

3Partnership Southwark Strategic Board

Agenda

Thursday 4 May 2023 12:00 – 13:30 Part 1

Venue: Microsoft Teams

Chair: Dr Nancy Küchemann

Time	Item	Lead
12:00- 12:10	Welcome and Member Introductions Apologies Declarations of Interest Minutes of the last meeting Action Log	Chair Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log
12:10- 12:25	Community Spotlight – Clinical & Care Professional Lead Development Forum	Dr Nancy Küchemann
12:25- 12:40	Place Executive Report	James Lowell Enc 3
12:40- 13:00	Planning Update	Josepha Reynolds Adrian Ward Enc 4
13:00- 13:20	State of the Voluntary and Community Sector in Southwark	Anood Al-Samerai Enc 5
13:20 - 13:25	Public Questions	Chair
13:25 - 13:30	AOB	All
13:30	Close Meeting	Chair

Next meeting held in public date: 6 July 2023 at King's College Hospital



Declaration of Interests

Name of the meeting: Partnership Southwark Strategic Board

Meeting Date: 04/05/2023

Name	Position Held	Declaration of Interest
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Annie Norton	Programme Director, Partnership Southwark	No interests to declare
Cedric Whilby	VCSE representative	No interests to declare
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
James Lowell	Place Executive Lead	1. Chief Operating Officer for South London and Maudsley NHS Foundation Trust
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Gavin McColl	PCN Clinical Director, South Southwark	<ol style="list-style-type: none"> GP Partner Hurley Group: Holds a number of primary care contracts including urgent care contracts. Also runs the National Practitioner Health Service. As a partner of HG has a share allocation of Econsult Ltd Trustee of Doctors in Distress: Works to prevent suicide of healthcare professionals Trustee 'On Call Africa' Medical charity that works to address rural healthcare in Southern Zambia
Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> Trustee, & Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and it's head office is based in Southwark. The organisation holds a contract with Southwark. CEO for The Loop Drug Checking Service CIO The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector.



Kishor Vasant	GP, Co-chair, LMC	No interests to declare
Martin Wilkinson	Chief Operating Officer	No interests to declare
Nancy Küchemann	Co-Chair Partnership Southwark and Co Chair of Clinical and Care Professional Leads	<ol style="list-style-type: none"> 1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre is currently providing clinical sessions to support triage and care of residents at the local bridging hotels for refugees and asylum seekers. Payment is via direct invoice to CCG for the sessions. 3. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 4. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 5. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 6. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 7. Husband Richard Leeming is councillor for Village Ward in south Southwark.
Nigel Smith	Director, IHL	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	<ol style="list-style-type: none"> 1. GP Partner Nexus Health Group Director Quay Health Solutions Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	<ol style="list-style-type: none"> 1. Executive director of QHS CIC GP federation
Rod Booth	Director of Contracts, Performance and Operational Assurance	No interests to declare
Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Austin	Chief Executive Integrated & Specialist Medicine	<ol style="list-style-type: none"> 1. Family member working at Cygnet Health
Shamsur Choudhury	Manager, Healthwatch	No interests to declare - TBC
Sumeeta Dhir	Co-Chair of Clinical and Care Professional Leads	No interests to declare



Winnie Baffoe	VCSE representative	<ol style="list-style-type: none">1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice.2. Prospective trustee for Community Southwark.3. Married to the Executive Director of South London Mission
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PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 2 March 2023 at 12:00

Venue: South London Mission

Chair: Cllr Evelyn Akoto

Attendees

MEMBERS	
Cllr Evelyn Akoto (Chair)	Co-Chair, Cabinet Member of Health & Wellbeing
Dr Nancy Küchemann (NK)	Co-Chair, GP and Joint Chair of Clinical & Care Professional Leads
James Lowell (JLo)	Place Executive Lead, Partnership Southwark
Martin Wilkinson (MW)	Chief Operating Officer, Partnership Southwark
Winnie Baffoe (WB)	Director of Engagement & Influence, South London Mission
Cedric Whilby (CW)	Resident, Trustee and Active Community Member
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Nigel Smith (NS)	Director, IHL
Gavin McColl (GM)	GP, Clinical Director South Southwark PCN
Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Katy Porter (KP)	Independent Lay Member
Rod Booth (RB)	Director of Contracts, Performance and Operational Assurance, SLaM
Julie Lowe (JL)	Site Chief Executive, KCH
Ami Kanabar (AK)	GP, Co- Chair LMC
Sarah Austin (SA)	Chief Executive Integrated & Specialist Medicine, GSTT
ATTENDEES	
Julian Walker (JW)	Head of Comms and Engagement, Southwark, SEL ICB
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Mathew Griffiths (MG)	Associate Borough Director, ICB
Josephina Reynolds (JR)	Local Care Partnership Programme Manager
Wendy McDermott (WM)	Local Care Partnership Programme Manager
Beth Penwarden (BP)	Strategy & Change Manager, Southwark Council
Christine Mosedale (CM)	
Andrew Bland (AB)	Chief Executive Officer, SEL ICB
Rebecca Harkes (RH)	Policy Officer, Public Health
Jin Lim (JLi)	Assistant Director Public Health
Madeleine Medley (MM)	Business and Governance Support Lead, Southwark, SEL ICB
APOLOGIES	
Anood Al-Samerai (AAS)	Chief Executive Officer, Community Southwark
Sumeeta Dhir (SD)	GP and Joint CCPL Chair
Annie Norton (AN)	Programme Director, Partnership Southwark
Shamsur Choudhury (SC)	GP, Joint Chair of Clinical & Care Professional Leads



1. Welcome & Introductions

The Chair welcomed all to the in person Partnership Southwark Strategic Board and asked that members introduce themselves when speaking. Apologies were noted.

A warm welcome was extended to the new Independent Lay Member, Katy Porter.

Declarations of Interest

The Chair noted inclusion with papers and reminded members to ensure they remain updated and highlight any conflict with agenda items.

Minutes of last meeting

A change was noted to the green item paragraph and approved as an accurate record.

Actions

One action was outstanding on the Hospital Buddy Project and Chair directed this to SA who will take away and follow up with a response directly to Chair.

2. Community Spotlight

The Chair started by welcoming the venue hosts South London Mission, Winnie Baffoe (WB) and Peter Baffoe to say a few words on their work and the Brite Box project that Board members had arrived prior to the meeting start, to help make up the food packages. Peter Baffoe shared a brief presentation sharing detail on the theory of change and the three values; respite, regeneration and revolution. A local record company fund the initiative for a box of ingredients, locally sourced and delivered to school children to go home and cook, helping with food poverty and life skills. It brings sectors together and more information can be found [here](#). Peter thanked the board for helping make 174 Brite boxes.





Southwark Stands Together

Jin Lim (JL), Assistant Director, Public Health and Rebecca Harkes (RH), Policy Officer, Public Health, gave overview of their Southwark Stands Together paper circulated in the pack.

Board members were reminded of the context for the engagement work and directed to the five recommendations for health set out in the cover sheet. Contributions were provided from a wide variety of events across the borough and the paper also referenced mapping of ongoing work to provide evidence of progress on the recommendations.

Two big pieces of work were highlighted:

- 1) The Systemic Bias review: A practical toolkit has been developed which is currently being tested on three main areas; addressing conscious bias, reducing bias in the commissioning cycle and strategic changes to create the right environment to enable challenge of biased behaviours from partners.
- 2) Community Engagement and Empowerment: Southwark Council commissioned Social Finance and Centric to develop and test approaches to community engagement and co-production with seldom-heard communities.

Members were encouraged to review the slide pack in more detail and feedback comment.

The Chair thanked colleagues for their presentation and emphasised the importance of this work. Data on wider determinants and health outcomes support the apparent inequalities and engrained racism affecting our communities. There is a lot of work for us to do to tackle community mistrust in the health sector and council. Each Board member should be factored into this work and she encouraged Public Health colleagues to assist and support partners in contributing.

CW informed of his involvement in 2030 conversations and felt a main concern was around commissioning with services being missed for black and Asian minority groups and lack of long term funding. The open and honest conversations were welcomed but questioned, ie what does the partnership actually mean when they say co-design? It needs to be recognised that there will be imbalance and each partners role should be acknowledged, with distribution of knowledge and data in a fair way. Stand together but define what that means for each of us.

WB felt systemic was a term that indicated focus on more than one area and felt it should flow through all Wells not just one, with example to black women not getting to Start Well due to the high mortality rates in maternity services and the impact on other stages. WB welcomed the work and hoped it would continue.

GM welcomed the toolkit and reflected on commissioning relationships. He suggested this work should be much more at the centre of what we are doing.



Funding proposals should stipulate cross working with VCS and the outcomes reviewed.

JLo welcomed the different perspectives and questioned how do we bring communities together to talk and avoiding having conversations in silos. There needs to be conversation on what will impact neighbourhoods that talks to strategic plans across Partnership Southwark (PSwk) and can knit into daily work. There is responsibility among organisations to record and publish data giving more energy and traction to these conversations and see what will make the real difference. JLo reflected on recent conversations and acknowledged need to demonstrate we are listening and making a difference.

The Chair asked Public Health to continue to lead on this work with partners, ensuring it comes back to inform on progress. One recommendation is to improve feedback to clearly understand the difference made from the tangible actions.

JLi welcomed the important and helpful feedback and recognised need to feed back to communities. It was asked if a proposal could be brought back to PSSB to develop a more systematic approach for the community voice referring to community researchers, loss of trust and consistent feedback. JLi welcomed the challenge and agreed the commissioning cycle should be applied across all Wells.

JLo stated he felt privileged to work in mental health services and reflected on service user feedback regarding removal of their power by institutions. In response, a big piece of work is in place to implement peer and advocacy support workers to balance the power. Looking at the value of the local pound and how decisions re impact can be given back to service users is important and a challenge for organisations to recognise, understand and address the institutional structure. Calling out of the inequality of access to services has empowered and influenced the change.

JR suggested a practical way to test in PSwk is through the inequalities programme that has funding to tackle inequalities at place level, overseen by PSwk Delivery Executive. Proposals could be explored on how best to use this as a test bed for the partnership using the principles with opportunity to fulfil conversations.

KP felt use of the toolkit was a clear recommendation and wondered what discussions had taken place on the commitment of this Board and individuals to lead on this. The Chair informed Public Health are trialling now and a review is expected in October to assess and once agreed will come back for sign up and implementation. JLi felt senior level is committed and a way to capture the commitment is through PSwk, the Executive group and the Wells.

DQT felt that bias within front-line 'practice' had not been exposed and gave example to inequality of young white and black crisis referrals. This is being addressed though open access services for young people and parents. A further example was given with statistics of children in care and the improvements demonstrated from changes to practice and perspectives. As well as the voluntary sector, there is also a very diverse



	<p>workforce and part of the leadership is to not get in the way, but empower and listen. Changes to practice across the system is vital and simple changes have transformed lives. Working with key charities has helped transform.</p> <p>RB recognised the challenge around inequalities and suggested pushing into action shared training and development in building response to community need.</p> <p>SA informed of pilot work in GSTT where use of the toolkit could have critical impact at the beginning and not half way through.</p> <p>The Chair thanked all for contributions and requested this keep coming back to inform on progress and keep momentum.</p>
<p>3. Place Executive Report</p>	<p>James Lowell (JLo), Place Executive Lead referenced the report circulated and gave a brief overview;</p> <p>The ICS has published it's five strategic priorities. These have been developed with our input and therefore are not dissimilar and work well together with the Health & Care Plan. Synergies were noted, including integrated neighbourhood teams, where communities want access to be. Updates were given on flu campaigns (involving bike advertising), childhood immunisation and polio booster campaign, staff vaccine hesitancy and finance pressures.</p> <p>A decision has been taken to extend employment of PSwk Clinical and Care Professional Leads to September 2023. Together UK has been awarded the contract for delivery of the mental health wellbeing hub in Southwark.</p> <p>The Chair thanked for the informative report.</p> <p>OO commented on how we need to work better with communities, how to develop our strategies and move things forward. JLo stated the huge commitment of the Board to include voluntary services as equal partners and recognised the impact of having VCSE representatives on the board to help bridge relationships. The Fuller work will also help design integrated working with VCS and how it will add value as it is important not to continue traditional models. There is a need to build trust, understand funding and apply on new ways of working to make services more sustainable.</p> <p>CW felt there was need to review how contracts are awarded. There are a number of voluntary groups doing the same work and asked how we ensure large organisations do work with the smaller not for profit organisations that have been established for a number of years. Barriers need to be broken down with some only needing a small amount of money.</p> <p>The Chair agreed on need for co-production using feedback from communities and build on the iterative process.</p>



4. Health & Care Plan – sign off

A voice recording was heard from Annie Norton (AN), Programme Director summarising the position.

There is strong vision and a strong collective desire to be ambitious for the community. Once the plan can be agreed, it can then be delivered to communities to make a difference. There are two aspects, the what and the how. Slides 12-18 outlined the what, but emphasis was given to the importance of how. We are working in a complex system and previous approaches have not been successful with poor outcomes and communities lacking trust. The Partnership Southwark (PSwk) Board has an agreed approach, which in summary is about equal focus on task and relationship, i.e. to be ruthless on task and to lead through relationships. A core team will be convened for each of the priorities to use data and work to build the team in having shared values, belief and mindset. In this complex system there is need to work in a very different way: iterating, experimenting, testing, evaluating and refining. Slide 8 was referenced to outline the governance which needs to be more agile and fit the new ways of working. AN reflected on conversations in January on how to agree specific measures, to start with an aim, hypothesis of key drivers to help change things but that the detail would be co-designed and co-produced. JSNA measures were referenced and the PSwk Delivery Executive identified some gaps to be included and worked up. Conversations can also resume with Cordis Bright to look at the possibility of developing system outcome measures. The Executive understood their role within the governance framework and are keen to focus on delivery.

It was asked if the Board agree the Health & Care Plan to enable the next steps of delivery phase.

JR added some context with the different strategic plans being developed currently, that this is anchored to the Joint Health & Well Being Strategy which has been signed off and this plan is how we are going to deliver that as a partnership. Focus needs to be given to what makes a difference. The governance process was also re-emphasised, to report back to the Partnership Southwark Strategic Board (PSSB) and Health & Wellbeing Board (HWBB) twice a year. The Delivery Executive will also have a spotlight given to each of the Wells every month. There is also a priority in addition to the Wells for strategic collaboration with consideration to mental health and how specifically we can work differently.

DQT emphasised the importance of this key work. Having a Health & Well Being plan will enable progress, but it was felt this plan lacked focus and smart content. DQT disagreed that the community is an equal partner, in his opinion community is boss and that key is their approval and feedback that we are getting it right. He felt language was not right and we should be relentless in leadership not ruthless. Some areas are very underdeveloped and questioned the use of public health data. The key purpose of this, is integrated health and social care and this it is not clear and needs to be much bolder, permeating all areas. The plan must have smart measures to tackle inequalities across health and social care services; what is the experience for



black and Asian residents and what will it look like in five years' time? A clearer footing to start from is preferred with integration of health and social care permeating throughout. It was felt to be data light and not suitably accountable; what is the data at approval that can be compared to data in three or five years.

WB felt that housing partners were missing from the integration table and gave example as a parent visiting friends and sitting in their bedroom due to overcrowding.

The Chair welcomed the point made to include housing and wanted to understand timelines to enable detail of a clear direction of what needs to be achieved and to get the wording right. JR agreed this is a plan we want to get right and will use the comments and feedback given with proposal to bring this back to the Board in May. The Chair noted that the Board partners are all accountable for this and asked that they really consider the detail and email JR with comments.

AB stated caution around working at own pace and not aligned to other decisions being taken, especially with regard to financial planning. The health service is also required to have a Joint Forward View (JFV) which is impactful on everything detailed in the plan and a next milestone of 1 July. Alongside the strategic intent is the issuing of a financial strategy that ringfences money for inequality and upstream investments and these timelines need to be considered. He gave reference to enabler opportunities to be brought into the fold, in particular with longer term plans; environment and how to do better with community and primary care estates, digital innovation and a hefty emphasis on community pharmacy.

The Chair clarified the timeline to progress this. JR suggested time be spent to work up more detail and come back in May, in alignment with the JFV.

ACTION:

- **Partners to review the detail and send comment and feedback to JR**
- **Revised Health & Care Plan to be brought back to May PSSB**

5. Southwark 2030

The Chair posed the question 'what would you like to see in Southwark in 2030'. This is seven years away and long enough to be intentional with change to see tangible benefits.

There are a number of events to capture resident views along with incorporating all past discussions. Partnership Southwark have a big opportunity to make change.

Beth Penwarden (BP), Strategy and Change Manager noted work to come together for a shared vision and ambition, working with partners who are attending and hosting consultation and listening events. There is one more on event 8 March to join active, imaginative and hopeful conversations with residents to visualise what life may be like.



	<p>This work is currently in the listening and engagement phase and the next step is for analysis, going back to those that shared view and with partners to break down concepts to shape and develop the shared ambition for the borough in 2030. It will be all about alignment of the whole system, whole borough and whole place to join together and energise what is going on, bringing in real detail.</p> <p>Christine Mosedale (CM), Southwark Council ran through the presentation shared in papers and gave a recap; where we are now, the four workstreams of different ways of engaging, update on the engagement activity, the completed and remaining events, youth engagement and partner update. There was encouragement to promote and engage in the remaining activities.</p> <p>The Chair thanked colleagues for their contribution.</p>
6.	Performance & Assurance
	<p>Due to time limitations the report was taken as read.</p>
7.	Public Questions
	<p>Two Questions were received in advance of the meeting;</p> <p>Question 1: Do patients belonging to a GP practice have a right to contact their GP when struck by illness abroad? Response: <i>If on holiday and they need advice then yes they can ask GP to provide some help by telephone but exactly what depends on the circumstance and may be limited. GPs often ask patients to contact a local clinic for assessment of symptoms or medication requests. If travel back is delayed by illness then sick notes or details for insurance companies can only really be provided if there are documents summarising assessment by a medical facility where the patient is.</i></p> <p>Question 2: Are patients prioritised to see their GP according to their illness? Response: <i>Yes on the whole but practices should be able to offer appointments for a future date for non-urgent issues.</i></p> <p>Responses have been published on the NHS SEL website here</p> <p>The Chair also asked for comment on Waterloo Health Centre and Lambeth Walk GP practice, potentially losing their premises. MW updated that the ICB are aware of Waterloo Health Centre and the Lambeth team are working closely with them. There is work to look for alternative and temporary premises and continued discussions with the current landlord. MW was unable to update on Lambeth Walk but will seek information and come back with an update.</p>
8.	AOB
	<p>No further business was raised.</p>



The next meeting is scheduled for the 4 May 2023 and due to the pressures on the system from the numerous bank holidays was felt best to be held online. Further details will be available on the website ([SEL ICS Events](#)) in due course.

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG

No.	MEETING DATE	ACTION	STATUS	ACTION FOR
1	02/03/2023	Partners to review the Health & Care Plan detail and send comment/feedback to JR/AN	Ongoing	

CLOSED ACTIONS

MEETING DATE	ACTION	STATUS	
01/09/2022	Green Plan to be brought back to future meeting	Closed	On forward planner
01/09/2022	EK to look into where patients can return used equipment. PG to look into used equipment returns for GSTT and KCH and come back to group	Closed	EK and Paran Govenden Update: links have been made with chief therapists and a confirmed response will be published when finalised. Update 2: Response published
03/11/2022	RH to follow up on listing Southwark outlets that will accept the energy vouchers	Closed	Update: A list of up to date outlets cannot be maintained but RH is confirming guidance that can be published. Update 2: Response published
01/09/2022	PG to look at ways to improve the identification of patients that could be referred into the Hospital Buddy project and would also work with KCH on this PG and SW to consider who should be involved for this to be a success	Closed	Paran Govender and Sophie Wellings This was allocated to a Transformation Lead to take forward
02/03/2023	Revised Health & Care Plan to be brought back in May	Closed	On forward plan for May



PLACE EXECUTIVE LEAD REPORT

This report is for discussion and noting; to update the board on key highlights on Partnership Southwark and the delegated functions.

Learning Disabilities & Autism

Learning Disabilities and Autism Lead at Southwark ICB focuses on preventing inappropriate admission to mental health hospitals for Autistic people and people with Learning Disabilities, and supporting those people who are inpatients to live in the community where appropriate. The aim is also to look at ensuring people with Learning Disabilities and/or Autistic people access health and care support in the community that they need and are entitled to. The following explains ways how this is supported across Southwark.

Annual Health Checks are part of the NHS's Long-Term Plan to reduce health inequalities for people with Learning Disabilities. A national target was set for all boroughs to complete 75% of annual health checks for those people on the Learning Disabilities register; Southwark is achieving this target.

There are currently 17 adults with Learning Disabilities and/or Autistic adults in inpatient hospitals who are Southwark residents; eight of these people's care is led by South London Partnership due to the type of placement. There is currently one young person from Southwark in an inpatient hospital.

The Dynamic Support Register (DSR) is a locally held risk register for people with Learning Disabilities and/or Autistic people when there is a risk of placement breakdown and/or hospital admission. There is one DSR for adults, and another for children and young people. The DSRs are reviewed monthly in a multi-disciplinary meeting to ensure patients are receiving the care and support needed across health, social care and education.

Care Education and Treatment Reviews (C(E)TRs) are completed in the community to try and prevent, where possible, people with Learning Disabilities and/or Autistic people being admitted to mental health hospitals. C(E)TRs aim to ensure someone is accessing and receiving all care and support in the community. C(E)TRs are also completed every six months for inpatients to ensure they are receiving all care and support needed, and all is in place for discharge when needed.

LeDeR was developed to learn from the lives and death of people with Learning Disabilities and/or Autistic people. LeDeR reviews are completed to look at learning from these experiences and working towards changing practice as a result. Southwark have a quarterly steering group to embed learning and changes from LeDeR review into local, everyday practice across health and social care.

There is a monthly Learning Disabilities and Autism meeting where professionals from health, social care, commissioning, voluntary and care sector come together to share news and learn about services and resources available for people with Learning Disabilities and/or Autistic people. The group will oversee projects jointly funded with Southwark Council to support the care and support available for Autistic people in the community.



Domestic Abuse and Sexual Violence Programme update – Serious Violence Duty and Survey on DA interventions

The Serious Violence Duty places a duty on specified authorities to work together to prevent and reduce serious violence (set out in the Police, Crime, Sentencing and Courts Act 2022 and accompanying statutory guidance). ICSs, as well as Councils, are one of the specified authorities. The Duty in relation to the healthcare system in England rests within ICBs alone. All parts of the system and the NHS should be thinking about prevention of violence, but the statutory duty applies to ICBs. The definition of “serious violence” now includes domestic abuse and sexual offences. Further information can be found at [Serious Violence Duty - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/serious-violence-duty)

The ICB’s Designated Nurse for Vulnerable Adults will be representing SEL ICB on the newly formed NHSE Domestic Violence/ Abuse and Violence Against Women and Girls Strategic Support Meetings. The purpose of the group is to:

“Have a concentrated number of people who are leading on the VAWG and DVA work for the whole ICB who can share information and ideas. This will enable the group to collaborate both strategically and financially where appropriate for London, whilst sharing good areas of practice and ideas to maximise impact.”

The Bridge Clinic – Southwark Trans Health Clinic

Trans people face significant health inequalities in accessing and receiving health care. There is a significant barrier to trans people accessing both gender affirming care and general non-trans specific primary care. National data from the ‘Trans Lives Survey 2021’ indicates that:

- 57% of trans people reported avoiding going to the GP when unwell.
- 98% of respondents described the transition-related healthcare available on the NHS as not completely adequate, with 47% responding that it is “not at all” adequate.

Data from the 2021 Census shows that Southwark has:

- 4th highest borough in London for levels of trans/non-binary identity.
- 1 in 80 (1.2%; 3,200) residents reported a gender identity different from their birth sex registration, significantly higher than London (0.9%) and England (0.5%) levels.
- Over 1 in 12 (8.1%; over 450) of Southwark’s Burgess Park area identified as trans/non-binary; this was the highest trans/non-binary prevalence in England.
- 66% (approx. 2,100) of Southwark trans/non-binary people are aged 25–54;

As part of the Health Inequalities Funding, Southwark have developed and implemented The Bridge Clinic. This is an innovative and ground breaking service and is recognised nationally as being so. Funding has been agreed for one year as a pilot to understand the demand and delivery model for this service.



The service will provide a 'hub' clinic for trans/non-binary adult people. The hub will bring together clinicians with the relevant training and experience (which is not consistently available at practice level). The clinic runs once a month on a Tuesday afternoon / evening. the clinic is currently only available to South Southwark residents.

The clinic provides:

- general non-trans-specific primary care in order to reduce health inequalities for our trans and non-binary population who may not otherwise access primary care services.
- access to NHS gender affirming treatments and care. This would include referral to NHS Gender Identity Clinics (GIC) clinics, prescribing in line with Shared Care Protocols for those already seen in a GIC and consideration of Bridging Prescriptions for those waiting for a GIC appointment.

Outcomes to Date from December 2022 to April 2023 (5 clinics) there has been:

- 30 new appointments
- 13 follow-up appointments
- 14 gender identity clinic referrals
- 18 hormone therapy start / monitoring care
- 3 cervical smears
- 30 physical health checks
- 8 appointments for general non trans specific primary care – including asthma review; weight management anxiety / depression review; blood pressure review

Finance update

South East London ICB year end position for 2022/23 is a surplus of £16k. The ICB met all its financial statutory duties for 2022/23. Draft final accounts for 2022/23 have been prepared and approved by the Audit Committee. The accounts were submitted to the Department of Health and Auditors on the 26th April in line with national deadlines for accounts submission. Individual borough positions are still being finalised and Southwark place year end position is expected to be an underspend in line with our month 11 reported position.

Final place budgets for 2023/24 have been signed off by the Chief Operating Officer and Place Executive noting some significant local issues. Below shows the final budgets for each area.

Southwark	Total 23/24 budget £'000
Other Acute Services	552
Other Community Health Services	31,024
Mental Health Services	6,263
Continuing Care Services	19,489
Prescribing	31,719
Other Primary Care Services	438
Other Programme Services	463
Delegated Primary Care Services	62,264
Corporate Budgets	4,478
Total	156,690



Southwark place will need to deliver savings of at least 4% which amounts to £3.5m. Currently plans have been identified to deliver £1.8m savings which includes prescribing savings of £1.2m. Southwark place will need to identify plans for the remainder £1.7m savings for 2023/24. In addition within the borough plans there is a cost pressure of £1m for mental health placements which will need to be mitigated during 2023/24 and plans identified to reduce these costs on a recurrent basis.

Decisions taken at Place

Enactment of the next 5 years of the 5+5 years APMS contracts for Lister and Falmouth Practices

The Primary Care Group confirmed their support of the recommendations on 28 March 2022, that the contractors should be issued with the next five years of their contract. The initial five years of the APMS contracts for AT Medics at Lister and Falmouth Practices comes to an end in September 2023. The first 5-year term of the APMS contracts comes to an end on 30 September 2023 and there was an option to extend by agreement between the parties. AT Medics has confirmed that it is willing to extend these contracts for a further 5 years, which is allowable under the contract terms and has been agreed to and approved by the Place Executive Lead.

Contract award report for the re-procurement of specialist nursing beds for individuals eligible for NHS Continuing Healthcare (CHC) funding in South East London ICB.

SEL ICB and its predecessor organisations established a contract with a nursing home provider for the provision of several specialist nursing beds for individuals eligible for NHS Continuing Healthcare. Southwark co-ordinate the contract on behalf of the six boroughs. The contract provides specialist nursing beds at two nursing homes, one in SEL and one in SWL across three agreed tiers/levels of need, each with an agreed weekly bed rate. The patients cared for through this service are complex neurological and spinal patients with a need for specialist intervention, that cannot be met in non-specialist care homes.

SEL contract expenditure which is aligned to activity levels across the three tiers, varies year on year depending on in-year activity, but has been circa £10m per year. Without the contract, the ICB would have to spot purchase the placements. The spot purchase weekly bed rates are at least 10% higher than the contract bed rates.

A market engagement exercise was held with the NEL Procurement Team where two providers (including the existing provider) expressed an interest in the service, but following the evaluation of the bid submissions, only one provider (the existing provider) met the eligibility criteria.

Approval was granted to award the contract to the existing provider Fairlie Healthcare.

James Lowell
Place Executive Lead

Partnership Southwark Strategic Board Cover Sheet

Item 4 Enclosure 4

Title:	Planning Update
Meeting Date:	4 May 2023
Authors:	Annie Norton / Adrian Ward
Executive Lead:	James Lowell

Purpose of paper:	To update Partnership Southwark on various plans	Update / Information	✓
		Discussion	✓
		Decision	
Summary of main points:	<p>The attached slides set out updates regarding:</p> <ul style="list-style-type: none"> ▶ PS Health & Care Plan ▶ SEL ICB Joint Forward Plan ▶ SEL ICB Southwark NHS Operating Plan ▶ Southwark Better Care Fund Plan 		
Potential Conflicts of Interest:	None		
Impact:	Equality Impact	External plans are rooted in engagement work with local population(s) to ensure that they focus on areas of most need and address inequalities.	
	Financial Impact	Financial impacts of these plans will need to be worked through further in terms of ensuring that capacity is aligned with delivery.	
	Sustainability Impact	<p>The Health & Care Plan has sustainability at its heart in terms of ensuring that we collectively reduce inequalities in a sustainable way.</p> <p>The Joint Forward Plan contains a section on sustainability and ICS Green Plan delivery.</p> <p>The Operational Plan includes a workstream objective to contribute to the ICS Green Plan in line with the Partnership Southwark sustainability policy statement.</p>	
Other Engagement	Public Engagement	External plans are rooted in engagement work with local population(s).	



	Other Committee Discussion/Engagement	
Recommendation:	To note the contents of this update regarding Planning.	

Partnership Southwark



Working together to improve health and wellbeing for the people of Southwark

Planning Update – May 2023

PS Health & Care Plan - update

For each priority, the following is being assembled and will be set out in the updated Health & Care Plan when it is brought back to PSSB for sign-off – the intention is for this to happen at the July PSSB meeting:

- ▶ The population(s) and/or neighbourhood(s) covered
- ▶ Intended impact and ambition
- ▶ Indicators (linked to JSNA inequalities or other information of relevance, as available)
- ▶ What is going to change (this will be a hypothesis/hypotheses to be tested out with the local community to ensure that whatever is changed meets their needs) – there is an underlying principle that all changes will consider how health and social care can change the way they work to ensure that they are genuinely integrated wherever necessary
- ▶ Who will be driving the changes
- ▶ When we expect changes from activities to alter indicators and by how much/to what, shown over the shorter, medium and longer term, as appropriate
- ▶ Where and how often reports will be made, including clarity about the role of Exec, in particular
- ▶ Links to other strategies and other groups where work falls with the categories of “sponsor” or “observe”, rather than “drive”

SEL ICB Joint Forward Plan – update (1 of 2)

- ▶ SEL ICB has published its draft Joint Forward Plan which sets out medium-term strategic objectives for the Integrated Care Board
- ▶ The plan supports the delivery of the strategic priorities of the wider Integrated Care Partnership
- ▶ The plan will be finalised by the end of June, following responses received from engagement, which will include borough Health and Wellbeing Boards, and also refreshed annually
- ▶ The Joint Forward plan includes a Southwark borough section, which has previously been presented to the board in its draft form. This section is closely aligned to our place based plans including the Joint Health & Wellbeing Strategy, the emerging Health & Care Plan and the borough NHS Operational Plan.
- ▶ In addition, the plan summarises the objectives of the SEL-wide programmes that are not delegated to place

Link to the plan, plus summary of engagement opportunities:

<https://www.selondonics.org/who-we-are/our-priorities/joint-forward-plan/>

SEL ICB Joint Forward Plan – update (2 of 2)

Focus will be on areas of maximum impact for our community:

- ▶ Urgent and emergency care
- ▶ Mental health
- ▶ Children and young people
- ▶ Learning disability and autism
- ▶ Planned care
- ▶ Maternity
- ▶ Cancer care
- ▶ Long term conditions
- ▶ Primary care
- ▶ Palliative and end of life care

To make sure we work in the best way to achieve these priorities, we are talking to people and communities in various ways, for example:

- Joining Healthwatch Southwark's Community Health Event to talk to people and hear what they think (stand and presentation with discussion about how best to implement things, 3 May)
- Providing online opportunities for people by promoting the SEL survey and webinars (9 May 12.15pm - 2pm & 23 May 6pm - 7.45pm)

SEL ICB Southwark NHS Operational Plan - update

- ▶ Under the SEL ICB planning framework for 2022/23, borough teams are required to develop an Operational Plan for 2022/23 which sets out detailed delivery plans for key elements of NHS business that are delegated to place. This consists of borough contributions to SE London plans such as:
 - SEL Operational Plan
 - Joint Forward Plan
 - Integrated Care Plan
 - Local priorities, including those that are reflected in the emerging Health & Care Plan
- ▶ PS Delivery Executive has reviewed the draft that was submitted at the end of April
- ▶ The Operational Plan will be updated to reflect both the final Health & Care Plan and the Joint Forward Plan
- ▶ The ICB team will use the Operational Plan as a delivery monitoring framework, reporting progress to the Integrated Governance & Assurance Committee during the year

Southwark Better Care Fund Plan 2023/25 - update

- ▶ BCF policy framework and planning guidance was issued in April, with a requirement for the council and ICB to develop a 2-year plan for submission by 28 June
- ▶ As with previous years, there is strong emphasis on plans for strengthening integrated out-of-hospital health and care services that effectively prevent avoidable admissions and reduce delayed transfers of care. The 2 core objectives are to:
 - Enable people to stay well, safe and independent at home, for longer
 - Provide people with the right care, at the right place, at the right time
- ▶ Minimum NHS funded amount increases 5.66% to £28m - core community health and social care services currently funded from the BCF will largely roll forward
- ▶ BCF Planning Group is working through the requirements for the council / ICB's pooled budget plan, including the Adult Social Care Discharge Fund, which continues to be incorporated within the BCF
- ▶ A draft will be available for discussion with the partnership by the end of May

Partnership Southwark Strategic Board Cover Sheet

**Item 5
Enclosure 5**

Title:	Community Southwark ‘State of the Sector’ Report
Meeting Date:	4 May 2023
Author:	Anood Al-Samerai, CEO Community Southwark
Executive Lead:	Anood Al-Samerai, CEO Community Southwark

Purpose of paper:	Community Southwark has conducted a major piece of research into the State of the Voluntary and Community Sector in the borough.	Update / Information	
		Discussion	Y
		Decision	
Summary of main points:	<p>Background</p> <p>This report reflects the contributions of hundreds of different voices from Southwark’s Voluntary and Community Sector (VCS) and its partners. It presents a picture of the sector and proposes actions to support and strengthen it.</p> <p>Southwark’s Voluntary and Community Sector</p> <p>Despite huge demands of austerity, Covid-19, and the cost-of-living crisis, people remain dedicated and committed. The VCS in Southwark is loved and trusted. It is embedded in and respected by communities. Whilst the research gave a chance for people to highlight problems, what came through most strongly was a determination to tackle the issues, including the deep-rooted inequalities in our borough, and to be creative with the solutions.</p> <p>The research shows Southwark’s VCS is vibrant, diverse, and complex – like the borough and its people. It cannot be treated as a homogenous block by decision makers or by the sector itself. Extra care must be taken to ensure that all voices are heard, especially from groups which are smaller or historically under-represented. It is this diversity and complexity which has enabled the VCS in Southwark to be so resilient, and adaptable and to reach those in greatest need.</p>		
Potential Conflicts of Interest	None		
Equality Impact	The VCS play a key role in supporting local communities at a grass roots level as well as more broadly and are determined to tackle inequalities. The report sets out some		

		actions that the partnership (as well as wider funding partners) can do to further support the sector in their work.
	Financial Impact	The report includes some recommendations on funding for the partnership to consider building on work that has already started.
	Environmental Sustainability Impact	Use of and sharing of estate space is one of the recommendations of the report
Other Engagement	Public Engagement	Engagement with the sector is set out in the Community Southwark report.
	Other Committee Discussion/Engagement	Representatives of Partnership Southwark attended the report launch
Recommendation:	Recommendations	
	<p>The report focuses on issues coming from the research:</p> <ul style="list-style-type: none"> • with the greatest impact on the VCS, • that affect the largest number of groups, • where the biggest differences can be made. <p>Funding, premises, and relationships with statutory partners are the areas which meet these criteria and around which the report’s recommendations are focused. Other issues, such as staff and volunteer recruitment and retention, are discussed.</p> <p>Call to Action</p> <p>In this report the VCS has come up with a call to action. A call for:</p> <ul style="list-style-type: none"> • Funders to invest in the VCS itself – through core and unrestricted funding, and simpler application processes. • All partners to come together to tackle the long running challenge of community space and premises. • The Council and other statutory partners to commit to clear principles for engagement and commissioning. 	



State of the Southwark Voluntary and Community Sector

Research Findings and Call to Action

2022-2023



Community
Southwark



If you need this document in any other format, please contact info@communitysouthwark.org

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1. Executive summary

Background

This report reflects the contributions of hundreds of different voices from Southwark’s Voluntary and Community Sector (VCS) and its partners. It presents a picture of the sector and proposes actions to support and strengthen it. We are grateful to all those who gave their time, expertise, and thoughtful input. We are also grateful to Southwark Council and many of Southwark’s grant funders who have engaged so positively. The Council’s 2022 manifesto recognised the importance of community-led action, and its Southwark 2030 work gives a real opportunity to use the findings from this research to work strategically and in genuine partnership with the VCS.

Southwark’s Voluntary and Community Sector

The sections which follow give considerable detail about the challenges faced by the sector in 2022-23. Despite huge demands of austerity, Covid-19, and the cost-of-living crisis, people remain dedicated and committed. The VCS in Southwark is loved and trusted. It is embedded in and respected by communities. Whilst the research gave a chance for people to highlight problems, what came through most strongly was a determination to tackle the issues, including the deep-rooted inequalities in our borough, and to be creative with the solutions.

The research shows Southwark’s VCS is vibrant, diverse, and complex – like the borough and its people. It cannot be treated as a homogenous block by decision makers or by the sector itself. Extra care must be taken to ensure that all voices are heard, especially from groups which are smaller or historically under-represented. It is this diversity and complexity which has enabled the VCS in Southwark to be so resilient, and adaptable and to reach those in greatest need.

Recommendations

The report focuses on issues coming from the research:

- with the greatest impact on the VCS,
- that affect the largest number of groups,
- where the biggest differences can be made.

Funding, premises, and relationships with statutory partners are the areas which meet these criteria and around which the report’s recommendations are focused. Other issues, such as staff and volunteer recruitment and retention, are discussed in section 9.

Call to Action

In this report the VCS has come up with a call to action. A call for:

- Funders to invest in the VCS itself – through core and unrestricted funding, and simpler application processes.
- All partners to come together to tackle the long running challenge of community space and premises.
- The Council and other statutory partners to commit to clear principles for engagement and commissioning.

Key Recommendations:

Funding



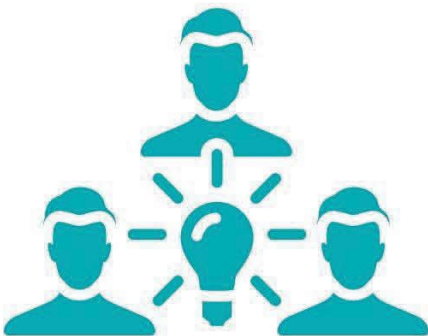
- Top Southwark funders sign up to doing funding differently
- Pilot, test, and share new approaches to funding decisions
- Support fundraising capacity

Premises



- A genuinely affordable community space in every neighbourhood
- A VCS Premises Advice Service
- Policy changes at the Council's Property and Planning Departments

Relationships with statutory partners



- A new, simple, and respectful set of principles in the VCS strategy
- A comprehensive review of commissioning with engagement from the VCS

2. Methodology

The core objectives of this report are to:

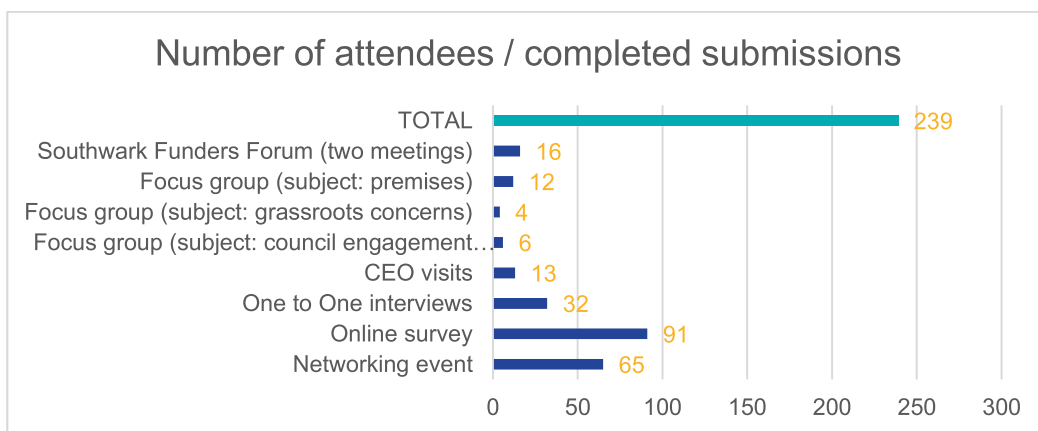
- Provide a snapshot of the Voluntary and Community Sector (VCS) in Southwark in 2022-23.
- Outline the key challenges faced by the sector.
- Put forward recommendations from the VCS for the VCS, the Council, funders, and Community Southwark to help improve conditions in the sector.
- Inform an evidence-based and transparent agenda for Community Southwark, Southwark Voice, and our partners.

To do this, the research required extensive data collection from over 200 VCS organisations taking place between September and December 2022. Different data collection methods were used and the focus was on the period 2022-23. Chart 1 shows the number of submissions for each of these:

- **Café conversations:** group discussions at a major networking event to highlight key areas of concern and potential solutions for the VCS. Contributions from attendees representing different-sized groups and services were captured on paper and analysed after the event.
- An **online survey** to collect quantitative data to show key concerns of the sector, distributed to the Community Southwark membership (Chart 2 shows a breakdown of survey submissions by income bracket).
- A series of telephone / online / in person **one-to-one interviews** to better understand the experience and ideas of VCS groups and individuals and gather case studies.
- Four **focus groups** exploring possible recommendations with in-depth discussion on how best to address challenges.

A financial contribution was offered to all VCS groups that participated in this research. This was made possible by kind donations from Sea Containers London, United St. Saviour’s Charity and ZS Associates. ZS Associates employees and a local volunteer, Janet Morris, conducted interviews and ZS also analysed interview and survey data in support of this project.

Chart 1



3. Context

3.1 Southwark

Southwark is a densely populated inner London borough with a population of 314,000. Almost half the community belongs to an ethnic minority, including the largest Black African population in the UK. It also has some of the highest areas of poverty and deprivation in the UK, with 25,700 children living in poverty (as high as one in three in some wards). Health issues are prevalent in the borough: 55,000 adults have a mental health condition, 41% of children in Year 6 are obese, and there is the second highest level of sexually transmitted infections and HIV in England. Air pollution and poor housing conditions are amongst the worst in England.

These stark figures are symptoms of huge inequalities that were clearly demonstrated during the pandemic. Covid-19 resulted in an increased demand for care, which disproportionately affected ethnic minorities in Southwark, as well as women and those living with disabilities. 29% of Black residents live in the most deprived neighbourhoods, compared to 17% of White residents. Similarly, 46% of Black residents experience food insecurity, contrasted with 9% of White residents.¹

Despite these challenges, Southwark's VCS is vibrant and plays a vital role in tackling these inequalities and giving marginalised people and communities practical support, advice, and a voice for change.

Southwark is an economically active borough with a thriving business sector. Despite pockets of deprivation, there are also affluent wards and notable development and regeneration projects. Some of these projects have proved controversial because of a lack of input from the local community in their design, an inadequate supply of affordable housing and workplaces, and disruption to the local economy. And yet the wealth, resource, and skills in the borough provide an opportunity for the VCS.

3.2 Community Southwark

Community Southwark is the umbrella body for Southwark's VCS and supports charities, community groups, and individuals through capacity building, networks, and training. Community Southwark meets the varied needs of the diverse VCS in Southwark, from small volunteer-led grassroots community groups to more established charities. Our 1,000 members work with a wide range of people and communities from older people, to people with disabilities, to children and families and cover a wide range of different issues including food insecurity, mental health, and social exclusion.

Community Southwark Vision: A Southwark in which all communities and individuals can fulfil their potential.

Community Southwark's 2022-26 strategy:

1. A more impactful, collaborative, and sustainable Voluntary and Community Sector.
2. A more inclusive, diverse, and equal Southwark.
3. A Voluntary and Community Sector able to influence change.

¹ [JSNA Annual Report 2022](#), Southwark Council. Pages 9, 13, 14 18, 23, 28, 34 and 45.

4. The Voluntary and Community Sector in Southwark in 2022-23

Respondents across all data collection methods highlighted that events in recent years have proved challenging for the sector, but that they have also shown the unique value of the VCS.

The Covid-19 pandemic meant some groups received emergency funds from the Government to help meet the needs of the local community.² However, these funds have since been withdrawn, leading to a shortfall in finances to meet needs at the same time as the cost-of-living crisis impacts demand on services, finances, and capacity.

The severity of the challenges often overshadows the contributions VCS groups make. Groups reported that their positive impact is rarely celebrated and, when their achievements are recognised, they are too quickly forgotten. The sector stepped up during the Covid-19 pandemic, for example to distribute food parcels to vulnerable local people. It worked together with the Council through the Community Hub initiative, enabling vital support to be provided to some of the hardest-to-reach individuals and communities.

There are many attributes of the VCS that enable such impactful work to take place such as the sector's responsiveness: "Without going through any bureaucratic process...[the VCS] is able to better understand the communities living in the neighbourhoods" (Chief Executive, InSpire at St. Peters).

Other groups emphasised the sector's ability to work together: "The voluntary sector is made up of different groups, and it is very good at collaborating when needed. Small things really matter here" (member, Southwark Pensioners Action Group). Community Cycleworks CIC highlighted its connectivity, "There is always somebody willing to reply to you if you ask for information...this sector is about trying to connect people" (Director, Community Cycleworks CIC).

The Southwark VCS is vibrant, and diverse, and boasts a longstanding heritage. It also adds economic value. Data from the Charity Commission, Open Giving, and Southwark Council show that:

- There are over 1,324 registered charities in the borough.
- There are a further estimated 3,000 – 4,500 unregistered community groups according to Southwark Council.
- In 2021 there were over 45,086 filled volunteer positions in the borough, 4,626 of which were trustees and 1,066 corporate volunteers.³
- Over six million volunteering hours were completed which at the rate of London living wage brings an economic contribution to the life of the borough worth over £65 million.⁴
- One study estimates that £2 is saved for every £1 spent on the VCS, e.g. by providing mental health services that would otherwise cost the government.⁵

² [Respond, Recover, Reset: Two Years On](#) (2022). Nottingham Trent University, Sheffield Hallam University and NCVO. Page 2.

³ [Appendix 2: Supporting active communities - volunteer strategy for Southwark 21-24](#) (2021). Southwark Council. Page 1.

⁴ [Appendix 2: Supporting active communities - volunteer strategy for Southwark 21-24](#) (2021). Southwark Council. Page 2.

⁵ Franklin, Graham & Whittaker (2020). [Undervalued and overlooked? The need for better understanding civil society's contribution to the UK economy](#). Pro Bono Economics.

5. Grassroots groups

‘Grassroots’ and ‘community groups’ fit within the community sector, which is different from the charity sector although often viewed as part of the whole VCS. Grassroots community groups tend to be more informal often based in a neighbourhood, and without paid staff. Registered charities are more likely to have a hierarchy like professionalised industries, with managers, officers, and volunteers.

The community sector primarily has a ‘horizontal peer social system,’ where people freely associate with one another and, in doing so, form bonds while also working towards a goal that, if achieved, will improve the lives of those in a particular community. Such communities can be based on issues e.g. Covid-19 mutual aid, or geography, e.g. the Old Kent Road Community Campaign for reuse-led (not demolition-led) regeneration. They can also be based on interest or identity, e.g. the SUNBEAM Forum, a network to support Southwark’s Black and Minority Ethnic communities. This sector includes activists and informal networks of individuals focused on community action.

Some organisations are hard to categorise e.g. a group of activists who aspire to be a more formal voluntary organisation. In this respect, it can be difficult to establish which groups are grassroots. One attribute that does indicate whether a group exists in the grassroots of civic life is income, as larger organisations with paid staff tend to receive recurring annual income.⁶ The survey for this research included a question about annual income. This provides a useful indication of the experiences and concerns of grassroots organisations, although groups may not always neatly fit into this criterion.

The research also included a focus group with ‘community activists’ from grassroots groups. Much of their input is picked up in the ‘Relationships with the Council and other statutory partners’ section. A key challenge for these smaller, less formal groups is how they can be heard in formal statutory structures. The council committed to investing in community-led action in its 2022 manifesto. Existing community groups are essential if this concept of community-led action is to be realised, but groups must be heard and take part in decisions. There is a feeling that people who regularly contribute and challenge are seen as the ‘usual suspects’. This attitude is perceived by groups as disrespectful to activists who volunteer to improve communities but may have different ideas about how to do so.

Community Southwark historically had two networks: Small Groups and Community Activists. These have been merged into a Grassroots Group. There is no collected data on how many grassroots groups there are in Southwark. National estimates are that total VCS activity carried out by grassroots groups is about three to five times greater than by registered charities⁷. The grassroots membership of networks varies. Southwark Planning Network, for example, has almost 100% grassroots membership. Others such as Southwark Legal Advice Network are made up primarily of registered charities. Southwark Voice (made up of the Chairs of all Southwark’s VCS networks) will consider how each network can explore the extent of grassroots groups in their area of work, and the most useful way for them to realise the following ideas.

- A Community Southwark needs assessment in partnership with grassroots groups.
- Administrative support, from printing facilities to accountancy, to help strengthen grassroots groups.
- A training and development pilot for grassroots activists to come together with peer advice, mentoring and action learning sets to tackle challenges in a collaborative way.

⁶ E. Conn (2011), [Community engagement in the social eco-system dance](#). Third Sector Research Centre. Pages 6, 13 and 14.

⁷ A. McCabe, J. Phillimore and L. Mayblin. [‘Below the radar’ activities and organisations in the third sector: a summary review of the literature](#), Third Sector Research Centre. Page 3.

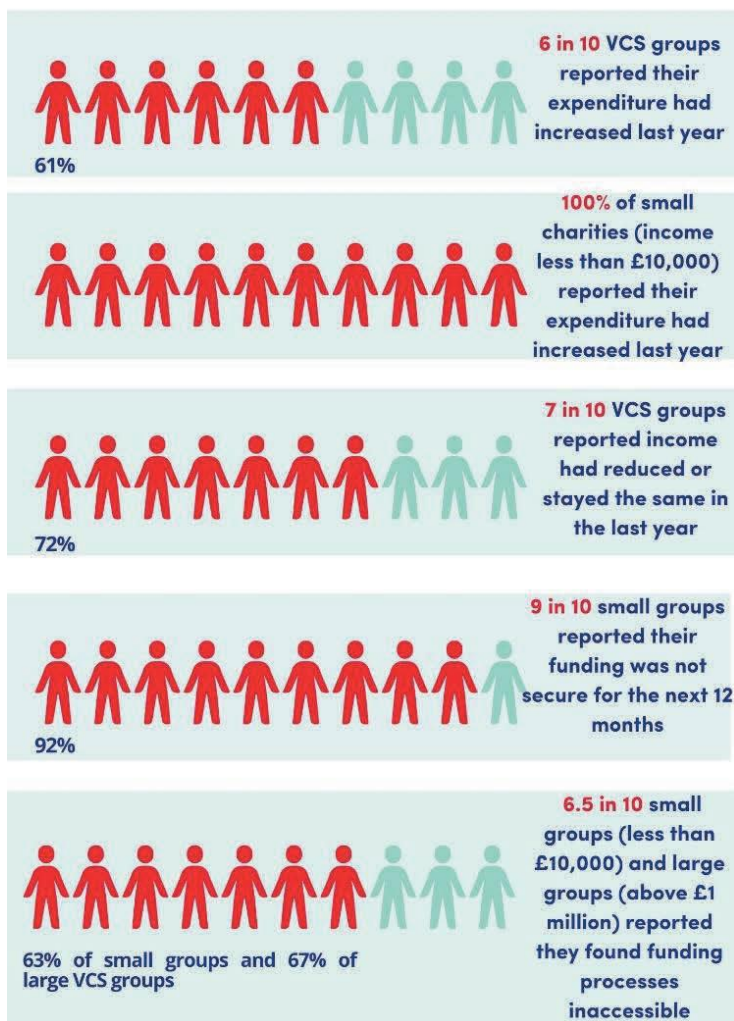
6. Funding

6.1 Funding introduction

Generating income has always posed a challenge for VCS groups. Events in recent years have exacerbated this issue, resulting in increased competition for pots of funding. In our research, funding was the most frequently cited challenge among the Southwark VCS. This was followed by premises which arguably also links to funding, given the pressure of paying for premises.

- 66% of all groups reported funding as one of their top five challenges.
- 50% of VCS organisations of income between £100,000 and £500,000 raised funding as their biggest challenge.
- This challenge is even greater for smaller groups – often those who have been historically under-represented with 92% of small groups (income less than £10,000) reporting that their funding is not secure for the next 12 months.

Chart 3: Funding insights from the survey



Key funding issues

<p>Restricted/short-term funding:</p> <ul style="list-style-type: none"> • Funding is often linked to ‘projects’ and it is difficult to get funding for unrestricted funding or core costs. • Lack of funding for core costs means that core functions such as finance, HR, and leadership are not given enough priority and affect an organisation’s ability to be sustainable and impactful. • Restricted and short-term funding (that is not multi-year) limits community groups’ ability to respond to changing needs and challenges 	<p>Time-consuming application processes</p> <ul style="list-style-type: none"> • The application and monitoring process is often complicated and inflexible, even for small grants. Time is then taken away from delivering services which limits what groups can achieve, their impact, and how they grow. • Written applications benefit people with English as a first language or who are educated to degree level, not necessarily those who are best at delivering projects. • Because of complex processes, funding may not reach small user-led groups or groups that have the most trusting relationships in their communities and could be highly impactful. They are not part of the ‘establishment’ and do not have strong, existing relationships with funders.
<p>Decision making/feedback:</p> <ul style="list-style-type: none"> • Decisions are often made by what is perceived as an anonymous panel that may not be sufficiently diverse and does not appear to be accountable or transparent. • VCS groups spend time on applications but then have little or no useful feedback as to why funding was not agreed and how they could improve their application. 	<p>Cost-of-living crisis and other issues:</p> <ul style="list-style-type: none"> • People running organisations are also delivering frontline services. • Current funding systems limit flexibility. • As the cost-of-living crisis continues to deepen, VCS groups have reported increasing demand for services but there are fewer resources to meet this need and it is harder to find sustainable funding sources. This situation is likely to worsen.

6.2 Restricted/short-term funding

“ Funding across the VCS is often short-term project focussed funding. At Breathe Arts Health Research we pride ourselves on delivering long-term, sustainable programmes which can be challenging when faced with short-term funding.

Head of Scalability, Breathe Arts Health Research

(We need) more core and unrestricted. Flexibility is key if organisations are to survive cost of living, following austerity, Brexit and Covid.

Founder, Rastafari Movement

No-one ever funds the Finance Manager

Director, Pecan ”

“ CAPACITY is the biggest challenge –you need money to pay people to do what the organisation is trying to do. Organisations may know what to do but lack the resources/capacity to do it. Volunteering can only go so far; people only have limited time to volunteer. Organisations need to be self-sufficient, which probably means they need to generate income. ”

Blue Bermondsey BID Manager

Restricted and short-term funding was a consistent challenge for respondents completing the survey and taking part in interviews. Often, VCS groups are competing for sources of funding that are unlikely to sustain them for long periods of time. One report notes, “Short-term funding is particularly problematic because most charities are dealing with long-term problems.”⁸

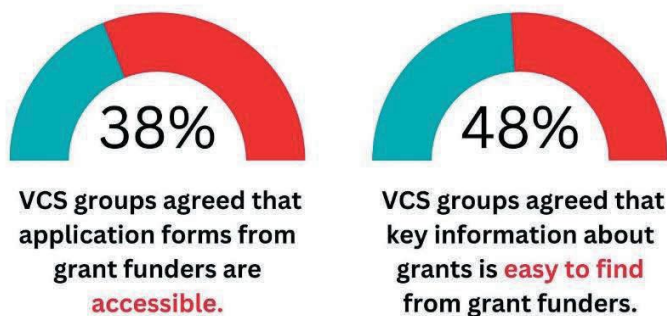
“The consequence of this approach is that VCS groups are continually firefighting without enough time to develop strategy” (CEO, Pecan). This reactive approach, which responds to issues as they are happening, is rarely able to address long-term problems, ranging from chronic staffing issues to systemic inequalities, e.g. disparities in education among Southwark’s BAME communities.⁹

Restricted funding, where core costs and overheads are often not funded at all, causes sustainability issues. Investment in organisations themselves is crucial if they are to be resilient and adapt to both short and long-term pressures.

Restricted and short-term funding affects an organisation’s ability to plan for the long term which in turn limits their ability to grow. Under the current model, building capacity by, for example, hiring paid staff or renting larger premises is not realistic for groups reliant on short-term grants.

6.3 Time-consuming application and monitoring processes

Chart 4



⁸ [Small charities responding to COVID-19: Summer 2021 update](#) (2021). Lloyds Bank Foundation. Page 15

⁹ [Appendix 3: Public Health Division Place & Wellbeing](#) (2020). Southwark Council. Page 1.

Lengthy application processes may also deter community groups from using their limited time and resources to complete them in the first place, particularly if grant funders have turned down previous applications. This prevents groups from growing and forces them to ‘live hand to mouth.’

Many groups expressed frustrations about the impact of lengthy applications on frontline work: “Whatever we can do to stop the massive time-sink of fundraising applications will stop money being drained out of service delivery” (Director, Blackfriars Settlement).

Although larger charities might be able to afford a dedicated fundraiser, one group notes, “Smaller organisations can't afford to have a fundraiser on their team, so you're doing it by yourself” (Project Coordinator, Step Out).

Another organisation takes issue with how grant funders request information: “It really doesn't have to boil down to a beautifully written piece. Understanding the idea and looking at the bigger picture would have been very helpful for organisations like ours which is led by people from deprived and migrant backgrounds” (Staff, The Centre for the Advancement of Development and Human Rights).

Several research participants noted that the application forms are complicated and that there are unreasonable monitoring requirements attached to them:



“ The Council Neighbourhoods Fund application is reasonably straightforward, but the documentation requirements once the funding has been awarded, are quite onerous.
Treasurer, Bermondsey Street Festival Association

Monitoring and end of project reports can take up a lot of time for small amounts of funding.
Volunteer, Friends of Burgess Park ”

6.4 Decision making and feedback

There were also many examples given of funders taking many months to respond to funding applications, leaving groups with uncertainty in the meantime. It was not uncommon to hear of groups waiting well over six months for decisions. Whilst groups appreciated that funders also have limited capacity, they suggested that reducing the administrative processes for both funders and potential grantees would assist all involved.

Across the VCS, there are few groups satisfied with feedback given for unsuccessful applications, e.g. just 6% of groups in the £10,000-£100,000 income bracket (see Chart 5). If an application takes a long time to complete, a lack of feedback for an unsuccessful application brings even more frustration, particularly for groups with fewer resources.

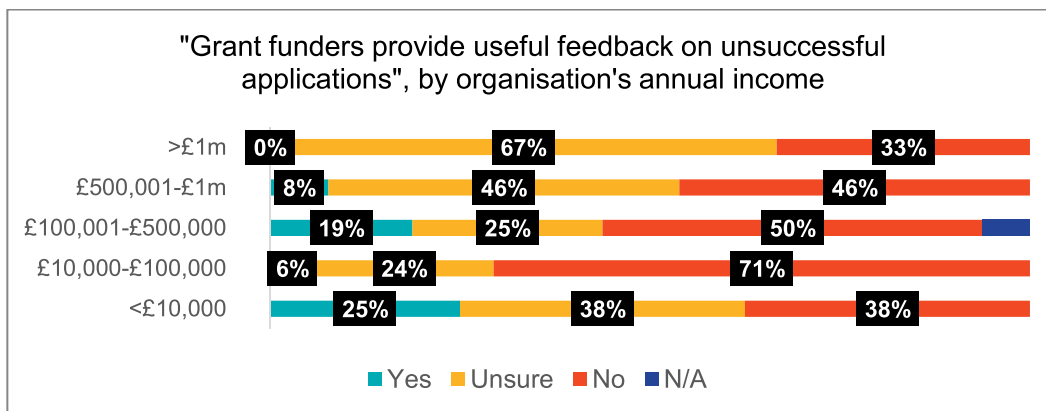
When feedback is provided, it often lacks detail: “Feedback on unsuccessful applications is often vague...Funders could be more specific” (Company Administrator, Theatre Peckham). The advantages of comprehensive feedback are clear: it enables organisations to continually improve their application responses, thereby improving their chances of bidding successfully.



Furthermore, there is also a perception from VCS groups that there is a lack of transparency from those making decisions about grants and a lack of input from those rooted in communities about how funding decisions are made. This has been a particular concern for ethnic minority-led groups and why it is so important that the Council has set aside some ring-fenced Equalities Grant funding.

Participatory grant making (devolving decision-making power to the very communities impacted by funding decisions) has the potential to tackle many of the challenges VCS groups face with regards to fundraising. There are many ways in which it can be done and many examples from all over the UK where funders and communities have worked together to develop a participatory grant making process. In Southwark, The Giving Lab set up by the Social Investment Partnership, enables residents, local organisations, and other service providers in Walworth to work together to change how things are currently done.

Chart 5



6.5 The cost-of-living crisis

There are many reasons why the issue of funding particularly affects VCS groups at the moment, from the removal of Covid-19 emergency funds to council budget reductions. At present, the cost-of-living crisis is the most significant barrier to sound finances.

“ Raising funds is definitely one of our biggest challenges. The cost-of-living is increasing rapidly and can massively impact the budgets of the organisation. ”

CEO, InSpire at St Peters

VCS groups have incurred higher costs because of the cost-of-living crisis, particularly on energy bills. For example, Pembroke House reported an unexpected additional energy bill of £10,000 for which they had not budgeted. 61% of groups reported higher expenditure in 2022 compared to the previous year; however, just 28% of groups reported increased year-on-year income. Higher costs have had a significant impact on groups of all incomes (see Chart 6), but this is not the only effect of this crisis on VCS groups.

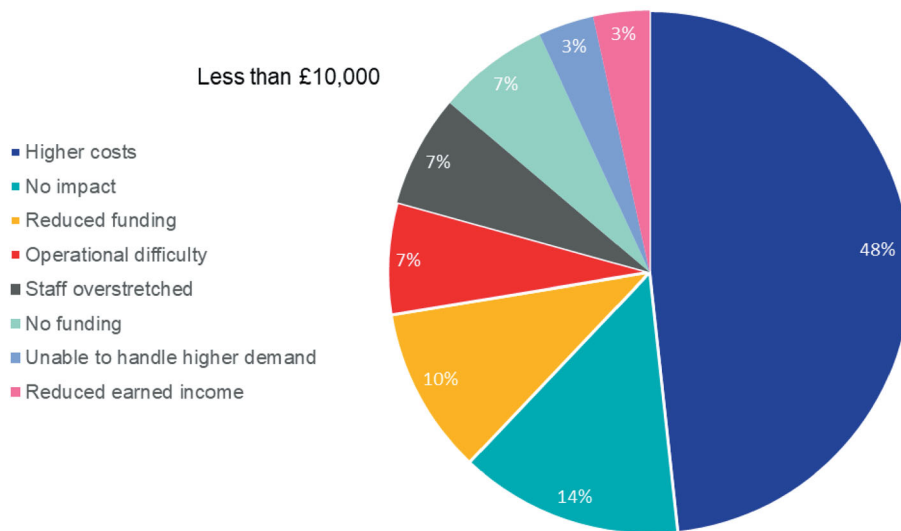


The cost-of-living crisis has also affected service users. According to Southwark Council research, people already in a vulnerable position, for example those on low incomes, are being, and will continue to be, most deeply impacted by the current economic situation. Low-income households spend a higher proportion of total expenditure on food, housing, and energy – areas which have seen the highest inflation; and they have less ability to cut back on essentials (40% for the lowest income group). Also, there is evidence that the increasing cost of living can significantly impact those already affected by other factors such as poor mental health or disability.¹⁰

The two key drivers of the cost-of-living crisis – fuel poverty and food insecurity – disproportionately affect Black residents of the borough, placing them in a more difficult situation as the crisis intensifies.¹¹ In October 2022 the Runnymede Trust revealed that Black households are more than twice as likely to be in deep poverty than their White peers.

This has driven demand for services, stretching budgets further. The complications resulting from diminished budgets and increased demand are summed up by The Ernest Foundation, a group that supports people affected by HIV: “The cost-of-living crisis is having a great impact on service-users. They cannot afford essentials and food. The Ernest Foundation has been supporting them with some of these things and when things are out of our reach, we refer them to food banks. We refer those living in Southwark, and who have a fixed address, to Southwark Council for support in paying their energy bills. But most have no fixed address. The issue now is that we have also been impacted with the cost-of-living crisis and can hardly satisfy the people we support.” (CEO, The Ernest Foundation)

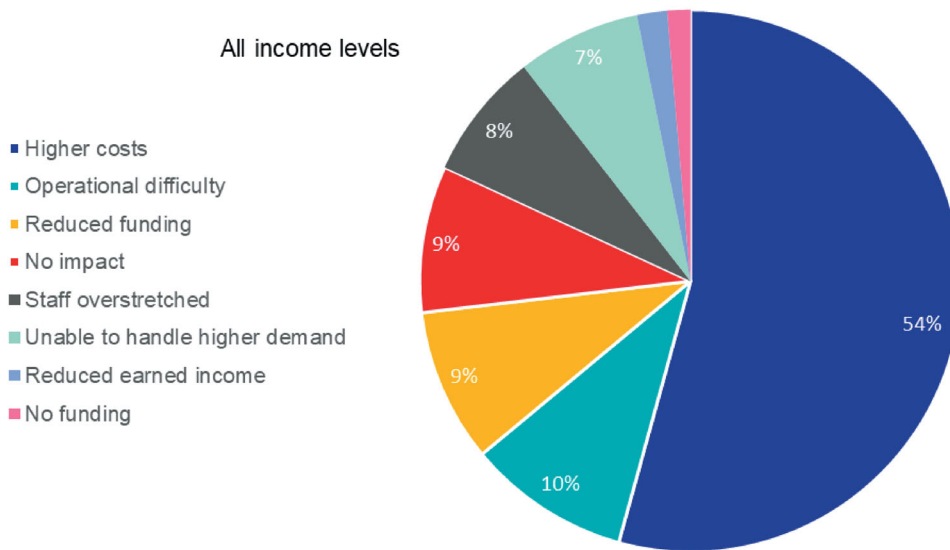
Chart 6: “In what ways has the rise in the cost of living impacted your organisation?” Less than £10,000



¹⁰ *Cost of Living Crisis: Impacts across protected characteristics* (2022). Southwark Council. Page 3 and 5.

¹¹ *JSNA Annual Report 2022*. Southwark Council. Page 20.

Chart 7: “In what ways has the rise in the cost of living impacted your organisation?”



6.6 Recommendations: Funding

It is unsurprising that funding comes through as the biggest issue for VCS groups in Southwark in 2022-23. It is also one that disproportionately affects smaller groups which don’t have sufficient fundraising capacity or existing relationships with funders. Across all groups there are challenges of complicated application processes, unclear decision making, and not enough constructive feedback.

Recommendations for Community Southwark:

Community Southwark currently offers advice and training around fundraising, but the research shows that more support is needed by the sector. Community Southwark must:

- Focus more on **helping groups make fundraising applications**.
- Give **more training and make connections** between funders and groups.
- Continue to work with the Council on the **Grants Review of ring-fenced funding for BAME led groups** and lobby for this to be extended beyond one year, given how important it is for BAME communities to be able to access grants where they have historically been under-represented.
- Work with Partnership Southwark, United St Saviour’s, and other funders to **pilot new and different ways of grant making** which involve the VCS in the process. Share the learning from these trials widely.

Recommendations for Funders:

Whilst we understand that many grant funders and the Council have tried to improve funding processes over recent years, there is still much more to be done. This report acknowledges the Institute for Voluntary Action Research (IVAR) eight principles of Open and Trusting Grant-Making and the Southwark funders already signed up to these.¹²

¹² [Flexible Funding](#) (2022). IVAR.

Using the IVAR principles and the voices in this research we have set out key principles for funders in Southwark. We understand that some of these are large national charities, and some are smaller and traditional, but it is important that all these funders hear the voices in this research and their consistent call for change.

Community Southwark will be asking Southwark’s top 20 funders* to sign up to the following principles:

- 1. Give core, unrestricted, multi-year grants.** Invest in VCS groups in communities so they can be resilient and adaptable.
- 2. Simplify fundraising.** Make processes less time consuming, reduce bureaucracy, and recognise that making fundraising applications take up staff time which has a significant cost. Complex monitoring reports also take time away from frontline work.
- 3. Take risks to reach new groups.** Those best able to write funding applications aren’t always best able to help those in need so think differently about how to work with new groups.
- 4. Be flexible and timely.** Waiting a long time for funding is simply not an option for many VCS groups. And organisational needs change over time.
- 5. Be open, transparent, and willing to listen to grantees.** Acknowledge the power dynamic and open up relationships with historically under-represented groups. Be open to learning about what works from VCS groups themselves – see the work of funders and grantees as a shared approach to tackling social problems. Making decisions behind closed doors with limited feedback creates distrust so explore having (paid) VCS representatives on panels or making decisions in the open.
- 6. All use the same process – shift the burden of research and admin.** During Covid-19, funders in Southwark shared a portal which meant groups didn’t have to spend time researching different funders and submitting several applications.

* Top funders in Southwark as detailed in the Rocket Science Community Investment Review in December 2021¹³ with two additions are:

National / large scale Funders:

1. Guy’s and St Thomas’ Foundation
2. National Lottery Community Fund
3. City Bridge Trust
4. London Community Foundation
5. Trust for London
6. BBC Children in Need
7. London Catalyts

Southwark based / local funders:

8. Southwark Council
9. United St Saviour’s Charity
10. Alan and Babette Sainsbury Trust
11. Wakefield and Tetley Trust
12. Peter Minet Trust
13. Southwark Charities
14. St Olaves’ Foundation
15. Charterhouse in Southwark
16. Newcomen Collet Foundation
17. St George the Martyr Charity
18. St Olaves, St Thomas and St John United Charity
19. Peckham Settlement
20. Rotherhithe Consolidated Charities

¹³ [Community Investment Review](#) (2021). Rocket Science. Page 35.

7. Premises

7.1 Premises Introduction

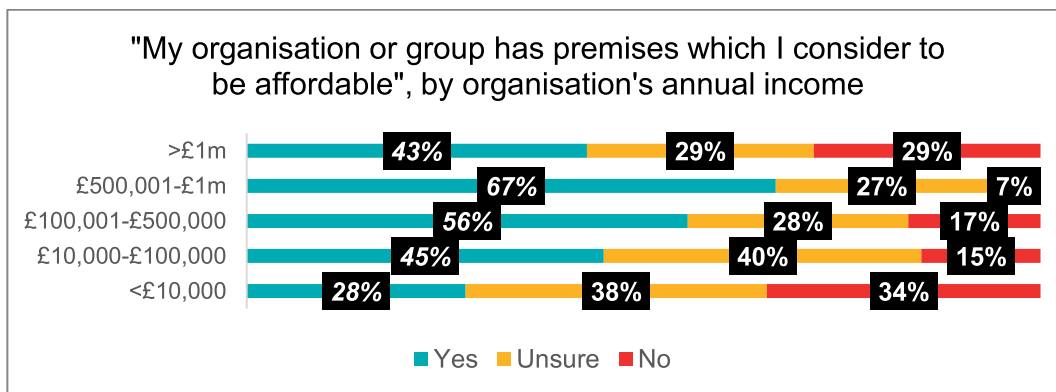
After funding, premises was cited in this research as the biggest challenge faced by the Southwark VCS. The unaffordability, unsuitability, and poor quality of some premises has been an ongoing issue for the sector in London generally, in addition to landlord disputes and a lack of awareness of environmental regulations, e.g. Minimum Energy Efficiency Standards.¹⁴

There is a danger that premises is seen as an ‘add on’ issue, but a decent place from which to operate is core to the healthy functioning of any organisation, for staff and volunteer morale and retention, and for the quality of services being delivered. It sends a fundamental message about the worth of an organisation and how much the work it does, and the people it serves, are valued. That so many excellent VCS groups operate from insecure, unaffordable, or unsuitable accommodation is unacceptable.

As one group notes, “We are a LGBTIQ+ Centre and provide crisis housing for the most marginalised members of our community. Our project was initially homeless itself - using a tour bus for our pilot shelter and moving between temporary spaces for years. We have gained secure buildings in recent years but for the LGBTIQ+ Centre (our main base) we have had to rent privately costing us over £50,000 per year, including business rates. It feels like the LGBTIQ+ sector is used when the Council wants us for publicity – like during Pride. But when we need help with something as basic as buildings to safely operate it goes quiet. The VCS should be cared for the most, but instead we are made to feel like we should be grateful to use the spaces that nobody else wants or they can’t get a commercial rent for” (Director, Outside Project).

7.2 Affordability

Chart 8



The issue of premises intersects with funding and particularly affects grassroots organisations. **Overall, 46% of groups do not have premises which they consider to be affordable.** Worryingly, this rises to 58% for BAME led groups.

¹⁴ R. Papatheofilou, *London Charity Matters Property Survey 2020*. Ethical Property Foundation.



One VCS director said, “I have applied for various offices. Obviously because of funding, I was not given priority” (Director, Women 4 Women Empowerment).

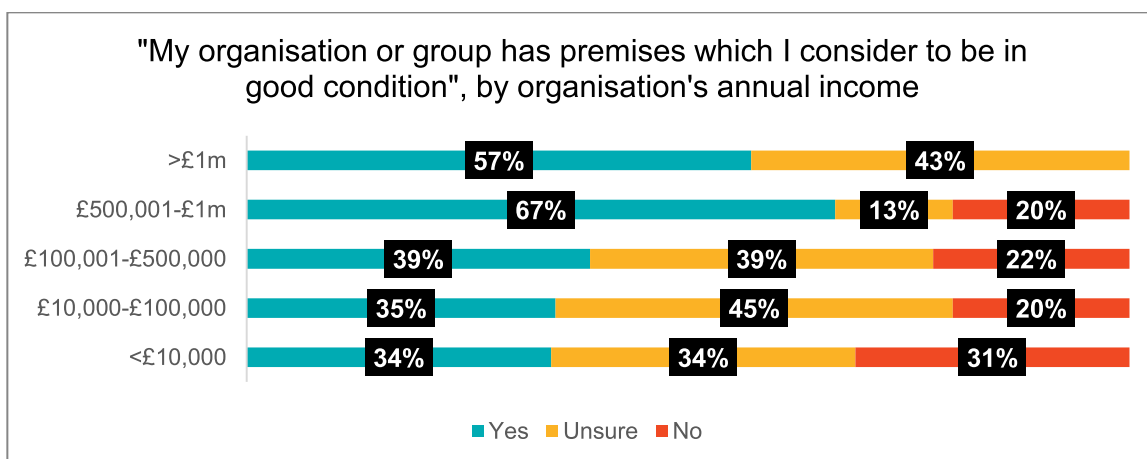
Some cannot afford space in the first place, forcing groups to run their activities from home, thereby making in-person meetings difficult to arrange. Consequently, it becomes harder to reach potential service users who are not accustomed to attending online meetings, or those who would prefer in-person meetings for the opportunity to socialise.

The problem has intensified in recent years with organisations like Southwark Playhouse seeing their rent increase by 77% in the last five years. The Somali Integration and Development Association has seen the rent charged by their private landlord go up by £5,000 in the last two years, a 25% increase. Their need is for a few desks, a confidential meeting area for their advice service, and a larger community space for activities. Other groups like Community Tech Aid need secure space to store equipment and data and to be accessible to those with disabilities. Whilst the type of premises needed can vary, the need for it to be affordable is consistent. VCS groups dependent on grant funding simply cannot afford market rents, yet the work they do brings considerable value and benefit to the community.

In some cases, co-working with other groups can be used to reduce expenditure. Likewise, grassroots networks can develop in some co-working spaces, such as Hatch Hubs at Peckham Levels. However, insufficient space can become an issue: “We are working in a co-working arrangement...this has proven extremely difficult for us as the number of people accessing our services continues to grow” (Staff, The Centre for the Advancement of Development and Human Rights). Additionally, premises such as Hatch Hubs at Peckham Levels are given temporary leases by the Council. Concerns about redeveloping co-working hubs into commercial spaces brings insecurity, particularly when these leases are up for review (as Peckham Levels will be in 2023).¹⁵

7.3 Suitability and condition of premises

Chart 9



Across the whole survey, 54% of groups do not agree that their premises are in good condition. This has implications for the safety of staff, volunteers, and service users.

¹⁵ E. Conn, ‘What Should Happen Next?’ (2023). *Peckham Vision*.



The Chair of the Salmon Youth Centre set out challenges of a shared building with different legal responsibilities and where the partner was a larger organisation, in their case a housing association. Other groups raised concerns of leaking toilets, rats, and no heating.

An inadequate supply of premises that are fully accessible to those with disabilities also presents a challenge. “We have nowhere that we can afford to go so we can have meetings that are fully accessible...one of the other community groups I deal with recently paid £42 an hour for an accessible venue. That’s not sustainable” (Chair, The Walworth Society). Particularly since the removal of pandemic restrictions, groups have wanted in-person meetings to organise and network in the borough. A lack of safe and accessible premises remains a barrier to doing this.

7.4 Transparency

“For years our group didn’t have a space, my car was like an office. We finally got a space in Peckham Levels....Southwark has spaces, but it’s how to identify the spaces.”

Founder, Holistic Well Women.

Research from Centre of London noted that there are 24,000 commercial spaces going unused, as of 2018.¹⁶ As the quote above shows, some groups do eventually discover premises that are affordable, suitable, and of good quality, albeit often due to luck. However, many spaces go unused for lengthy periods of time. Transparency about the public and private space available is essential to a sustainable and impactful VCS. It is also important for the Council and other landlords to be informed and strategic: understanding the requirements of VCS groups helps ensure these spaces are directed towards groups who most need them.

Without knowing what spaces are available, VCS organisations cannot focus their time and efforts on service delivery. Community Tech Aid described their experience of trying to find premises as “hugely overwhelming” (Staff, Community Tech Aid). They did not know where to begin looking and received no legal advice about signing leases. Finally, over several weeks, their three paid staff members - already working at maximum capacity - were distracted from frontline work to prioritise finding premises.

7.5 Southwark Council Planning and Property Departments

There is an urgent need for the Council’s Property and Planning Departments to be more transparent and open with the VCS about existing and potential premises available in the borough and how these are allocated.

¹⁶ [‘Thousands of empty London properties could be used, think tank says’](#) (2018). BBC.



The Council is currently undertaking work on a Land Commission. The VCS needs to be an equal partner in these discussions. Southwark Charities gave a good example of where the Council can work with a charity to find better premises solutions, by exploring the ‘affordable workspace’ commitment in planning applications and how this could be made more genuinely affordable, e.g. by providing less space but at a deeper discount.

Generally, the VCS cannot afford commercial rates, especially given the pace at which land values in Southwark have increased over the past two decades. However, the social value generated by VCS organisations, sometimes hard to measure, brings unique benefits that high rents do not, for example fostering community, promoting altruistic behaviour, and mentoring young people. Other local authorities such as Lewisham Council have Social Value Officers to measure social value and make this more objective.

Southwark Council has been focused on the concept of neighbourhoods and community-led action, including in its 2022 manifesto, and this is welcomed by the VCS. Having accessible community space from where groups can operate is essential to thriving neighbourhoods.

7.6 Good practice

Some of Community Southwark’s sister organisations in other boroughs, such as Islington, Bromley, and Brent, manage office space for the VCS. This gives a home to the VCS, managed by the VCS.

The Coin Street Neighbourhood Centre on the borders of Southwark and Lambeth is an excellent example of formerly derelict land being run by the community for the community.

Liverpool has case studies of ‘social incubators’ – spaces where community groups can come together with good ideas in its Land Commission report.

Lambeth Council has a new VCS Premises Strategy which includes:

- A coordinated approach to affordable and available VCS property across the borough.
- Improvements to tenure for the VCS to give better sustainability for groups.
- Provision of clear information about accessing premises.
- Better support, information, and training on how to manage community spaces well and setting out clearly all the responsibilities involved.
- The Council / public sector and VCS partners working together to ensure benefits for Lambeth residents are maximised, and inclusion remains central to use of community spaces.
- Working towards greater standardisation of future offers of tenure to provide transparency, fairness and consistency, and building on the partnership approach between the Council / public sector and the VCS sector.
- Looking more creatively at using existing spaces that are currently underutilised.¹⁷

¹⁷ [Lambeth Voluntary and Community Sector Strategy](#) (2018). Lambeth Council.

7.7 Recommendations: premises

The challenge of VCS premises is long running, has major impact on services and morale, and affects the sector widely, particularly groups which have been historically under-represented in terms of race or other protected characteristics. It is also an area where there is a possibility to make a huge difference through genuine partnership and strategic thinking across the VCS, funders, private, and statutory sectors.

Recommendations for Community Southwark, funders, Southwark Council, and other partners:

1. **A goal of genuinely affordable community space for the VCS in every neighbourhood of the borough to be agreed by all partners.** Ideally this would be multifunctional community space(s) that can host desks, activities, meetings, and events. It would be either newly built or repurposed from an existing building(s). It could be a collection of facilities or spaces in a geographic area, co-ordinated and run by the VCS or by other partners. The Council or health agencies could rent desks in these community spaces.
2. **A complete map of community spaces.** To achieve the goal of space in every part of the borough a strategic view must be taken of the premises already available across the borough (existing and potential) and where there is space being underutilised. This must be matched against VCS needs for different types of premises, e.g. desk space, activity space, meeting rooms, or events.
3. **Where gaps exist partners should work together to find solutions.** These could include speaking to land owners such as corporate organisations about accessing space, securing funding from trusts and foundations to pay for space, or working with Southwark Planning Officers to secure affordable space in new developments.
4. **The VCS needs a comprehensive advice service** relating to premises, including finding spaces, lease advice, funding rents, disabled access, and community assets.
5. **Southwark’s planning process** should redefine ‘affordable’ workspace for the VCS and look at using funds to improve existing spaces. It should also look at how the Community Infrastructure Levy is used to support community organisations.
6. **A jointly funded senior officer(s) working with the VCS, the Council, funders, and the private sector is needed to make this happen.** They would co-ordinate between the VCS, the Council, and private sector, or other premises like schools, and provide matching services and advice to the VCS. They could be based partly with the VCS and partly at the Council’s offices in the Property or Planning Departments.
7. **The Council should not be seeking to maximise profit from VCS tenants.** The social value they add to the borough should be understood and recognised. The metrics should not be made over-complicated – the Council should trust the VCS to assess their social value as far as possible.
8. **Other ideas should be explored** such as rent-free periods for VCS tenants, co-location within council offices and / or libraries for VCS tenants, a marketing campaign aimed at local commercial landlords with hard-to-rent properties who could make these available to VCS tenants at a low rent (with the advantage to them of low / no business rates).

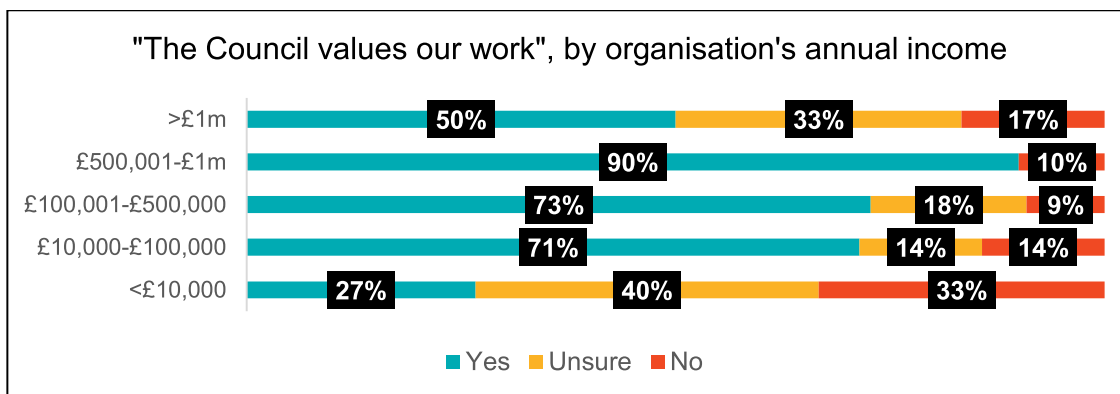


8. Relationship of VCS with Southwark Council and other statutory organisations

Opinions about the Council and other statutory bodies differ among the VCS, and it is noted that some negative experiences may be historic. Among grassroots organisations, there is frustration that public institutions – particularly the Council – do not listen attentively enough on a regular basis. From the focus groups in this research, local organisers contend there is a culture within the Council that views some of them as the ‘usual suspects,’ i.e. as a source of undesirable contributions rather than fulfilling an important role as active citizens. This prevents a meaningful dialogue between citizens and council officials which, in turn, means problems in the community often do not get fixed.

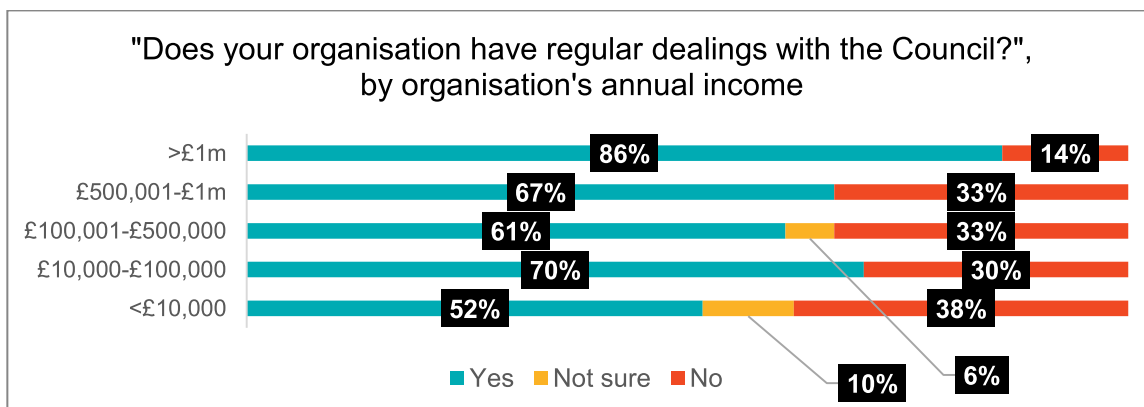
This view is reinforced by survey data. Larger organisations tend to have a more positive or neutral view of the Council. By contrast, grassroots organisations tend to have a significantly more negative experience with the Council, e.g. just 27% of groups with an annual income of less than £10,000 believe the Council values their work (see Chart 10).

Chart 10



Overall, 62% of all surveyed organisations reported having regular dealings with the Council, while 33% reported having no regular dealings with the Council. Of all income categories, organisations with annual income of less than £10,000 have the fewest dealings with the Council (see Chart 11).

Chart 11



Other organisations acknowledge that Southwark Council is, according to one research participant, “very well-resourced” compared to other councils (Grants Manager, Southwark Charities). Another says Southwark Council is a “very active local authority” that does its best with a decreasing budget (Staff, Southern Housing Group). This has been confirmed by one Southwark Council official: “The main challenge is around money...as a council, we have lost something like £227 million per year to spend” (Community Engagement Manager, Southwark Council).

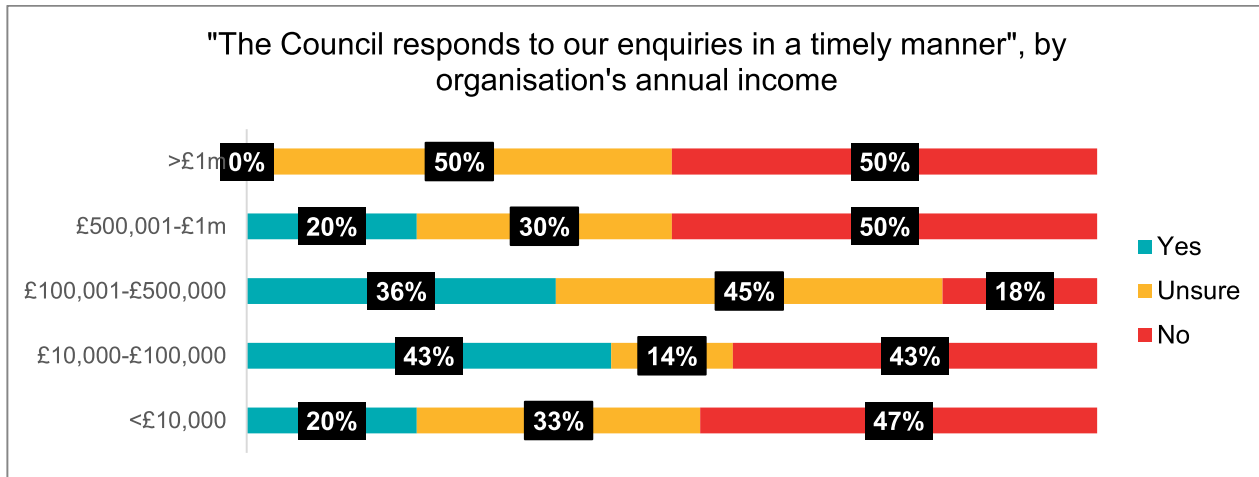
Section 8 focuses on the Council’s communications and decision making. It acknowledges efforts by the Council to improve relations with the VCS and puts forward recommendations to improve genuine partnership working. Although council relationships are the most common statutory partner for VCS groups, the experiences and recommendations also apply to other statutory partners such as the Metropolitan Police, Integrated Care System health partners, and the Greater London Authority.

8.1 Communications

Issues with communications include listening and following through, inaccessibility, circulating information at short notice, and slow or no responses. There were frustrations about complicated jargon and the expectation that the VCS should respond quickly when this is not reciprocated (see Chart 12). Some examples of these challenges are set out below:

- Listening and following through: “There’s been so many promises from the Council that have not been fulfilled...it took one of the new ward councillors walking around one evening during a campaign to see how bad things are in terms of anti-social behaviour, and some of the young people of the estate not having anything to do. We had scaffolding up on one of the tower blocks and they climb up the scaffolding...A councillor saw this and said, ‘Is this how bad it is?’ I said, ‘It’s worse. You’ve just seen the tip of it.’ She goes, ‘Why is no one doing anything about it?’ I said, ‘Well, because you guys don’t listen. We tell you but you don’t take us seriously.’” – Member, Brandon Estate TRA.
- Inaccessible website: “One of the biggest challenges is getting information from institutional websites: some of them are atrocious...Better resourcing is needed and clearer information.” – Member, Southwark Pensioners Action Group.
- Circulating information at short notice: “The current process for the festival involves different agencies, such as police and licensing, making specific requests to the organisers who have to deal with each of them individually. This requires a lot of time and effort... Could the Council make it easier for volunteers by streamlining the processes and doing more coordination?” – Director, Bermondsey Street Festival.
- Slow or no responses: “Sent out a wide range of communications to council officers but responses are generally very slow in coming back.” – Member, Southwark Pensioners Action Group.

Chart 12

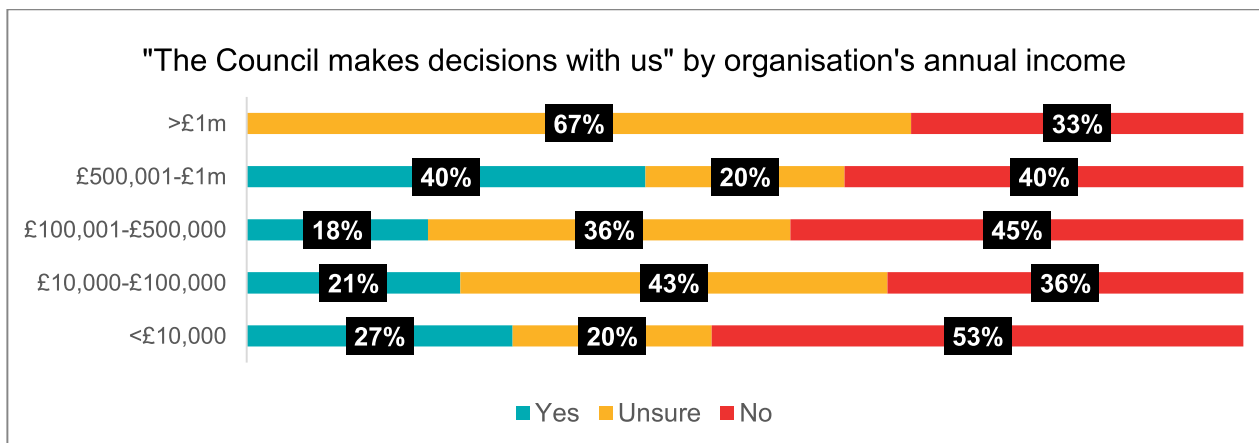


8.2 Decision making

The term ‘co-design’ (sometimes referred to as ‘co-production’) is often used by council officials to mean a collaborative approach to creating and implementing policy, as part of a manifesto commitment to “work with tenants, residents and homeowner groups to find new ways to engage so that more people can have their say”.¹⁸ It is meant to represent a shift away from top-down decision making. However, VCS groups reported few interactions in which ‘co-design’ has been properly implemented.

This particularly affects grassroots organisations. Organisations whose income is less than £10,000 were the most likely (73%) to disagree with or be unsure about these statements: “The Council shares key information with us” and “The Council consults us on key issues”. Likewise, 53% of groups with annual income of less than £10,000 did not think that the Council “makes decisions with us” (see Chart 13).

Chart 13



¹⁸ [Resident Involvement Review: Co-design Panel Report](#). Southwark Council. Page 7.

There is a perception in the VCS that decisions are sometimes made in the best interests of those who sit in positions of authority, rather than those who are based in the community. This is especially challenging for smaller groups. They are less likely to have representatives among them who can influence proceedings, as one local activist reported in a focus group: “The biggest issue for me and smaller groups is power, we just have absolutely no power...what that leads to is a sense of powerlessness that we just cannot influence any agenda... I know a lot of individual councillors and they are not out to get us, but they just end up in this culture” (Activist, Old Kent Road Community Campaign).

8.3 Commissioning

The language of commissioning was rarely used by VCS participants in the research and yet it has a fundamental impact on funding and on relationships with statutory partners. It adds to the problem of smaller groups experiencing less access to funds and a sense of decisions being made by the Council and the former Clinical Commissioning Group (now the Integrated Care System and Partnership Southwark) being made within a closed group. Contracts (as opposed to grants) are commissioned and these are often of a higher value than grants. The Council has worked to address the historic inequalities in commissioning through two welcome independent reviews¹⁹. However, the jargon, legal technicalities, and cross departmental nature of commissioning make this very difficult for the VCS to engage with.

8.4 Efforts by the Council and others to improve relationships

There is a welcome acknowledgement of these issues by statutory organisations, which has prompted some constructive proposals. These include:

- The “We are not going back to normal” events where the Council held conversations with the BAME community and pledged a commitment to work with the BAME community sector on how they could better engage with BAME communities on local issues. Twelve asks from the BAME community to the Council were agreed. One of the asks was ring-fenced funding for the BAME community, the Equalities Grant Review.
- The language around ‘co-design’, ‘co-production’ or ‘lived experience’, although this is not always clearly defined or followed through.
- Recent payments for VCS representation in bodies like the Partnership Southwark Strategic Board and a commitment to review a remuneration policy for VCS representatives at the Council.
- Investment in community-led action and decision making in the We Walworth model.

As previously noted, there is goodwill towards many council officers. From this research, there is also an awareness among council officials that there is more to do to strengthen ties between the VCS and local authorities, which provides a basis for optimism and collaboration: “One of things that would be interesting to explore is how we can have a different sort of relationship. As the Council, where power resides, how can we safely and with comfort move to a place where we can genuinely work together” (Community Engagement Manager, Southwark Council).

¹⁹ [Cabinet meeting 01/02/22: Grants & Commissioning Review](#). Southwark Council

8.5 Recommendations: relationship of VCS with Southwark Council and other statutory organisations

Principles for the Council and other statutory partners:

In 2003 there was a Southwark Council Compact with the VCS, but this was a lengthy document which has not been updated. We recommend a much more concise and clear set of principles to which all statutory agencies working in Southwark should agree:

1. **Communicate clearly, honestly.** Talk with us, not at us. Come to the VCS, don't expect it to come to you. Use Plain English, visual imagery, and short documents. Give proper notice of meetings, events, and consultations.
2. **Respect regular contributors and reach out to groups you don't already know**, especially smaller historically under-represented ones.
3. **Always feed back**, even when you don't have any progress to report.
4. **Respect and pay for VCS time and expertise.** Understand the VCS does not always operate during 'working hours'.
5. **Don't assume you know best** – VCS organisations are embedded in local communities and often more trusted by them. Engage the VCS in decision making. And if you say you're going to make decisions with the VCS, be sure that is what you intend to do and be prepared to let go of power to do so.
6. **Celebrate the VCS and allow it to be critical** without using your power and money to make that uncomfortable.

Further recommendations for Community Southwark and the VCS:

In addition to partners signing up to the principles above, the VCS also needs to engage constructively. The reviews of commissioning taking place are an opportunity to tackle some of the challenges outlined in this section and **Community Southwark should explore how to engage the VCS in the work statutory partners are doing to improve commissioning processes.**



9. Other significant issues

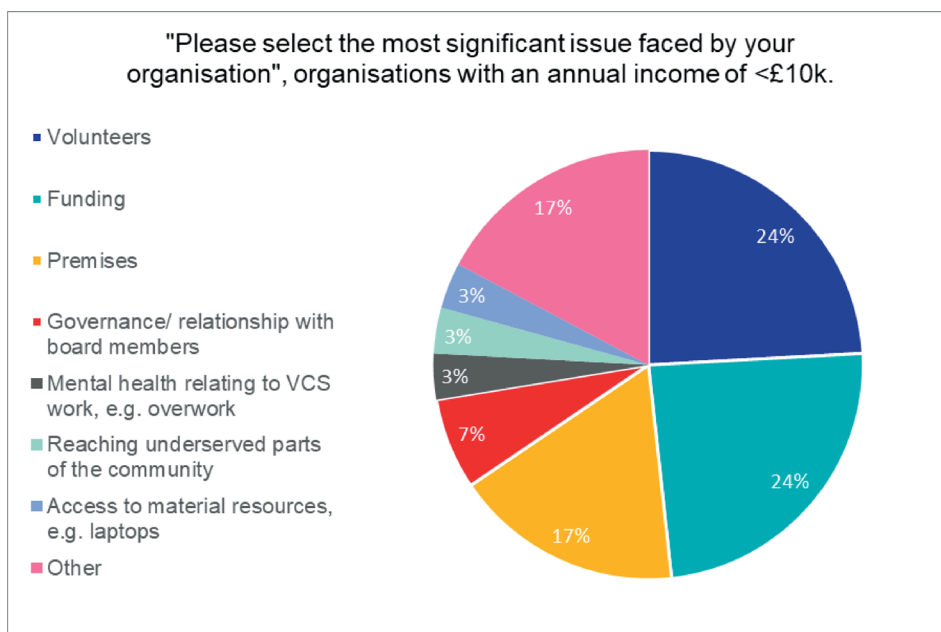
9.1 Other issues introduction

Funding, premises, and statutory relationships are inter-connected and form the focus of this report. The VCS, in its participation in this research, also highlighted other issues: volunteer and staff recruitment and retention; mental health; equity, diversity and inclusion; digital inclusion; and the climate crisis.

9.2 Volunteer and staff recruitment and retention

Staff recruitment was listed as a top five issue for all income brackets of VCS groups surveyed in our research. Volunteer recruitment and retention was also significant issue: 46% of all groups listed it in their top five challenges. There is a rising demand for VCS services, driven in part by increased cost of living. This coincides with a decrease in applicants for paid roles and volunteers.

Chart 14



Volunteers

During the pandemic there was a significant increase in volunteers supporting all areas of work, from administration to frontline services. When lockdown restrictions were removed, the number of volunteers dropped as many people could no longer commit to the same number of hours.²⁰ This has been a particular challenge for grassroots groups (see Chart 14). Funding and volunteer management can interact in a problematic way. As one council officer notes, “As money gets tight, more is expected from volunteers and that can be unsustainable” (Participation Coordinator, Southwark Council). The cost-of-living crisis has exacerbated this as many volunteers prioritise paid work. Consequently, VCS groups struggle to fill gaps.

²⁰ [Respond, Recover, Reset: Two Years On](#) (2022), Nottingham Trent University, Sheffield Hallam University and NCVO. Page 2.

Staff

Peckham charity Pecan confirmed that before the pandemic they could get up to 70 people applying for jobs, whereas now it is typically less than ten (CEO, Pecan). A high turnover of staff in the VCS exists for a range of reasons: low pay, stress, unsuitable premises, wanting to continue working from home, poor job security, and a lack of employee benefits.

One research participant notes that “reduced funding has an impact on staff numbers, which leads to more pressure on them,” which is likely to contribute to a feeling of stress or ‘burnout’ (Trustee, Salmon Youth Centre). A reliance on external funding bodies makes it more difficult to negotiate higher wages to keep up with a rising cost of living. For some staff, this makes the private or public sector increasingly attractive.

This is a bigger challenge for smaller charities that do not have the resources to invest in marketing and promotion when recruiting. Many groups also have a limited online presence. Additionally, many funders are not open to cost recovery, the process by which a VCS group recoups excess expenditure if the initial budget was not sufficient. This means VCS groups effectively subsidise the projects of funders and consequently struggle to cover day-to-day costs such as rent and heating. A tighter budget therefore narrows recruitment marketing options further as this is rarely viewed as essential.

9.3 Mental health

“ There are different organisations working in the Community and Voluntary Sector trying to address mental problems of young individuals, but it is difficult for small organisations to coordinate this. ”

Project co-ordinator, Step Out

Only 7% of online survey participants raised mental health as the most significant issue their organisation faces. The issue, however, came up in many one-to-one interviews and in the community activists’ focus group. It was not always clearly labelled as ‘mental health’ but linked to staff and volunteer wellbeing. Some respondents mentioned stigma: “It is difficult to make the people feel empowered to speak up and not shy away from their mental health issues” (Director, Women 4 Women Empowerment). This may, in part, explain why mental health is not present in many online survey responses.

Supporting residents to access appropriate mental health services is a challenge for VCS groups. Smaller groups sometimes lack the staff and resources to coordinate between service users and mental health support. It is not a matter of simply referring the individual: it involves preparation to support them until they are comfortable sharing sensitive information, e.g. details about their experience, circumstances, and what services they have accessed so far. This is a challenge if the individual has felt let down by services before. If they agree to be referred, then supporting them in that transition can take months. This issue is often exacerbated by lengthy waiting lists for mental health support.

For VCS staff, ‘burnout’ is an issue (as noted in the previous section ‘Staff’). Few VCS groups can afford to provide wellbeing services for staff, meaning staff sickness is likely to increase. This contributes to a cycle that reduces an organisation’s capacity and compromises service delivery, thereby creating additional stress for VCS staff.



9.4 Equity, diversity and inclusion

The Southwark VCS needs to reflect the communities it serves. This includes the values of those communities but also demographics, in terms of ethnicity, gender, sexuality, and class. To do this, equity, diversity and inclusion efforts are key. They help bring an awareness of the experiences of different communities. This makes the VCS more effective, as it can tailor its services to their needs. Genuine inclusivity also removes barriers to participation. This encourages people to engage with the VCS, either by using its services or becoming active within it.

One interviewee notes that “establishing partnerships which effectively target hard-to-reach communities” is of huge importance, and there is “more to be done to encourage, mentor, train, support VCS leaders and participants from BAME communities.” They also note the lack of representation on trustee boards, “This is achievable – it doesn’t require huge resources, more important is the will and prioritisation” (Coordinator, Citizens Advice Southwark).

The VCS tends to be made up of smaller organisations that lack the capacity to do in-house training on equity, diversity and inclusion. Therefore, funders, the Council, and other statutory partners need to support VCS organisations to become more equitable, diverse and inclusive. They also need to work harder to reach groups that are historically under-represented and help train and mentor the next generation of BAME leaders. Many of these challenges intersect with the issues of funding, premises, and council relations (explored in the previous sections of this research). The need to support Southwark organisations led by those with protected characteristics runs through all these areas.

9.4 Digital inclusion

Adapting to new forms of technology presents a challenge for the VCS, particularly for grassroots organisations that don’t have the same resources as larger charities, e.g. reliable IT support. Modernising technology is often additional to frontline work to which they commit most of their time. Volunteers might also have day jobs, meaning they do not have enough time to develop new IT skills, or improve the technology at their disposal.

Having to work remotely because of the pandemic accelerated some of these changes. VCS groups “needed to adjust,” according to one interview respondent, which meant “moving some databases to the Cloud” so that they could be accessed by all staff in the organisation (Chief Executive, Power2). For other groups, there are still concerns around data protection, as one interviewee notes, “To make people feel more confident, it is important to reassure them and let them know what you are going to do with their information and that their privacy is safe” (Director, Women 4 Women Empowerment).

Training is key to digital inclusion. Investing in training would help all groups adjust to an increasingly digital world. However, as noted in the funding section of this report funders are often less keen to fund core costs such as training and IT, even though these are essential for staff morale and to deliver high quality and efficient frontline services.

9.5 Climate crisis

One critical issue is notable by its absence in the survey and interview data. At times of economic difficulty, surviving is the priority for VCS groups and initiatives to reduce carbon emissions are often not implemented, or are paused or slowed down. This poses a challenge: how does the VCS promote tackling the climate emergency during a cost-of-living crisis?

Community research from 2021, supported by Impact on Urban Health and The Social Innovation Partnership, helped understand this issue better. Focusing on air pollution, one survey respondent noted that they “feel like my voice won’t make a difference.” The research also uncovered that just 7% of respondents engaged in activities related to combatting air pollution, despite 72% expressing interest in the issue. This raises questions of how to build a network of VCS groups that feel invested in tackling environmental issues collaboratively.

For this, the 2021 Impact on Urban Health community research recommends:

- Providing funding to enable grassroots organisations and policymakers to work together to address challenges such as air pollution.
- Increasing collaboration between local environmental groups and other VCS groups.
- Advocating for MPs and councillors from under-represented backgrounds whose communities may have been affected by air pollution.
- Engaging local businesses in air pollution reduction efforts.²¹

9.6 Recommendations: other significant issues

The issues raised in this section vary widely from mental health, to volunteer / staff recruitment, to diversity and digital inclusion. A common theme running through them all is the need to invest in and support the resilience and adaptability of the VCS. Supporting the people working and volunteering for the VCS and giving them the tools and training they ask for is the only way to create a more impactful and sustainable sector. This, yet again, emphasises the need for:

1. Funders to give core, unrestricted and multi-year grants so groups can meet this variety of issues.
2. All those in power or authority to respect and appreciate the stretched capacity, particularly of small VCS groups.
3. Community Southwark to continue to deliver training, events, and networks led by what VCS members tell us they need, specifically in the areas outlined in this section.

²¹[A Breath of Clean Air: Insights from Lambeth and Southwark](#) (2021). Impact on Urban Health and TSIP. Page 21, 25 and 40.

10. Conclusion

Across all the issues and recommendations, three clear themes come through powerfully and persuasively.

1. The diversity, resilience, and adaptability of the sector – and the need to support and sustain this.

Supporting this determination and resilience by investing in the VCS itself is the key to ensuring the sector, and by extension, our residents and communities thrive.

The recommendations in this report centre around investing in and supporting groups and organisations better so that they may then support Southwark communities. Funding is, of course, a key part of this, but it isn't just about funding. It is about long-term support, premises, staff training, volunteer support, and trust, respect, and recognition.

2. Being strategic

Whether it is around funding or premises or making the borough more inclusive, we can only tackle these issues effectively by having a clear strategic overview of the challenges, needs, and opportunities.

This is particularly the case when it comes to corporate relationships or unpicking the premises issues. The VCS needs to approach issues with a wider lens. Partners need to think about how to include the voices in this report in their own strategies. We are pleased that Southwark Council will be reviewing its VCS strategy in 2023 and we hope and expect that the recommendations in this report will be a key part of it.

3. Partnerships

Wide engagement from our members and partners has not only shaped what goes into the report, but it is key to the recommendations coming from it. The only way to meet the challenges for the VCS and for our communities is through partnership with the Council, funders, health agencies, the private sector, and so many more.

The recommendations in this report will only happen with genuine partnership working together, sharing experiences and expertise. No single organisation or sector has all the answers. **We call on statutory agencies to take action in response to this research and redouble efforts to treat the VCS as genuinely equal partners.** There are significant challenges around power dynamics, and these need to be dealt with honestly and openly.

The actions arising from this State of the Southwark Voluntary and Community Sector report are for all partners – only then will this research be more than a document filed on a shelf.



11. Call to Action

The recommendations in this report do not lend themselves to an easy summary of individual responsibilities and timescales. The answer to the challenges for the VCS lies in partnerships and strategic thinking. No one partner can solve the complex and multi-faceted problems of funding, premises, and relationships with the Council and other statutory partners. And yet all partners need to solve these problems if all Southwark residents are to fulfil their potential.

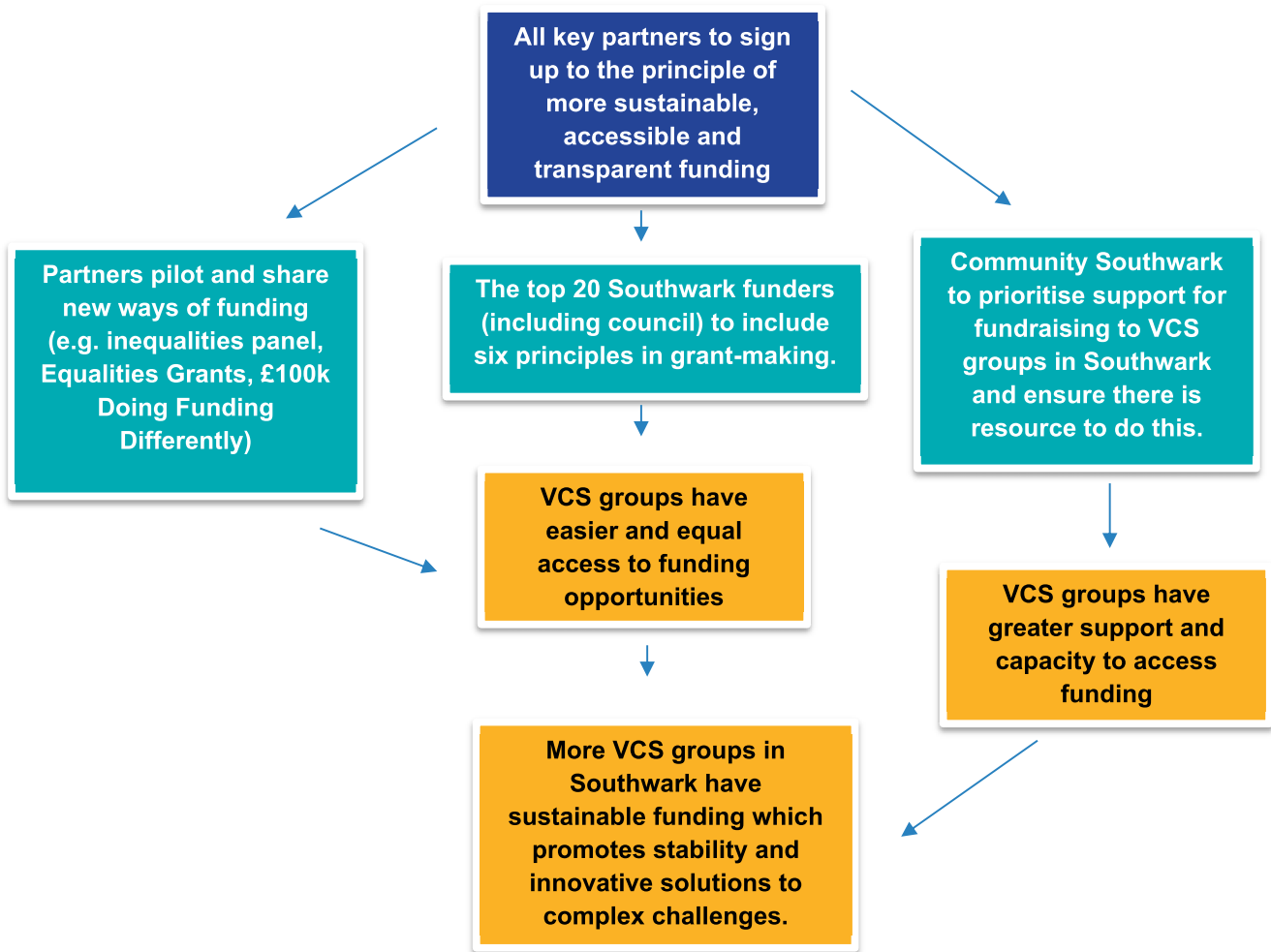
There are exciting opportunities to collaborate with the Council through several projects including Southwark 2030, the Land Commission, and a new VCS Strategy. The new Integrated Care System arrangements also present an opportunity for the VCS to engage with health partners and health commissioning. However, the VCS must be seen as an equal partner in these relationships and given the support and space to fully engage, despite its very different scale and hierarchy.

The recommendations from the three key sections are set out below as action plans. They should all begin immediately. The dark blue is for short term actions, the light blue is for medium term, and the yellow is the long term. They all have in common the need for all partners to sign up to them from the start.

Southwark Voice is a network facilitated by Community Southwark which brings together the Chairs of all the borough’s VCS networks. We will ask Southwark Voice to monitor the progress of these action plans, setting up a working group for each action plan involving network members, Community Southwark staff, council officers, and other partners.



11.1 Action Plan: Funding

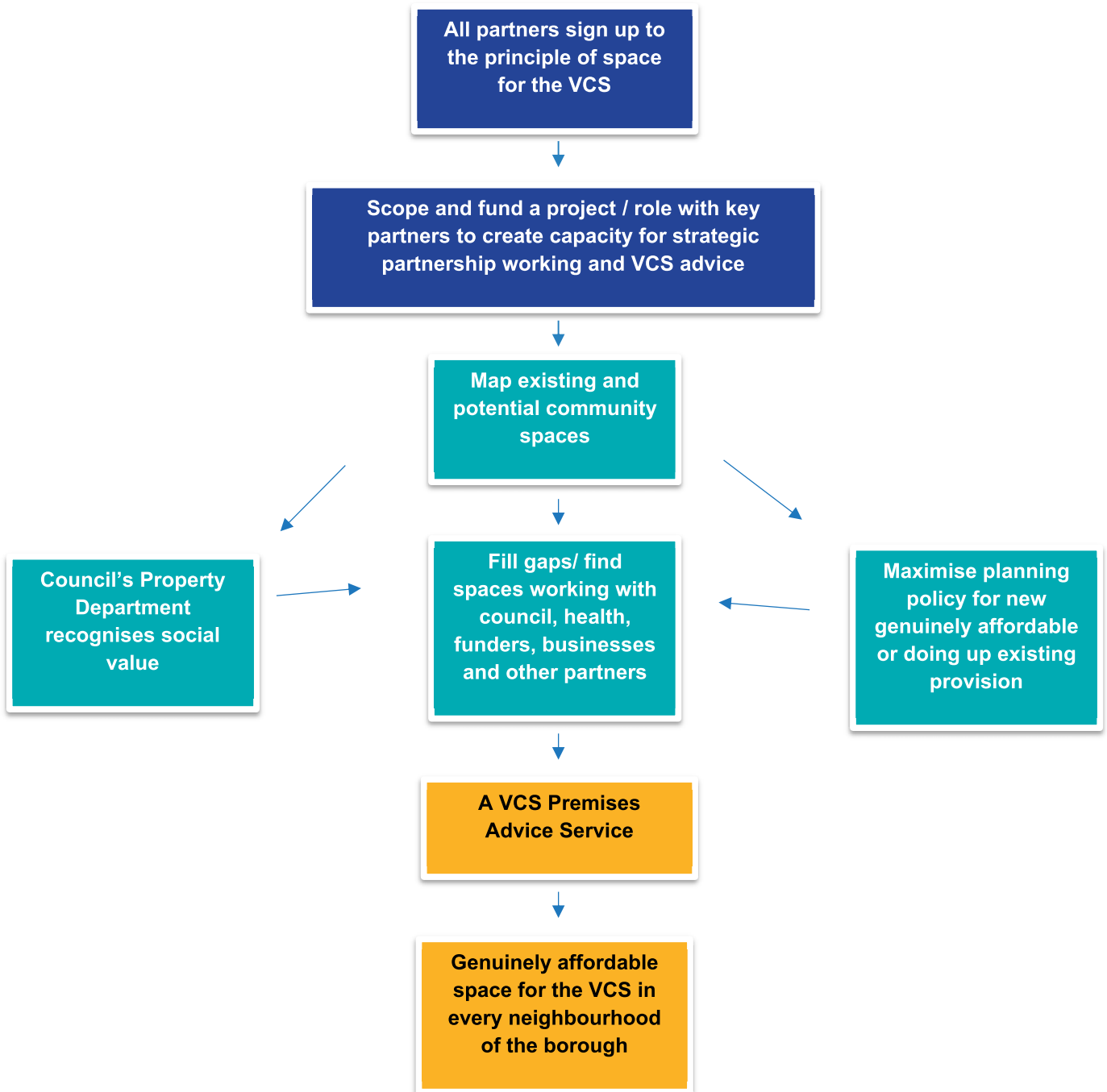


Six principles for funders:

- 1. Give core, unrestricted, multi-year grants.** Invest in VCS groups in communities so they can be resilient and adaptable.
- 2. Simplify fundraising.** Make processes less time consuming, reduce bureaucracy, and recognise that making fundraising applications take up staff time which has a significant cost. Complex monitoring reports also take time away from frontline work.
- 3. Take risks to reach new groups.** Those best able to write funding applications aren't always best able to help those in need so think differently about how to work with new groups.
- 4. Be flexible and timely.** Waiting a long time for funding is simply not an option for many VCS groups. And organisational needs change over time.
- 5. Be open, transparent, and willing to listen to grantees.** Acknowledge the power dynamic and open up relationships with historically under-represented groups. Be open to learning about what works from VCS groups themselves – see the work of funders and grantees as a shared approach to tackling social problems. Making decisions behind closed doors with limited feedback creates distrust so explore having (paid) VCS representatives on panels or making decisions in the open.
- 6. All use the same process – shift the burden of research and admin.** During Covid-19, funders in Southwark shared a portal which meant groups didn't have to spend time researching different funders and submitting several applications.



11.2 Action Plan: Premises

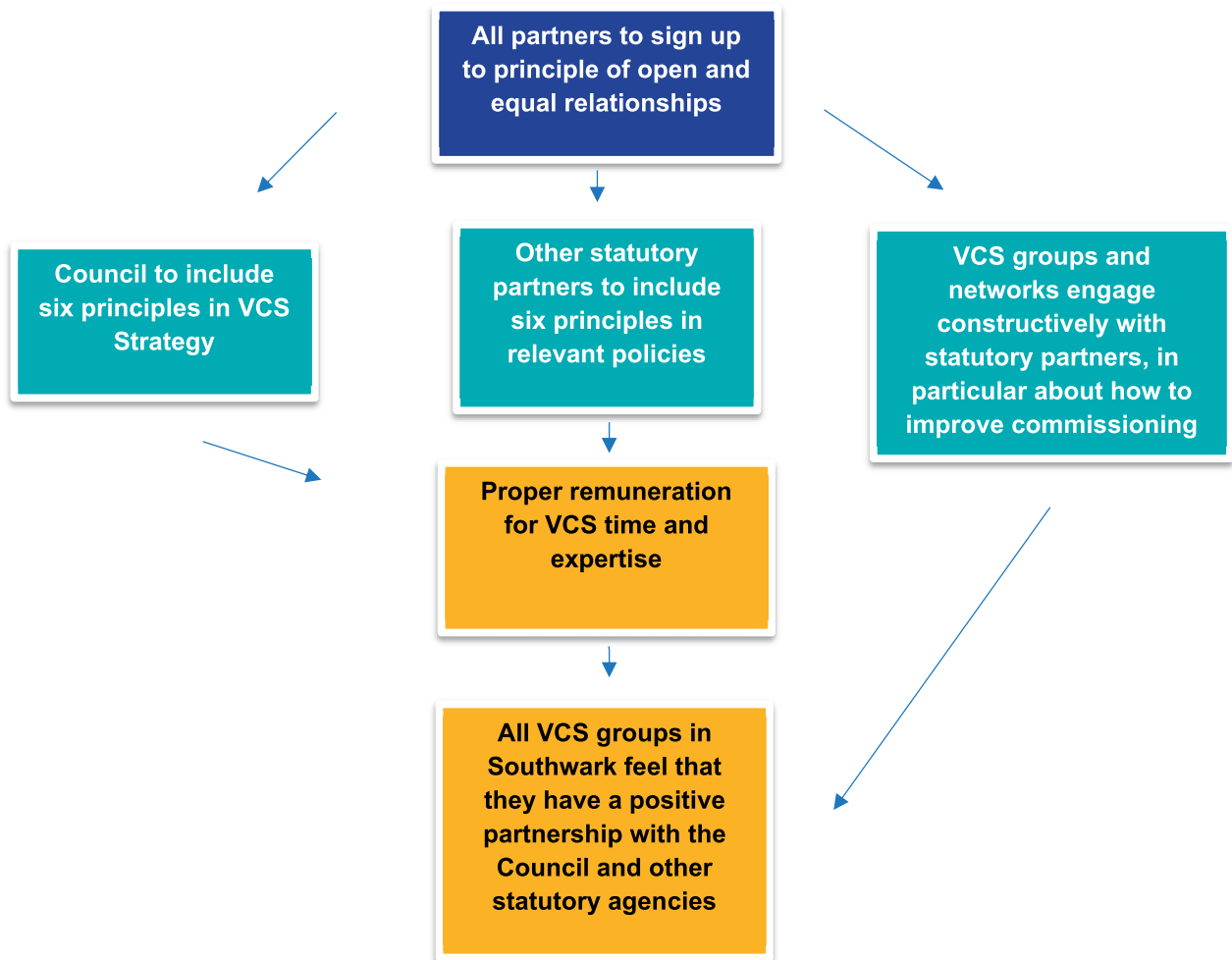


Premises Recommendations for Community Southwark, funders, Southwark Council, and other partners:

- 1. A goal of genuinely affordable community space for the VCS in every neighbourhood of the borough to be agreed by all partners.** Ideally this would be multifunctional community space(s) that can host desks, activities, meetings, and events. It would be either newly built or repurposed from an existing building(s). It could be a collection of facilities or spaces in a geographic area, co-ordinated and run by the VCS or by other partners. The Council or health agencies could rent desks in these community spaces.
- 2. A complete map of community spaces.** To achieve the goal of space in every part of the borough a strategic view must be taken of the premises already available across the borough (existing and potential) and where there is space being underutilised. This must be matched against VCS needs for different types of premises, e.g. desk space, activity space, meeting rooms, or events.
- 3. Where gaps exist partners should work together to find solutions.** These could include speaking to land owners such as corporate organisations about accessing space, securing funding from trusts and foundations to pay for space, or working with Southwark Planning Officers to secure affordable space in new developments.
- 4. The VCS needs a comprehensive advice service** relating to premises, including finding spaces, lease advice, funding rents, disabled access, and community assets.
- 5. Southwark’s planning process** should redefine ‘affordable’ workspace for the VCS and look at using funds to improve existing spaces. It should also look at how the Community Infrastructure Levy is used to support community organisations.
- 6. A jointly funded senior officer(s) working with the VCS, the Council, funders, and the private sector is needed to make this happen.** They would co-ordinate between the VCS, the Council, and private sector, or other premises like schools, and provide matching services and advice to the VCS. They could be based partly with the VCS and partly at the Council’s offices in the Property or Planning Departments.
- 7. The Council should not be seeking to maximise profit from VCS tenants.** The social value they add to the borough should be understood and recognised. The metrics should not be made over-complicated – the Council should trust the VCS to assess their social value as far as possible.
- 8. Other ideas should be explored** such as rent-free periods for VCS tenants, co-location within council offices and / or libraries for VCS tenants, a marketing campaign aimed at local commercial landlords with hard-to-rent properties who could make these available to VCS tenants at a low rent (with the advantage to them of low / no business rates).



11.3 Action Plan: Relationships with statutory partners



Six principles for statutory partners:

- 1. Communicate clearly, honestly.** Talk with us, not at us. Come to the VCS, don't expect it to come to you. Use Plain English, visual imagery, and short documents. Give proper notice of meetings, events, and consultations.
- 2. Respect regular contributors and reach out to groups you don't already know,** especially smaller historically under-represented ones.
- 3. Always feed back,** even when you don't have any progress to report.
- 4. Respect and pay for VCS time and expertise.** Understand the VCS does not always operate during 'working hours'.
- 5. Don't assume you know best** – VCS organisations are embedded in local communities and often more trusted by them. Engage the VCS in decision making. And if you say you're going to make decisions with the VCS, be sure that is what you intend to do and be prepared to let go of power to do so.
- 6. Celebrate the VCS and allow it to be critical** without using your power and money to make that uncomfortable.

12. Acknowledgements

Many individuals and groups supported this research project, from providing donations to lending expertise to sharing their experiences and insights. This research would not have been possible without the help of the following:

1st Place Children & Parents Centre	Edible Rotherhithe
Acorn TRA	Education Business Alliance
Active Communities Network	ELBA
Africa Centre	Elevated Minds CIC
Alan and Babette Charitable Fund	Elmington Community Gardens
Alex - The Leukodystrophy Charity	Employment 4 ALL CIC
Autism Voice Limited	Ethical Property Foundation
Aylesham Community Action	Exam Star
Bede House	Facework Group CIC
Bellenden Residents' Group	Family Emotional Wellbeing Project
BermondseyStreet.London	Fast 58
Bermondsey Street Festival Association	Friends of Burgess Park
Better Bankside	Friends of Galleywall Nature Reserve
Big Local Works	Future Men
Bizzie Bodies CIC	Generations 4 Change
Black Mama Earth	Get Rid of and Donate
Blackfriars Settlement	Haberdashers' Company
Blue Business Improvement District	Headway SLNK
Blue Youth Club	Holistic Well Women
Bolivian Latin Age Association	Illuminated Arts
Bradfield Club	Impact on Urban Health
Brandon Estate TRA	Independent Dance
BREAKTHEBARRIER CIC	InSpire at St. Peters
Breathe Arts Health Research	Invisible Palace
British Land	ITF London
Calm Mediation	Janet Morris
Camberwell After School Project	King's College Hospital Charity
Camberwell Choir School	Kingswood Arts
Carnaval Del Pueblo	Kirkaldy's Testing Works
Centre for the Advancement of Development and Human Rights	Latin American Disabled People's Project
Charterhouse-in-Southwark	Latin Elephant
Cherry Garden TRA	Latin M Group
Citizens Advice Southwark	Link Age Southwark
Civil Society Consulting CIC	London Funders
Clean Slate Training & Employment CIC	London LGBTQ Community Centre
Community Cycleworks CIC	London Plus
Community TechAid	Love North Southwark
Computing and Programming Academy	Lovo
Copleston Centre	Media Community Network Ltd
Creative Lives	Melanin Health & Wellness
Culture Tree	Mental Fight Club
Daughters of Divine Love Training & Assessment Centre	Merchant Taylors' Company
Docklands Settlement Community Centre	Money4YOU
	National Lottery
	Nicki Day Nursery Ltd.



Off the Curriculum
Old Kent Road Community Campaign
Panjshir Aid
Partnership Southwark
Paxton Green Time Bank
Pecan
Peckham Platform
Peckham Settlement
Peckham Vision
Pelican Developments Ltd.
Pembroke House
Pempeople
Peter Minet Trust
Power The Fight
Power2
Rastafari Movement UK Food and Wellbeing
Refugee Access
Restorative Justice for All (RJ4All)
Riverside Parents and Carers Association
Rotherhithe & Bermondsey Choral Choir
Royal National Institute of Blind People
Salmon Youth Centre
Samaritans of Lewisham, Greenwich and Southwark
SE5 Forum for Camberwell
Sea Containers London
Shad Thames Area Management Partnership
Shad Thames Residents' Association
Siobhan Davies Studios
SL Creatives Project CIC
Smileys PlayTime
Somali Integration and Development Association
South Bermondsey Partnership
Southern Housing Group
South London Mission
Southwark Bahdja Academy
Southwark Charities
Southwark Council
Southwark College
Southwark Day Centre for Asylum Seekers
Southwark Disablement Association
Southwark Funders' Forum
Southwark Group of Tenants' Organisation
Southwark Gymnastics Club CIC
Southwark Law Centre
Southwark Park Association 1869
Southwark Park Cricket Club
Southwark Park Gallery
Southwark Pensioners' Action Group
Southwark Pensioners' Centre
Southwark Planning Network
Southwark Playhouse
Southwark Refugee Communities Forum
Southwark Safer Neighbourhood Board
Southwark Travellers Action Group (STAG)
Southwark Unified Network of Black, Ethnic and Minorities Forum (SUNBEAM)
Southwark Works
Superhighways
Spring Community Hub
St Faith's Community and Youth Foundation
St George the Martyr Charity
St Peter's Church (Walworth)
Step Out
StepTogether CIC
Synergy Gymnastics
Team London Bridge
The Bright Morning Star Prison and Homeless Outreach
The Ernest Foundation
The Felix Project
The Feminist Library and Information Centre
The Outside Project LGBTIQ+ Centre
The Pen Theatre CIC
The Purple Ladies
The UK Sapphire Foundation
The Walworth Society
Theatre Peckham
Theatre Troupe
Three Cs
Time and Talents Association
Toucan Employment
United St Saviour's Charity
University of Arts London
Walworth Garden
Waterloo Community Counselling
We Walworth
Westminster Befriend a Family
Wheels for Wellbeing
Women 4 Women Empowerment
ZS Associates

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Glossary



Acronym/ abbreviations	Term
ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
BAF	Board Assurance Framework
BAU	Business As Usual
BI	Business Intelligence
BCF	Better Care Fund
BSA	Business Services Authority
CAS	Clinical Advice Service
CCG	Clinical Commissioning Group (dissolved and now ICS)
CCPL	Clinical Care Professional Lead
CHC	Continuing Healthcare
COI	Conflict of Interests
CPCS	Community Pharmacy Consultation Service
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service
CYP	Children and Young People
D2A	Discharge to Assess
DES	Direct Enhanced Services
DIPC	Director of Infection Prevention and Control
DOS	Directory of Services

Acronyms/ abbreviations	Term
DPIA	Data Protection Impact Assessment
DoLS	Deprivation of Liberty Safeguards
DSP	Data Security and Protection Toolkit for GPs
EIP	Early Intervention in Psychosis
FTE	Full time Equivalent
GP	General Practice
GPEA	DP Extended Access Hub
GSTT	Guy's and St Thomas' NHS Foundation Trust
H1	Half 1, referring to the first 6 months of the financial year (April-September)
H2	Half 2, referring to the last 6 months of the financial year (October-March)
HCHS	Hospital and Community Health Services
HCP	Healthcare Professionals
H&CP	Health & Care Plan
HDP	Hospital Discharge Programme
HIN	Health Innovation Network
IAC	Initial Accommodation Centres
IAF	Improvement Assessment Framework
ICB	Integrated Care Board
ICS	Integrated Care System
IHL	Improving Health Ltd (South Southwark PCN)
JCOG	Joint Commissioning Oversight Group
KCH	Kings College Hospital Foundation Trust

Acronyms/ abbreviations	Term
KHP	Kings Healthcare Partnership
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicator
LCP	Local Care Partnership
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Services
LIS	The Local Incentive Scheme
LAS	London Ambulance Service
LMC	Local Medical Committee
LPS	Liberty Protection Safeguards
LSAB	London Safeguarding Adults Board
LSCB	London Safeguarding Children Board
LSCP	Local Safeguarding Children Partnership
LTP	Long Term Plan
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MHST	Mental Health Support Team
MLTC	Multiple Long Term Conditions

Acronym/ abbreviations	Term
MO/Meds Op	Medicine Optimisations
NSCO	No Cheaper Stock Obtainable
NHSE	NHS England
NHSPS	NHS Property Services
NICE	National Institute of Clinical Excellence
NWRS	National Workforce Reporting Service
OMG	Operational Management Group
PAU	Project Appraisal Unit
PCG	Primary Care Group
PCSP	Personal Care and Social Prescribing
PCN	Primary Care Network
PEL	Place Executive Lead
PHB	Personal Health Budget
PPA	Prescription Pricing Authority
PSSB	Partnership Southwark Strategic Board
PSwk	Partnership Southwark
QA	Quality Alerts
QHS	Quay Health Solutions (North Southwark PCN)
QIPP	Quality Innovation Productivity and Prevention
RTT	Referral to Treatment
SCA	Shared Care Agreement

Acronym/ abbreviations	Term
SEL	South East London
SELCA	South East London Cancer Alliance
SI	Serious Incident
SLA	Service Level Agreement
SLaM	South London and Maudsley NHS Foundation Trust
SLP	South London Partnership
SMI	Severe Mental Illness
SMT	Senior Management Team
STI	Standing Financial Instructions
STP	Sustainability and Transformation Partnership
Swk	Southwark
TCST	Transforming Cancer Services Team
ToR	Terms of Reference
UKHSA	UK Health Security Agency
VCS	Voluntary Care Sector
VCSE	Voluntary Community and Social Enterprise