

Partnership Southwark Strategic Board

Agenda

Thursday 2 March 2023 12:00 – 13:15 Part 1

Venue: South London Mission, 256 Bermondsey St, London SE1 3UQ

Chair: Cllr Evelyn Akoto

Time	Item	Lead
11:30	Encouraged arrival from 11:30 to be a part of prepping food boxes for South London Mission's Brite Box project	
12:00-12:05	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
12:05-12:20	Community Spotlight – Southwark Stands Together	Jin Lim Rebecca Harkes Enc 2
12:20-12:30	Place Executive Report	James Lowell Enc 3
12:30-12:40	Health & Care Plan sign off	Annie Norton Enc 4
12:40-12:55	Southwark 2030	Cllr Akoto Beth Penwarden Enc 5
12:55-13:05	Performance & Assurance	Mathew Griffiths Enc 6
13:05 - 13:10	Public Questions	Chair
13:10 - 13:15	AOB	All
13:15	Close Meeting	Chair

Next meeting held in public date: 4 May 2023 – Microsoft Teams



Declaration of Interests

Name of the meeting: Partnership Southwark Strategic Board

Meeting Date: 02/03/2023

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
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	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.



		<ol style="list-style-type: none"> 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	1. GP Partner Nexus Health Group Director Quay Health Solutions Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	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	1. Family member working at Cygnet Health
Shamsur Choudhury	Manager, Healthwatch	No interests to declare
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



PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 12 January 2023 at 12:00

Venue: Microsoft Teams

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
Annie Norton (AN)	Programme Director, Partnership Southwark
James Lowell (JL)	Place Executive Lead, Partnership Southwark
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
Gavin McColl (GM)	GP, Clinical Director South Southwark PCN
Rebecca Dallmeyer (RD)	Executive Director, Quay Health Solutions, North PCN
Anood Al-Samerai (AAS)	Chief Executive Officer, Community Southwark
Rod Booth (RB)	Director of Contracts, Performance and Operational Assurance, SLaM
Julie Lowe (JL)	Site Chief Executive, KCH
Sarah Austin (SA)	Chief Executive Integrated & Specialist Medicine, GSTT
Sumeeta Dhir (SD)	GP and Joint CCPL Chair
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
Kishor Vasant (KV)	GP, Co-Chair LMC
Anood Al-Samerai (AAS)	Chief Executive, Community Southwark
Rod Booth (RB)	Director of Commissioning and Partnerships, SLaM
ATTENDEES	
Julian Walker (JW)	Head of Comms and Engagement, Southwark, SEL ICB
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Alasdair Smith (AS)	Director of Children and Families, Southwark Council
Adrian Ward (AW)	Head of Place PMO, Southwark, SEL ICB
Albinia Stanley (AS)	Community Organiser, Southwark Citizens & Citizens UK
James Colley (JC)	Programme Manager, SEL ICB
Tom Sharland (TS)	Head of Climate Change & Sustainability
Suzanne Green (SG)	CYP Lead for Integrated Commissioning
Harris Girls Academy (HGA)	Dulwich
Isabel Fernandez-Moreno (IFM)	Community Organizer, King's College London and Citizens UK
Jenny Brennan (JB)	Assistant Director, Family Early Help, Southwark Council
Kate Smith (KS)	Public Health Team, Southwark Council
Abieyuwa Ehondor (AE)	Service Manager, Spring Community Hub
Madeleine Medley (MM)	Business and Governance Support Lead, Southwark, SEL ICB
APOLOGIES	
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council



Nigel Smith (NS)	Director, IHL
Chris Page (CP)	Climate Change Director, Southwark Council
Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Shamsur Choudhury (SC)	GP, Joint Chair of Clinical & Care Professional Leads

1. Welcome & Introductions
<p>The Chair welcomed all to the Partnership Southwark Strategic Board and introductions were made with apologies noted.</p> <p>A warm welcome was extended to the new Voluntary Community Sector Enterprise (VCSE) representatives to the board, Winnie Baffoe (WB) and Cedric Whilby (CW).</p> <p>Declarations of Interest The Chair noted these were included with papers and reminded members to ensure they remain updated and highlight any conflict with agenda items.</p> <p>Minutes of last meeting Minutes of the previous meeting were approved as an accurate record.</p> <p>Actions The responses for actions have been published on the SEL website (PSSB-Public-Questions-response).</p>
2. Community Spotlight
<p>Albinia Stanley (AS), Community Organiser working with Citizens UK in Southwark and Peckham with a community alliance of twenty one community organisation groups. A brief over view of South London Listens was given and a presentation was shared in the meeting;</p> <ul style="list-style-type: none"> – South London Listens started with community members talking to one another about their problems faced during the pandemic – Community leaders wanted to build on community power – Listened in different languages and in different places – Key themes identified; migrant group access to services, social isolation and loneliness, young people and parental mental health and work and wages – Online summit in June 2021 - Co-produced solutions agreed to deliver – Accountability Assembly in October where the decision makers who made commitments were held accountable, renewed and strengthened them <p>Isabel Fernandez-Moreno (IFM), Community Organiser for Mental Health who gave a brief overview of the Be Well hubs; Be Well hubs are a space for anyone to access free mental health and wellbeing within their community and a mechanism used for change. Schools across south east London are opening their spaces up to students, parents, school staff and their local communities, bringing people together to tackle poor mental health and take action on issues that impact mental health.</p>



Harris Girls Academy in Southwark shared their work as ambassadors;

- Mission to change the way people view mental health
- Listening campaign to tailor and organise activities
- Character corner
- Student body communication and collaboration
- Recognising importance of mental health and more that can be done

Abieyuwa Ehondor (AE), Service Manager for Spring Community hub shared view and learning from the listening campaign about issues experienced accessing services. AE informed of the co-produced community embedded mental health practitioner who now works in spaces that migrants already know and trust and the benefits of this.

Contact was encouraged from anyone interested to link into the Be Well hub, community organising or joining alliance.

JL questioned the difference made with SLAM's input. AS stated the campaign had been about building community power to take the lead in providing feedback and bringing proposals to decision makers. Relationships established within the community are very hard to reproduce through one person leading a project within a hospital setting.

GM welcomed the young members and felt they would have benefited staying in the meeting to hear the continued discussions. Reflection was given to over medicalising and the need for assurance, noting that this is done best when staff have the right training and capability to do so. A low-level competency framework was suggested. AS gave example to parental support where the Be Well hub is providing training to help better equip those that will be approached for support, e.g. parents, teachers. IFM added the importance of the first point of contact having the right tools.

WB noted from the Harris Girls ambassadors, the request to increase numbers of drop in centres to normalise mental health and suggested GP centres and dentists be possible additional access points. An identifiable logo was also suggested as an additional way to increase visibility and to normalise.

CW welcomed the presentation and requested a change of language in referencing young people. Concern was expressed with the framework suggestion, that this can push organisations away and expressed need to embrace organisations who may not fit within the framework, as people reach out to those groups more.

RB noted that the South London & Maudsley NHS Trust workforce and organisation is learning from the new approach by being out in the communities rather than the hospital environment and stated the importance to maintain funding.

The Chair thanked all for contributions and suggested the board revisit at a future meeting. A need for mapping of mental health was expressed, to understand the many cohorts and organisations and enable the right links.



3. Children & Young People Schools Work Programmes

Suzanne Green (SG), CYP Lead, gave an overview of the paper circulated of work in schools to provide and normalise support for mild to moderate mental health needs with four programmes all linked to reducing exclusion;

- Kooth, an online mental wellbeing community offering anonymous advice through discussion boards, 24/7 chat function and signposting with 65% accessing out of hours. Main age groups are 16/17 year olds and 13 year olds. It is a universal service available to all children and young people, promoted through GPs and schools.
- Improving Mental Health and Resilience in Schools (IMHARS) which is a whole school approach evidence based programme. It is important staff receive training to deal with mental health conversations and are able to signpost.
- New Youth Deal operated through NEST works to look at early signs and intervene early. Support is offered through assemblies, staff training and universal workshops to combat stress, mental health stigma and social media and staff training to support students dealing with change and panic attacks.
- Mental health support team in schools, operational since March 2022 currently to 12 schools with focus on inclusion and accessibility. Offers staff training, 1:1 work, group work, parent group, workshops. Programme to expand from April with another 12 schools for next financial year.

Th work is co-ordinated in the partnership through a steering group and a mental health working group where data is reviewed to consider equality, access to services and understand what works well with any lessons to learn. Key challenges are team capacity due to high demand. All programmes work closely with South London & Maudsley NHS Foundation Trust (SLaM).

The Chair thanked SG for the detail and noted the important role that parents play. It was asked how much more support and training should be provided to parents to support young people. SG stated that a high need is evident and that the mental health support team are working with only twelve schools so there is a gap with ones not being worked with currently. IMHARS will be equipping teaching staff and schools to support parents as well. The Chair also reflected on WB's comment in badging mental health differently to encourage collaboration and conversation with young people and suggested the Board revisit this topic in the future.

RB added close work with SG and the Nest across local authority services to offer services that benefit young people the most and not medicalise but release resource from the mental health Trust and move it into the prevention pathway. The Chair welcomed the positive approach and encouraged bringing other people in to drive forward.



4. Schools Charter

Jenny Brennan (JB), Assistant Director, Family Early Help presented on the Schools Inclusion Charter circulated in papers, endorsed by Cabinet. The purpose of bringing to the board was for people to be aware of the Charter commitment and for Partnership Southwark Strategic Board members to endorse and commit to inclusion in schools and recognise support is needed from organisations.

Schools are recognised as a safe place for children where attendance and engagement in the curriculum should be encouraged but acknowledged children have different needs. A commitment from all organisations was requested to notice, acknowledge and support when children are finding it difficult to attend school and working together to support schools with their needs to attend and engage.

Key points:

- Permanently excluded numbers for Southwark have reduced dramatically with schools thinking differently in managing behaviour
- Whole system approach
- Behaviour strategies to understand and not automatically exclude, uniform rules given as an example
- Not all are able to conform to rules, understand reactions and behaviours – trauma informed approach
- Thinking about alternative provision for children who find it difficult
- Referral pathways to support schools and offer a wraparound approach
- No blame culture
- Respond to children and family needs rather than exclude them from a process

WB described personal difficulty with accessing assessments for educational healthcare plans (EHCP) and the delay causing detrimental effect to children waiting. A triage system was suggested for those waiting and motion requested to increase accessibility to EHCP's. The Chair agreed that lack of diagnosis triggered behavioural issues and later criminal activity emphasising the need to intervene early. JB reflected on reliance of EHCP's and informed of work to offer support with different ways of working but welcomed further discussions.

JL thanked JB for bringing the Charter to the Board and recognised the importance of a public commitment for organisations to confirm their support, agreement and sign up. The work of the Board is collaboration and to break down institutional barriers to get the right support needed, with the population centre to delivering that.

AAS reflected on the holistic approach to include engagement with the voluntary and community sector (VCS) but noted the challenges with smaller VCS groups engaging with the right contact in schools. The VCS facilitation can often bridge the gap in communication between young people, parents and people with power and welcomed further linking in with this work.



	<p>The Chair thanked all for their contribution and suggested revisiting this topic in some months to understand the changes made.</p> <p>The Board SUPPORT and sign up to the Schools Inclusion Charter.</p>
5.	Green Agenda
	<p>James Colley (JC), Programme Manager shared a presentation on sustainability, the NHS targets and opportunities, with key points;</p> <ul style="list-style-type: none"> • SEL ICS three year Green Plan and a sustainable Primary Care • What is being done to deliver the plan • Green plan areas of focus and highlights; Workforce & system leadership, Air Quality, Travel & Transport, Estates & Facilities, Digital Transformation, Medicines, Supply Chain & procurement, Green/Blue Space & Biodiversity • Workforce and system leadership – personal sustainability pledges ‘Do Nation’ <p>All were encouraged to add their own pledges http://www.wearedonation.com/SELICS</p> <p>Tom Sharland (TS), Head of Climate Change & Sustainability shared a presentation on Climate Change Strategy and action plan for Southwark Council;</p> <ul style="list-style-type: none"> • Impact to borough being a Thames side borough • Emission data • Climate Change Strategy and Action Plan • Engagement in borough • Examples of action so far <p><i>Presentations will be circulated with minutes and published on website.</i></p> <p>Adrian Ward (AW), Head of Place PMO gave an overview of the partnership statement which looked at various policies from individual organisations to understand how Partnership Southwark (PSwk) can be actively involved.</p> <p>It was viewed best to take an integrated approach and support individual organisations existing commitments and develop a Green Champions Network to share ideas and opportunities together with pledge to always consider environmental impact in decision making. The policy statement included in papers outlined the commitment for PSwk.</p> <p>Nancy Küchemann (NK), Joint Chair, thanked colleagues for their preparation and contribution with this important item. NK informed of her personal opportunity to question Greta Thunberg and asked her “what can we do as individuals?”. Greta stated using opportunity to talk about it so people understand it more and NK felt this had been achieved today with opportunity to talk in a group and thereby amplifying the message to move forward.</p>



	<p>The Chair thanked colleagues for the presentations and welcomed revisiting in a year to see how much things move forward.</p> <p>The Board SUPPORT the Partnership Southwark Environmental Sustainability statement.</p>
6.	Place Executive Report & Memorandum of Understanding
	<p>James Lowell (JL), Place Executive Lead took the circulated report as read and due to time limitations within the agenda, welcomed any questions by further contact.</p>
6.	Public Questions
	<p>No questions were received prior to the meeting or within the meeting.</p> <p><i>Responses from previous meeting questions has been published on the NHS SEL website (PSSB-Public-Questions-response).</i></p>
7.	AOB
	<p>CW wanted to acknowledge AAS's VCS comment and add the importance of VCS working with schools. In relation to EHCP assessments, noted the psychological reports needed with cost implications of £500 and only a set quota of children funded. The barriers around young people in transit of the process were reflected on and opportunity for nurturing provisions and creative thinking. It was also asked if the local authority land commission will cross over with green plans in how space is used more creatively in borough. The Chair encouraged follow up outside of the meeting.</p> <p>No further business was raised.</p> <p>The next meeting is scheduled for the 2 March 2023 to be held at South London Mission. Further details will be available on the website (SEL ICS Events) in due course.</p>

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG

No.	MEETING DATE	ACTION	STATUS	ACTION FOR
1	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	Ongoing	Paran Govender and Sophie Wellings Update: Transformation Lead to be allocated to take this forward with Sophie's details provided.

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

Partnership Southwark Strategic Board Cover Sheet

Item 2 Enclosure 2

Title:	Community Spotlight – Southwark Stands Together
Meeting Date:	2 March 2023
Author:	Rebecca Harkes, Public Health Policy Officer for Health Inequalities
Executive Lead:	Jin Lim, Deputy Director of Public Health

Purpose of paper:	To update on progress against Southwark Stands Together Health workstream recommendations	Update / Information	X
	To share outputs from recent work on strengthening community engagement and building trust	Discussion	
		Decision	

Summary of main points:	<p>Context Southwark Stands Together (SST) is the borough wide initiative established in response to the killing of George Floyd, the injustice and racism experienced by Black, Asian and minority ethnic communities, and to the inequalities exposed by COVID-19. During 2020, Southwark Council conducted a series of listening events, roundtables and a survey to help identify priorities for each SST workstream.</p> <p>Five key recommendations were identified for the Health workstream:</p> <ol style="list-style-type: none"> Develop a strong partnership approach across the whole health sector to address the wider health inequalities for our Black, Asian and minority ethnic communities. Recognise that discrimination can occur in many different ways from front line to backroom functions and to adopt and embed organisation wide approaches to improve the experiences of Black, Asian and minority ethnic patients in health and care. Commission and co-produce health services and interventions with Black, Asian and minority ethnic communities. Work with key partners to ensure health services and initiatives are culturally appropriate and accessible for Black, Asian and minority ethnic residents. Increase the uptake of preventative programmes such as screening, health improvement and education (awareness, myth busting and health literacy) amongst Black, Asian and minority ethnic communities. <p>An update on progress against these recommendations is included in the appendix. This reflects highlights but not the totality of work taking place in this area.</p> <p>Areas of focus Two key areas of focus in the past year have been:</p>
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- 1) Systemic bias review - The Public Health team commissioned an external organisation (COMUZI) to undertake a review of potential systemic bias in our commissioning processes. A toolkit has been developed which is currently being tested within the division. One of the aims of the toolkit is to support commissioners to acknowledge and address the social determinants of equity (systems of power such as racism and systemic discrimination) which reinforces the differential distribution of resources across communities.
- 2) Community engagement and empowerment – Southwark Council commissioned Social Finance and Centric to develop and test approaches to community engagement and coproduction with seldom-heard communities. A focus of this work was on building trust with Black, Asian and minority ethnic communities through community engagement, reflecting that this is necessary to reduce health inequalities in Southwark.

What people have told us

Initial engagement through SST highlighted that distrust in health and care services can exacerbate existing health inequalities. People told us that distrust can stem from:

- Poor experiences of services
- Lack of continuous feedback loops in previous engagement work
- The long-term impact of colonialism, racist medical practices and racism denial.

The project undertaken by Social Finance and Centric focused on exploring how the health and care system can strengthen its work with local communities to rebuild trust. A set of recommendations were developed through one-to-one engagement and workshops, led by community researchers. These recommendations are included in the appendix.

Next steps

There is an opportunity for the systemic bias toolkit to be tested in a partnership context through the Live Well workstream.

Social Finance and Centric’s recommendations reiterate the importance of some work already taking place in Southwark and reflect where further efforts are required to ensure we reach communities. These recommendations will be considered against the approach to the Health and Care Plan, to ensure that our engagement approaches align with feedback received.

Potential Conflicts of Interest	None	
	Equality Impact	Southwark Stands Together is an initiative focused on tackling racial inequalities exposed by COVID-19 and the events of 2020. Recommendations included in this report are focused on reducing systemic bias which can create and exacerbate inequalities and taking action to strengthen trust in the health and care system.
	Financial Impact	None

	Environmental Sustainability Impact	None
Other Engagement	Public Engagement	<p>The systemic bias review toolkit was developed in response to issues raised through interviews with public health commissioners, providers and residents in Southwark. The toolkit was shaped by engagement with those residents and a project advisory group which included representatives from voluntary community sector alliances working in Southwark, including Southwark's Race, Ethnicity and Cultural Heritage Alliance (R.E.A.C.H. Alliance), the Southwark Unified Network of Black, Ethnic and Minorities Forum (SUNBEAM) and the Southwark Latin American Network.</p> <p>Recommendations from Social Finance and Centric were shaped by interviews and workshops with Southwark residents. Centric's model involves training local residents to become community researchers. This allows local people to engage with their networks, maximising the reach of their research.</p>
	Other Committee Discussion/Engagement	N/a
Recommendation:	<p>That the board notes:</p> <ul style="list-style-type: none"> - the update on the Health workstream of Southwark Stands Together; - that the systemic bias review toolkit will be trialled within the Live Well workstream; - the recommendations from work conducted on rebuilding trust through community engagement and empowerment. These are being considered with a view to agreeing how these fit with the agreed Partnership Southwark approach to the work of the Health and Care Plan, so that anything additional can be incorporated, as most appropriate, ensuring that our engagement approaches are fully aligned with feedback from the community about re-building trust. 	



Rebuilding Trust through Community Engagement and Empowerment

February 2023

Introductions

Nadine Smith

Director, Social Finance



Muhammed Rauf

Head of Business
Development, Centric



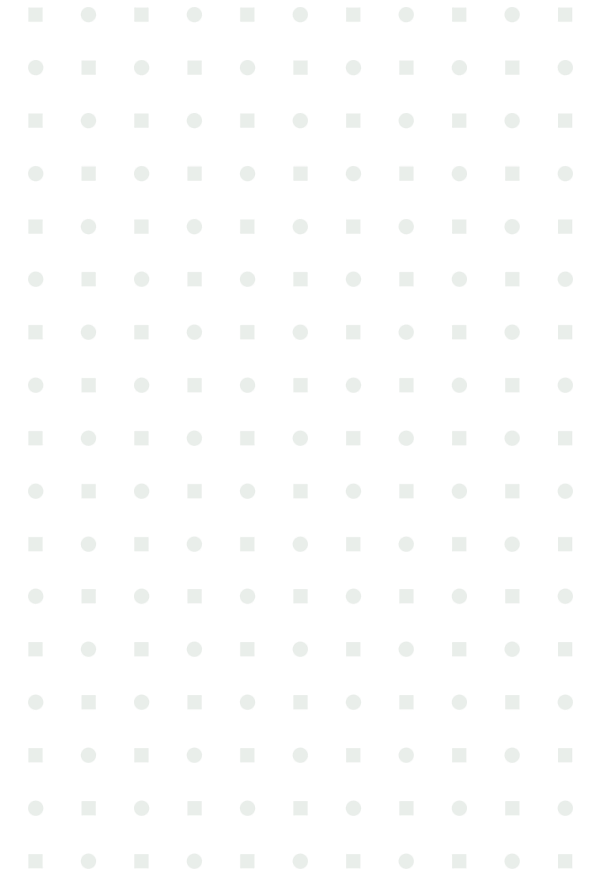
Bukola Joel

Project Manager, Centric



Project Purpose

1. To rebuild trust with residents, especially those from seldom heard communities through community engagement and co-production. Working with them to create equitable relationships to improve decision-making and outcomes.
2. To help Southwark Council's Public Health team explore what the Joint Health and Wellbeing Strategy priorities mean to local communities.
3. To help Partnership Southwark understand which factors will be most helpful in rebuilding trust for the longer-term.



The Five Joint Health and Wellbeing Strategy Drivers

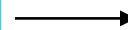
A whole family approach to giving children the best start in life

Healthy employment and good health for working age adults across the health and wellbeing economy

Early identification and support to stay well

Integration of Health and Social Care

Strong and connected communities

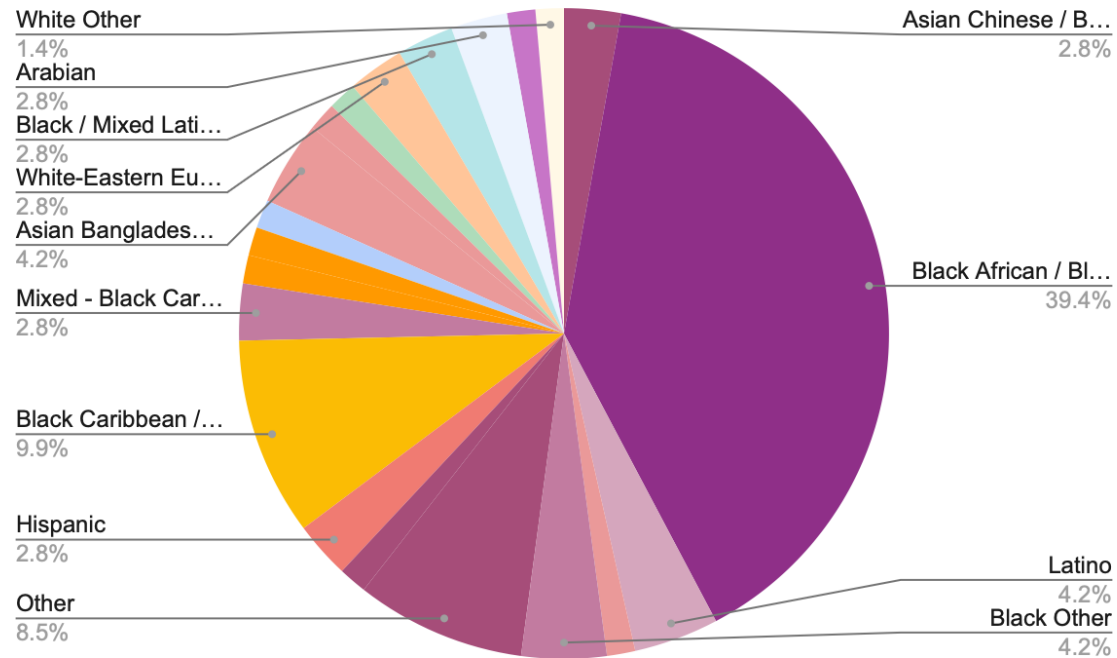


Social Finance and Centric focused on how to make this driver a reality in a way that works for people in the community

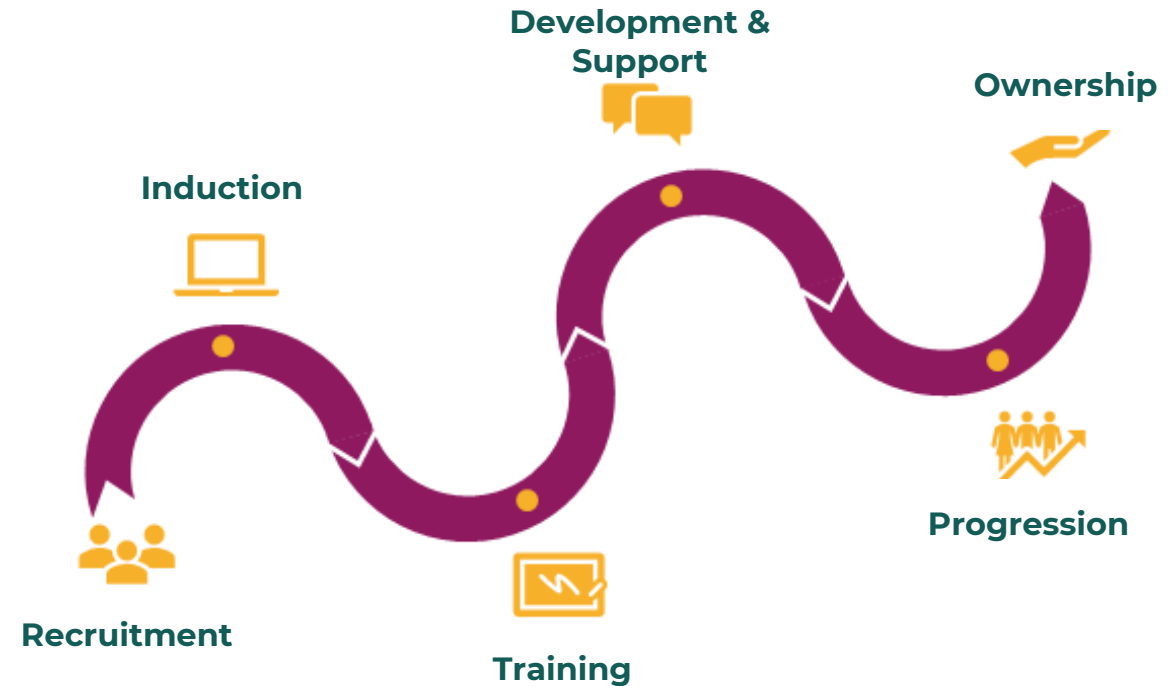


Project Methodology

Ethnicities engaged throughout the project



Centric Community Researcher Journey



Our recommendations

We recognise that some of these initiatives are in progress, however it is clear from our work that many in our communities are not yet seeing, believing or feeling the benefits yet. What can we do about that?

Consider

Training residents to lead on co-production to better contribute towards the explicit and visible co-production approach

Investing further in cultural training to understand the causes and consequences of low-levels of trust

Reframing health and care setting language, particularly around signposting so it is clearer for residents to understand

Continue

Accelerating place-based asset mapping to better understand existing safe spaces in Southwark

Pooling resources relating to community-led approaches and appointing community-led organisations to work with residents

Co-developing a joint strategy that all partners can continually reflect on and scrutinise

Catalyse

The “no wrong door” approach in health and care services

Your firm commitment to reducing barriers to access for funding for existing organisations

Developing participatory methods within commissioning and grant funding processes

Enclosure: 2i
Agenda item: 2

Community Spotlight - Southwark Stands Together

Partnership Southwark Executive Group

Rebecca Harkes, Public Health Policy Officer
Southwark Public Health Division

February 2023

 @lb_southwark  facebook.com/southwarkcouncil

Southwark Stands Together is Southwark's commitment to tackle racial inequalities

CONTEXT

- **Southwark Stands Together** is a Southwark-wide initiative developed in response to the murder of George Floyd, the injustice and racism experienced by Black, Asian and minority ethnic communities and to the inequalities exposed by Covid-19.
- Health is one of eight workstreams in Southwark Stands Together.
- During 2020, Southwark Council conducted a series of listening events, roundtables and a survey of residents to help identify priorities for each SST workstream. The health roundtable was attended by a range of professionals working within health and care (including the Council, NHS and voluntary and community sector organisations).

References

1. Southwark Stands Together: Findings from listening events, roundtables and an online survey. Southwark Council: London. 2021

Five recommendations were developed for the Health strand of Southwark Stands Together

RECOMMENDATIONS

- Develop a strong partnership approach across the whole health sector to address the wider health inequalities for our Black, Asian and minority ethnic communities
- Recognise that discrimination can occur in many different ways from front line to backroom functions and to adopt and embed organisation wide approaches to improve the experiences of Black, Asian and minority ethnic patients in health and care.
- Commission and co-produce health services and interventions with Black, Asian and minority ethnic communities.
- Work with key partners to ensure health services and initiatives are culturally appropriate and accessible for Black, Asian and minority ethnic residents.
- Increase the uptake of preventative programmes such as screening, health improvement and education (awareness, myth busting and health literacy) amongst Black, Asian and minority ethnic communities

References

1. Southwark Stands Together: Findings from listening events, roundtables and an online survey. Southwark Council: London. 2021

Work taking place across the system to address the Health recommendations

PROGRESS UPDATE

Recommendation	Actions taken
Partnership approach	<ul style="list-style-type: none">- The Joint Health and Wellbeing Strategy (JHWS) has been refreshed with a strong focus on reducing the inequalities that impact Black, Asian and minority ethnic communities.- The Southwark Joint Strategic Needs Assessment will enhance data collection processes to inform our understanding of health inequalities. This includes qualitative insights to better understand needs.- South London Listens (SLL) has been established with the aim of working with communities to identify what's needed to address the mental health need caused by the pandemic. Within Southwark, progress against SLL objectives have included the recruitment of community embedded workers and the establishment of a parent peer to peer support group called 'Mindful Mamas'. There has been good sign up of GP practices in Southwark as 'Safe Surgeries', a commitment to improve access for migrants in vulnerable circumstances.- A transformation plan is in place to develop ambitions to improve children and young people's mental health services locally, with priorities identified including improving equality of access.

Work taking place across the system to address the Health recommendations

PROGRESS UPDATE

Recommendation	Actions taken
Recognising and addressing discrimination from front line to back room functions	<ul style="list-style-type: none">- Completion of systemic bias review and implementation of a toolkit for addressing and reducing bias in commissioning and strategic work (see separate slide).- Investment in Making Every Contact Count courses to offer a more systematic and reliable approach to health improvement activity, whilst ensuring that the training includes topics such as housing support so that there is a greater understanding of the wider determinants agenda.- A corporate SST learning and development offer has been implemented in Southwark Council including mandatory unconscious bias training and recruitment and selection training on reducing bias.- Work is taking place to strengthen the monitoring of commissioned services to ensure all services and initiatives are accessible to and meeting the needs of their target audience including Black, Asian and minority ethnic residents. Examples include services commissioned by public health and the outcomes framework developed for the community mental health transformation.- Work has taken place to establish an inequalities grants panel between Partnership Southwark and Community Southwark, where panel members are community representatives from the Southwark's Race, Ethnicity and Cultural Heritage Alliance (R.E.A.C.H. Alliance) and Latin American networks at Community Southwark. The panel is independent to make decisions on criteria, set up, governance and funds allocation, with a view to ensuring that the use of funding is community-led.- The Workforce Race Equality Standard is being introduced in the Adult Social Care service, making Southwark an early adopter local authority.

Work taking place across the system to address the Health recommendations

PROGRESS UPDATE

Recommendation	Actions taken
Co-producing health and care services	<ul style="list-style-type: none">- Work with Social Finance and Centric to develop strategic approaches to building trusting relationships between health and wellbeing partners and local communities, through a community research approach (see separate slide).- Actions have been identified through the South London Listens programme, focused on working with communities to develop the partnership approach to mental ill-health prevention.- Recent coproduction work has included:<ul style="list-style-type: none">▪ workshops with Black, Asian and minority ethnic men over 45 to inform the design and delivery of the men's healthy weight services▪ collaboration with the South East London Cancer network and grant giving process for cancer screening promotion.

Work taking place across the system to address the Health recommendations

PROGRESS UPDATE

Recommendation	Actions taken
Culturally appropriate and accessible services	<ul style="list-style-type: none">- The naming of the new primary care centre, the Harold Moody Health Centre, celebrates the achievements of local GP and campaigner Dr Harold Moody and reflects the wider SST efforts to revisit the naming of local community spaces.- Recruitment of over 145 Community Health Ambassadors from diverse communities, with 75% from Black, Asian or minority ethnic backgrounds. 82% are active in voluntary sector and community organisations and 47% are involved in a faith organisations. Community health ambassadors create a valuable feedback loop between local communities and health services, highlighting issues of access. Ambassadors have recently received training in community research methods.- Promotion of the work of community health ambassadors to key work programmes to identify opportunities for collaboration. This has included social prescribing networks, housing associations and digital inclusion teams.- Southwark, Lambeth and Lewisham councils commissioned The Love Sex Life LSL partnership to help reduce sexual health inequalities among Black communities living in the boroughs. Love Sex Life champions and advocates for culturally specific and sensitive sexual health services that represent the Black communities living in Lambeth, Southwark and Lewisham and to provide care that is relevant to their lived experience.

Work taking place across the system to address the Health recommendations

PROGRESS UPDATE

Recommendation	Actions taken
<p>Increasing uptake of preventative services</p>	<ul style="list-style-type: none"> - Community health ambassadors continue to help local communities with wider issues related to health, including sharing accurate information around mental health, vaccinations and food and financial support available. Training has recently taken place for the ambassadors in support of cancer screening services and messages. - Health equity audits have started for key preventative programmes: cancer screening and pre-school immunisations. - Targeted work has been undertaken to improve uptake of NHS health checks in Black, Asian and minority ethnic communities. Data from Q2 shows 996 NHS health checks completed for the South Federation, with 63% of those completed with patients from a Black, Asian and minority ethnic background. The North Federation has completed 1,270 NHS Health Checks with 50% of those completed with patients from a Black, Asia and minority ethnic background. - Development of a targeted weight management programme for men aged 45+, targeting Black, Asian and minority ethnic groups, following x2 insight workshops in November with 46 men (55% of attendees were from black, Asian and minority ethnic groups). - Promotion of Healthy Start Scheme to increase the number of low-income pregnant women and families who benefit from the scheme - latest data indicates 62% take-up of the scheme. - Development of community health promotion events, to launch in 2023/24, linked to the Vital 5. - Targeted programmes of work are taking place focused on mental health of people in social housing in 2023/24. - Outreach events have taken place to increase uptake of preventative services such as recent lung health checks in Peckham or the outreach breast cancer screening bus.

The systemic bias review has been a key area of focus for delivery of the SST recommendations

SYSTEMIC BIAS REVIEW OVERVIEW

- The systemic bias toolkit has been developed through a review undertaken by an external organisation, COMUZI, focused on systemic bias in the Southwark Public Health Team's commissioning practice.
- The toolkit aims to support commissioners and strategic leads to address unconscious bias and systemic bias in day-to-day practice and their strategic approach.
- The toolkit encourages a commissioning process whereby Black, Asian and ethnic minority communities are continuously involved in service design and review.
- The systemic bias review focused on services commissioned by the public health team, but the toolkit should provide learning for the wider health and care system.

References

1. Reviewing systemic bias in commissioning public health services: Summary and next steps. Southwark Council: London, 2023

The toolkit addresses unconscious bias and systemic bias in day-to-day practice and strategically

SYSTEMIC BIAS REVIEW OVERVIEW

Addressing unconscious bias

This section of the toolkit is targeted at individuals. It provides exercises which commissioners can do to learn about unconscious bias and identify how their own biases may affect their decision-making.

Reducing bias in the commissioning cycle

This section of the toolkit is targeted at individuals and teams. It sets out where systemic bias can influence commissioning activity. Prompts are provided to help commissioners challenge themselves to ensure their practice remains focused on reducing inequalities.

Achieving change in commissioning practice

This section of the toolkit is focused on how the Public Health Division should strategically approach commissioning to help reduce systemic bias. It sets out four key goals, focused on creating the right environment for reducing systemic bias in commissioning.

References

1. Reviewing systemic bias in commissioning public health services: Summary and next steps. Southwark Council: London, 2023

Engagement through Southwark Stands Together highlighted the importance of building trust

COMMUNITY ENGAGEMENT

Engagement through SST explores how loss of trust in services can exacerbate existing health inequalities. This has been raised in relation to three broad issues:

- Poor experiences of services – One third of ethnic minority respondents to the SST survey had experienced racial discrimination in health and care services, compared to 9% of white British respondents. Half of respondents who experienced racial discrimination felt they did not receive the support they needed (55%), experienced loss of trust (53%) and were angry or frustrated. People have told us that poor experiences of services can lead to loss of trust from the individual and their networks.
- Lack of continuous feedback loops in previous engagement work – The importance of maintaining engagement with the community and keeping an open line of communication has been raised through SST. This involves enabling those who engage with us and contribute to our work to do so on an on-going basis.
- The long-term impact of colonialism, institutional racism and racism denial – Communities have emphasised the importance of understanding issues of trust in the broader context of colonialism, institutional racism and racism denial shaping the experiences of people from Black, Asian and minority ethnic communities.

References

1. Southwark Stands Together: Findings from listening events, roundtables and an online survey. Southwark Council: London. 2021
2. Understanding Southwark: Daily life and the impact of COVID-19 across the borough. Social Life: London. 2021

Strengthening community engagement to build trust has been another key area of focus

SOCIAL FINANCE AND CENTRIC CONTEXT

- The Southwark Public Health team commissioned a project to explore how the health and care system can strengthen its work with local communities to build trust.
- This project was jointly delivered by Centric, a research hub developed and operated by communities in Lambeth and Southwark, and Social Finance, a not-for profit organisation.
- Social Finance and Centric's recommendations reiterate the importance of some work already taking place in Southwark and reflect where further efforts are required to ensure we reach communities.

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division

 @lb_southwark  facebook.com/southwarkcouncil



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.

ICS Five Strategic Priorities

The ICS, through the Integrated Care Partnership, has now agreed and published their five cross system strategic priorities.

Our priorities				
Prevention and wellbeing 	Early years 	Children's and young people's mental health 	Adults' mental health 	Primary care and people with long-term conditions 
Improving prevention of ill health and helping people in South East London to stay healthy and well.	Making sure that children get a good start in life and there is effective support for mothers, babies and families before birth and in the early years of life.	Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.	Making sure adults have quick access to early support, to prevent mental health challenges from worsening.	Making sure people have convenient access to high-quality primary care, and improving support and care for people with long-term conditions.

This document marks the first stage in developing and putting into practice an effective cross-system strategy for health and care in South East London. The next stage will be even more important, as the ICB define clear outcome targets for the selected priorities and turn the strategy into action. During this next phase, we will continue to work closely with colleagues, partners and local people, as well as learning from best practice outside our system. Later in 2023, the ICB will publish a more detailed document setting out how we will turn our priorities into action.

More detail can be found [here](#).

Covid-19 and Flu Campaign 2022/23

The Covid-19 Booster and Flu Campaign started in September 2022; however, the Covid-19 booster campaign officially ended on February 12th 2023, due to limited uptake by the public. An offer will still be available for anyone over five who hasn't come forward to receive their first and/or second primary dose. The offer also includes immunosuppressed patients who haven't received additional primary doses. Our provision has decreased as demand has significantly dropped; however, appointments are still available by walk-in or the national booking system at community pharmacies and mass vaccination centres. The Flu vaccine is still available for anyone eligible up **until March 31st, 2023**.

Throughout January and February, Southwark partnered with Public Health and local VCSE to ensure our most vulnerable residents could access the booster. Initiatives to increase booster uptake included pop-ups with vaccinators, nurses and mental health advisors at the Citizen's Advice Cost of Living Roadshow in Peckham and vaccinators including a pharmacy team offering Blood Pressure Checks and a hairdresser at two sheltered accommodations in Walworth. Partnership Southwark also ran a campaign at the beginning of February, using bike advertising to increase awareness about the Covid-19 and Flu vaccine in areas of lower uptake and signpost patients to nearby pharmacies. This proved effective in both cases, where one pharmacy in Elephant & Castle saw a 50% increase in walk-ins for both vaccines.



Bike advertising is also a part of Southwark's broader strategy to reach carbon neutrality by 2030.

We are still waiting for confirmation from the JCVI and NHSE on a Covid-19 Spring Booster; however, an offer will likely be made to the most vulnerable.

Childhood Immunisations Strategy and Campaigns 2023

Southwark has been working with South East London ICB, our providers and residents to improve childhood immunisation rates in our borough. The Polio Booster campaign, which started in August 2022 and finished in December 2022, highlighted the stark vaccine inequalities across the borough. More work needs to be done with our residents and partners to address barriers, improve access to immunisations, combat vaccine hesitancy, and increase overall uptake while reducing inequalities.

We have defined seven ambitions and aim to fulfil our vision of a community where everyone has equal access to life-saving immunisations while promoting health and wellness for all ages. The ambitions are as follows:

1. Increase uptake of immunisations by 5% or meet London and national targets.
2. Improve uptake amongst marginalised and underserved groups, including asylum seekers and refugees, rough sleepers, and homeless populations, looked after children, traveller communities, sex workers, victims of modern slavery, individuals with serious mental illness, children and adults with learning disabilities, those with drug and alcohol dependencies, and ethnic minority groups with unequal access to healthcare.
3. Improve call/recall systems at general practices to increase coverage and access to immunisations.
4. Offer training and education for a range of individuals, community ambassadors and key community influencers and leaders to enhance understanding and support for immunisations.
5. Address health inequalities and work towards a healthier, safer community for all.
6. Optimise data flow and interoperability of point-of-care systems, using data to drive decision-making and understand immunisation inequalities.
7. Target areas of high indices of deprivation to support uptake and equal access to immunisations.

To realise our ambitions and vision, we have developed a governance system ensuring robust vaccination monitoring and oversight. The structure includes a fortnightly Vaccination Oversight Group with key partners from Public Health, Partnership Southwark, Southwark ICS, and Communications and Engagement colleagues. This group drives forward any immediate actions and operational issues relating to immunisation programmes. We have also developed smaller Task & Finish groups focussing on School-Aged Immunisation Services and Early Childhood Immunisations.



These groups include providers, Public Health staff and colleagues from Southwark Education. Immediate plans involve delivering HPV awareness sessions with our School-Aged Immunisation provider and a midwife for secondary school pupils and staff. We will also continue the valuable work started with LAWRS (Latin American Women’s Rights Service) at Spanish-speaking mum and baby groups to address barriers and improve access for this population. Our Vaccination Oversight Group and Task & Finish groups will feed into the wider Health Protection Board, Health & Wellbeing Board and the South East London Immunisation Board.

Finance Update

Southwark Place has a delegated budget of £235m, £146m is managed by Southwark place and NHS Contracts for Mental Health (£38m) and Physical Health (£51m) whilst delegated are managed by South East London Commissioning team on a South East London wide basis.

This position below sets out the Month 10 financial position of the SEL ICB – Southwark. The ICB has a nine month reporting period in 2022/23 and reflects its establishment on 1 July 2022. The budget for the ten months is constructed from the CCG/ICB annual financial plan. Southwark Borough reported an underspend of £166k as at the end of January 23 against its delegated budgets. Forecast outturn is likely to be an underspend of £374k.

	Year to Date Budget £'000	Year to Date Actuals £'000	Year to Date Variance £'000	ICB Budget £'000	Forecast Outturn £'000	Variance £'000
Other Acute Services	573	554	19	737	557	180
Other Community Health Services	17,940	17,663	278	23,066	22,630	436
Mental Health Services	3,552	3,945	-393	4,567	5,024	-457
Continuing Care Services	11,406	10,966	439	14,750	14,346	404
Prescribing	18,344	18,832	-488	23,585	24,172	-587
Other Primary Care Services	652	637	15	822	804	18
Other Programme Services	200	281	-81	258	362	-104
Delegated Primary Care Services	34,220	34,220	0	44,117	44,117	0
Corporate Budgets	2,633	2,256	377	3,385	2,901	484
Total	89,521	89,355	166	115,287	114,913	374
Community Mental Health	22,144	22,144	0	28,471	28,471	0
Community Physical Health	29,824	29,824	0	38,345	38,345	0
Total	141,488	141,322	166	182,102	181,728	374

Prescribing and Mental Health position represents the biggest area of risk to the borough position. The primary care prescribing budget across SEL is seeing unexpected activity pressures in a number of areas including Cat M & NCSO (No Cheaper Stock available). The latter consists of a group of drugs for which prices are managed and controlled by central government. These have a direct impact on branded product usage, availability and consequently on NCSO. The local system has no control over the aforementioned.



Mental Health & Learning disability cost and activity continues to increase for placements. We have had some movements in placements this month and this has resulted in further increased costs due to the level of support required for some of these clients. Provider uplifts requests are very high and well above the allocation growth in our budgets. This is adding further pressures on our Mental Health Budgets. Although the borough held off investment in Mental Health to mitigate these risks, budgets continue to overspend. Within community services, the borough is overspending significantly on its audiology & interpreting budget. The borough has had to restrict investment in community services in order to manage the cost pressures in mental health and prescribing. Corporate budgets continue to underspend due to staffing vacancies and staff on secondments.

The borough recently received £1.25m funding to support hospital discharges. Schemes were put in place by the Local Care Partnership and these are monitored very closely. It has been challenging to spend this level of funding at this late stage of the year.

The Borough is required to deliver savings of £1,963k. As at month 10, the borough is reporting an under delivery on prescribing savings of £187k. The Year to date target overall is an under delivery of £181k. Our medicine optimisation team continues to monitor prescribing savings and put other mitigation plans in place. The forecast savings is an under delivery of £251k. Corporate savings have been identified on a non-recurrent basis (£138k) and borough will need to find recurrent savings for these in order to ensure this does not have an impact on 2023/24.

Decisions taken at Place

Clinical and Care Professional Leads

The Clinical and Care Professional Leads have been extended by 6 months to September 2023. The CCPLs work in health, care and the voluntary and community sector within Southwark, and are passionate about making a difference to the lives of our local residents. The CCPLs help Partnership Southwark to improve health and wellbeing outcomes for people living in Southwark. From March 2023 there will be a focused piece of work undertaken to review and redesign the CCPL programme. The future structure of the CCPL programme will be aligned to the priorities identified in the Partnership Southwark Health and Care Plan. This will be led by the Partnership Southwark Co-Chairs and supported by the programme team.

Wellbeing Hub Procurement

Approval was granted for Together UK to be awarded the Contract for delivery of Southwark Mental Health Wellbeing Hub resource in the London borough of Southwark.

The Expression of Interest (EOI) process was undertaken in accordance with SEL ICB's Standing Financial Instructions and Procurement Policy. The core functional expectations of the service are information and advice; assessment and signposting/referral; promotion of mental health and wellbeing through group and 1:1 intervention including outreach. The contract awarded as a result of this procurement process shall be governed by the NHS Standard Contract Terms and Conditions. The contract will be offered for a period of three years (3 years), with an option to extend 1+1 year beyond the term, (5 years in total) at the authority's sole discretion.

James Lowell
Place Executive Lead

Partnership Southwark Strategic Board Cover Sheet

Item 4 Enclosure 4

Title:	Health & Care Plan
Meeting Date:	2 March 2023
Author:	Annie Norton, Programme Director
Executive Lead:	James Lowell, Place Executive Lead

Purpose of paper:	The paper outlines the priority delivery areas for Partnership Southwark for the 2023/24 financial year and the approach that will be taken in order to achieve the identified outcomes.	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	<ul style="list-style-type: none"> The paper identifies the delivery priorities of Partnership Southwark for 2023/24. These will be delivered through the existing Wells: Start Well, Live Well, Age Well and Care Well, as well as through the development of strategic collaboratives. Partnership Southwark Strategic Board will receive twice yearly updates on the Health and Care Plan to provide oversight on delivery, with each Wells group presenting to the Delivery Executive on progress quarterly to unblock any issues or highlight any emerging opportunities. In order for the work to be delivered, the Wells will be taking a developmental approach that recognises the complexity of the current system and ensures that residents are at the centre of the work. The Health and Care Plan is an iterative document, which will be updated as work and insight is developed through the Wells and strategic collaboratives. An outcomes framework for the Wells will be developed using resource from Cordis Bright and aligned to the Health and Wellbeing Strategy. 		
Potential Conflicts of Interest	N/A		
	Equality Impact	Focus of the Health and Care Plan is on tackling inequalities – an outcomes framework to capture this is being developed with Cordis Bright and aligned to the Health and Wellbeing Strategy	
	Financial Impact	<ul style="list-style-type: none"> Live delivery priorities have financial allocations already attached Developing delivery priorities may have financial requirements from partners which will be taken to the 	

		Board and the Executive for sign off when appropriately developed
	Environmental Sustainability Impact	N/A
Other Engagement	Public Engagement	<p>Insight from:</p> <ul style="list-style-type: none"> • Southwark Stands Together • Southwark 2030 • South London Listens • Partnership Southwark outreach work • Centric and Social Finance work with Partnership Southwark and Public Health
	Other Committee Discussion/Engagement	<ul style="list-style-type: none"> • The paper is going to Partnership Southwark Delivery Executive on 24th February. Any changes following on from the discussion in the Executive will be verbally updated to the board. • An update on the Health and Care Plan will be shared at the March Health and Wellbeing Board.
Recommendation:	<p>The Partnership Southwark Strategic Board is asked to agree the priorities within the Health and Care Plan, noting that regular updates will be shared with the Board and the Delivery Executive.</p>	

Partnership Southwark



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

Health & Care Plan
2023/24 – 2027/28

Contents

- Context
- Our response
- The Health & Care Plan
- What's needed from you?
- Supporting information



Context

Our population

We have 307,000 residents. Our population is comparatively young, with the average age (32.4 years) almost two years younger than London, and almost seven years younger than England. 39% of residents are aged 20-39, compared to 26% in England. We have a large LGBT population – over 8% of our adults compared to 4% in London and 3% nationally. Latest estimates indicate that 51% of people living in Southwark have a white ethnic background compared to 81% nationally. Our diversity is greater among our children and young people, with roughly equal proportions of young people from white and black ethnic backgrounds. The latest population projections suggest that the population will continue to grow, with over 17,000 additional people living in the borough by 2030. Population growth is set to take place across almost all parts of the borough, but the largest increases are expected in redevelopment areas around Old Kent Road, Canada Water, and Elephant and Castle.

Health outcomes for our population

Strengths

- Residents are living longer and healthier lives than ever before, with life expectancy comparable or better than the national average
- Levels of relative deprivation in the borough continue to reduce
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average
- Preventable mortality has reduced by half since 2001, narrowing the gap with England

Challenges

- 1 in 4 children in reception are overweight
- 15,000 emergency attendances by children under 5 per year
- Second highest level of STIs and HIV in England
- Around 2,400 admissions for ambulatory care sensitive conditions per year
- 55% of cancers diagnosed at stage 1 or 2
- Around 55,000 adults have a common mental health condition
- ASC provides support to 1500 unpaid carers
- Amongst the highest rate of emergency admissions for falls in London
- Highest rate of emergency admissions for dementia in London

Inequalities within our borough

- Approximately 21% of Southwark's population live in communities ranked within the most deprived nationally. This increases to 23% among those aged under 18.
- Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in central and northern parts of Southwark particularly communities in Faraday and Peckham wards
- Residents from a Black African and Black Caribbean background are more likely to live in communities with high levels of deprivation, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services
- Southwark has the fourth highest LGBT population in the country, and we know that this group can suffer discrimination for access to services, as well as poorer health outcomes
- Southwark has the highest number of asylum seekers in accommodation centres in SEL. The population may have experienced conflict, violence, multiple losses, torture, sexual assaults, and/or risk of exploitation, as well as experiencing issues accessing health and care services

Our response



Our vision

NHS
South London
and Maudsley
NHS Foundation Trust


Community
Southwark

NHS
King's College Hospital
NHS Foundation Trust


QUAY
HEALTH
SOLUTIONS

“to enable every part of the
health and care system in
Southwark to make the borough
an amazing place in which to be
born, live a full healthy life and
spend one’s final years”

NHS
Guy's and St Thomas'
NHS Foundation Trust

ihl
improving health
caring for our community together

Southwark
Council
southwark.gov.uk

NHS
South East London

Our approach

- Bring people together to create a **shared understanding**
- **Insight-based**, from cycles of iteration (develop and test)
- **Community is an equal partner**, informing and driving change
- **Ruthless on task and lead through relationship** - key to successful delivery

“The process you use to get to the future, is the future you get”

Myron Rogers

Governance

- **Strategic Board** will receive bi-annual updates on the delivery of the health and care plan
- **Delivery Executive** will receive regular assurance (minimum of quarterly) from the Wells and work collaboratively to maintain momentum
- **Wells Leadership** will drive and support delivery and monitor progress monthly

Measuring impact: enhancing traditional approaches

An iterative,
experience and
practice-
led approach

values feedback and insight from users, as well as tacit knowledge and opinions of frontline staff on whether an idea is working or not – **more qualitative, behavioural and experiential**

Co-production:
developing
things together
as we go

learning what works and improving what doesn't – **creating iterative system measures** to help us reflect on how well things are working and **adapting** e.g. behaviours, approaches and other factors, as appropriate

The Health & Care Plan



Overall framework

Start Well

Live Well

Age Well

Care Well

Other

Southwark Health & Wellbeing on a Page

Key Population Groups & Neighbourhoods

Black Caribbean, Black African & Latin American Residents

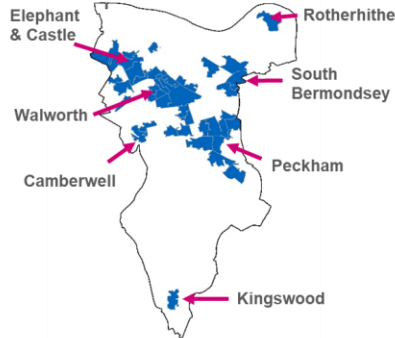
LGBTQI+ Residents

Asylum Seekers & Refugees

Carers and Care Home Residents

Residents with learning disabilities and autism

Neighbourhoods with greatest socio-economic disadvantage



Key Health & Wellbeing Challenges

Current Outcome Challenges

1. Around 25,700 children living in poverty
2. Around 1 in 4 children in Reception are overweight or obese
3. Around 15,000 emergency attendances by children under 5 per year
4. Second highest level of STIs and HIV in England
5. Around 2,400 admissions for ambulatory care sensitive conditions per year
6. 55% of cancers diagnosed at Stage 1 or Stage 2
7. Around 55,000 adults have a common mental health condition
8. Adult Social Care provide support to almost 1,500 unpaid carers
9. Highest rate of emergency admissions for falls in London
10. Highest rate of emergency admissions for dementia in London

Resident Feedback

1. Discrimination and structural racism are impacting access and experience of services
2. Vulnerable people are falling through gaps in support
3. Mental health and wellbeing for children, young people and adults is a priority
4. Services need to be culturally appropriate and accessible for all
5. Concern regarding rising cost of living, food poverty and affordable housing
6. Local community and community autonomy is highly valued

Joint Health & Wellbeing Strategy Priorities

A whole family approach to giving children the best start in life

Healthy employment and good health for working age adults

Early identification and support to stay well

Strong and connected communities

Integration of health and social care

Local Health & Care Plan Priorities

1,001 Days

Mental Health of Children & Young People

Community Mental Health Transformation

The Vital Five
(Blood Pressure, Obesity, Alcohol, Smoking, Mental Health)

Older Adults

Integrated Neighbourhood Teams

MH Collaborative

Underpinning enablers

Data

Workforce

One Estate

Culture

Health & Care Plan

Supporting families, mothers and babies in the first 1001 days of life (Start Well)

Within Start Well, a specific programme focused on the first 1001 days of life (conception to 2 years old) has been identified as a priority within Southwark. The programme is specifically targeted at families in the Camberwell Green area and is utilising a neighbourhood approach to allow for tailored and creative approaches to better meet needs in this area. Camberwell Green has been selected as the initial area of focus as it is an area of high deprivation (most of the area is in the second most deprived quintile nationally) and:

- evidence shows that socio-economic deprivation increases the risk of maternal perinatal mental illnesses
- 16% of mothers living in Camberwell Green did not breast milk feed at all, 31% partially breast fed compared with 11% and 24% respectively for mothers in the second least deprived quintile
- Camberwell Green has the highest prevalence of obesity in reception-aged children in the borough

Camberwell is also a community asset rich area with strong, well embedded, and trusted community groups and leaders making this an ideal area to trial the resident led, neighbourhood targeted programme approach.

The proposed focus will be on perinatal, parental and infant mental health, looking at local workforce development, and breast feeding and infant nutrition.

How we will secure delivery

- Map current programmes of work that have interdependencies and relationships with 1001 Days programme
- Develop and deliver a coproduction plan to shape the future of the programme
- Develop & maintain a learning log to track learning from neighbourhood working & resident led approach
- Asset mapping of Camberwell Green area in collaboration with residents and partners
- Continue to expand the delivery group membership as necessary to ensure all relevant partners and teams are part of the programme. Continue to build relationships with residents and community groups in Camberwell Green and across system partners
- Coproduce outcomes framework with residents and system partners
- Explore needs and opportunities for data sharing between system partners
- Link in with existing planning around workforce development to align programme plans

Actions
for
23/24

Intended outcomes in 5 years' time

- Through the areas of focus that have been proposed, our aim is that:
- By 2027, all women and their partners who live in Southwark will feel equipped and empowered to provide the best start in the first 1001 days of their children's lives through the provision and access of family-centred, integrated support and services that meet their specific needs
 - Specific outcome measures will be determined through co-production with partners and residents within the first quarter of 23/24

Health & Care Plan

Children & Young People's Mental Health (Start Well)

Southwark young people are at a higher risk than the national rate of being first time entrants to the Youth Justice system, of homelessness and of attendance at A&E. There are high rates of prevalence of being at risk of the “toxic trio” (adult mental ill-health, domestic abuse and alcohol / substance misuse) being amongst the highest rates in the country where all three risk factors are present. We will guarantee mental health support for all Southwark Children and Young People when they need it, delivered via our ground-breaking Nest walk in services and support in every Southwark school.

How we will secure delivery

- Reducing waiting lists
- Improving equality of access
- Supporting 16-25 year olds to access the right support
- Improving parental mental health to keep families strong
- Support for Southwark schools – universal and targeted offer for pupils, staff and parents
- Supporting children responding to trauma and distress and crisis stepdown
- Supporting the emotional and mental wellbeing of young offenders (including prevention)
- Developing a seamless pathway for children and young people with eating disorders
- Ensuring that the mental health needs of those attending A&E are better met
- Improving the responsiveness of perinatal mental health support

Actions
for
23/24

Intended outcomes in 5 years' time

- Young people are able to access holistic services which are structured around need rather than age
- Southwark system can demonstrate seamless, system wide collaboration around a joined-up vision and clear, sustainable investment through transparent decision making and collective accountability
- Families are able to access support for their mental health and wellbeing in a way that supports improved family outcomes
- Resilient and representative groups able to improve service users experience
- Improved connectivity and pathways between SEL commissioned services and local services to increase uptake
- Improve the mental health and wellbeing of families, children and young people, ensuring 100% of children and young people who need support can access emotional wellbeing or mental health services
- Keep children and young people safe through early identification and support for families at risk of adverse childhood experiences

Health & Care Plan

Adult Community Mental Health Transformation (Live Well)

Working collaboratively with residents, VCSEs and local authorities, to expand the provision of early intervention and community-based mental health support offers for adults, through both statutory and non-statutory organisations, and across health and care services.

How we will secure delivery

Delivery of year 3 of the adult community mental health transformation programme:

- Embed service user and carer involvement into service design and review across the system e.g. through the launch of a Service Users Network
- Neighbourhood team structures designed, tested and implemented, incorporating multi-disciplinary teams and capitalising on the combined resource of MH professionals across primary care, secondary care and local VCSE professionals
- Review of referral processes between CMH services and secondary care with a view to streamline and reduce rates of unsuccessful referrals. Work with service users and residents with lived experience to ensure simple points of access across the system for self referrals and referrals from other professionals
- Develop improved relationships and systems for SMI health checks to take place with the most appropriate health care team
- Finalise a proposal to measure outcomes across the system using the national outcomes framework metrics and existing system measures
- Link with CYP Emotional, Wellbeing & Mental Health Steering and Delivery Groups to join up work around young people's transition from CAMHS to adult services

Actions
for
23/24

Intended outcomes in 5 years' time

- Each neighbourhood in Southwark to have a fully-established integrated community mental health teams bringing together health and social care and VCSE providers
- Contacts through community mental health to have increased 5% on average every year, with contacts representing the demographics and need of the local population
- Reduction in the inequality of service users' access, experience and outcomes around CMH services. In particular Southwark's BAME communities and other groups that have previously been underserved
- Care is continuous: service users have an 'easy in, easy out' experience when stepped up/down between primary and secondary care and vice versa
- Mental health care is largely preventative and reduces the number of residents experiencing a mental health crisis
- Links with the VCSE are improved, service-users are able to get support with wider issues such as housing
- Improved mental and physical health and reduction in mortality, particularly among residents with SMI

Health & Care Plan

Vital 5 (Live Well)

The initial focus of the Live Well programme is hypertension; one of the Vital 5. Hypertension cuts across and impacts all the other Vital 5 areas and is also one of the five clinical areas within the Core20Plus5. Hypertension is the most important risk factor for premature cardiovascular disease, being more common than smoking, dyslipidaemia, and diabetes and accounting for an estimated 54% of all strokes and 47% of all ischemic heart disease events globally. Evidence also suggests there are significant numbers of residents with undiagnosed hypertension. Our aim is to ensure residents have the best possible blood pressure, and 80% of those with high blood pressure are detected and treated to recommended guidelines, in line with the national ambition.

How we will secure delivery

Actions
for
23/24

- A review of local intelligence regarding the prevalence and management of hypertension including an analysis on health inequalities across our boroughs.
- Identify where blood pressure is taken across the system, and how these measurements are being fed back appropriately
- Undertake a gap analysis of work already underway surrounding the vital 5 to diagnose and manage hypertension in the borough and identify future opportunities and actions
- Ensure alignment at a borough level with Vital 5 programme at GSTT and KCH
- Ensure alignment a borough level with Vital 5 programme across South-east London
- Evaluation of digital health kiosks in the community
- Incorporate awareness and screening of the Vital 5 in the public health promotion and campaign programme

24/25

- An equivalent approach for the other Vital 5 areas (smoking, alcohol, mental health, obesity) will be adopted once work on hypertension begins to advance, building on the iterative and developmental model of working.
- Building on previous year's work, lessons learnt and round up

Intended outcomes in 5 years' time

Local ambitions:

- A minimum of 50% of NHS health-checks are undertaken by residents from Black, Asian and other ethnic minority backgrounds
- All residents in Southwark to be aware of what the vital 5 is, and what their own measurements are
- Fully embedded 'Making Every Contact Count' approach to maximise interactions with patients

National ambitions:

- 80% of the expected number of people with high BP are diagnosed by 2029
- 80% of the total number of people diagnosed with high BP are treated to target as per NICE guidelines by 2029

Health & Care Plan

Older Adults (Age Well)

With an eye to prevention, strengths-based approaches and self-management, the aim is to help older people to remain active, productive, independent and socially connected for as long as possible and recognising that, whether it's between hospital and home or from one community service to another, services need to be consistently joined-up and responsive to the individual needs of older people. The specific areas of focus will be: developing a lower limb wound care model for Southwark, improving care and support for people with frailty through an integrated model and better coordination of services for those living with dementia. We also want to align with the ambitions of the Community Mental Health Transformation model to address the mental health of older people, aligned with neighbourhood development initiatives.

How we will secure delivery

Actions
for
23/24

- Strengthening strategic alignment for planning and delivery across Age and Care Well workstreams, bringing community and care homes closer together
- Embedding service user and carer involvement to the design of new models of care and approaches
- Developing outcomes framework to be developed which takes the system / workforce and individual service users into account
- Developing a system led, more comprehensive model of practice for lower limb wound care. Currently working with Accelerate on a needs analysis to inform a detailed business case
- Refreshing the Dementia strategy and delivery plans in partnership with residents and service users
- Working with colleagues across SEL and in Southwark to understand good practice around integrated frailty pathways and develop recommendations for piloting locally

Intended outcomes in 5 years' time

- There is improved access to specialist and comprehensive physical and mental healthcare & wellbeing services/support and to community activities where required
- We have an integrated lower limb wound care pathway which achieves better outcomes, including:
 - Better quality of care
 - Proactive management
 - Higher detection rates
 - Early intervention approach and reduction in crisis management
 - Fewer hospital admissions
- We have developed the Community Mental Health model to include older people, stopping people reaching crisis and ensuring they receive care closer to home
- An agreed frailty definition and pathway in Southwark

Health & Care Plan

Workforce Development (Care Well)

The workforce across the health and care sector is a major priority and challenge for our local system, including individual providers as well as the large institutions. There is a keenness to optimise interprofessional practice and integration opportunities through neighbourhood approaches, also working innovatively to develop new and diverse roles and career pathways, apprenticeships and connecting further with communities and capitalising on the skills and passion of local people in Southwark.

How we will secure delivery

- Establishing links with wider Workforce planning strategies and collaborate where it makes sense to do so
- Work in partnership with Bermondsey and South London Mission to explore opportunities to develop an apprenticeship programme
- Developing neighbourhood champions to support healthy living initiatives and develop skills/professional opportunities for the community

Actions
for
23/24

Intended outcomes in 5 years' time

- We have implemented our workforce initiatives which include a range of Voluntary and Community Sector partners to create a sustainable local workforce
- There is proactive collaboration and recruitment into local care & health sector with local people (placements, apprenticeships, local training/engagement opportunities, tailored support in deprived neighbours to support into work)
- We have established neighbourhoods champions who outreach into their local communities
- There is evidence of inter-professional practice – which moves beyond multi disciplinary approaches

Health & Care Plan

System Maturity (Strategic Collaboration)

In Partnership Southwark, we are committed to reaching a place of true integration across the system. We recognise that this will not happen instantly, and will require significant work from all our partners in order to achieve our goals. We want to embed ourselves in communities, working at a neighbourhood level to support residents, identified populations and tackle inequalities. Residents are telling us that the system is too fragmented, with conflicting priorities and inequalities in terms of access and experience. As the demand for services increases, a lack of integration between services is going to exacerbate these concerns and mean that we are not giving the right focus on the outcomes for residents. We are already in a collaborative space for Children & Young People and Adults (particularly CMHT) due to the work which is being delivered by partners. Additionally other areas such as BCF are starting to examine how they could help to drive integration/joint working in the MH space. We want to make the most of this momentum to explore how a strategic collaborative could work.

How we will secure delivery

- Undertake engagement workshops with key system partners. The aim of this work is to map what is already taking place, consider what we could do differently and think about a more formalised strategic form that could oversee this, leading to better performance and outcomes across the system. This will help to set our level of ambition for the strategic collaborative and create a delivery structure for getting there (e.g. an overarching steering group with a number of strands underneath this which feed in, such as MH Placements and substance misuse)

Actions
for
23/24

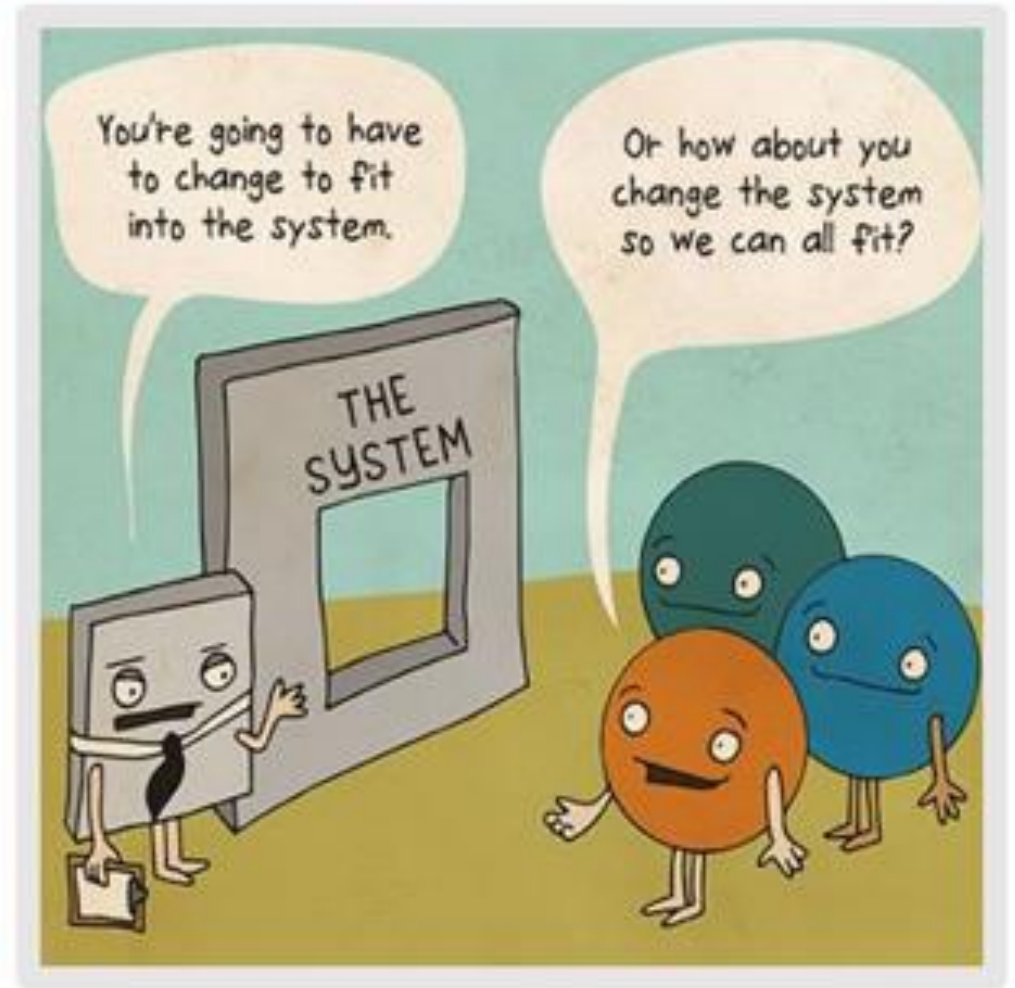
Intended outcomes in 5 years' time

- To reduce numbers of people reaching crisis point and give prompt and appropriate support for people in crisis
- To increase the number of people able to live independently
- To increase numbers of people living in stable and appropriate accommodation
- To improve mental health outcomes for people from black communities in Southwark
- To improve physical health for people with mental health issues
- To increase numbers of people in education, training, volunteering or employment

Resources to enable delivery



What's needed from you?



“Our lives are a sum total of the choices we have made”

Wayne Dyer

Supporting information



Start Well programme overview

DRAFT 23/24

Ensures strategic direction from PSSB is transacted into operational delivery and has oversight of workstreams and enablers

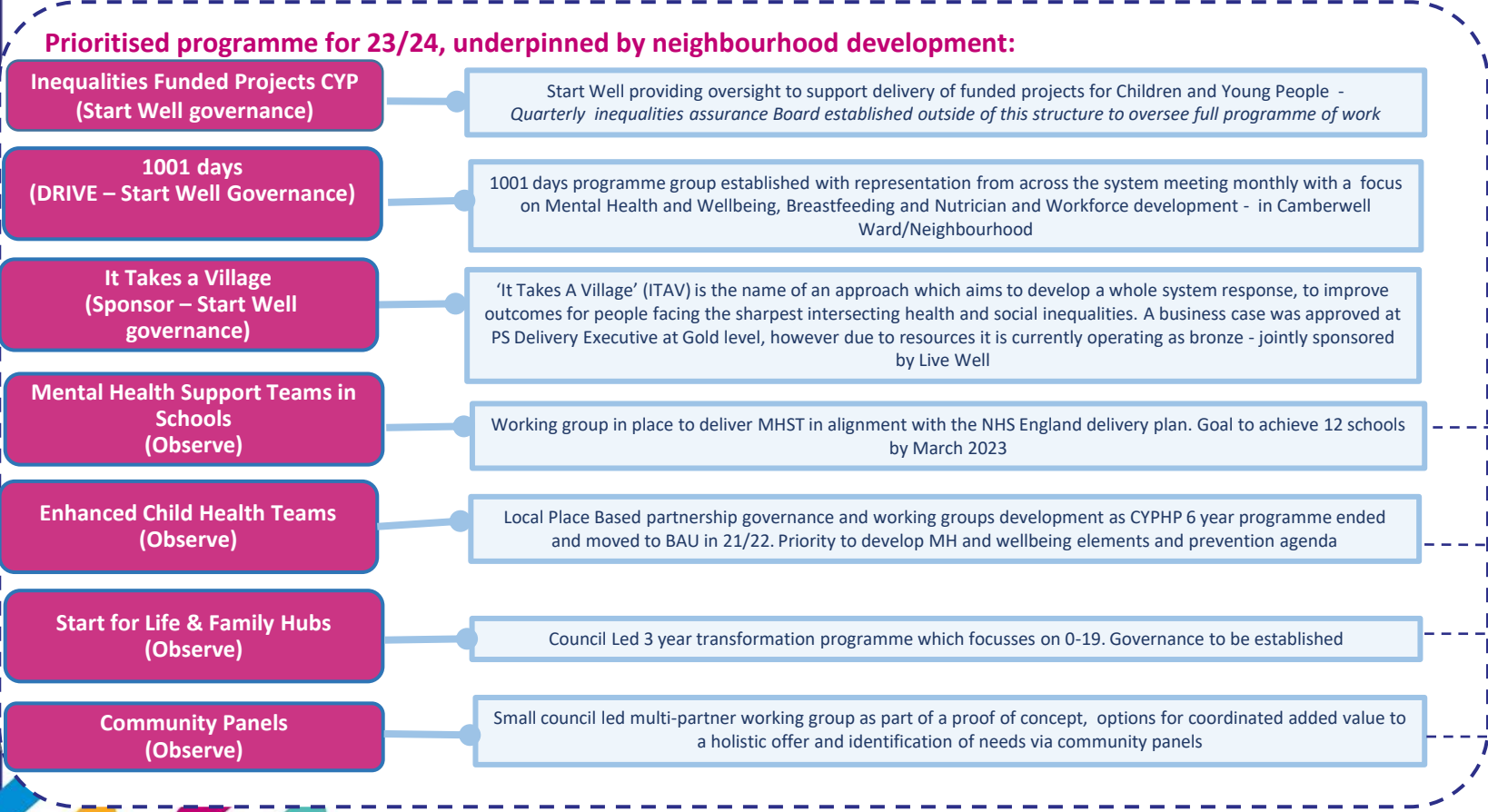
Brings together: SROs of Start Well & Live Well and PS system programme management team, as a point of strategic planning and collaboration for family approaches and shared priorities

Brings together: cross-system Leadership Team, PS system programme manager & project manager and system leads for each priority area as a point of coordination and oversight with a strong delivery focus

Partnership Southwark Delivery Executive (meets fortnightly)

Start Well & Live Well Collaborative (meets quarterly)

Start Well Leadership Group (meets monthly)



Emotional Wellbeing (EW) + MH Steering Group (led by Partnership Commissioning) & EW + MH Working Group

TBC (GSTT / Primary Care Lead)

The Continuous Improvement Board (LBS)

Start Well Governance

**Note this is a simplified picture that focuses on the proposed Start Well programme*

Partnership Southwark Strategic Board Cover Sheet

Item 5 Enclosure 5

Title:	Southwark 2030
Meeting Date:	2 March 2023
Author:	Beth Penwarden, Strategy & Change Manager, Southwark Council
Executive Lead:	James Lowell

Purpose of paper:	To update the PSSB on Southwark 2030 and progress, along with publicising the further listening opportunities still to come	Update / Information	x
		Discussion	x
		Decision	
Summary of main points:	<ul style="list-style-type: none"> • Current stage • Update on engagement activity • Conversation events held and still to be held • Listening events held and those still to be held • Young people engagement • Partner update • Next steps 		
Potential Conflicts of Interest	None		
	Equality Impact	None	
	Financial Impact	None	
	Environmental Sustainability Impact	None	
Other Engagement	Public Engagement	As detailed in the paper	
	Other Committee Discussion/Engagement	Partnership Southwark is one set of partners within the broader Southwark strategic partnership contributing to Southwark 2030	
Recommendation:	Note the paper and discuss how the partnership can support		

SOUTHWARK 2030



**Partnership
Southwark
Strategic Board
2nd March 2023**

Recap - where we are now



- **Conversation events** – started on 24 January. 8 in-depth conversations with people who live, work, study and visit the borough. 6 in-person and 2 online.
- **Listening events** – using the toolkit, smaller conversations via existing meetings, forums, and networks. Schools have a dedicated ‘schools toolkit’ to participate.
- **High footfall areas** – engaging with people in 3 high footfall areas across the borough, including shopping centres, public spaces etc (March 2023)
- **Online survey** - for people to input outside of face-to-face activities

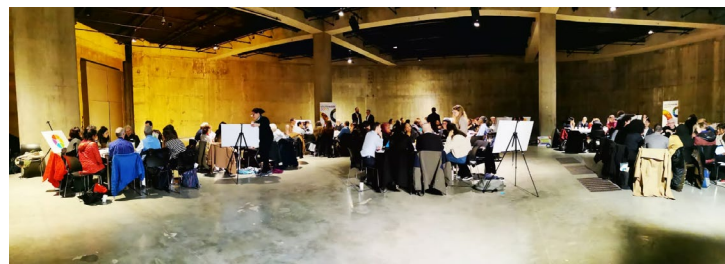
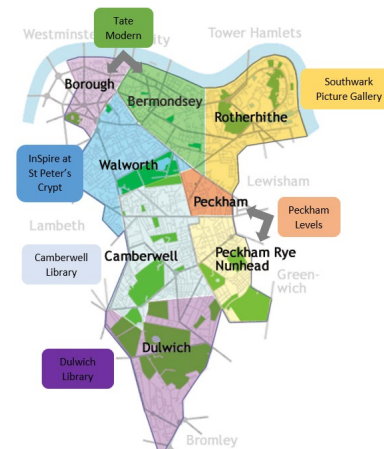
Update on Stage 2 engagement activity

Item	Latest position
Conversation events	<ul style="list-style-type: none">• Two in-person events held at Peckham Levels (24 January) and the Tate Modern (13 February)• First online event held on 1 February• 136 people have attended events so far• 458 people have expressed an interest in attending the remaining conversation events
Listening events	<ul style="list-style-type: none">• 3 listening events held so far• 14 more events diarised• Young people – Youth Parliament, Bubble Theatre and Youth Service have held initial listening sessions and will do more themselves
Survey	<ul style="list-style-type: none">• 622 people have responded to the survey so far (incl 19 easy read survey responses)



Conversation events – 3 complete with 5 remaining

Date	Time	Location
Tuesday 24 January	10am-1pm	Peckham Levels
Tuesday 2 February	5.30-8pm	Online
Monday 13 February	5.30-9pm	Tate Modern
Thursday 23 February	1.30-4.30pm	Inspire at St Peter's, Walworth
Saturday 25 February	10am-1pm	Dulwich Library
Monday 27 February	5.30-8pm	Online
Wednesday 1 March	10am-1pm	Camberwell Library
Wednesday 8 March	1.30-4.30pm	Southwark Park Gallery



SOUTHWARK
2030

Listening events

Date	Event host
Friday 24 February	Southwark Pensioners
Friday 24 February	Lyndhurst Primary School community event
Tuesday 28 February	Brandon 3 TRA
Wednesday 1 March	Pecan, Southwark Foodbank
Tuesday 7 March	West Central Multi-Ward Forum
Wednesday 8 March	Astbury Road Area Residents Association
Thursday 9 March	North West Multi-Ward Forum
Tuesday 14 March	South Multi-Ward Forum
Wednesday 15 March	Southwark Parks Association
Thursday 16 March	Southwark Living Streets
Thursday 16 March	North East Multi-Ward Forum
Tuesday 21 March	East Central Multi-Ward Forum
Wednesday 22 March	LAWRS coffee morning
Monday 27 March	Bermondsey Street AGM

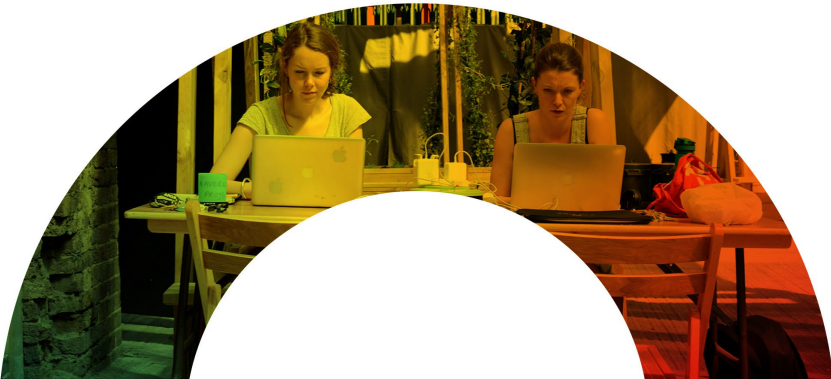
A further 25+ listening events are in the pipeline, including:

- Bede House
- Primary Headteachers breakfast forum
- Southwark Muslim Forum
- Southwark College
- Future Men
- Multiple tenants resident associations (TRAs)
- IMRO (alongside LAWRS reaching the Latin American community)
- Southwark Travellers Action Group
- LBS staff
- Councillor Political groups



Young people engagement so far

- **Youth Parliament**- we ran a mini listening session to both understand their hopes and aspirations for Southwark but also to support them to run listening events in their own schools. We also worked on other methods for hearing from more young people.
- **Youth Service providers**- Youth service providers are planning a range of activities including a photo challenge over half term, a short film and a display board showing young peoples hopes for 2030.
- **Bubble theatre** - listening event with looked after children and care leavers facilitated by Bubble Theatre. Bubble Theatre are also creating a video to engage more young people in the process.
- **London College of Communications** – 11 students are creating engagement activities for S2030 designed to reach 18-35 year olds for a project as part of their masters programme.



Partner update

- **Promoting S2030** – have you been able to use the communications materials to promote S2030 amongst your stakeholders and communities?
- **Conversation events** - have you (or your staff) attended a conversation event yet?
- **Listening events** - when might you be able to run a listening event?
- **Reminders**
 - All information and toolkits on how to be part of S2030 is at www.southwark.gov.uk/southwark2030
 - If you need support or have queries in running the above, email southwark2030@southwark.gov.uk



Looking ahead: April – May 2023

- Analysis of engagement activity
- Testing what we have heard and the emerging vision for Southwark in 2030 with those who have been involved
- Testing vision with you as partners and developing the next stage of work, including:
 - What role does each of us need to play to achieve the visions?
 - How do we develop a collective action plan to support Southwark to achieve its vision?
 - What are the specific actions for individual partners to take forward?



Partnership Southwark Strategic Board Cover Sheet

Item 6 Enclosure 6

Title:	Performance and assurance
Meeting Date:	02 March 2023
Author:	Mathew Griffiths
Executive Lead:	James Lowell

Purpose of paper:	The paper outlines the assurance arrangements in place for Partnership Southwark and summarises the performance of the team since the delegation of responsibility from the Integrated Care Board	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<ul style="list-style-type: none"> Assurance arrangements for Partnership Southwark were developed following the delegation of responsibility from the Integrated Care Board. The approach divides assurance locally between programme assurance, that is provided by the Partnership Southwark Delivery Executive, and Integrated Care Board assurance, provided by the Integrated Care Committee. There is scope to simplify and consolidate our assurance approach that the partnership would like to explore with partners. A summary of performance and progress information submitted to both of these meetings over the last nine months is provided for information. Additionally, to provide whole-system context, the Integrated Care System-wide Quality and performance supplementary data report is included as an appendix to the paper. 		
Potential Conflicts of Interest	None		
	Equality Impact	None	
	Financial Impact	None	
	Environmental Sustainability Impact	None	
Other Engagement	Public Engagement	None	

	<p>Other Committee Discussion/ Engagement</p>	<p>The subject matter in this paper has been presented to the Integrated Governance Committee and the Partnership Southwark Delivery Executive.</p> <p>The appendix to the paper has been reviewed by the Integrated Care System Quality and Performance Subcommittee.</p>
<p>Recommendation:</p>	<p>The board is asked to note the paper and our ambition to go further in integrating and streamlining our approach to assurance.</p>	

Performance and Assurance

March 2023



Contents

- Partnership Southwark assurance approach
- Integrated Care Board assurance
- Integrated Care Board Southwark borough risk report
- Partnership Southwark programme assurance

Appendix A: SEL quality and performance supplementary data report

Appendix B: Partnership Southwark Integrated Care Board risk register

Partnership Southwark Assurance approach

Assurance is the way we make sure that our Partnership is working well, that our programmes are achieving the things they should, and that public money is well spent. It involves having an agreed set of reports and success measures as well as arrangements for senior staff to review them.

When the Integrated Care Board was set up in July and it delegated some of its responsibilities to Partnership Southwark, we needed to look at how assurance was going to work.

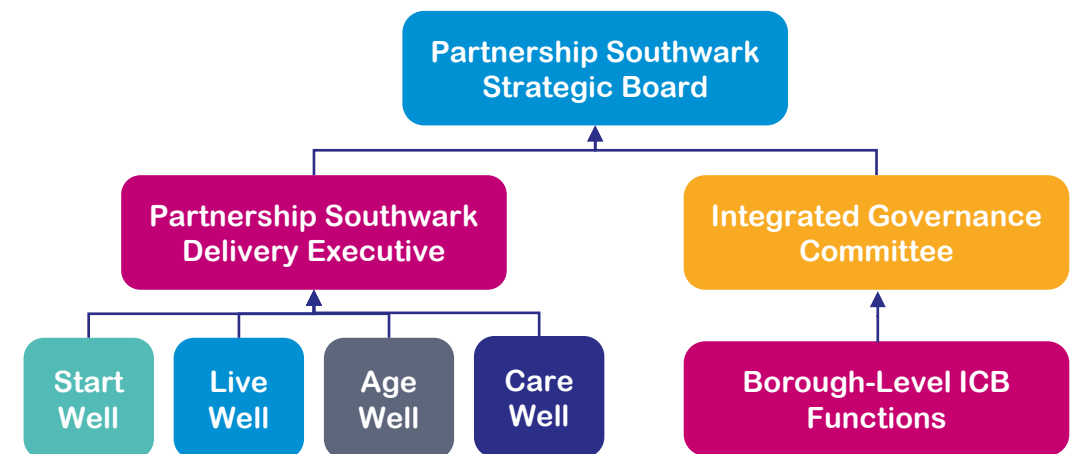
Working with one of the former Lay Members of the Clinical Commissioning Group's Borough Based Board we developed an approach that shares the work between the **Partnership Southwark Delivery Executive**, that assures the Start Well, Live Well Care Well and Age Well programmes, and the **Integrated Governance Committee**, that looks at the parts of our work that relate only to the responsibilities

of the Integrated Care Board.

There is more to do to make our assurance more streamlined and integrated. Our arrangements now are very much the start of a journey.

The remainder of this paper summarises the assurance information presented to these committees. An appendix to this paper includes the southeast London-wide performance information that is reviewed at the Integrated Care System quality and performance subcommittee.

Our existing assurance arrangements



Integrated Care Board Assurance

Contents

- Integrated Care Board Operating Targets
- Medicines optimisation
- Safeguarding adults, children and looked after children
- Special educational needs and disabilities
- NHS Continuing Healthcare
- Quality
- Better care fund

Integrated Care Board Operating Targets

Standard	Target	Q1	Q2	Q3	Risk of delivering year end target
SMI Physical Health Checks	National standard 60%	44.3%	42.9%	46.0%	Below challenging target but highest in SEL
Personal health budgets	Q3 2022/23 Trajectory - 488	214	265	354	Roll out of wheelchair budgets system required
NHS CHC assessments in acute	National standard No more than 15%	0%	0%	0%	Performance is on target as at Q3 2022/23
NHS CHC 28 days assessments	Completed within 28 days Trajectory – Q3 50%	44%	51%	65%	Performance is above the trajectory as of Q3 2022/23
NHS CHC 12 weeks referrals	Q3 2022/23 Trajectory – no more than 3 per borough	0	0	0	Performance trajectory is being met as of Q3 2022/23
Childhood immunisations in primary care	Above the London average for all 7 metrics	Above the London average for 6 out of 7 metrics	Above the London average for 6 out of 7 metrics	Above the London average for 6 out of 7 metrics	Performance being met for most of the metrics
LD and Autism – annual health checks	November 2022/23 Trajectory - 420 health checks	174 /100 (174%)	309	611	Performance is above the November trajectory.
CQC overall ratings	No target	90.6% (29) rated Good	75% (24) rated Good	75% (24) rated Good	5 Require Improvement 1 Inadequate 2 No rating

Medicines Optimisation

Finance

Shortages in cheaper versions of common medicines and the impact of inflation on the cost of some drugs has led to an overspend in the prescribing budget of £482,000, with an expected overspend by the end of the year of £587,000.

In partnership with GP practices the Medicines Optimisation team has worked to reduce the impact of these pressures, making savings of around £506,000.

Service Development

The team worked on the following initiatives to support local prescribing and extend the services available to the population:

- **Community Pharmacist Consultation Service:** The service facilitates patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine. The service helps to alleviate pressure on GP appointments and emergency departments
- **Discharge Medicines Service:** This service ensures better communication of changes to a patient's medication when they leave hospital to reduce incidences of avoidable harm caused by medicines.

- **Southwark Practice Pharmacist Forum:** The forum brings together pharmacists working in general practice across Southwark for support and to share good practice.
- **Eclipse Live:** Eclipse Live is a risk stratification tool that helps primary care identify people at risk of admission to hospital so that they can provide additional support.

Medicines Safety

The team also focused on the following areas to help improve medicines safety:

- **Direct Oral Anticoagulants (DOAC):** Quality Improvement Review to confirm appropriate prescribing and follow up of these high-risk medicines.
- **Safe Prescribing of Sodium Valproate:** Leading a southeast London-wide review of the safe prescribing of sodium valproate to women of childbearing age following recommendations made by the Medicines Healthcare Products Regulatory Agency in 2022.
- **Isotretinoin for acne:** Leading the process to ensure safe prescribing by community dermatology consultant-led clinics and safe dispensing by community pharmacist of isotretinoin tablets for acne.
- **Other high-risk medicines:** Individual work with practices to ensure the safe prescribing of other high-risk medicines including methotrexate, insulin and high-dose opioids.

Safeguarding adults, children and looked after children

The Integrated Care Board works in partnership with Southwark Council and other partners to safeguard children and vulnerable people through the Safeguarding Partnership Boards for children and adults. The Integrated Care Board is additionally required under the Children Act 1989 and the Care Act 2014 to have designate roles for safeguarding adults, children and looked after children and these roles report on their work to the Integrated Governance Committee.

Safeguarding children

The designated nurse and designated doctor for safeguarding children recently participated in a review led by the local authority All Age Disability Team into the deaths of three children with complex needs between May and August 2021.

Safeguarding Children Partnership Boards have a statutory duty to review the deaths of all children who are normally resident in the area.

Although the three deaths were from causes associated with the children's complex health needs, the reviews identified learning, themes and next steps to improve joint working between agencies and with the families of children with complex needs.

The designated nurse and designated doctor have been working with the services involved to follow up on the findings of these reviews.

Safeguarding adults

The designated nurse for safeguarding adults has been working with the Council and with colleagues across the South East London Integrated Care Board to prepare for implementation of the Liberty Protection Safeguards.

The designated nurse has also been working alongside the local Learning Disabilities and Autism Lead to set up a local steering group to oversee learning from Learning Disability Mortality Reviews.

Looked after children

The designated nurse and doctor for looked after children have been working very closely with colleagues in Social Care to make improvements to the process for notifying services of the need to complete initial and review health assessments. Although 87% of Looked After Children receive their health assessment within ten days of the team responsible for being notified, delays in referrals mean that only 44% receive their health assessment within 28 days.

Special Educational Needs and Disabilities (SEND)

Under the Children and Families Act 2014 the Integrated Care Board is required to have a Designated Clinical Officer (DCO) and Designated Medical Officer (DMO) for SEND to help coordinate the health element of children with special needs and disabilities' education, health and care plans, to support the Council as lead agency with assessment and decision-making and to provide input to strategic plans and oversight. The work of the DCO and DMO is reported to the Integrated Governance Committee.

The DCO and DMO have been working closely with the Council on its review of the SEND strategy. The priorities identified as part of the strategy development are:

- Improving provision for complex/multiple needs, including Autism Spectrum Condition
- Provision of more timely, high quality identification and provision
- Development of greater confidence skills and competencies in all settings

- Development of pathways into adulthood for young people with SEND

Indicator		Quarter 2
Southwark education, health and care plans issued	Total	2,891
	This quarter	83
	For home education this quarter	10
SEND complaints this quarter	All	10
	Including a health complaint	0
	Upheld or partially upheld	0

NHS Continuing Healthcare

The Integrated Care Board is required under the National Health Service Act 2006 and supporting regulations and caselaw to arrange care for people whose needs are too complex to be met by social services and to carry out assessments of entitlement for this care

Quality Premium Indicators

The Integrated Care Board is monitored by NHS England on the location and timeliness of its assessments of entitlement for NHS Continuing Healthcare.

Quality Premium Metric	National Target	SEL Trajectory	August 2022	October 2022	December 2022
Assessments completed in hospital	0%	0%	0%	0%	0%
Assessments completed within 28-days	80%	>40%	44%	55%	75%
Incomplete referrals over 12 weeks	0	SEL <39 Borough <6	0	0	0

Appeals

An individual has a right to appeal an Integrated Care Board decision that they are not entitled to NHS Continuing Healthcare. This is a two-stage process: a local review and an independent review facilitated by NHS England.

Indicator	August 2022	October 2022	December 2022
Appeals open at month end	4	2	3
Local resolution	3	2	3
Independent review panel	1	0	0

Patient numbers

Category	August 2022	October 2022	December 2022
Adults receiving NHS Continuing Healthcare	157	143	150
Children and young people receiving Continuing Care	27	26	27
Adults receiving NHS-funded nursing care*	133	147	146

* NHS-funded nursing care is a weekly per patient payment made to care homes with residents who are not entitled to NHS Continuing Healthcare, but who may access to a nurse at any time over a 24-hour period

Quality

Developing a Partnership Southwark approach to quality

We are carrying out a short review of the local approach to quality. This coincides with changes to the overall approach to quality across SEL and a refresh of the quality information that will be shared with boroughs. Our local review is made up of three parts:

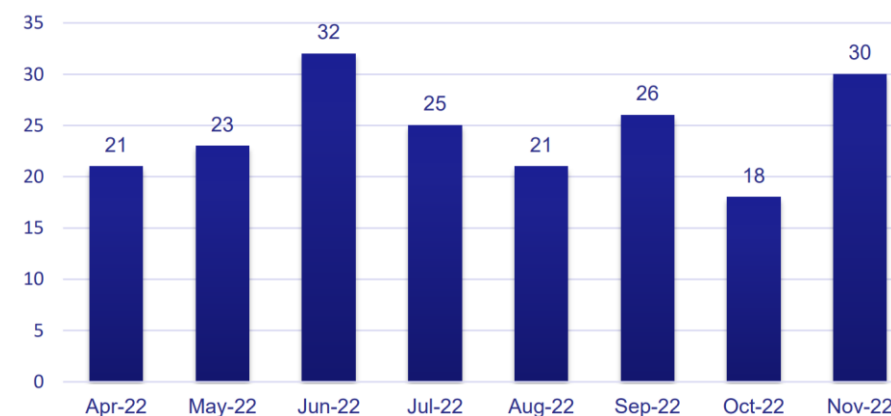
- Induction workshops with the clinical and care professional leads to harness their insights and expertise
- Involvement of the SEL quality leads working in Southwark with the Wells programme meetings
- Review and strengthening of the Quality Medicines Optimisation and Safeguarding meeting

Clinical and care professional lead quality induction seminars

Four seminars were developed aligned to the clinical care professional lead teams. The seminars involved a warm-up activity based on discussing a report or journal article, leads' observations on what quality means and a discussion of initial quality priorities.

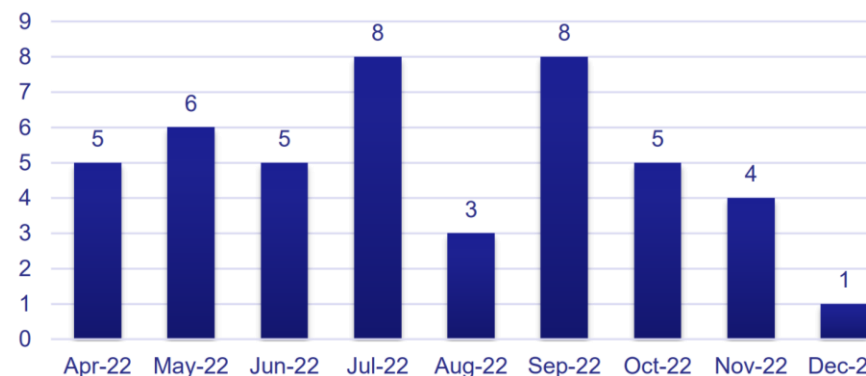
Quality alerts reported

Quality alerts are a way for providers to raise concerns that do not trigger a formal report but represent an opportunity for learning.



Serious incidents

Serious incidents are incidents requiring formal investigation and reporting.



Better Care Fund

The Better Care Fund is a shared fund between health and social care that aims to drive forward integration and joint working. The main areas of focus for Better Care Fund spend are reductions in unplanned admissions to hospital, discharges to usual place of residence (as opposed to institutional care) and length of hospital inpatient stays. The Better Care Fund is agreed each year by the Health and Wellbeing Board. In Southwark, the total value of the fund is £29.2M with £8.7M being Integrated Care Board Schemes

Better Care Fund performance measures	Target	Achievement
Reduction in rate of unplanned admissions for ambulatory care sensitive conditions	5%	36%
Discharges to usual place of residence	96.9%	96.7%
Patients with a length of stay over 14 days	No target	11.1%
Patients with a length of stay over 21 days	No target	6.6%

Integrated Care Board Better Care Fund Schemes	Final Plan 22/23
Mental health and learning disabilities	
Enhanced Intervention Service	224,365
Total Mental health and learning disabilities	224,365
Admission avoidance	
ERR and @home	5,197,896
Falls service	820,832
Self-management	217,207
Total Admission avoidance	6,235,935
Hospital discharge	
Neuro-rehabilitation team	197,022
Total Hospital discharge	197,022
Prevention	
Integrated community equipment service	1,646,947
Learning disabilities and autism behavioural support	100,000
Total Prevention	1,746,947
Service development	
Service development	330,758
Total Service development	330,758
Total	8,735,026



Southwark borough risk report

Introduction

Heatmap

Extreme risk

New or closed risks

- This paper accompanies the presentation of the Southwark borough risk register to the Partnership Southwark Strategic Board.
- The Southwark borough risk register has been populated from risks identified by teams and programmes. Risks escalated from the borough register will be included in the SEL risk register or SEL Board Assurance Framework, as appropriate.
- Each borough Associate Director reviews the risks for their areas on a monthly basis followed by a monthly review at SMT or the Operational Management Group.

Heatmap

L i k e l i h o o d	Almost Certain 5			No.of local Risks = 1 Risk ID: 322	No.of local Risks = 1 Risk ID: 124	
	Likely 4		No.of local Risks = 1 Risk ID: 181	No.of local Risks = 3 Risk ID: 75, 312, 428		
	Possible 3			No.of local Risks = 2 Risk ID: 311, 426		
	Unlikely 2			No.of local Risks = 1 Risk ID: 59		
	Rare 1					
	Risk Matrix	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
		Impact				

- ❖ There are currently two extreme risks relating to IAC's and Ukrainian Schemes which have been escalated to the SEL risk register but remain on the Southwark risk register for oversight. These risks were reviewed and it was felt that the continued themes of lack of information, uncertainty in numbers and lack of funding which is 'almost certain' for both 124 and 322, the rating needed to remain. Southwark borough houses the largest cohort across SEL with significant health needs and risk of forward funding along with hosting arrangements coming to an end. Communication and robustness of data further highlights the issues and risk. Numbers are also increasing and plans need to be identified for a more permanent response.
- ↑ Rating has increased to #312 to reflect increasing pressure on finances and risk to delivery of financial balance due to increasing costs from prescribing and mental health placements.
- ↑ Rating has also increased for #75 due to risk of delivery from reduced resources.
- ↓ Risk #311 for mental health placements has been reduced now that financial controls are in place and working.

Extreme risks

Ref	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Controls summary
124	<p>IAC, contingency and bridging hotels in Southwark Home Office commission asylum seekers core initial accommodation centre (IAC) and contingency hotels (during the pandemic) in Southwark and rest of country. In addition, two Bridging Hotels were stood up in Sept 2021. It has been assessed that providers are not fully funded for health services for residents beyond health assessments e.g. maternity services, mental health, dental, etc resulting to the borough's services providing health care without appropriate investment.</p> <p>In addition, as the dispersal system is not functioning and asylum seekers are in the local IAC / hotels for longer periods of time, additional risks are emerging.</p>	5x3=15	5x3=15	<p>Joint working with Lambeth and Lewisham boroughs with IAC hotels. Commissioned GSTT and local GPs to provide health care services. Monthly reviews of service provision. Operational meetings for Bridging hotels held fortnightly to support coordination. Additional targeted mental health services provided for this population, Partnership working with local NHS providers (HIT/GSTT, GPs, LCN), Southwark PH/ LA and Find & Treat team to carry out Covid testing and vaccinations and flu vaccinations</p> <p>The two Ukrainian Schemes (Family Visa and Homes for Ukraine) will have further impact into the local services (health, education, social support, etc). The numbers arriving to the local area are still to be properly identified. Initial discussion to take place at the R&AS Programme Board.</p>
322	<p>Ukrainian Schemes The two Ukrainian Schemes (Family Visa and Homes for Ukraine) will have further impact into the local services (health, education, social support, etc). The numbers arriving to the local area are still to be properly identified.</p> <p>Potential planning for Ukrainian refugees, mostly mothers and children, issues with capacity of new need and unmet needs.</p> <p>The introduction of Ukrainian guests into host families limits how services are aware of health needs of this population and Ukrainian guests hosting arrangements might break down with risk of homelessness</p>	2x3=6	5x4=20	<p>Close working with borough and SEL communications expertise to identify potential gaps and notify patients, Regular meetings in place with local authority</p>

New and closed risks

- Non-recurrent funding risk closed as issues around effective management of short term and short notice funding incorporated into the new winter pressures co-ordination risk (#326).
- Primary Care Budgets risk closed as no financial risk since delegation and going forward any financial risk will sit within the risk of overall financial balance (#363).
- New risk added to reflect the risk around winter pressures and the co-ordination around discharge support services (#426).
- New risk added concerning legal challenges and mobilisation of the new ICES contract (#428)

Partnership Southwark programme assurance

Start Well

Population focus:

Supporting children, young people and their families to help make sure people growing up in Southwark have the best start in life

Clinical and care professional leads:

Dr Olivia Andan (General Practitioner)

Dr Widad Hamed (1001 days programme) (General Practitioner)

Dr Shimona Gayle (Safeguarding lead) (General Practitioner)

Project	Description	Progress in 2022/23
It Takes A Village	A whole systems approach building the capacity of people facing multiple disadvantage to live independently	Ten support networks set up and working
Mental Health Support Teams	A service providing mental health support to schools to help them meet the needs of young people with mental health difficulties	Service up and running in twelve Southwark schools
1001 days	Taking a neighbourhood approach to leading to tailored and creative approaches to supporting children and families in the first 1001 days of life	Scoping and mapping of the programme
Enhanced child health team	Enhancing existing child health teams through securing additional facilities and resources	Strengthened links with mental health, education session held for GPs and additional areas for intervention identified

Live Well

Population focus:

Ensuring people of working age, particularly those facing inequality and social exclusion, are enabled to live healthy lives.

Clinical and care professional leads:

Dr Nicola Weaver (GP)
 Mary Olushoto (Social Prescriber)
 Dr Sarah Appleton (Psychologist)
 Ann-Dora Kwame (Pharmacist)
 Linda Drake (Practice Nurse)
 Dr David Mirfin (Psychiatrist)
 Dr Emily Finch (Psychiatrist)

Project	Description	Progress in 2022/23
Community mental health team transformation	Three-year transformation programme for community mental health	Core offer audit completed, plans for neighbourhood MDT test and learn, ADHD workstream formed and access workshop held
Support for asylum seekers and refugees	Responding to the needs of the borough's refugee and asylum-seeking population living in IACs and move on hotels	Coordinated local health response, secured primary care services, vaccination campaigns held
Vital 5	Introduction of kiosks in locations across the borough to help people identify their health risks and to prompt healthy choices	Kiosks gone live in six locations across the borough

Age Well & Care Well

Population focus:

Supporting older people living in their own homes to maintain their independence.

Making sure that older people, who are no longer able to live independently in their own homes, have the best possible experience of care.

Clinical and care professional leads:

Dr James Fleet (Consultant in Older People's Medicine)

Dr Emily Gibbs (General Practitioner)

Meg Morris (General Practitioner and safeguarding lead)

Dr Tania Kalsi (Consultant in Older People's Medicine)

Rebecca Dallmeyer (General Practice Federation Lead)

Dr Emily Gibbs (General Practitioner)

Dr Sharjeel Hasan (General Practitioner)

Gerard Stanley (Nurse)

Project	Description	Progress in 2022/23
Falls	Range of interventions to reduce falls led by GSTT community services	Test and learn of 'safe steps', training and education provided, development of a falls leaflet
Dementia	Council-led initiative to make Southwark a dementia-friendly borough	Dementia friendly care homes pilot delivered and being evaluated, recruitment of a Dementia Care-coordinator role for post diagnostic support
Wound care	Introduction of community wound care clinics for the non-housebound	Pilot held and work underway to seek additional funding
Eye care in care homes	Improving the accessibility of eye care for older people in care homes	Proposed redesign of the pathway to ensure increased access

Appendix A

SEL quality and performance supplementary data report summary dashboards

Summary table: Quality

	Reporting period	Standard	SEL	GSTT	KCH	LGT	SLaM	Oxleas	BHC
Total number of serious incidents reported	Jan-23	-	35	2	11	9	4	9	0
Pressure ulcers reported as SIs	Jan-23	-	10	0	4	0	0	6	0
Falls with harm reported as SIs	Jan-23	-	0	0	0	0	0	0	0
Never events declared	Jan-23	0	1	0	0	1	0	0	0
Summary Hospital Level Mortality (SHMI)	Sep-22	1.0	-	0.75	0.98	0.94			
Total number of reported inpatient unexpected deaths	Jan-23	-	0				0	0	
Total number of reported inpatient unexpected deaths detained MHA	Jan-23	-	0				0	0	
Total number of inpatient suspected suicide	Jan-23	-	0				0	0	
Total number of inpatient suspected suicide detained MHA	Jan-23	-	0				0	0	

Summary table: Acute performance

	Level of SEL reporting	Reporting period	Standard	SEL Trajectory	SEL	GSTT	KCH	LGT
A&E								
Percentage of patients waiting <4 hours	SEL trusts	Jan-23	95%	-	67.5%	78.8%	61.1%	65.7%
Number of 12 hour trolley waits	SEL trusts	Jan-23	0	-	1,807	33	1,125	649
A&E attendances (all types)	SEL trusts	Jan-23	-	57,998	62,594	16,465	22,579	23,550
Non-elective spells	SEL trusts	Jan-23	-	16,427	13,234	4,297	4,156	4,781
Ambulance handover delays (60 + minutes)	SEL trusts	Jan-23	0	-	644	29	322	293
Elective care waiting times performance								
Elective activity: total specific acute elective spells	SEL trusts	Nov-22	-	27,562	25,976	11,691	9,997	4,288
Elective activity: Consultant led first outpatient attendances (Spec acute)	SEL trusts	Nov-22	-	79,368	75,670	31,745	27,497	16,428
Elective activity: Consultant-led follow-up outpatient attendances (Spec acute)	SEL trusts	Nov-22	-	187,211	188,308	101,342	60,922	26,044
Number waiting over 78 weeks	SEL trusts	Dec-22	0	194	561	167	49	345
Number waiting over 104 weeks	SEL trusts	Dec-22	0	-	2	2	0	0
Cancer								
Faster diagnosis standard	SEL trusts	Dec-22	75%	75.0%	74.0%	74.4%	75.9%	71.5%
Cancer treatment volumes	SEL trusts	Dec-22	-	713	672	359	204	109
62 day standard	SEL trusts	Dec-22	85%		64.1%	52.9%	76.4%	68.1%
Discharge								
Percentage of patients discharged no longer meeting criteria to reside	SEL trusts	Jan-23	-	-	42.3%	49.5%	37.3%	44.3%
LOSs over 21 days	SEL trusts	Jan-23		654	740	186	314	240

Summary table: Mental health performance

	Reporting period	Standard	SEL trajectory	SEL	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
IAPT										
Access	2022-23 Q2	-	16,219	9,610	775	1,250	1,165	2,735	1,950	2,095
Recovery rate	Nov-22	50%	-	48%	50%	51%	52%	48%	45%	47%
6 weeks waiting times	Nov-22	75%	-	92%	92%	88%	80%	97%	92%	92%
18 weeks waiting times	Nov-22	95%	-	98%	98%	97%	94%	100%	99%	99%
CYP eating disorders										
CYP eating disorder wait time – routine	2022-23 Q3	95%	95.0%	46.1%						
CYP eating disorder wait time – urgent	2022-23 Q3	95%	95.9%	85.0%						
SMI Physical healthchecks										
Number of people receiving check	2022-23 Q3	60%	11,116	8,746	730	1,053	1,159	2,189	1,639	1,976
	Reporting period	Standard	SEL trajectory	SEL	SLaM	Oxleas				
Out of area placements										
Out of Area Placement bed days	Nov-22 (Rolling 3 month position)	0	-	2,755	2,360	1,650				

Summary table: Community and primary care

	Reporting period	Standard	SEL trajectory	SEL	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
CHC										
28 day assessments	Jan-23	80%	65%	60%	60%	67%	7%	57%	77%	100%
>12 week incomplete referrals	Jan-23	0	4	23	1	3	1	10	7	1
LD and Autism										
Inpatient count	Jan-23	-	66 (Q4)	65	-					
Annual health checks	Dec-22	75%	3,792	3,802	477	477	570	852	768	658
Primary care access										
Access: Number of GP appointments	Nov-22	-	667,987	683,845						

	Reporting period	Standard	SEL trajectory	SEL	BHC	GSTT*	LGT	Oxleas
Community								
2-hour Urgent Community Response (UCR) performance	Dec-22	70%	70%	87%	85%	-	90%	91%

*Data issues are being raised with the community provider network via the performance team

Appendix B: Partnership Southwark Integrated Care Board risk register

Southwark Place Open Full Register

Risk ID	Risk Title	Opened Date	Risk Description	Risk Type	Risk Subtype	Services	Initial Likelihood	Initial Consequence	Initial Rating	Objectives	Current Likelihood	Current Consequence	Current Rating	Target Likelihood	Target Consequence	Target Rating	Control Summary	Gaps in Control Summary	Assurance in Place	Gaps in Assurance
59	Service change public engagement	28/01/2021	Risk of not reaching groups most impacted by service change and delivery and a decline in public trust of institutions leading to possible adverse impacts on future patient care and health of borough residents *	Reputational	Absentee publicity	Engagement	3	4	12		2	3	6	2	2	4	Setting up a SEL Engagement Assurance Committee to oversee and challenge. Concentrated effort to build new relationships with communities across the borough with partners and partner organisations. Southwark Engagement forum created where partners can scrutinise and advise on public engagement plans in Southwark. Central SEL engagement team in place to support across all boroughs. Southwark BBB is held in public with the opportunity for questions from the public as well as meetings across the CCG such as the Governing Body. Primary Care Commissioning Committee and Equalities Committee. Working with others to co-design a lived experience assembly with people and communities in the borough. By bringing together engagement leads from across the partnership, we can better manage reputational risks through our public engagement activity			
75	Inequality of outcomes of people with serious mental illness	28/01/2021	Project Lead has left Southwark and this has created a gap in resource to progress this team. Physical health checks for serious mental illness and access to IMPT services do not reduce. It is vital patients on the serious mental illness register are receiving regular physical health checks given the reported worst health outcomes for people with a SMi. Furthermore it is important that access to IMPTs continues to meet demand for our population particularly given the pressures of pandemic. There has been agreement that we target people with SMIs for 2022/23 with regard to health checks. This is mostly remote at the current time, however work is underway with primary care colleagues to offer physical checks where possible. In addition, access to IMPT is currently good and there are no current cause for concern with regard to access times.	Clinical	Volume and capacity	Primary Care	4	3	12		4	3	12	1	3	9	Monitoring activity. Regional Plan in development. IMPT performance targets are monitored at monthly contract monitoring meetings. Discussions taken place with the provider about ongoing funding requirements. Cost pressure quantified and prioritised for IMPT investment. Investment agreed and contractualised. Concerns about waiting list levels are highlighted and the provider has devised a plan to reduce waits, this area will be closely monitored by commissioners during contract meetings. Membership includes acute, community and borough to look at innovative ways to increase uptake. Monitoring Activity and Regional Plan in development. IMPT performance targets are monitored at monthly contract monitoring meetings. Discussions taken place with the provider about ongoing funding requirements. Cost pressure quantified and prioritised for IMPT investment. Investment agreed and contractualised. Concerns about waiting list levels are highlighted and the provider has devised a plan to reduce waits, this area will be closely monitored by commissioners during contract meetings. Membership includes acute, community and borough to look at innovative ways to increase uptake. Deep dive into patient need to improve update for this cohort. Face to face appointments ceased during the first lockdown, however the service continues to engage with patients via telephone reviews with high intensity patients. Working with SEL colleagues to develop plan as well as forming part of the CSC recovery plan. The individual CBT waiting list reduced from 350 (Mar 2020) to 100 (April 2021). During this same period, counselling waiting lists from 107 to 35 and continue to be monitored. capacity issues - slow progress. Lead person vacated position. Deep dive into patient need to improve update for this cohort. Face to face appointments ceased during the first lockdown, however the service continues to engage with patients via telephone reviews with high intensity patients. Working with SEL colleagues to develop plan as well as forming part of the CSC recovery plan. The individual CBT waiting list reduced from 350 (Mar 2020) to 100 (April 2021). During this same period, counselling waiting lists from 107 to 35 and continue to be monitored. capacity issues - slow progress			
124	Initial Accommodation Centres - health services coverage	16/03/2021	The Home Office commissions the asylum seekers core initial accommodation centre (Barry House) and four contingency hotels in Southwark. (Brit Hotel, London Bridge Hotel, Dinscord House and Best Westem) In addition, two bridging hotels were stood up in Sept 2021 for the arrival of Afghan Refugees, however one of these has now closed, and the remaining one only has two rooms in use. It has been assessed that providers are not fully funded for health services for residents beyond initial health assessments, e.g. maternity and mental health services, resulting in the borough's services providing health care without appropriate investment. Carmen Rojas has been co-ordinating this work across SEL, however her role is 31 ending March 2022 and there is no funding to continue the system oversight. In addition the current contracting arrangements with GSTT (PHF) are also ending in March 2023 and funding has not been agreed. This service was vital support for the local response to the suspected diphtheria outbreak in Marston November 2022, where AS&R were dispersed across the country without screening. There is risk there will be future outbreaks and without a commissioned service these individuals, living in close quarters, may not be identified and treated in a timely manner which prevents further spread of disease.	Assurance	Statutory obligations	Primary Care, Safeguarding	2	3	6		5	4	20	2	3	6	LCN). Southwark PHF LA and Find & Treat team to carry out Covid testing and vaccinations and flu vaccinations. Joint working with Lambeth and Lewisham boroughs with IAC hotels - partnership meetings held monthly. Commissioned GSTT and local GPs to provide health care services. Monthly reviews of service provision. Operational meetings for bridging hotels held fortnightly to support coordination. Additional targeted mental health services provided for this population. Partnership working with local NHS providers (HIT/GSTT, GPs, IAC). Southwark PHF LA and Find & Treat team to carry out Covid testing and vaccinations and flu vaccinations. Joint working with Lambeth and Lewisham boroughs with IAC hotels - partnership meetings held monthly. Commissioned GSTT and local GPs to provide health care services. Monthly reviews of service provision. Operational meetings for bridging hotels held fortnightly to support coordination. Additional targeted mental health services provided for this population. Southwark PHF LA and Find & Treat team to carry out Covid testing and vaccinations and flu vaccinations	Improving relationship with Home Office to ensure more timely communication of commissioning requirements. Work is underway to develop contacts in the Voluntary Sector organisations. Improving relationship with Home Office to ensure more timely communication of commissioning requirement. Work is underway to develop contacts in the Voluntary Sector organisations		
181	Southwark Borough Recovery Plan	12/04/2021	Financial challenges across integrated care systems impacts the ability to deliver full ambition of the Local Care Partnership.	Finance	Unbudgeted expenditure	Financial Planning & Management	4	2	8		4	2	6	3	2	6	Monthly budget meetings with budget holders to review expenditure and put in place mitigation plans. Monthly budget meetings with budget holders to review expenditure and put in place mitigation plans. Partnership Southwark meet with system partners to review plans and financial impact. Meetings held across ICS partners who discuss financial risks and challenges across the ICS and identify mitigations as a system. Restrictions on investment will ensure cost pressures are mitigated. Work is ongoing for a single finance report across health and care	Time pressures for partnership to meet regularly and share information at the right forum		
311	Southwark mental health placements	25/04/2022	Financial and operational risks to Southwark mental health placements delivery in 22/23. Modelling of impact of changes in contributions indicates an increase of 10.8M in risk borne by South London and Maudsley NHS Foundation Trust.	Clinical	Volume and capacity	Mental Health	4	4	16	Enhance productivity and value for money. Tackle inequalities in outcomes, experience and access. Improve outcomes in population health and healthcare	3	3	9	4	2	8	Council and CCG to review approach as agreed at CSI and BBB. A mental health lead has been appointed to the Community Based Care and Healthy Populations Team to oversee placements. Negotiations have concluded between the ICB and Council and agreements are in place having been reported to and agreed through each organisations governance process. Funding arrangements are now in place aligned to agreements and are being implemented the funding panel.			
312	Maintain Financial Balance	25/04/2022	Failure to deliver the borough's allocation of financial targets and financial sustainability 2022-23. Impacted by non delivery of QIPP schemes and cost pressures.	Finance	Budget overspend	Financial Planning & Management	4	2	8		4	3	12	3	2	6	The CCG and Borough has robust monitoring and oversight of the financial position. Monthly budget holder meetings in place with scrutiny through Southwark CMG meetings. SEL Exec meetings and Borough Based Board. Borough QIPP plans and incentive schemes being developed. Monthly budget holder meetings. Financial risk escalated to borough Chief Operating Officer. Financial recovery process in process of being agreed. Deep dive meetings held with all budget holders to identify opportunities to control expenditure and restrict investment	Time pressures and teams capacity to review finances more regularly. Unable to influence national changes in prices and drugs in short supply in prescribing		
322	Ukrainian Schemes - Risk that health needs are not properly identified as per NICE) - Publication approval reference 1604 (14.06.2022). Inequality of provision	20/09/2022	The two Ukrainian Schemes (Family Visa and Homes for Ukraine) will have further impact into the local services (health, education, social support, etc). The number of people arriving in Southwark under the Homes for Ukraine is 430 and 2603 across SEL (29, 10,22) Local Authorities (LA) received funding for this population. The number of people arriving under the family visa scheme is unknown and limits how patients access services and how primary care can assess the health needs of this population. Initial health assessment (health care offer) for this population has been developed and a service specification for primary care has been drafted, however, has not been implemented due to lack funding. Southwark LA receives funding for the population and there is a need for an agreement between health and LA to allocated funding (£120-150 per health assessment), which can be commissioned by borough. Ukrainian guests hosting arrangements might break down and there is a risk of homelessness. Uncertainty on health assessments and meeting specific health needs for this population.	Capacity	Third party capacity	Primary Care	5	3	15		5	3	15	2	3	6	Close working with borough and SEL, communications expertise to identify potential gaps and notify patients. Regular meetings in place with local authority. Close working with borough and SEL, communications expertise to identify potential gaps and notify patients. Regular meetings in place with local authority. Issue regarding funding for health assessment escalated to Borough Director, awaiting negotiation result with LA			
420	Winter Pressures - co-ordination of discharge support services	11/01/2023	There is a risk that capacity in/out of hospital health and care services is not optimised, resulting in more patients who are medically fit for discharge being unable to leave hospital and/or more available admissions to hospital during the winter period. This will impact negatively on the ability to admit patients who need treatment and negatively effect outcomes.	Capacity	Third party capacity	Discharge	4	4	16		3	3	9	2	2	4	A&E Delivery Board has oversight of winter planning. ICB Planning Group has oversight of ICB which has main targets for discharge and admissions avoidance, including 22/23 Discharge Fund and 23/24 planning. Partnership Southwark Delivery Executive discussion of winter planning and discharge fund. SEL, Discharge Solutions and Improvement Group. Discharge Hubs - DARM/DARE meetings looking for solutions to individual cases.	Lack of overall co-ordination across Partnership Southwark of winter pressure management. Strengthened assurance and oversight function to be developed under Integrated Governance and Performance Committee. Planning must mitigate risks associated with the short term and short notice nature of winter funding flows including the recent Discharge Fund, ensuring funding is used productively despite constraints. Planning must respond to any additional sources of pressure on system during the winter such as industrial action, Covid-19 outbreaks, staff shortages etc.		
428	Integrated Community Equipment Service Procurement	24/01/2023	The Consortium bid procurement process has been subject to legal challenge by the current provider. This has delayed mobilisation of the contract with the new provider. There is also a risk of a further legal claim for damages from the outgoing provider. The impact is the delayed mobilisation which may cause disruption to services and patients from disruption to equipment to patients having quality, experience, reputational and financial consequences and delaying discharges from hospital	Finance	External factors		4	3	12		4	3	12	2	2	4	Seeking ongoing legal advice. Participating in the London Equipment Consortium forums to influence the mobilisation timescales. Seeking group across south east London is being established to monitor progress and influence the way forward	Limitations to decisions as part of a consortium		

Glossary

Partnership
Southwark



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

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