	3,4	8/11/23	48	Yes	
	Safety planning in domestic abuse case.	3,4	6/7/23	39	No	
			5/10/23			
	Domestic homicide reviews	3,4	27/11/23	39	No	
Routine safe enquiry	3,4	20/7/23	29	Yes		
Recognising & Understanding Coercive Control	3,4	01/06/23	34	Yes		
		16/10/23				
Specialist training	Multi-Agency Neglect Strategy & Toolkit	3,4	20/11/23	7	No	
	Adultification	3,4	13/3/23	22	No	
	Young carers briefing with IMAGO	3,4	12/10/23	23	No	
			5/12/23			

	Child exploitation	3,4	24/4/23	31/5/23	138	No
			26/6/23	27/7/23		
			22/9/23	28/9/23		
			25/10/23	27/11/23		
			20/12/23	29/1/24		
			28/2/24	25/3/24		
	Suspected Bruising Protocol for Non-Independently Mobile Infants and Children briefing	3,4		30/11/23	80	Yes
				6/12/23		
				14/12/23		
				18/1/24		
	Multi-agency child protection training	3,4		24-25/1/24 (2 x 0.5 days)	17	Yes
	Internet awareness / safety	3,4		6/4/23	90	No
				29/9/23		
			16/10/23			
FORWARD – Faith based abuse	3,4		22/6/23	38	No	
			26/9/23			
MASH best practice schools event	3,4		20/2/24	16	No	
Think Family workshops	3,4		18/10/23	67	No	
			9/11/23			
			23/11/23			
			13/12/23			
Neurodiversity	3,4		21/11/23	24	No	
Parental Substance Misuse	3,4		19/3/24	19	No	
Learning review events (Tri-borough)	Domestic Abuse and the effects on Children	3,4		22/11/23	33 (tri-borough)	No
	Unconscious Bias and Cultural Competence	3,4		19/10/23	100 (tri-borough)	No
				30/1/24		
				5/2/24		
				7/2/24		
Modern Slavery and Child Exploitation	3,4		29/11/23	29 (tri-borough)	No	
Missing event	3,4		20/10/23	40 (tri-borough)	No	
Conferences	Early Help learning event	3,4		1/2/24	37	
	Joint BSAB/S.H.I.E.L.D. Think Family learning event	3,4		27/2/24	26	

Target groups

1		3	Staff where a substantial amount of time is spent working with vulnerable and at-risk children and young people
2		4	Safeguarding Champions

For further information on training course attendance, please contact shield@bexley.gov.uk.



Bexley S.H.I.E.L.D.

Safeguarding Partnership for Children and Young People

Our partnership arrangements February 2023

11th AUGUST 2020

Time to REDRAW our plan!



Bexley S.H.I.E.L.D Safeguarding Partnership for Children and Young People

Our Partnership Plan 2020-2023

JTAI INSPECTION:
The Safeguarding Partnership is **A REAL STRENGTH**

CONNECTIVITY
also helps us thrive

Good COMMUNICATION + JOINT WORKING
Identified some GAPS

Need to focus on ASD & adolescents who go missing

What's our REACH?

How can we EMBED this knowledge?

OUR SHARED PRIORITIES

WE'VE CHOSEN TO RETURN TO THESE:

- 1 Help children to grow up in safe and supportive families
- 2 Improve our understanding and response to the number of children who run away from home or care
- 3 Protect the most vulnerable children from neglect, violence and harm
- 4 Protect children and young people from criminal and sexual exploitation, including the dangers of drugs, alcohol
- 5 Empower families to give children the best early start in life so that they are healthy and ready for school
- 6 All young people will have the offer of a school placement and be supported to attend

We've achieved so much!
BUT...

What difference are we making?
"So WHAT?"

OUR SHARED 5 AMBITIONS

- All children & young people are **safe from harm**
- All children & young people are **healthy** and enjoy healthy lifestyles
- All children & young people **enjoy + achieve at school and/or college** so that they have the skills they need for life & future employment
- All children & young people have access to leisure & opportunities for fun as they are growing up
- All children & young people are **active** in their communities, their experiences count and they have a voice with influence

OUR AGREED SUCCESS MEASURES

- 1 Restorative learning with families and children
- 2 Learning with practitioners
- 3 A kind and healing system



A SHARED VISION: In Bexley we want healthy, safe and resilient families, networks, communities that are safe for them so that they attain the skills they need at schools and colleges, growing up to be independent and productive. We want children and young people driving our local growth and engaging in the plans we make and the services we deliver

Better understand why children go missing

Improve our understanding + response to children who run away

Involve the Youth Council & other young people

INDEPENDENT SCRUTINY
Things to always remember:
LOOK THROUGH THE POST-COVID LENS
Don't make any ASSUMPTIONS where people "are" - things will have changed.

SHINE A LIGHT

Let's PULL the lessons together
LET'S LEARN FROM THIS!
Create a space to TALK!

PARTNERSHIP BOARD STRUCTURE
What has changed?
Is it an effective structure?
Colours? Does it need clarifying?
Price - Funding?



AREAS TO CONSIDER THAT WORK WITH OUR 6 PRIORITIES:

- NEGLECT
- F.L.A.R.E.
- Understanding the stories of the young people identified in Priority 4
- Re-running Priority 4 with a new Learning Hub group
- Learning from COVID
- Issues of concern raised by Partnership Board members (May 2020)

Bexley Safeguarding Partnership for Children and Young People

Contents

Foreword <i>Stuart Rowbotham, Stephen Kitchman, Richard McDonagh</i>	Page 4
1. A shared vision and values	Pages 5-7
2. The 3 safeguarding partners in Bexley	Page 7
3. Geographical boundaries	Page 7
4. Effective support – levels of need and support	Pages 8-9
5. Relevant agencies 5.1 Role of early years settings, schools and other educational establishments in the partnership including Designated Safeguarding Leads Network 5.2 Role of youth offending and custody services, children and young people who run away and/or are missing from education in the partnership	Pages 9-12
6. The architecture of Bexley's safeguarding partnership 6.1 Partnership Board 6.2 Bexley S.H.I.E.L.D. Executive 6.3 Learning Hub 6.4 Learning from Practice Group 6.5 Strategic CREST 6.6 Independent scrutiny 6.7 Operational team	Pages 12-24
7. Voice of children, young people and families	Page 25
8. Local child safeguarding practice reviews	Pages 25-26
9. Learning, training and development 9.1 Training and development activity 9.2 Safeguarding champions 9.3 Multi-agency auditing	Pages 26-28
10. Funding	Page 28
11. Escalation Policy	Pages 28

Foreword

We are pleased to commend this document to you as the 3 statutory safeguarding partners in Bexley under our safeguarding partnership arrangements known as S.H.I.E.L.D. which were formalised in October 2018. Our S.H.I.E.L.D. partnership symbolises our commitment to safeguarding and protecting children and was named by our children and young people, standing for: Shelter, Haven, Inspiring, Empowering, Leading and Defending. In Bexley, we believe that some of the biggest changes and improvements we have made in the past few years have happened because of our strengthened and strengthening work as a partnership around local children, young people, young adults, carers and families and it was therefore important that they were at the forefront of our partnership arrangements – including choosing our name!

The commitment of practitioners across the system to our Learning Hub, our safeguarding champions programme and our talented Bexley S.H.I.E.L.D. business team have created a strong foundation for us to make our S.H.I.E.L.D. arrangements successful. We reviewed our vision and values in February 2023 and they are set out below. We have chosen to focus on a small number of shared priorities aligned to this with a view to using our resources wisely to make a difference where this matters most to our children, young people and their families.

For Year 1, there was a great deal of activity across the partnership in pursuing our priorities including learning forums, feedback from children and families as well as practitioners, audit activity and partnership discussion on our success measures and evidence of service quality. Activity in Year 2 continued in the Learning Hub and other partnership spaces as we begun to respond to the enormous challenges posed by Covid-19; our second partnership annual report tells this story. The longer-term challenges beyond this are to be confident that a positive difference has been made, particularly when considered from the lived experience of a child, young person or a family. Key to this is the work of Bexley FLARE, working with families who have experienced our services to help us learn what works and what we need to do differently to deliver our vision and priorities - addressing the 'so what?' question.

We are now in our fifth year as a partnership and are making plans around the priorities for what will be our sixth year (from April 2023). Alongside the recommendations being made in our Learning Hub – for our fifth year, we have completed work on Children in Care and Early Help and await the Learning Hub's recommendations from our thirteenth priority on Young Carers – we also have a growing list of recommendations from our statutory review work (including those from Rapid Reviews). These in turn will influence the focus of our future priorities.

We take our responsibilities to work alongside families and to support them to find solutions to their difficulties seriously. We want children to be safe and to grow up to be successful adults. We hope the story, ambition and plans set out in this document will help explain and demonstrate to others that we are in this to make a positive difference for children.



Stuart Rowbotham
NHS South East London
Integrated Care System
Place Based Director (Bexley) /
Director of Adult Social Care
(London Borough of Bexley)



Stephen Kitchman
London Borough of Bexley
Director of Children's
Services



Richard McDonagh
South East Basic Command Unit
Detective Superintendent Public
Protection

I. A shared vision and values

In October 2017, partners from Bexley Clinical Commissioning Group (now NHS South East London Integrated Care System), the Police and the Local Authority in Bexley met to consider the implications of the Children and Social Work Act 2017 on local arrangements for safeguarding and protecting children and young people in Bexley. We agreed a shared vision across the local area as well as shared ambitions for all children and young people and some overarching success measures for the partnership's work.

The partnership's Executive reviewed the vision, ambitions and success measures in February 2023 and reconfirmed them as fit for purpose going forward into the partnership's sixth year. The shared vision is set out below:



In Bexley, we want healthy safe, resilient family networks in communities that are also safe. We want children to attain the skills that they need at schools and colleges so that they grow up to be independent and productive. We want children and young people driving our local growth and engaging in the plans we make and the services we deliver.

Our 5 shared ambitions for our all children and young people arising from that vision:

- All children and young people are safe from harm
- All children and young people are healthy and enjoy healthy lifestyles
- All children and young people enjoy and achieve at school and/or college so that they have the skills they need for life and future employment
- All children and young people have access to leisure and opportunities for fun as they are growing up
- All children and young people are active in their communities, their experiences count and they have a voice with influence.

We agreed some shared priorities for our partnership which support these ambitions and we adopted these as our initial plan for supporting the protection and wellbeing of children and young people in Bexley. For Year 1, our priorities were:

- Priority 1 – Reducing the number of children and young people missing from home or care including those subjected to criminal and sexual exploitation – led by the Police
- Priority 2 – Responding effectively to the mental ill health of parents so they are supported to give their children the best start – led by the CCG
- Priority 3 – Getting basic child protection right – led by the Local Authority.

In Year 2, our priorities were:

- Priority 4 – Identifying and better understanding the young people we are most worried about in Bexley as a multi-agency safeguarding partnership – led by the Police and the Local Authority
- Priority 5 – Getting basic child protection right – led by the Local Authority and the CCG.

In Year 3, our priorities were:

- Priority 6 – *Getting basic child protection right* – led by the Local Authority
- Priority 7 – *Identifying and better understanding the young people we are most worried about in Bexley as a multi-agency safeguarding partnership* – led by the Police
- Priority 8 – *Identifying and better understanding the mental health of children, young people and families in Bexley in light of Covid-19 and the services available to support them* – led by the CCG.

In Year 4, our priorities were:

- Priority 9 – *Getting basic child protection right* – led by the Local Authority, the CCG and the Police
- Priority 10 – *Better understanding and improving how we measure the impact of the work of the partnership* – led by the Local Authority, the CCG and the Police.

In Year 5, our priorities were:

- Priority 11 – *Understanding the multi-agency response to and the service provision for Looked After Children in Bexley (including multi-agency practice in relation to completing Strengths and Difficulties Questionnaires)* – led by the CCG
- Priority 12 – *Understanding the effectiveness of Bexley's Early Help services* – led by the Police
- Priority 13 – *Developing a profile of young carers in Bexley and identifying the services in place to support them* – led by the Local Authority.

Our priorities for Year 6 will be decided upon in March 2023.

We have refreshed our success measures:

Success measure 1: restorative learning with families and children

- A framework and approach to learning alongside families. Used to identify when practice makes a real difference to families and when it could be improved or further developed – replacing Serious Case Reviews with Child Safeguarding Practice Reviews (for good and less good practice) – this includes the Learning from Practice Group, Multi-Agency Learning Forum and Bexley FLARE.

Success measure 2: learning with practitioners

- Implementing the Learning Hub model which examines up to 3 priority areas of practice
- Each Learning Hub priority is supported by an agreed practitioner membership
- The Learning Hub's recommendations for practice improvement are presented to the Partnership Board.

Success measure 3: a kind and healing system

- Bexley FLARE (parent engagement group) is a central element of the partnership arrangements – they work with the system and professionals to influence the improvements we make – we will extend the FLARE model to include children and young people (our Bexley Young Director and the participation team will support this success measure)
- The work of the partnership will prioritise healing from the trauma children young people and their families sometimes experience in their complex home situations or from challenges within their communities.

The partnership recognises that in order to be successful and work well together, we need the following context and system conditions:

- Relationship-based – both practitioners with each other and with families – a 'we' and not 'those others'
- A kind but accountable partnership
- Equality between statutory partners

- Engaging of a range of communities, schools, colleges, early years providers, voluntary partners and those whose work affects children.

2. The 3 safeguarding partners in Bexley

Bexley’s safeguarding partnership for children and young people is led by the 3 named statutory partners, the London Borough of Bexley, NHS South East London Integrated Care System and the South East Basic Command Unit (Police). These partnership arrangements cover one local authority area, Bexley.

Working Together 2018 names the lead representatives from each of the 3 safeguarding partners: “the local authority chief executive, the accountable officer of a clinical commissioning group, and a chief officer of police” (Working Together 2018, p.76). For Bexley, the lead representatives are:

Jackie Belton	Chief Executive	London Borough of Bexley
Andrew Bland	Accountable Officer – South East London ICS lead	NHS South East London Integrated Care System
Trevor Lawry	Chief Superintendent/Borough Commander	South East Basic Command Unit (BCU)

As set out in Working Together 2018, the lead representatives are able to delegate their functions although they retain accountability for any actions or decisions taken on behalf of their agency. In Bexley, the lead representatives have identified the following senior officers in their respective agencies who have responsibility and authority for ensuring full participation with these arrangements:

Stephen Kitchman	Director of Children’s Services	London Borough of Bexley
Stuart Rowbotham	Place Based Director (Bexley)/ Director of Adult Social Care	NHS South East London Integrated Care System/ London Borough of Bexley
Richard McDonagh	Detective Superintendent Public Protection	South East Basic Command Unit (BCU)

The senior officers have delegated authority to speak on behalf of the safeguarding partner they represent, make decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters, and hold their own organisation or agency to account on how effectively they participate in and implement the local arrangements.

3. Geographical boundaries

These partnership arrangements cover one local authority area, Bexley. However, in 2018, Bexley was successfully awarded early adopter status by the Department for Education in a tri-borough partnership with Greenwich and Lewisham. The early adopter programme provided Bexley with an opportunity to test out some specific priorities across a wider geographical footprint between August 2018 and March 2019. These priorities reflect the Metropolitan Police arrangements – the South East Basic Command Unit (BCU) – and the child death review arrangements; both sets of arrangements cover Bexley, Greenwich and Lewisham.



4. Effective support – levels of need and support

We talk about effective support not thresholds – how to help rather than who doesn't qualify for help. In Bexley, we believe that every child should have the opportunity to reach their full potential. We believe children should grow and achieve within their own families when it is in their best interests and is safe for them to do so. By working together, we will develop flexible services which are responsive to children and families' needs.

Schools and colleges are an important part of our safeguarding system in Bexley. They have responsibility to identify concerns early, provide help for children and prevent concerns from escalating. All our schools and colleges have designated safeguarding leads who meet regularly to discuss local issues. Bexley primary and secondary heads associations meet regularly with senior social care and education leads to explore and resolve safeguarding issues.

Bexley Police are fully committed to safeguarding and protecting children consistently and effectively. The safety of children and young people is a borough policing priority and an area of constant focus and scrutiny. The police have significant contact with young people and strive to make them safer by diverting them from crime and protecting them from harm wherever possible. Locally there is innovative partnership working between the police and local strategic partners and a commitment to train and develop the workforce so that they are sufficiently focused on the needs and experiences of children and young people.

Local children and families also receive services from a number of health agencies. Their responsibilities include ensuring that those who are vulnerable are identified as early as possible. They do this in a number of ways:

- Universal pathway for 0-19 years which includes health visiting and school nursing to all families through the healthy child programme
- Specialist pathways for children and young people with additional medical and allied health service needs
- Maternity pathway delivered by hospital providers
- Acute pathway.

Wherever possible, health agencies will provide a targeted response in partnership with families who have an expressed or assessed need. This may include working with additional early help services. Health partners acknowledge that integrated early help services and good partnership working are essential to improving outcomes for children, young people, their families and carers.

The London Borough of Bexley and partners have developed the Family Wellbeing service to help families before their difficulties escalate. Family Wellbeing keyworkers support children who are living with domestic violence, the mental ill health of a parent or carer, parental drug or alcohol misuse or the threat of or actual exclusion from school. The Family Wellbeing service, whilst being accessible only with parental consent, is closely aligned to children's centres where help and support is available from universal services.

Children's Social Care has also established the Staying Together team helping families in crisis to strengthen and to focus on their children's safety and welfare. Social workers are committed to supporting families in relationships that make change possible. Where children cannot remain with their families or where Children's Social Care services are working to enable them to return home, the 'back together' specialists provide intensive help for parents and advocacy for children to support the changes that must happen before reunification is safe.

The statutory social work service is available for children who have been harmed or who are at risk of harm or significant harm.

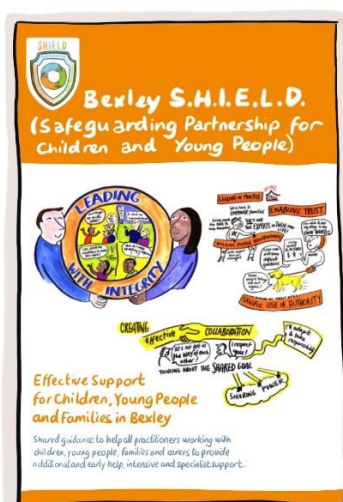
In Bexley, practitioners in all services are committed to the following principles which inform the work with children, young people, their families and carers:

- Wherever possible children and families’ needs will be met by universal services
- As soon as any professional is aware that a child has any additional needs he/she will talk to the child and their family and offer advice and support to meet that need
- Families will be encouraged to identify their own difficulties, strengths, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents and carers to make changes. We use ‘Signs of Safety’ locally as our practice framework to help us in our work
- We will offer support and services to help families to find their own enduring solutions. Once improvements happen, services will reduce or end so that we do not create dependence on services.

The full ‘Effective Support for Children, Young People and Families in Bexley: Shared guidance to help all practitioners working with children, young people, families and carers to provide additional and early help, intensive and specialist support’ can be found on Bexley S.H.I.E.L.D.’s website:

<https://bexleysafeguardingpartnership.co.uk/for-professionals/effective-support-for-children-young-people-and-families-in-bexley/>

Bexley S.H.I.E.L.D. refreshed the ‘Effective Support’ document and reissued it in February 2020. An updated version of the document is expected in 2023.



5. Relevant agencies

As agreed by the 3 safeguarding partners, the following relevant agencies and organisations are members of Bexley’s multi-agency Partnership Board and its sub-groups:

Bexley Voluntary Service Council
Bromley Healthcare
Cafcass
Dartford & Gravesham NHS Trust
Designated Safeguarding Leads Network, Bexley
Healthwatch Bexley
Lewisham & Greenwich NHS Trust
London Fire Brigade
National Probation Service
London South East Colleges
Oxleas NHS Foundation Trust

The above partner organisations have been selected as relevant agencies given the key strategic and operational insight they provide to the work of this partnership. However, in line with statutory guidance, the 3 safeguarding partners note the option to request representatives from other agencies/organisations as the partnership develops or the need arises from particular areas of partnership work. In addition, over 200 agencies/organisations have named safeguarding champions who are part of a network developed by the BSCB (see **section 9.2**).



5.1 Role of early years settings, schools and other educational establishments in the partnership including Designated Safeguarding Leads Network

Early years settings (including nurseries, playgroups and childminders) are represented within the safeguarding champions network (see **section 9.2**). Engagement happens via a series of learning events and the dissemination of resources.

Schools feed in their views via the primary and secondary leads on the Designated Safeguarding Leads Network and via the safeguarding champions network. The Designated Safeguarding Leads Network is the main link to the Board and will carry out the functions previously held by the Safeguarding in Education Group. The Designated Safeguarding Leads Network meets termly and there is a standing agenda item for feeding back any relevant information to and from the Partnership Board. The Network was re-launched in October 2019 and is supported by the Local Education Systems Leader (Safeguarding in Education) from the Education Improvement Service (LB Bexley). The recruitment of 5 new representatives from the Network took place in summer 2022.

The Partnership Board includes primary and secondary Designated Safeguarding Lead representation. London South East Colleges are also represented on the Partnership Board.

The Partnership Board seeks assurance on schools safeguarding practice through the engagement of schools in the work of the partnership as set out below:

Group	Local authority representation (Education and Youth)	Schools representation
Partnership Board	<ul style="list-style-type: none"> • Director of Children’s Services • Deputy Director – Children's Social Care • Deputy Director – Education Services for Children • Service Manager, Youth Offending Service 	<ul style="list-style-type: none"> • Head of Pastoral Care and Safeguarding/Business Manager, Merton Court Prep School • Co-Head and Designated Safeguarding Lead, Aspire Academy • Assistant Head and Designated Safeguarding Lead, Welling School • Deputy Headteacher, St Catherine's Catholic School

		<ul style="list-style-type: none"> Assistant Head and Designated Safeguarding Lead, Parkview Academy Vice Principal Student Services, Designated Safeguarding Lead, London South East Colleges
Bexley S.H.I.E.L.D. Executive	<ul style="list-style-type: none"> Director of Children's Services Deputy Director – Children's Social Care 	Representatives from Bexley schools joined Bexley S.H.I.E.L.D. Executive on an ad hoc basis during 2021 to discuss the impact of Covid-19 on Bexley schools
Learning Hub	Under the partnership arrangements, there will be bespoke invites for each Learning Hub theme	Under the partnership arrangements, there will be bespoke invites for each Learning Hub theme
Strategic CREST	<ul style="list-style-type: none"> Head of Education Partnership, School and College Improvement Local Education System Leader Service Manager, Youth Offending Service 	<ul style="list-style-type: none"> Head of Inclusion (Attendance, Safeguarding & Careers), New Horizons
Learning from Practice Group	<ul style="list-style-type: none"> Head of Professional Standards & Quality Assurance 	<ul style="list-style-type: none"> Schools representatives attend Rapid Reviews and other statutory review meetings on an ad hoc basis

Meetings and forums that discuss school safeguarding and links with Bexley S.H.I.E.L.D.'s partnership arrangements are as follows:

Network / Forum	Chair/representative	Representative on the Partnership Board
Bexley Association of Secondary Leaders (BASL)	<ul style="list-style-type: none"> Headteacher, Haberdashers Crayford Academy 	<ul style="list-style-type: none"> Deputy Director – Education Services for Children
Bexley Primary School Leaders (BPSL)	<ul style="list-style-type: none"> Headteacher, Parkway Primary 	<ul style="list-style-type: none"> Deputy Director – Education Services for Children
Designated Safeguarding Leads Network	<ul style="list-style-type: none"> Facilitated by the Local Education Systems Leader (Safeguarding in Education) from the Education Improvement Service (LB Bexley) 	<ul style="list-style-type: none"> Head of Pastoral Care and Safeguarding/Business Manager, Merton Court Prep School Co-Head and Designated Safeguarding Lead, Aspire Academy Assistant Head and Designated Safeguarding Lead, Welling School Deputy Headteacher, St Catherine's Catholic School Assistant Head and Designated Safeguarding Lead, Parkview Academy

5.2 Role of youth offending and custody services, children and young people who run away and/or are missing from education in the partnership

- Youth services in Bexley are well connected to Bexley S.H.I.E.L.D. and are key contributors to the ongoing work of the Strategic CREST (see **section 6.5**) in sharing expertise around joint work with teenagers.
- Youth services also contributed to the work of the partnership on its first priority, children and young people who go missing and are at risk of criminal or sexual exploitation, the partnership's fourth and seventh priorities on adolescent vulnerability, Priority 6 – *Getting basic child protection right*, and Priority 12 – *Understanding the effectiveness of Bexley's Early Help services*.
- A Targeted Youth Strategy was developed, setting out priorities including how the wider professional network including the voluntary sector will deliver joint working and integrate wider opportunities for support for young people.
- Bexley S.H.I.E.L.D. has been represented at the Youth Justice Service-led panel looking at disproportionality.
- Bexley S.H.I.E.L.D. Executive have reviewed data relating to Bexley children in custody during 2020-2022 with the independent scrutineer.
- The work of the Strategic CREST and the monthly Operational CREST/weekly CRAMM meetings that consider children and young people who go missing are described in **section 6.5**.

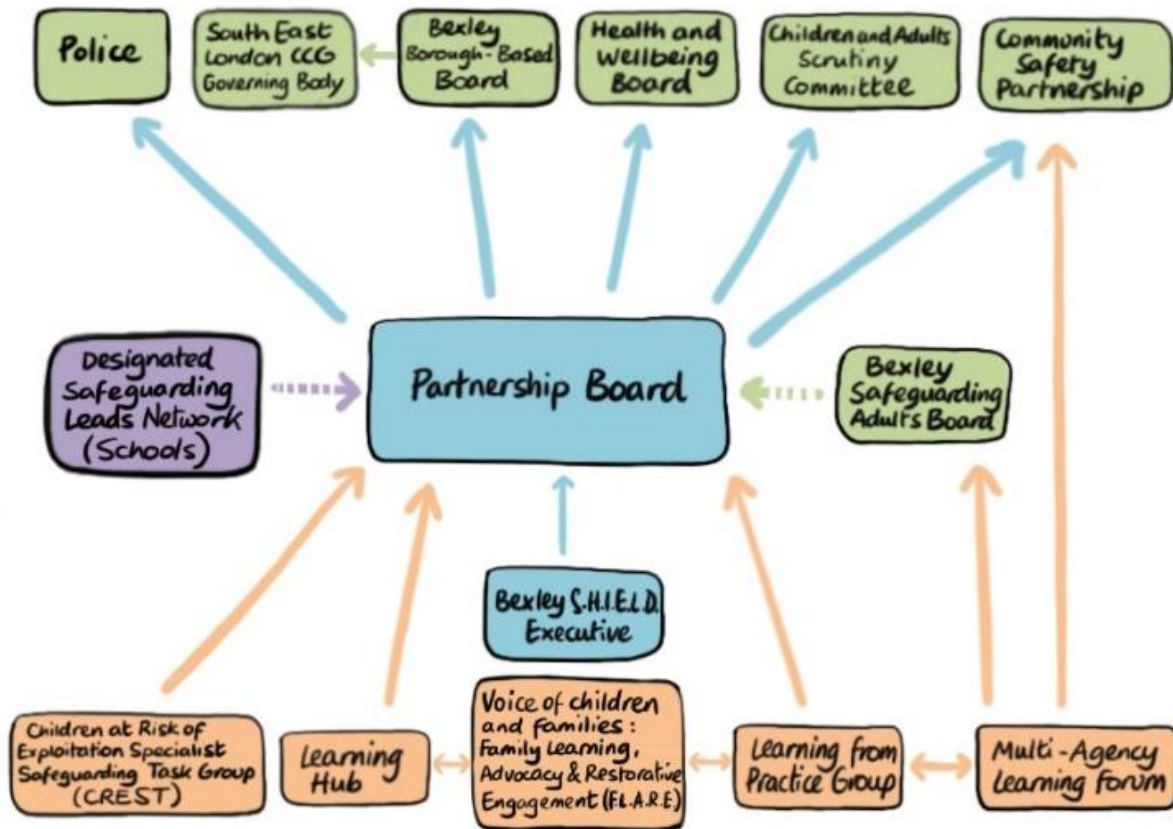
6. The architecture of Bexley's safeguarding partnership

The timetable of activity for the end of 2022/23 and indicative timetable for 2023/24 are set out below:

Year 5 – Priority 13 – Developing a profile of young carers in Bexley and identifying the services in place to support them			
Partnership Board	24 October 2022	Learning Hub (Scoping)	24 November 2022
Scoping feedback activity		14 December 2022	
Multi-agency auditing		26 and 31 January 2023	
Learning Hub (Recommendations)	16 March 2023	Partnership Board	24 April 2023

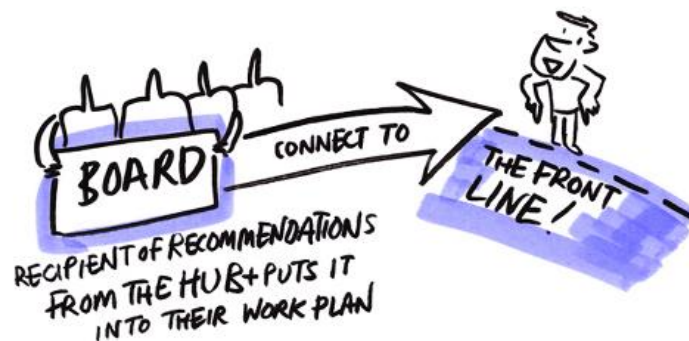
Year 6 – Priority 14 – Early Help/Mental Health			
Partnership Board	24 April 2023	Learning Hub (Scoping)	20 April 2023
Hub activity		May 2023	
Hub activity		June 2023	
Learning Hub (Recommendations)	12 July 2023	Partnership Board	24 July 2023
Year 6 – Priority 15 – Adolescent Vulnerability			
Partnership Board	24 July 2023	Learning Hub (Scoping)	15 June 2023
Hub activity		July 2023	
Hub activity		September 2023	
Learning Hub (Recommendations)	12 October 2023	Partnership Board	30 October 2023
Year 6 – Priority 16 – Basic Child Protection			
Partnership Board	30 October 2023	Learning Hub (Scoping)	19 October 2023
Hub activity		November 2023	
Hub activity		December 2023	
Learning Hub (Recommendations)	11 January 2024	Partnership Board	29 January 2024

The overarching governance arrangements are shown below:



6.1 Partnership Board

The purpose of the Partnership Board is to be the decision-making body overseeing the multi-agency plan to protect children and safeguard their welfare. The Partnership Board is led by the 3 safeguarding partners – Police, ICS and Local Authority. The Partnership Board will review progress and assess strengths and areas for development in the local safeguarding system. This analysis will inform the priorities set out in the partnership children’s plan for 2023-26. The Partnership Board will contribute to annual reporting activity on progress with delivering the partnership children’s plan. Partnership Board meetings will also be informed by the reflections and improvements identified by the Learning Hub.



The Partnership Board is chaired by the 3 safeguarding partners with business support from Bexley S.H.I.E.L.D.’s operational team. The Board meets quarterly at the Civic Offices or virtually via MS

Teams. Actions are agreed at each meeting for Board members and Bexley S.H.I.E.L.D.'s operational team to follow-up on between meetings. Bexley S.H.I.E.L.D. Executive (made up of the 3 named safeguarding partners) meets separately to plan Board agendas and business. After each Board meeting, Board members will be responsible for passing on updates to their own organisations. Standard agenda items will include:

- Feedback from Bexley's relevant agencies
- The work of the Learning Hub
- National/local learning reviews
- Training and development.

The Partnership Board has a fixed core membership of organisations working across the safeguarding partnership in Bexley, drawn from the list of relevant agencies as set out in Working Together 2018, and with the flexibility to co-opt other relevant professionals to discuss certain agenda items as and when appropriate. Board members are responsible for sending a deputy to Board meetings in their absence. Board members are also responsible for updating the Board on any significant changes to personnel within their organisation (as well as any operational changes).

Agency	Representative
Bexley Voluntary Service Council	Chief Executive
Bromley Healthcare	Associate Director
Dartford & Gravesham NHS Trust	Director of Nursing & Quality
Healthwatch Bexley	Manager
Lewisham & Greenwich NHS Trust	Deputy Chief Nurse
London Borough of Bexley	Director of Public Health
London Borough of Bexley	Service Manager, Youth Justice
London Borough of Bexley	Chief Executive
London Borough of Bexley	Director of Children's Services (co-chair)
London Borough of Bexley	Deputy Director, Education Services for Children, Schools and Educational Improvement
London Borough of Bexley	Head of Professional Standards & Quality Assurance
London Borough of Bexley	Deputy Director Children's Social Care
London Borough of Bexley	Head of Libraries and Communities
London Borough of Bexley	Deputy Director Neighbourhoods
London Borough of Bexley	Housing Service Manager
London Fire Brigade	Borough Commander
Cafcass (Children and Family Court Advisory and Support Service)	Service Manager, Public Law
Metropolitan Police Service	Detective Superintendent Public Protection, South East London BCU (co-chair)
National Probation Service	Head of Service
NHS SE London ICB	Designated Nurse Children Looked After
NHS SE London ICB	Designated Nurse Safeguarding Children
NHS SE London ICB	Lead GP Safeguarding Adults and Children
NHS SE London ICB	Place Based Director, Bexley (co-chair)
NHS SE London ICB	Lead Consultant Community Paediatrician and Designated Dr for Safeguarding Bexley
Oxleas NHS Foundation Trust	Director of Children and Young People's Services
Designated Safeguarding Leads (DSL) Network	Assistant Head/DSL, Welling School

Designated Safeguarding Leads (DSL) Network	Head of Pastoral Care, Safeguarding & Business Manager, Merton Court Prep School
Designated Safeguarding Leads (DSL) Network	Deputy Headteacher/DSL, St Catherine's Catholic School
Designated Safeguarding Leads (DSL) Network	Co-Head Bexley's SEMH Special School and Designated Safeguarding Lead, Aspire Academy Bexley
Designated Safeguarding Leads (DSL) Network	Assistant Head of School/Safeguarding Lead, Parkview Academy
London South East Colleges	Group Executive Director of Student Experience and Safeguarding
London Borough of Bexley	Lead Member for Children's Services
London Borough of Bexley	Lead Member for Education
Bexley S.H.I.E.L.D.	Independent Scrutineer (observer)

The Partnership Board reports on its activities and those of the groups that comprise the full partnership arrangements (Bexley S.H.I.E.L.D. Executive, Learning Hub, the Learning from Practice Group, the Multi-Agency Learning Forum, and CREST) to the following:

- Police South East BCU Performance Meeting – report to once a year
- Bexley Borough Based Board (ICS) – report to once a year
- LB Bexley Health and Well-Being Board – report to once a year
- LB Bexley Children and Adults Scrutiny Committee – report to once a year
- LB Bexley Community Safety Partnership – report to once a year
- Bexley Safeguarding Adults Board – report to once a year.

6.2 Bexley S.H.I.E.L.D. Executive

The purpose of Bexley S.H.I.E.L.D. Executive is to coordinate the work of the safeguarding partnership. It is made up of representatives from the 3 safeguarding partners – Police, ICS and the Local Authority. Members of the partnership's operational team also attend Bexley S.H.I.E.L.D. Executive. Bexley S.H.I.E.L.D. Executive is responsible for completing the initial work on scoping the success and impact measures for each priority on the partnership's children's plan, identifying the key safeguarding issues for the multi-agency partnership, and making recommendations about the membership of the Learning Hub group to come together and work on that priority. Bexley S.H.I.E.L.D. Executive determines the agenda and content for the Partnership Board meetings and also reviews the work of the Learning Hub and the operational team.

Bexley S.H.I.E.L.D. Executive is chaired by the 3 safeguarding partners with business support from the partnership's operational team. Bexley S.H.I.E.L.D. Executive will only be quorate with a representative from each of the 3 safeguarding partners. Bexley S.H.I.E.L.D. Executive meets monthly (meetings were increased from 8 times a year to initially weekly in response to Covid-19).

Actions will be agreed at each meeting for Bexley S.H.I.E.L.D. Executive members and the operational team to follow-up on between meetings. The operational team will take items to the Bexley S.H.I.E.L.D. Executive meetings for decision-making by the 3 safeguarding partners. Outside of Bexley S.H.I.E.L.D. Executive meetings, decision-making will be made by agreement from a Bexley S.H.I.E.L.D. Executive member from each of the 3 safeguarding partners and/or via the S.H.I.E.L.D. operational lead's line management.

Bexley S.H.I.E.L.D. Executive has a fixed core membership drawn from the 3 safeguarding partners and the operational team, with the flexibility to co-opt other relevant professionals to discuss certain agenda items as and when appropriate:

Agency	Representative
London Borough of Bexley	Director Children's Services
London Borough of Bexley	Deputy Director Children's Social Care
Metropolitan Police Service	Detective Superintendent Public Protection, BCU
Metropolitan Police Service	Detective Chief Inspector Public Protection, BCU
NHS Bexley ICS	Place Based Director, Bexley, South East London ICS
NHS Bexley ICS	Head of Safeguarding/Designated Nurse
Bexley S.H.I.E.L.D.	Practice lead role
Bexley S.H.I.E.L.D.	Programme lead role
Bexley S.H.I.E.L.D.	Independent Scrutineer (observer)

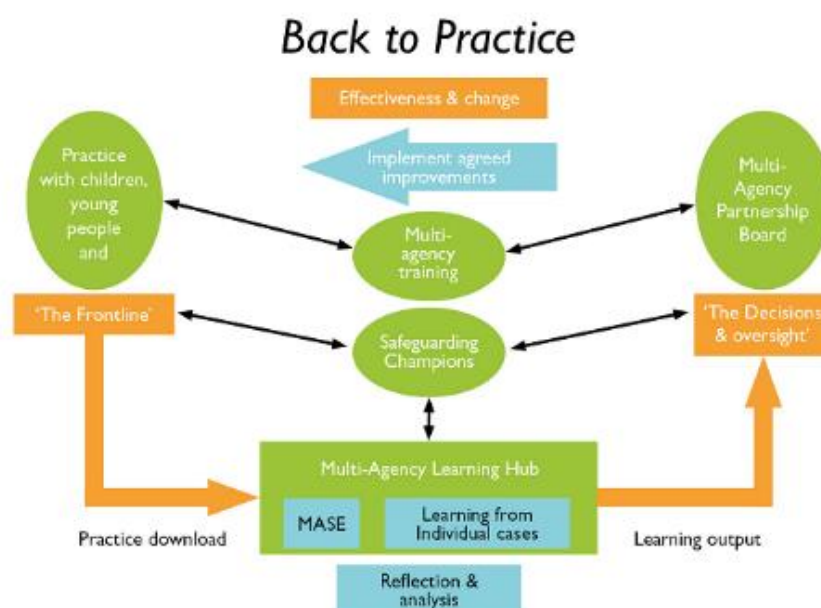
Bexley S.H.I.E.L.D. Executive reports directly to the Partnership Board although it operates as a planning and facilitative group on behalf of the 3 safeguarding partners.

6.3 Learning Hub

The Learning Hub is at the heart of the safeguarding partnership's work on multi-agency practice and central to its 'Back to Practice' model. The Learning Hub's role is to examine a range of information from a variety of sources relating to a multi-agency practice issue (and to one of the safeguarding partnership's priorities). The Learning Hub considers these frontline challenges and successes and makes suggestions and recommendations to improve multi-agency working which are presented to the Partnership Board.

The Learning Hub was established by the BSCB in 2016 to improve the effectiveness of Bexley's safeguarding and child protection practice across partnership agencies. The aim of the Learning Hub is to ensure a clear line of sight into practice across the landscape of provision for Bexley's most vulnerable children including those in receipt of Early Help services. The Learning Hub brings together the views of children, their families and professionals to inform the continuous development of services and approaches aimed at protecting children from harm and making positive differences to their lives.

The Learning Hub is chaired by the S.H.I.E.L.D. operational team with support from leaders from the 3 safeguarding partners. The Learning Hub has a monthly programme of activities and meets at the Civic Offices or at other locations as agreed with the group (including online). Actions will be agreed at each session for the group members to follow-up on. The Learning Hub operates as part of Bexley's 'Back to Practice' learning model:



The S.H.I.E.L.D. operational team will gather information from a variety of sources and present this to the initial Learning Hub group in order to inform the first set of discussions about the practice issue being considered. The S.H.I.E.L.D. operational team will present this information in a delivery plan template and will include the following:

- Current data and performance
- Success and impact measures
- Relevant statutory and other guidance
- Evidence from previous Learning Hubs (where relevant)
- Evidence from visits and observations by the S.H.I.E.L.D. operational team
- Evidence from self-assessments and peer challenge
- Evidence from Child Safeguarding Practice Reviews (local and national), Rapid Reviews, child deaths, LADO, national reports, inspection reports (including from other areas).

The Learning Hub will usually (but not always) be structured around a four-monthly cycle of events as follows:

- Month 1 – initial scoping
- Month 2 – single- and multi-agency auditing
- Month 3 – feedback from children, young people, families, practitioners
- Month 4 – agreeing recommendations and actions.



In Month 2, Learning Hub members will contribute to a programme of multi-agency audits and in Month 3 will assist with collecting feedback from children, young people, families, and practitioners. In Month 4, the S.H.I.E.L.D. operational team will present an updated delivery plan with information from Month 2 and 3 activities. This will then be considered as the Learning Hub agrees any recommendations it wishes to make both on an operational and strategic level to the Partnership Board.

The Learning Hub is made up of nominated members who attend a set of the above events relating to one of the safeguarding partnership's priorities and who have tasks to complete between these events to progress the Hub's work. The 3 safeguarding partners will usually nominate a representative for any given priority. Bexley S.H.I.E.L.D. Executive will make recommendations as to the full membership of each bespoke Learning Hub group. Prospective members of the Learning Hub will receive an invitation from the S.H.I.E.L.D. operational team outlining how the Learning Hub operates, the practice issue/priority area being considered, and the essential nature of their attendance. Typically membership will include representatives from the core statutory agencies – Local Authority, Police and Health – together with schools and the voluntary sector.

The Learning Hub reports into the Partnership Board including via Bexley S.H.I.E.L.D. Executive. The S.H.I.E.L.D. operational team will produce reports from the Learning Hub detailing any recommendations and other feedback requiring strategic discussion and decision-making.

6.4 Learning from Practice Group

Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why so that important lessons can be learnt and services improved to reduce the risk of future harm to children). The Learning from Practice Group forms part of Bexley's framework for learning and improvement which aims to drive improvements to safeguard and promote the welfare of children. Part of the Group's remit is to make recommendations for multi-agency learning events based on the findings arising from case reviews. The Group's purpose is to learn together through discussion so that as and when serious cases arise, there are good processes in place to ensure an effective response.

The Learning from Practice Group oversees all open serious incident cases and their corresponding action plans, and consider examples of good practice. Key findings from case reviews are then shared with the Bexley S.H.I.E.L.D.'s Learning Hub and Safeguarding Champions to disseminate learning points across the network to ensure a real impact on improving outcomes for children.

The Learning from Practice Group is currently chaired by Designated Nurse (NHS ICS) and is supported by the partnership's operational team. The Learning from Practice Group will meet every 6 weeks at the Civic Offices, Bexleyheath (or virtually as required).

Bexley S.H.I.E.L.D. has procedures for the management of serious incident cases (see below). The 3 safeguarding partners will determine whether a case meets the criteria to be referred to the Child Safeguarding Practice Review Panel (known as the National Panel). A referral (if accepted) will trigger a statutory Rapid Review.

Depending on the type of review undertaken, the Learning from Practice Group may have an active role in developing a plan of action, or may monitor the progress of existing action plans. Rapid Reviews must be completed within 15 days and Local Child Safeguarding Practice Reviews within 6 months. Learning should be disseminated throughout these reporting periods and not wait until completion of the report. The Learning from Practice Group has a scrutiny function in ensuring actions are completed in a timely way.

Members are encouraged to bring examples of good practice as another means of developing our understanding of what works well. The Group seeks to learn through examining good practice and near miss cases.

The Learning from Practice Group has a fixed core membership drawn from organisations across the safeguarding partnership with the flexibility to co-opt other relevant professionals to discuss certain cases as and when appropriate.

Agency	Representatives
Bexley S.H.I.E.L.D.	Practice lead role tbc
Bexley S.H.I.E.L.D.	Programme Manager (deputy chair)
Bexley S.H.I.E.L.D.	Independent Scrutineer (observer)
Bromley Healthcare	Named Nurse Safeguarding Children
London Borough of Bexley	Head of Service, Professional Standards & Quality Assurance
Dartford & Gravesham NHS Trust	Named Nurse Safeguarding Children, Darent Valley Hospital
London Borough of Bexley	Local Education System Leader
Lewisham and Greenwich NHS Trust	Named Nurse Safeguarding Children
London Borough of Bexley	Domestic Abuse and Sexual Violence Strategy Manager
London Borough of Bexley	Joint Commissioning Manager, Public Health
Metropolitan Police Service	Detective Sergeant, Public Protection, CAIT
NHS South East London ICS	Lead GP Safeguarding Adults and Children

NHS South East London ICS	Designated Nurse Safeguarding Children (Chair)
NHS South East London ICS	Lead Consultant Community Paediatrician and Designated Doctor for Safeguarding Bexley
Oxleas NHS Foundation Trust	Named Nurse Safeguarding Children

In order to ensure a coordinated response that fully addresses all systematic concerns surrounding serious incidents, all relevant data should be shared and reviewed as permitted within the stipulations of the Data Protection Act, the Caldicott Principles and Working Together to Safeguard Children (DfE, 2018). Agency representatives must sign a confidentiality agreement, including sharing and securely storing information. In no case should any agency representative disclose any information pertaining to any individual case other than pursuant to the mandated agency responsibilities of that individual or for the purposes of joint investigations.

The Learning from Practice Group reports on the activities of the group to the Partnership Board at least twice yearly. Reports are submitted via Bexley S.H.I.E.L.D. Executive on the activities undertaken within the previous reporting period. The impact of reviews on improving services to children and families and on reducing the incidence of serious harm to children is described in the safeguarding partnership's annual report.

Reporting serious incidents

Ofsted published guidance on how local authorities should report a serious incident of child abuse or neglect, or the death of a child who is looked after. From 29 June 2018, local authorities in England must notify the national Child Safeguarding Practice Review Panel within 5 working days of becoming aware of a serious incident. Notifications are made online using the online form for notifications of serious incidents for local authorities (separate notification forms are used for adoption support agencies, children's homes, independent fostering agencies, residential family centres, and secure children's homes):

<https://www.gov.uk/guidance/report-a-serious-child-safeguarding-incident>
<https://childsafeguarding.education.gov.uk/>

Multi-Agency Learning Forum

Established in 2019, the purpose of this group is to take forward learning from cases that meet the criteria for multi-agency learning and to consider how best to disseminate learning points across the wider professional network. The forum forms part of a 'learning framework' and comprises a core group of professionals who share learning from case reviews, audits, and inspections which have been completed within a range of departments including, adult social care, community safety, children's social care professional standards, the Learning Hub, and DHRs (Domestic Homicide Reviews). This forum also provides for local debriefing on less serious cases; incorporating learning from a range of cases where similar themes emerge and ensuring the learning is captured and shared through learning events. The forum ensures schedules for training take account of any case learning identified. A forward planner for events and concentration on where learning can be embedded and or included, will be kept under regular review.

The Multi-Agency Learning Forum meets quarterly. It is also a sub-group of Bexley Safeguarding Adults Board and Bexley Community Safety Partnership and is jointly chaired (as noted below). In terms of Bexley S.H.I.E.L.D. and its governance arrangements, the Multi-Agency Learning Forum is effectively a companion meeting to the Learning from Practice Group.

Membership is as follows:

Agency	Representatives
Bexley S.H.I.E.L.D.	Practice lead role new post tbc
Bexley S.H.I.E.L.D.	Programme Manager (joint chair)
Bexley S.H.I.E.L.D.	Training and Business Support Officer

LB Bexley	Domestic Abuse and Sexual Violence Strategy Manager (joint chair)
Bexley Adults Safeguarding Board	Practice Review and Learning Manager (joint chair)
Bexley Adults Safeguarding Board	Bexley Safeguarding Adults Board Co-ordinator
Bexley Voluntary Service Council	Chief Executive
Bromley Healthcare	Named Nurse Safeguarding Children
Dartford & Gravesham NHS Trust	Named Nurse Safeguarding Children
Dartford & Gravesham NHS Trust	Adult Lead
Lewisham and Greenwich NHS Trust	Named Nurse Safeguarding Children
Lewisham and Greenwich NHS Trust	Adult Lead
Oxleas NHS Foundation Trust	Head of Safeguarding Children
Oxleas NHS Foundation Trust	Adult Lead
NHS Bexley ICS	Designated Nurse Safeguarding Children
NHS Bexley ICS	Adult Lead
NHS Bexley ICS	Lead GP Safeguarding Adults and Children
LB Bexley	Service Manager, Professional Standards and QA
LB Bexley	Signs of Safety Implementation Lead
LB Bexley	Head of Safeguarding Adults
LB Bexley	OD Consultant (Adult Health and Social Care)
LB Bexley	Local Education Systems Leader (Safeguarding in Education)
LB Bexley	Community Safety Manager
LB Bexley	Lead Early Years Adviser
LB Bexley	Housing Services Manager
LB Bexley	Policy and Health Integration Officer (Public Health)
LB Bexley	Modern Slavery and Hate Crime Officer
Met Police	Detective Chief Inspector
Met Police	Detective Chief Inspector
Met Police	Detective Inspector
Solace	Area Manager

6.5 Strategic CREST

The strategic multi-agency exploitation panel (known as Strategic CREST) is a partnership group which is responsible for working collaboratively to ensure a tactical response to the exploitation of children and young people, including from criminal exploitation, child sexual exploitation, drugs, gangs, serious violence and modern day slavery; as such, it provides a strategic response to the contextual safeguarding of children and young people within Bexley.

The previous strategic multi-agency exploitation panel was known as the Strategic MASE. The CREST arrangements were launched in October 2020 at the partnership's annual conference. CREST stands for Children at Risk of Exploitation Specialist Safeguarding Task Group.

The Strategic CREST will ensure partners are compliant with national and/or pan-London protocols; have robust procedures and policies in place; and exercise their duties and responsibilities in working with exploitation.

The bi-monthly Strategic CREST panel will review the methods of prevention, disruption, intervention and enforcement and agree the most appropriate lead agency for ongoing monitoring and/or management. The panel's purpose is not to provide day-to-day management of the case work.

The key responsibilities of the Strategic CREST group are:

- Scrutinise the performance of the monthly operational CREST and review the information arising from the meetings to ensure that it is used by all partners to promote working practices that safeguard and support vulnerable children and young people
- Co-ordinate activity to prevent, disrupt and reduce exploitation activity by working together with partners, working under Prepare, Prevent, Protect and Pursue framework
- With the support of data and information sharing from partnership agencies to create a profile of exploitation across the borough adopting an analytical approach identifying trends and patterns in all forms of exploitation across Bexley including which crosses geographical boundaries into other local authorities
- Ensuring the local profile is reviewed bi-monthly and reported to Bexley S.H.I.E.L.D. bi-annually
- Reduce the risk to the community of exploitation activity through the development and oversight of a communications policy on child exploitation, and promote a safe environment for all young people in Bexley by delivering a partnership response to short, medium- and longer-term themes
- To link any relevant information from other relevant adolescent panels.

Strategic CREST will meet bi-monthly and is co-chaired by the Deputy Director, London Borough of Bexley Children's Social Care, and the Detective Inspector, SE BCU (Police). The meeting is coordinated by Children's Social Care.

Membership of the Strategic CREST is set out below:

Agency	Representatives
London Borough of Bexley	Deputy Director Children Social Care – Co-chair
SE BCU, Met Police	Detective Inspector – Co-chair
Bexley S.H.I.E.L.D.	Programme Manager
London Borough of Bexley	Head of Service, Looked after Children & Permanence
London Borough of Bexley	Head of Children's Social Care and Child Protection
London Borough of Bexley	Deputy Director, Education and Schools Improvement
London Borough of Bexley	Local Education System Leader
London Borough of Bexley	Service Manager, Youth Justice Service
London Borough of Bexley	Community Safety Manager
London Borough of Bexley	Serious Violence and Gangs IOM Coordinator
London Borough of Bexley	Senior Community Safety Coordinator
London Borough of Bexley	Senior Practitioner / CSE and Missing Lead
London Borough of Bexley	Business Administrator
London Borough of Bexley	Service Manager – MASH/Out of Hours
London Borough of Bexley	Public Health representative tbc
London Borough of Bexley	Senior Performance & Data Analyst
London Borough of Bexley	Housing Services Manager
London Borough of Bexley	Head of Safeguarding Adults
London Borough of Bexley	Service Manager – Referral and Assessment and Staying Together
London Borough of Bexley	Service Manager – Family Support and Child Protection

National Probation Service	Head of Service
New Horizons Federation	Head of Inclusion (Attendance, Safeguarding & Careers)
NHS SE London ICS	Designated Nurse Safeguarding Children

Monthly Operational CREST meeting

The monthly Operational CREST meeting is an operational group which is responsible for working collaboratively to ensure a tactical response to child sexual exploitation (CSE) including intra-familial abuse; sexually harmful behaviour; and contextual risk including exploitation by criminal gangs, modern slavery and organised crime groups such as county lines; trafficking, online abuse and the influences of extremism leading to radicalisation.

The Operational CREST will ensure specific and robust operational oversight and effectiveness of Bexley's response to active CSE cases, young people who go missing from home, and or care, and who may also be missing education. The Operational CREST will consider all young people considered to be at risk of exploitation, including young people who are known to Children's Social Care, Community Safety and Youth Justice Service.

The Operational CREST is responsible for developing a local profile of exploitation and delivering services designed to meet the needs of the young people at risk of exploitation. It also establishes from a multi-agency perspective what is working well and areas to develop in terms of prevention, identification, intervention, disruption and prosecution. This will include consideration of those who are the highest risk of causing, or are victim of, child sexual or criminal exploitation in Bexley and neighbouring boroughs. The group will focus on reducing the impact of contextual risk across the community and the wider risks of child exploitation. Responsibility for reviewing the local profile rests with the chairs of both the Operational and Strategic CREST panels.

The Operational CREST is coordinated by Children's Social Care and co-chaired by the Police and Children's Social Care.

CREST Referral and Missing Meeting (CRAMM)

The CRAMM is a screening/referral meeting held weekly with key leads from partner agencies. All partner agencies can refer into CRAMM via Bexley MASH and/or by completing a referral form. The criteria includes all children and young people aged 0-25 who are involved in criminal or sexual exploitation and are at risk of serious violence. The CRAMM will discuss and screen all new referrals to CREST to determine if the threshold is met for the Operational CREST. The CRAMM will also review all missing children who are on the respective lists held by the Police and Children's Social Care and who are missing from home or Care.

6.7 Independent scrutiny

The independent scrutiny function as set out in statutory guidance (Working Together 2018) will provide the critical challenge and appraisal of Bexley's multi-agency safeguarding partnership arrangements in relation to children and young people. The role of independent scrutiny will form part of these arrangements and do the following:

- Provide assurance in judging the effectiveness of services to protect children
- Assist when there is disagreement between the leaders responsible for protecting children in the agencies involved in multi-agency arrangements
- Support a culture and environment conducive to robust scrutiny and constructive challenge.

The independent scrutineer will work independently of the 3 safeguarding partners and in liaison with the partnership's operational team.



Key questions in terms of the scrutiny function:

- How effective are the multi-agency safeguarding arrangements in getting a clear line of sight on single agency and multi-agency practice?
- Do the arrangements enable space for reflection and learning from practice?
- Do the partnership arrangements have a positive impact on multi-agency working and/or front-line practice?
- How and why were the partnership priorities selected? Were these the right priorities?
- What has gone well and what's the evidence to support this?
- What has potential but it is too early to assess impact?
- Any worries or issues which need addressing?
- What arrangements are there for learning with families and practitioners and is there a focus on healing and kindness in basic practice?
- How does relationship-based practice thrive and is the overall vision for families to stay together where it is in the children's best interests consistently led and implemented across the partnership?

The role of independent scrutiny is to:

- Assess how well organisations come together to cooperate with one another to safeguard and promote the welfare of children and to hold each other to account for effective safeguarding
- Contribute to the content of the partnership's annual report on the effectiveness of safeguarding arrangements, their performance and the effectiveness of local services
- Assess the effectiveness of the help being provided to children and families including early help.
- Assess whether the 3 safeguarding partners are fulfilling their statutory obligations
- Scrutinise any quality assurance activity (including multi-agency case file auditing and processes for identifying lessons to be learned)
- Scrutinise the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children
- Provide the 3 safeguarding partners with the necessary assurances regarding the robustness and effectiveness of safeguarding arrangements for the borough
- Work with the safeguarding partnership operational team to plan their programme of activity
- Provide a rigorous and transparent assessment of the extent to which appropriate and effective systems and processes are in place in all partner agencies so as to fulfil their statutory duties and ensure that children are protected and that appropriate safeguarding strategies are developed and embedded
- Evaluate arrangements for the operation of the safeguarding partnership, including the purpose and functions of board meetings, and recommend and implement appropriate changes

- Support the implementation of the findings and outcomes of any safeguarding reviews, providing professional input to the development of any changes to existing models of delivery
- Confirm, or not, that effective performance management, audit and quality assurance mechanisms are in place within partner organisations which will support the 3 safeguarding partners to fulfil their statutory objectives, and which will enable the partnership to identify and measure its success and impact
- Ensure that the 3 safeguarding partners provide independent, robust and effective challenge to partners
- Ensure that the voices of children, young people and their families are appropriately represented and heard in the work of the partnership
- Through personal example, open commitment and clear action, ensure diversity is positively valued, resulting in equal access and treatment in employment, service delivery and communications
- Support the development of innovation in the system in respect of relationship-based practice.

Independent scrutiny as a function in Bexley comprises the following elements:

- The provision of an independent scrutineer to provide strategic scrutiny, challenge and support to the 3 safeguarding partners by asking the key questions set out above and having strategic oversight for the key responsibilities also described above – the approach followed is using the 6 steps to independent scrutiny:
<https://www.beds.ac.uk/media/268674/six-steps-independent-scrutiny-final.pdf>
- Scrutiny activity will also be undertaken by Bexley S.H.I.E.L.D.'s operational team in terms of planning and delivering the work of the Learning Hub and Learning from Practice Group (which includes the work of the Multi-Agency Learning Forum). The work of the Learning Hub includes multi-agency auditing and seeking feedback from children, young people and their families. The Learning from Practice Group scrutinizes the partnership's response to serious incidents involving children and young people.
- Bexley FLARE (Bexley's activity around parent engagement) will also contribute towards the scrutiny of the partnership arrangements.
- Bexley S.H.I.E.L.D. will carry out activities in relation to the Section 11 responsibilities of its relevant agencies.

6.8 Operational team

The 3 safeguarding partners are supported by an operational team. The team support all of Bexley S.H.I.E.L.D.'s activity including coordinating the work of the Learning Hub. The senior roles within the team were reviewed in 2022.

The current team can be contacted as follows:

Tim Woodings
Programme Manager
tim.woodings@bexley.gov.uk

Nicola French
Training and Business Support Officer
nicola.french@bexley.gov.uk

Alanna Lauder
Participation Officer
alanna.lauder@bexley.gov.uk

The partnership mailbox: shield@bexley.gov.uk

The partnership website: <https://bexleysafeguardingpartnership.co.uk/>

7. Voice of children, young people and families



The 'Back to Practice' model ensures that children, young people and families have the opportunity to engage in the work of the partnership and offer their views on the support we are providing to them in Bexley. The Learning Hub cycle (described in **section 6.3**) includes provision for collecting feedback from children, young people and families through existing mechanisms and bespoke feedback events. The Learning Hub members for each of the partnership's priorities lead on these engagement activities and will be supported by the partnership's operational team.

In addition, we will seek to do the following:

- Bexley FLARE was established in February 2020 as a parent consultation group and was named by its initial group members. Bexley FLARE is a central element of the partnership arrangements – the group works with the safeguarding system and professionals to influence the improvements we will continuously make – Bexley FLARE is facilitated by S.H.I.E.L.D.'s Participation Officer and Bexley Moorings
- Separate to Bexley FLARE is a consultation mechanism to engage children and young people to obtain the views of both children and adolescents
- We will continue to ask our relevant agencies and other partners how they ensure they have captured the voices of children, young people and families in their work as well as identifying other innovative ways to gather this feedback through the partnership – including via Section 11 audit
- Where possible, we will involve families in learning reviews and events – see **section 8** below
- Our Bexley young Director and the participation team will support this work and advise on how best to link in with existing forums for children and young people in Bexley.

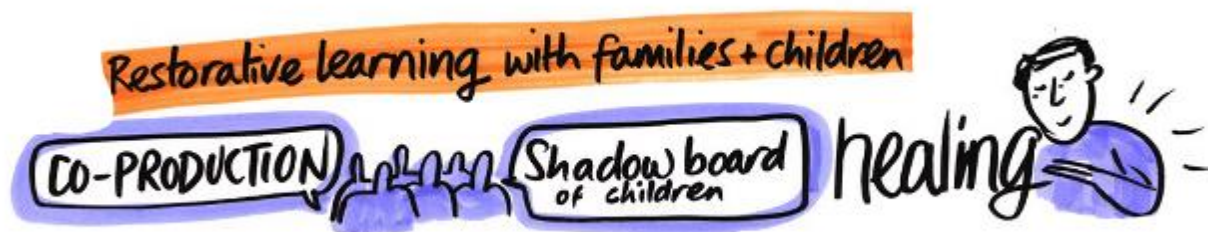
8. Local child safeguarding practice reviews

Section 6.4 above sets out the role of the Learning from Practice Group in considering cases that might meet the criteria for both national and local learning reviews (statutory guidance calls the latter local child safeguarding practice reviews). The Learning from Practice Group will agree the terms of reference for each local review, monitor progress with the review, and lead on the development of any improvement plans coming out of the review.

The function of Learning from Practice Group is in line with the arrangements set out in Chapter 4 of [Working Together to Safeguard Children - Guide.pdf](#) including the following:

- Purpose of Child Safeguarding Practice Reviews
- Decisions on local and national reviews
- The Rapid Review
- Commissioning a reviewer or reviewers for a Local Child Safeguarding Practice Review
- Local Child Safeguarding Practice Reviews

- Expectations for the final report
- Actions in response to local and national reviews.



In Bexley, the purpose of Local Child Safeguarding Practice Reviews is to ensure restorative learning with families and children and to encourage a kind and healing system (these success measures are described in **section 1**). Learning will happen alongside families, shifting the emphasis towards family practice learning inquiries. This approach is used when practice makes a real difference as well as when it isn't good enough.

The Child Safeguarding Practice Review Panel arranges national child safeguarding practice reviews.

9. Training and development

9.1 Training and development activity

'Working Together 2018' includes the following on the responsibilities of the 3 safeguarding partners (ICS, Police and Local Authority) in terms of training: "The three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission" (page 14).

The 3 safeguarding partners have identified staff working at 4 different levels:

- Level 1 – Staff / volunteers who have occasional contact with children and young people
- Level 2 – Staff/volunteers who might get involved in safeguarding processes
- Level 3 – Staff where a substantial amount of time is spent working with vulnerable and at risk children young people
- Level 4 – Safeguarding champions.

Subsequent training and development programmes will target staff with these different levels of need.

The table below notes the range of training and development activities commissioned by the partnership:

Activity	Current arrangements
E-learning	Basic safeguarding Level 1 and Signs of Safety online training are offered to all partners via MeLearning and are promoted via Bexley S.H.I.E.L.D.'s monthly training e-bulletin.
Partnership monthly e-bulletin	Bexley S.H.I.E.L.D. issues a monthly partnership e-bulletin (as well as a separate monthly training e-bulletin)
Briefing sessions on statutory basics	Briefing sessions take place monthly and topics include: Working Together 2018, Bexley's Effective Support document, the partnership arrangements, serious incident procedures, themes from learning reviews, and the role of the LADO.

Specialist training	Specialist training is arranged in relation to the Learning Hub's recommendations – recent topics include missing young people, Think Family, domestic abuse, child exploitation. and neglect.
Safeguarding champions events	Safeguarding champions events take place 3 times per year and focus on supporting the work of the Learning Hub.
Conferences and community events	Bexley S.H.I.E.L.D. has an annual conference or community event to review the work of the Learning Hub and other key learning from the statutory review process.

As set out in **section 6.3** above, the work of the Learning Hub will include recommendations and suggested actions to improve multi-agency practice – this may include training and development activity for the multi-agency workforce. Recommendations may also come from the safeguarding champions network (see **section 9.2** below), from other partnership subgroups, learning reviews, other learning events, or be necessitated by legislative changes. Any recommendations for training and development activity will be discussed at Bexley S.H.I.E.L.D. Executive and confirmed at the Partnership Board.

Learning events held to either launch or conclude one of the safeguarding partnership's priorities will include the input of the independent scrutineer as well as any experts from outside of Bexley as appropriate.

Bexley S.H.I.E.L.D. Executive will commission a report on the impact of the partnership's learning and development programme of activity once a year which will be presented at the Partnership Board.

9.2 Safeguarding champions

The safeguarding champion role is central to the 'Back to Practice' model. A breakdown of the safeguarding champion's role and responsibilities is as follows:

- To be a focal point for the safeguarding partnership in passing on learning from learning reviews, audits and local/national priorities to staff within their setting
- To attend occasional workshops, where they will be given information in a multi-agency setting and have the opportunity of talking it through with colleagues from other agencies
- To cascade information to their colleagues within their work setting through team meetings/training events/supervision (for example, to publicise the partnership's briefing sessions on statutory basics to new staff working in their agency)
- To meet with their line manager to discuss their role as a safeguarding champion
- To be on the partnership mailing list to receive bulletins/updates on relevant information to pass on to their colleagues
- To give their views on whether learning has made a difference to practice
- To tell the safeguarding partners what is working well in their work setting and what are the challenges in respect of working together to safeguard children and young people in Bexley.

Learning events for safeguarding champions will be run 3 times a year.



9.3 Multi-agency auditing

As described in **section 6.3** above, multi-agency auditing forms part of the Learning Hub's 4-monthly cycle of activity. The audits will be planned by the Learning Hub and coordinated by the S.H.I.E.L.D. operational team. Learning Hub members will contribute to the case audits and practitioners working on the selected cases will be invited to a reflective discussion facilitated by the S.H.I.E.L.D. operational team. The Learning from Practice Group may also commission multi-agency audits as part of a statutory review or case referral made to the Group.

10. Funding

Bexley Safeguarding Children's Board was funded through a Pooled Budget and this was formally transferred to the new partnership arrangements in October 2018. The budgeted expenditure for 2022-23 is £ 278,000. Income is from contributions made by LB Bexley, Health partners, the Police, London Fire Brigade and Probation Services. Partner contributions for 2023/24 were confirmed in January 2023 at the Partnership Board.

11. Resolving professional differences – multi-agency escalation policy

Bexley S.H.I.E.L.D. is committed to the continuous improvement of multi-agency safeguarding and child protection practice. Generally, there is a good working relationship between partner agencies in Bexley. Differences and debates are all part of multi-agency working. If there are serious differences of views on how best to manage risk and safeguarding, and protect vulnerable children and young people, then escalation policies can provide a useful framework for exploring and resolving professional disagreements. Bexley S.H.I.E.L.D. encourages agencies to speak up and arbitrate different views on practice issues. Any statutory agency can require a multi-agency meeting where there is a need to resolve professional differences. As a last resort, the 3 partners can act as an arbitrator/mediator in the case of protracted or intractable disagreements.

All partners are expected to make use of escalation procedures to avoid exacerbating or prolonging conflict, and avoid any possible impact on children and young people. For professional disputes involving child protection procedures, the London Safeguarding Children Procedures should be used as appropriate:

https://www.londonsafeguardingchildrenprocedures.co.uk/profess_conflict_res.html

Agencies will have their own escalation policies and should use these first. There is an expectation that agencies will have systems for recording when escalation policies are used and how disagreements are resolved. There is also an expectation that the terms of reference for all multi-agency panels and meetings includes reference to what to do if there is a disagreement.

If it has not been possible to resolve professional differences between agencies, relating to safeguarding children, then this can be brought to the attention of Bexley S.H.I.E.L.D. Executive. An email should be sent to shield@bexley.gov.uk, marked for the attention of Bexley S.H.I.E.L.D. Executive setting out reasons for the differences and what has happened so far. Bexley S.H.I.E.L.D. Executive will then support partners to resolve their differences.

As part of its Section 11 audit, Bexley S.H.I.E.L.D. will routinely ask for information from all partner agencies on any issues escalated, including from panels, meetings and any cases escalated to the 3 partners. This information will be examined for any practice improvement lessons to be learned.

February 2023



Working Together for a safer London



Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

Item: 7

Enclosure: E

Title:	Better Care Fund 2024/25
Author/Lead:	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care System/London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board Yolanda Dennehy, Director of Adult Social Care and Health, London Borough of Bexley

Purpose of paper:	To consider and endorse the proposal to update the schedules and appendices to the section 75 Agreement between the London Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB).	Update / Information	
		Discussion	
		Decision	X

Summary of main points:	<ul style="list-style-type: none"> • Our updated Better Care Fund (BCF) planning template for 2024/25 was submitted to the national BCF Team on 12 June 2024. Officers received feedback from Regional Assurers on 1 July 2024. We reviewed some of the average estimates in the Capacity & Demand Plan and adjusted the profile of some of the data to account for seasonal variation. These were very minor adjustments to the plan and the plan was re-submitted on 8 August 2024. • We received a letter from NHS England confirming approval of the plan on 21 August 2024. The next step is to update the schedules to the section 75 Agreement between London Borough of Bexley and NHS South East London ICB by 30 September 2024. • Officers have liaised with the Council’s Legal Services for advice on preparing and finalising the documentation. A Change Authorisation Form will need to be signed by the Council’s Authorised Officer (Director, Adult Social Care and Health, LBB) and the ICB’s Authorised Officer (Place Executive Lead – Bexley, NHS South East London ICB). The documents will be placed with the original section 75 agreement in the Council’s deed packet and a copy will be retained by the ICB. • The Change Authorisation Form confirms the BCF Pooled Fund as set out in our updated BCF plan 2024/25 (approved August 2024) and compares this to the provisional BCF plan 2024/25 (approved September 2023). These differences were documented in the BCF Planning Template 2024/25. This reflects: (i) minor corrections that were included in the schedules to our section 75 Agreement (signed off in October 2023), and (ii) final Discharge Fund and Disabled Facilities Grant allocations for 2024/25.
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Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	The section 75 agreement between LBB and NHS South East London ICB includes a section on Equalities that commits the Council and ICB to comply with the public sector equality duty when they carry out their functions or services. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.
	Financial Impact	The value of services within the scope of the BCF Pooled Fund in 2024/25 is approximately £86,092m of which the ICB funds around £51.035m and the Council funds around £35.056m.
	Public Engagement	We consulted on the original proposals to enter into the section 75 agreement in 2020/21, which included the arrangements for the Bexley BCF Pooled Fund.
	Other Committee Discussion/Engagement	<p>Local partners and stakeholders have been involved in the development of the BCF plan.</p> <p>At the meeting of the Bexley Wellbeing Partnership Committee on 23 May 2024, the Place Executive Lead was authorised to finalise and jointly agree the BCF Planning Template for 2024/25 with the London Borough of Bexley (LBB) on behalf of NHS South East London ICB. This has been achieved.</p> <p>The updated BCF Planning Template 2024/25 was signed off by the Bexley Health and Wellbeing Board on 20 June 2024.</p> <p>Officers at LBB will also consult and brief the Cabinet Member for Adults' Services and Health on the proposal to update the section 75 Agreement on behalf of the Council.</p>
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Consider and endorse the proposal to update the schedules and appendices to the section 75 Agreement between the London Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB).</p>	

Agenda Item: 7
Enclosure: E(i)

CHANGE AUTHORISATION FORM

CHANGE AUTHORISATION FORM

SEQUENTIAL REFERENCE NUMBER: 003

TITLE: Section 75 Agreement, NHS South East London Integrated Care Board and London Borough of Bexley

NUMBER OF PAGES ATTACHED:

WHEREAS the NHS South East London Integrated Care Board (formerly NHS South East London Clinical Commissioning Group) and the Authority:

- A entered into an agreement (the “**Original Agreement**”) dated 26 January 2022 relating to:
- integrated commissioning arrangements between the ICB (formerly the South East London CCG) and the Authority.
 - services supported by the Bexley Better Care Fund; and
- B wish to add, amend, remove or replace an Individual Schedule to the Original Agreement

IT IS AGREED as follows

1. With effect from 1 April 2024, the Original Agreement (as the same may from time to time have been amended prior to the date of this Change Authorisation Form) shall be amended as set out below:
 - Replace ‘Schedule 3 – Services’ with an updated schedule comprising the schemes in the BCF Pooled Fund 2024/25 in line with the approved Bexley BCF Planning Template 2024/25.
 - Replace ‘Schedule 4 – Contributions’ with an updated schedule comprising the BCF Pooled Fund 2024/25.
 - Update the Adult Mental Health Services Pooled and Non-Pooled Funds to reflect the change in year from 2023/24 in the previous schedule to 2024/25 in this schedule.
 - Replace ‘Appendix 2’ with the revised Orders of Reference of the Health and Wellbeing Board to reflect a minor amendment to the Membership Section of the Terms of Reference.
 - Note that the Borough-Based Director is no longer a joint role. The Council and ICB decided to split the role of Borough-Based Director with effect from 1 April 2024 onwards. The two roles of Director Adult Social Care and Health (LBB)

and Bexley Place Executive Lead (NHS SEL ICB) have dual reporting lines into the Council and the ICB with effect from 1 April 2024 onwards.

- Note that the job title of the ICB's Authorised Officer has changed from the Chief Operating Officer (Bexley) to the Place Executive Lead (Bexley), NHS South East London Integrated Care Board.
- Note that the job title of Authority's Authorised Officer has changed from the Deputy Director of Adult Social Care to the Director of Adult Social Care and Health.

2. Save as herein amended all other terms and conditions of the Original Agreement shall remain in full force and effect.

Signed for and on behalf of NHS South East London ICB (the ICB)

By the ICB's Authorised Officer:

Name: Diana Braithwaite

Job title: Place Executive Lead (Bexley), NHS South East London ICB

Date:

Signed for and on behalf of London Borough of Bexley (the Authority)

By the Authority's Authorised Officer:

Name: Yolanda Dennehy

Job title: Director, Adult Social Care and Health, London Borough of Bexley

Date:

CHANGE REQUEST FORM

Sequential Reference Number:		003
About Your Change Request		
Name of Service, Scheme or Schedule:	Schedules 3 and 4, and Appendix 2 of the section 75 Agreement between the London Borough of Bexley and NHS South East London ICB	
Reason for proposed change:	Replace	
Description of proposed change:		
<ul style="list-style-type: none"> • Replace 'Schedule 3 – Services' with an updated schedule. • Replace 'Schedule 4 – Contributions' with an updated schedule. • Replace 'Appendix 2' with the revised Orders of Reference of the Health and Wellbeing Board. • Note that the Borough-Based Director is no longer a joint role. • Note that the job title of the ICB's Authorised Officer has changed from the Chief Operating Officer (Bexley) to the Place Executive Lead (Bexley), NHS South East London Integrated Care Board. • Note that the job title of Authority's Authorised Officer has changed from the Deputy Director of Adult Social Care to the Director of Adult Social Care and Health. 		
Do you have any accompanying documents?	Yes	
If 'Yes', please list the documents here:	<ul style="list-style-type: none"> • New 'Schedule 3 – Services' • New 'Schedule 4 – Contributions' • New 'Appendix 2 – Orders of Reference of the Health and Wellbeing Board'. 	
Date request made:	26/09/2024	
Date that you wish the change to come into effect:	01/04/2024	
Impact Assessment		
Implications, if any, of the proposed change:		<p>Financial: The total value of services within the scope of the BCF Pooled Fund in 2024/25 is approximately £86,092m of which the ICB funds around £51.035m and the Council funds around £35.056m.</p> <p>Legal: The statutory and financial basis of the BCF is described in the BCF Policy Framework and the BCF Planning Requirements. The BCF Pooled Fund is governed by a section 75 Agreement between the London Borough of Bexley and NHS South East London ICB. The schedules to the Agreement need to be updated by 30 September 2024.</p> <p>Equalities: The section 75 agreement between London Borough of Bexley and NHS South East London ICB includes a section on Equalities that commits the Authority and ICB to comply with the public sector equality duty when they carry out their functions or services. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.</p> <p>Health and Wellbeing of the Borough: The schemes and services in the Pooled and Non-Pooled Funds of the section 75 agreement are expected to</p>
<ul style="list-style-type: none"> • Financial implications • Legal implications • Equality impact • Other impacts (e.g., health and wellbeing of the Borough, HR, Data Privacy, etc.) • Mobilisation and/or delivery of plans • Exit strategy 		

	<p>have a positive impact on the health and wellbeing of the Borough.</p> <p>Human Resources: The Borough-Based Director is no longer a joint role. The Council and ICB decided to split the role of Borough-Based Director with effect from 1 April 2024 onwards. The two roles of Director Adult Social Care and Health (LBB) and Bexley Place Executive Lead (NHS SEL ICB) have dual reporting lines into the Council and the ICB with effect from 1 April 2024 onwards.</p> <p>Mobilisation and/or delivery of plans: We received confirmation of BCF plan approval on 21 August 2024. The plans and funding allocations in 2024/25 cover a period which is already in progress.</p> <p>Exit Strategy: The Parties will develop and agree an appropriate exit strategy for schemes should this be needed, in accordance with Schedule 8 (Exit Strategy) of the section 75 Agreement.</p>
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<p>Key risks and mitigations:</p>	<p>The main risk is that BCF schemes are not delivered as planned and/or metric ambitions are not achieved. We have set out clear plans to help ensure that activities are delivered in line with our commitments in 2024/25. The Integrated Commissioning Team jointly manage the contracts for services to support the realisation of the outcomes and benefits. Performance is monitored and reported on a regular basis and actions will be considered to address any issues, as appropriate.</p> <p>There is a risk that the pressure on acute hospitals and expectations around prioritising discharge do not diminish in the short term. Capacity and Demand Planning will be used to update the picture of expected demand and capacity.</p> <p>Impact of inflation on DFG-related schemes. Without additional funding from the Government, we may need to implement mitigations later in the year, including: (i) pausing discretionary DFGs; (ii) deferring non-urgent DFGs into 2025/26; (iii) going back to £30K statutory-only DFGs.</p>
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Financial Information 2024/25

Name of Service, Scheme or Schedule:	Schedules 3 and 4		
Name of Pooled or Non-Pooled Fund affected:	Better Care Fund		
Income and Expenditure:	Provisional	Approved	Difference
Annual budget:	£85,870,636	£86,091,514	£220,878
ICB contribution:	£51,089,752	£51,035,374	-£54,378
Authority contribution	£34,780,884	£35,056,140	£275,256
Financial year:	2024/25	2024/25	2024/25

Your Details

Your Name:	Steven Burgess
Job title:	Policy and Strategy Officer
Organisation:	London Borough of Bexley
Pooled Fund Manager Recommendation	
Recommendation:	
(i) Update schedules 3 and 4, and appendix 2 of the section 75 Agreement between the London Borough of Bexley and NHS South East London Integrated Care Board.	

Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

Item: 8

Enclosure: F

Title:	Primary Care Delivery Group Business Report – Q1 & Q2 2024/25
Author/Lead:	Graham Tanner, Associate Director Primary and Community Care (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>The Bexley Primary Care Delivery Group (PCDG) is established as a sub-committee of the Bexley Wellbeing Partnership (BWP) Committee.</p> <p>Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of Primary Care services:</p> <ul style="list-style-type: none"> (i) Supporting the Bexley Wellbeing Partnership Committee by considering all contractual matters relating to Primary Medical Service, (PMS), General Medical Service (GMS) and Alternative Primary Medical Service (APMS) contracts, together with the Primary Care Network (PCN) Network Direct Enhanced Service Contract, local premiums/incentives, locally commissioned services and contracts (delivered through Primary Care), out of hours GP services, Primary Care estate issues, Primary Care business continuity and contingency planning and all financial/budgetary issues relating to Primary Care. (ii) Supporting the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, (Fuller Report). <p>In line with the proposal endorsed by the BWP Committee at its meeting on 25th May 2023, the business of PCDG will be reported quarterly to the Committee, highlighting any decisions taken by the Place Executive Lead in line with their delegated authority within the ICB and/or endorsements or recommendations requiring</p>	Update / Information	X
		Discussion	
		Decision	

	formal consideration and approval by the Committee.	
Summary of main points:	<p>The enclosed paper details all items of business decisions and transacted by the Primary Care Delivery Group during Q1 and Q2 2024/25 at its meetings held on:</p> <ul style="list-style-type: none"> • 3rd April 2024 • 1st May 2024 • 5th June 2024 • 3rd July 2024 • 7th August 2024 • 4th September 2024 <p>All the above meetings were Quorate in line with the adopted Terms of Reference (Part 1 and Part 2).</p> <p>The Bexley Wellbeing Partnership considered the Primary Care Access Recovery Plan (PCARP) - Stocktake Review item from 3rd July 2024 at its meeting in public on 25th July 2024.</p> <p>All other decisions were approved by the Place Executive Lead in line with their delegated authority.</p>	
Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	None directly relating to this report.
	Financial Impact	All items with financial implications are discussed and agreed in conjunction with the Associate Director of Finance.
	Public Engagement	None directly relating to this report.
	Other Committee Discussion/Engagement	This report highlights business transacted by the Primary Care Delivery Group, in consultation with the Local Medical Committee and Local Pharmaceutical Committee where applicable.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended:</p> <p>(i) To note the summary of decisions taken by the Primary Care Delivery Sub-committee during Q1 and Q2 2024/25.</p>	

Primary Care Delivery Group Business: Decisions

Q1 and Q2 2024/25

Date of Meeting	Part 1 or 2	Purpose of the paper	Recommendation(s)	Decision/Assurance
3 April 2024	Part 1	<p>GP Premium 2024/25 Proposed Changes and Specification</p> <p>To provide an update on proposed changes to the GP Premium for the 2024/25 Financial Year.</p>	Subject to clinical views and feedback from GP voting members and considering any formal LMC response, Primary Care Delivery Group was asked to endorse the GP Premium changes for the 2024/25 financial year, as summarised within the paper and included within the proposed GP Premium Year 2 specification.	Recommendation approved – Place Executive Lead Delegation
3 April 2024	Part 1	<p>Local Improvement Scheme – Initial Patient Health Checks, Ukrainian Nationals in line with SEL Health ‘Core Offer’</p> <p>The purpose of this paper was to update Primary Care Delivery Group (PCDG) on progress and delivery in respect of a short-term Local Improvement Scheme (LIS) commissioned to incentivise an initial health assessment and associated screening for communicable disease. This was in line with the recommendations of the ‘SEL Health Core Offer for Asylum Seekers, Refugees and People Arriving in the UK Under Government Schemes (e.g. Resettlement and Ukrainian Schemes)’</p>	<p>Primary Care Delivery Group was asked to:</p> <ul style="list-style-type: none"> (i) consider the three options set out in this paper (ii) determine the preferred option or (iii) should further consideration be required in relation to Option 3 or any alternative additional option(s), agree Task & Finish Group representation to bring back a more worked up proposal to a future PCDG meeting. 	Agreement for Option 3 to consider an alternative delivery model within the wider context of health inequalities, potentially including other higher risk groups e.g. homeless population and delivering jointly within Local Care Network(s). A Task and Finish Group would be established to take this work forward.
1 May 2024	Part 1	<p>Primary Care Access Recovery Plan (PCARP) - Stocktake Review</p>	Primary Care Delivery Group was recommended to note the report and enclosures and, on the basis of the	Recommendation not approved – item to be

Date of Meeting	Part 1 or 2	Purpose of the paper	Recommendation(s)	Decision/Assurance
		The purpose of this paper was to provide an end of year evaluation covering the NHSE recommended criteria for assessing PCN eligibility for the 'Local Capacity and Access Improvement Payment' (30% of the 'Capacity and Access Payment' which formed part of the Investment and Impact Fund – IIF – in 23/24).	evaluation presented, agree to award the 30% Local Capacity Access and Improvement Payment (23/24) to the four Bexley PCNs. This recommendation is conditional on ongoing engagement with the ICB to address any outliers and negative variation highlighted within the report.	brought back in July with more information.
5 June 2024	Part 1	<p>Primary Care Risk Register</p> <p>This paper is presented as a regular standing item at Primary Care Delivery Group and is intended to track and monitor any identified risks which have the potential to negatively impact the delivery of universal and good-quality Primary Care within Bexley in the short, medium and long term. The scope will reflect delegated commissioning and contracting functions within the Integrated Care System (ICS).</p>	<p>Primary Care Delivery Group was asked to:</p> <ul style="list-style-type: none"> (i) Note the recorded risks and mitigations and agree scores. (ii) Discuss whether recorded risks should remain as a substantive risks within the Register and/or whether they have been fully mitigated and can be removed. (iii) Recommend any other risks for inclusion and consideration within the Risk Register. (iv) Agree any risks for inclusion on the wider SEL ICB Risk Register via the Datix system. 	Risk register approved as an accurate reflection of the current risk position.
5 June 2024	Part 1	<p>Managing Patient Relationships A Guidance Toolkit for Lewisham GP Practices</p> <p>Primary Care Delivery Group was asked to review a document developed by Lewisham for their practices and consider whether an updated document would be of help and value to Bexley practices.</p>	Primary Care Delivery Group was asked to review a document developed by Lewisham for their practices and consider whether an updated document would be of help and value to Bexley practices.	Agreed that an updated SEL wide document should be developed for GP Practices.
5 June 2024	Part 2	<p>Primary Care Network Directly Enhanced Service: Local Improvement Scheme for Enhanced Access to cover the patients registered at Ingleton Avenue Surgery.</p>	<p>The Primary Care Delivery Group was asked:</p> <ul style="list-style-type: none"> (i) To endorse the recommendation that a Local Improvement 	Recommendation approved – Place Executive Lead Delegation

Date of Meeting	Part 1 or 2	Purpose of the paper	Recommendation(s)	Decision/Assurance
		<p>The purpose of this paper is to set out the background and justification for a further 2024/25 Local Improvement Scheme (LIS) to cover the provision of the Enhanced Access component of the PCN Network DES Contract by Clocktower PCN on behalf of Ingleton Avenue Surgery.</p>	<p>Scheme (LIS) is put in place with Clocktower PCN to cover the enhanced access elements of the PCN DES only in 2024/25.</p> <p>(ii) To agree that none of the other funding lines associated with the Network DES for 2024/25 will be paid to Clocktower PCN for delivering services on behalf of the Ingleton Avenue Surgery population as there is no evidence of delivery by Clocktower PCN on behalf of the practice or that the Ingleton population are materially disadvantaged.</p>	
3 July 2024	Part 1	<p>Primary Care Access Recovery Plan (PCARP) - Stocktake Review</p> <p>The purpose of this paper was to provide an end of year evaluation covering the NHSE recommended criteria for assessing PCN eligibility for the 'Local Capacity and Access Improvement Payment' (30% of the 'Capacity and Access Payment' which formed part of the Investment and Impact Fund – IIF – in 23/24).</p>	<p>Primary Care Delivery Group was recommended to note the report and enclosures and on the basis of the evidence provided, consider endorsement of the 30% Local Capacity and Access Improvement payment (23/24) to the four Bexley PCNs for final review and ratification by the Bexley Wellbeing Partnership Committee on 25th July 2024.</p>	<p>Recommendation to be reviewed and ratified by the BWP Committee in Public on 25 July 2024.</p>
3 July 2024	Part 2	<p>24/25 Local Improvement Grant (LIG) Revenue Impact</p> <p>The purpose of this paper is to seek approval to the predicted revenue consequences of the Local Improvement grants that have had capital funding agreed by NHS England for 24/25.</p>	<p>Primary Care Delivery Group was recommended to support both schemes as the capital grants of 66% made by NHS England will deliver an additional 5 consulting rooms to two practices within the borough, having a relatively minor revenue impact on delegated primary care budgets. The PCDG was asked to confirm their unconditional support</p>	<p>Recommendation approved – Place Executive Lead Delegation.</p>

Date of Meeting	Part 1 or 2	Purpose of the paper	Recommendation(s)	Decision/Assurance
			to pick up the revenue consequences of these two schemes.	
3 July 2024	Part 2	<p>Primary Care Risk Register</p> <p>This paper is presented as a regular standing item at Primary Care Delivery Group and is intended to track and monitor any identified risks which have the potential to negatively impact the delivery of universal and good-quality Primary Care within Bexley in the short, medium and long term. The scope will reflect delegated commissioning and contracting functions within the Integrated Care System (ICS). The Part 2 Risk Register provides further detail of those Risks in the main Part 1 Risk Register, including items of a commercially or contractually sensitive nature.</p>	<p>Primary Care Delivery Group was asked to:</p> <ul style="list-style-type: none"> (i) Note the recorded risks and mitigations and agree scores. (ii) Discuss whether recorded risks should remain as substantive risks within the Register and/or whether they have been fully mitigated and can be removed. (iii) Recommend any other risks for inclusion and consideration within the Risk Register. (iv) Agree any risks for inclusion on the wider SEL ICB Risk Register via the Datix system. 	Risk register approved as an accurate reflection of the current risk position.
7 August 2024	Part 1	<p>Review of Primary Care Delivery Group Terms of Reference</p>	<p>Primary Care Delivery Group was asked to note proposed amendments to its Terms of Reference, including:</p> <ul style="list-style-type: none"> • Revisions to Part 1 and 2 Attendee Job Roles, Quoracy and reporting arrangements (Section 5). • Clarification of Quoracy and Reporting Arrangements (Section 7). • Proposed revision to Section 1.3 (role and function) • Inclusion of BWP Governance Chart for context 	<p>Further minor amends to Section 2.3 in relation to contractual support activities, following discussion at the meeting.</p> <p>Recommendation approved – Place Executive Lead Delegation.</p> <p>Terms of Reference V9.0</p>
7 August 2024	Part 1	<p>Bexley Patient Group Directions (PGDs) for Community Pharmacies</p> <p>The purpose of this paper was to provide an overview of the Patient Group Directions (PGDs) in use for community pharmacies in</p>	Subject to clinical views and feedback from GP voting members, Primary Care Delivery Group was asked to approve the PGDs to ensure patients can resume	Recommendation approved – Place Executive Lead Delegation.

Date of Meeting	Part 1 or 2	Purpose of the paper	Recommendation(s)	Decision/Assurance
		<p>Bexley and to share the recent approval process with Primary Care Delivery Group (PCDG) for governance and audit purposes. Bexley Council commissions community pharmacies to provide four prescription only medicines (POMs) under a PGD, these being:</p> <ul style="list-style-type: none"> • Azithromycin for the treatment of chlamydia • Doxycycline for the treatment of chlamydia • Levonorgestrel for emergency contraception within 72 hours of unprotected sexual intercourse or contraceptive failure • Ulipristal for emergency contraception within 120 hours of unprotected sexual intercourse or contraceptive failure 	<p>accessing these treatments from Bexley community pharmacies</p>	
<p>4 September 2024</p>	<p>Part 1</p>	<p>24/25 System Development Funding (SDF) The purpose of this briefing was to provide an update on Bexley’s position and intention for system development funding and IT funding to support primary care and associated services in 2024/2025 in line with the guidance set out by NHS England.</p>	<p>The Primary Care Delivery Group was recommended to:</p> <p>Endorse the enclosed ICB and Bexley specific plan for 2024/25 System Development Funding.</p>	<p>Recommendation approved – Place Executive Lead Delegation.</p>

Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

Item: 9

Enclosure: G

Title:	Oxleas NHS Foundation Trust Operational Performance Report: August 2024
Author/Lead:	Sarah Burchell, Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust Simon Henley-Castleden, Director of Performance, Oxleas NHS Foundation Trust
Executive Sponsor:	Iain Dimond, Chief Operating Officer, Oxleas NHS Foundation Trust

Purpose of paper:	The purpose of this paper is to update the Bexley Wellbeing Partnership Committee on Oxleas NHS Foundation Trust Community & Mental Health Services Operational Performance.	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	This report is an extract from the Oxleas NHS Foundation Trust Operational Performance Report. The purpose of the report is to help the board understand the operational pressures – including demand, waiting times and bed issues; and progress against national and local targets.		
Potential Conflicts of Interest	None directly relating to this report.		
Other Engagement	Equality Impact	None directly relating to this report.	
	Financial Impact	None directly relating to this report.	
	Public Engagement	None directly relating to this report.	
	Other Committee Discussion/ Engagement	None directly relating to this report.	
Recommendation:	The Bexley Wellbeing Partnership Committee is asked to: (i) Note the contents of the report. (ii) Make suggestions for future reports, to feed into the wider NHS SEL ICB and Place joint development work.		

Agenda Item: 9

Enclosure: G(i)

Bexley Wellbeing Partnership Committee, Thursday 26th September 2024

Oxleas Operational Performance Analysis and Insight Report

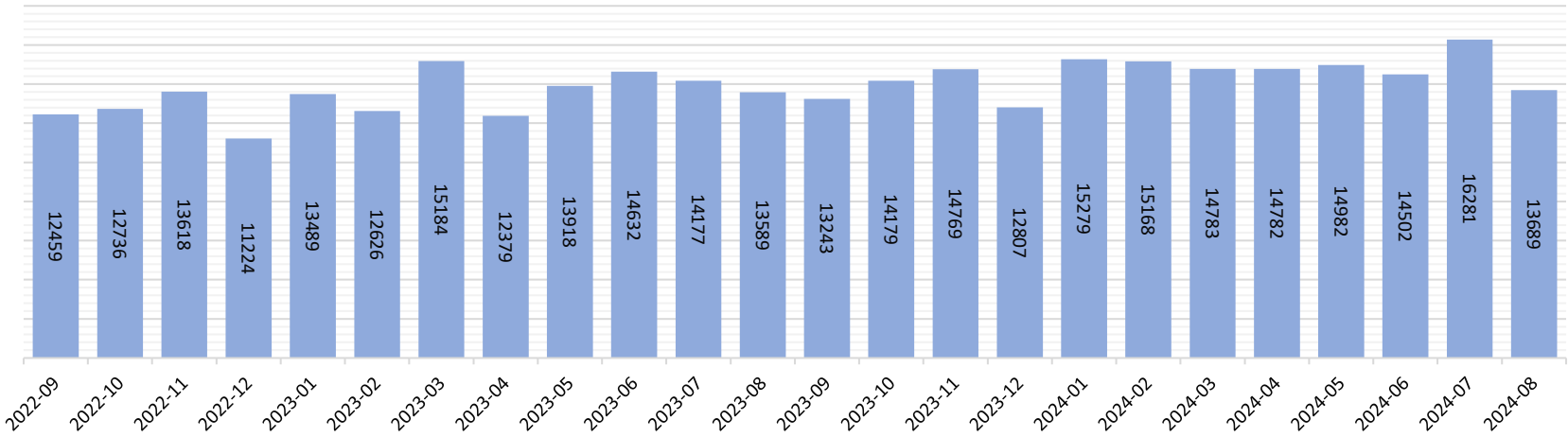
The pack is intended to give a better understand of the metrics, giving context in terms of influencing factors and impact on other metrics. It replaces the previous graph pack, and draws on the dashboards, operational performance and activity, external reporting, MHSDS, benchmarking and population health data and operational feedback.

Month: August 2024

Created by: Business & Performance Office

Trustwide Referrals

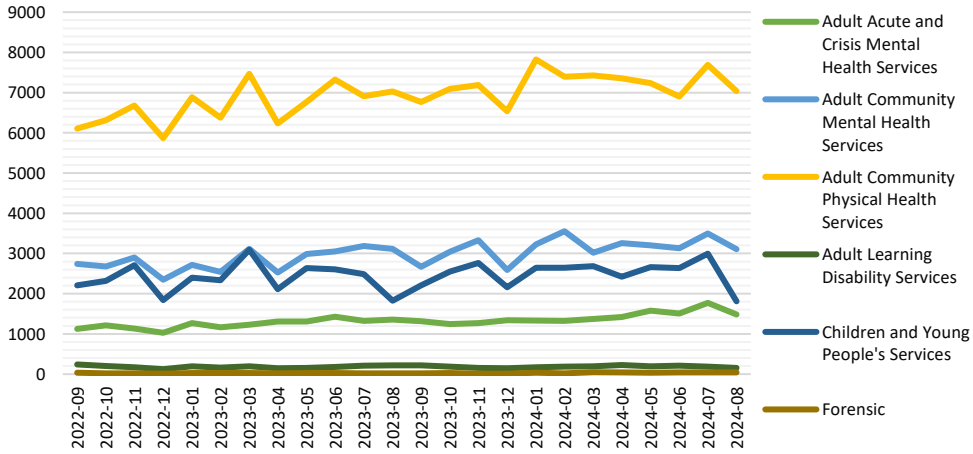
Oxleas NHS Foundation Trust
Trustwide Referrals



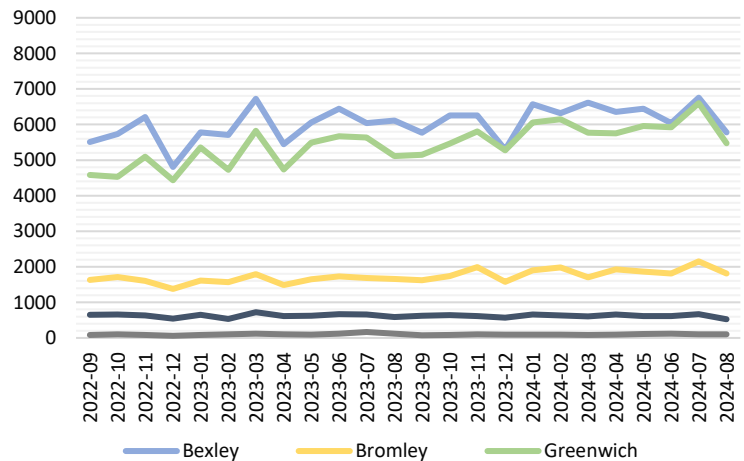
Comments:

- August 2024 saw a decrease in referrals. This is likely due to the summer holidays.
- Referrals remain significantly higher than the average monthly pre-Covid year (2019/2020) of 11,625.
- Over 1 in 2 referrals received are for Adult Community Physical Health Services, and around one-sixth of all referrals are to District Nursing.

Oxleas NHS Foundation Trust
Trustwide Referrals by Directorate

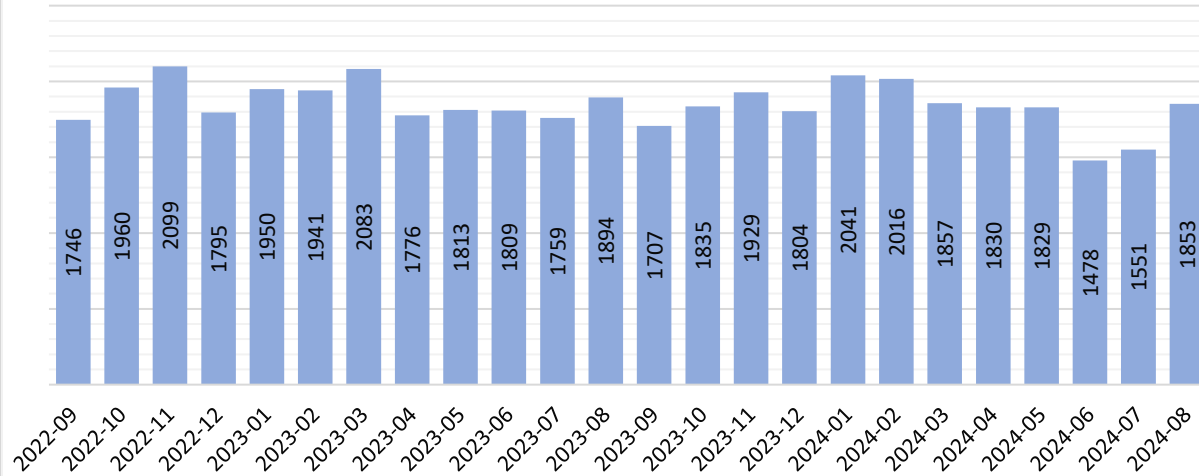


Oxleas NHS Foundation Trust
Trustwide Referrals by Borough of Residence



District Nursing Referrals

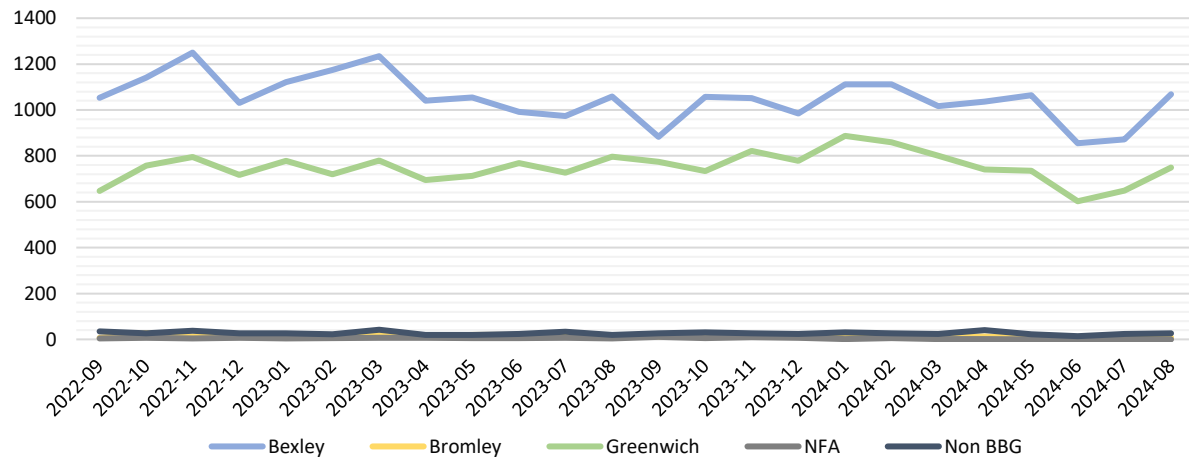
Oxleas NHS Foundation Trust
District Nursing Referrals



Comments:

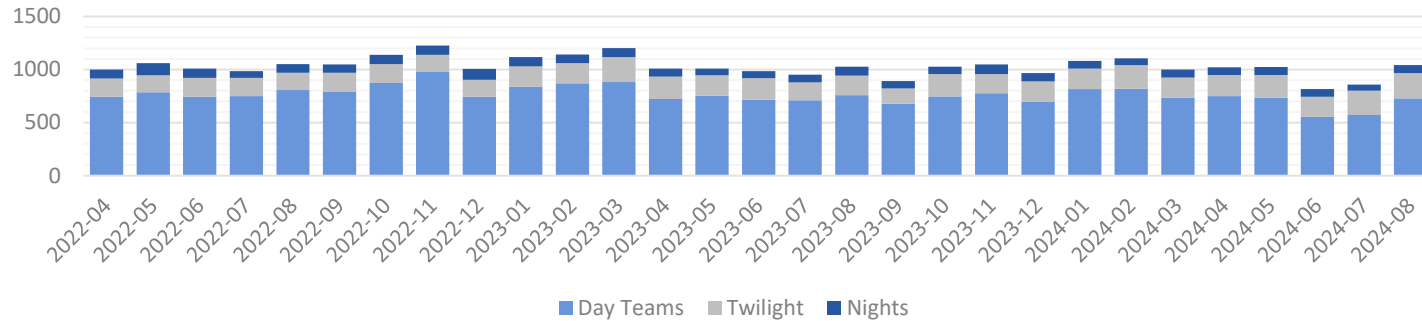
- Over 1 in 2 referrals received are for Adult Community Physical Health Services, and around one-sixth of all referrals are to District Nursing.
- August 2024 has seen a rise in referrals again following June and July’s dip, which was a result of the Synovis incident and the associated reduction in blood tests.

Oxleas NHS Foundation Trust
DN Referrals by Borough of Residence

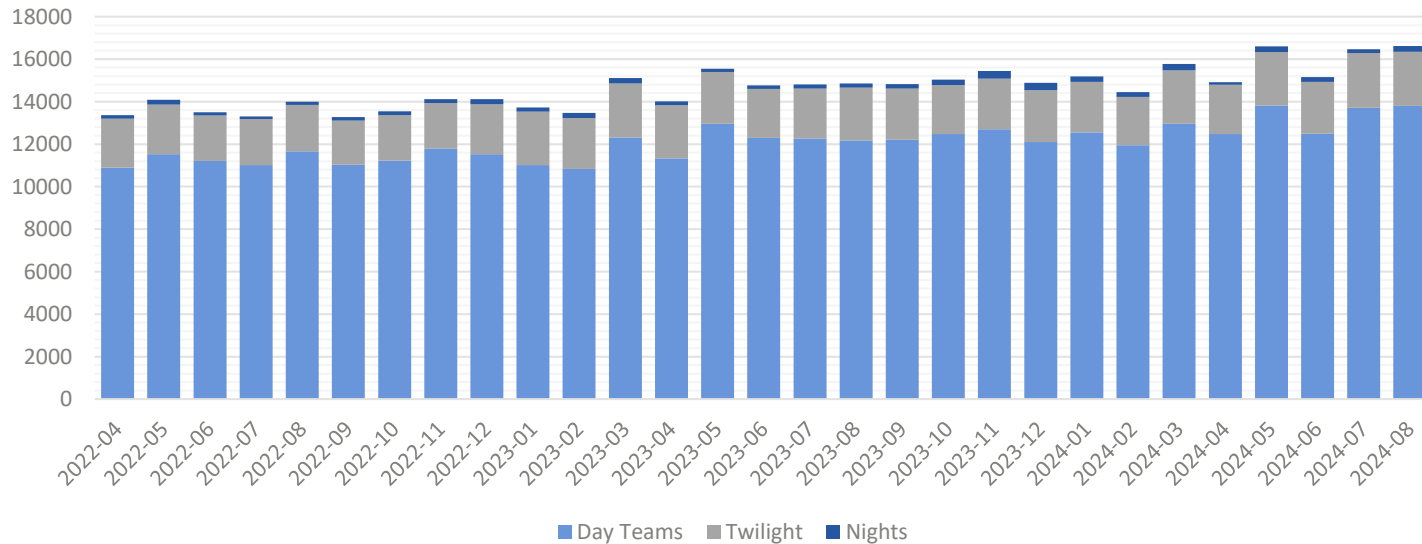


District Nursing Referrals and Activity

Oxleas NHS Foundation Trust, Bexley
District Nursing Referrals



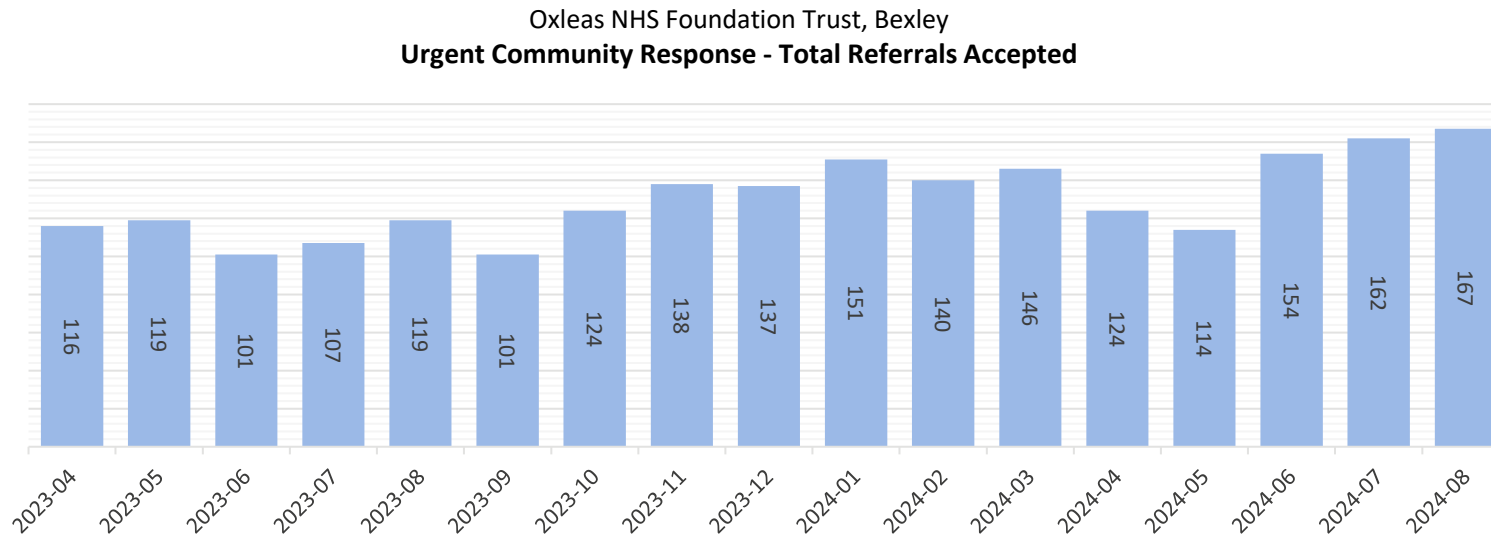
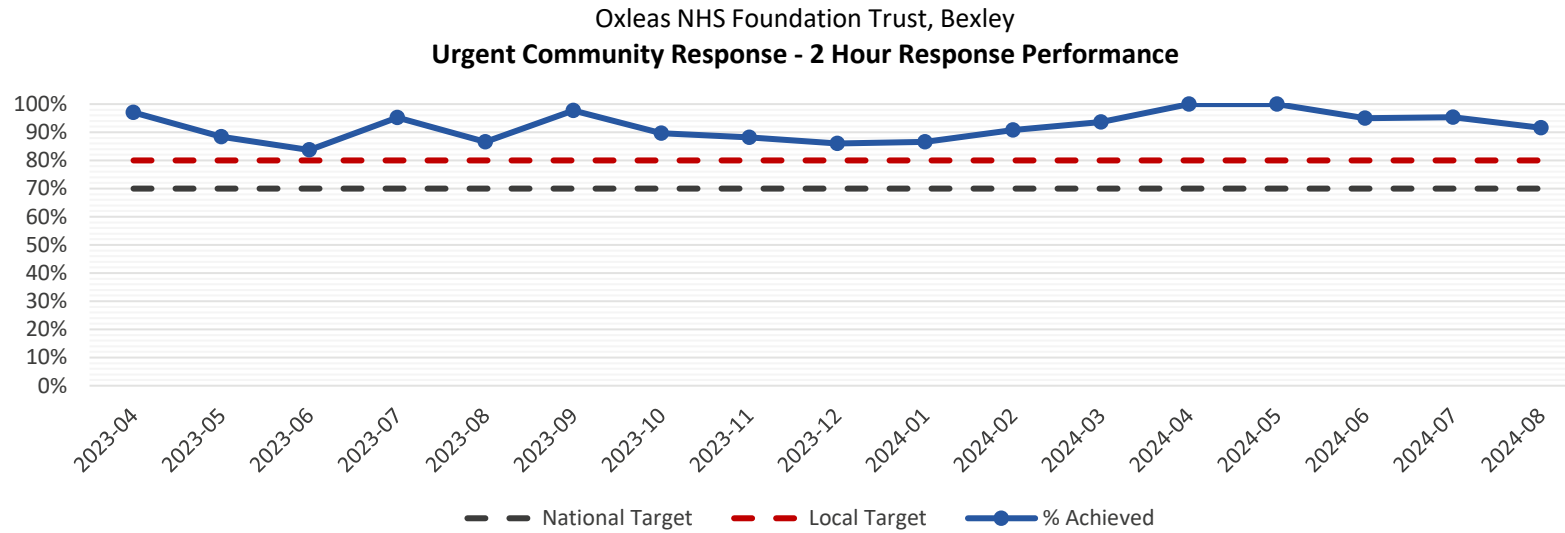
Oxleas NHS Foundation Trust, Bexley
District Nursing Activity



Comments:

- Referrals to Bexley District Nursing show no overall trend, with the exception of June and July 2024 – attributed to the cyber incident at Synnovis and a reduction in referrals for bloods.
- Activity – numbers of completed visits – has shown a clear increase over the past two years, with 16,620 visits in August.

Urgent Community Response

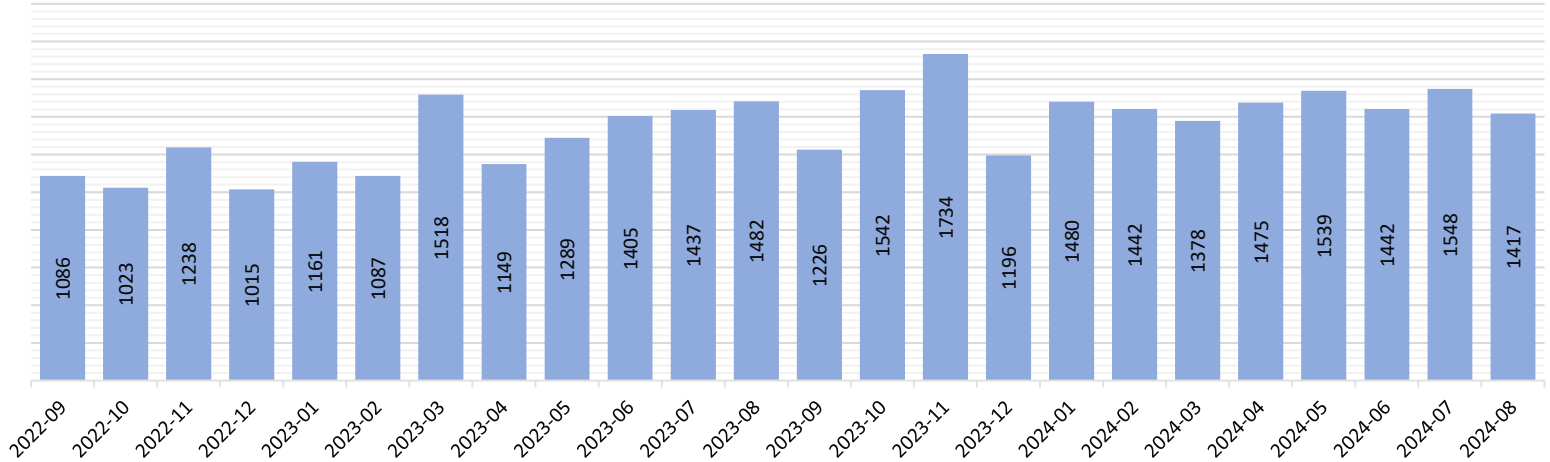


Comments:

- The team has consistently met the national 2-hour-response target, with performance at 91.6% in August, compared with a national target of 70%.
- Referrals show some seasonal variation, with increased demand during the winter months. Since June, there's been an increase due to the implementation of the UCR/LAS car.

MH Hub Referrals

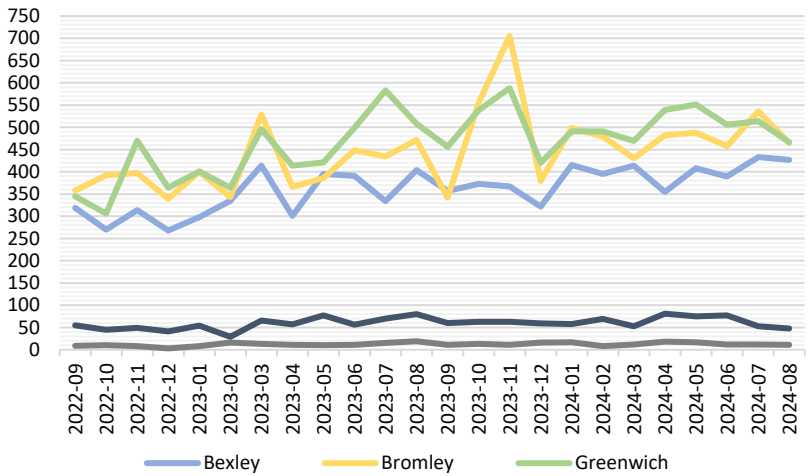
Oxleas NHS Foundation Trust
MH Hub Referrals



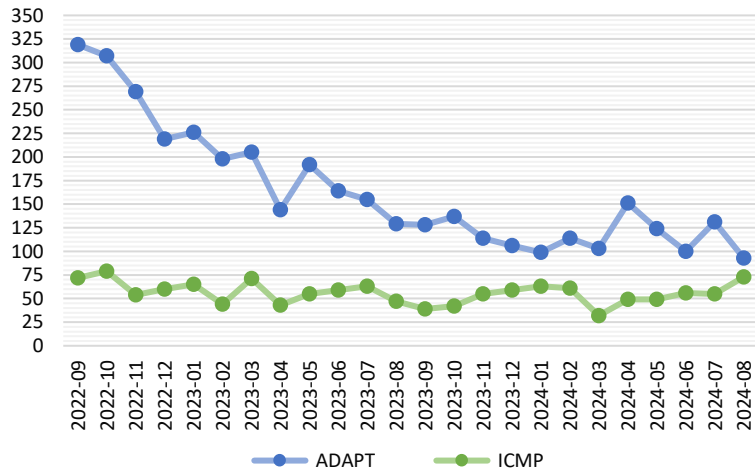
Comments:

- A slight reduction in MH Hub referrals compared to July, but similar to June.
- Since the MH Hubs have been in place, there has been a consistent reduction in ADAPT referrals, but no significant change in ICMP team referrals.

Oxleas NHS Foundation Trust
MH Hub Referrals by Borough of Residence

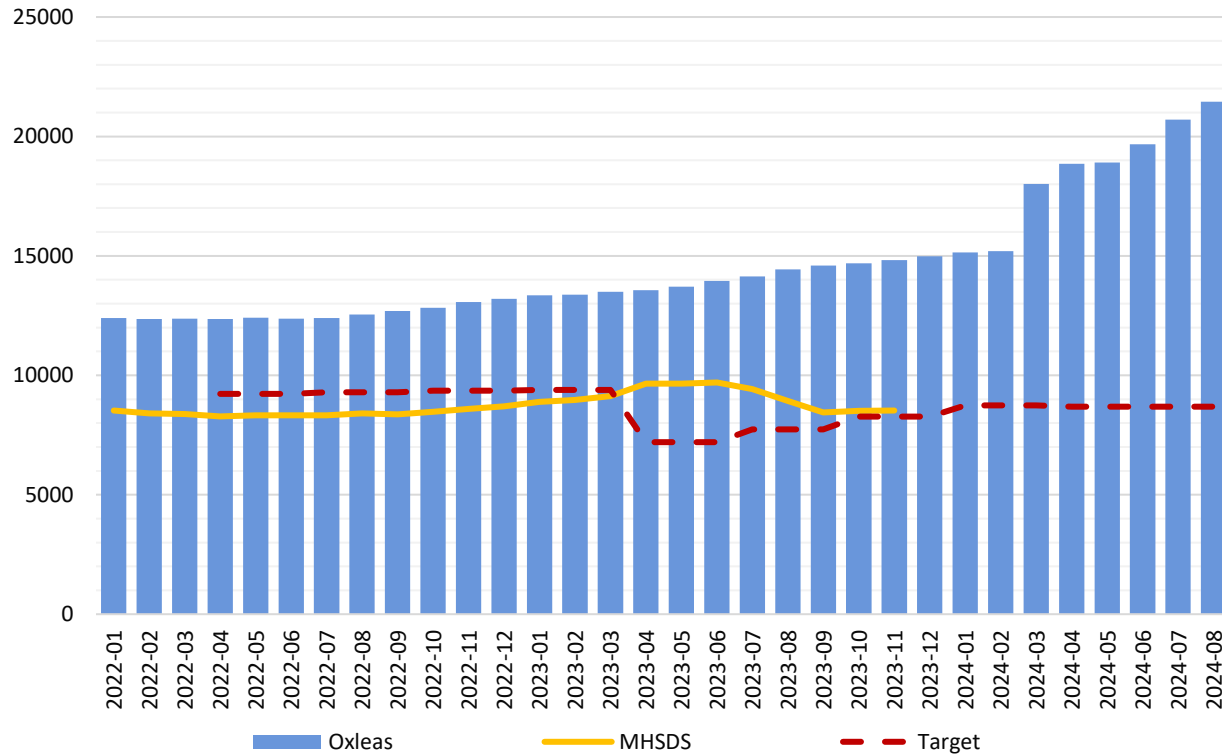


Oxleas NHS Foundation Trust
ICMP vs ADAPT Referrals



Community Mental Health 2+ Contacts

Oxleas NHS Foundation Trust
Community Mental Health 2+ Contacts

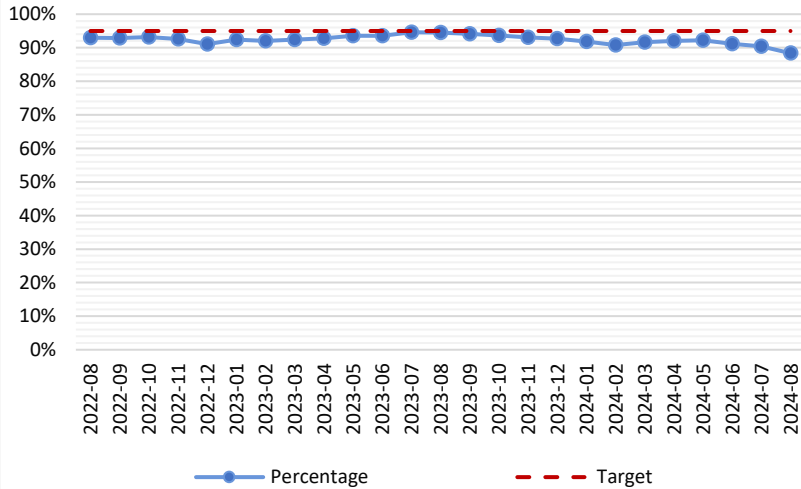


Comments:

- The national measure for Community Mental Health is patients having 2 or more contacts. Performance continues to increase in July, with 21,415 contacts.
- We are measured using MHSDS. This is shown as the yellow line on the graph.
- This metric is a good example of the gap between the MHSDS submission and what we can produce within Oxleas.
- The MHSDS data set looks at MH Hub referrals that have two appointments.
- Many of the hub patients are referred on after one appointment to other Oxleas services, but currently this is not picked up in the MHSDS submission. A technical solution is in development.
- In the interim we have developed a process which measures the patients that are seen within other Oxleas services after the first appointment in the hubs also, and this is shown as the blue bars.
- This shows that we are well above the national target using our data, but still on target when using MHSDS.

Referral to Treatment #1

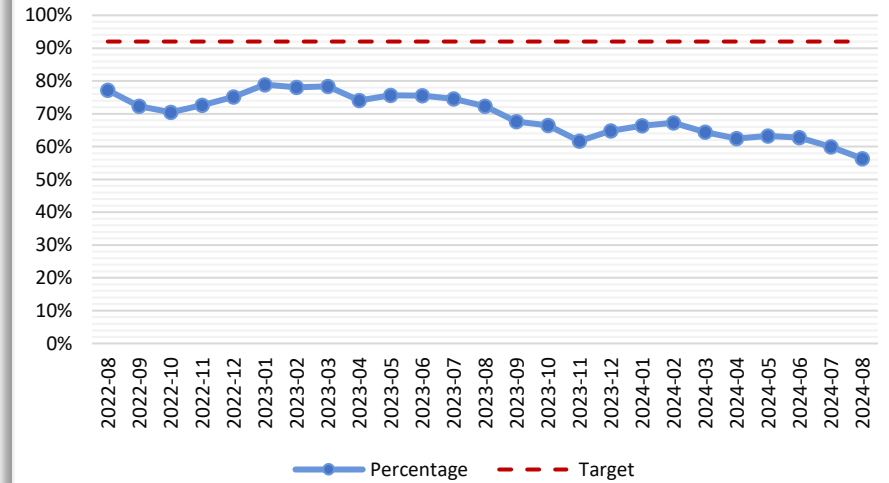
Oxleas NHS Foundation Trust
Trustwide RTT Allied Health Professionals



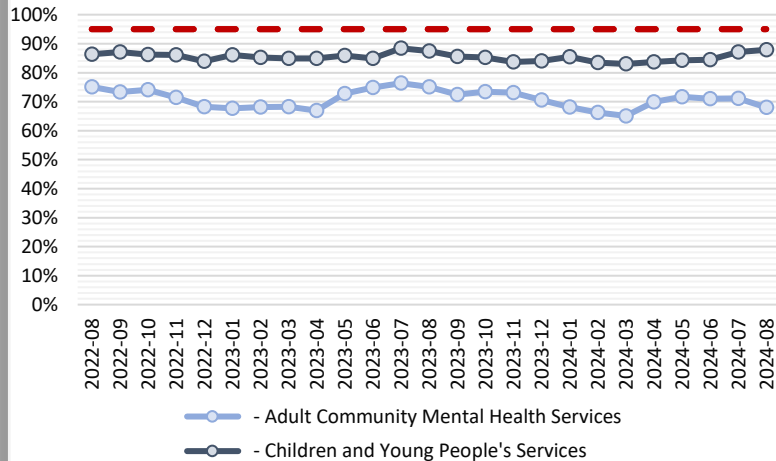
Comments:

- AHP RTT continues to be below target with August 2024 showing the lowest position seen in the shown reporting period.
- CYP performance for August 2024 was 88%. There has now been no decline in performance since January.
- Community Mental Health performance dropped slightly to 68%, probably related to school holiday annual leave.
- Driven by the Greenwich Podiatry capacity challenge, breaches in Adult Physical Health now represent well over half of all breaches.

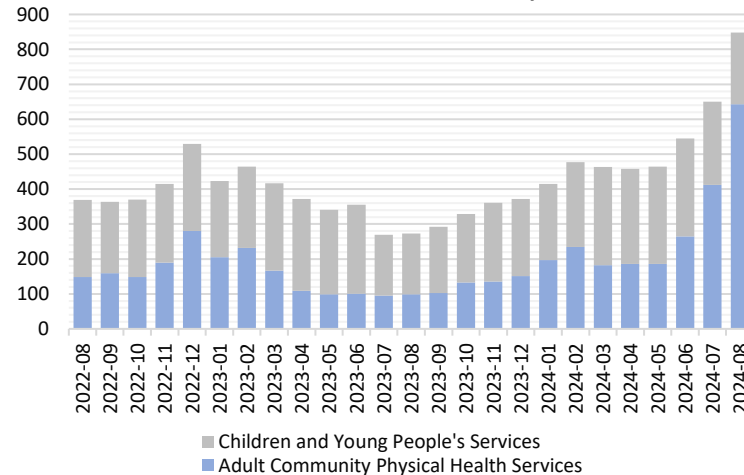
Oxleas NHS Foundation Trust
Trustwide RTT Incomplete Pathways (Consultant Led)



Oxleas NHS Foundation Trust
Community Mental Health & CYP RTT Allied Health Professionals



Oxleas NHS Foundation Trust
RTT Allied Health Professionals Monthly Breaches

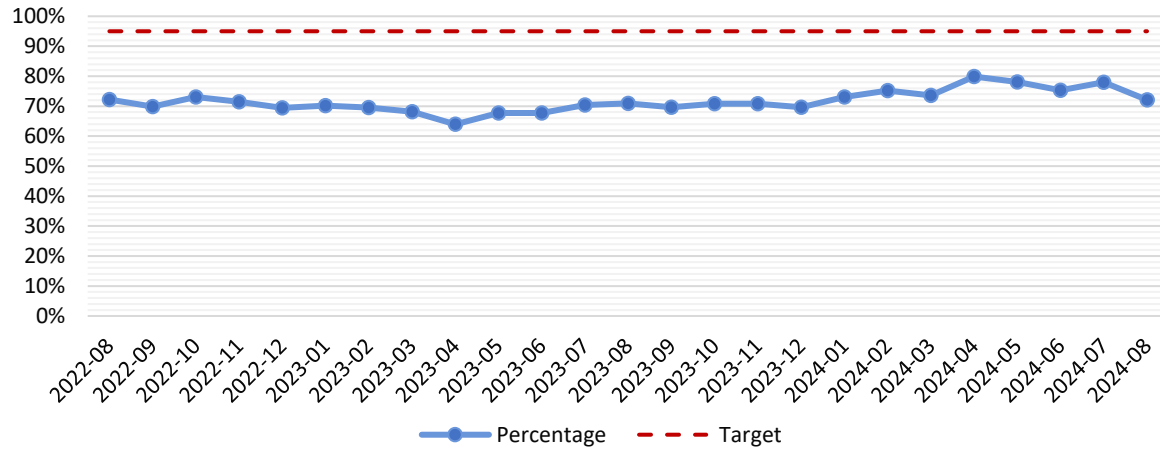


Comments:

- There continues to be a decline in August 2024, falling below target and the average.
- Drivers of performance high demand and lack of capacity within the Bexley and Greenwich Consultant-Led pathway for Community Paediatrics.
- Community Paediatrics is now fully staffed, which helps to address the capacity issue.
- Data quality work being undertaken with staff to ensure correct recording in RiO.
- Action plans are in place, and there is more detail in the exception report.

Referral to Treatment #2

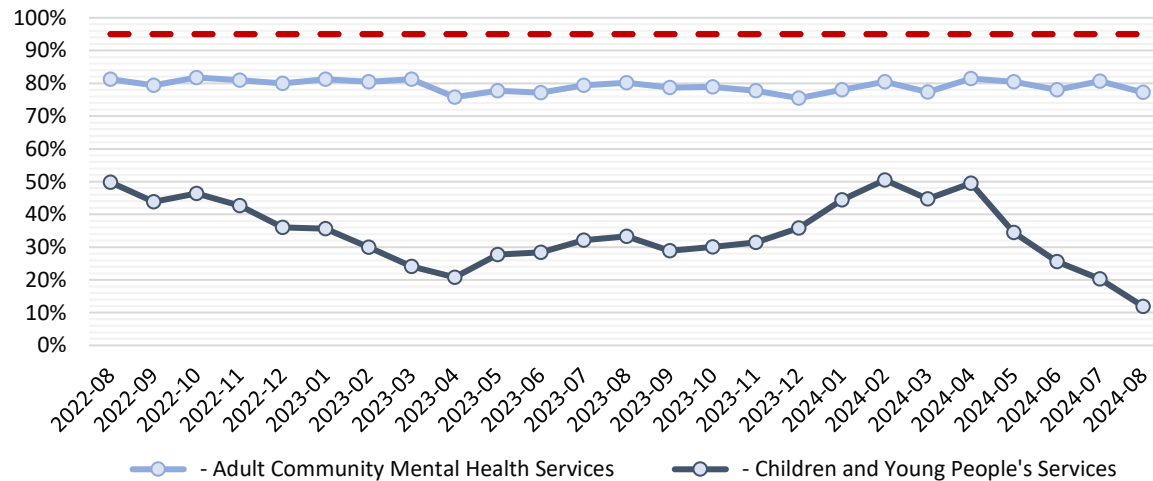
Oxleas NHS Foundation Trust
Trustwide RTT Psychological Therapies



Comments:

- PT RTT has been consistently under performance against the 95% target, and has further reduced in August, although performance is still better than a year ago.
- The performance is mainly impacted by CYP, where there has been consistent decrease in performance over the past few months. Performance for August further decreased compared to July.
- CMH are also missing the target, with performance remaining steady at around 75%-80%.
- Action plans are in place for both CYP and ACMH, and there is more detail in the exception report.

Oxleas NHS Foundation Trust
Community Mental Health & CYP RTT Psychological Therapies



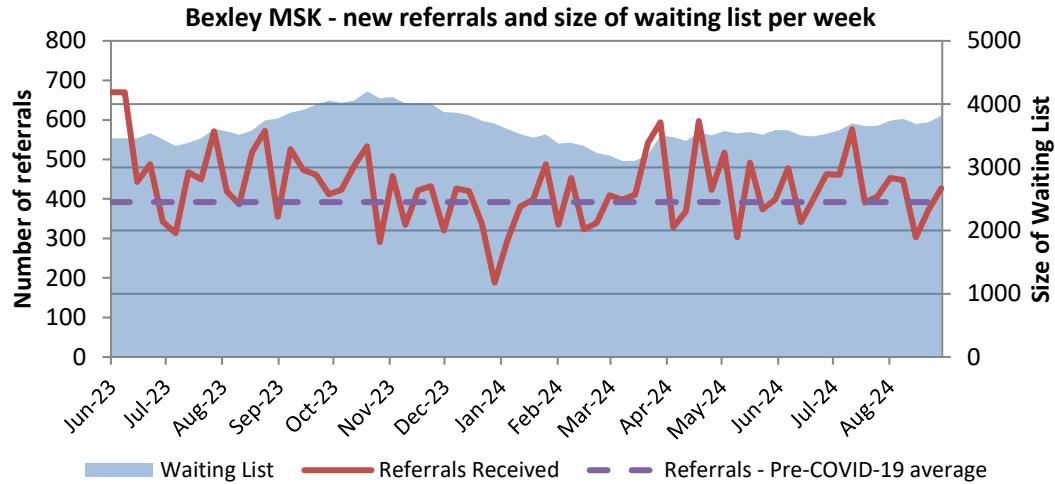
Bexley Waiting Lists

Service Line	Target		Apr '24	May '24	Jun '24	Jul '24	Aug '24	Comments
Musculoskeletal service	4 wks routine	Waiting	3284	3282	3255	3400	3522	The waiting list has been growing over recent months; routine physio is close to 18 weeks. Overall capacity is a challenge.
		Avg wait	6 wks	6 wks	7 wks	7 wks	8 wks	
Neuro-rehab	18 wks	Waiting	188	181	176	183	208	The waiting list has grown a little but the service is generally managing within 18 weeks as pressure on SLT has eased.
		Avg wait	8 wks	8 wks	8 wks	7 wks	7 wks	
Bladder+Bowel	N/A	Waiting	176	183	157	142	155	This includes some patients re-referred for follow up only (e.g. after TWOC or admission to a care home).
		Avg wait	4 wks	6 wks	3 wks	5 wks	4 wks	
Nursing and Therapy - Diabetes	N/A	Waiting	19	22	20	14	29	
		Avg wait	9 wks	9 wks	9 wks	10 wks	7 wks	
Nursing and Therapy - Heart Failure	6 wks	Waiting	52	44	61	75	52	This includes Heart Failure and Cardiac Rehab
		Avg wait	3 wks	3 wks	4 wks	4 wks	3 wks	
Nursing and Therapy - Lymphoedema	N/A	Waiting	13	16	15	9		August data not available
		Avg wait	3 wks	4 wks	4 wks	3 wks		
Nursing and Therapy - Tissue Viability	N/A	Waiting	30	36	45	49	45	
		Avg wait	5 wks	4 wks	6 wks	6 wks	5 wks	
Nursing and Therapy - Respiratory / COPD	18 wks	Waiting	106	155	164	165	163	This includes COPD Team and Diagnostic Spirometry.
		Avg wait	4 wks	4 wks	6 wks	5 wks	6 wks	
Podiatry and podiatric surgery	18 wks	Waiting	157	165	193	203	198	The team has felt capacity pressure due to mat leave/vacancies. High risk patients have been prioritised.
		Avg wait	7 wks	9 wks	9 wks	11 wks	12 wks	
Rehabilitation services	18 wks	Waiting	132	137	78	99	127	
		Avg wait	4 wks	4 wks	4 wks	3 wks	4 wks	
Community SLT	18 wks	Waiting	48	72	60	52	67	
		Avg wait	4 wks	4 wks	5 wks	5 wks	5 wks	

Comments:

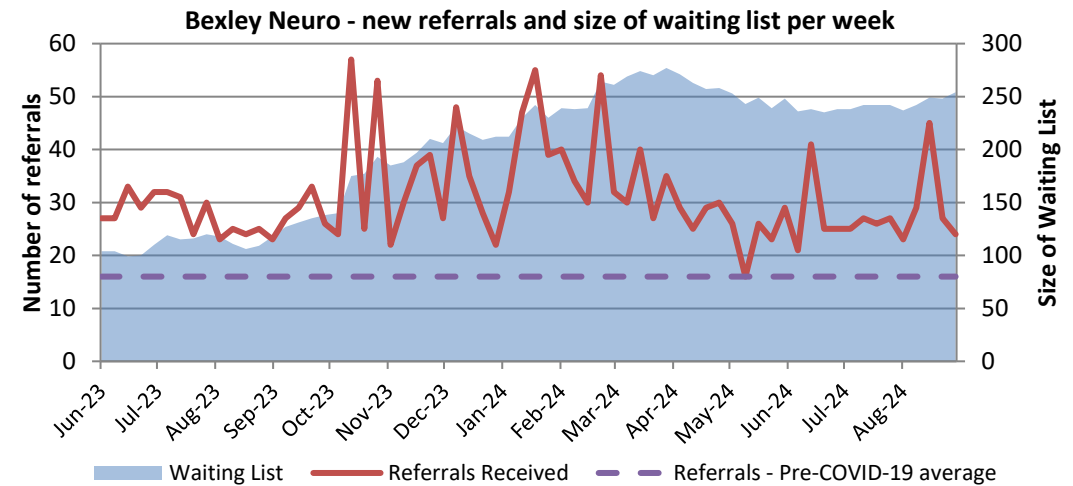
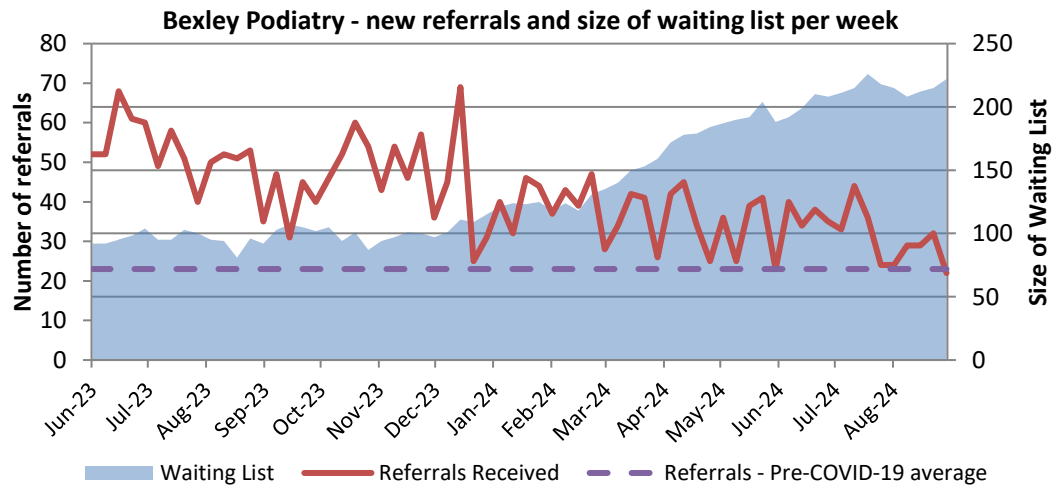
- This table represents the data submitted to the Community Health Services Waiting Lists sit rep for NHSE.
- Trust-level data are published on the NHSE website each month, but this is filtered to Bexley teams only.
- The metrics presented in a time-series are, the number of patients waiting at the end of each month, and the average (mean) time on the waiting list for those patients.

Bexley Waiting Lists



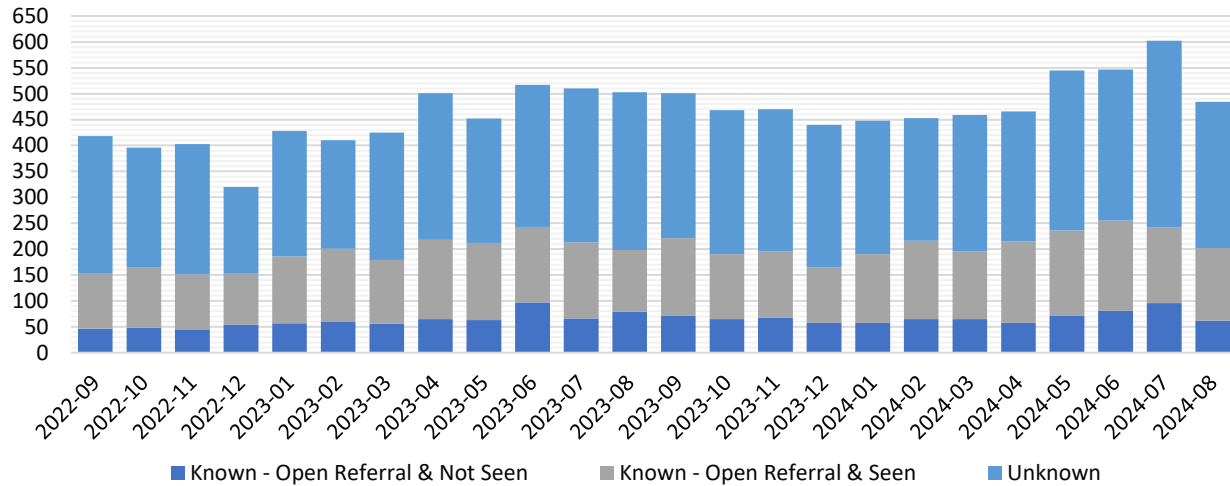
Comments:

- This is a longer time series for waiting times, for selected services. The calculation is snapshotted differently from the previous slide, so won't match exactly.
- The blue shaded area represents the size of the waiting list; the red line shows the number of referrals each week, with the pre-COVID average shown as a benchmark.
- In MSK, the trend has been for referrals to be generally above the benchmark, especially over the spring and summer, and the waiting list has been rising as a result.
- In Podiatry, the early referral data was inflated by a number of duplicate requests; we can see a general trend that the waiting list has been increasing over the course of 2024 due to the vacancies position in what is quite a small team.
- In Neuro-rehab, the waiting list increased during the winter but has now stabilized and come down slightly. This metric includes patients referred in for 6-month stroke reviews only, which accounts for some of the spikes in demand in late 2023. Demand has consistently been ahead of the benchmark.



Mental Health Liaison Team (ED) Referrals

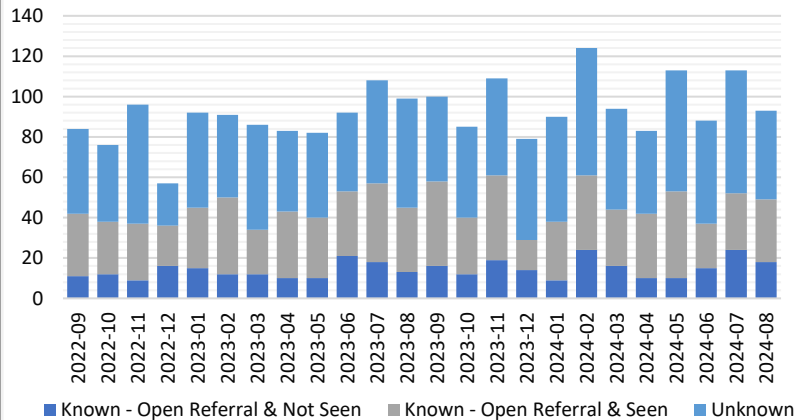
Oxleas NHS Foundation Trust
MHLT (ED) Referrals by Known Status



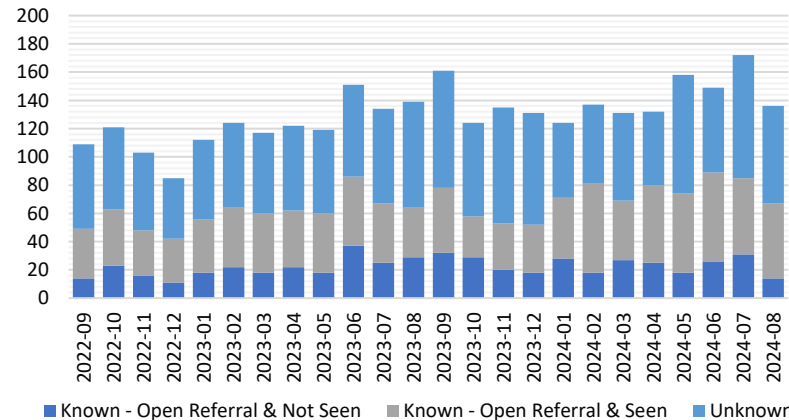
Comments:

- There had been a steady increase in referrals to the MHLTs in ED since October 2023, with a big jump in May which was maintained in June and a further increase in July to the highest that we have seen in well over 5 years. In August this has dropped back to April levels.
- About 15% are patients who have been referred to CMHTs but have not yet been seen.
- Most referrals are not known to Oxleas MH services at the time of referral.
- Around 25% of referrals are of patients in the active CMHT caseload (Known and Seen patients).
- Referrals to CMHT, and the caseload have grown significantly over the past few years (up 60% since pre-Covid for the former, and up 15% in last two years for the latter).
- The Known Seen referrals in ED represent less than 1% of the open CMHT caseload in any month.

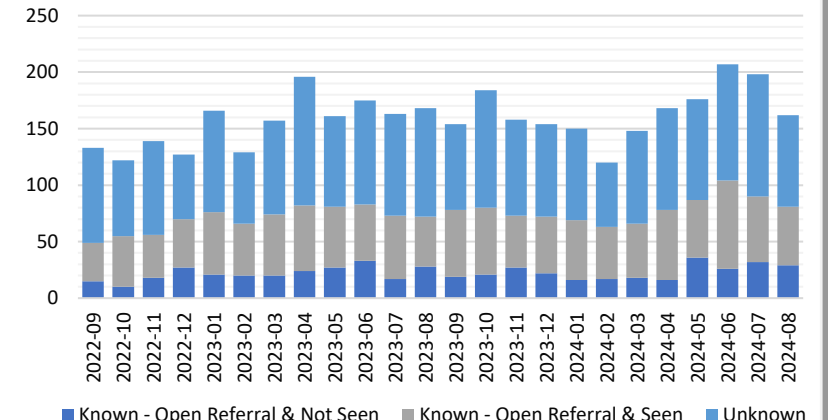
Oxleas NHS Foundation Trust
Bexley Patients (Borough of Residence)
MHLT (ED) Referrals by Known Status



Oxleas NHS Foundation Trust
Bromley Patients (Borough of Residence)
MHLT (ED) Referrals by Known Status

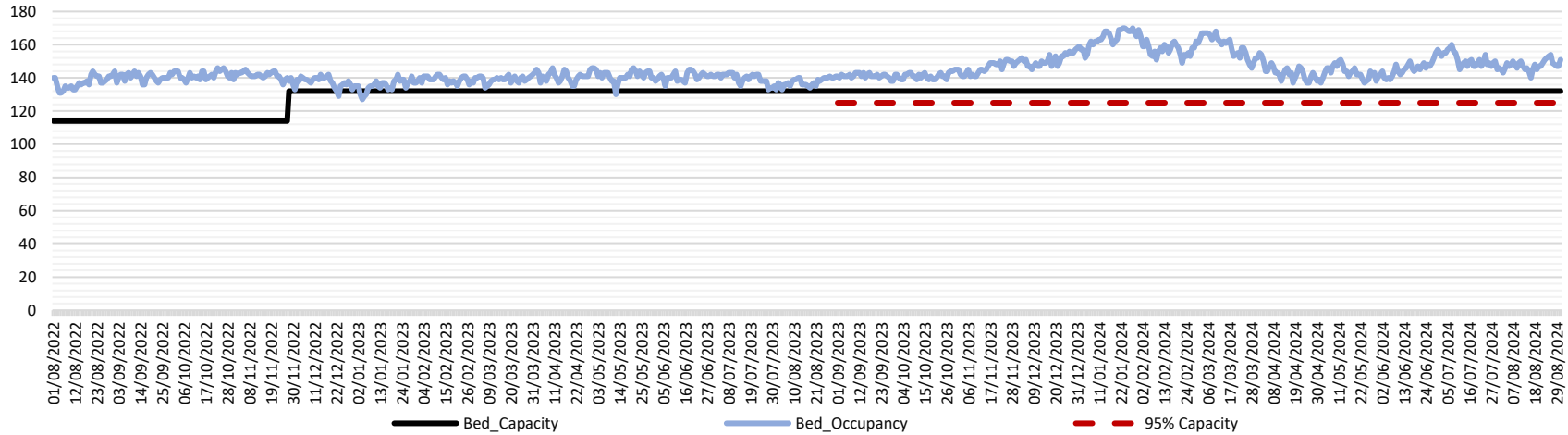


Oxleas NHS Foundation Trust
Greenwich Patients (Borough of Residence)
MHLT (ED) Referrals by Known Status

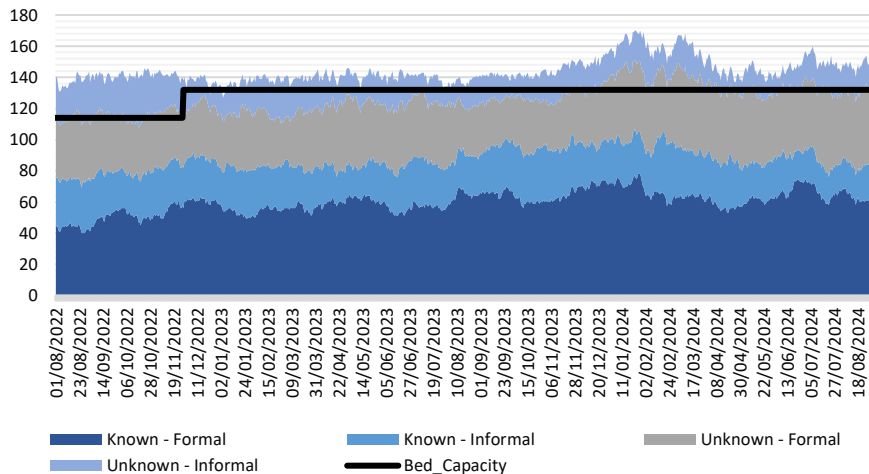


Bed Occupancy

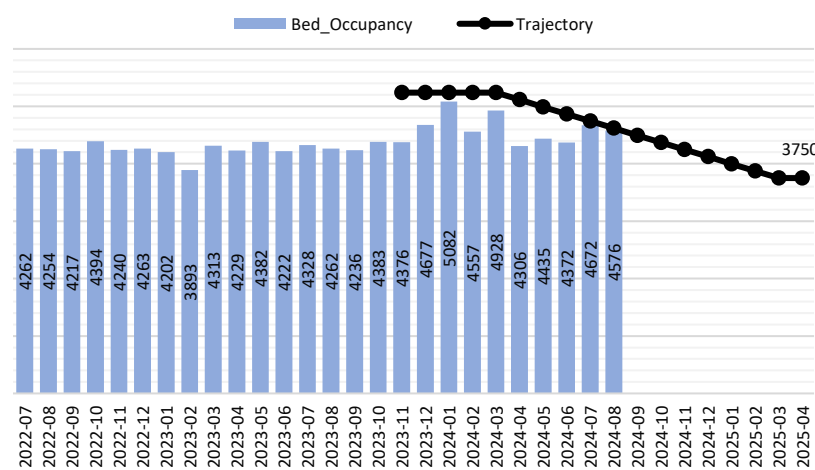
Oxleas NHS Foundation Trust
WAA Acute (Oxleas & OAP) Bed Occupancy



Oxleas NHS Foundation Trust
WAA Acute (Oxleas & OAP) Bed Occupancy by Category



Oxleas NHS Foundation Trust
WAA Acute (Oxleas & OAP) Bed Days vs Trajectory

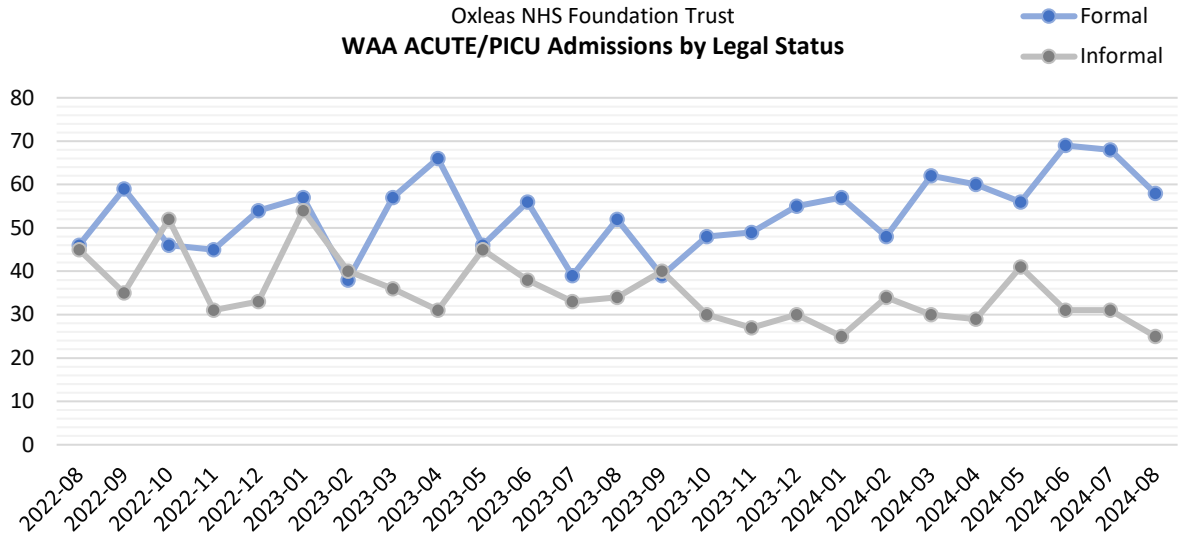


Comments:

- Occupied bed days (blue line on top graph) have dropped from their peak in December 2023. The black line represents Oxleas beds, and the gap between the black line and blue line is private bed use.
- At the end of August 24 we were using 151 beds. Oxleas Acute WAA MH bed base is 132. The red dashed line the target occupancy (95%) of the Oxleas bed base.
- Admissions can be broken down by whether they are formal or informal, and whether they were known (part of the active CMHT caseload) or not.
- Formal admissions of known patients make up most of our admissions (dark blue band at bottom of lower graph). Formal admissions of unknown patients are the next highest, followed by Informal admissions of known patients. There are far fewer informal unknown admissions.
- The beds programme planned bed usage reduction trajectory (black line) and progress against this (blue bars) is shown on the left. After a few months of being well within trajectory, July and August occupancy is increased and is only just within plan, but August occupancy is down compared to July.

Admissions #1

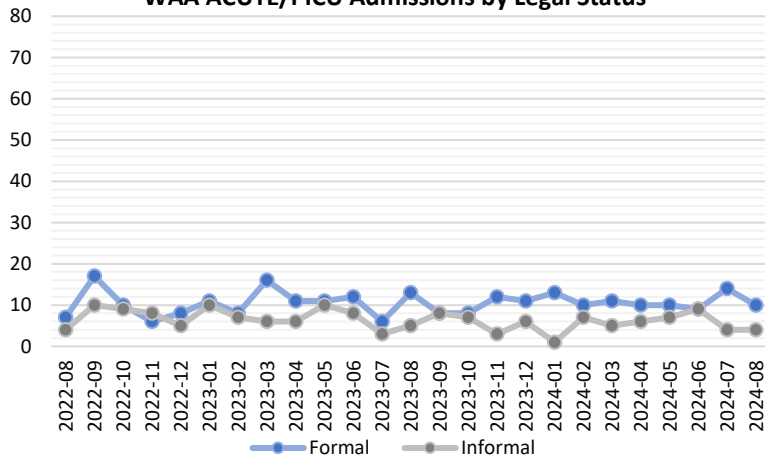
Oxleas NHS Foundation Trust
WAA ACUTE/PICU Admissions by Legal Status



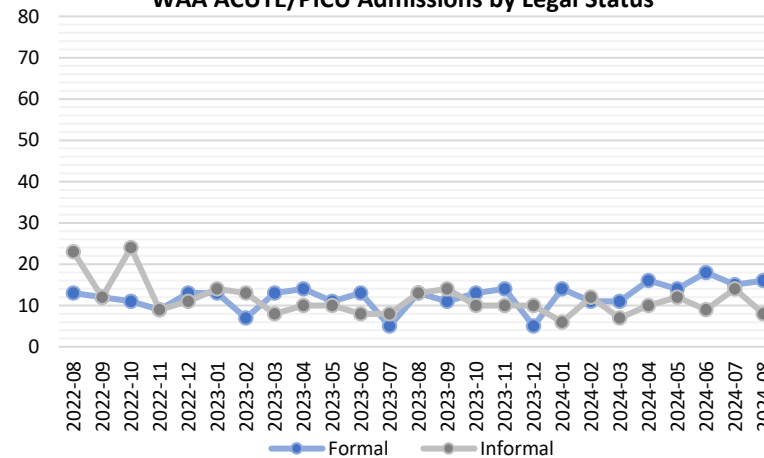
Comments:

- Admissions have reduced since the pre-covid period, driven mainly by a reduction in informal admissions. This reduction has continued in August.
- More recently there has also been a slight increase in formal admissions, but with a slight drop in August.

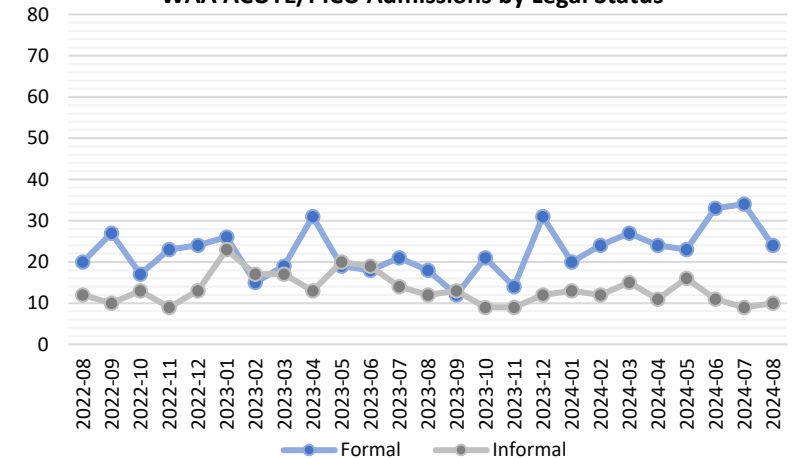
Oxleas NHS Foundation Trust
Bexley Patients (Borough of Residence)
WAA ACUTE/PICU Admissions by Legal Status



Oxleas NHS Foundation Trust
Bromley Patients (Borough of Residence)
WAA ACUTE/PICU Admissions by Legal Status

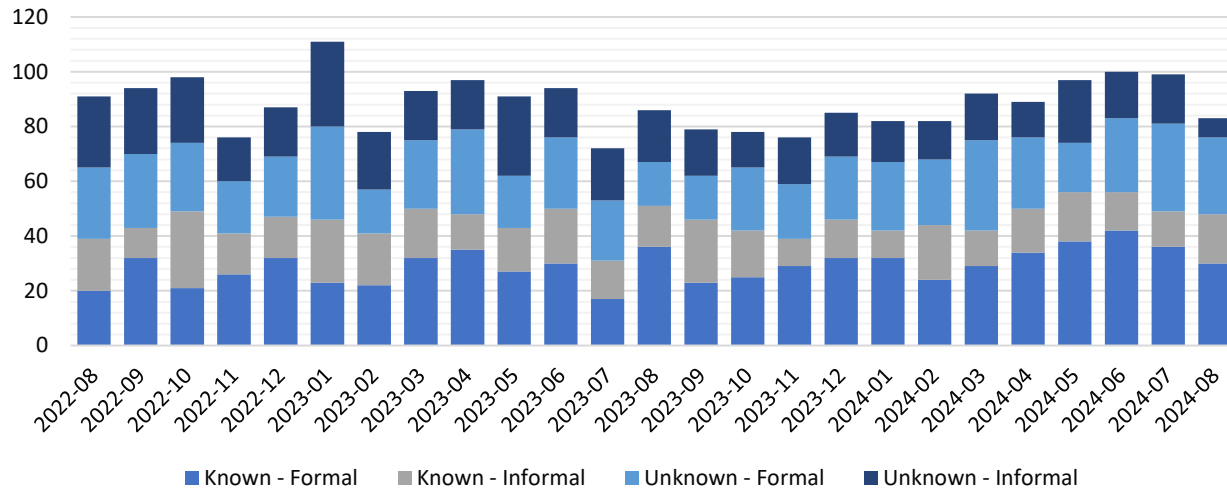


Oxleas NHS Foundation Trust
Greenwich Patients (Borough of Residence)
WAA ACUTE/PICU Admissions by Legal Status



Admissions #2

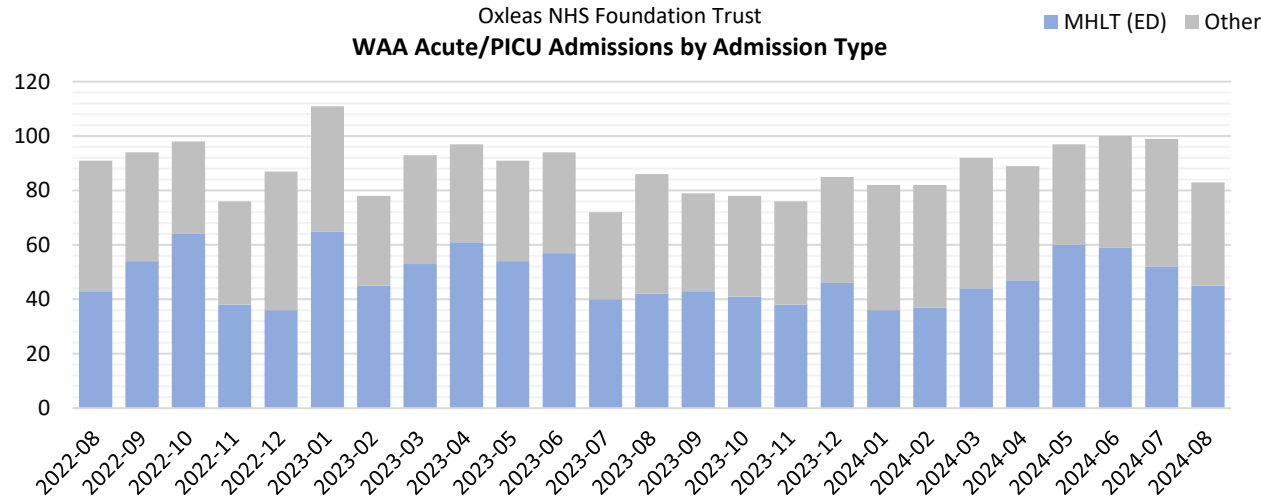
Oxleas NHS Foundation Trust
WAA Acute/PICU Admissions by Category



Comments:

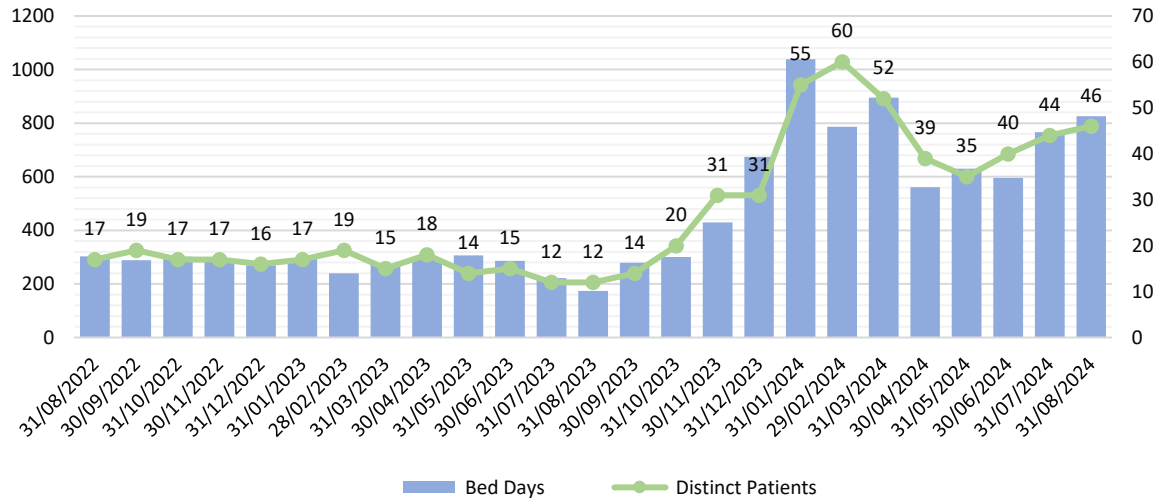
- The formal / informal split can then be further broken down by Known and unknown, and this is shown in the top graph.
- Admissions for August were reduced, returning to around the levels seen prior to the recent 5-month peak.
- In August 24, there was a considerable decrease in ‘Unknown – Informal’ admissions. There was a reduction in the number of unknown patients referred in ED compared to the increase seen over the last few months.
- Admissions are significantly down on the pre-Covid year (19/20) monthly average.
- The bottom graph shows admission by those via MHLTs (ED referrals) and others (HBPoS, PICU step down, Community). The proportion does vary month on month, but generally is about 50% ED, although over the past two months admissions via ED have been lower than from other sources.

Oxleas NHS Foundation Trust
WAA Acute/PICU Admissions by Admission Type



Out-of-Area Bed Days

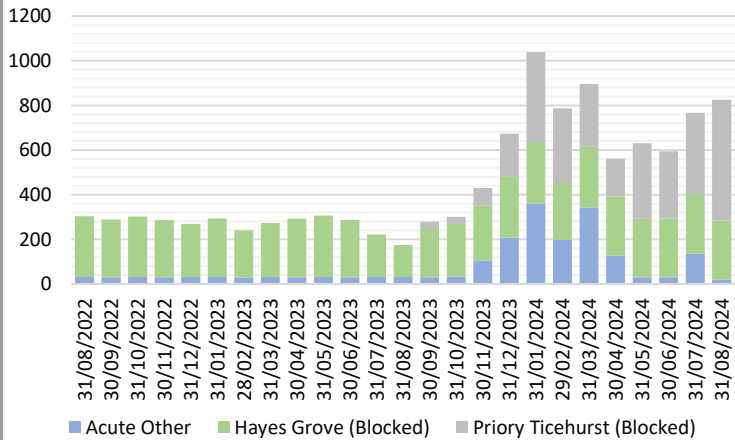
Oxleas NHS Foundation Trust
WAA Acute Out-of-Area Bed Days vs Distinct Patients



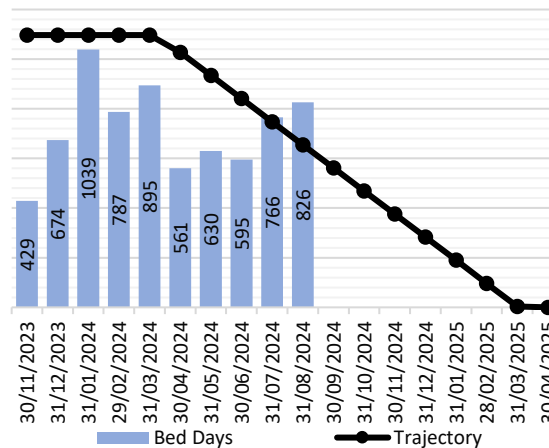
Comments:

- Occupied bed days for WAA acute MH private beds has increased compared to the July position to 826 bed days. The number of distinct patients has also increased.
- Both Male and Female PICU occupancy has decreased compared to July.
- The Bed programme planned trajectory for private beds usage (black line) and the progress against this (blue bars) is shown below. After consistently well within trajectory, for July private bed usage is only just within plan.

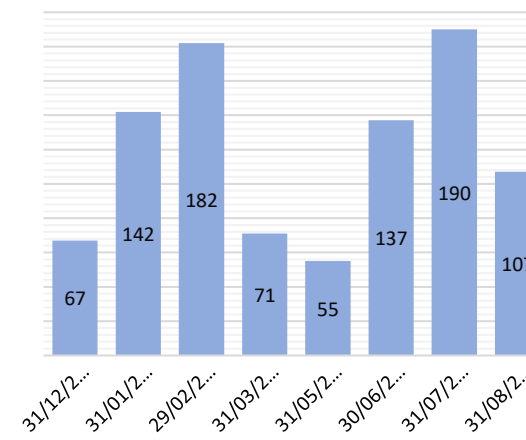
Oxleas NHS Foundation Trust
WAA Acute Out-of-Area Bed Days by Placement



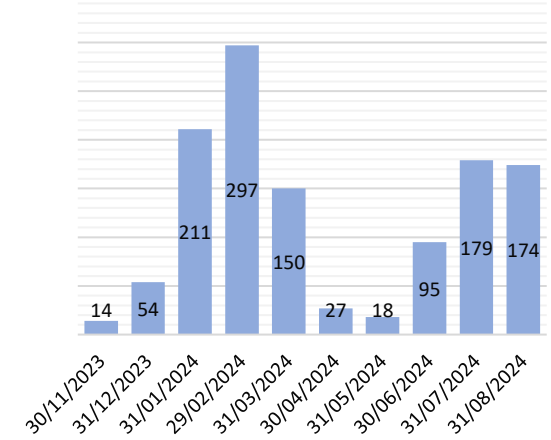
Oxleas NHS Foundation Trust
WAA Acute Out-of-Area Bed Days vs Trajectory



Oxleas NHS Foundation Trust
PICU Female Out-of-Area Bed Days

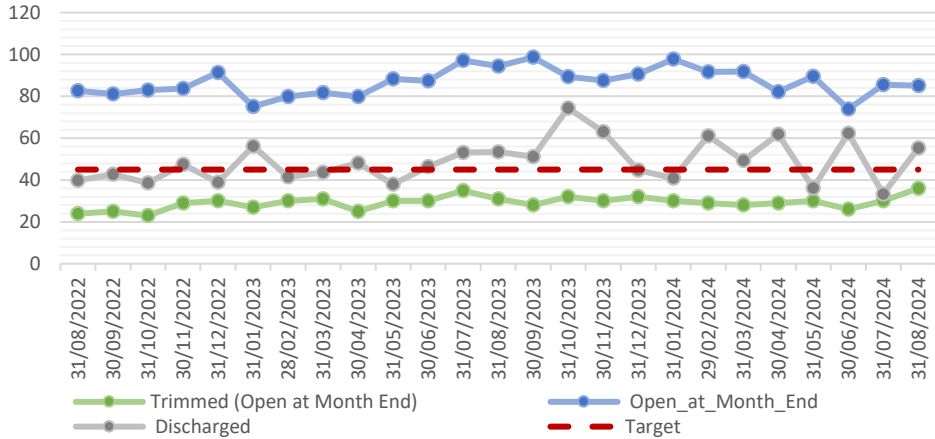


Oxleas NHS Foundation Trust
PICU Male Out-of-Area Bed Days

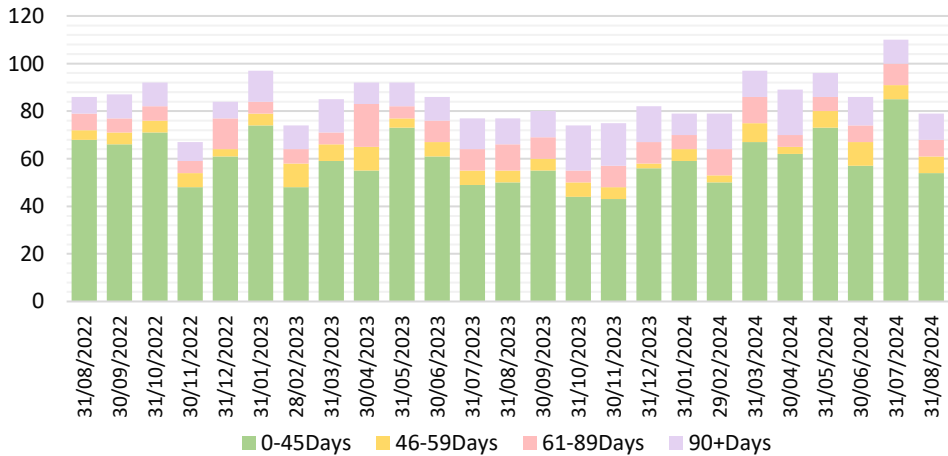


Length of Stay #1

Oxleas NHS Foundation Trust
WAA Acute/PICU Average Length of Stay



Oxleas NHS Foundation Trust
WAA Acute/PICU Discharged Spells by LoS Group



	Patients in Wards as of Month End							
	Avery - Greenwich	Betts - Bromley	Goddington - Bromley	Lesney - Bexley	Millbrook - Bexley	Norman - Bromley	Shrewsbury - Greenwich	The Tarn - Greenwich
0-45Days	●●●●●●●●	●●●●●●●●	●●●●●●●●	●●●●●●●●	●●●●●●●●	●●●●●●●●	●●●●●●●●	●●●●●●●●
46-59Days	●●●		●	●	●●●●	●	●	●
61-89Days	●●●●●●	●●	●●●	●●●	●●	●●	●●	●
90+Days	●●	●	●●	●●	●●●●	●	●●●●●●●●	●●●●

Comments:

- The blue line (top graph) shows the average LoS of all patients on the wards at the end of the month for the whole spell of their stay using the mean as an average. This has remained the same in August.
- Grey line is average LoS for those discharged in the month. This has increased in July.
- The green line is the trimmed Los (excluding patients over 90 days). The trimmed LoS gives an indication of the underlying LoS and this remains well below the target LoS but has gone up for August.
- Discharges in August were lower than July. The lower graph shows discharges by the four LoS bands Green (less than 45 days) decreased in August, but purple (over 90 days) increased.

Length of Stay #2

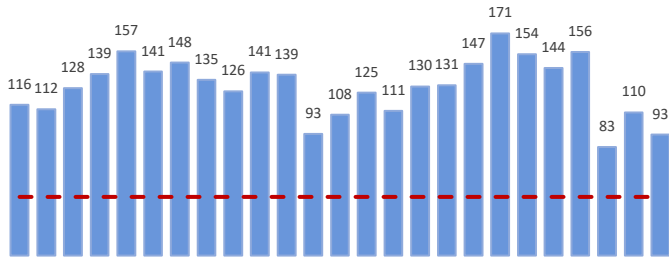
PatientInitials	Gender	CurrentWard	Known_Formal	LoS@RunDate
SH	Male	The Tarn - Greenwich	Known - Formal	1135
TS	Female	Avery - Greenwich	Unknown - Formal	837
KB	Male	Shrewsbury - Greenwich	Known - Formal	657
SS	Female	Millbrook - Bexley	Known - Formal	560
MZ	Male	Lesney - Bexley	Known - Formal	507
TB	Female	Millbrook - Bexley	Known - Informal	329
CM	Male	Shrewsbury - Greenwich	Unknown - Formal	285
DA	Male	The Tarn - Greenwich	Known - Formal	256
EM	Male	The Tarn - Greenwich	Known - Formal	224
JP	Male	Millbrook - Bexley	Known - Formal	206
OK	Male	Shrewsbury - Greenwich	Unknown - Formal	200
AE	Male	Shrewsbury - Greenwich	Known - Formal	199
NA	Male	Shrewsbury - Greenwich	Unknown - Formal	193
AI	Male	Millbrook - Bexley	Known - Formal	186
MH	Male	Shrewsbury - Greenwich	Known - Formal	179
AA	Male	Norman - Bromley	Known - Formal	177
SI	Male	Betts - Bromley	Unknown - Formal	173
JK	Male	Lesney - Bexley	Unknown - Formal	168
MH	Male	OAP Virtual Ward	Known - Formal	166
CO	Female	Avery - Greenwich	Unknown - Formal	141
CR	Male	The Tarn - Greenwich	Known - Formal	137
SS	Female	OAP Virtual Ward	Unknown - Formal	133
DS	Female	Goddington - Bromley	Known - Formal	129
RW	Male	OAP Virtual Ward	Unknown - Formal	123
JK	Male	OAP Virtual Ward	Known - Formal	117
AX	Male	The Tarn - Greenwich	Known - Formal	110
JC	Female	OAP Virtual Ward	Known - Formal	108
RL	Male	Shrewsbury - Greenwich	Unknown - Formal	108
MI	Male	Goddington - Bromley	Unknown - Formal	103
LM	Female	Millbrook - Bexley	Known - Formal	99
JW	Male	OAP Virtual Ward	Unknown - Informal	99
DD	Male	Shrewsbury - Greenwich	Unknown - Formal	95
AB	Male	OAP Virtual Ward	Known - Formal	94

Comments:

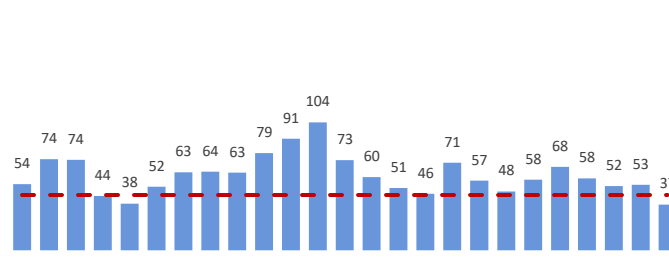
- There has been a net reduction in patients staying over 90 days, from 47 in January 24 to 33 in August 24.
- 9 patients moved into the over 90-day group from the 61-90 group.
- 1 of the 6 longest stay patients (all over 500 days) was discharged.

Length of Stay #3

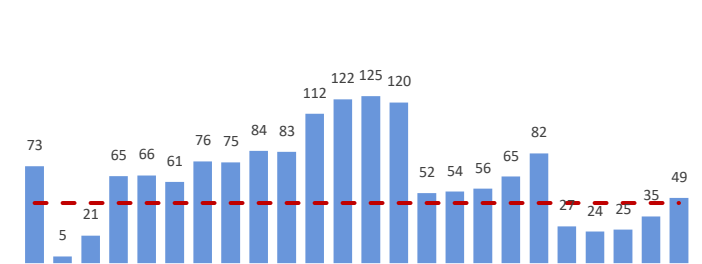
Avery



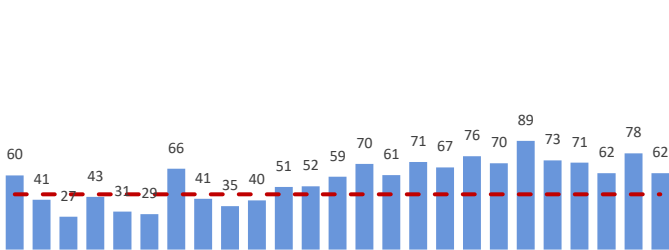
Betts



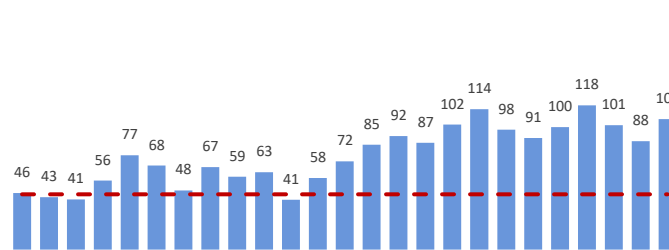
Goddington



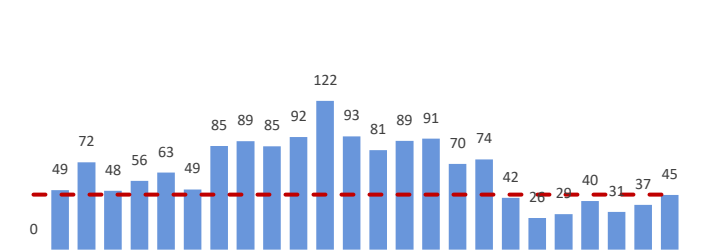
Lesney



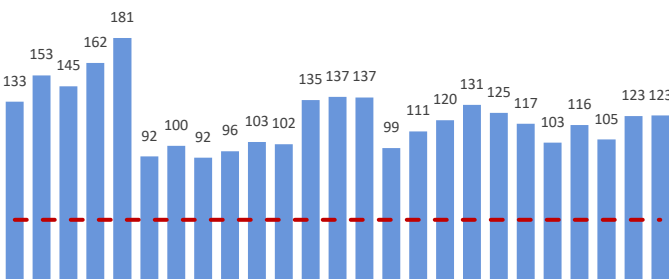
Millbrook



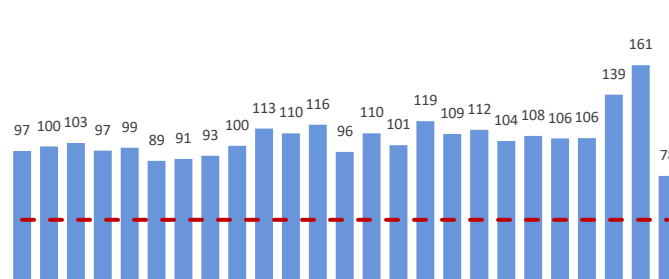
Norman



Shrewsbury

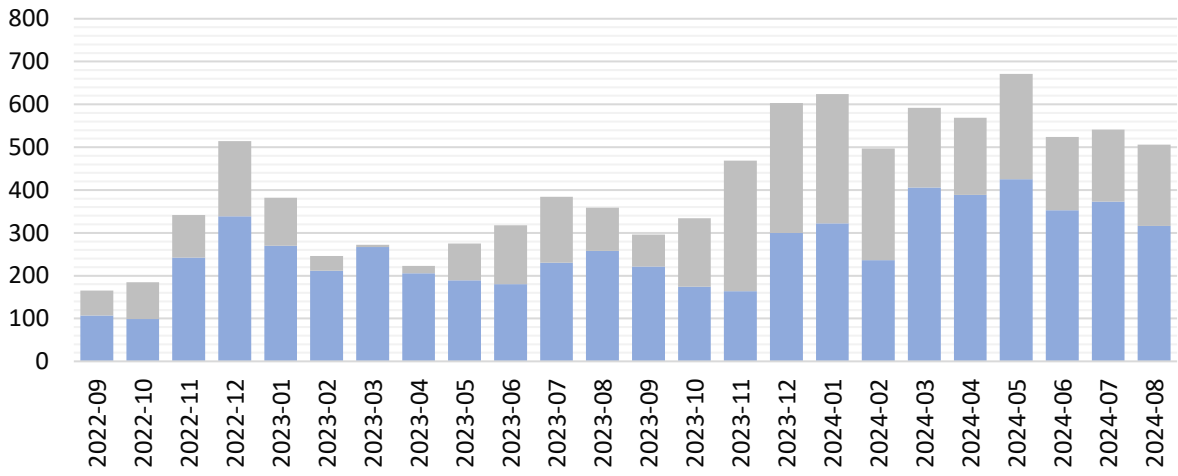


The Tarn



CRFD Actuals and Trajectories

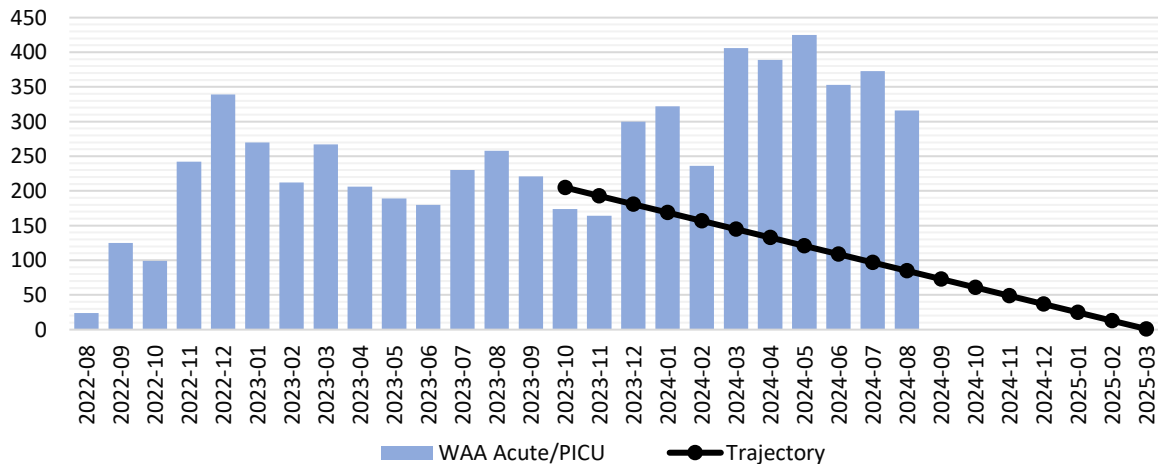
Oxleas NHS Foundation Trust
Number of CRFD Days in Month by Ward Type



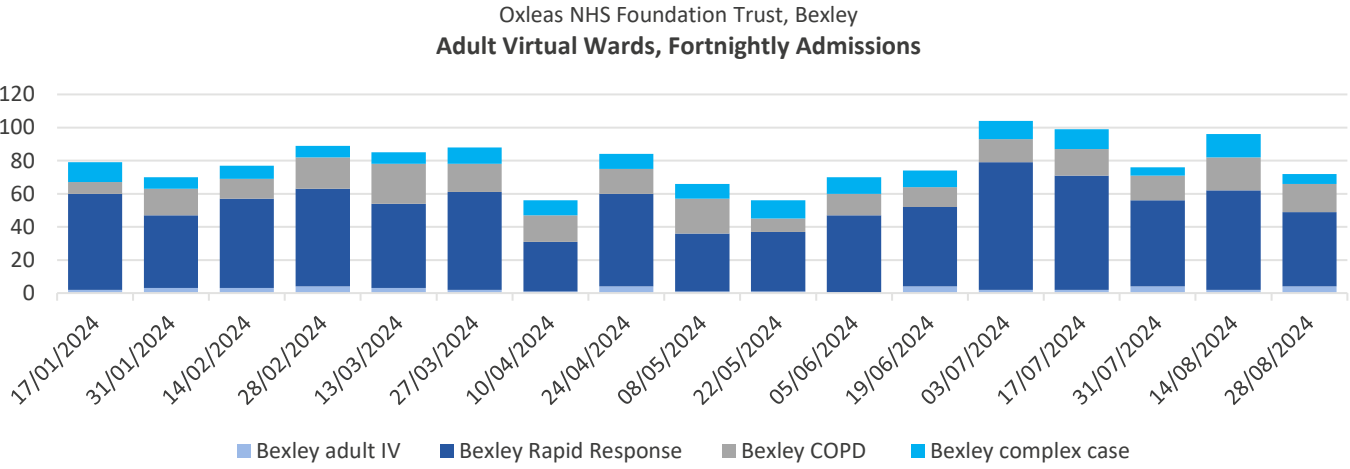
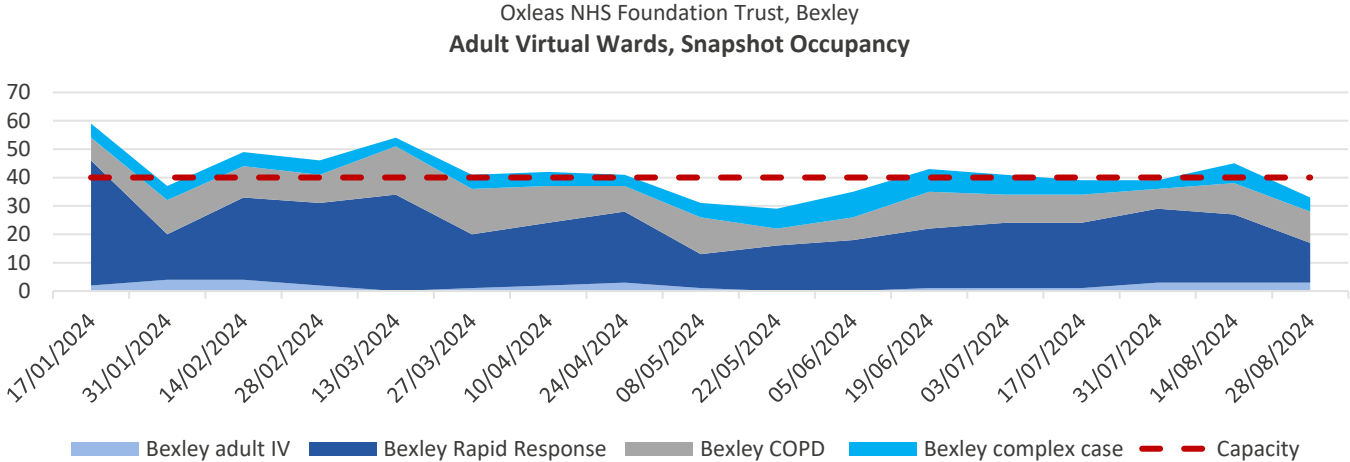
Comments:

- There was a reduction in beds lost to CRFD patients with a greater reduction in WAA than OA beds.
- The equivalent to 16 beds were lost to CRFD in April, of which 10 were WAA
- WAA bed days lost for CRFD patients is tracking much higher than planned trajectory.
- With a focus on reducing LoS, more patients have been identified as Clinically Ready for Discharge.
- Planned trajectory to to have no WAA bed days lost to CRFD by March 2025

Oxleas NHS Foundation Trust
Number of WAA Acute/PICU CRFD Days vs Trajectory



Virtual Wards – Occupancy and Admissions

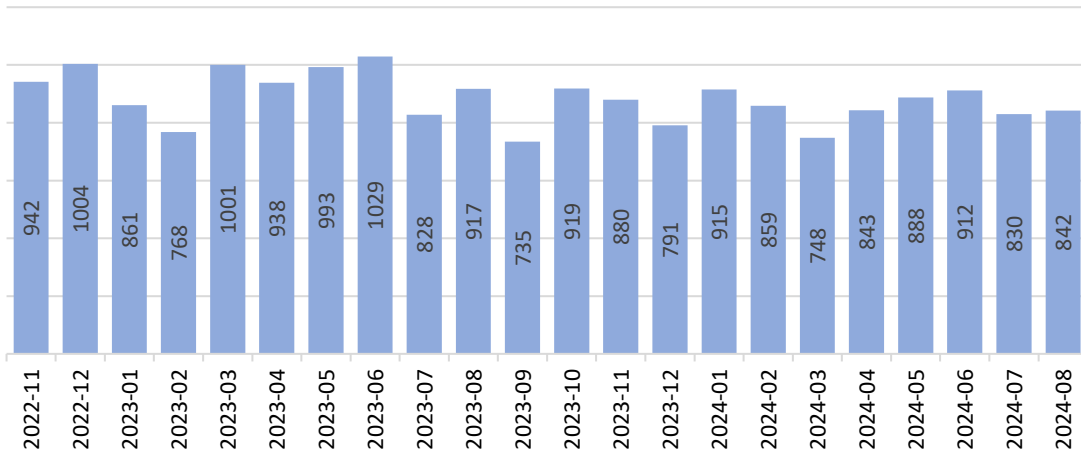


Comments:

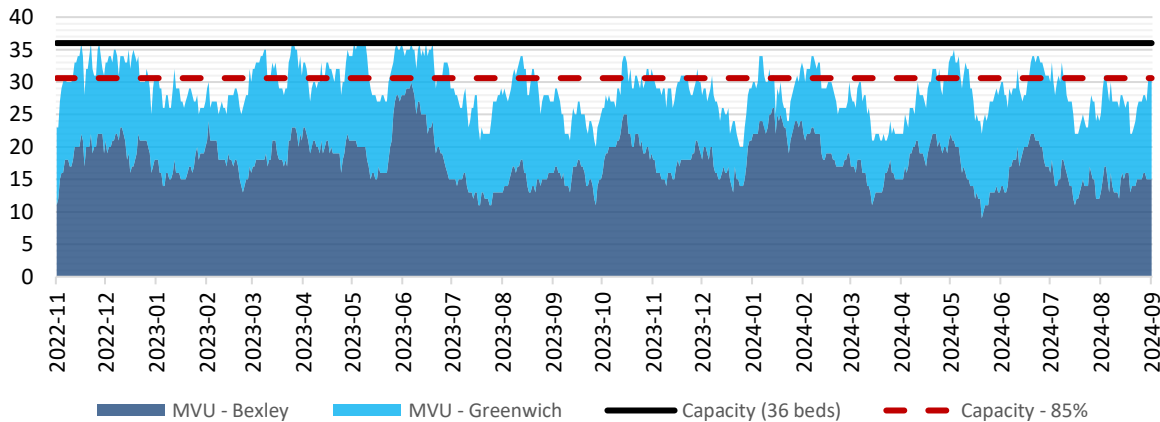
- Occupancy in the virtual wards has been roughly at capacity since the start of the year, allowing for some minor variation.
- The wards see an average of 40 admissions per week (80 per fortnight)

Meadow View – Intermediate Care Beds

Oxleas NHS Foundation Trust
Intermediate Care Bed Occupancy by Month



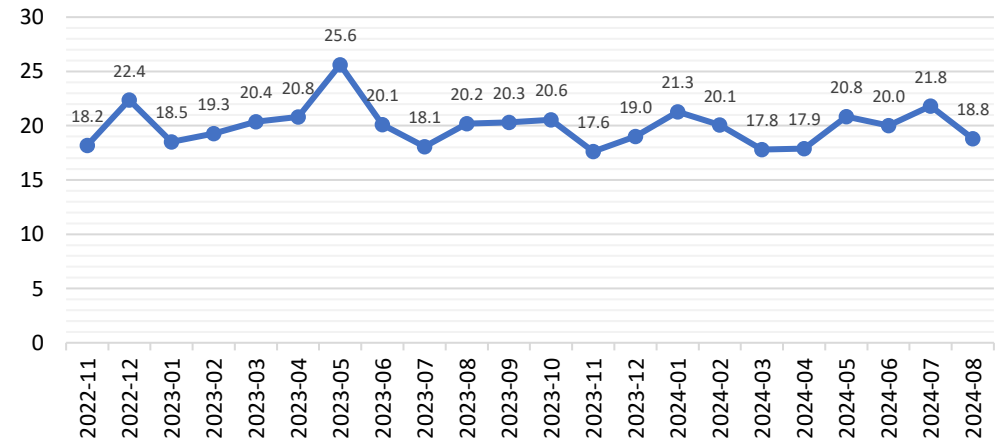
Oxleas NHS Foundation Trust
Intermediate Care (Meadow View) Bed Occupancy by Borough



Comments:

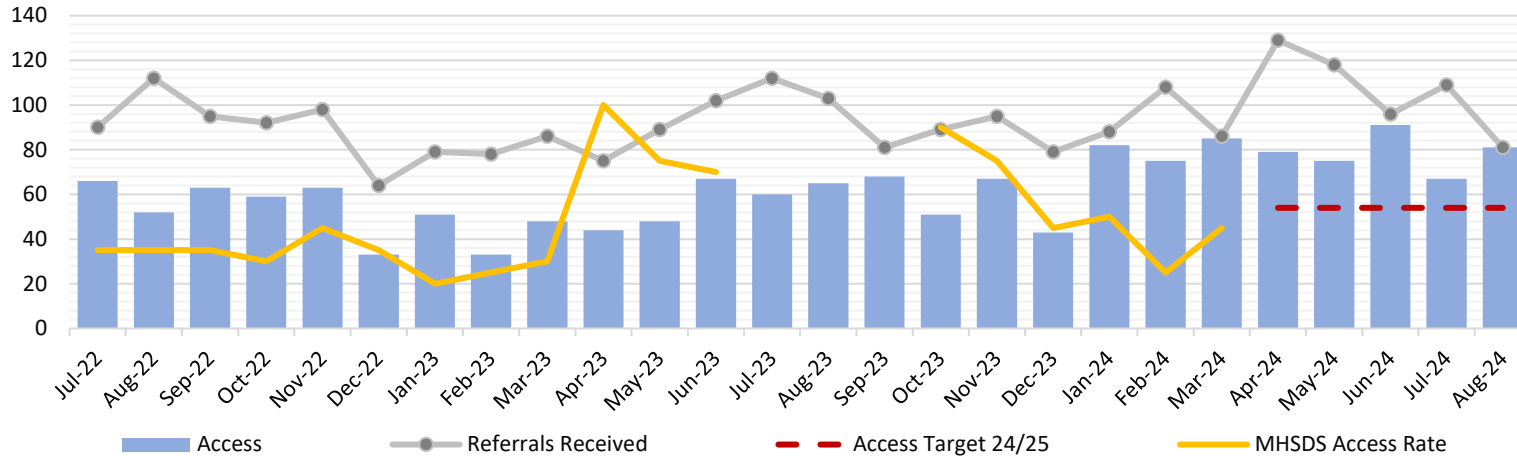
- Bed occupancy at Meadow View has regularly been around the 80% mark (79% YTD)
- While much of 2023 saw a higher usage of the unit by Bexley patients than Greenwich, recent months have seen much more even occupancy by the two boroughs.
- Average length of stay has remained consistently around 20 days.

Oxleas NHS Foundation Trust
Intermediate Care Average Length of Stay

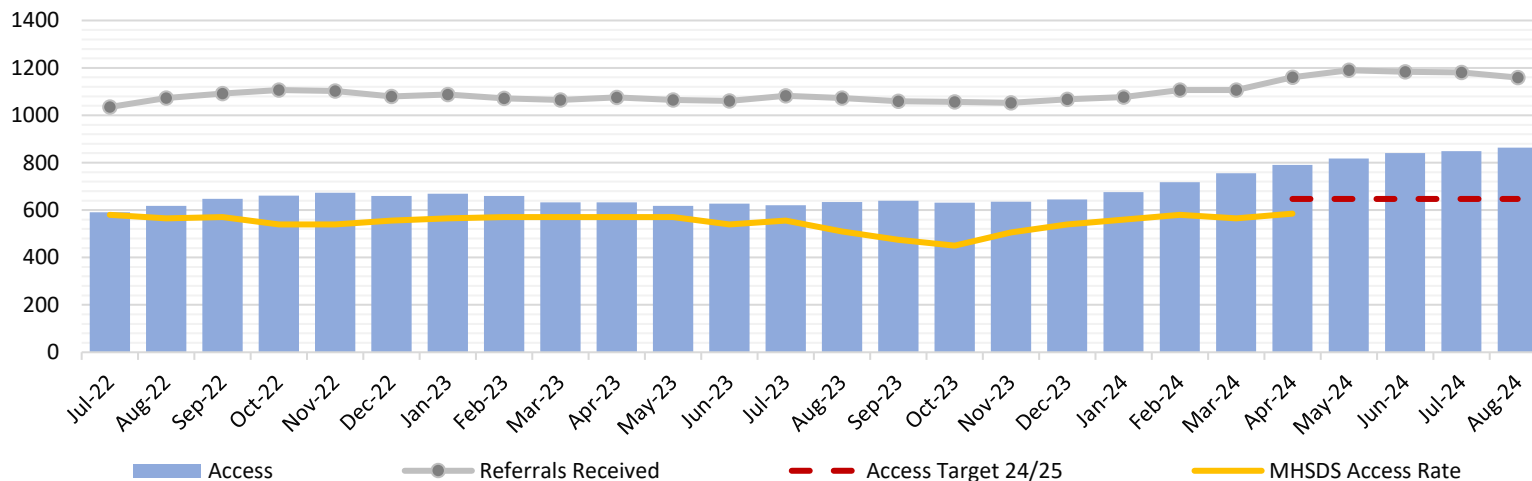


Perinatal Access

Oxleas NHS Foundation Trust
Perinatal Monthly Access



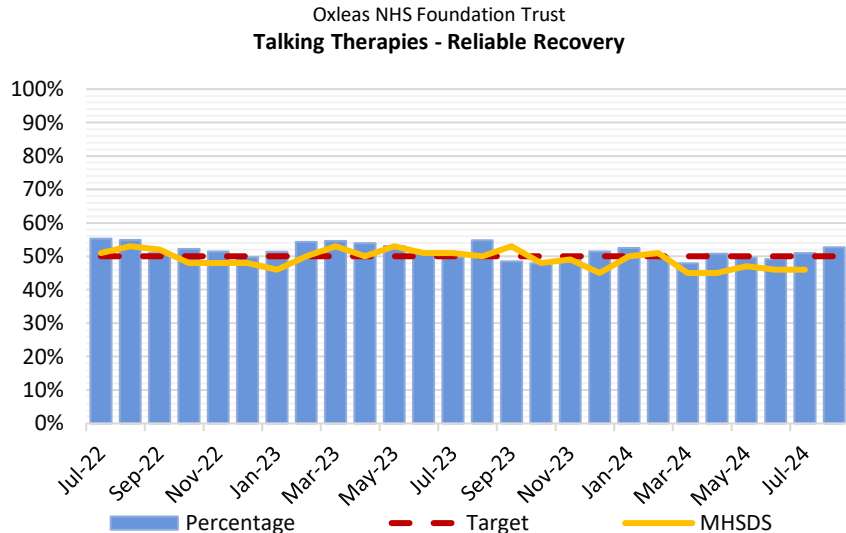
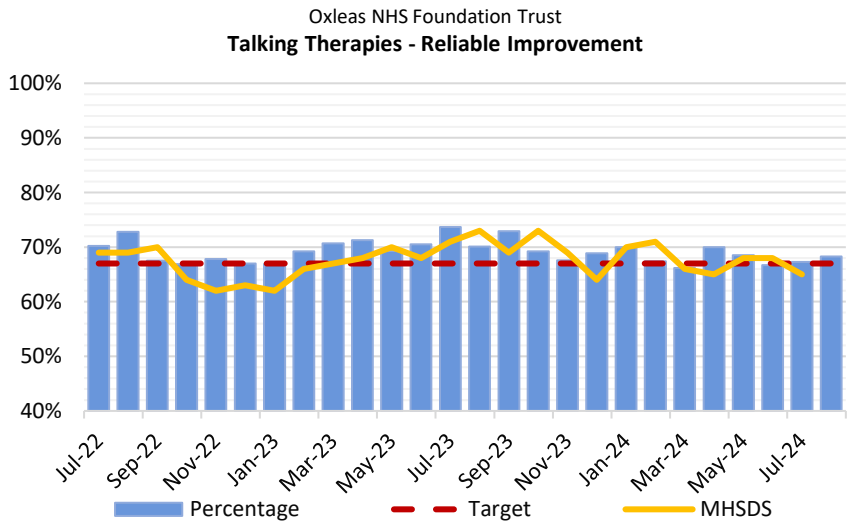
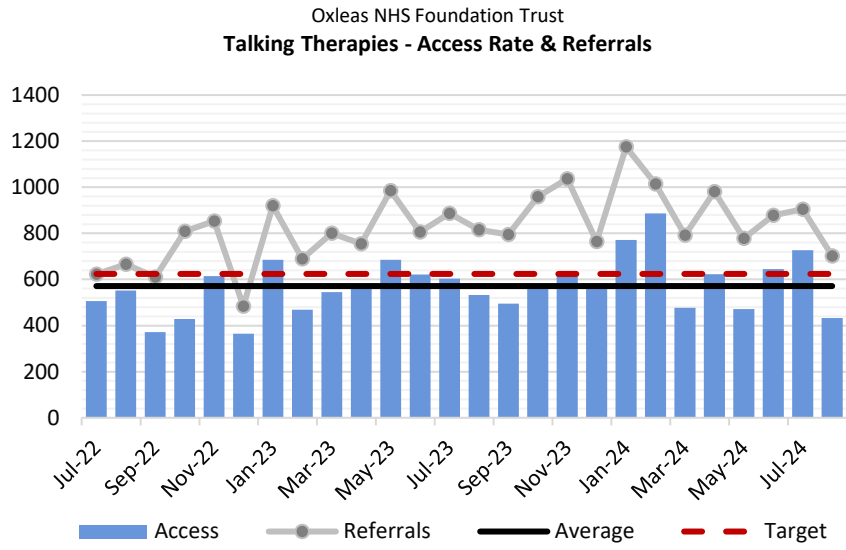
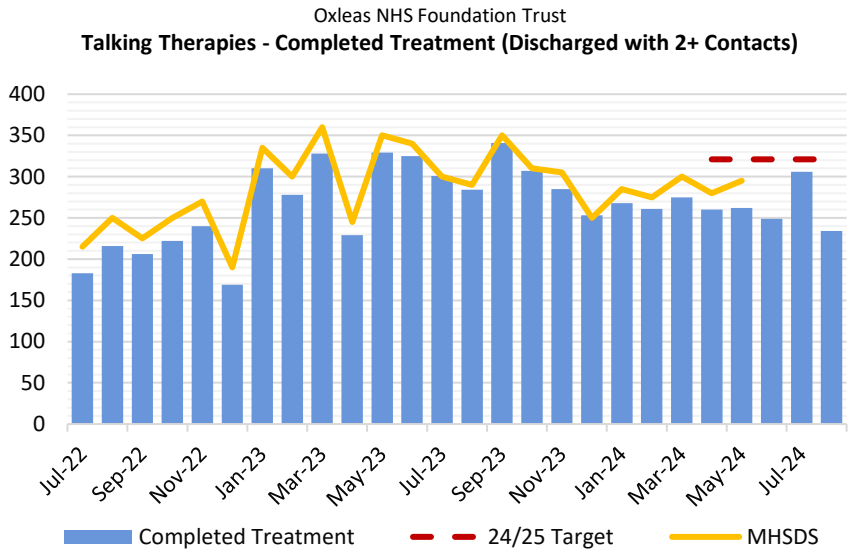
Oxleas NHS Foundation Trust
Perinatal 12 Month Rolling Access



Comments:

- The top graph shows the monthly performance data for the perinatal service, comparing Referrals Received and access.
- The red dashed line represents the access target. The Perinatal access target has adjusted downwards for 24/25 following our negotiations with the ICS.
- The number of referrals and access received for August 2024 was above the target. Both have been consistently above the target YTD from April 2024, due to a new pilot within the service.
- The main measure is a rolling 12-month figure, shown in the lower graph. Delivery of the 24/25 target is more realistic and has been achieved since January 2024.
- The yellow line shows the MHS reporting, which is lower than our local data due to some exclusions in the MHS data set. Consistency in recording data is a key focus that the service is prioritizing.

Talking Therapies

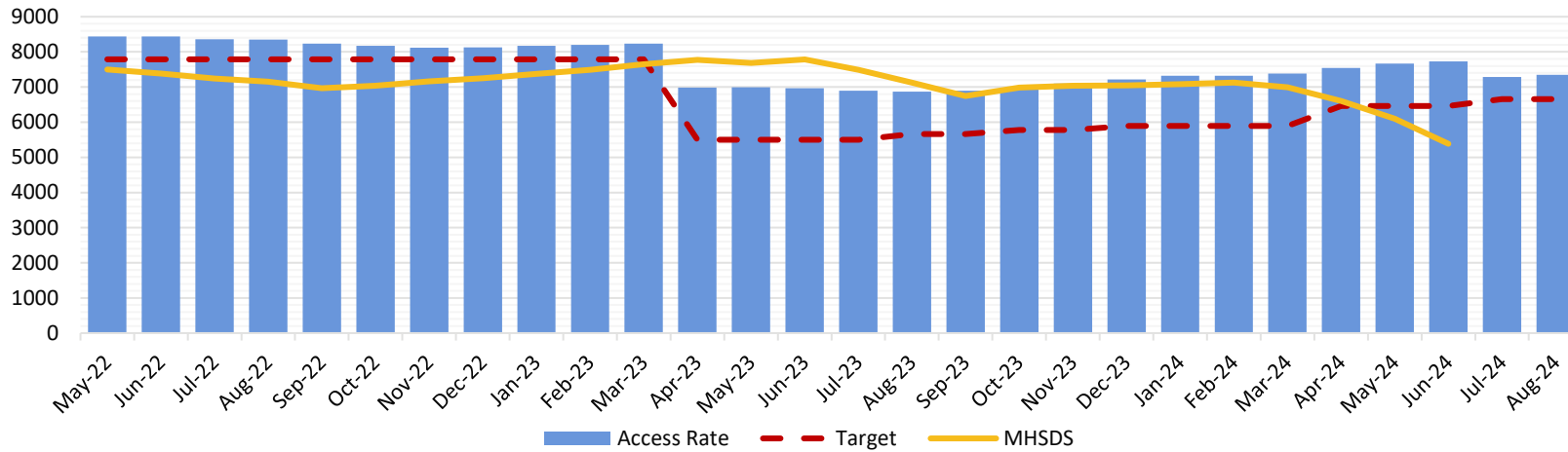


Comments:

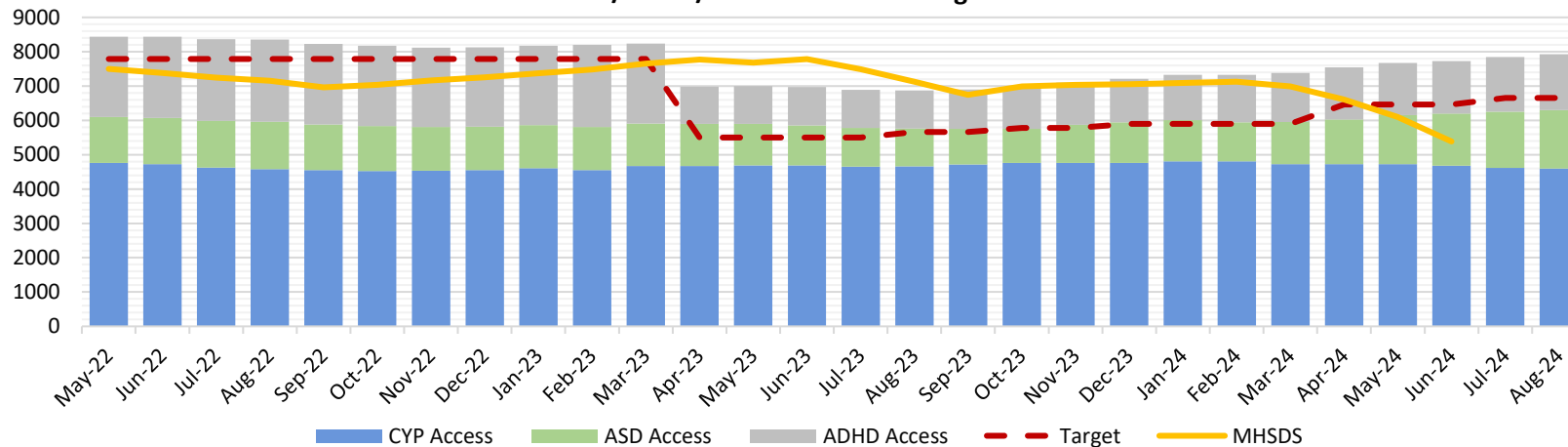
- The main targets for Talking Therapies have changed in 24/25. These targets supersede the previous target in the LTP. The focus is on:
 - Increase the number of patients discharged having received at least 2 treatment appointments, commonly referred to as 'Completed Treatment' (top left graph).
 - Achieving reliable improvement for 67% of all patients (Top right graph), and
 - Reliable recovery is achieved for 48% of patients (Bottom right graph).
- Performance for the Completed Treatment metrics was just below target for August 24, with 234 patients completing treatment. The access rate was also decreased from the July position. This is an expected seasonal decrease based on higher levels of staff leave during Summer.
- There has been a higher number of complex patients referred to the service with co-morbidities. This increases the potential number of appointments offered and therefore decreases the ability to move these patients into recovery.
- The Directorate continue to routinely monitor waiting times for the previous 6 week & 18 week and Recovery rate targets locally. These were above target for August 24.

CYP Access

Oxleas NHS Foundation Trust
CYP 12 Month Rolling Access



Oxleas NHS Foundation Trust
CYP/ADHD/ASD 12 Month Rolling Access

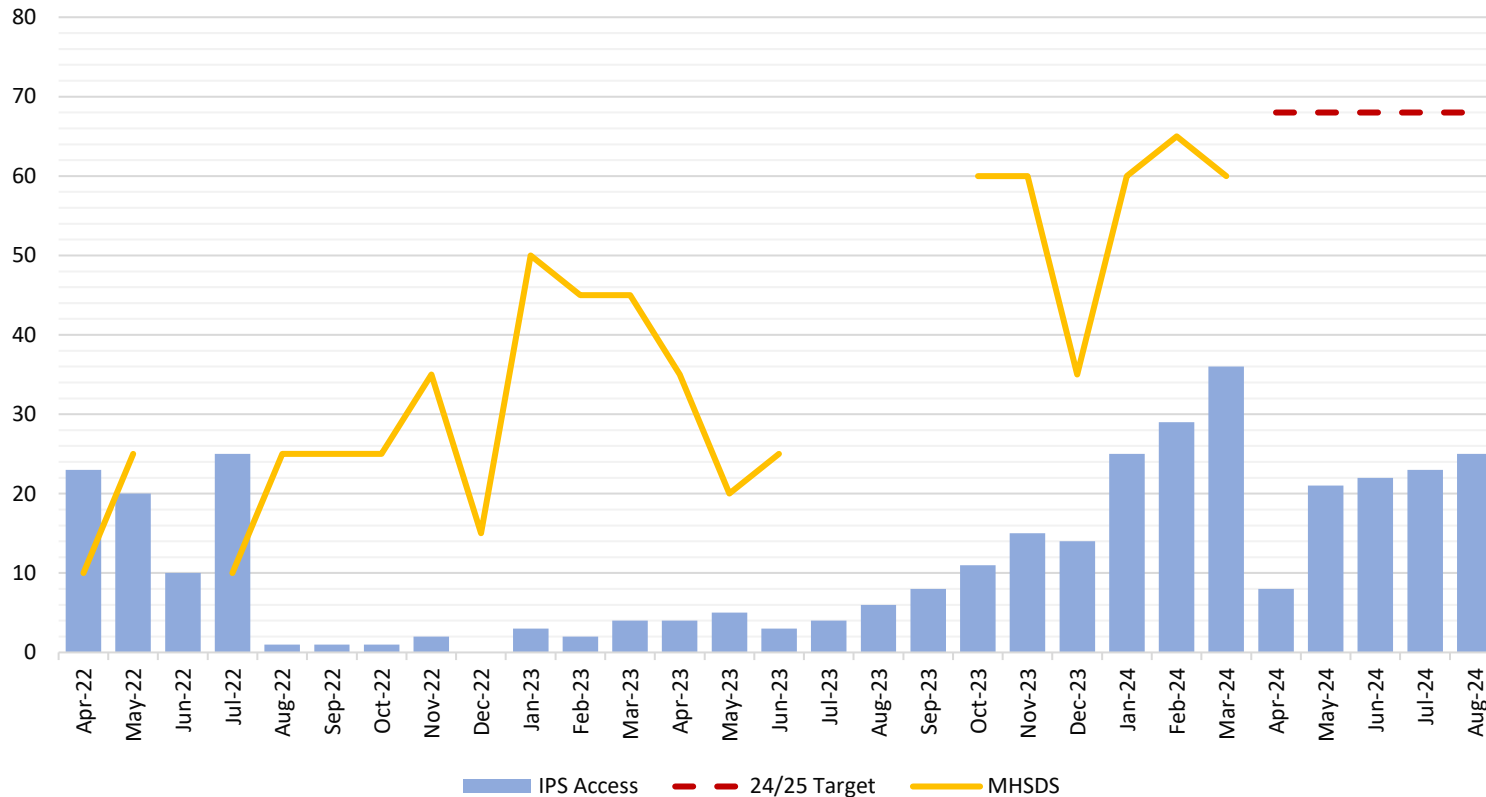


Comments:

- CYP access measures the number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact across BBG.
- The CYP access for August 2024 was above the target. CYP Access figures are inclusive of contacts within the Neurodiversity pathway (ASD and ADHD), shown in the bottom chart.
- The main CYP access measure is a rolling 12-month figure, shown in the top graph.
- The red dashed line represents the CYP access target.
- The yellow lines on each graph shows the MHSDS reporting, which is higher than our local data due to some inconsistency in the data submission. This is being addressed through the Data Completeness & Quality Task & Finish Group.

Individual Placement & Support (IPS)

Oxleas NHS Foundation Trust
Individual Placement & Support (IPS) Access

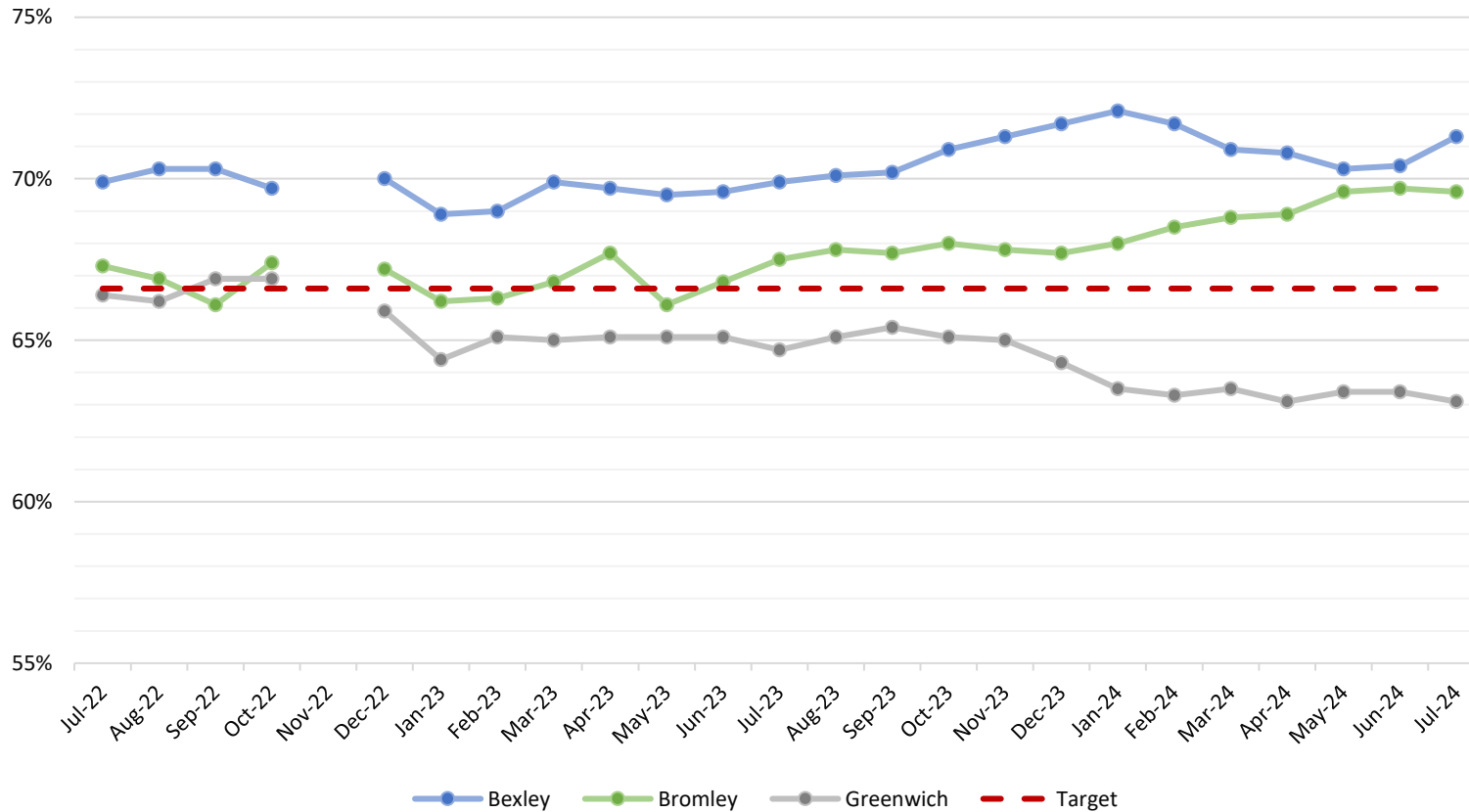


Comments:

- Individual Placement & Support (IPS) is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment.
- The main access measure is a monthly figure, shown in the graph. Access measures the number of people accessing IPS through community mental health teams in BBG.
- Bexley IPS is delivered through MiND in Bexley, whereas the Bromley and Greenwich provision is provided by SEL MiND.
- The red dashed line represents the IPS access target.
- The yellow line shows the MHSDS reporting, which is generally higher than our local data due to some inconsistency in the data submission. This is being addressed through the Data Completeness & Quality Task & Finish Group.

Dementia Diagnosis

Oxleas NHS Foundation Trust
Dementia Diagnosis (MHSDS)

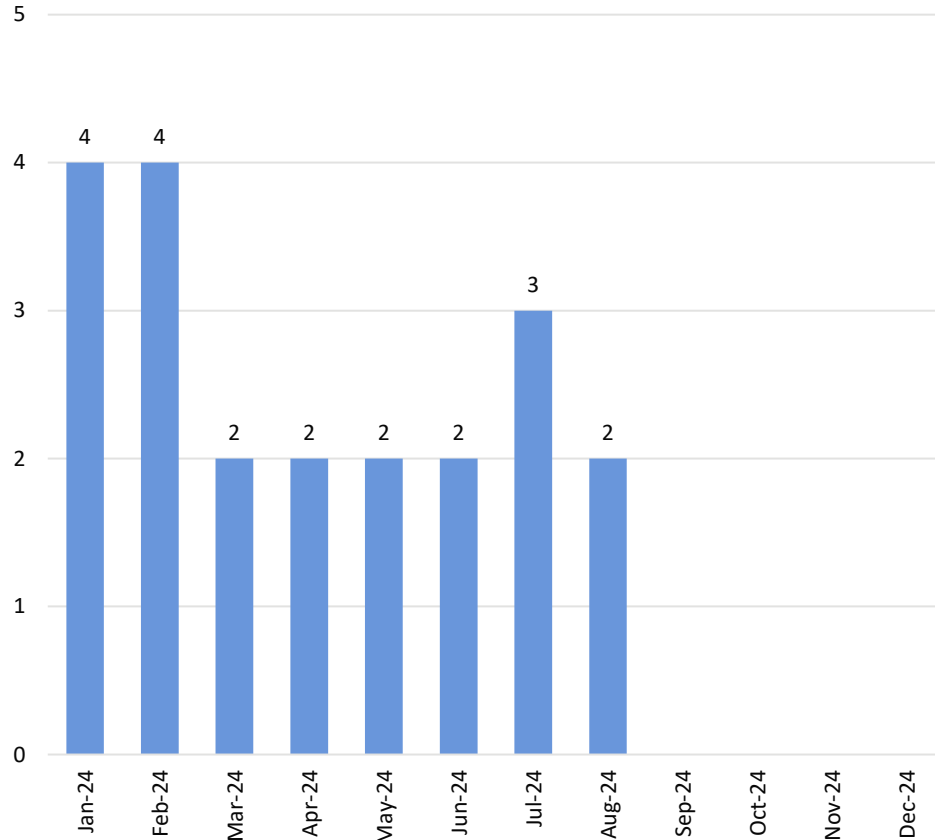


Comments:

- The Dementia Diagnosis rate measures the number of people aged 65 and over, with a confirmed diagnosis of dementia recorded in primary care. The Dementia Diagnosis rate is measured against the estimated prevalence based on GP registered populations.
- The main measure is a monthly percentage figure for each borough, shown in the graph.
- The red dashed line represents the Dementia Diagnosis rate target. The target is based on 2/3 of the caseload having a confirmed dementia diagnosis.
- Local data is currently not available. The performance, displayed on the chart, shows the published MHSDS data. This is being addressed through the Data Completeness & Quality Task & Finish Group.
- Bexley and Bromley were consistently above target for 23/24 and this has continued into 24/25.
- Greenwich remain below target due having higher demand compared to Bexley and Bromley. The Greenwich service also keep MCI (Mild Cognitive Impairment) patients open which further increases the size of the caseload, without a confirmed dementia diagnosis. This is not the case in the Bexley and Bromley services.

72+ Hour Delays

Oxleas NHS Foundation Trust | >72hr Patient Delays
Number of > 72hr Patient Delays in ED

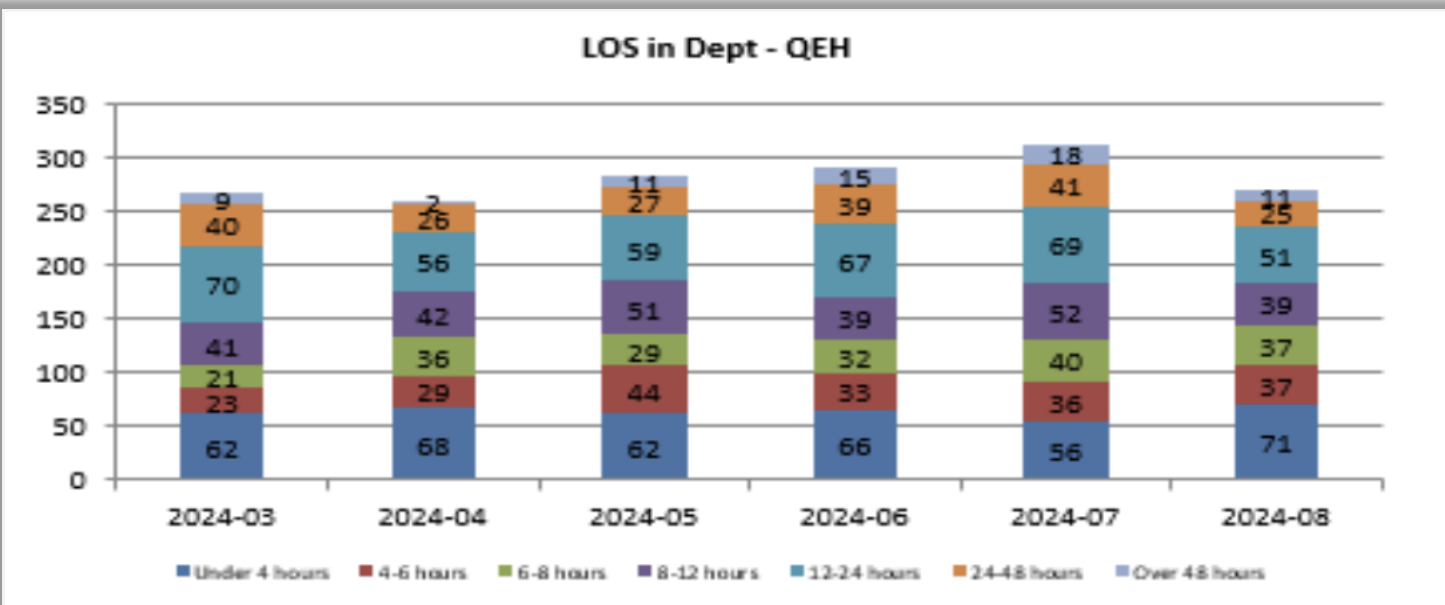


72 Hour Patient Delay	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Number of Breaches	4	4	2	2	2	2	3	2				

Breach Summary					
Arrival Date	Patient Key	Location	Destination	Total Delay Duration (Hrs)	Summary
09/08/2024	4001	PRUH	Oxleas	74	Arrived 09/08 @ 18:02. DTAd for informal admission 09/08 21:23. • 12/08 pt transferred to Shrewsbury Ward 20:30
24/08/2024	4005	QEH	Oxleas	114	Arrived in ED 24/08 @ 15:38 • 25/08 @ 06:18: DTA for formal admission. • 27/08: Management plan in place, bed allocated on Lesney Ward. Decline in mobility; requires Older Adult placement. • 29/08: No Oxleas OA capacity. Reviewed by QEH medical team; complex needs. • 29/08 @ 16:30: Not for medical admission. Liaison between Oxleas and QEH; MH DTA rescinded. For QEH acute inpatient admission • 29/08 @ 21:00: Transferred to QEH inpatient Ward 23.

- There were 2 WAA >72-hour patient delays in ED (breaches) in August 2024.
- 72-hour delays in ED are now reported to NHS England daily.
- SEL have agreed a 'zero-tolerance' of 72-hour breaches.
- The data is manually generally working with the SEL surge hub. A basic summary is included explaining the issues behind each delay.

QE ED MH Waits (Data from LGT)



- Data provided by LGT of QE ED MH performance.

- Activity data aligns with our own data, but we cannot produce waiting times data.

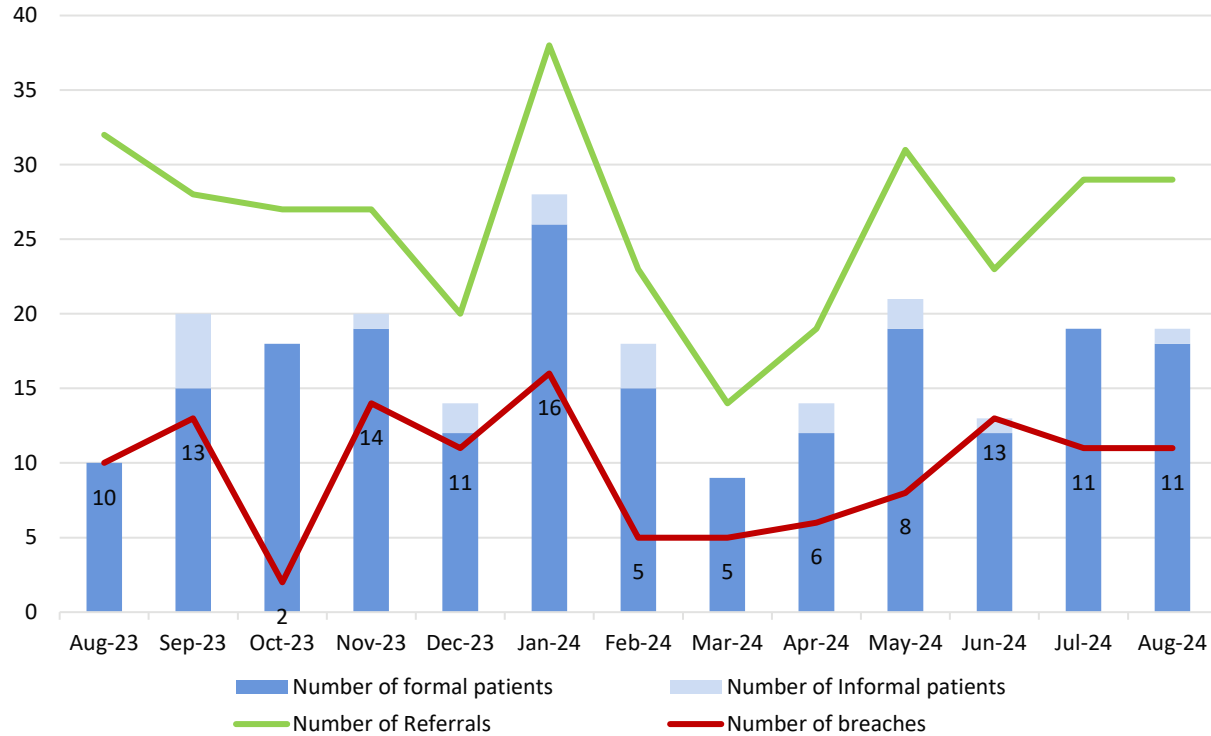
- Performance against 4 hr target has consistently been around 25%, with an average time in ED of 16 hours for August.

- 11 patients breached 48 hours from arrival, and a further 25 waited longer than 24 hours.

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Breaches	204	191	221	225	256	200
MH Attendances	266	259	283	291	312	271
Performance	23%	26%	22%	23%	18%	26%
Ave time in dept	19	14	16	19	18	16
Max time in department	77	68	136	83	107	106

Health Based Place of Safety (HBPoS)

Oxleas NHS Foundation Trust | HBPoS Report
Health Based Place of Safety



HBPoS Performance Data	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of Referrals	32	28	27	27	20	38	23	14	19	31	23	29
Number of Admissions	12	20	18	20	14	28	18	9	14	21	13	19
Number of formal patients	10	15	18	19	12	26	15	9	12	19	12	19
Number of Informal patients	0	5	0	1	2	2	3	0	2	2	1	0
Number of breaches	10	13	2	14	11	16	5	5	6	8	13	11

Breach Summary				
Date (Investigation Report)	Initials of Patient	Resident CCG / Council Borough	Length of Breach (Over 24 Hours in HBPoS)	Narrative
03/08/2024	MO	NHS NORTH EAST LONDON ICB (Tower Hamlets)	26 Hours 55mins	Unable to complete MHA application – due to no admission bed from West London
05/08/2024	JJ	NHS SOUTH EAST LONDON ICB (Greenwich)	36 Hours 25mins	Unable to complete MHA application – due to no admission bed from Oxleas.
08/08/2024	NH	NHS SOUTH EAST LONDON ICB (Southwark)	10 Hours 10mins	Unable to complete MHA application – due to no admission bed from SLAM
11/08/2024	LG	NHS NORTH CENTRAL LONDON ICB (Islington)	Pending	Unable to complete MHA application – due to no admission bed from Camden and Islington Nhs Trust.
16/08/2024	MR	NHS SOUTH EAST LONDON ICB (Greenwich)	14 Hours 40mins	Unable to complete MHA application – due to no admission bed from Oxleas.
16/08/2024	MS	NHS SOUTH EAST LONDON ICB (Bromley)	20 Hours 29mins	Unable to complete MHA application – due to no admission bed in Oxleas.
13/08/2024	PS	NHS SOUTH EAST LONDON ICB (Greenwich)	24 Hours 30mins	Unable to complete MHA application – due to no admission bed from OXLEAS NHS Foundation Trust.
24/08/2024	JS	NHS SOUTH WEST LONDON ICB (Croydon)	34 Hours 10mins	Unable to complete MHA application – due to no formal admission bed from South London and Maudsley (SLAM).
24/08/2024	MH	NFA	48 Hours	Unable to complete MHA application – due to no admission bed from SLAM.
30/08/2024	NM	NFA	26 Hours 19mins	Other reason: dispute on Responsible Trust Provider
31/08/2024	DP	NHS NORTH WEST LONDON ICB (Hounslow)	15 Hours	Unable to complete MHA application: due to no admission bed from WEST London

Resident CCG	Bexley	Bromley	Greenwich	Non-BBG	NFA	Total
Number of Breaches	0	1	3	5	2	11

Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

Item: 10

Enclosure: H

Title:	Finance Report: Month 4		
Author:	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board		
Executive Lead:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board		
Purpose of paper:	This paper is to provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB and the ICS as at month 4 (July) 2024/25).	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>Bexley Position</p> <p>At month 4, Bexley Place reported a year to date overspend of £33k and a forecast breakeven against budget.</p> <p>The position is driven by:</p> <ul style="list-style-type: none"> • Prescribing reports an overspend of £251k year to date and £760k forecast, a significant adverse movement from previous months. The position reflects 2 months of actual data and an average estimate of same, as data is usually in arrears in the same length. Initial investigation reveals there are significant growth in medicines to prevent complications and optimise the management of long-term conditions. Delivery of the efficiency plan to reduce the run rate are expected to be mostly at the back end of the financial year. • CHC reports a year to date overspend of £38k and forecast of £97k driven by increase in activity levels on the funded nursing care placements. The position is however an improvement on year-on-year comparison with delivery of efficiencies expected to have an effect in the later part of the financial year. • Community Health Services reports an underspend of £162k and £487k year to date and forecast respectively due to efficiency delivery within various contracts. • Corporate budget reports an £86k underspend year to date and £41k forecast due to existing vacancies which are now being filled. • Mental Health Services delivered a near break-even underspent year to date and forecast underspend of £292k, driven by reduction in placement in mental health cost per case. • Other service areas are delivering a near/break-even position against budget year to date and marginal underspends in the forecast position. 		

Efficiency Savings

The 24/25 target is 4% of controllable budget across SEL, amounting to £3.33m for Bexley Place. The forecast delivery has been identified at £3.47m, which is 4% above plan as a contingency. The schemes are on track to fully deliver.

ICB Summary

The ICB financial reporting is based upon the final June plan submission. This included a **planned surplus of £40,769k** for the ICB. However, it should be noted that this includes significant values relating to ICS partners. Specifically, improvements to provider positions (**£21,000k, of which £16,500k is externally funded by NHSE**) and the additional stretch for Kings (**£15,000k**). Both have been phased into quarter 4 to ensure transparency of ICB financial reporting. The remaining surplus of **£4,769k** is the responsibility of the ICB to deliver.

The ICB's financial allocation as at month 4 is **£4,499,108k**. In month, the ICB has received an additional allocation of £18,310k.

As at month 4, the ICB is reporting a year-to-date surplus of **£919k**, which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the year-to-date element of its additional savings requirement (**£1,596k**).

Due to the usual two months arrears in receiving data from the Prescribing Pricing Authority, the ICB has received two months of prescribing data. Based upon a rolling average of the most recent 3 months, the ICB is reporting an overspend of **£1,463k** at month 4. Details of the drivers and actions are set out in the detailed report.

The current expenditure run-rate for continuing healthcare (CHC) services is above budget (**£2,152k YTD**). Lewisham (**£1,722k**) and Greenwich (**£430k**) boroughs are particularly impacted, with a smaller overspends in Bexley and Bromley. The overspend in Bromley is a result of the final settlements of retrospective claims being settled above the provisions made, rather than ongoing client costs.

The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**£500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.

Three places are reporting overall overspend positions at month 4 – **Lewisham (£497k), Lambeth (£131k), and Bexley (£33k)**.

In reporting this position, the ICB has delivered the following financial duties:

- Underspending (£1,043k YTD) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions.
- Delivering all targets under the **Better Practice Payments code**.
- Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and

- Delivered the **month-end cash position**, well within the target cash balance.

As at month 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even**, whilst noting the above highlighted surplus of **£36,000k** included in the ICB plan on behalf of ICS partners.

ICS Summary

Revenue

- At M4 the system is forecasting to deliver its planned aggregate deficit of (£100.0m). This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan.
- The ICB is currently forecasting a £40.8m surplus, offset by a forecast (£140.8m) deficit in providers. The ICB surplus includes £36.0m of improvement that will be delivered by providers but has been held in the ICB for planning purposes.
- At M4 SEL ICS is reporting a YTD deficit of (£93.7m), £34.1m adverse to plan. The main drivers to the adverse variance are the impact of the Synnovis cyber-attack (£17.5m), the impact of industrial action (£3.3m) and slippage in efficiency programmes (£15m).
- These drivers of the YTD variance along with uncertain inflationary pressure and income risks pose a significant risk to the delivery of the system's financial plan.
- In month 4 the national reporting team at NHS England **introduced a new methodology for reporting and analysing run-rates and risk to delivery of forecast**. The system is reviewing the approach taken for consistency ahead of month 5 but the reported results at month 4 show **there is at least £32m of unidentified mitigations to the delivery of the forecast**. After an initial central assessment for consistency and reasonableness, the level of unidentified mitigations rises to c.£52m.

Capital overview

- As planned, SEL ICS is forecasting to spend £311.2m against its published capital allocation of £272.6m. This £39.8m over-commitment is not adjusted for the net impact of CDEL repayment to NHSE and loan of CDEL from South West London. Once adjusted the **system is forecasting to under-spend its system capital allocation by £0.7m**.

Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	None, all Bexley residents have the same levels of access to healthcare.
	Financial Impact	There is no known risk to these numbers as they have now been published.
	Public Engagement	The finance reports and efficiency delivery is reported to public borough-based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings.

	Other Committee Discussion/ Engagement	The finance reports are discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ul style="list-style-type: none"> (i) Discuss and note the Month 4 (July 2024) financial position for Bexley Place. (ii) Note the NHS South East London ICB and NHS South East London ICS financial position at Month 4. Details of these reports can be provided upon request. 	

Bexley Wellbeing Partnership Committee

Finance Report – Month 4

Thursday 26th September 2024

V1.0

Agenda Item: 10

Enclosure: H(i)

Contents

<u>Description</u>	<u>Page number</u>
1. Bexley Overall Financial Position	3
2. Appendix A - SEL ICB Abridged Finance Report	4-11
3. Appendix B - SEL ICS Abridged Finance Report	12-15

Overall Position

	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,624	1,612	12	4,871	4,835	36
Community Health Services	7,418	7,256	162	22,255	21,768	487
Mental Health Services	3,485	3,488	(3)	10,455	10,163	292
Continuing Care Services	8,713	8,751	(38)	26,139	26,236	(97)
Prescribing	12,471	12,722	(251)	37,412	38,171	(759)
Other Primary Care Services	924	924	0	2,772	2,772	(0)
Other Programme Services	400	400	-	1,199	1,199	0
Delegated Primary Care Services	12,871	12,871	-	42,127	42,127	0
Corporate Budgets	945	859	86	2,874	2,833	41
Total FOT	48,850	48,882	(33)	150,104	150,104	(0)

Month 4 (M4) Financial overview- Overspend reported year to date (YTD) by £33k and breakeven forecast outturn (FOT).

Key drivers to the position:

- Prescribing reports an overspend of £251k YTD and £760k FOT, a significant adverse movement from previous months. The position reflects 2 months of actual data and an average estimate of same, as data is usually 2 months in arrears. Initial investigation reveals there are significant growth in medicines to prevent complications and optimise the management of long-term conditions. Delivery of the efficiency plan to reduce the run rate are expected to be mostly at the back end of the financial year. A deep dive of the other drivers is being undertaken by the medicine optimisation team.
- CHC reports a YTD overspend of £38k and FOT of £97k driven by increase in activity levels on the funded nursing care placements. The position is however an improvement on year-on-year comparison with delivery of efficiencies expected to have an effect in the later part of the financial year.
- Community Health Services reports an underspend of £162k and £487k YTD and FOT respectively due to efficiency delivery within various contracts.
- Corporate budget reports an £86k underspend YTD and £41k FOT due to existing vacancies which are now being filled.
- Mental Health Services delivered a near break-even underspent YTD and FOT underspend of £292k, driven by reduction in placement in mental health cost per case.
- Other service areas are delivering a near/break-even position against budget YTD and marginal underspends in FOT.
- Efficiency savings – The 24/25 target is 4% of controllable budget across SEL, amounting to £3.33m for Bexley Place. The forecast delivery has been identified at £3.47m, which is 4% above plan as a contingency.

Appendix A

SEL ICB Abridged Finance Report

Month 4 2024/25

1. Executive Summary

- This report sets out the month 4 financial position of the ICB. The financial reporting for month 3 onwards is based upon the final June plan submission. This included a **planned surplus of £40,769k** for the ICB. However, it should be noted that this includes significant values relating to ICS partners. Specifically, improvements to provider positions (**£21,000k, of which £16,500k is externally funded by NHSE**) and the additional stretch for Kings (**£15,000k**). Both have been phased into quarter 4 to ensure transparency of ICB financial reporting. The remaining surplus of **£4,769k** is the responsibility of the ICB to deliver.
- The ICB's financial allocation as at month 4 is **£4,499,108k**. In month, the ICB has received an additional £18,310k of allocations. These are as detailed on the following slide.
- As at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k**, which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£1,596k**) of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received two months of prescribing data. Based upon a rolling average of the most recent 3 months, the ICB is reporting an overspend of **£1,463k** at month 4. Details of the drivers and actions are set out later in the report.
- The current expenditure run-rate for continuing healthcare (CHC) services is above budget (**£2,152k YTD**). Lewisham (**£1,722k**) and Greenwich (**£430k**) boroughs are particularly impacted, with a smaller overspends in Bexley and Bromley. The overspend in Bromley is a result of the final settlements of retrospective claims being settled above the provisions made, rather than ongoing client costs.
- The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**£500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- Three places are reporting overall overspend positions at month 4 – **Lewisham (£497k)**, **Lambeth (£131k)**, and **Bexley (£33k)**.
- In reporting this month 4 position, the ICB has delivered the following financial duties:
 - Underspending (**£1,043k YTD**) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even**, whilst noting the above highlighted surplus of **£36,000k** included in the ICB plan on behalf of ICS partners.

2. Revenue Resource Limit (RRL)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	147,630	249,631	177,025	214,455	170,943	167,786	3,333,394	4,460,864
M2 Internal Adjustments	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations							11,975	11,975
M2 Budget	148,679	253,095	179,062	216,601	171,844	170,217	3,333,341	4,472,839
M3 Internal Adjustments	1,286	1,666	812	1,770	1,512	1,541	(8,587)	-
M3 Allocations				128			7,831	7,959
M3 Budget	149,965	254,761	179,874	218,499	173,356	171,758	3,332,585	4,480,798
M4 Internal Adjustments								
Community Violence	33	33	131	128	120	128	(573)	-
Other			(6)				6	-
M4 Allocations								
Depreciation funding							9,396	9,396
24/7 Mental Health Pilots							2,500	2,500
Primary Care Access Recovery Plan							1,734	1,734
GP Fellowships							1,659	1,659
Diagnostic Programme							1,207	1,207
DWP - Talking Therapies	106	102					453	661
DOAC Prescribing Rebates							533	533
Other		75			75		470	620
M4 Budget	150,104	254,971	180,000	218,627	173,551	171,886	3,349,969	4,499,108

- The table sets out the Revenue Resource Limit (RRL) at month 3.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 4, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustment related to the community violence allocation which has been allocated to boroughs.
- In month, the ICB has received an additional **£18,310k** of allocations, giving the ICB a total allocation of **£4,499,108k** at month 4. The additional allocations received in month were in respect of depreciation funding, 24/7 mental health pilots, primary care access recovery plans, GP Fellowships, diagnostic programme, DWP Talking Therapies, DOAC prescribing rebate plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis.
- As at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k** against the RRL, which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£1,596k**) of its additional savings requirement.
- ICB is showing a YTD underspend of **£1,043k** against the running cost budget, which is largely due to vacancies within the ICB’s staff establishment. These are in the process of being recruited to. The stranded costs (of staff at risk) following the MCR process to deliver 30% savings on administrative costs as per the NHSE directive, are being charged to programme costs in line with the definitions given for running costs versus programme costs.
- All other financial duties have been delivered for the year to month 4 period.
- As at month 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, whilst noting the above highlighted surplus of **£36,000k** included in the ICB plan on behalf of ICS partners.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
	Expenditure not to exceed income	1,492,339	1,493,016	4,539,877
Operating Under Resource Revenue Limit	1,493,935	1,493,016	4,499,108	4,499,108
Not to exceed Running Cost Allowance	10,370	9,327	31,110	31,110
Month End Cash Position (expected to be below target)	4,375	2,608		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	99.4%		
Mental Health Investment Standard (Annual)			458,449	459,167

4. Prescribing – Overview as at Month 4

- The table below shows the month 4 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received two months of 2024/25 prescribing data. Based upon a 3-month rolling average, the ICB is reporting an overall overspend on **PPA prescribing of £1,515k**.

M04 Prescribing	Total PMD (Excluding Cat M & NCSO)	Central Drugs	Flu Income	Total 24/25 PPA Spend	M04 YTD Budget	YTD Variance - (over)/under
	£	£	£	£	£	£
BEXLEY	12,346,259	407,427	(100,856)	12,652,829	12,401,673	(251,156)
BROMLEY	16,282,374	537,318	(137,859)	16,681,833	16,934,861	253,028
GREENWICH	12,322,337	406,637	(44,091)	12,684,883	12,333,334	(351,549)
LAMBETH	13,817,847	455,989	(51,281)	14,222,555	14,196,060	(26,495)
LEWISHAM	14,287,198	471,478	(43,477)	14,715,199	13,971,094	(744,105)
SOUTHWARK	11,640,193	384,126	(45,605)	11,978,714	11,584,025	(394,689)
SOUTH EAST LONDON	0			40,000	40,000.00	0
Grand Total	80,696,208	2,662,975	(423,169)	82,976,013	81,461,046	(1,514,967)

- This position is variable across the boroughs, with significant overspends in Lewisham, Greenwich and Southwark. Key drivers of the overspend continue to be Cat M and NCO price impacts, plus significant activity growth in medicines to support the management of long-term conditions. Other drivers of increased expenditure include stoma appliances, malignant disease and immunosuppression. There were an additional 1,000 items of stoma bags and skin protectants prescribed in April 2024 compared to a 12-month average, equivalent to an 8% increase in volume. The main drug within malignant diseases that has driven the increase in spend is the hormonal injection for the treatment of prostate cancer, mainly driven by an increase in prevalence. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure in SE London (**£744k YTD**). Actions being undertaken taken to address the position include the review of additional savings opportunities including the patent expiry on key drugs such as Rivaroxaban, and additionally drugs and other items which are recommended not to be prescribed in primary care are being reviewed to ensure they are not prescribed by practices. A further review of efficiencies is being undertaken by the Lewisham Medicines team across 32 drug cost categories where it is deemed further potential opportunities for savings exist. In addition, a review and reassessment, where relevant, of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Review (MARS) is being implemented.
- Non-PPA budgets are underspent by £52k giving an overall overspend on PPA and non PPA prescribing of **£1,463k**.

5. Prescribing – Comparison of 2425 v 2324

- The table below compares April and May prescribing data for 2023 and 2024. The headlines are that expenditure in SEL appears to be increasing marginally faster (**4.7%**) than in London (**4.3%**) or nationally (**3.9%**). This is driven by a combination of average prices falling more slowly (**3.4%**), and activity rising albeit at a slower rate (**8.3%**).

Prescribing Comparison of April and May 2024 v 2023				
	2023 April & May	2024 April & May	Change £	Change %
South East London ICB:				
Expenditure (£'000)	38790	40608	1818	4.7%
Number of Items ('000)	4112	4454	342	8.3%
£/Item	9.43	9.12	-0.32	-3.4%
London ICBs:				
Expenditure (£'000)				4.3%
Number of Items ('000)				9.8%
£/Item	8.56	8.13	-0.43	-5.0%
All England ICBs:				
Expenditure (£'000)				3.9%
Number of Items ('000)				8.8%
£/Item	8.50	8.11	-0.39	-4.6%

- It is difficult to base judgements on two months of information, but the key factors explaining the SEL position include:
 - Increase in drugs activity and expenditure to support patients with long term conditions;
 - Increased prescribing of Stoma products – an 8% increase;
 - Impact of NCSO remains a factor; and
 - Increase in prevalence of prostate cancer means increased expenditure in associated drugs to treat this condition.

6. NHS Continuing Healthcare – Overview

- The Continuing Care (CHC) budgets have been built from the 2023/24 budget and adjusted for the risk reserve (£1.5m), underlying forecast outturn (£8.6m), an uplift made to fund price inflation (0.8%), activity growth (3.0%) and ICB allocation convergence adjustments (-1.09%).
- The overall CHC financial position as at month 4 is an **overspend of £2,152k**, with underlying cost pressures variable across the boroughs. Four of the six boroughs are reporting overspends, namely, Bexley, Bromley, Greenwich, and Lewisham whilst the other two boroughs are reporting small underspends.
- The majority of the overspend (**£1,722k**) is in **Lewisham**. The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year c.£1,445k, a significant element relating to LD clients. The position assumes price pressures of 4% for 2024/25 equivalent to £1,217k and emerging activity pressures in 2024/25, driven by palliative care clients and those in receipt of funded nursing care (FNC). The Place Executive Lead in Lewisham continues to lead weekly meetings of the Lewisham CHC team to ensure savings plans are being implemented and monitored, and a plan is in place to ensure client reviews are being undertaken in an optimal way. The team is also focussed on an ongoing cleanse of the client database to help assure reporting accuracy, and progress will be monitored through the weekly meetings with the ledger reflecting any changes made to the database.
- The overspend in Bromley relates to a one-off retrospective settlement, rather than business as usual client costs.
- The ICB has a panel in place to review price increase requests above 1.8% from providers to both ensure equity across SE London and to mitigate large increases in cost. The panel meets every week to discuss and agree cost increase requests from the CHC care providers. The reported financial position reflects a 4% inflationary uplift.
- All boroughs are reporting achievement against their identified CHC savings schemes. Despite this however, increased activity, higher numbers of higher cost patients, and above inflation increases for providers are all contributing to the overspend on the CHC budget.

7. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,095,280k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£703,230k**
 - Kings College Hospital **£755,661k**
 - Lewisham and Greenwich **£644,447k**
 - South London and the Maudsley **£316,019k**
 - Oxleas **£246,309k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

Appendix B
SEL ICS Abridged Finance Report
Month 4 2024/25

Executive summary

Revenue overview

- At M4 the **system is forecasting to deliver its planned aggregate deficit of (£100.0m)**. This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan.
- The ICB is currently forecasting a £40.8m surplus, offset by a forecast (£140.8m) deficit in providers. **The ICB surplus includes £36.0m of improvement that will be delivered by providers but has been held in the ICB for planning purposes.**
- At M4 SEL ICS is reporting a **YTD deficit of (£93.7m), £34.1m adverse to plan**. The main drivers to the adverse variance are **the impact of the Synnovis cyber-attack (£17.5m), the impact of industrial action (£3.3m) and slippage in efficiency programmes (£15m)**.
- These drivers of the YTD variance along with uncertain inflationary pressure and income risks pose a significant risk to the delivery of the system's financial plan.
- In month 4 the national reporting team at NHS England **introduced a new methodology for reporting and analysing run-rates and risk to delivery of forecast**. The system is reviewing the approach taken for consistency ahead of month 5 but the reported results at month 4 show **there is at least £32m of unidentified mitigations to the delivery of the forecast**. After an initial central assessment for consistency and reasonableness, the level of unidentified mitigations rises to c.£52m.

Capital overview

- As planned, SEL ICS is forecasting to spend £311.2m against its published capital allocation of £272.6m. This £39.8m over-commitment is not adjusted for the net impact of CDEL repayment to NHSE and loan of CDEL from South West London. Once adjusted the **system is forecasting to under-spend its system capital allocation by £0.7m**.

- At M4 SEL ICS is reporting a YTD deficit of (£93.7m), £34.1m adverse to plan. The main drivers to the adverse variance are **the impact of the Synnovis cyber-attack** (£17.5m), the **impact of industrial action** (£3.3m) and **slippage in efficiency programmes** (£15m).
- These drivers of the YTD variance along with uncertain inflationary pressure and income risks pose a significant risk to the delivery of the system’s financial plan.
- Despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan, at M4 the system is **forecasting to deliver its plan of an aggregate deficit of (£100.0m)**.
- The **ICB is current forecasting a £40.8m surplus, offset by a forecast (£140.8m) deficit in providers**. The ICB surplus includes £36.0m of improvement that will be delivered by providers but has been held in the ICB for planning purposes.
- In month 4 the national reporting team at NHS England **introduced a new methodology for reporting and analysing run-rates and risk to delivery of forecast**. The system is reviewing the approach taken for consistency ahead of month 5 but the reported results at month 4 show **there is at least £32m of unidentified mitigations to the delivery of the forecast**. After an initial central assessment for consistency and reasonableness, the level of unidentified mitigations



Summary of I&E position

	M4 Year-to-date			2024/25 Out-turn		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	(8.0)	(30.9)	(22.9)	0.0	0.0	0.0
KCH	(49.7)	(50.5)	(0.7)	(141.8)	(141.8)	0.0
LGT	(0.1)	(6.8)	(6.7)	0.0	0.0	0.0
Oxleas	0.3	0.3	0.0	1.0	1.0	0.0
SLaM	(3.8)	(6.8)	(3.1)	0.0	0.0	0.0
SEL Providers	(61.2)	(94.6)	(33.4)	(140.8)	(140.8)	0.0
SEL ICB	1.6	0.9	(0.7)	40.8	40.8	(0.0)
SEL ICS total	(59.6)	(93.7)	(34.1)	(100.0)	(100.0)	(0.0)

System capital expenditure

- **The total system capital allocation, before the impact of IFRS 16, for 2024/25 is £198.8m**, made up of £195.5m provider allocation and £3.3m ICB allocation. This allocation figure include the net impact of the £52.6m repayment of CDEL to NHS England and borrowing of £31.9m CDEL allocation from South West London ICS.
- The System has submitted a plan to spend its entire allocation. No forecasts were reported at M2 so the system is reporting forecast equal to the June 12 plan.
- At M2 the system has spent £17.5m YTD.

Capital spend against system capital allocation excl. IFRS 16

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	8.3	8.3	0.0	92.4	92.4	0.0
KCH	0.2	0.2	0.0	45.0	45.0	0.0
LGT	6.2	6.2	0.0	36.9	36.9	0.0
Oxleas	1.4	1.4	0.0	12.0	12.0	0.0
SLAM	1.4	1.4	0.0	9.2	9.2	0.0
SEL Providers	17.5	17.5	0.0	195.5	195.5	0.0
SEL ICB	0.0	0.0	0.0	3.3	3.3	0.0
Total	17.5	17.5	0.0	198.8	198.8	0.0
Provider allocation				195.5		0.0
ICB allocation				3.3		0.0
System allocation				198.8		0.0

Impact of IFRS 16 on Capital Charge – excluded from system allocation at M2

	Impact of IFRS 16		
	Plan	Forecast	Variance
	£m	£m	£m
GSTT	32.4	32.4	0.0
KCH	5.4	5.4	0.0
LGT	8.0	8.0	0.0
Oxleas	5.2	5.2	0.0
SLAM	1.5	1.5	0.0
SEL Providers	52.4	52.4	0.0
SEL ICB			0.0
Total	52.4	52.4	0.0

Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

Item: 11

Enclosure: I

Title:	Place Risk Register
Author/Lead:	Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite Place Executive Lead (Bexley), NHS South East London Integrated Care Board/London Borough of Bexley

Purpose of paper:	To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<p>The Bexley Place risk register is currently reporting 9 open risks specifically relating to borough activities.</p> <p>The risks principally arise due to five issues – lack of capacity to support community and discharge demand, Primary care insecure lease arrangements, failure to deliver on the actions from the SEND inspection, reduction in primary care access due to the GP collective actions and the risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 2024/25.</p> <p>The risks are reviewed monthly by the borough Senior Management Team. Where risks impact across several boroughs they are also recorded on the NHS South East London Integrated Care Board (NHS SEL ICB) corporate risk register. The Senior Management Team also review the place comparative risks which assesses risks from each of the 6 SEL Boroughs.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
Potential Conflicts of Interest	There are no conflicts of interest.		
Other Engagement	Equality Impact	None identified.	
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.	
	Public Engagement	These risks are highlighted in the regular report which is provided to the Bexley Wellbeing Partnership Committee at their meetings held in public.	

	<p>Other Committee Discussion/ Engagement</p>	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>The Board reviews the Board Assurance Framework at each meeting and is provided with an update on actions taken by other committees in relation their specialty associated risks.</p>
<p>Recommendation:</p>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Review the risks and consider the mitigations detailed. (ii) Assess whether, in the committee’s view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken. (iii) Note that work on identification and management of risks is ongoing. 	

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 26th September 2024

1. Introduction

NHS South East London Integrated Care Board (NHS SEL ICB) manages its risk through a robust risk management framework, which is based on stratification of risk by reach and impact to identify:

- Risks to the achievement of corporate objectives which require Board intervention
- Risks which impact activity across multiple boroughs or directorates in south east London
- Place specific risks

The purpose of this report is to highlight to the Bexley Wellbeing Partnership Committee members the risks currently reported in the Bexley Place Risk Register.

2. Governance and risk management

Risk ownership is assigned to the most appropriate person within the relevant Bexley team at the time of raising the risk.

Risk review is a four tier process comprising:

- Individual risk owner management** and review of the risk on a regular basis to ensure the risk register reflects the current status of the risk and any changes in circumstances are reflected in the score. This process includes a monthly scheduled review of all Bexley risks by the senior management team.
- The opportunity to **benchmark against risks held on risk registers for other boroughs** in south east London, and against risks held on the south east London risk register in a monthly risk forum, which comprises risk owners and risk process leads from across the ICB to discuss and challenge scoring of risks and the mitigations detailed.
- Monthly review of the Bexley borough risk register** by members of the Bexley Wellbeing Partnership Committee, which holds a meeting held in public every other month, ensuring transparency of risks.
- Regular review of the Board Assurance Framework** risks by the ICB Board at meetings held in public, together with **review of directorate risks** by Board committees.

Risk scores are calculated using a 5 x 5 scoring matrix which combines likelihood of occurrence by impact of occurrence. A summary of the potential grades for risks is shown in the table below:

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Risks scoring 15 and above should therefore be given priority attention.

3. Bexley Place Risks

The Bexley Place risk register is reviewed on a monthly basis by the Senior Management Team, with a plan to further discuss on a one-to-one basis with the risk owner through a facilitated conversation led by the local governance and business support team.

The committee is asked to note the following:

- Of the nine risks on the boroughs risk register, three are scored at 15 or above for their initial rating (i.e., the risk before any mitigation actions are put in place).
- Of the nine risks on the Place based risk register:
 - **One** risk remains scored at 15 or above following mitigating actions being put in place (residual risk score).
 - **Eight** risks are rated as “high” (amber) after mitigations are put in place.

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.
- Insecure lease arrangements with a small number of practices within Bexley.
- Failure to deliver on one or more of the areas for priority action from the SEND inspection
- GP Collective Action resulting in reduced primary care access and provision resulting in pressures on the acute sector.

For further details on the risks, please see the below Bexley risk register in full.

4. Proposed actions for the committee

In relation to the above, the committee is recommended to consider the following actions:

- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.
- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can support the risk owners to ensure they are addressed.
- Continued focus on the one risk that remains “extreme” (i.e. scored at 15 or over as their current rating) as a priority.

Rianna Palanisamy
Partnership Business Manager, Bexley
NHS South East London Integrated Care Board

9th September 2024

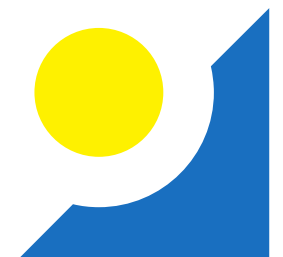
Bexley Risk Register @ 10.09.2024

Bexley Place Risk Register						
Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Target Rating
450	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on the ED and elective performance of our acute partners as well as the best outcomes for residents.	10	Commencement of winter planning earlier in the year, Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment, Identification of key programmes requiring long-term funding to incorporate into planning rounds, Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing	12	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required. Winter plan in progress as at beginning of September	9
503	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (< 6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	16	Regular liaison with the Lead Partner(s), ICB Estates Team and and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding.	12	Legal protections - Some legal protection afforded to the practices where the terms of the lease are being adhered to., Primary Care Delivery Group (Part2) Risk Register, clearly defines the risks for individual practices with plans in development to mitigate.	8
535	There is a risk that the prescribing budget may overspend due to: 1- Medicines supplies and costs increase NCSO/price concessions and Category M 2- Reduced capacity in the team to implement in year QIPP schemes by borough medicines optimisation teams due to a reduction in WTE following MCR. 3- Entry of new drugs with increased cost pressure to prescribing budget. 4- Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases 5- Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget.	12	Monthly monitoring of spend (ePACT and PrescQIPP), Review PPA budgets, Borough QIPP plans, and incentive schemes developed, SEL rebate schemes	12	Budget monitoring and continuous review of efficiency plans, Bexley Wellbeing Partnership : Bexley Wellbeing Executive : SEL ICB Board Assurance Framework. Actions regarding the prescribing budget are completed by Taher Esfandiari, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	6
546	Risk that expenditure for continuing health care services will exceed the 24/25 set budget despite additional cost pressure funding received. The growth funding received is lower than FNC & AQP rates and non AQP providers are requesting even higher rates of an average of 8% against a 2.41% growth funding. Also, increase in home care providers rates for possible providers on Bexley Council's domiciliary care framework	12	Robust recovery plan and regular robust monitoring in place , including delivery on efficiency targets	12	Budget monitoring and continuous review of efficiency plans. SEL process for approval of fee uplift requests. Robust 1;1 review process	9
547	There is a risk that Bexley Place will not achieve the required level of savings which may cause overspend on its delegated budget resulting in the Place Executive not managing within the delegated resources. If this crystallises, it will also impact the ability of the ICB to achieve its statutory duties and deliver its financial target.	9	Efficiency schemes have been identified at a level of 5% above target to allow for slippages. Expenditure and efficiency plan will be monitored closely to manage spend and achieve cash releasing savings throughout the financial year., Monthly monitoring of existing schemes is in place. Continuous collaboration with all efficiency scheme owners to ensure the readiness to replace any failing scheme with viable ones.	9	There is a clear understanding of the strategic objective of the Place to deliver it efficiency target. The risks on this is well discussed at the senior management team/executive meetings. Recovery/mitigation actions has been presented to SMT and is being implemented to provide assurance.	4
548	There is a risk that Bexley Place will overspend against its delegated budget and not deliver a balanced budget in 2024/25 financial year. This is due to possible cost pressures within the prescribing and continuing health care budgets. If this materialises, it will impact the ICB ability to deliver its statutory financial duties of a balance budget.	12	Budgets will be monitored closely to manage cost pressures, new investment will be delayed and spend freeze policy implemented inline with ICB policy to ensure a balanced budget is delivered.	9	The strategic objective of the Place to deliver a balanced budget is well understood across all teams and stakeholders. Expenditure and activities are closely monitored with recovery reports and actions being implemented to ensure run rate reduction. This has also been addressed at senior management team and executive meetings, providing the necessary assurance. Monitoring will be continuous.	6
550	There is a risk that system partners will fail to deliver on one or more of the areas for priority action from the SEND inspection and that required improvements are not made so that the local authority and ICB fail to meet their statutory duties and children and young people with Special Educational Needs and Disabilities do not receive the support they require.	9	National Sitrep reporting in place and daily local monitoring of impact based on situation. Use of local intelligence gathering and understanding of key pressure points to monitor the situation .	9	Progress report to Board, all PAP actions RAG rated and updated monthly	4
554	There is a risk that the BMA recommendation for GP Collective Action results in reduction in primary care access and provision, and pressure on acute sector through some of the actions.	16	National Sitrep reporting in place and daily local monitoring of impact based on situation. Use of local intelligence gathering and understanding of key pressure points to monitor the situation .	16	Sit rep reporting has not identified any evidence of co-ordinated collective action across Bexley practices at time of review.	12
559	There is a risk of recurrent cost pressures within the Primary Care delegated budget for Bexley as result of higher rates of population growth, relative to other SEL boroughs. The delivery of direct patient services across the ICB is anticipated to exceed the national allocation during 2024/25 with estimates that the ICB will face a potential over performance of approximately £2m. Bexley has been requested to identify cost savings of up to £640k in 2024/25. There is limited scope to address this shortfall in the context of a nationally negotiated contract, therefore steps are required to identify efficiencies which may impact on discretionary investment opportunities and service transformation.	10	Bexley borough and central teams have identified options for savings and efficiencies in 24/25 which should minimise any impact on commissioned services., Primary Care Delivery Group (04/09/24) received a report on the issues and endorsed the recommended options.	10	Options have been identified which will mitigate the identified cost pressures in 24/25.	10

Agenda Item: 14
Enclosure: J

Bexley Wellbeing Partnership Committee

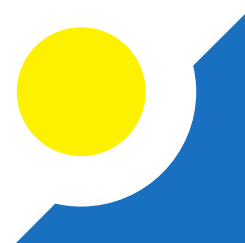
Glossary of NHS Terms



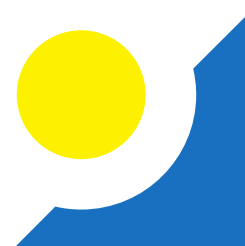
A&E	Accident & Emergency
AHC	Annual health Checks
AAU	Acute Assessment Service
ALO	Average Length of Stay
AO	Accountable Officer
APMS	Alternative Provider Medical Services
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BAME	Black, Asian & Minority Ethnic Group
BBB	Borough Based Board
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Services
CAN	Accountable Cancer Network
CAG	Clinical Advisory Group
CCG	Clinical Commissioning group
CEG	Clinical Executive Group
CEPN	Community Education Provider Networks
CHC	Continuing Healthcare
CHD	Coronary Heart Disease
CHYP	Children and Young People's Health Partnership
CIP	Cost Improvement Plan
CLDT	Community Learning Disability Team
CMC	Coordinate My Care
CoIN	Community of Interest Networks
CoM	Council of Members
COPD	Chronic Obstructive Pulmonary Disease
Covid-19	Coronavirus
CRG	Clinical Review Group
CRL	Capital Resource Limit
CQC	Care Quality Commission
CQIN	Commissioning for Quality and Innovation
CSC	Commissioning Strategy Committee
CSU	Commissioning Support Unit
CTR	Care Treatment Review
CSP	Commissioning Strategy Plan
CVD	Cardiovascular disease
CVS	Cardiovascular System
CWG	Clinical Working Group
CYP	Children and Young People
DBL	Diabetes Book & Learn
DES	Directed Enhanced Service
DH	Denmark Hill
DHSC	Department of Health and Social Care
DPA	Data Protection Act
DVH	Darent Valley Hospital



DSE	Diabetes Structured Education
EA	Equality Analysis
EAC	Engagement Assurance Committee
ECG	Electrocardiogram
ED	Emergency Department
EDS2	Equality Delivery System
EIP	Early Intervention in Psychosis
EoLC	End of Life Care
EPR	Electronic Patient Record
e-RS	e-Referral Service (formerly Choose & Book)
ESR	Electronic Staff Record
EWTD	European Working Time Directive
FFT	Friends and Family Test
FOI	Freedom of Information
FREDA	Fairness, Respect, Equality, Dignity and Autonomy
GB	Governing Body
GDPR	General Data Protection Regulation
GMS	General Medical Service
GP	General Practitioner
GPPS	GP Patient Survey
GPSIs	General Practitioner with Special Interest
GSF	Gold Standard Framework
GSTT	Guy's & St Thomas' NHS Trust
GUM	Genito-Urinary Medicine
HCA	Health Care Assistant
HCAI	Healthcare Acquired Infection
HEE	Health Education England
HEIA	Health and Equality Impact Assessment
HESL	Health Education England – South London region
HLP	Healthy London Partnership
HNA	Health Needs Assessment
HP	Health Promotion
HWBB	Health and Wellbeing Board
IAF	Improvement Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICS	Integrated Care System
ICU	Intensive Care Unit
IFRS	International Reporting Standards
IG	Information Governance
IS	Independent Sector
JSNA	Joint Needs Assessment
KCH	King's College Hospital Trust
KHP	Kings Healthcare Partnership
KPI	Key Performance Indicator
LA	Local Authority
LAS	London Ambulance Service



LCP	Local Care Provider
LD	Learning Disabilities
LES	Local Enhanced Service
LGT	Lewisham & Greenwich Trust
LHCP	Lewisham Health and Care Partnership
LIS	Local Incentive Scheme
LOS	Length of Stay
LMC	Local Medical Committee
LQS	London Quality Standards
LTC	Long Term Condition
LTP	Long Term Plan
MDT	Multi-Disciplinary Team
NAQ	National Audit Office
NDA	National Diabetes Audit
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
MH	Mental Health
MIU	Minor Injuries Unit
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NICU	Neonatal Intensive Care Unit
OHSEL	Our Healthier South East London
OoH	Out of Hours
PALS	Patient Advice and Liaison Service
PBS	Positive Behaviour Support
PHB	Personal Health Budget
PPE	Personal Protective Equipment
PPI	Patient Participation Involvement
PPG	Patient Participation Group
PRU	Princess Royal university Hospital
PCNs	Primary Care Networks
PCSP	Personal Care & Social Planning
PHE	Public Health England
PMO	Programme Management Office
PTL	Patient Tracking list
QEH	Queen Elizabeth Hospital
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
RTT	Referral to treatment
SEL	South East London
SELCA	South East London Cancer Alliance
SELCCG	South East London Clinical Commissioning Group
SELDOC	South East London doctors On Call
SLaM	South London and Maudsley Mental Health Foundation Trust
SLP	Speech Language Pathologist
SMI	Severe Mental Illness



SMT	Senior Management Team
SRO	Senior Responsible Officer
STPs	Sustainability and Transformation Plans
TCP	Transforming Care Partnerships
TCST	Transforming Cancer Services Team
THIN	The Health Improvement Network
TOR	Terms of Reference
UHL	University Hospital Lewisham
UCC/UTC	Urgent Care Centre of Urgent Treatment Centre
VCS	Voluntary and Community Sector/Organisations
WIC	Walk-in-Centre

