Open Agenda

Cabinet

Tuesday 19 July 2016
4.00 pm
Ground Floor Meeting Room GO1A, 160 Tooley Street, London
SE1 2QH

Appendices

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Agenda Item 8

APPENDIX A

FGM

Report of the Education and Children's Services Scrutiny Sub-committee

March 2016

Southwark Council

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FORWARD Cllr Jasmine Ali, Chair of the Education & Children's Services scrutiny committee

The Southwark Education and Children's Scrutiny Committee is concerned with the high instances of Female Genital Mutilation (FGM) affecting women in our local communities.

Female genital mutilation, also known as female genital cutting or female circumcision, is the ritual removal of some or all of the external genitalia. The procedures are very different according to the ethnic group and the practice is rooted in gender inequality.

FGM has been outlawed or restricted in most countries that it is carried out in, but the laws are poorly enforced. Moves have been made since the early 1970s to stop this practice. In 2012 the United Nations General Assembly recognized the practice of FGM as a human rights violation. They voted unanimously to intensify efforts to prevent it.

More recently this issue has been given media attention. There is also increased willingness of women to come forward. There is of course an impact on our role, and on our legal responsibility for safeguarding.

Southwark is significant

Recent research reaffirms that Southwark has the highest rate of FGM in the country. The evidence we considered told us that a staggering 10. 4% of children in Southwark will have a mother who has been genitally mutilated. They are significantly but not exclusively from Somalia, Sierra Leone and Nigeria.

Stop FGM

The scrutiny committee is committed to preventing this practice and we have invited a wide section of professionals and the local communities to be part of the scrutiny committee's deep dive into the issue of FGM in Southwark. Our year-long research is driven by a commitment to better protect our women and children so that they are safe from FGM and those who have undergone FGM can access support services.

The following report details intelligence from leading experts and professional's like Dr Comfort Momoh from Guys and St Thomas', Alison Macfarlane – Professor of Perinatal Health and author of a recent report highlighting Southwark as having the highest incidence of FGM, Angela Craggs from Southwark Police, Clarissa Cupid of Southwark Clinical Commissioning Group and April Bald, Southwark Council social care lead on current work.

We held a 'scrutiny in a day' session and heard from community and voluntary groups, and then followed this up with a workshop from Coventry University on an EU wide community based behavior change action research programme. Our review activities and diverse participants all helped us develop our recommendations, the method and results of which are set out below.

The following report charts the results of the Education and Children's scrutiny committee's attempt to spotlight the services and partnerships set up to prevent FGM in the London Borough of Southwark, offer support to women who have undergone

FGM and make a serious contribution to ending genital mutilation of all women and children.

INTRODUCTION AND BACKGROUND

1.1 This is the final report of the review of Female Genital Mutilation (FGM). The Education and Children's Services Scrutiny Sub-Committee decided to conduct a review on 12 July 2014, and this was carried over to the following year. The aim of the review is to make recommendations to the Cabinet, the Southwark Children's Safeguarding Board and NHS Southwark Clinical Commissioning Group (CCG)

1.2 The review set out to address these issues in particular.

- Promote good practice in tackling FGM
- Bring together statutory partners and the community in finding solutions to safeguarding girls from FGM
- Establish a clearer picture of the prevalence and risk to Southwark girls

1.3 The sub-committee chose this subject because FGM poses the risk of significant harm being done to Southwark girls. Southwark has the highest prevalence of FGM in the country. A report published in July 2015 by City University London & Equality Now found that the highest prevalence rates in were in London boroughs, estimated to be 4.7% of women in Southwark. An estimated 10.4%. of mothers of girls born to Southwark mothers are FGM survivors.

1.4 World-wide 100-140 million of girls and women have undergone some form of FGM. An estimated 6,000 are at risk per day worldwide and about 2 million or more undergo FGM each year. The European Parliament estimates that up to half a million women living in the EU have been subjected to FGM, with a further 180,000 at risk.

1.5 The work to tackle FGM globally has been going on for 35 years, however over that last few years there has been much greater publicity around the practice of FGM in the UK and London in particular. Awareness is much greater now and discussion of the issues is far less of a taboo. However the practice still raises difficult issues around sexuality, race, immigration, culture, poverty, privilege, gender equality, abuse, and violence within family systems. All these issues need to be dealt with if the practice is be ended and girls protected.

EVIDENCE CONSIDERED

Activities

2.1 The review first received a paper from Southwark social care and Southwark NHS setting report setting out current work being carried out by local statutory agencies to tackle FGM.

2.2 Following this a Scrutiny in A Day was held on 16 September 2015 to spend the day intensely looking at FGM and how to bring it to an end in Southwark. The first half of the day was devoted to looking at the current work of the NHS, social care, the police, followed by a presentation on recent research on prevalence. The afternoon was particularly dedicated to exploring community engagement as an important tactic in ending FGM, with the help of national and local voluntary providers specializing in ending FGM, alongside statutory agencies, frontline workers and the community.

2.3 The day was opened by leading FGM health professional, Dr Comfort Momoh, a pioneering midwife who in 1997 opened one of the first African Well Women clinics in St Thomas Hospital, which treats women with FGM. She now works internationally to support women with FGM and to prevent the practice.

2.4 A joint presentation was received from Southwark social care, NHS and Police on current work to tackle FGM, including examples of work being done to protect girls. Officers explained the statutory framework to safeguard girls and the plans of the created FGM steering group, a partnership established in June 2015 to tackle FGM.

2.5 Alison Macfarlane, Professor of Perinatal Health**,** City University London, then presented the recently published report on rates of FGM, 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates'. She provided an explanation of how the data had been arrived at and an overview of FGM prevalence and maternity rates in England & Wales, London and Southwark, drawing from data published in the report. She also provided further additional data, including the ethnic breakdown of the Southwark population at risk, including details of the types of FGM women & girls may be affected by.

2.6 The afternoon was focused on hearing from a woman who had experienced FGM, and the work of national FGM charities working to end FGM and the work of the local voluntary sector to tackle FGM. This was followed by a fishbowl discussion with the voluntary sector, officers from social care & the police, the committee and a broad range frontline practitioners (teachers, midwives) and community workers . The day ended with workshops exploring next steps and the scope for conducting action research with the community to end FGM.

2.7 Following the Scrutiny in a Day a workshop with the committee and some of the participants from the day was held on REPLACE 2 with Coventry University's Professor Hazel Barrett & Dr Katherine Brown. The programme is led by the university and is an EU wide community based behaviour change

programme to end FGM. The programme academics presented on the programme work since 2010 and the recently publish toolkit to conduct community participatory work with local communities.

Report contributors

Council & community partners:

2.8 Dr Comfort Momoh MBE , African Well Woman's Clinic at Guy's and St Thomas Foundation Trust in London, a support service for women and girls who have undergone FGM

2.9 Alison Macfarlane, Professor of Perinatal Health**,** City University London, joint author of the report on 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates'

2.10 Angela Craggs, Southwark Police FGM lead

2.11 Clarisser Cupid, Southwark Clinical Commissioning Group FGM lead

2.12 April Bald, Southwark Council social care FGM lead

2.13 Toks Okeniyi, FORWARD.

2.14 Agnes Baziwe & Shani Hassan, African Advocacy Foundation

2.15 Florence Emakpose, World of Hope

2.16 Hawa Sesey, FGM Campaign

2.17 Louise Robertson, 28 Too Many

2.18 Professor Hazel Barrett & Dr Katherine Brown, Coventry University

2.19 Kevin Dykes, Sarah Totterdell , Ebony Riddle Bamber – Community Engagement

Education & Children's Services scrutiny committee & officer support

2.20 Councillor Jasmine Ali, Chair
Councillor Lisa Rajan, Vice-Chair
Councillor Sunny Lambe
Councillor James Okosun
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Kath Whittam
Kay Beckwith
Martin Brecknell
Lynette Murphy-O'Dwyer
Abdul Raheem Musa
George Ogbonna

2.21 Julie Timbrell, scrutiny project manager and report author

Health impacts and the cultural reasons for FGM

3.1 Dr Comfort Momoh opened the 'Scrutiny in a Day' in September 2015. She is a midwife who set up the African Well Woman's Clinic at Guy's and St Thomas Foundation Trust in London in 1997. This pioneering service supports women and girls who have undergone FGM. She has won national and international recognition for her both her work with women FGM, and her work to end the practice in a generation.

3.2 Female Genital Mutilation (FGM) was introduced by Dr Comfort Momoh as abuse, and both a health and Human Right issues for girls and women.

3.3 There are different types of FGM. The WHO has classified FGM into four types:

Type I: Clitoridectomy – partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, the prepuce (the fold of skin surrounding the clitoris)

Type 2: Excision – partial or total removal of the clitoris and the labia minora with or without the excision of the labia majora (the labia are the 'lips' that surround the vagina)

Type 3: Infibulation – narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris

Type 4: Other – all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area

3.4 Whilst some women report no ill effects at the most extreme can FGM can be deadly: 10 % of girls die from the procedure, and a quarter of women will experience significant disability.

3.5 The health impacts of FGM include the initial shock, pain and trauma, which can lead to later flash backs and psychological problems. Girls are often held down to perform the process and as a result of the ensuing struggle there can be fractures and dislocation of limbs and injury to adjacent tissues. Immediately following the procedure the cuts can lead to infection and failure to heal, with urinary retention. Longer term FGM can cause problems in childbirth and recurrent Urinary Track Infections and fistulae (rectum or vaginal).

3.6 As well as the adverse health impacts many women will also will suffer lifelong psychological & emotional trauma, as well as loss of sexual function & enjoyment.

3.7 FGM is popularly associated with the Islamic religion, however FGM is widespread in many countries, including Christian and Jewish communities, and is rarely practiced in some Muslim countries. FGM is not a religious requirement, although on occasions religious institutions have supported its continuation. In Britain the Muslim Council of Britain has issued an a strong statement explicitly condemning the practice: "FGM is not an Islamic requirement. There is no reference to it in the holy Qur'an that states girls must be circumcised. Nor is there any authentic reference to this in the Sunnah, the sayings or traditions of our prophet. FGM is bringing the religion of Islam into disrepute."[1]

3.8 FGM is more correctly described as a cultural practice that has many and complex meanings. FGM is a long-standing tradition, which has become inseparable from ethnic and social identity among many groups. Reasons given for practice vary and include:

- Tradition
- Religion
- Prevent Rape
- Income for circumcisers
- Preservation of virginity
- Promote cleanliness
- Aesthetic reasons : cultural perceptions of beauty
- Punishment

3.9 The age that girls usually undergo FGM is between infancy and 15, and it is most frequently performed on girls aged between ages 5-8, however occasionally it is carried out later.

3.10 FGM is associated with the curtailment of women's sexuality, and is frequently bound up with gender identity and with social rites of passage of girls to women. A women who has not undergone FGM in some communities may be considered less marriageable and not having attained full status as a women. In communities with a wide spread practice she and her family risk deliberate social exclusion to enforce the practice.

3.11 Dr Comfort Momoh emphasized that it is important to tackle FGM in a multifaceted way, as in some countries, such as Egypt, the procedure has become increasingly medicalized to counter wider appreciation of the adverse health outcomes. She also mentioned that practicing communities often raise the rapidly growing western fashion of designer vaginas, and how that can be very similar to Type 1, however they complained it is not described as FGM because it is associated with more privileged, white communities. Dr Comfort Momoh said that any procedure carried out for purely aesthetic reasons would be classed as Type 4.

3.12 She emphasised that FGM is a procedure that needs to be seen as violence against women, abuse and one that endangers safety, liberty, bodily and sexual integrity, as well as physical health, but in relating to communities sometimes it is better to use less loaded terms, such as cutting or female circumcision.

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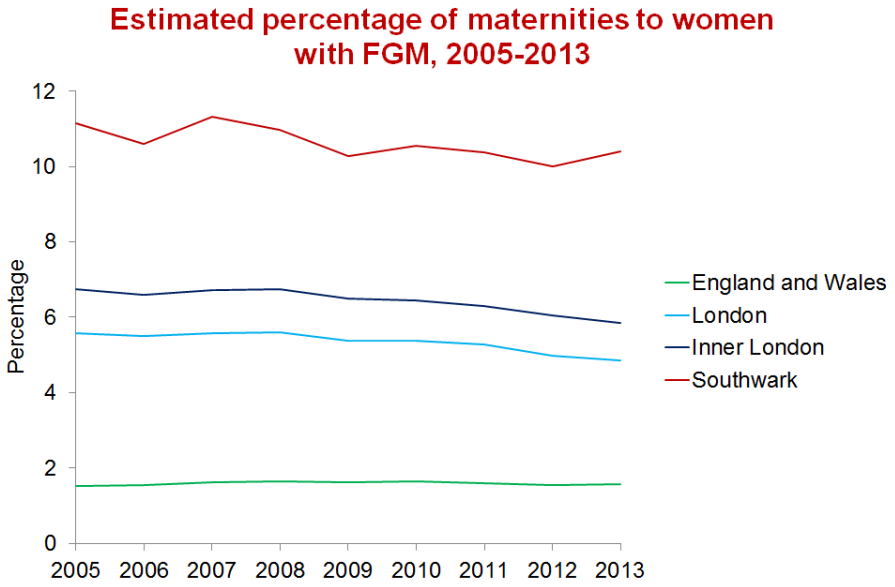
[1] http://www.theguardian.com/society/2014/jun/23/female-genital-mutilation-muslim-council-britain-unislamic-condemn

Prevalence data and emerging community profile of practicing communities

3.13 The review set out to establish a clear picture of the prevalence of FGM locally and the risk to young girls. Scrutiny in a Day received a presentation from Alison Macfarlane, Professor of Perinatal Health on the recently published report by City University & Equality Now: 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates'. This provided data on both prevalence and maternity rates, using the latest census data from 2011 and other data sources, included FGM surveys in countries of origin and birth registrations. Local statutory agencies also provided data.

Maternity

3.14 Proffessor Alison Macfarlane's data indicated that Southwark is the borough with the highest percentage of girls born who have a mother with FGM. In Southwark, an estimated10.4 % of girls born will have a mother with FGM, the highest percentage in England & Wales.



Source: ONS data, analyzed by Alison Macfarlane, City University London

Prevalence

3.15 Southwark is also the local authority with the highest prevalence rates in England & Wales. An estimated 4.7 % of women and girls born outside the UK and living in Southwark will have undergone FGM. This amounted to an estimated 6,901 women and girls. Data presented by the local statutory agencies estimated that 2055 girls will be either affected by FGM or at risk.

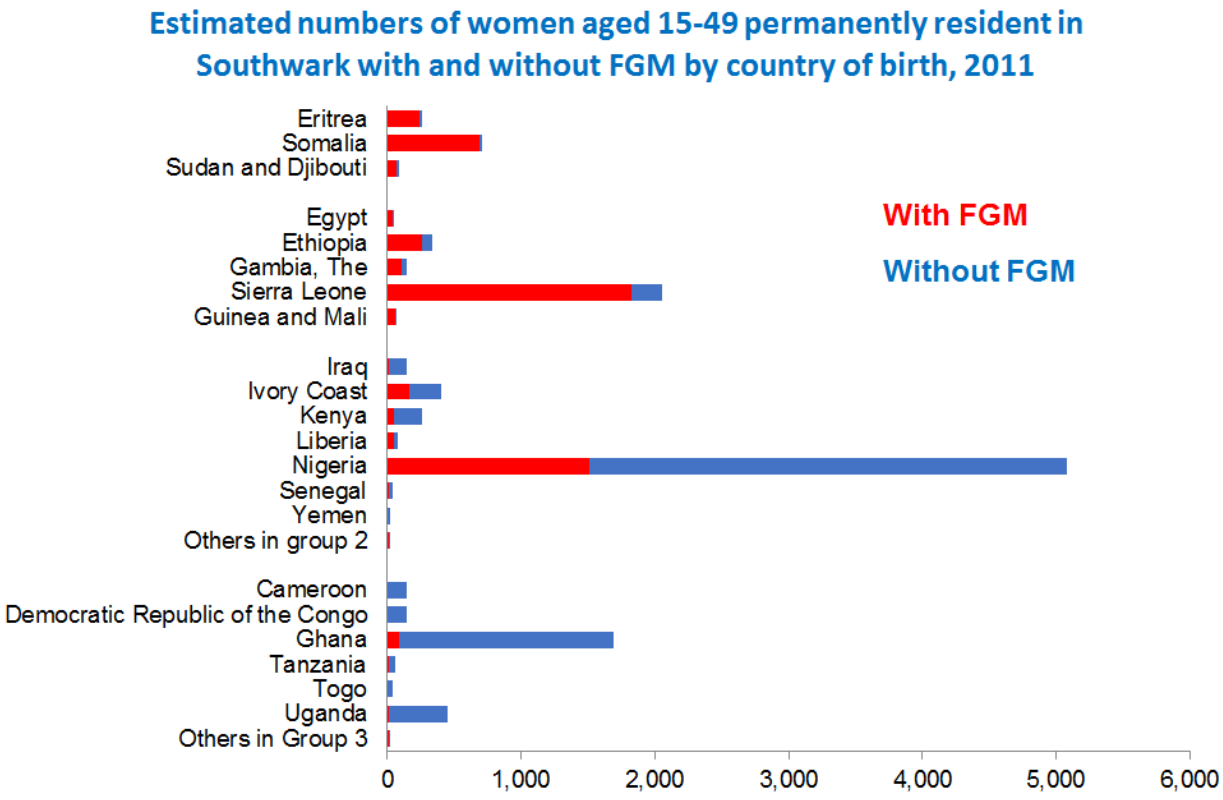
3.16 Southwark is of course not exceptional here, as many other urban areas with high immigrant populations have estimated rates which are nearly as high. These figures do need to be treated with some caution they as are extrapolated largely from secondary sources. However the both the national report and data provided by local statutory agencies highlight that Southwark is an area where FGM is a significant issue.

Breakdown of prevalence by country of origin and type of FGM

3.17 The communities in Southwark practicing FGM are diverse: from different countries, practicing different types of FGM, with different religions and cultural traditions.

3.18 Professor Macfarlane provided some additional data for her presentation on the countries of birth of the communities practising FGM and this identified that the majority of women living in Southwark with FGM will be from Sierra Leone, Nigeria and Somalia, but there will be significant numbers of other women from other countries including Eritrea, Ethiopia, Sudan & Dhibouti, Egypt, The Gambia, Guinea and Mali, Ivory Coast, Kenya, Liberia and Ghana.

3.19 Women with FGM in Southwark come largely from the diaspora community originating from a group of countries from the Atlantic to the Horn of Africa, including parts of the Middle East. However FGM is practiced in other parts of the globe, particularly South East Asia. It is therefore important to keep in mind that there may well be some individuals and small pockets of communities who come from other countries.



Source: ONS data, analyzed by Alison Macfarlane, City University London

3.20 Women from Somalia, Sudan, Eritrea and Djibouti often have had the Type 3 FGM, the most severe form. Women from other countries are more likely to have had Type 2 or Type I.

Grouping of countries by level and types of FGM

1.1	Almost universal FGM, over 30% WHO Type III	Sudan (north), Somalia, Eritrea, Djibouti
1.2	High national prevalence of FGM, WHO Types I and II	Egypt, Ethiopia, Mali, Burkina Faso, Gambia, Guinea, Sierra Leone
2	Moderate national prevalence of FGM, WHO Types I and II	Central African Republic, Chad, Cote D'Ivoire, Guinea Bissau, Iraq (Kurdistan), Kenya, Liberia, Mauritania, Nigeria, Senegal, Togo
3	Low national prevalence of FGM, WHO Types FGM I and II	Benin, Cameroon, Ghana, Niger, (Democratic Republic of Congo), United Republic of Tanzania, Togo, Uganda, Yemen

3.21 Professor Alison Macfarlane advised that in undertaking work to stop FGM it is vital to know as much about your community makeup as possible as reasons for carrying out FGM vary from country to country and even within different countries. In Sierra Leone some tribes will not practice FGM. Although infrequent in Ghana it is practiced by the Northern tribes. In Nigeria it is more common amongst Christian, rather than Muslim communities. While generally FGM is associated with lower educational levels, in Nigeria it is associated with higher levels of education. She recommended starting by making use of the data she has produced and then doing further investigations locally into the ethnic make-up of Southwark community in order to plan interventions. Louise Robertson, of 28 Too Many also advised getting to know the Southwark FGM practicing communities well; by collecting good data and understanding the varying social norms that sustain the practice.

Recommendation one

Develop a community profile of the FGM practicing communities in Southwark, with communities, drawing on available statistical data and community knowledge. Update this regularly as more accurate primary data becomes available and local knowledge of practicing communities develops.

Social Care, Police & NHS work to end FGM

3.22 Statutory agencies presented work they are doing to get better primary data, improve child protection and increase the likelihood of a prosecution of perpetrators. Local efforts have been stepped up with the instigation of a multi-agency steering group in June 2015 and they are working on developing multi agency arrangements to share information and improve safeguarding.

3.23 The police reported that he law has recently been updated and strengthened. The first legislation was the 'Prohibition of Female Circumcision Act 1985, with a

penalty of 5 years imprisonment. With the introduction of The Female Genital Mutilation Act in 2003 the penalty increased to 14 years imprisonment and added extra offences of assisting someone in the UK to arrange or assist FGM outside of UK, even if carried out by a person who isn't a UK national or resident. New measures since May 2015 mean parents and guardians can now be held liable for failing to protect a child from FGM.

3.24 Despite these changes there have been no convictions under FGM legislation in the UK. Obtaining one was cited in the committee and Scrutiny in a Day discussions as important to send a strong signal out that FGM is a crime that will not be tolerated. This was tempered with reflections on the need to engage with practicing communities and take a more nuanced approach than just pursuing the criminal justice route.

3.25 Legislation changes from May 2015 granted lifelong victim anonymity, and introduced civil Female Genital Mutilation Protection Order.These had already been employed in Southwark by September 2015 to help safeguard girls at risk and there was commitment from the steering group to expand their use. At the final Education & Children's services scrutiny committee meeting, held in March 2016, Strategic Director detailed their further use in two recent cases to safeguard children, including a high profile case involving the child of a west African diplomat[2]. This was welcomed by the committee as indicative that Southwark is now more able to protect children by making better use of the new enforcement powers made available.

3.26 Mandatory reporting of FGM has been introduced for relevant professional. All clinical staff must now record in patient healthcare records when it is identified that a patient has had FGM and all acute hospitals must provide monthly returns of on FGM prevalence. Much better data is now coming through from health services: on 1st April 2014 the first FGM Prevalence Dataset was published. Local health data collecting has been improved and this will help provide more robust data on the local populations at risk in the future.

Community work to end FGM

3.27 35 years ago the World Health Organisation (WHO) called for end to FGM. The WHO, United Nations (UN), UNICEF, and other anti-FGM organisations have adopted various strategies in order to raise awareness and work towards ending FGM. These have centered on four main approaches:

- Bodily and sexual integrity;
- Human rights – as both an infringement of liberty & security and as discrimination & violence against women
- Legislative (outlawing the procedure)
- Health

3.28 More recently there has been increased investment in the a fifth approach of using community engagement to change the underlying beliefs that perpetuate the practice – Scrutiny in A Day sought to look at all these approaches and particularly dedicated the afternoon to exploring community engagement as an important tactic in ending FGM .

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[2] http://www.theguardian.com/society/2016/feb/29/african-diplomat-child-uk-protection-order-female-genital-mutilation-fgm

3.29 The afternoon was focused on hearing from a woman who had experienced FGM, the work of national FGM charities working to end FGM and the work of the local voluntary sector to tackle FGM in Southwark.

3.30 The Scrutiny in a Day heard moving testimony from a survivor of FGM, Hawa Sesey, who explained how an elder relation carried out the procedure on her in Sierra Leone, the traumatic impact it had on her then as a young girl, and how it later affected her married life. She has worked for many years with in her community to end the practice

3.31 Local organisations World of Hope and Africa Advocacy Foundation detailed their work with survivors and practicing communities.

3.32 World of Hope is committed to raising Youth Ambassadors that will become tomorrow's leaders through their mentoring, training, coaching, and citizenship programmes which equip young people to positively impact their communities. It works with young people on FGM directly seeking ambassadors to help end the practice and in July it held an African safeguarding children's conference, in partnership with CANUK, which in dealt with FGM.

3.33 Africa Advocacy Foundation has an established programme to support women with FGM and end the practice. The project employs a dedicated worker and their work includes training for FGM community champions and outreach with a wide range of Southwark faith based organizations (Muslim & Christian) and community groups. The project holds events that focus on a number of issues in an engaging way, for example FGM is often discussed within the context of sexual health to reach a wider audience. The community outreach includes work with Faith leaders, utilises sister circles, and also holds men specific discussions on FGM. Community awareness raising workshops are held tailored to the language of the people e.g. Somali, Swahili, Yoruba, and Arabic.

3.34 Africa-Advocacy Foundation said they have identified a lack of knowledge on the health effects of FGM. They also reported that communities frequently feel there is interference without insight into issues and a lack of trust means that communities sometimes feel targeted. They advised that there needs to be more training and education within practicing communities and there needs to be appropriate resources to facilitate learning in the community.

3.35 Scrutiny in a Day concluded with two workshops on next steps and conducting action research with practicing communities. Participants thought there needed to be further awareness rising through publicity on the adverse impacts of FGM, and more in depth work with different communities to change attitudes. As well as reaching out to women of child bearing age to offer them support and safeguard children who may be at risk, it was also considered important to engage with boys and men, and vital to engage with older women. Grandmothers and 'Aunties' are often the ones carrying out the procedure and it is the older generation who set the social norms of the community. Elders in African and Middle Eastern communities are frequently given a high level of respect and review participants familiar with practicing communities identified that changing elder views could be pivotal to ending the practice.

3.36 Africa Advocacy Foundation in depth work with a wide range of faith and community groups using community champions from practicing communities was noted as particularly valuable. However Africa Advocacy Foundation has

highlighted the need for continued financial support to continue and build on this work.

Recommendation two

Support the existing good work of community organizations, particularly Africa Advocacy Foundation.

3.37 A publicity campaign was suggested to highlight the impact of FGM , and participants discussed using blunter messages on the negative health consequences and more explicit information on the adverse impact FGM had on girls and women , however some review participants cautioned that this needed to be balanced with the need to build trust with communities and develop appropriate interventions which do not alienate communities .Experts advised that it is by knowing the community very well and always keeping the survivor voice center stage that these tensions can be resolved : the survivor voice is crucial to understanding the issues and building creditability.

3.38 Dr Comfort Momoh of the African Well Women's Centre is organizing a Female Genital Mutilation Music Festival to raise more awareness of FGM and to educate professionals and the public in a welcoming, friendly and fun environment. The aim is to make this a yearly event in July before school holiday and the cutting season. The event will include key people from the UK and abroad, as well as ambassadors, survivors and professionals.

Recommendation three

Raise local awareness of FGM through community events, publicity, media campaigns and via community champions. Work with the local voluntary sector groups & professionals; Africa Advocacy Foundation, World of Hope, FGM survivors and Dr Comfort Momoh of the African Well Women's Centre to support planned events and generate publicity material. Keep the survivor voice at the forefront.

3.39 The review participants identified faith communities, community groups, embassies, schools and front line workers as key groups to work with.

3.40 The teachers who attended the Scrutiny in a Day suggested training materials are developed for PSHE lessons and that the school Safeguarding Leads are fully briefed on how to respond to FGM. FORWARD, a long standing voluntary sector organization who contributed to the review, have a schools programme offering a comprehensive range of services for schools to engage and empower young people and a training programme for front line professionals. Young people and their peers need to have ways of raising alerts and getting support. It was noted that often it is siblings who raise safeguarding alerts. A confidential phone line was suggested, or exploring the Petals mobile-phone application which allows young people to find out more about FGM and source help discreetly on a smart phone. The Strategic Director brought the committees attention a safeguarding icon that one schools has developed to enable children to raise alerts and get help.

Recommendation four & five

Work with schools on integrating teaching on FGM as part of the PSHE curriculum development and ensure schools Safeguarding Leads

understand FGM and how to protect girls. Consider using the material developed by FORWARD and Integrate Bristol.

Develop ways for young people to get help, information or report concerns, making sure that it is particularly tailored for girls at risk, their siblings and peers who can help safeguard them e.g. via a confidential phone line and /or the phone application Petals and/or a safeguarding alert icon on school computer networks.

3.41 The Africa Advocacy Foundation said that survivors report there is a lack of FGM specialist knowledge making it difficult for women to seek appropriate advice and support and there needs to be more training for frontline professionals. The current FGM steering group has work both with schools and training of primary care professionals as an objective.

Recommendation six

Request a detailed report back in 6 months time of the FGM steering group work programme to train primary care professionals and other frontline professionals

3.42 Scrutiny attempted to engage with the Nigerian, Serria Leone and Somali Embassies; however none were able to attend the scrutiny in a day. It is unclear why this was; capacity may be an issue as all have small High Commissions. Participants recommended ongoing work with embassies to engage them in ending the practice, particularly as girls are at risk during the summer holiday of being taken back to their country of origin to undergo FGM during what is termed the 'cutting season' . Although FGM is now illegal in most countries, this is often very poorly enforced and the practice is prevalent in many countries of origin: it is very common in Sierra Leone and near universal in places such as Somalia. Girls visiting extended family could be at high risk: Hawa Sesey, FGM survivor, relayed a story of returning to her home country, Sierra Leone, with her daughter and needing to take steps to protect her child from harm from her extended family. A Southwark child with her mother was intercepted at Heathrow with instruments that may have been intended to be used to cut her child. Clearly there is a risk to girls being taken out of the country, though it is hard to quantify the extent of this.

Recommendation seven

The council should continue to seek to encourage the High Commission of the countries where most families originate from, particularly: Sierra Leone, Nigeria and Somalia, to engage in order to ensure that those affected communities are brought along in our quest to eradicate the practice of FGM and also to avoid those communities feeling isolated and wrongly targeted.

Community based behaviour change programme to end FGM: REPLACE 2

3.43 In November 2015 a workshop was held on REPLACE 2 with Coventry University's Professor Hazel Barrett & Dr Katherine Brown. Many of the committee attended and some of the participants from Scrutiny in a Day, including African Advocacy Foundation staff, FGM social care leads and community development lead.

3.44 REPLACE 2 is the second round of an EU wider behaviour change action research programme which focuses on community engagement to end FGM. The programme has worked with diaspora communities in Europe by engaging members of the practicing communities to understand the social norms that perpetuate FGM and then to provide intervention support to change beliefs and motivate social change. Coventry University lead the programme. The academic leads presented on the programmes work since its inception in 2010.

3.45 The academics explained that thirty years on since the World Health Organisation (WHO) called for the ending of FGM there is conflicting evidence as to whether the emphasis on a criminal justice, health and Human Rights approaches has led to a reduction in the practice. 15 years ago WHO called for application of behaviour change approaches to address FGM , however research concluded that there was a poor understanding of how to conduct this .

3.46 The REPLACE 2 programme uses a cyclic framework for Social Norm Transformation in relation to FGM. Community engagement is critical to the approach and focused on building trust and partnership with the community. The programme works with the community to design interventions whose content and messages align with those belief systems and norms that perpetuate FGM, in order to end the practice. The programme has recently published a toolkit to conduct community participatory work with local communities.

3.47 The workshop concluded with an offer by Coventry University REPLACE 2 programme to assist Southwark in adopting this approach, which was welcomed by attendees.

Recommendation eight

Conduct a community engagement programme to end FGM, in partnership with local voluntary sector and community organisations, using the expertise of the REPLACE 2 Coventry University programme and 28 Too Many.

4 Conclusion

FGM has a multitude of different reasons for its continued practiced; it is perpetrated and justified by reasons of perceived beauty, religion, health, to control women's sexuality, and as a rite of passage. This report has particularly emphasized the community engagement approach to change behaviour as the most underused approach in Southwark, however experts advised that to end FGM the practice needs to be tackled through a range of approaches: as a health hazard, a crime, abuse, and as a human rights and gender equality issue. Pursued all together they are most likely to end FGM.

The committee calls for more efforts and resources be geared towards using partnership working, community engagement and public awareness measures, which the evidence suggests will be central to the speedy eradication of FGM in the affected communities, both within the London Borough of Southwark and by working with the respective High Commissions of those countries. By adopting the below recommendations the committee believes that Southwark will not only be able to quickly eradicate the barbaric and outdated FGM practices but the council will also enable us to build community cohesion and a sense of togetherness.

RECOMMENDATIONS

1 Develop a community profile of the FGM practicing communities in Southwark, with communities, drawing on available statistical data and community knowledge. Update this regularly as more accurate primary data becomes available and local knowledge of practicing communities develops.

2 Support the existing good work of community organizations, particularly Africa Advocacy Foundation.

3 Raise local awareness of FGM through community events, publicity, media campaigns and via community champions. Work with the local voluntary sector groups & professionals; Africa Advocacy Foundation, World of Hope, FGM survivors and Dr Comfort Momoh of the African Well Women's Centre to support planned events and generate appropriate publicity material. Keep the survivor voice at the forefront.

4 Work with schools on integrating teaching on FGM as part of the PSHE curriculum development and ensure schools Safeguarding Leads understand FGM and how to protect girls. Consider using the material developed by FORWARD and Integrate Bristol.

5 Develop ways for young people to get help, information or report concerns, making sure that it is particularly tailored for girls at risk, and their siblings & peers who can help safeguard them e.g. via a confidential phone line and /or the phone application Petals and/or a safeguarding alert icon on school computer networks.

6 The council should continue to seek to encourage the High Commission of the countries where most families originate from, particularly: Sierra Leone, Nigeria and Somalia to engage in order to ensure that those affected communities are brought along in our quest to eradicate the practice of FGM and also to avoid those communities feeling isolated and wrongly targeted

7 Request a detailed report back in 6 months time of the FGM steering group training of primary care professionals and frontline professionals

8 Conduct a community engagement programme to end FGM partnership with local voluntary sector and community organizations and using the expertise of the REPLACE 2 Coventry University programmed and 28 Too Many.

9 The committee welcomes the increased use of civil Female Genital Mutilation Protection Orders, which have been used to effectively to safeguard children in Southwark. The committee supports this type of enforcement action which enables the authorities to intervene to protect girls, while working with the parents and wider family to challenge behaviour and change attitudes, and reduce the risk of unnecessary family breakup and disintegration. However any intervention must always place the needs of girls first, and recognize that while FGM is often practiced in otherwise loving homes, FGM is also associated, on occasions, with other forms of family domestic abuse, and the wider cultural oppression of girls and women.

5 Appendices

I. FGM Scrutiny in a Day

II. FGM workshop with Coventry University on REPLACE 2

APPENDIX 1

SCRUTINY IN A DAY

FGM scrutiny in a day: programme

Address: HENRIETTA RAPHAEL FUNCTION ROOM, Henriette Raphael Building, GUYS CAMPUS, King's College London, London, UK SE1 1UL.

Wednesday 16th September 9am – 3:30pm

9am – 9:30am **Registration & refreshments**

9:30am **Welcome and opening remarks: Cllr Jasmine Ali, Chair** of the Education & Children's Services scrutiny committee

9:40 am – 10:30am **Dr Comfort Momoh MBE** will set the scene by explaining the reasons for FGM, and the implications. She will explain why she established the African Well Woman's Clinic at Guy's and St Thomas Foundation Trust in London, a support service for women and girls who have undergone FGM.

10:40am – 11:20am **Alison Macfarlane, Professor of Perinatal Health,** City University London, presenting a recently published report on rates of FGM, 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates', which estimates that Southwark has the highest rates of FGM in the UK

11:30am – 12:00noon **Work to tackle FGM in Southwark** Overview by Angela Craggs Southwark Police; Clarisser Cupid, Southwark Clinical Commissioning Group and April Bald, Southwark Council social care lead on current work.

12 noon – 12:30pm **Lunch**

12:30pm – 2:pm **How can community & voluntary groups and statutory agencies work together to end FGM?** Presentation by Toks Okeniyi, FORWARD, followed by brief presentations on local initiatives : Agnes Baziwe, African Advocacy Foundation and Florence Emakpose, World of Hope and then a survivor working for change: Hawa Sesey FGM Campaign. Fishbowl discussion with contributions by national, London and local community groups , and embassy representatives of countries where the practice is common.

2:10 – 3:20pm **Workshop 1 Action research** discussion with 28 Too Many's, Louise Robertson, and Southwark's community engagement lead, Ebony Riddell Bamber, on carrying out action research with communities at risk and with survivors to establish the extent to which girls are at risk and how to best protect girls.

2:15 – 3:20pm **Workshop 2: Facilitated discussion on next steps for the review**. What further lines of inquiry would it be helpful for the scrutiny review to explore, focusing on at risk girls?

3:20 – 3:30pm **Closing remarks**

Dr Comfort Momoh

Dr Comfort Momoh is a midwife who set up the African Well Woman's Clinic at Guy's and St Thomas Foundation Trust in London in 1997, which offers a support service for women and girls who have undergone FGM. The specialist clinic offers midwifery, obstetric and relevant gynaecological care for women who have undergone FGM, including reversal. She has won national and international recognition for her work both with women FGM, and her work to end the practice in a generation.

Female Genital Mutilation (FGM) was introduced by Dr Comfort Momoh as abuse, and both a health and Human Right issues for girls and women.

FGM is popularly associated with the Islamic religion, however FGM is widespread in many countries, include Christian and Jewish communities, and is rarely practiced in some Muslim countries. FGM is more correctly described as a cultural practice that has many and complex meanings. FGM is a long-standing tradition, which has become inseparable from ethnic and social identity among many groups. Reasons given for practice vary and include:

- Tradition
- Religion
- Prevent Rape
- Income for circumcisers
- Preservation of virginity
- Promote cleanliness

The age that girls usually undergo FGM is usually between infancy and 15, however occasionally it is carried out later. The scrutiny in a day heard that on occasions it can be used a punishment; one incident was relayed of a women in her 30's being assaulted and cut by her estranged husband's family.

FGM is associated with the curtailment of women's sexuality, and is frequently bound up with gender identity and with social rites of passage of girls to women. A women who has not undergone FGM in some communities may be considered less marriageable and not having attained full status as a women. In communities with a wide spread practice she and her family risk deliberate social exclusion to enforce the practice.

There are different types of FGM. The WHO has classified FGM into four types:

Type I: Clitoridectomy – partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, the prepuce (the fold of skin surrounding the clitoris)

Type 2: Excision – partial or total removal of the clitoris and the labia minora with or without the excision of the labia majora (the labia are the 'lips' that surround the vagina)

Type 3: Infibulation – narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris

Type 4: Other – all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Whilst some women report no ill effects at the most extreme can FGM can be deadly: 10 % of girls die from the procedure, and a quarter of women will experience significant disability. As well as adverse health impacts many also will suffer lifelong psychological & emotional trauma, as well as loss of sexual function & enjoyment.

The health impacts of FGM include the initial shock, pain and trauma, which can lead to later flash backs and psychological problems. Girls are often held down to perform the process and as a result of the ensuing struggle there can be fractures and dislocation of limbs and injury to adjacent tissues. Immediately following the procedure the cuts can lead to infection and failure to heal, with urinary retention. Longer term FGM can cause problems in childbirth and recurrent Urinary Track Infections and fistulae (rectum or vaginal).

Dr Comfort Momoh explained that health professionals need to be able to able to recognise FGM, be alert to the possibility of FGM, be able to protect and safeguard children and be able to act when a child is at risk or may already undergone FGM.

Dr Comfort Momoh emphasised that it is important to tackle FGM in a multifaceted way, as in some countries, such as Egypt, the procedure has become increasingly medicalized to counter wider appreciation of the adverse health outcomes. She also mentioned that practicing communities often raise the rapidly growing western fashion of designer vaginas, and how that can be very similar to Type 1, however they complained it is not described as FGM because it is associated with more privileged, white communities. Dr Comfort Momoh said that any procedure carried out for purely aesthetic reasons would be classed as Type 4, and it is important to be aware of culture bias. She emphasised that FGM is a procedure that needs to be seen as violence against women, abuse and one that endangers safety, liberty , bodily and sexual integrity, as well as physical health, but in relating to communities sometimes it is better to use less loaded terms, such as cutting or female circumcision.

Tackling FGM successfully needs a multi-agency approach, and the participation of religious and community leaders, and outreach to families at

risk. All professionals need training and teaching needs to be part of the core curriculum, as well as a robust legal framework.

FGM is practised among migrant and refugee communities who tend to settle in urban areas, which is why ii is particularly concentrated in boroughs like Southwark and Lambeth . This concentration of communities does allow for specialised services to be developed. The government policy of dispersing refugees and asylum seekers to rural, isolated centres has major implications for women who have experienced FGM.

Dr Comfort Momoh concluded by saying better knowledge and understanding of the cultural factors relating to FGM is important in order to change people's attitude. It is also vital that FGM laws are fully implemented and that governments, agencies, professionals and communities work together to end FGM in one generation.

Alison Macfarlane, Professor of Perinatal Health, City University London, presented a recently published report on rates of FGM, 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates'. The report was produced to provide statistical estimates of the prevalence of FGM in England and Wales, and in local authority areas. Good data is needed to plan services for affected women and inform child protection for their daughters. As numbers of women resident in England & Wales who were born in countries where FGM is practised have increased, so previous estimates based on 2001 census and births from 2001 to 2004 are out of date.

The aim of the report is to produce data for both the whole of England & Wales, and for each local authority area, providing estimates of the:

1. Numbers of women with FGM in the population enumerated in 2011 census
2. Numbers of women with FGM giving birth, 2005-2013
3. Numbers of daughters born, 2005-2013 to women with FGM

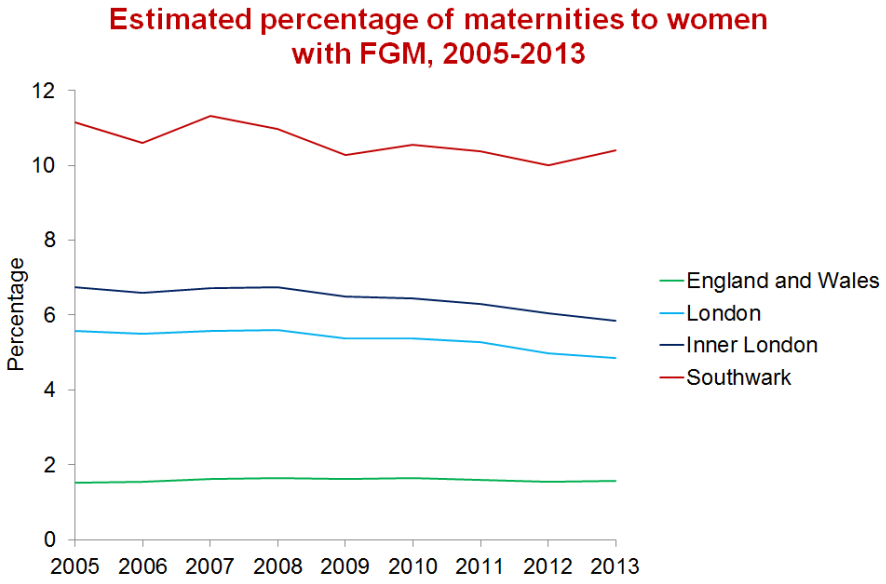
Prevalence

The report estimates that Southwark has the highest rates of FGM in the UK. Prevalence is measured by the numbers of women with FGM per 1000 of the population. Southwark has the highest FGM prevalence rates: 57.5 for women in the 15 – 49 age group, and 8.2 in the age range 0 – 14.

Southwark has rates which are similar to other inner London borough - detailed data estimates for England & Wales and each borough were produced for the report, and are available here: http://openaccess.city.ac.uk/12382/

Maternity

Maternity estimates were given for numbers of women with FGM giving birth and daughters born, with the caveat that the data is less robust as the ethnicity and religion are not recorded at birth registration. Southwark is the borough with the highest proportion of children born to mothers with FGM. More than one in 10 of girls in Southwark were born to mothers with FGM, the highest rate in England & Wales.

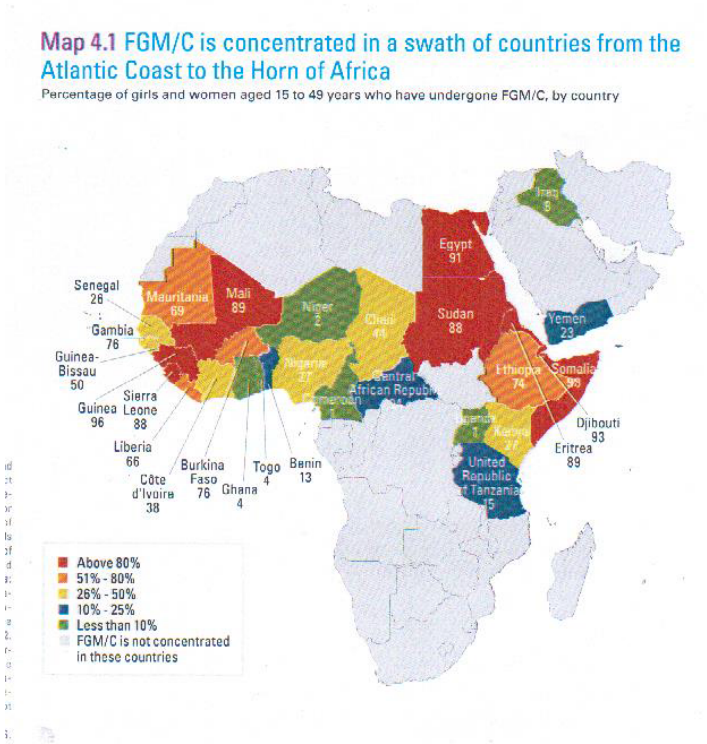


Source: Alison Macfarlane, Professor of Perinatal Health, City University London analysis of ONS data

Mothers' countries of birth

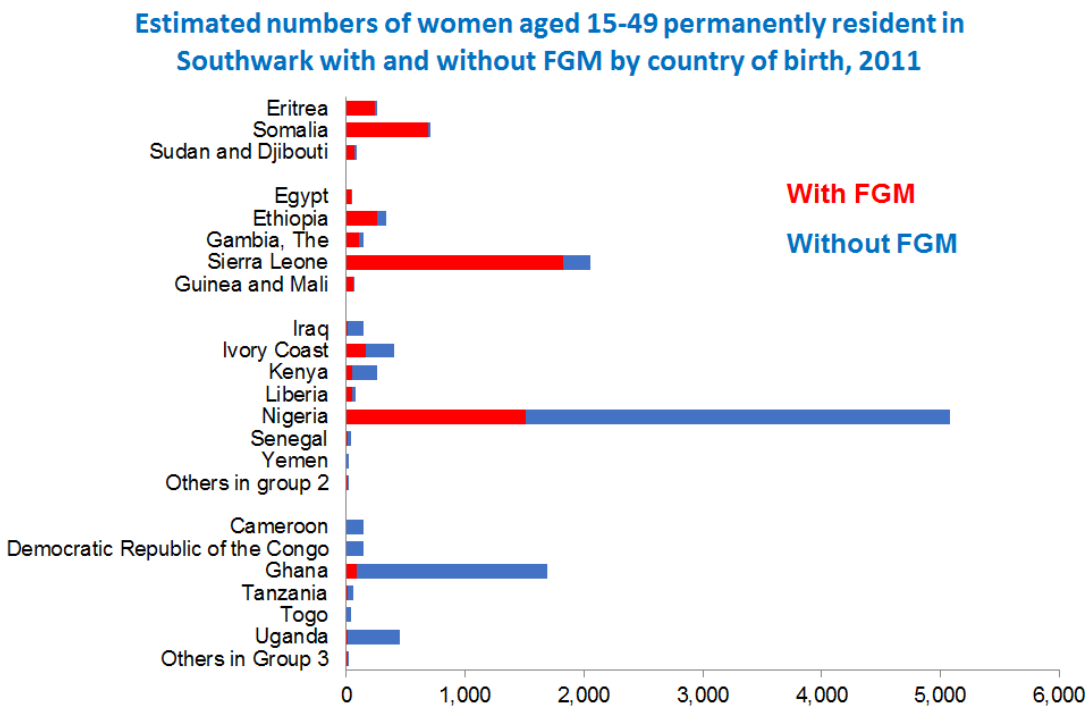
FGM is concentrated in a group of countries from the Atlantic to the Horn of Africa, including parts of the Middle East, however it is also practiced in some other countries, particularly South East Asia.

Some countries have nearly universal FGM amongst the population, for example it is estimated that 98% of women born in Somalia have been subjected to FGM, whereas in others it is a minority, for example only 4% of women born in Ghana have been subjected to FGM.



Source: UNICEF: Female Genital Mutilation/Cutting:
A statistical overview and exploration of the dynamics of change. 2013 UNICEF

Southwark has high rates of FGM as it has a large immigrant population born in practising countries. More detailed estimates for the country of birth breakdown of the Southwark population were provided for the presentation. Data was obtained by indirect estimates of prevalence of FGM using data on age specific prevalence by country of origin from surveys in FGM practising countries, alongside census and birth registration data for England and Wales. Exclusions were then made for certain non- practicing populations e.g. Buddhist, Hindu or Sikh religion.



Source: Alison Macfarlane, Professor of Perinatal Health, City University London analysis of ONS data

The data shows that the majority of women living in Southwark with FGM will be from Sierra Leone, Nigeria and Somalia, but there will be significant number of other women from other countries including Eritrea, Ethiopia, Sudan, Djibouti, Egypt, The Gambia, Guinea and Mali, Ivory Coast, Kenya, Liberia and Ghana.

Women from Somalia, Sudan, Eritrea and Djibouti will often have had the Type 3, the most severe form of FGM. Women from other countries are more likely to have had Type 2 or Type I.

Grouping of countries by level and types of FGM

1.1	Almost universal FGM, over 30% WHO Type III	Sudan (north), Somalia, Eritrea, Djibouti
1.2	High national prevalence of FGM, WHO Types I and II	Egypt, Ethiopia, Mali, Burkina Faso, Gambia, Guinea, Sierra Leone
2	Moderate national prevalence of FGM, WHO Types I and II	Central African Republic, Chad, Cote D'Ivoire, Guinea Bissau, Iraq (Kurdistan), Kenya, Liberia, Mauritania, Nigeria, Senegal, Togo
3	Low national prevalence of FGM, WHO Types FGM I and II	Benin, Cameroon, Ghana, Niger, (Democratic Republic of Congo), United Republic of Tanzania, Togo, Uganda, Yemen

Professor Alison Macfarlane advised that in undertaking work to stop FGM it is vital to know as much about your community makeup as possible as reasons for carrying out FGM vary from country to country and even within different countries. In Sierra Leone some tribes will not practice FGM.

Although infrequent in Ghana it is practiced by the Northern Tribes, and in Nigeria it varies considerably between regions of the country. While generally FGM is associated with lower educational levels, in Nigeria it is associated by higher levels of education. She recommended making use of the data she has produced combined with further local investigation into the origins of the Southwark community in order to plan interventions.

Estimated numbers of women and girls born in FGM practising countries with FGM, Southwark, 2011

Country group	Under 15	15-49	50 and over
1.1	43	990	237
1.2	84	2,278	545
2	73	1,804	683
3	1	104	57
All	**202**	**5,176**	**1,523**

Source: Alison Macfarlane, Professor of Perinatal Health, City University London analysis of ONS data

Angela Craggs Southwark Police FGM lead
Clarisser Cupid, Southwark Clinical Commissioning Group FGM Lead
April Bald, Southwark Council social care FGM lead

The officer leads for Southwark Social Care, the Police and NHS Southwark Clinical Commissioning Group (CCG) gave a joint presentation on the multi-agency work being undertaken to stop FGM.

An explanation was given on how agencies respond to incidents, and the referral pathway. Five examples were given:

- 17 year old from Sierra-Leonean presented at Sexual Health clinic – who reported unprotected sex with older man. She had had FGM aged 10 whilst back home.
- Adult sister from Sierra-Leone, who had FGM, called concerned about her 10 year old sibling.
- A GP referral regarding a Somalia mother who was concerned about her daughter who had FGM aged 7 back home, whilst living with her father and his wife
- The police were contacted by a friend of a pregnant Polish woman expecting a girl. The Nigerian partner wanted her to have FGM
- Immigration at Heathrow intercepted a child travelling with her mother who had paraphernalia in bag indicating possible cutting instruments

An explanation was given on how a child at possible risk is tracked through their minority and the methods employed to safeguard children, such as being moved into immediate police protection if a child or young person is considered to be an immediate risk of being cut.

The law has recently been updated and strengthened. The first legislation was the 'Prohibition of Female Circumcision Act 1985, with a penalty of 5 years imprisonment. With the introduction of The Female Genital Mutilation Act in 2003 the penalty increased to 14 years imprisonment and added extra offences of assisting someone in the UK to arrange or assist FGM outside of UK, even if carried out by a person who isn't a UK national or resident.

New measures since May 2015 mean parents and guardians can now be held liable for failing to protect a child from FGM. The legislation granted lifelong victim anonymity, and introduced civil Female Genital Mutilation Protection Order. Despite these changes there have been no convictions under FGM legislation in the UK.

Mandatory reporting of girls with FGM has been included in recent legislation, and came into effect in October 2015. Much better data is now being collected and coming through from health services: on 1st April 2014 the first FGM Prevalence Dataset was published. All clinical staff must now record in patient healthcare records when it is identified that a patient has had FGM and all acute hospitals must provide monthly returns of on FGM prevalence.

In Southwark an FGM Steering Group started in June 2015 with partner agencies and the voluntary sector. This group intends to:

- Listen to the voices of victims and survivors of FGM to inform practice and Strategy
- Detailed data collection and analysis to inform practice and commissioning
- Consider innovative ways for the commissioning of services, e.g. mental health
- Work together to create and encourage community awareness
- Train and develop champions to support the work in schools and the community (male and females).
- Strong partnerships and referral pathways with local support organisations
- Training of all frontline practitioners including Primary Care – ensuring a workforce confident in undertaking thorough risk assessments and robust monitoring of children at risk throughout their minority
- Raise awareness in schools to encourage critical thinking and empowerment of young people.
- Increased use of Orders to protect and increased focus on the offenders
- Promote the ethos that FGM is a safeguarding issue and therefore should be treated as such

Toks Okeniyi, FORWARD

FORWARD was founded in 1983 in response to the continuing practice of FGM among migrant communities in the UK. They have been working ever since to frame the practice as a human rights violation, informing affected communities about the health implications and laws.

Forward is now one of the longest standing organisations tackling FGM in the UK and continue to work to support women affected and girls at risk of FGM through these key programmes:

- Community Programme: engaging affected communities through events, training and community development approaches

- Young People Speak Out!: empowering young people to help create change in their communities by providing skills, peer to peer training and support for youth advocates

- Schools Programme: offering a comprehensive range of services for schools to engage and empower young people about issues that affect them and raising awareness about the role that everyone can play in supporting girls and ending the practice.

- Training Courses for Professionals: offering a range of FGM training sessions, including accredited training for front line professionals including health, education, social services and the police, as well as to organisations from FGM practicing communities, and the voluntary sector at large.

Agnes Baziwe, African Advocacy Foundation

Africa Advocacy Foundation is a registered charity established in 1996 with the aim of promoting health, education and other opportunities for disadvantaged African and other BME people mainly in London. They support and empower some of the most marginalised individuals who often feel they have no active part to play in the society.

This includes identifying appropriate pathways to enable beneficiaries to address issues such as isolation, poverty and ill-health leading to independence and better quality of life. The main activities are a HIV programme, sexual health promotion, training and employment skills, and tackling FGM.

The FGM work includes:

- Children and family support
- Training for FGM Community Champions
- Group support and counselling for women with personal experiences of FGM

- Faith leaders and men specific discussions on FGM
- Community awareness campaigns
- Outreach, 1:1 advice, information, guidance and referrals
- Referrals to statutory services and others

The community outreach includes utilising sister circles, and working with madrassas & cultural centres. Community awareness raising workshops are held tailored to the language of the people e.g. Somali, Swahili, Yoruba, and Arabic.

The project trains champions of different ages, faith and beliefs, and develops faith leaders as champions. It works with men and young people from practising communities and survivors of FGM. It has directly supported 243 women in Southwark during 2014/15 .The initiative works with a wide range of Southwark faith based organisations (Muslim & Christian) and community groups.

The project holds events that focus on a number of issues in an engaging way, for example FGM is often discussed within the context of sexual health to reach a wider audience.

The project said they have identified a lack of knowledge on the health effects of FGM. Communities frequently feel there is interference without insight into issues. A lack of trust means that communities feel targeted. They advised that there needs to be more training and education within practising communities and there needs to be appropriate resources to facilitate learning in the community. Victims report there is a lack of FGM specialist knowledge making it difficult for women to seek appropriate advice and support and there needs to be more training for frontline professionals.

Florence Emakpose, World of Hope

World of Hope is committed to raising Youth Ambassadors that will become tomorrow's leaders through their mentoring, training, coaching, and citizenship programmes which equip young people to positively impact their communities. The project offers one-one support services to young people as well as group work activities, on issues such carrying weapons, teenage pregnancy, building confidence and improving family relationships. It works with young people on FGM directly seeking ambassadors to help end the practice and in July it held an African safeguarding children's conference, in partnership with CANUK , which in dealt with FGM.

Hawa Sesey – FGM survivor

The Scrutiny in a Day heard moving testimony from a survivor of FGM, Hawa Sesey, who explained how an elder relation carried out the procedure on her in Sierra Leone, the traumatic impact it had on her then as a young girl, and how it later affected her married life. She has worked for many years with in her community to end the practice and refused community pressure to cut her daughter.

Workshop 1 – Next Steps

The workshop participants made the following recommendations for next steps:

- Check multi-faith involvement in anti-FGM work
- Can social care be funded to follow through on children who have been known to have suffered FGM?
- Ring fence the funding? Could safeguarding money be diverted?
- Shift the effort into prevention
- Check teachers' awareness
- More joined up practice across the relevant agencies
- Involve embassies
- Be blunter about the damage done to victims
- Make it personal – talk to men and boys about what could happen to women and girls in their lives as a consequence of FGM
- Target strategies to different generations
- Make a real effort to understand the mind-set that accepts FGM

What could the committee work on?

- Propose a Southwark strategy on FGM with suggestions about what works – focussing on education, awareness raising & prevention
- Look for good practice on PSHE teaching re FGM and propose that to the Southwark headteachers
- Consider whether shock value can be deployed – use of images, use of personal stories
- Push for better recording – harder data required
- Ask Health & Wellbeing Board to support strategy
- Propose confidential helpline for people who wish to report concerns

Workshop 2: Action Research

28 Too Many – Louise Robertson

- FGM is a global issue
- Important to know your data and community in depth – need to know ethnicity
- FGM has a multitude of different issues and reasons for its practice so needs to be approached in different ways: e.g. is perpetrated & justified by reasons of perceived beauty, health, to control women's sexuality, as a punishment. Therefor it needs to be tackled with reference to all those issues: health, human rights, gender equality, etc.
- 28 Too Many have detailed country specific information to help build plans
- Keeping the survivor voice centre stage is crucial to understanding the issues and building creditability

Action Research – Ebony Riddell Bamber, Community Engagement

- Has to be conducted by experienced people in the community
- Reason is to come up with concrete proposals
- It addressed two questions:
  What is happening out there?
  What can we do?

Discussion points

Important to work with local organisations (e.g. African Advocacy Foundation and World of Hope) to understand existing knowledge

Need to establish what we know about our local community, and where the gaps are.

The statutory agencies have lead responsibility, but what about dialogue with communities

What about leadership from existing communities. E.g. Somalia community, what are the barriers to this happening

What is going to bring about cultural and attitudinal change?

Some practicing communities are emergent in this country and therefor particularly vulnerable to poverty, discrimination and are not fully integrated.

African Advocacy Foundation has community champions from Somali and Sierra Leona

Community groups have managed to engage successfully with the Muslim community, partly as they wanted to disassociate from the practice given high profile media association of FGM and Islamic faith – a statement was issued

clarifying that FGM is not part of Muslim faith - however less successful engaging Christian community e.g. Nigerian Pentecostal churches

FGM is being driven by older aunties (female elders) and faith leaders

Community change is more effective if there is a process of development that involves and empowers members of the community.

Discussion on building resilience with children in schools via PSHE curriculum & Pastor Power versus the responsibility for change residing with adults and the wider community

Community action research could address some of these issues and questions.

A multifaceted approach is important e.g. law, persecution, child protection, information, with community & attitudinal change being one of the most important levers for change to end FGM.

APPENDIX 2

FGM workshop with Coventry University on REPLACE 2

11 November 2015

Professor Hazel Barrett & Dr Katherine Brown, Coventry University, presented on the REPLACE 2 programme, a community based behaviour change programme to end FGM. The programme academics presented and then held a discussion with participants. The workshop participants were a mixture of committee members, community engagement officers, the social care FGM lead and staff from a local voluntary organisation, African Advocacy Foundation, which is working in Southwark to end FGM.

Participants:

- Cllr Jasmine Ali – Chair, committee member
- Cllr Sandra Rhule - Committee member
- Cllr Kath Whittam - Committee member
- Cllr Sunny Lamb - Committee member
- Martin Brecknell - Committee member
- Agnes Baziwe – African Advocacy Foundation
- Shani Hassan – African Advocacy
- April Bald – Social care FGM lead
- Sarah Totterdell – Community Engagement
- Kevin Dykes – Community Engagement

Summary of the presentation:

The European Parliament estimates that up to half a million women living in the EU have been subjected to FGM, with a further 180,000 at risk. 35 years ago WHO called for end to FGM. The WHO, United Nations (UN), UNICEF, and other anti-FGM organisations have adopted various strategies in order to raise awareness and work towards ending FGM. These have centred on four main approaches: bodily and sexual integrity; human rights; legislative; and the health approach.

Thirty years on since the WHO called for the ending of FGM there is conflicting evidence as to whether these approaches have led to a reduction in the practice. 15 years ago WHO called for application of behaviour change approaches to address FGM , however research concluded that there was a poor understanding of how to conduct this .

The original REPLACE project was initiated to explore existing applications of Behaviour Change to FGM and worked with affected communities to explore belief systems –and through this work a theoretical framework developed based on

behaviour change strategies A toolkit was produced in 2011 and this approach has been adopted by a number of European projects, as well as UK local authorities.

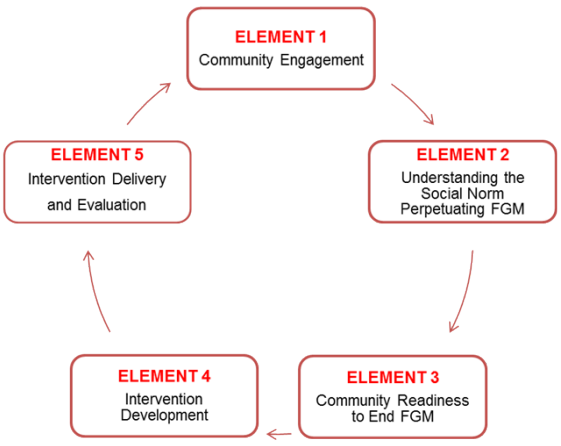
REPLACE 2 is the second round of an EU wider behaviour change programme which focuses on community engagement. The aims and objectives of REPLACE2 are to implement the REPLACE approach with 5 FGM affected African migrant communities in the EU, and following evaluation to develop and update the REPLACE approach applying recent and relevant developments from behaviour change and behavioural science.

There are seven European partners with different roles:

- Coventry University, UK – lead partner
- FORWARD UK – Sudanese women based in London
- FSAN, Netherlands – Somali women in Rotterdam
- Cabinet d'Estudis Socials, Spain – Senegalese & Gambian men and women in Banyoles
- APF, Portugal – Guinea Bissauan men and women in Lisbon
- CESIE, Italy – Eritrean & Ethiopian (Habesha) men and women in Palermo, Sicily
- ICRH, University of Ghent, Evaluation partner

The programme has worked with the above diaspora communities in Europe by engaging members of the practicing communities to understand the social norms that perpetuate FGM and then to provide intervention support to change beliefs and motivate social change. Coventry University lead the programme and Professor Hazel Barrett is the community participation expert and Dr Katherine Brown's speciality is behaviour change.

The REPLACE 2 programme uses a cyclic framework for Social Norm Transformation in relation to FGM.



Community engagement is the first step which is sustained throughout the programme. It is critical to the approach and focused on building a partnership with the community. The programme leads emphasised that building trust and relationships with communities takes time and it helps to identify key people from the community to come with you on the journey through the cyclic framework.

The second step seeks to understand the Social Norms that are perpetuating FGM. It is important to recognise that different communities have different beliefs systems and social norms and that these change over time. It is only possible to design interventions whose content and messages align with those belief systems and norms once these have been understood. The programme recommends use of Community-based Participatory Action Research methods (CPAR) to achieve this.

The third stage is an assessment of community readiness to end FGM. REPLACE use a model of 9 stages of readiness to change. Stages range from 1 'no community awareness of the issues associated with ending FGM' to stage 9 'high level community buy in to end FGM. Identifying the stage helps identify target actions or behaviours for intervention development.

The fourth stage is focused on Intervention Development. It involves considering all of the possible target intervention actions that may help to move community to next stage of readiness to change and selecting those that are most feasible and acceptable to community, but that will push the community to change. The programme works with the community to develop support to address their needs, drawing on what is known about their underlying beliefs systems and norms. Help is given to devise materials and content to help community members carry out the target intervention action

An example is the Dutch Somali community. They identified as between community readiness stages 3 and 4 at project start (3: Vague community awareness to 4: Preplanning). The target intervention action agreed was for that Koranic school teachers deliver lessons in Koranic school addressing the belief that FGM or 'little Sunnah' is not a requirement of Islam. Work with the community identified that Koranic school teachers' needed support to know how to deliver such lessons. Training and support was provided including helping them to develop a lesson plan and asking an Islamic scholar to talk to them about the core arguments.

The fifth and final stage is the Intervention Delivery and Evaluation. As the intervention is implemented, so evaluation is conducted. The REPLACE approach recommends a mixed methods approach that incorporates assessments, pre & post focus groups, questionnaires or scaled measures of beliefs that are targeted by intervention content and keeping records of actions, numbers of people reached, and numbers of new community members who want to get involved in future work based on engagement with each target intervention action.

A new toolkit has been produced as a result of REPLACE 2, and copies were distributed to attendees and are available here www.replacefgm2.eu

Conclusion

The workshop concluded with an offer by Coventry University REPLACE 2 programme offering to assist Southwark in adopting this approach, which was gratefully received by the attendees.

The session concluded with an agreement to undertake a following up meeting and to bring more partners in, including the Southwark's FGM Health lead, as a project like this would need a longer time frame and additional capacity than is possible for scrutiny to deliver in isolation.

APPENDIX A

A Joint Mental Health Strategy for Southwark

A Joint Report of the

Education & Children's Services scrutiny sub-committee

and the

Healthy Communities scrutiny sub-committee

March 2016

Southwark Council

LONBS14220078/2 PER-510903

Contents

1. Introduction

1.1 The Education & Children's Services Scrutiny Committee and the Healthy Communities Committee carried out a joint inquiry into the development of the Joint Mental Health Strategy for Southwark.

1.2 This is being created jointly between Southwark Council and the Southwark Clinical Commissioning Group.

1.3 This report brings together the recommendations from both Committees as a single report for the Cabinet Member and Clinical Commissioning Group to consider.

2. Summary of recommendations

2.1 **Recommendation 1:** Both the Children and Education Scrutiny Committee and the Healthy Communities Committee would recommend that the best practice guidance developed by the Centre for Mental Health forms the cornerstone for the approach taken to developing the Joint Mental Health Strategy for Southwark.

2.2 **Recommendation 2:** Both the Children and Education Scrutiny and the Healthy Communities Scrutiny Committees would request that the final report is presented to scrutiny when finalised.

Education and Children's Services Scrutiny Sub-Committee

2.3 **Recommendation 3:** The Committee recommends that the Council and CCG detail the global CAMHS spend now and once the Transformation Plan is implemented and funds drawn down, year by year, with a budget for each service.

2.4 **Recommendation 4:** The Committee recommends that the Council and CCG provide more detail on Early Help investment, now and in the future

2.5 **Recommendation 5:** The Committee recommends that the Council and the CCG consult with the Headteachers Executive on the link arrangements with CAMHS and the Early Help provision, the Pilot project, to ensure the proposed Children and Young People's Emotional Wellbeing Strategy will deliver better communication and integration between schools with mental health practitioners and social care, including housing.

2.6 **Recommendation 6:** The Committee recommends that the adoption of a Whole School approach to mental health and emotional wellbeing in the Children and Young People's Emotional Wellbeing Strategy is well promoted and a plan is developed for its implementation in partnership with the Headteachers Executive and local schools. Case studies from Bacons College and schools with positive practice in this area should be promoted around Southwark schools.

2.7 **Recommendation 7:** The Committee recommends that a schools representative on the Health & Wellbeing Board is appointed. This could be done through the Southwark Headteachers Executive.

2.8 **Recommendation 8:** The Committee recommends that the Council and the CCG set out more clearly how the Transformation Plan will tackle

- Cyber bullying
- Gangs and work with schools on this
- Promote effective anti-bullying work in schools, particularly peer support

- Recognise the LGBT students are at particular risk of being bullied and need particular support e.g. anti-discrimination work and LGBT peer support

2.9 **Recommendation 9:** The Committee recommends that the Council and the CCG differentiate more clearly gender specific data and services that address specific risks, for example:evidence that that rising mental health needs are particularly affecting girls;anecdotal evidence that boys find it more difficult to speak about emotional problems; data that boys are less likely to access services but are more at risk of suicide completion or involvement in offending

2.10 **Recommendation 10:** The Committee recommends that the Council and CCG support outreach work with communities to break down taboos (e.g. Black Majority Churches Project)

2.11 **Recommendation 11:** The Committee recommends that the Council and CCG should ensure that mental health services meet the cultural needs of diverse communities and take steps to tackle institutional discrimination, particularly those most at risk e.g. Girls from FGM practicing communities, black & Asian communities from psychosis & schizophrenia

2.12 **Recommendation 12:** The Committee recommends that the Council and the CCG involve service users from a wide ethnic demographic in developing the Transformation Plan and getting the user voice, bearing in mind that disadvantaged groups are generally more at risk of mental health problems

2.13 **Recommendation 13:** The Committee recommends that the council and its partners should make every effort to ensure that the education of vulnerable children or young people is not disrupted through housing placements.

2.14 **Recommendation 14:** The Committee recommends that there needs to be a much more integrated approach to working between all partners for children and young people with mental health issues including the housing department.

2.15 **Recommendation 15:** The Committee recommends that a Housing representative is included on the Health & Wellbeing Board.

2.16 **Recommendation 16:** The Committee recommends that SLaM , Kings & GSST work with mental health users to assess the adequacy of the Paediatric A & E and Place of Safety and report back in six months' time on both user experience and patient wait times for admission when in crisis.

2.17 **Recommendation 17:** The Committee recommends that health and social care service managers in children's and adults' services must work together in an integrated way to ensure a smooth and gradual transition for young people. Good practice should involve, for example, developing a joint mission statement or vision for transition, jointly agreed and shared transition protocols, information sharing protocols and approaches to practice.

2.18 **Recommendation 18:** The Committee also recommends that the Council and CCG provide an update on the practical steps that will be taken to address Transition

2.19 **Recommendation 19:** The Committee recommends that the Council and CCG develop a mental health service for young people that spans the ages of 12-25, during the years of highest mental health prevalence, so that young people do not have to Transition at 18, during the peak of symptoms.

2.20 **Recommendation 20:** The Committee recommends that the Council and CCG add Permanently Placed children, LGBT young people, and children and young people experiencing economic and social deprivation to the cohorts of 'at risk' young people.

2.21 **Recommendation 21:** The Committee recommends that Southwark's strategic partnership must ensure that responsive services are in place to provide therapeutic support from Child and Adolescent Mental Health Services (CAMHS) to young people who were at risk of, or who had suffered, child sexual exploitation

2.22 **Recommendation 22:** The Committee recommends that there are good communication, training and awareness sessions across all of the partnerships required to bring the mental health strategy to life.

2.23 **Recommendation 23:** The Committee recommends a multi-layered communication campaign that can raise awareness amongst the partners and signal a need for a significant culture change to transform mental health from a 'Cinderella service' to one that places service users at the centre of an integrated service designed to improve outcomes of its most vulnerable residents.

Healthy Communities Scrutiny Sub-Committee

2.24 **Recommendation 24:** The Committee recommends that the Council looks to form partnerships with Housing Associations and Credit Unions, amongst others to be identified, in order to better identify people who would benefit from support with their mental health and improve the holistic support those with mental health issues receive

2.25 **Recommendation 25:** The Committee further recommends that the work of programmes such as the faith communities' project continues to be funded to help combat stigma around mental health and their work to date is reflected in the Joint Mental Health Strategy. This should include rolling out similar programmes to other ethnical minority groups including Irish, Asian and Latin American communities.

2.26 **Recommendation 26:** This Committee believes that as part of the Joint Mental Health Strategy, the Housing teams, Reablement teams and Community Support teams should be trained to identify mental health issues to further help support those older members of our community with whom they regularly interact with.

2.27 **Recommendation 27:** Furthermore, the Committee notes that the voluntary sector is taking an innovative approach to supporting the older population who have mental health needs and would task the Council with considering similar approaches.

2.28 **Recommendation 28:** The Committee would recommend that the Council and the CCG seek to understand the links between mental health and dementia and establishes a programme for supporting older residents who present with symptoms of either condition to ensure a correct diagnosis.

2.29 **Recommendation 29:** The Committee recommends that the Council seek to ensure that the Joint Mental Health Strategy dovetails with other relevant strategies, to ensure that every approach is taken to identify and treat mental health at the earliest opportunity.

2.30 **Recommendation 30:** The Committee recommends that as part of the Joint Mental Health Strategy, there is a focus on encouraging GPs to consider mental health concerns as part of their diagnosis of seemingly unexplained symptoms, and continue to assess for it as part of the management of long-term conditions.

2.31 **Recommendation 31:** The Committee recommends that the CCG works with GP surgeries throughout Southwark to provide signposting to voluntary and charitable organisations who can

offer support to those with mental health concerns and would ask that this is built into the Joint Mental Health Strategy.

2.32 **Recommendation 32**: The Committee recommends that the Joint Mental Health Strategy take into account the findings of the Joint Health Scrutiny into SLaM Places of Safety and incorporate these into their strategy as appropriate.

2.33 **Recommendation 33**: The Committee commends the MindBody programme and the work it is doing to up-skill the workforce. We would recommend that the Joint Mental Health Strategy evaluates the MindBody programme and incorporates the relevant elements of the programme into the plans for training for our workforce in Southwark.

3. A best practice approach

3.1 The Centre for Mental Health has developed a model approach for creating a mental health strategy at local level, and this committee believes that the learnings from this work should be incorporated into any future strategy.

3.2 As Jan Hutchinson set out in her presentation to the Healthy Communities Committee, the focus of any mental health strategy needs to be broad, and cross-cutting, encompassing all age groups, informed by data and with room for flexibility in adapting the strategy as the surrounding environment changes.

3.3 Any mental health strategy should also follow a number of core principles, as set out below

- Focus on early intervention
- Living experience voices
- Support for carers
- Evidence-based treatments and support
- Joined up provision, including physical and mental health
- Actions to reduce stigma
- Actions to promote equality[1]

3.4 The Mental Health Taskforce has been established to take a UK approach to mental health. This is focused on high level objectives, with some core areas of activity. This includes improved crisis care, with the expansion of Crisis Resolution and Home Treatment Teams; improvements in physical health; an increase in mental health liaison services both in emergency departments and in older-age acute physical health services. The five year strategy also focuses on specific groups, including a focus on reducing suicides, increasing access to evidence-based psychological therapies, an increase in access to IPS employment support and a focus on perinatal mental health services.

3.5 The Centre for Mental Health has also set out a number of ways in which consultation should take place to achieve the best overall strategy. This should include a variety of consultation exercises, including:

- Roundtables and consultation events
- Digital collection of information through apps and surveys
- A collection of stories 'a day in the life' collected through www.dayinthelifemh.org.uk
- An exercise that asks 'what if we didn't…'
- Establishing links with the schools for better mental health and asking staff their thoughts
- Considering the complaints and issues most frequently heard by MPs, Councillors, GPs and local Healthwatch providers[2]

3.6 *Both the Children and Education Scrutiny Committee and the Healthy Communities Committee would recommend that the best practice guidance developed by the Centre for Mental Health forms the cornerstone for the approach taken to developing the Joint Mental Health Strategy for Southwark.*

[1] Centre for Mental Health, Jan Hutchinson, March 2016
[2] Centre for Mental Health, Jan Hutchinson, March 2016

4. Background to the Joint Mental Health Strategy Development

4.1 The Joint Mental Health Strategy has come about following a recommendation from the Review into Social Care Mental Health, the findings of which were discussed by the Council in December 2015. The Council and Southwark NHS CCG have set out a number of core priorities for developing a Joint Mental Health Strategy. These are as follows:

Protection, promotion and prevention

Delivering effective, evidence-based, targeted mental health promotion through Public Health programmes, including mental health and emotional wellbeing in schools and colleges, community-based resilience programmes and peer/self-management programmes to more vulnerable citizens in the general population.

Primary mental health care

The local development of mental health primary care integrated to social care, with secondary care so that step down and step up to secondary care mental health services is achieved. Mental health and social care service delivery through Local Care Networks will require stronger shared care arrangements with primary care. The focus here is community-based service delivered in local neighbourhoods with less reliance on acute hospital care.

Better delivery of care for long-term conditions

Delivering more effective community crisis resolution, home treatment and peer support so that those who experience longer term mental health conditions maintain their tenure in the community. The focus here is on increasing quality of life and reducing demand for hospital and intermediate care.

Further development of the Southwark Dementia Strategy

To continue to improve dementia care pathway for individuals and families in Southwark and drive forward work to make Southwark a Dementia Friendly Borough. The focus here is on increasing understanding of dementia and care at home.

Further develop a Children and Young People's Emotional Wellbeing Strategy

This will have a specific focus on key vulnerable groups of children and young people, including looked after children (children in care); children and young people with neurological conditions; and children and young people in contact with the criminal justice system. Schools to be at the centre of this development. Focus here on resilience and safety, including understanding and responding to self-harming behaviours.

Focus on better responses to complex needs

This should relate to presence of mental health needs and substance misuse.

4.2 In order to develop a comprehensive Joint Mental Health Strategy, the Council and Southwark NHS CCG have developed an invitation to tender to invite expressions of interest from suitably experienced and qualified provider organisations.

4.3 The Healthy Communities Committee has been following the development of a Joint Mental Health Strategy over a number of years, having previously seen drafts, although this has never led to a full and final strategy. As Dick Frak told the Committee, during the course of the review into social care mental health, he discovered four mental health strategies in different stages in development. As he noted, there were good elements in each of these attempts but an issue as to

whether they were balanced between health and social care and different emphases in each version of the reports based on when they had been written.[3] It is hoped that this strategy will reach fruition through working with a partner organisation who can help to deliver an expert approach.

4.4 Both the Children and Education Scrutiny Committee and the Healthy Communities Committee are pleased to see that since the consideration of Southwark's Mental Health Social Care Review in December 2015 that the Council has taken forward the recommendation to bring into place with NHS Southwark Clinical Commissioning Group (CCG) a Joint Mental Health Strategy.

4.5 The Council and CCG have planned to put out their Invitation to Tender in the coming weeks, with the hope of finding an expert partner in mental health. This will be followed with a consultation exercise that will take the next 6 months, with a final strategy to be delivered at the earliest of October or November 2016.

4.6 *Both the Children and Education Scrutiny and the Healthy Communities Scrutiny Committees would request that the final report is presented to scrutiny when finalised.*

4.7 Alongside the development of a Joint Mental Health Strategy for Southwark, NHS England required CCGs to submit a transformation plan for 2015-2020 in relation to local children and young people mental health services. Southwark NHS CCG worked in partnership with Southwark Council to prepare this local Transformation Plan, with input from South London & Maudsley NHS Mental Health Foundation Trust and other key stakeholders, including education, youth offending and children's social care. It also took into account the key messages from consultation with young people on mental health and wellbeing. This Plan was approved by NHS England in December 2015. It will be used to feed into the overall Joint Strategy for Mental Health.

4.8 This plan was considered separately at the Education and Children's Services Scrutiny and section 5 and appendix 1 of this report focus specifically on this.

4.9 The Healthy Communities Committee has focused on the overall Joint Mental Health Strategy and this is covered in section 6 and appendix 2 of this report.

[3] Dick Frak, Healthy Communities Scrutiny Committee, March 2016

5. The Joint Mental Health Strategy for Southwark – Recommendations from the Education and Children's Committee

5.1 The Education and Children's Service Committee agreed to a joint scrutiny with the Healthy Communities Scrutiny, which would allow for a holistic look at mental health in Southwark.

5.2 The review from the perspective of the Education and Children's Committee set out with these objectives:

I. Influence the developing Joint Mental Health strategy and encourage it to complete its work in a timely manner
II. Enable the wider community, particularly the voluntary sector and services user forums, to input into the developing strategy
III. Track the recommendations of the Narrowing the Achievement Gap scrutiny report 2014/15 pertinent to mental health:
    - Improve communication and the links between schools and CAMHS, social care, housing, police and other services in order to better support children and families experiencing mental health problems and multiple deprivation
    - Increase funding to CAMHS
    - Promote the adoption of a 'whole school approach' to mental health and emotional well-being in schools
    - Address the mental health needs of Permanently Placed children

5.3 In 2015/16 the Education & Children's Committee identified addressing the mental health and emotional wellbeing of pupils as a priority in improving educational progress during its review into Narrowing the Achievement Gap for pupils from disadvantaged backgrounds in Southwark. A whole school approach to mental health was one of the key recommendations of this report. In the same year, the committee reviewed the Council's Adoption service. A key recommendation of this review identified that there is a much-needed focus on promoting the good mental health of Permanently Placed children. This was perceived as being crucial in the promotion of good educational outcomes, given the early life experience of children and greater risks incurred.

5.4 A report in 2013 by the Education and Scrutiny committee on bullying had identified this as a key risk to good mental health, and made recommendations to promote resilience, protect children from cyber bullying and tackle gang related bullying and targeting, and do more to assist LGBT young people.

5.5 A summary of the relevant recommendations of all these reports is provided in Appendix 3

5.6 Mental Health is a priority issue for a number of scrutiny stakeholders. Southwark's Healthwatch is focusing on Mental Health as a priority area.

5.7 During the research with local schools for the Narrowing the Achievement Gap review, the mental health of children was identified as a key concern for schools; many are highly invested in improving the mental health and emotional well-being of children to improve educational outcomes. The Headteachers Executive identified better partnership as being important in improving the mental health of their pupils, and partnership was identified as an area that scrutiny is well placed to influence.

5.8 The Committee reviewed related plans and enabled the wider community to comment on these and identify priorities. Scrutiny engaged service user forums, the voluntary sector, Mental Health providers and mental health research organisations. It sought to promote dialogue between these stakeholders, elected members and lead officers, in order to influence the emerging Joint Mental Health Strategy in particular.

5.9 Several significant documents were considered during the course of the review, the most important of which was the Southwark Children and Young People's Mental Health Strategy and

Wellbeing Transformation Plan (frequently referred to in this report as 'Transformation Plan'). This was produced as a government requirement to enable further resources to be drawn down.

5.10 The requirement for councils and local CCGs to produce a local Children and Young People's Mental Health Strategy and Wellbeing Transformation Plan followed the government report published the previous year: 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' which concluded that that there is emerging evidence of rising metal health need in key groups The report's data and audits reveal increases in referrals and waiting times, and this was particularly true for vulnerable children and families. The report said that providers are reporting increased complexity and severity of presenting problems. Changes to commissioning and the lack of clarity and accountability for child mental health service were identified as key problems. Following the report's publication the 2015 government budget allocated £1.25bn to mental health to improve provision for young people.

5.11 On 3 August 2015, NHS England published Guidance to support the development of Local Transformation plans for Children & Young People's Mental Health and Wellbeing, with an action for local NHS Clinical Commissioning Groups (CCG) to submit Transformation Plans and associated information for assurance. Southwark NHS CCG worked in partnership with Southwark Council in preparing the local Transformation Plan with input from South London & Maudsley NHS Mental Health Foundation Trust and other key stakeholders. It took into account the key messages from consultation with young people on mental health and wellbeing carried out in cooperation with Community Action Southwark in September 2014. The final version of the Southwark Transformation Plan was approved by NHS England on 18th December 2015.

5.12 **A Whole School approach to Mental Health & Emotional Wellbeing and CAMHS**

5.13 The Narrowing the Achievement Gap review 2014/15 found that the mental health needs of children in school was a consistent theme. A significant amount of Pupil Premium money was being spent on mental health with teachers reporting sharp increases in need. This finding was repeated in the Southwark Children and Young People's Mental Health Strategy and Wellbeing Transformation Plan consultation, where Southwark Headteachers Executive reported that their "overwhelming view is that we are massively neglecting the mental health and wellbeing needs of our children, and importantly their parents". They referred to an 'explosion' in the number of children suffering Mental Health problems.

5.14 The Narrowing the Achievement Gap report recommended promoting Bacon's College good practice in providing a whole school approach to wellbeing and in particular the use of therapeutic and targeted interventions to address the social, emotional and mental health needs of the most disadvantaged students, with a focus on ensuring the bottom 20% make good progress.

5.15 In its evidence to the Healthy Communities committee, The Centre for Mental Health gave as its top recommendation 'more integration and investment in the mental health of children in schools' .This is because schools are well placed to spot children in difficulty and formulate a response.

5.16 Scrutiny therefore particularly welcomes investment in Early Help and the Transformation Plan's objective of bringing education and local children and young people mental health services together around the needs of the individual child. Southwark's was one of the 87 proposals received by NHS England to participate in a mental health-training pilot. The Transformation Plan links this to work with 32 Southwark schools.

5.17 The briefing on the developing Joint Mental Health Strategy said there was an additional commitment to further develop a Children and Young People's Emotional Wellbeing Strategy, with a specific focus on key vulnerable groups of children and young people, including looked after children (children in care); children and young people with neurological conditions; and children and young people in contact with the criminal justice system. Schools will be at the centre of this development. The focus will be here on resilience and safety, including understanding and responding to self-harming behaviours.

5.18 These initiatives are very much welcomed and it is hoped that the planned Children and Young People's Emotional Wellbeing Strategy will also integrate with children and families social care needs, as during current and previous scrutiny review teachers and other respondents consistently reported that mental health needs intersected frequently with poverty, disadvantage and social needs, including housing. A number of schools had invested in professional expertise to meet the both mental health and social needs of young people in school, for example Bacons College employs a qualified in-house social worker. Schools wanted better integration with both mental health services and social care. The Transformation Plan's own consultation affirms this as the Headteachers Executive identified that schools are having to increasingly provide a range of support to meet the needs of children: physical, social and emotional, and they need support to do this.

5.19 The Transformation Plan details the deployment of CAMHS clinical practitioners in the four Southwark Children Social Care locality teams, including a Clinical Practitioner Lead, to enhance the Early Help offer in primary care, community care and local schools, including additional support for Children in Care SEND and other vulnerable groups. The Transformation Plan says it is drawing down the additional funds to sustain the Early Help offer; it is unclear whether this refers to additional funds for Early Help & CAMHS or maintaining current funds for the present service.

5.20 A key recommendation in the Narrowing the Achievement Report is to increase investment in CAMHS. This was made as a result of evidence from teachers and that pupils were having to reach a higher and higher threshold to get access to CSMHS and the service had been decimated by recent cuts. The recommendation was also partly made in anticipation of recently announced increased government funding which was due for children's mental health services and the anticipated local Transformation Plans.

5.21 Schools also requested better communication with CAMHS to enable good quality discussions on referrals. During the committee session in February officers were asked if schools will have a link person in CAMHS, as requested. Officers responded that schools will link with the Early Help. Assurances are sought that this will meet the needs of the schools.

5.22 The committee noted with concern that Headteachers Executive do not consider that the Council and Health Service adequately include schools in the development of strategic plans for service development for children, young people and their families and noted that they have no representation on the Health & Wellbeing Board

5.23 *The Committee recommends that the Council and CCG detail the global CAMHS spend now and once the Transformation Plan is implemented and funds drawn down, year by year, with a budget for each service.*

5.24 *The Committee recommends that the Council and CCG provide more detail on Early Help investment, now and in the future*

5.25 *The Committee recommends that the Council and the CCG consult with the Headteachers Executive on the link arrangements with CAMHS and the Early Help provision, the Pilot project, and ensures the proposed Children and Young People's Emotional Wellbeing Strategy will meet the needs for better communication and integration with schools with mental health practitioners and social care, including housing.*

5.26 *The Committee recommends that the adoption of a Whole School approach to mental health and emotional wellbeing in the Children and Young People's Emotional Wellbeing Strategy is well promoted and a plan is developed for its implementation in partnership with the Headteachers Executive and local schools. Case studies from Bacons College and schools with positive practice in this area should be promoted around Southwark schools.*

5.27 *The Committee recommends that a schools representative on the Health & Wellbeing Board is appointed. This could be done through the Southwark Headteachers Executive.*

5.28 **Bullying**

5.29 Bullying can have a significant adverse impact on young people's mental health. Committee discussions and a previous scrutiny report (in 2013) identified two major risks: social media and gangs. Young people are at risk of becoming both perpetrators and targets, and on occasions some young people can be both.

5.30 Experience shows that social media is a double-edged sword. The evidence that the education committee heard in 2013 identified social media bullying is an area of growing concern. Although young people may also derive peer support from healthy forms of social media interaction, Southwark Youth Council in the Transformation Plan evidence identified bullying from other students, particularly emotional bullying, as a cause for concern and said that there is a need to identify the channels now used by students to bully others, remarking that 'social media is used a lot'.

5.31 Peer support work to tackle bullying was identified as effective in the presentation by officers on the Transformation Plan. This this was affirmed in the Narrowing the Achievement Gap report, and in particular the good work of Bacon's College in their use of peer support. Southwark Youth Council has also identified a need to develop better support in schools to tackle bullying and recommended peer support.

5.32 LGBT young people are particularly at risk of poor mental health and being bullied. The Transformation Plan identifies LGBT young people as a risk group and the previous scrutiny report provided a series of recommendation to strengthen the social support of LGBT young people and tackle institutional discrimination.

5.33 *The Committee recommends that the Council and the CCG set out more clearly how the Transformation Plan will tackle*

- *Cyber bullying*
- *Gangs and working with schools*
- *How to promote effective anti-bullying work in schools, particularly peer support*
- *Raising recognition that LGBT students are at particular risk of being bullied and need particular support e.g. anti-discrimination work and LGBT peer support*

5.34 **Gender Differentiation**

5.35 The Education & Children's Services committee noted that the Transformation Plan has little gender differentiation, although many of the mental health disorders it is particularly targeting (e.g. self-harm and eating disorders) are experienced more by girls more than boys. The Transformation Plan, in passing, also notes that boys are less likely to use services but more likely to complete suicide.

5.36 The government report: 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing', concluded that services are seeing increasing rates of young women with emotional problems and young people presenting with self-harm. In Southwark the Transformation Plan reached agreement to improve access to trauma focused work, including where there are presentations of Post-Traumatic Stress Disorder (PTSD) and self-harm. The Transformation Plan will also provide for additional investment in the Eating Disorder Services for Children

5.37 The Transformation Plan stated that young people who complete suicide are less likely to have been in contact with mental health services in the year prior to their death, compared with adults (14% v. 26%). Young men are more likely to commit suicide than young women. The Transformation Plan states that if Southwark had the same rate as England (6.6 per 100,000 population aged 15-24 years), then this would account for 2-3 suicides per year. The current rate for suicide completion for Southwark young people is not given, nor is gender data supplied.

Suicide is also one of the leading causes of death among this age group: nationally after accidents it comes second.

5.38 The Transformation Plan has not identified work to increase access to services for boys to prevent suicide. The committee discussions with SGTO identified that boys and men are frequently not so good at expressing emotions, and noted that this could be a factor in violence that affects wives and children. Boys are over represented in Youth Justice.

5.39 *The Committee recommends that the Council and the CCG differentiate more clearly gender specific data and services that address specific risks – e.g. evidence that that rising mental health needs are particularly affecting girls; anecdotal evidence that boys find it more difficult to speak about emotional problems; data that boys are less likely to access services but are more at risk of suicide completion or involvement in offending.*

5.40 **BME and immigrant communities**

5.41 The SGTO youth forum brought up many issues around the relatively more economically precarious state of newly immigrant communities , their relative exclusion from democratic forums, and the particular challenges young people face negotiating dual heritages and cultures where mental health problems are more taboo and services less fit for purpose.

5.42 SGTO reported that migrant communities are more at risk of economic and policy shifts and less able to influence democratic debates. One Southwark example was given of the move to limit fast food takeaways. Whilst it was remarked this was a sensible policy, this unfortunately had impact more on immigrant communities who often service these industries. More work needs to be done to involve new communities in democracy and to mitigate the consequences policy shifts have on people existing more on the economic margins, and the consequent increase in stress that families are experiencing.

5.43 Young people negotiating different cultures are often receiving conflicting information on social norms, particularly around female gender role, and this can place young people under stress. FGM is an example of conflicting social norms and a particular risk to girls' mental and physical health, and isidentified in the Transformation Plan as an emerging issue.

5.44 There was a discussion on accessing counselling and therapeutic services and if some communities were more likely to try and solve problems within the community, and if mental health was more of a taboo in some cultures than others, or if some BME communities were excluded because services did not meet their needs. The Healthwatch report contained service user's views that some services were not culturally fit for purpose, and tht language is also a significant barrier. Representatives from the Black Majority Churches Project did think that mental health is more of a taboo in some communities and engagement and training is important to overcome this.

5.45 The scrutiny report on BME Mental Health identified that Southwark has relatively high rates of psychosis and schizophrenia which were set to rise. Psychosis is related to economic deprivation, disadvantage, racism, early experience of abuse and crime, and cannabis use. Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are three to six times higher among African-Caribbean groups than among the white population. Asian males are three times more at risk. Black people are more likely to access services via A&E/ Place of Safety or the court than via GPs, and this often coercive experience of entering mental health service can have a negative impact.

5.46 *The Committee recommends that support outreach work with communities to break down taboos (e.g. Black Majority Churches Project)*

5.47 *The Committee recommends that the Council and CCG should ensure that mental health services meet the cultural needs of diverse communities and taks steps to tackle institutional discrimination, particularly those most at risk e.g. Girls from FGM practicing communities, black & Asian communities from psychosis and schizophrenia.*

5.48 *The Committee recommends that the Council and the CCG involve service users from a wide ethnic demographic in developing the Transformation Plan and getting the user voice, bearing in mind that disadvantaged groups are generally more at risk of mental health problems*

5.49 **Housing, homelessness and poor mental health**

5.50 The paper and presentation by SGTO youth forum explored the links between homelessness and mental health. They referred to a report by York University and the University of New South Wales, and their long term research on homelessness in the UK: Homelessness Monitor 2015. This found that almost three quarters of the increase in homelessness acceptances over the past four years was attributable to the sharply rising numbers made homeless from the private rented sector. In London this pattern was even more manifest, with the annual number of London acceptances resulting from private tenancy terminations rising from 925 to 5,960 in the four years to 2013/14.

5.51 SGTO pointed out that Welfare Reforms by the government will see under 25s removed from accessing housing benefit, making them additionally vulnerable. Without private sector or social housing young people turn frequently to the voluntary sector such as hostels and temporary shelters, but demand consistently outstrips supply. A report by the Mental Health Foundation found that 30%-50% of single people experiencing homelessness had mental health problems compared with between 10%-25% of the general public.

5.52 SGTO said that there is an increased proportion of young people who report being homeless and an ongoing rise in the incidence of mental health problems among the young and made connections between the two trends. Southwark Schools, as referenced above, also made links with poor mental health, social problems and housing, and the need for more integration here.

5.53 The evidence suggested that difficulties with housing are adding to the stress young people, families and children are experiencing, and research suggests that families who experience economic deprivation and poor mental health find it more difficult to access adequate housing. Parents experiencing poor mental health are also more likely to have children with poor mental health

5.54 SGTO recommended representation for Housing on the Health & Wellbeing Board to better address the correlations between inadequate housing and poorer mental health.

5.55 *The Committee recommends that the council and its partners should make every effort to ensure that the education of vulnerable children or young people is not disrupted through housing placements.*

5.56 *The Committee recommends that there needs to be a much more integrated approach to working between all partners for children and young people with mental health including the housing department.*

5.57 *The Committee recommends that a Housing representative is included on the Health & Wellbeing Board.*

5.58 **Crisis Care**

5.59 Last year the sub-committee heard in a presentation on Child Health Services that there is a concern about the top tier of Child & Adolescent Mental Health Services (CAMHS) nationally and

that there was a big demand locally for paediatric acute mental health crisis beds, with children having to access beds outside of London on occasions.

5.60 Additional funding from the Transformation Plan will go to establishing a Home Treatment service for children and young people as part of improving Crisis care, which is welcomed.

5.61 Healthwatch reported that crisis care was much discussed in their focus groups with service users. The clinical care provided by the psychiatric liaison team at King's A&E was described as very good and helpful by four people who had presented there. However, significant unhappiness was raised around the use of A&E for mental health crisis, with long waits and inappropriate waiting areas. These comments may have been directed more at adult services, however a father disliked the use of police vans to escort his daughter to A&E, and the waits there: 'I was in tears the other day, watching her being escorted out of her house into the cage of a police van - the ambulance service being too busy… I didn't realize she would still be sitting in A&E 10 hours later, still waiting for a bed."

5.62 Heathwatch suggestions for improving the experience of going to A&E for mental health problems included:

- Written information to be provided after A&E presentations outlining patient details, the process and next steps. Patients may not remember the detail of what happened.
- Light refreshments of food/water as people will arrive at A&E having not taken care of themselves [and this will only increase their unwellness]
- A separate space away from other patients [for Mental Health service users]
- Option of a volunteer or professional advocate to sit with or talk to patients.

5.63 The provision of adequate emergency facilities for people in mental health crisis is an on-going concern of scrutiny, and this started with the closure of the Maudsley emergency in 2006. At that time the emergency clinic was closed in the face of significant local opposition from local health users. Following a scrutiny referral to the Secretary of State additional money was made available to provide dedicated faculties at local A & E departments

5.64 The Healthy Communities scrutiny review of 2014 found them still inadequate. The sub-committee noted with concern the current facilities for patients presenting with mental health conditions at A&E wards. The committee's review report recommended that Kings College Hospital and Guy's and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their work plans for 2014.

5.65 The Transformation Plan on Crisis Care reported that there was a comprehensive well-utilised Paediatric Liaison service and as such presentations at the emergency department (ED) are responded to appropriately. The Transformation Plan went on to say that work is underway to understand how urgent and emergency access to crisis care can be enhanced, for example with the creation of ED-based or paediatric liaison supervised or supported youth worker roles for out of hours to work alongside existing out of hours services.

5.66 The evidence is therefore contradictory on crisis care. A recent tweet by the Police indicated problems with a young girl being held as there was no available Place of Safety, SLaM is currently changing its arrangements for provision of a Place of Safety as the current arrangements are not considered fit for purpose. It proposes to provide an expanded centralised Place of Safety in Southwark.

5.67 Currently Places of Safety are provided by South London and Maudsley NHS Foundation Trust (SLaM) locally for a number of people who are brought to hospital under Section 136 of the Mental Health Act (MHA). This is a power that police officers can use if someone is in a public place and the police have concerns about them. Across the SLaM there are currently four Place of Safety, or 136 Suites, where people can be brought, assessed and cared for. The four suites are located at each of SLaM's four hospital sites. There will shortly be a Joint Health Overview and Scrutiny committee formed that will scrutinise the proposal to change the current service

model of Place of Safety provision within SLaM from four separate Places of Safety, for the boroughs of Southwark, Lambeth, Lewisham and Croydon, to one centralised Place of Safety, provided in Southwark .

5.68 It is unclear whether service user experience of crisis care is problematic only for the Place of Safety or for Accident and Emergency, and whether this is true for both adults and children, and at all sites: both Kings Hospital at Demark Hill and St Thomas' Hospital, provided by Guys & St Thomas Foundation Trust (GSST). Paediatric waits for beds certainly seem to be a concern for both Place of Safety and accessing beds from A & E.

5.69 *The Committee recommends that SLaM , Kings and GSST work with mental health users to assess the adequacy of the Paediatric A & E and Place of Safety and report back in 6 months' time on both user experience and patient wait times for admission when in crisis.*

5.70 **Transition**

5.71 The Transformation Plan finds that Young People aged 12-25 years have the highest incidence and prevalence of mental illness. In contrast to physical health, which is at greatest risk at the start of life and in old age, mental illness vulnerability peaks at 18 years of age - just at the point where young people are moving into adulthood, and where, typically, service access arrangements change because of age boundaries and legal responsibilities.

5.72 Transition is therefore a huge issue that is rightly flagged up, however there is still work to be done on this area. The Transformation Plan says that further scoping will be undertaken on how to implement the recommendations in the 14-25 mental health and wellbeing report and CAMHS needs assessment. There is recognition locally of the need for specific services supporting the transition from Children Services to Adult services

5.73 *The Committee recommends that health and social care service managers in children's and adults' services must work together in an integrated way to ensure a smooth and gradual transition for young people. Good practice should involve, for example, developing: a joint mission statement or vision for transition jointly agreed and shared transition protocols, information sharing protocols and approaches to practice.*

5.74 *The Committee also recommends that the Council and CCG provide an update on the practical steps that will be taken to address Transition*

5.75 *The Committee recommends that the Council and CCG develop a mental health service for young people that spans the ages of 12-25, during the years of highest mental health prevalence, so that young people do not have to Transition at 18, during the peak of symptoms.*

5.76 **Children at particular risk: Permanently Placed children & children who are economically & socially deprived and LGBT**

5.77 The Transformation Plan rightly identifies many at risk groups:

- Young Carers
- Young Offenders
- Looked After Children (LAC) and Children in Need (CIN)
- Children and Young People at risk of violence, abuse or neglect;
- Children with Learning Disabilities, Special Educational Needs + Disability (SEND)
- Children and Young people who are obese - healthy eating, exercise and physical activity

5.78 However it does not identify either Permanently Placed children, or young people experiencing economic and social disadvantage (e.g. poor housing or parents in precarious occupations), or LGBT as at particular risk, when there is strong evidence to support their

inclusion. The committee evidence strongly supported identifying at these as 'at risk' cohorts of young people.

5.79 The previous scrutiny review into Adoption and Narrowing the Achievement Gap identified children who are Permanently Placed as being at greater risk of mental health problems. Permanently Placed children include children who are adopted, have Special Guardianships, Residence Orders, are Fostered, Looked After or otherwise permanently placed.

5.80 The Adoption report detailed that DfE data released in 2014 showed that at key stage 2, educational outcomes for Permanently Placed children are more similar to Looked after Children than the general population. This is likely to be because of the attachment issues caused by grief, loss and the often traumatic experiences the permanently placed children have experienced in their early lives; 70% of those adopted in 2009-10 entered care due to abuse or neglect. According to PAC-UK, even children placed at a very young age can experience significant difficulties at school, perhaps due in part to their adverse in-utero experiences.

5.81 The evidence the committee received from Schools, and the Transformation Plan and research, all point to the links between social and economic deprivation and poor mental health. SGTO brought to scrutiny's attention longitudinal research from Mental Health Foundation, which found there is a negative correlation between childhood mental health problems and earnings, qualifications, employment, relationships and family formation, general health and disability in later life.

5.82 The Transformation Plan and the scrutiny review on Bullying all point to LGBT young people being at particular risk of poor mental health, with higher rates of bullying, self-harm and suicide.

5.83 *The Committee recommends that the Council and CCG add Permanently Placed children, LGBT young people, and children and young people experiencing economic and social deprivation to the cohorts of 'at risk' young people.*

5.84 **Child Sexual Exploitation**

5.85 Since 2014 there has been a renewed emphasis on protecting children from sexual exploitation. All local authorities and their partners must ensure that they have a comprehensive multi-agency strategy and action plan in place to tackle it. There is a growing number of reports which demonstrate the recently, and rapidly, escalating interest in securing a more effective response to Child Sexual Exploitation (CSE) ; two Parliamentary Select Committees have held inquiries on the subject, Home Affairs, and Communities and Local Government, and CSN will very shortly publish a briefing on their reports

5.86 Therapeutic support is key for children or young people who have been victims of CSE. The strategy should consider referral pathways for young people who are at risk of or who have suffered CSE to access therapeutic support.

5.87 *The Committee recommends that Southwark's strategic partnership must ensure that responsive services are in place to provide therapeutic support from Child and Adolescent Mental Health Services (CAMHS) to young people who were at risk of, or who had suffered, child sexual exploitation*

5.88 **Culture Change**

5.89 Problems with Children and Adolescent Mental Health Services have been long documented. Poor mental health services for children and families, children in care and young people were condemned in a 2008 report, 'Children and young people in mind', the final report of the National

CAMHS Review. The report detailed numerous areas where the service had been found to be conspicuously lacking in its provision of therapeutic care for looked-after children.

5.90 In this context the task of the mental health strategy is to enable all services across the Council, the CCG and the voluntary sector to work together in an integrated manner to improve services and outcomes for children, young people and their families with poor mental health.

5.91 The discussions in both the education and the children's scrutiny and heathy communities scrutiny sessions appeared to recognise the importance of integrated working between services. Comparisons were made between the new mental health strategy and the task of the Change for Children Programme which put the child or young person at the centre of its services.

5.92 In order for the mental health strategy to deliver improved mental health services for Southwark residents a new way of working will be necessary. Many of the partners emphasise breaking down 'silos'. Much more emphasis needed to be placed on the language of integration. This will help services understand that there is a gear change in language and culture when it comes to mental health.

5.93 Some of the partners represented at the scrutiny sessions welcomed the role of scrutiny in the development of the mental health strategy and hoped that its involvement would make sure the strategy was implemented in a timely manner.

5.94 *The Committee recommends that there are good communication, training and awareness sessions across all of the partnerships required to bring the mental health strategy to life.*

5.95 *The Committee recommends a multi-layered communication campaign that can raise awareness amongst the partners and signal a need for a significant culture change to transform mental health from a 'Cinderella service' to one that places service users at the centre of an integrated service designed to improve outcomes for its most vulnerable residents.*

6. The Joint Mental Health Strategy for Southwark – Recommendations from the Healthy Communities Scrutiny Committee

6.1 The Healthy Communities Committee undertook a roundtable with contributions from the Hospital Trusts, SLaM, charities and voluntary organisations, the Cabinet Member for Adult Social Care and officers, the CCG and local campaigners on mental health.

6.2 The following form the recommendations from the Healthy Communities Committee in respect of the formation of the Joint Mental Health Strategy. (NB. Please see appendix for full list of contributors)

6.3 **Identifying priority groups**

6.4 The Committee welcomes the broad focus of the Joint Mental Health Strategy but is concerned that identification of individuals with mental health needs is as focused as possible on hard-to-reach groups. We believe that, in contrast to many Council policies which can effectively support those most at need as they interact with council services regularly, that there will be a cohort of individuals who are slipping through the Council and CCG's net. All the approaches for identification that are currently discussed are institutional – whether that be through e.g. interaction with our local schools, or our housing department.

6.5 We welcome the work that has been done with some key groups, such as the BME church community, and welcome the support from the Council following recommendations from this Committee in 2013/14 in regards to funding Community Church projects.

Faith & Mental Health Training Project

SLaM has continued to run its Faith & Mental Health training project with a number of BME churches in Southwark.

The project has made links with both local and faith communities and increased mental health literacy as well as improved communication and understanding between mental health services and BME communities.

The project has concretely demonstrated the impact of taking a dual approach (spirituality and medicinal practice) to addressing mental illness within the BME community.

Pastors have spoken eloquently about how they have "seen the light" following the mental health awareness training. Armed with a better understanding of the causes and cures of mental illness, they have been able to provide a far better and pragmatic pastoral care for those in their congregation. The biggest change that these trained Pastors have initiated is that they no longer take the approach to mental illness as a form of demonic possession, but that members of the congregation must see a health professional, take their medication and that the church will also continue to support them spiritually. Some of the participants of the pilot said previously:

"I no longer see mental illness as incurable"

"I feel better to be around people who may have mental health issues"

"My response to suffering has changed. Prayer does not always make a difference"

"I will now not treat every individual regarded to have mental health issues with suspicion"

6.6 However, the council is concerned that there is a cohort of individuals who do not regularly interact with council services or interact with their local communities, and more should be done to identify those individuals. Stigma remains an issue with mental health, and this Committee believes that there are potentially individuals who feel that they should be coping on their own, and are not discussing their mental health needs.

6.7 *The Committee recommends that the Council looks to form partnerships with Housing Associations and Credit Unions, amongst others to be identified, in order to better identify people who would benefit from support with their mental health and improve the holistic support those with mental health issues receive'*

6.8 *The Committee further recommends that the work of programmes such as the faith communities' project continues to be funded to help combat stigma around mental health and their work to date is reflected in the Joint Mental Health Strategy. This should include rolling out similar programmes to other ethnical minority groups including Irish, Asian and Latin American communities.*

6.9 The Committee is also concerned about the support received by our older population. This Council is committed to being an Age Friendly Borough, and we therefore believe that more needs to be done to ensure that they are supported by the mental health services provided in Southwark.

6.10 There have been cases recently where older members of the community have been found deceased in their homes after a considerable period of time has passed. We believe that this is unacceptable, but note that this is symptomatic of an ageing population who frequently live alone and are increasingly isolated.

6.11 Whilst these people are more likely to interact in some way with council services, we believe that needs to be more done to help support their mental health needs and achieve an early diagnosis. The Committee notes the role that the voluntary sector plays in this regard, and wants to commend the work that they do. However, we believe that the burden should not rest with them, and the Council should be doing more to help support these individuals.

6.12 *This Committee believes that as part of the Joint Mental Health Strategy, the Housing teams, Reablement teams and Community Support teams should be trained to identify mental health issues to further help support those older members of our community with whom they regularly interact with.*

6.13 *Furthermore, the Committee notes that the voluntary sector is taking an innovative approach to supporting the older population who have mental health needs and would task the Council with considering similar approaches.*

6.14 **Timeliness of identification**

6.15 We note that many older people in our Borough are diagnosed with dementia as they advance in years. Whilst we note that there need to be provisions for these individuals, we also note that there are likely links between dementia and mental health conditions.

6.16 *The Committee would recommend that the Council and the CCG seeks to understand the links between mental health and dementia and establishes a programme for supporting older residents who present with symptoms of either condition to ensure a correct diagnosis.*

6.17 This identification of mental health issues is closely linked to issues raised by Healthwatch, who have found that access to services in a timely manner is a key concern.

6.18 Early intervention is key to being able to effectively manage mental health conditions. The Committee notes that there are a number of other strategies being developed by the Council and the CCG, most importantly in adult social care.

6.19 *The Committee recommends that the Council seek to ensure that the Joint Mental Health Strategy dovetails with other relevant strategies, to ensure that every approach is taken to identify and treat mental health at the earliest opportunity.*

6.20 Furthermore, the Committee heard that many people present at GP surgeries with medically unexplained symptoms. There is some evidence to suggest that there is interplay between mental and physical health, and we would question whether enough is being done to consider mental health as a cause for unexplained symptoms. This is also closely linked to the effect of long-term conditions on mental health.

6.21 *The Committee recommends that as part of the Joint Mental Health Strategy, there is a focus on encouraging GPs to consider mental health concerns as part of their diagnosis of seemingly unexplained symptoms, and continue to assess for it as part of the management of long-term conditions.*

6.22 **Voluntary sector support**

6.23 The Committee heard from voluntary sector providers, who have a key role to play in preventing the development of mental health conditions, and enabling those with a diagnosis to self-manage and keep well.

6.24 We believe that the voluntary sector has a critical role in providing a complementary service to clinical support and this would be recognised within the Joint Mental Health Strategy. A key role for the voluntary sector is in providing additional support which can reduce the burden on GPs.

6.25 As recommended previously by the Healthy Communities Committee, there is an ongoing pilot to provide financial advice in select GP surgeries in Southwark. Our previous work identified that many of those presenting at GP surgeries with mental health difficulties had financial difficulties, and vice-versa.

6.26 Signposting to voluntary services by GPs is a simple and cost-effective way of providing further support for those with a mental health diagnosis.

6.27 *The Committee recommends that the CCG works with GP surgeries throughout Southwark to provide signposting to voluntary and charitable organisations who can offer support to those with mental health concerns and would ask that this is built into the Joint Mental Health Strategy.*

6.28 **Presenting in crisis at A&E**

6.29 The Committee is aware that 70% of those who present at Accident & Emergency in a mental health crisis are already known to mental health services.

6.30 Mental Health services are under considerable amounts of strain, with long delays, and many 12 hour breaches taking place. There is also a concern about the increasing use of police vehicles for transporting individuals to A&E when they are picked up in a mental health crisis, due to having imbibed alcohol.

6.31 The Committee notes the excellent work that is done by those who treat patients presenting in crisis and commends them on their work. We note that there are increasing pressures on A&Es and would like to see Southwark hospitals taking a leadership approach to tackling this problem. We note that SLaM has recently announced proposed changes to its Places of Safety in Southwark, and the Healthy Communities Committee will be scrutinising this in more detail at a Joint Health Scrutiny with other affected Boroughs in April 2016.

6.32 *The Committee recommends that the Joint Mental Health Strategy take into account the findings of the Joint Health Scrutiny into SLaM Places of Safety and incorporate these into their strategy as appropriate.*

6.33 **Education & Training**

6.34 Dr Sean Cross spoke to the Committee about the MindBody programme which is being run by Kings College Hospital. The project aims to improve the interprofessional management of interacting physical and mental health needs in both mental health and acute trust settings.

6.35 One of the key aims of the programme is around bridging the gap experienced between different clinicians and equipping them with the skills needed to support those presenting with mental health symptoms.

6.36 *The Committee commends the MindBody programme and the work it is doing to up-skill the workforce. We would recommend that the Joint Mental Health Strategy evaluates the MindBody programme and incorporates the relevant elements of the programme into the plans for training for our workforce in Southwark.*

6.37 The workforce should be widely defined within the strategy and Southwark should be encouraged to up-skill as many relevant departments who interact with those who are likely to experience mental health conditions as possible.

7. Conclusion

7.1 It is widely recognised that mental health has been the Cinderella service for far too long. There is a public policy drive to improve mental health outcomes: establishing this across the board by 2020 is a national priority. On a national level mental health problems are widespread:one in four adults experience at least one diagnosable problem in any year.

7.2 Children and young people, nearly half of mental health conditions start before the age of 14, and 75 per cent by age 24. One in ten children between the ages of five and 16 have a diagnosable mental health problem with children from low income families three times more likely to be affected than those on a high income. However most get no support, the wait for psychological therapy was 32 weeks in 2015/16 and the small number of people needing inpatient care can be sent anywhere in the country.

7.3 Older people – one in five older people in the community, and 40 per cent of those in care homes, are affected by depression, but often do not receive appropriate support. There is a wealth of legislation and guidance to support a step change in mental health. Regulation and data collection will improve the information on this area.

7.4 In Southwark the Council and CCG are working together at a leadership level to establish a new strategy and local transformation plans to deliver improved mental health services.

7.5 Scrutiny has looked at the strategy and engaged with a number of stakeholders and users to help adults, children, young people and their families move forward in their lives, towards better mental health.

7.6 Scrutiny has acknowledged the need for a new approach based on solid partnerships across the services with new ways of working to better support adults, children, young people and their families

7.7 Underpinning this review and its subsequent recommendations is an acknowledgment of the need for a joined-up approach, which is understood as being integral to how we operate. Our metal health service must be structured to realise the benefits of multi-agency working.

7.8 Achieving real joint working means challenging culture and pushing boundaries, so we can provide the best services possible to patients and the wider community.

7.9 Staff must be given every opportunity to understand the national policy changes in mental health, the need to look at mental health services differently, and to work together to offer tailored services spanning everything from attention deficit hyperactivity disorder (ADHD), self-harm, to autistic spectrum conditions (ASC) and mood disorders. The involvement of adults, children, young people and their families is also encouraged - their ideas and opinions can improve the development of pathways, services and recruitment processes.

7.10 The scrutiny observations and recommendations are attached. We believe that they can add value and help to improve mental health in Southwark by enabling children, young people, their families and adults to access a quality mental health service whenever they need it.

8. Appendix 1: Activities and list of contributors to the Education and Children's Committee

8.1 The December 2015 Education & Children's Services review received a paper from Southwark social care reviewing its mental health services. This document was a council prelude to the Joint Mental Health strategy.

8.2 The Southwark Group of Tenants Organization (SGTO) Youth Forum provided a Mental Health paper, which they presented to the committee in December 2015

8.3 The February 2016 the committee discussed the Southwark Children and Young People's Mental Health Strategy and Wellbeing Transformation Plan.

8.4 The Committee would like to thank the following who contributed to the Education and Children's Services Communities Committee:

Councillor Jasmine Ali, Chair, Education and Children's Services Committee

Councillor Lisa Rajan, Vice-Chair, Education and Children's Services Committee

Councillor Sunny Lambe, Member, Education and Children's Services Committee

Councillor James Okosun, Member, Education and Children's Services Committee

Councillor Sandra Rhule, Member, Education and Children's Services Committee

Councillor Charlie Smith, Member, Education and Children's Services Committee

Councillor Kath Whittam, Member, Education and Children's Services Committee

Kay Beckwith

Martin Brecknell

Lynette Murphy-O'Dwyer

Abdul Raheem Musa

George Ogbonna

Julie Timbrell, Scrutiny project manager

SGTO Youth Forum and in particular the coordinator David McLean and, Rachel Tam, SGTO Youth Forum Secretary.

Dick Frak, Interim Director of Commissioning, Children's & Adults Services

Carole-Ann Murray,NHS Southwark CCG

9. Appendix 2: List of contributors to the Healthy Communities Committee

9.1 The Committee would like to thank the following who contributed to the Healthy Communities Committee roundtable which was held on 2 March 2016.

Councillor Rebecca Lury, Chair of the Healthy Communities Committee

Councillor Jasmine Ali, Member, Healthy Communities Committee

Councillor Helen Dennis, Member, Healthy Communities Committee

Councillor Paul Fleming, Member, Healthy Communities Committee

Councillor Lucas Green, Member, Healthy Communities Committee

Councillors Maria Linforth-Hall, Member, Healthy Communities Committee

Richard Adkins, Mental Health and Social Care Review Implementation Lead, Southwark Council

Rabia Alexander, Head of Mental Health, Southwark Clinical Commissioning Group

Jacqueline Best-Vassall, Lambeth and Southwark MIND

Graham Collins, Community Action Southwark

Stephanie Correra, Southside Rehabilitation Ltd

Sean Cross, Consultant Liaison Psychiatrist, Kings College Hospital

Cllr Stephanie Cryan, Cabinet Member for Adult Care and Financial Inclusion

Dick Frak, Interim Director of Commissioning, Southwark Council

Cath Gormally, Director of Social Care, SLaM

Jan Hutchinson, Director of Programmes, Centre for Mental Health

Gwen Kennedy, Director of Quality and Safety, Southwark Clinical Commissioning Group

Jo Kent, Service Director, SLaM

Nancy Kuchemann, Clinical Lead, Southwark Clinical Commissioning Group

Catherine Negus, Southwark Healthwatch

Matthew Patrick, Chief Executive, SLaM

Zoe Reed, Director, Organisation and Community, SLaM

Tom White, Southwark Pensioners Action Group

Julie Timbrell, Scrutiny project manager

10. Appendix 3: Previous recommendations from scrutiny reviews that relate to mental health

Bullying: October 2013

1. Cascade information to schools on the work of Kidscape and The Cybersmile Foundation on tackling bullying and cyber-bullying.
2. Promote training that brings together teachers, young people and their families to enhance communication and knowledge in relation to online media and cyber-bullying
3. Encourage initiatives such as Kindness Weeks and cyber-bullying awareness days, which promote the values of care and kindness. Initiatives such as these can also help develop emotional intelligence and an awareness of what constitutes acceptable behaviour online.
4. Encourage the use of role play in schools to develop emotional literacy.
5. Promote schemes that support bullied children to build self-esteem and develop assertiveness skills.
6. Support counselling services such as Place2Be.
7. Empower school children to raise issues and extend the box scheme and other schemes so that children, young people and the public can raise concerns easily, particularly with school bus routes.
8. Consider placing wardens and transport police on problematic bus routes, such as the 381.
9. Promote training to teachers on bullying and involvement with gangs/serious offending so that they are more able to work effectively with young people at risk. Ensure the training is done by people who are credible and knowledgeable.
10. Provide a forum for teachers to share concerns and information on young people involved, or at risk of involvement, with gangs/serious offending.
11. Encourage and provide support for schools to develop Gang Prevention Strategies.
12. Invite groups such as Safe 'N' Sound and Empowering People for Excellence to join the Safer Schools Steering Group.
13. Provide more accessible information on local LGBT networks for young people and consider developing a network for Southwark young people, possibly with the support of Southwark's LGBT forum.
14. Consult with Speakerbox, the Looked After Children Panel and the Children Safeguarding Board on anti-bullying work with children receiving care.

Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark: March 2014

1. At this time, the sub-committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.
2. The sub-committee notes with concern that there are a large range of factors given for the increase prevalence of mental health conditions in the BME community. We recommend that Public Health carry out further work to understand the key drivers behind this increased prevalence, using Southwark specific data where possible to look at the borough's BME communities in more detail.
3. The sub-committee recommends that Healthwatch Southwark should collect more information of real life cases through a number of means including Kindred Minds - a Southwark black and minority ethnic (BME) user-led mental health project -and other relevant sources and organisations in Southwark.
4. The sub-committee notes that there is minimal understanding of the ways in which members of the BME community present with mental health conditions, other than from research. We recommend that Public Health undertake further work to understand the pathways which Southwark residents take to access mental health services. Where relevant, this should be undertaken jointly with SLaM and the Hospital Trusts.
5. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

6. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
7. We recommend that the Mental Health sub-group of the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the sub-committee for further comment. We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.
8. The sub-committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.
9. Given the success of the Black Majority Churches Pilot, the sub-committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke pastoral mental health awareness training programme across established BMCs in Southwark adapting SLaM's faith and mental health model.
10. The sub-committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark.

Access to Health Services in Southwark:March 2014

1. The sub-committee recommends that Hospital Trusts should report quarterly on the number of beds available to A&E patients and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.
2. We recommend that the Mental Health sub-group of the Lambeth and Southwark Urgent Care Board presents its final Action Plan to the sub-committee for further comment.
3. We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.
4. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.
5. We recommend that Kings College Hospital and Guy's and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
6. The sub-committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

Narrowing the Achievement Gap report: June 2015

1. Continue to prioritize finding more local foster & care placements, particularly when it is needed most at year 10 & 11, given the adverse impact moving has on a child's education.
2. Ensure the needs of Permanently Placed children are highlighted to schools, alongside the training programme provided by PAC –UK.
3. Link the expertise of the LAC team to local schools with Permanently Placed children.
4. Assist schools in improving the provision for low income and deprived parents, in recognition of their pivotal role in children's education, particularly in areas where there is a high disparity of wealth. In particular take measures to assist schools engage parents, and improve the provision of parental literacy classes and community education. Take steps to assist families in housing need, especially the needs of displaced children whose families have had to move to access housing.
5. Promote Bacon's College good practice in providing a whole school approach to wellbeing and use of therapeutic and targeted interventions to address the social, emotional and mental health needs of the most disadvantaged students, particularly to ensure the bottom 20% make good progress.

6. Improve communication by Social Work teams with schools by ensuring that schools have a consistence link. Look at the deployment of school nurses as an example of good practice – schools praised the simple geographical model and clear communication lines.
7. Improve communication between schools, Housing, Probation Services and the Police.
8. Invest in further provision of CAMHSs and ensure that there is one consistent CAMHS link person for every school.

Southwark's Adoption Service report: June 2015

1. Ensure the needs of Permanently Placed children are highlighted to schools, alongside the training programme provided by PAC –UK
2. Link the expertise of the LAC team to local schools with Permanently Placed children.
3. Monitor the long term educational outcomes of all permanently placed children.

Pictures of the programmes

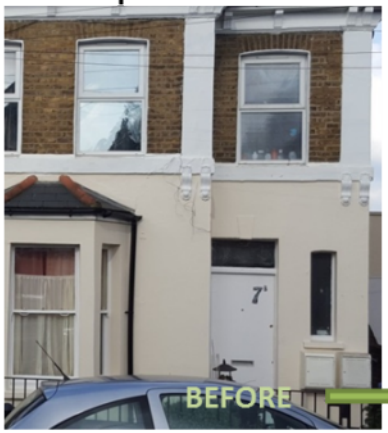
APPENDIX 1

Keepmoat: Estate Investment Programmes

Saltash: Street Properties Programmes

Peckham Hill Street

Phillip Walk



Cadiz Street

Kitson Road

A&E Elkins: Estate Investment Programmes

APPENDIX 2

A review of the WDS programme up to March 2016.

Four Squares (New Place Estate)
Status: **On site**
Type of works: **WDS plus additional funding as a High Investment Needs Estate (HINE)**

Comment: Four Squares is a High Investment Needs Estate. A total of £26.6m was originally set aside to be invested including HINE funding. An options appraisal exercise to determine the scale of works required to the estate and the different approaches that could be taken was carried out. It was decided that an enhanced refurbishment scheme would be undertaken and that void properties on the estate would be disposed of to contribute to the value of £9m. Following the decision, a condition survey was undertaken, and a number of structural problems came to light, including brick slips falling from the towers and the instability of several gable ends. As a result, the Council commissioned a comprehensive structural survey of the Estate which recommended a number of structural works particularly to the south west stair towers of Layard and Marden. The funding estimate for this estate did not include these additional structural works. Additional High Investment Needs (HINE) money has been agreed to carry out the additional work indentified from the structural surveys including structural work to the stair towers and brickwork at roof level, additional concrete repairs, asphalt on balconies and extensive works to waterproof garages (major removal and reinstatement of soft landscaping and boundary walls not originally specified).

Area	Actual spend to March 2016	Progress	Status / Comments
Four Squares Security and WDS (New Place Estate)	**£13.0m (£25.1m HINE)**	**On site** **(completion delayed due to increased scope of works)**	Four squares started in 2012/13 as scheduled. The externals started in early 2014/15 following agreement of additional funding to complete the work identified through structural surveys and will be completed in 2016.

Elmington Estate (Drayton / Langland only)

Status: **On site**
Type of works: **WDS and additional works to Drayton / Langland only**

Comment: This scheme has completed as outlined in the original agreed programme. The schemes budget had been revised and agreed through delegated approval to £2.1m with the additional funding coming from the contingency allowed in the programme but costs are under that budget.

Area	Actual spend to March 2016	Progress	Status / Comments
Elmington	**£1.8m**	**Completed**	Completed.

Landlord Obligations (Individual Heating)

Status: **Ongoing programme of boiler replacements**
Type of works: To support the capitalisation of heating works undertaken via the term contractors as part of the ECON contract.

Comment: Additional money was brought forward from our 2015/16 individual heating programme into 2012/13 meaning inefficient boilers were replaced with more efficient models helping to deliver earlier savings for residents and tackle fuel poverty. Around 9,000 boilers have been replaced from WDS funding. Tadworth House heating has also been completed.

Area	Actual spend to March 2016	Progress	Status / Comments
Landlord Obligations (Individual Heating)	**£20.7m**	**On going**	There is an on going programme of individual boiler replacement

Landlord Obligations (District Heating)

Status: **Ongoing programme of district heating works**
Type of works: **District Heating Works**

Comment: The district Heating Programme is substantially committed.

Area	Actual spend to March 2016	Progress	Status / Comments
Landlord Obligations (District Heating)	**£16.1m**	**On going**	All the planned schemes up to the end of 2014/15 are completed. The remaining 15/16 schemes requiring works have been committed with the following exceptions that are to be committed in 2016/17: • Leysdown Boiler House boiler & Soane House Boiler House boiler • Acorn Mains

Individual Scheme progress (district heating 2011/12-2015/16)

Scheme	Progress	Status / Comments
New Place flow header	Works not required	Works not required, money moved to BEMS[1] upgrade.
Gilesmead heating	Completed	Completed
District heating works Capitalisation of plant works undertaken via the term contractors	On going	Spend on this programme is ahead of schedule with more capital works being carried out on district heating than originally planned.

[1] Building Management Systems (BEMS) monitor and control services such as heating, ensuring they operate at maximum levels of efficiency and economy. This is achieved by maintaining the optimum balance between environmental conditions, energy usage and operating requirements.

Scheme	Progress	Status / Comments
Kinglake Heating/Boiler	Completed	Completed
Salisbury Heating	Completed	Completed
Portland St ctls	Completed	Completed under budget with the remainder transferred to BEMS
Newington Heating	Completed	Completed
Newington Mains	Completed	Completed
New Place Boiler Replacement	Completed	Completed
BEMS upgrade	Completed	Completed. A second BEMS phase is underway.
Kinglake Heating/Boiler	Completed	Completed under original budget costs. Surplus budget transferred to BEMS.
Neville Boiler House boiler and flue	Completed	Completed
Rouel road Mains	Completed	Completed
New Place Boiler Replacement	Completed	Completed
Hastings Boiler House boiler and burner	Completed	Completed
Leontine Boiler House boiler and flue	Completed	Completed
Neville Boiler House boiler and flue	Completed	Completed
North Peck Boilers	Completed	Completed
Helen Gladstone Boiler House boiler and burner	On site	On site completed 2016/17
Stanswood Boiler House boiler and flue	On site	On site completed 2016/17
Underhill Road (Lew Evans) Plant Room boiler	On site	On site completed 2016/17
Heron House Boiler House pump and boiler	On site	On site completed 2016/17
Acorn Mains	Delayed	To be committed in 2016/17
Barlow Boiler House boiler	Committed	Committed, completing in 2016/17

Scheme	Progress	Status / Comments
and burner		
Leysdown Boiler House boiler, burner and flue	Delayed	To be committed in 2016/17
Minnow Walk Boiler House boiler and flue	Completed	Completed.
Plaxdale Boiler House boiler and flue	Completed	Completed. Works undertaken as emergency repairs through the term maintenance contractor.
Portland Boiler House boiler and flue	Committed	Committed, completing in 2016/17
Soane House Boiler House boiler, burner and flue	Delayed	To be committed in 2016/17
Albert Wescott Boiler House boiler and burner	On site	On site completed 2016/17
Conant Boiler House boiler and burner	On site	On site completed 2016/17
King Charles Court Boiler House boiler and flue	On site	On site completed 2016/17

WDS Estates and WDS Street Properties

Status: **See individual schemes below**
Type of works: **WDS**

Comments: Most of the planned schemes to 2014/15 are completed or on site, however, the original programme was delayed due to the LVT decision and some have been further delayed due to the ending of partnering contracts. Where the partnering contracts have ended alternative arrangements have been put in place using back up contractors or tendering the works.

Area	Actual spend		Status / Comments

	to March 2016	Progress	
WDS Estates and WDS Street Properties	**£226.1m**	**Completed or on site (with exceptions)**	Many of these schemes are now complete and the majority of the rest of the schemes are on site.

Original WDS programmed works 2012/13 (schemes)	Estate	Progress	Area	Ward	Status / Comments
Brandon Estate (Camberwell)	Brandon	Completed	Camberwell	Newington	Completed.
Croxted Road	Croxted	Completed	Dulwich	College	Completed.
Brandon (Walworth) contract 1,2 & 3	Brandon	Completed	Walworth	Newington	Completed.
Dickens Estate including Phase 2 works	Dickens	Completed	Bermondsey	Riverside	Completed.
Comber 2012 Phase 1 & 2	Comber	Completed	Camberwell	Camberwell Green	Completed.
Elmington 2012	Elmington	Completed	Camberwell	Camberwell Green / Various	Completed.
WDS Street Properties 12/13 (excluding Sunray Estate)	Various street properties	Completed	Various	Various	Completed.
Sunray Estate	Sunray	Completed	Dulwich	Village	Completed.

Original WDS programmed works 2013/14 (schemes)	Estate	Progress	Area	Ward	Status / Comments
Clifton Estate	Clifton	Completed	Nunhead & Peckham Rye	The Lane	Completed.
Crawford Estate	Crawford	Completed	Camberwell	Camberwell	Completed.

Original WDS programmed works 2013/14 (schemes)	Estate	Progress	Area	Ward	Status / Comments
				Green	
Congreve / Salisbury (also includes Comus House brought forward from 2015/16)	Congreve Salisbury	Completed	Walworth	Faraday	Completed.
Denmark Hill Estate	Crawford	Completed	Camberwell	South Camberwell	Completed.
Scovell Estate (also includes four blocks from Tabard Gardens brought forward)	Scovell	Completed	Borough & Bankside	Cathedrals	Completed.
Tustin Estate	Tustin	Delayed	Rotherhithe	Livesey	Tustin has been delayed due to the scope of works required and wider considerations on the estate.
Wyndham Estate	Wyndham	Completed	Camberwell	Camberwell Green	Completed.
Aylesbury Estate	Aylesbury	Competed	Walworth	Faraday	Completed.
Aylesbury Phase 2	Aylesbury	On site	Walworth	Faraday	Completing in 2016/17.
Acorn Estate	Acorn	Delayed	Peckham	Livesey	Acorn is now to receive full QHIP works in 2017/18 following the finalisation of the regeneration proposals.
WDS Street Properties 13/14	Various street properties	Completed	Various	Various	Completed.
Street properties 2013/14 Batch 4	Various street properties	On site	Various	Various	Completing in 2016/17.

Original WDS programmed works 2014/15 (schemes)	Estate	Progress	Area	Ward	Status / Comments
Pomeroy Estate	Pomeroy	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
Priory Court	Priority Court	Completed	Nunhead & Peckham Rye	Peckham Rye	Completed.
Pelican Estate	Pelican	Completed	Nunhead & Peckham Rye	The Lane	Completed.
Lugard Road	Lugard Road	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
Magdalene Close	Magdalene Close	Completed	Nunhead & Peckham Rye	The Lane	Completed.
Atwell Estate	Atwell Estate	Completed	Nunhead & Peckham Rye	The Lane	Completed.
Gaywood Estate / Nelson Square Gardens	Gaywood Estate	Completed	Borough & Bankside	Cathedrals	Completed.
	Nelson Square Gardens	Completed	Borough & Bankside	Cathedrals	Completed.
Lancaster Estate / Rushworth-Boyfield	Lancaster	Completed	Borough & Bankside	Cathedrals	Completed.
	Rushworth-Boyfield	Completed	Borough & Bankside	Cathedrals	Completed.
Newington Estate	Newington	Completed	Walworth	Newington	Completed.
Kinglake Estate	Kinglake	Completed	Walworth	East Walworth Faraday	Completed.
Lettsom Estate	Lettsom	Completed	Camberwell	Brunswick Park	Completed.
Southampton Way Estate	Southampton Way	Completed	Camberwell	Brunswick Park	Completed.

Original WDS programmed works 2014/15 (schemes)	Estate	Progress	Area	Ward	Status / Comments
Havil Street Estate	Beacon House	Completed	Camberwell	Brunswick Park	Completed.
	Havil Street	Completed	Camberwell	Brunswick Park	Completed.
Tabard Gardens Estate (North inc Kellow House, Central, South)	Tabard Gardens	On site / completed	Borough & Bankside	Chaucer	The central package has completed with the other two packages completing early in 2016/17.
Rockingham Estate (East including Quentin House, West)	Quentin House	Completed	Borough and Bankside	Cathedrals	Completed.
	Rockingham	Completed	Borough and Bankside	Chaucer East Walworth	Completed.
Nelson Estate / Penrose House	Nelson	On site	Walworth	Faraday	On site due to complete early in 2016/17
	Penrose House	On site	Walworth	Newington	On site due to complete early in 2016/17
Doddington Grove Estate	Doddington Grove	Completed	Walworth	Newington	Completed.
Portland Estate	Portland	Committed	Walworth	Faraday	Portland Estate requires structural works which has delayed the start.
Alvey / Mardyke / Naylor	Alvey	Completed	Walworth	East Walworth	Completed.
	Mardyke	Completed	Walworth	East Walworth	Completed.
	Naylor	Completed	Walworth	East Walworth	Completed.
Burton / Morriss	Morriss House	Completed	Bermondsey	Riverside	Completed.
Rennie Estate	Rennie	Completed	Bermondsey	South Bermondsey	Completed.
Silverlock/ / Bonamy/ Harboard/ Haddonfield	Silverlock	Completed	Rotherhithe	Livesey	Completed.
	Bonamy	Completed	Rotherhithe	Livesey	Completed.
	Harboard House	Completed	Rotherhithe	Rotherhithe	Completed.

Original WDS programmed works 2014/15 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	Haddonfield	Completed	Rotherhithe	Rotherhithe	Completed.
Pedworth	Pedworth	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17
Osprey Estate	Osprey	Completed	Rotherhithe	Surrey Docks	Completed.
Pedworth	Pedworth	Completed	Rotherhithe	Rotherhithe	Completed.
D'Eynsford Estate	D'Eynsford	Completed / Delayed	Camberwell	Brunswick Park Camberwell Green	Main works are delayed pending heating works, the internals have completed
Cleve Hall Estate (as part of Champion Hill package)	Cleve Hall	Completed	Camberwell	South Camberwell	Completed.
Glebe Estate	Glebe	On site	Camberwell	Brunswick Park	Internal package is has completed with the externals completing in 2016/17.
Bells Garden Estate (as part of Bells Gardens / Oliver Goldsmith Estate Package)	Bells Garden	On site	Peckham	Peckham	Packaged with the 2015/16 programme. On site due to complete in 2016/17.
Barset Estate (Packaged with 15/16 programme as part of Electrical Internal Package B) *SHU packaged with Electrical package 6	Barset	Completed	Nunhead & Peckham Rye	Nunhead Peckham Rye	Completed.
Honiton Gardens	Honiton Gardens	Surveyed no works	Nunhead & Peckham Rye	Nunhead	Surveyed no works required in meeting WDS standard.
Delawyk Crescent (as part of External Electrical Package 3)	Delawyk Crescent	Completed	Dulwich	Village	Packaged with 2015/16 programme. Completed.
Kingswood Estate	Kingswood	Surveyed no works	Dulwich	College	Surveyed no works required in meeting WDS standard. 1-15 Lyall Avenue has been

Original WDS programmed works 2014/15 (schemes)	Estate	Progress	Area	Ward	Status / Comments
					packaged with the 15/16 programme and will be on site in early 2016/17.
Sydenham Hill Estate	Sydenham	Surveyed no works	Dulwich	College	Surveyed no works required in meeting WDS standard.
Street Properties 2014/15	Streets	Complete	Various	Various	There are 6 packages of street properties that have completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
Arnold Estate	ARNOLD	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
Astley, Mawbey, Lanark & Wessex	ASTLEY	On site	Bermondsey	South Bermondsey	On site due to complete in 2016/17.
	MAWBEY	On site	Bermondsey	South Bermondsey	On site due to complete in 2016/17.
	WESSEX	On site	Bermondsey	South Bermondsey	On site due to complete in 2016/17.
Harold Estate, Aylwin, Lynton	AYLWIN	On site	Bermondsey	Grange	On site due to complete in 2016/17.
	CREASY	On site	Bermondsey	Grange	On site due to complete in 2016/17.
	ELDRIDGE COURT	On site	Bermondsey	Grange	On site due to complete in 2016/17.
	HAROLD	On site	Bermondsey	Grange	On site due to complete in 2016/17.
	LYNTON	On site	Bermondsey	South Bermondsey	On site due to complete in 2016/17.
	SWAN MEAD	On site	Bermondsey	Grange	On site due to complete in 2016/17.
Burton / Morriss	BURTON HOUSE	Completed	Bermondsey	Riverside	Completed.
Longfield & Setchell	CHARLES	On site	Bermondsey	Grange	Internals completed. On site due to complete in

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	MACKENZIE				2016/17.
	LONGFIELD ESTATE	On site	Bermondsey	South Bermondsey	Internals completed. On site due to complete in 2016/17.
	SETCHELL ESTATE	On site	Bermondsey	Grange	Internals completed. On site due to complete in 2016/17.
Millpond, Kirby, Pynfolds, Cranbourne, Cherry Garden, west Lane & Fountain House	CHERRY GARDEN ESTATE	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	CHERRY GARDEN HOUSE	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	CHERRY GARDEN STREET	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	CRANBOURNE HOUSE	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	FOUNTAIN HOUSE	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	WEST LANE	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
Fair St Estate	COXON WAY	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	DEVON MANSIONS	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	FAIR STREET	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
	ST JOHNS	On site	Bermondsey	Riverside	On site due to complete in 2016/17.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	ST OLAVES	On site	Bermondsey	Riverside	On site due to complete in 2016/17.
Keetons	KEETONS	On site	Bermondsey	Riverside	Internals completed. On site due to complete in 2016/17.
	LEWES HOUSE	Meeting WDS standard	Bermondsey	Riverside	Not requiring works to meet the WDS standard.
Peter Butler House (completed with Dickens Internals)	PETER BUTLER HOUSE	Completed	Bermondsey	Riverside	Completed.
Purbrook Estate	PURBROOK	On site	Bermondsey	Grange	Internals completed. On site due to complete in 2016/17.
Rouel Road	ROUEL ROAD	On site	Bermondsey	Grange South Bermondsey	Internals completed. On site due to complete in 2016/17.
Southwark Park (as part of a Bermondsey Internals Package)	SOUTHWARK PARK	Completed	Bermondsey	Riverside	Completed.
Southwark Park Road (as part of a Bermondsey Internals Package)	SOUTHWARK PARK ROAD	Completed	Bermondsey	Riverside South Bermondsey	Completed.
St. Crispins (internals package completed with Keetons internals)	ST CRISPINS	Completed	Bermondsey	Riverside	Completed.
Tanner House (as part of a Bermondsey Internals Package)	TANNER HOUSE	Completed	Bermondsey	Grange	Completed.
Thorburn Square	THORBUR	Completed	Bermondsey	South	Completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	N SQUARE			Bermondsey	
Tower Bridge Buildings (completed with Dickens Internals)	TOWER BRIDGE BUILDINGS	Completed	Bermondsey	Riverside	Completed. (Very Limited works required)
Damory / Thaxted	ABBEYFIELD	Partially completed	Rotherhithe	Rotherhithe	Internals complete. Externals linked to Maydew (HINE) works and will start in 2016/17.
Ainsty etc	AINSTY	On site	Bermondsey	South Bermondsey	On site due to complete in 2016/17.
	AYLTON	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	CANADA	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	CATHAY HOUSE	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	HOWLANDS	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	IRWELL	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	ST MARYS	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
Albion Estate	ALBION	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	BRUNEL	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
Bradley House	BRADLEY HOUSE	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
Plough etc.	COURTHOPE HOUSE	On site	Rotherhithe	Rotherhithe	Internals completed. Externals on site due to complete in 2016/17.
	BRAMCOTE GROVE	On site	Rotherhithe	Livesey	Internals completed. Externals on site due to complete in 2016/17.
	FRANKLAND CLOSE	On site	Rotherhithe	Rotherhithe	Internals completed. Externals on site due to complete in 2016/17.
	GOMM ROAD	Completed	Rotherhithe	Rotherhithe	Completed. (Internals only)
	PLOUGH	On site	Rotherhithe	Surrey Docks	Internals completed. Externals on site due to

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
					complete in 2016/17.
	WESTFIELD HOUSE	On site	Rotherhithe	Rotherhithe	Internals completed. Externals on site due to complete in 2016/17.
Arica and Slippers	SLIPPERS PLACE	Committed	Rotherhithe	Rotherhithe	Committed. Completing in 2016/17
Downtown	DOWNTOWN	On site	Rotherhithe	Surrey Docks	Internals completed. Externals on site due to complete in 2016/17.
	HENLEY CLOSE	Meeting WDS standard	Rotherhithe	Rotherhithe	Found to be meeting WDS standard.
Millpond, Kirby, Pynfolds, Cranbourne, Cherry Gdn, west Lane & Fountain House	KIRBY	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	MILLPOND	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
	PYNFOLDS	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
Risdon House	RISDON HOUSE	Follow on works	Rotherhithe	Rotherhithe	Kitchens and bathrooms works undertaken. Follow on works due in 2016/17.
Ainsty etc	SWAN ROAD	On site	Rotherhithe	Rotherhithe	On site due to complete in 2016/17.
Tissington Court	TISSINGTON COURT	Completed	Rotherhithe	Rotherhithe	Completed.
Chilton Grove	PLOUGH	Delayed	Rotherhithe	Surrey Docks	On site in 2016/17 (due to a wider consultation)
Canada Ventilation	CANADA	Follow on works	Rotherhithe	Rotherhithe	To start in 2016/17.
Hayles Buildings & Albert Barnes	ALBERT BARNES HOUSE	On site	Borough & Bankside	Chaucer	On site due to complete in 2016/17.
	HAYLES BUILDINGS	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
Lant, Ayres, Avery, Dodson and Amigo	AMIGO HOUSE	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.
	AYRES STREET	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.
	DODSON ESTATE	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.
	LANT ESTATE	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.
Falcon Point internals	BANKSIDE EDGAR DEVELOPMENT	Completed	Borough & Bankside	Cathedrals	Completed.
Borough Road Estate and Rochester	BOROUGH ROAD	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.
	ROCHESTER	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.
	BROOK DRIVE	Meeting WDS standard	Borough & Bankside	Cathedrals	Found to be meeting WDS standard.
Badmington, Bittern, Pattison & Coopers Close	COOPER CLOSE	Completed	Borough & Bankside	Cathedrals	Completed.
	MARSHALSEA ESTATE	Completed	Borough & Bankside	Cathedrals	Completed.
Haddonhall	HADDONHALL	On site	Borough & Bankside	Chaucer	On site due to complete in 2016/17.
Kellow House (packaged	KELLOW	On site	Borough &	Chaucer	On site due to complete in 2016/17.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
with Tabard Estate North in 14/15 programme)	HOUSE		Bankside		
Park Street	PARK STREET	On site	Borough & Bankside	Cathedrals	On site due to complete in 2016/17.
	SMEATON COURT	Meeting WDS standard	Borough & Bankside	Chaucer	
	WEBBER ROW ESTATE	Meeting WDS standard	Borough & Bankside	Cathedrals	
Gatehouse structural	PARK STREET	Follow on works	Borough & Bankside	Cathedrals	Follow on works to start in 2016/17.
Aylesbury Redbricks	ALBANY ROAD	On site	Walworth	Faraday	On site due to complete in 2016/17.
	BROCKLEY HOUSE	On site	Walworth	Faraday	On site due to complete in 2016/17.
	GAITSKELL HOUSE	On site	Walworth	Faraday	On site due to complete in 2016/17.
	INVILLE ESTATE	On site	Walworth	Faraday	On site due to complete in 2016/17.
	MICHAEL FARADAY HOUSE	On site	Walworth	Faraday	On site due to complete in 2016/17.
Walworth East	BROWNING ESTATE	On site	Walworth	East Walworth	On site due to complete in 2016/17.
	KINGSTON ESTATE	On site	Walworth	Faraday	On site due to complete in 2016/17.
	MANCHESTER	On site	Walworth	East Walworth	On site due to complete in 2016/17.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	HOUSE				
Comus House (Package with Congreve / Salisbury 13/14 Programme)	COMUS HOUSE	Completed	Walworth	East Walworth	Completed.
Walworth West	ALBERTA ESTATE	On site	Walworth	Newington	Added as founded failing WDS standard. On site due to complete in 2016/17.
	BRAGANZA STREET	On site	Walworth	Newington	On site due to complete in 2016/17.
	COOKS ROAD	On site	Walworth	Newington	On site due to complete in 2016/17.
	DRAPER ESTATE	On site	Walworth	Newington	On site due to complete in 2016/17.
	HAMPTON HOUSE	On site	Walworth	Newington	On site due to complete in 2016/17.
	KENNINGTON PARK HOUSE	On site	Walworth	Newington	On site due to complete in 2016/17.
	KENNINGTON PARK ROAD	On site	Walworth	Newington	On site due to complete in 2016/17.
	SHARSTED STREET	On site	Walworth	Newington	On site due to complete in 2016/17.
Walworth Central	DARWIN STREET	On site	Walworth	East Walworth	On site due to complete in 2016/17.
	KENNEDY WALK	On site	Walworth	East Walworth	On site due to complete in 2016/17.
	MINNOW STREET	On site	Walworth	East Walworth	On site due to complete in 2016/17.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	ESTATE				
	NURSERY ROW	On site	Walworth	East Walworth	On site due to complete in 2016/17.
	ORB STREET	On site	Walworth	East Walworth	On site due to complete in 2016/17.
Gateway and Pelier	GATEWAY ESTATE	On site	Walworth	Faraday	On site due to complete in 2016/17.
	PELIER ESTATE	On site	Walworth	Newington	On site due to complete in 2016/17.
Manor, Pasley and Stopford	MANOR PLACE	On site	Walworth	Newington	On site due to complete in 2016/17.
	PASLEY ESTATE	On site	Walworth	Newington	On site due to complete in 2016/17.
	STOPFORD ROAD	On site	Walworth	Newington	On site due to complete in 2016/17.
Pullens Estate	PULLENS	On site	Walworth	Newington	On site due to complete in 2016/17.
Brandon 1b	BRANDON	Follow on works	Walworth	Newington	Follow on works starting in 2016/17.
Bonsor / Rainbow and Dowlas	BONSOR STREET	Completed	Camberwell	Brunswick Park	Completed.
	DOWLAS ESTATE	Completed	Camberwell	Brunswick Park Camberwell Green	Completed.
	RAINBOW STREET	Completed	Camberwell	Brunswick Park	Completed.
Bromar Road / Camberwell Grove etc	BROMAR ROAD	On site	Camberwell	South Camberwell	On site due to complete in 2016/17.
	CAMBERW	On site	Camberwell	Brunswick	On site due to complete in 2016/17.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	ELL GROVE ESTATE			Park South Camberwell	
	GROVE LANE	On site	Camberwell	Brunswick Park	On site due to complete in 2016/17.
	ONDINE ROAD	On site	Camberwell	South Camberwell	On site due to complete in 2016/17.
	THE BIRCHES	On site	Camberwell	South Camberwell	On site due to complete in 2016/17.
	THE LIMES	On site	Camberwell	South Camberwell	On site due to complete in 2016/17.
Castlemead Estate	CASTLEMEAD	Completed	Camberwell	Camberwell Green	Completed.
Castlemead Tower	CASTLEMEAD	Delayed	Camberwell	Camberwell Green	On site in 2016/17. Delayed due to investigations around improved methods of delivery.
	CHAMPION HILL ESTATE	Completed	Camberwell	South Camberwell	Completed.
	CHAMPION PARK ESTATE	Completed	Camberwell	South Camberwell	Completed.
	CLEVE HALL ESTATE	Completed	Camberwell	South Camberwell	Completed.
	HARFIELD GARDENS	Completed	Camberwell	South Camberwell	Completed.
Champion Hill	HILLCREST	Completed	Camberwell	South Camberwell	Completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	CRAWFORD ROAD	Completed	Camberwell	Camberwell Green	Completed.
Goschen Estate	GOSCHEN	Completed	Camberwell	Camberwell Green	Completed.
Elmington Road	ELMINGTON ROAD	On site	Camberwell	Brunswick Park	On site due to complete in 2016/17.
Gilesmead	GILESMEAD	Completed	Camberwell	Brunswick Park	Completed.
Grosvenor Park SHU	GROSVENOR PARK	On site	Camberwell	Camberwell Green	On site due to complete in 2016/17.
	COLLEGE ROAD	Delayed	Dulwich	College	On site in 2016/17. Delayed due to further cost benefit analysis required on the scope of the works.
Princess, Countisbury, Lyall (Lyall from 14/15 programme)	COUNTISBURY HOUSE	Delayed	Dulwich	College	On site in 2016/17. Delayed due to further cost benefit analysis required on the scope of the works.
	CRYSTAL PALACE ROAD	Completed	Dulwich	East Dulwich	Completed.
Electrical Internal PK A	FRIERN	Completed	Dulwich	East Dulwich	Completed.
External Electrical Pk 3	ELMWOOD ROAD	Completed	Dulwich	Village	Completed.
	GILLIES COURT	Completed	Dulwich	Gillies Court - Sidcup	Completed.
External Electrical Pk 2	HALLIWELL COURT	Completed	Dulwich	East Dulwich	Completed.
Herne Hill Estate (Pynnermead/Dynesmead)	HERNE HILL	Completed	Dulwich	Village	Completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	ESTATE				
Electrical Internal PK B	LORDSHIP LANE	Completed	Dulwich	College	Completed.
	LORDSHIP LANE ESTATE	Meeting WDS standard	Dulwich	College	
Lytcott Grove Estate	LYTCOTT GROVE	Delayed	Dulwich	Village	Delayed. On site in 2016/17. Due to elongated consultation period.
Melford Court	MELFORD COURT	Completed	Dulwich	College	Completed.
St Davids Mansions	ST DAVIDS MANSIONS	Completed	Dulwich	Peckham Rye	Completed.
Forbes & Gould	WOODLAND ROAD ESTATE	Completed	Dulwich	College	Completed.
External Electrical Pk 1	ARNOLD DOBSON HOUSE	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	BRAYARDS ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	GAUTREY ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	HOLLYDALE ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	KIRKWOOD ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	NEW JAMES STREET	Completed	Nunhead & Peckham Rye	The Lane	Completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	ESTATE				
	SASSOON HOUSE	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	ST MARYS ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	STANBURY ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	WHORLTON ROAD	Completed	Nunhead & Peckham Rye	The Lane	Completed.
	BARTON CLOSE	Meeting WDS standard	Nunhead & Peckham Rye	The Lane	
External Electrical Pk 5 (Brimmington)	BRIMMINGTON ESTATE	On site	Nunhead & Peckham Rye	Nunhead	On site due to complete in 2016/17.
Clifton Crescent	CLIFTON CRESCENT	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	CONSORT ROAD	Meeting WDS standard	Nunhead & Peckham Rye	The Lane	
	COPLESTON ROAD	Completed	Nunhead & Peckham Rye	The Lane	Completed.
	GOWLETT ROAD	Completed	Nunhead & Peckham Rye	The Lane	Completed.
	MAXDEN COURT	Completed	Nunhead & Peckham Rye	The Lane	Completed.
External Electrical Pk 2	OAK HILL COURT	Completed	Nunhead & Peckham Rye	Peckham Rye	Completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	REEDHAM STREET	Completed	Nunhead & Peckham Rye	The Lane	Completed.
	DANIELS ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	EAST DULWICH ROAD	Completed	Nunhead & Peckham Rye	Peckham Rye The Lane	Completed.
	PHILIP WALK	Completed	Nunhead & Peckham Rye	The Lane	Completed.
External Electrical Pk 4	TAPPESFIELD ESTATE	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
Evelina	EVELINA ROAD	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	FENWICK ROAD	On site	Nunhead & Peckham Rye	The Lane	On site due to complete in early 2016/17.
Fenwick Road & Stickland Court	EAST DULWICH ROAD	On site	Nunhead & Peckham Rye	The Lane	On site due to complete in early 2016/17.
	HANOVER PARK	On site	Nunhead & Peckham Rye	The Lane	On site due to complete in 2016/17.
	MONCRIEFF ESTATE	On site	Nunhead & Peckham Rye	The Lane	On site due to complete in 2016/17.
Raul, Hanover, Moncrieff	RAUL ROAD	On site	Nunhead & Peckham Rye	The Lane	On site due to complete in 2016/17.
Heaton House	HEATON HOUSE	Completed	Nunhead & Peckham Rye	The Lane	Completed.
Honor Oak Rise	HONOR OAK RISE	Completed	Nunhead & Peckham Rye	Peckham Rye	Completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
Limes Walk	LIMES WALK	Delayed	Nunhead & Peckham Rye	Peckham Rye	On site 2016/17. Delayed as shared roofs with freeholders.
Electrical Internal PK B	LINDEN GROVE	Completed	Nunhead & Peckham Rye	Peckham Rye	Completed.
Citron & Basswood	LINDEN GROVE ESTATE	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	MUNDANIA ROAD	Completed	Nunhead & Peckham Rye	Peckham Rye	Completed.
External Electrical Pk 3	THERAPIA ROAD	Completed	Nunhead & Peckham Rye	Peckham Rye	Completed.
Nunhead Estate (Lancefield/Glover/Tilling)	NUNHEAD ESTATE	Completed	Nunhead & Peckham Rye	Peckham Rye The Lane	Completed.
Oliver Goldsmith Estate (Purdon & Flamb'gh)	OLIVER GOLDSMITH ESTATE	On site	Nunhead & Peckham Rye	The Lane	On site due to complete in 2016/17.
	POMEROY STREET	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
Queens Rd Estate	QUEENS ROAD ESTATE	Completed	Nunhead & Peckham Rye	Nunhead	Completed.
	BARSET ESTATE	Delayed	Nunhead & Peckham Rye	Nunhead	On site 2016/17. Delayed due to a change in division delivering the works.
	REEDHAM STREET	Delayed	Nunhead & Peckham Rye	The Lane	On site 2016/17. Delayed due to a change in division delivering the works.
Electrical Package 6 (Sheltered Housing Units)	RUSSELL COURT	Delayed	Nunhead & Peckham Rye	The Lane	On site 2016/17. Delayed due to a change in division delivering the works.
Rye Hill Park	RYE HILL ESTATE	On site	Nunhead & Peckham Rye	Peckham Rye	On site due to complete in 2016/17.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	RYE HILL ESTATE	On site	Nunhead & Peckham Rye	Peckham Rye	On site due to complete in 2016/17.
WDS Electrical Package 7	SOLOMONS PASSAGE	On site	Nunhead & Peckham Rye	Peckham Rye	On site due to complete in 2016/17.
	UNDERHILL ROAD	Fire safety works	Nunhead & Peckham Rye	Peckham Rye	Works through sheltered programme.
	KINGS GROVE	Completed	Peckham	Livesey	Completed.
	MONTPELIER ROAD	Completed	Peckham	Livesey	Completed.
	CARLTON GROVE	Completed	Peckham	Livesey	Completed.
Carlton Grove etc	NAYLOR ROAD	Completed	Peckham	Livesey Peckham	Completed.
Caroline Gardens	CAROLINE GARDENS	Partially delayed	Peckham	Livesey	Internals completed. Externals on site 2016/17. English Heritage agreement needed for works.
	CATOR STREET	Completed	Peckham	Peckham	Completed.
	DAVEY STREET	Completed	Peckham	Peckham	Completed.
	GLOUCESTER GROVE ESTATE	Completed	Peckham	Peckham	Completed.
Gloucester Grove	SUMNER ROAD	Completed	Peckham	Peckham	Completed.
Ledbury Estate etc	FRIARY ROAD	On site	Peckham	Livesey	Completed.

Original WDS programmed works 2015/16 (schemes)	Estate	Progress	Area	Ward	Status / Comments
	LEDBURY ESTATE	On site	Peckham	Livesey Peckham	Completed.
	UNWIN ESTATE	On site	Peckham	Livesey	On site due to complete in 2016/17.
Harry Lamborne SHU	GERVASE STREET	On site	Peckham	Livesey	On site due to complete in 2016/17.
North Peckham Estate	NORTH PECKHAM ESTATE	Completed	Peckham	Peckham	Completed.
Bells Gardens / Oliver Goldsmith Estate	OLIVER GOLDSMITH ESTATE	On site	Peckham	Peckham	Completed.
Willowbrook Estate	WILLOWBROOK ESTATE	Completed	Peckham	Peckham	Completed.
Street Properties 2015/16	Various	Completed /On site	Various	Various	3 of the 5 batches are completed the other two are on site due to complete in 2016/17.
Streets Structural works	Various	Follow on works	Various	Various	3 batches of follow on structural works will be on site in 2016/17

WDS - Landlord Obligations (Electrical Works)

Status: **A programme of works**
Type of works: **Essential electrical works which have arisen as a result of FRA electrical tests and essential replacement of communal, lateral electrical wiring and associated equipment**

Comment: FRA electrical works have been undertaken. An additional £5m revenue funding has been spent on electrical works, the remaining £5.5m in the budget for FRA electrical works will used in the FRA budget.

Area	Actual spend to March 2016	Progress	Status / Comments
WDS - Landlord Obligations (Electrical Works)	**£3.5m**	**Completed**	£5.5m used for FRA works.

WDS - Landlord Obligations (Lifts)

Status: **Ongoing programme**
Type of works: **To replace lift parts which have become obsolete, resulting in ever increasing service failures. These works will result in improved lift performance and reliability.**

Comment: The lift programme continues to run to schedule with over 160 lifts having been refurbished by March 2016.

Area	Actual spend to March 2016	Overall Progress	Comments
WDS - Landlord Obligations (Lifts)	**£11.1m**	**Complete**	The scheduled lifts are all completed.

Minor Voids Capitalisation

Status: **Ongoing programme**
Type of works: **Capitalisation of voids works**

Area	Actual spend to March 2016	Progress	Status / Comments
Minor Voids Capitalisation	**£15.1m**	**On going**	Capitalisation of voids works

Minor Voids WDS Works

Status: **Ongoing programme**
Type of works: **Minor voids works**

Area	Actual spend to March 2016	Progress	Status / Comments
Minor Voids WDS Works	**£4.7m**	**On going**	Minor Voids Works

Current Schemes incorporating FRA Moderate and Substantial Contingency

Status: **See breakdown below**
Type of works: **Incorporated all current schemes at the time of the Warm, Dry and Safe, mainly the FRA programme and the two year programme.**

Area	Actual spend to March 2016		Status / Comments

		Progress	
Current Schemes	**£82.8m**	**Complete**	All the substantial and nearly all of the original planned higher moderate high rise FRAs works are now complete. There are some delays in 2 year programme due to the ending of the partnering contracts.

FRA works

Comment: The programme to address issues arising from the Fire Risk Assessments for historic blocks is split into two sections: Only spend from 2011/12 onwards would be from the WDS budget.

a. Substantial blocks; those identified as in need of urgent action
b. Moderate blocks – requiring significant actions to bring to tolerable level

All the substantial risk blocks are now complete and the higher risk medium blocks complete.

Original WDS programmed works	Progress	Risk	No of blocks	Status / Comments
Columbia / Regina	Complete	Substantial	2	
Maydew House	Complete	Substantial	1	
Witcombe Point	Complete	Substantial	1	
Perronet House	Complete	Substantial	1	
Castlemead	Complete	Substantial	1	
Marie Curie	Complete	Substantial	1	
Wickway Court	Complete	Substantial	1	
Aylesbury Smoke Alarms	Complete	Substantial	0	
Crane House	Complete	Substantial	1	
Bradenham & Chiltern	Complete	Substantial	2	
Wendover	Complete	Substantial	2	
Brydale	Complete	Substantial	1	

Original WDS programmed works	Progress	Risk	No of blocks	Status / Comments
Hanworth & Trevelyan	Complete	Substantial	2	
Taplow & Missenden	Complete	Substantial	3	
Dodson / Guthrie / Jurston	Complete	Substantial	3	
Aberfeldy / Glenfinlas / Kirwyn	Complete	Substantial	3	
Coniston & Kevan	Complete	Substantial	2	
Rye Hill (30-120) (122-208) (210-296)	Complete	Moderate	3	
Rowland Hill House	Complete	Moderate	1	
Styles House	Complete	Moderate	1	
Casby / Lupin	Complete	Moderate	2	
Prospect House	Complete	Moderate	1	
Crystal Court	Complete	Moderate	1	
Tissington Court FRA Works	Complete	Moderate	1	
Bermondsey & Rotherhithe Package 1	Complete	Moderate	11	
Borough&Bankside & Walworth Package 1	Complete	Moderate	17	
Borough&Bankside & Walworth Package 2	Complete	Moderate	33	
Netley House	Complete	Moderate	1	
Camberwell & Peckham Package 2	Complete	Moderate	19	
Nunhead & Dulwich Package 1	Complete	Moderate	11	
Fontenelle	Complete	Moderate	1	
Bermondsey & Rotherhithe Package 2	Complete	Moderate	44	
Draper House	Complete	Moderate	1	
Camberwell & Peckham Package 1	Complete	Moderate	20	
Gloucester Grove	Complete	Moderate	7	Funded out of the contingency budget

Sidmouth House has also been added to the programme, now due to start in 2016/17.

2 year programme

Original WDS programmed works	Progress	Status / Comments
Proctor / Flatman/Brisbane Refurbishment	Completed	Completed.
63-78 Marchwood Close	Completed	Completed.
Crystal Court Refurb	Completed	Completed.
Cossall Estate Phase 2	Completed	Completed.
Street Properties 11/12	Completed	Completed.
Rockingham Estate	Completed	Completed.
Sceaux Gardens	Completed	Completed.
Draper House refurbishment	Completed	Completed.
St Saviours Estate 1b	Completed	Completed.
St Saviours Estate 2	Completed	Completed.
MW Consort Estate	Completed	Completed.
Manor Estate 4	Completed	Completed.
John Kennedy House Refurbishment	Completed	Completed.

Other Current Schemes

There are a number of other existing schemes that incurred WDS spend largely at the end of the defect period. The council has also completed a borough wide insulation programme.

WDS Contingency

Area	Actual spend to March 2016	Progress	Status / Comments
WDS Contingency	**£4.0m**	**N/A**	The majority of the spend is for previously unidentified FRA works at Gloucester Grove (£2.2m) which have been completed and scaffold costs pending works at Portland and Four Squares.

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