



## List of Contents

| <b>Item No.</b> | <b>Title</b>  | <b>Page No.</b> |
|-----------------|---|-----------------|
| <b>8.</b>       | <b>BREXIT PREPAREDNESS</b>  |                 |
|                 | To receive presentations from the Council and NHS Southwark Clinical Commissioning Group on preparations for Brexit.  |                 |
|                 | Presentation:   |                 |
|                 | <ul style="list-style-type: none"><li>• Brexit Preparedness – Council update<br/>Stephen Douglass, Director of Communities and Southwark Brexit Officer</li></ul> | 35 - 41         |
| <b>10.</b>      | <b>COMMUNITY SAFETY - YOUTH VIOLENCE</b>  |                 |
|                 | Presentation:   |                 |
|                 | <ul style="list-style-type: none"><li>• Youth Violence and Knife Crime in Southwark<br/>Stephen Douglass, Director of Communities</li></ul>                       | 42 - 64         |



## Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Wednesday 21 November 2018 at 6.00 pm at Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

---

**PRESENT:** Councillor Peter John OBE (Chair)  
 Councillor Jasmine Ali  
 Dr Jonty Heaversedge  
 Councillor David Noakes  
 Dr Yvonneke Roe  
 Kevin Fenton  
 Gordon McCullough  
 David Quirke-Thornton  
 Catherine Negus  
 Cassie Buchanan  
 Dr Matthew Patrick  
 Ian Smith

**ALSO PRESENT:** Peter Herring, King's College NHS Trust Foundation  
 Roger Paffard, Chair of SLAM NHS Trust Foundation Board

**OFFICER SUPPORT:** Everton Roberts, Principal Constitutional Officer

### 1. APOLOGIES

Apologies for absence were received from Councillor Evelyn Akoto, Andrew Bland, Sally Causer and Eleanor Kelly.

### 2. CONFIRMATION OF VOTING MEMBERS

Those members listed as present were confirmed as the voting members for the meeting.

### 3. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

The following late items were considered at the meeting.

Item 09 – Key Developments, Southwark CCG

Item 10 – Better Care Fund, Updated 2018/19

### 4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

### 5. MINUTES

#### RESOLVED:

That the minutes of the meeting held on 30 July 2018 be approved as a correct record and signed by the Chair.

#### Public Question

The following question was asked by a member of the public, Ms Elizabeth Rylance-Watson.

#### CAMHS Review

“Where the review recommends any new investment should be targeted to early intervention or prevention, unless where stipulated for more acute CAMHS, could this stipulation included increased funding necessary to expand specialist CAMHS due to increased need; funding for support for transition at 18, and investment in a Neurodevelopmental service for complex needs in the community?”

The chair advised that the question would be answered through the discussion at the meeting.

### 6. THEME - BEST START: YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

The theme for the meeting was Best Start: Young People's Mental Health and Wellbeing.

The board heard from invited speakers, Chris Burns, local foster carer and Emily Barlow, Head Therapist at Octavia House School who shared their experience of the impact of Adverse Childhood Experiences (ACES) on the children in their care.

The board also heard from Anna a young person who had experience of CAMHS.

The board also heard from Stephen Douglass, Director of Communities and a Southwark Young Advisor on the impact knife crime has on the mental health and wellbeing of young people.

## **7. MENTAL WELLBEING OF YOUNG PEOPLE IN SOUTHWARK - SOUTHWARK'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

The board received a presentation from Kirsten Watters, Consultant in Public Health on the Joint Strategic Needs Assessment for mental wellbeing of young people in Southwark.

## **8. JOINT REVIEW OF EMOTIONAL WELLBEING AND CAMHS SERVICES**

Genette Laws, Director of Commissioning and Caroline Gilmartin, Director of Integrated Commissioning introduced the report.

Following an in depth discussion amongst the board members and those in attendance the board partners set themselves a shared ambition to meet 100% target of children and adolescence with mental health needs and that they would aim to achieve this by 2020. In doing so the board members acknowledged that this could not be achieved just by focusing on targets for access but would also have to think holistically, not just about access to services but also how they could ensure that young people who are experiencing mental health problems, could have a much better experience of the system and how they could ensure that young people move on to become healthy adults and fulfil their life aspirations.

Issues that were mentioned/raised during the discussions were:

- Opportunities for prevention
- Look at how we screen and identify people more effectively earlier
- Creating more opportunities outside of the specialised services that can support people much earlier to become healthier.
- Need for the 100% ambition to be embedded in a comprehensive plan encompassing wellbeing, resilience building from primary schools, pre-pregnancy teaching and education for young parents.
- Proper collaborative working through pool of stakeholders – must include public health and schools where there is universal access.
- Some access targets should be delivered through practitioners working in the community, such as HIVE, good shop fronts in community settings designed by young people, responsive to their needs with a multiplicity of services within them, e.g. sexual health, substance misuse, mental health, occupational advice
- Consultation with young people about what the barriers to access are
- Children being taught emotional intelligence from an early age
- 'Ruler'(funded by CCG) - Teachers being trained on attachment theory and being able to really understand and recognise adverse childhood experiences, which enables schools to support children who are looked after who often come with complex behaviours. Issue of expanding this to more schools.
- Concern over levels of desperation that young people are feeling, having to wait to access CAMHS and the potential connection to self harm.
- Need to think about older people in the community also experiencing mental health issues as part of the approach.
- Need to look at poverty and wider socio and economic determinates and how the system can help support families to end the multi generational cycle of poverty and multi generational cycles and transmission of ill health.
- Need to encompass 'place' in the discussions as the built environment is critically

important with work children and young people.

- Policy around childhood obesity and nutrition and physical health – boundary between the psychological and the physical in children and young people is closely linked.
- Contribution of the voluntary sector is key (example given of PACT in Camberwell).

**RESOLVED:**

1. That the final version of the Southwark Joint Review of Emotional Wellbeing and CAMHS Services (Appendix 1 of the report) be noted.
2. That the development of an implementation plan to take forward the actions identified in the Review and subsequent reporting to the Board about progress be supported.
3. That the engagement of key stakeholders in the conduct of the review including children, young people, parents and carers and the steps being taken to establish an Emotional Wellbeing and CAMHS reference group to ensure the ongoing voice of stakeholders in the implementation of the Review be noted.

**9. KEY DEVELOPMENTS - SOUTHWARK CLINICAL COMMISSIONING GROUP (CCG) AND OUR HEALTHIER SOUTH EAST LONDON**

Ross Graves, Managing Director, NHS Southwark CCG introduced the report.

**RESOLVED:**

That the progress being made by the CCG and partners on the following key programmes and priorities be noted:

- Taking forward system-wide transformation in southwark
- System Resilience
- Primary Care
- Mental Health
- Appointment of Chief Financial Officer for South East London CCGs
- Our Healthier South East London (OHSEL) stakeholder update

**10. BETTER CARE FUND - UPDATE ON 2018/19 DELIVERY AND 2019/20 PLANNING**

Caroline Gilmartin, Director of Integrated Commissioning and Genette Laws, Director of Commissioning introduced the report.

**RESOLVED:**

That the report be noted, including:

- a. The progress made on delivering the Integration and Better Care Fund Plan agreed by the Health and Wellbeing Board on 11 Sept 2017 (paragraph 3-10 of the report).
- b. The letter from NHSE on 19 July 2018 introducing revised targets for delayed

transfers of care from September 2018 (paragraph13 of the report).

- c. An assessment of the risk of reductions in BCF funding as a result of the revised delayed transfers target not being met (as requested by the Council cabinet on 18<sup>th</sup> September 2018) (paragraph14 -16 of the report).
- d. An update on planning arrangements for 2019/20 when the current BCF framework is due to come to an end (see paragraph 24).

## **11. BUILDING HEALTHY COMMUNITIES (A) - STRATEGIC ESTATES PLANNING**

Ross Graves, Managing Director, NHS Southwark CCG introduced the report.

### **RESOLVED:**

1. That the draft NHS Southwark CCG estates strategy, including the development of community health hubs and support hubs be noted.
2. That the joint work between the CCG and the council on further developing the health hubs to address the wider wellbeing and social regeneration agenda be noted.
3. That progress to date and decisions on specific sites: Elephant and Castle, Canada Water, Aylesbury and Old Kent Road be noted.
4. That a further meeting be arranged to discuss in more detail the content and shared implications to implement this strategy.

## **12. BUILDING HEALTHY COMMUNITIES (B) - DEVELOPING SUPERZONES AROUND SCHOOLS**

Jin Lim, Consultant in Public Health introduced the report.

### **RESOLVED:**

5. That the pilot to develop superzones around Southwark schools be noted and it also be noted that this will inform the development of a potential model for London.
6. That it be noted that a further report will be brought back to the health and wellbeing board setting out the proposed model for London with implications for implementation in Southwark.

## **13. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTARY STATEMENT**

Professor Kevin Fenton, Strategic Director of Place and Wellbeing introduced the report.

### **RESOLVED:**

1. That the first Pharmaceutical Needs Assessment (PNA) Supplementary statement based on market entry information and/or changes happening in the first six months

after the PNA publication (31/03/2018) be noted.

2. That the way forward for the Board when considering any future PNA supplementary statements on a six monthly basis during the life course of this PNA (1/04/2018 – 31/03/2021) be agreed as follows:
  - a) If public health is notified of any significant changes to our local network of pharmacies (number, location, service provision, opening/closing hours) a supplementary statement has to be presented and approved by the HWB.
  - b) If there are no significant changes to our local network of pharmacies (categories mentioned above) the PNA supplementary statement is to be approved by the Chair and the health and wellbeing board kept informed.

#### **14. HEALTH AND WELLBEING BOARD WORK PLAN 2018-20**

Professor Kevin Fenton, Strategic Director of Place and Wellbeing introduced the report.

##### **RESOLVED:**

That the work plan for 2018-2020, Appendix 1 of the report be noted.

The meeting ended at 8.10pm

**CHAIR:**

**DATED:**

# Health Inequalities in Southwark

Health and Wellbeing Board

4<sup>th</sup> March 2019

Place and Health Improvement

Southwark Public Health Division, Place & Wellbeing

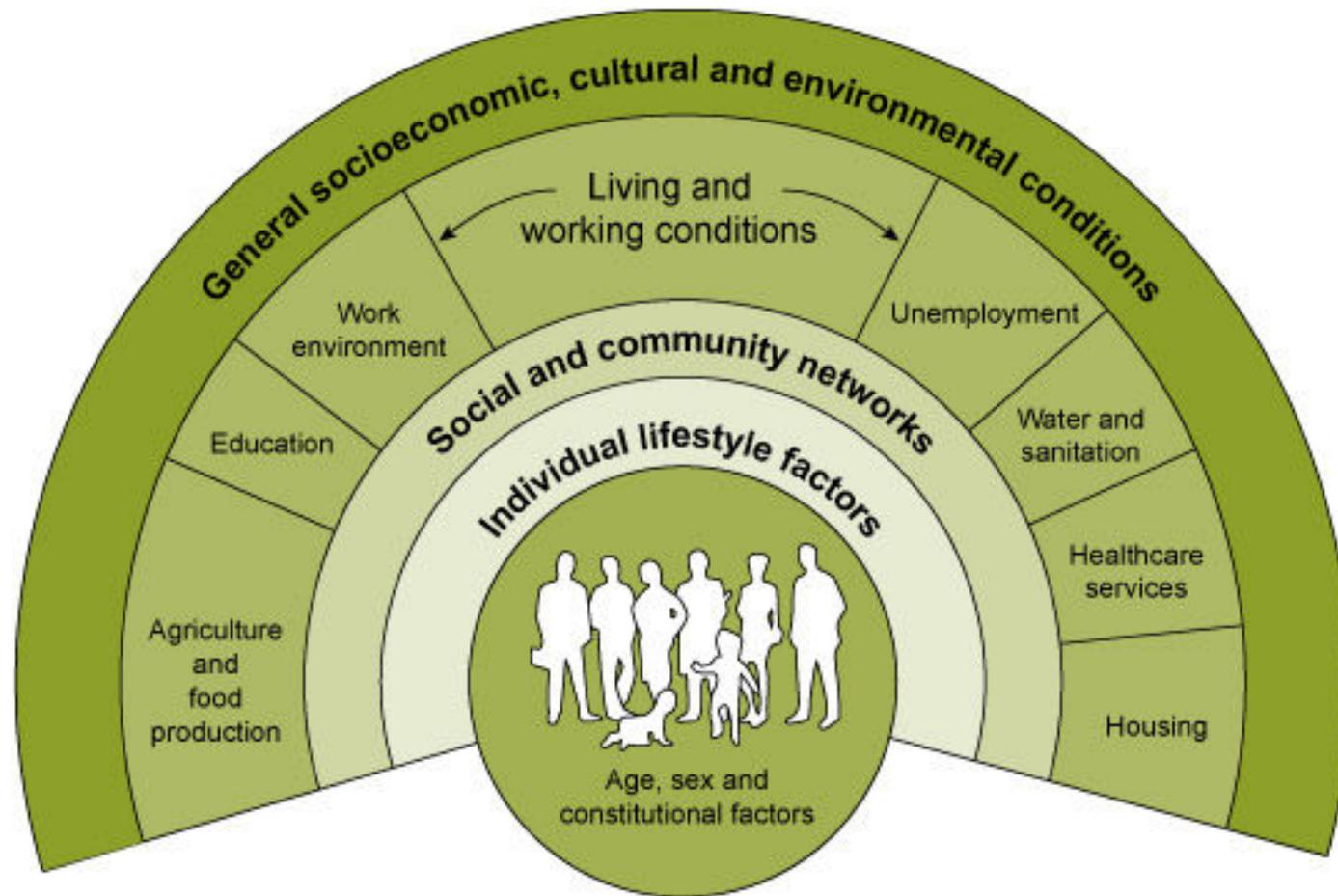
March 2019

 @lb\_southwark  facebook.com/southwarkcouncil

  
Southwark  
Council  
southwark.gov.uk

# A wide range of individual, social & wider economic factors determine health

## MODEL OF THE MAIN DETERMINANTS OF HEALTH



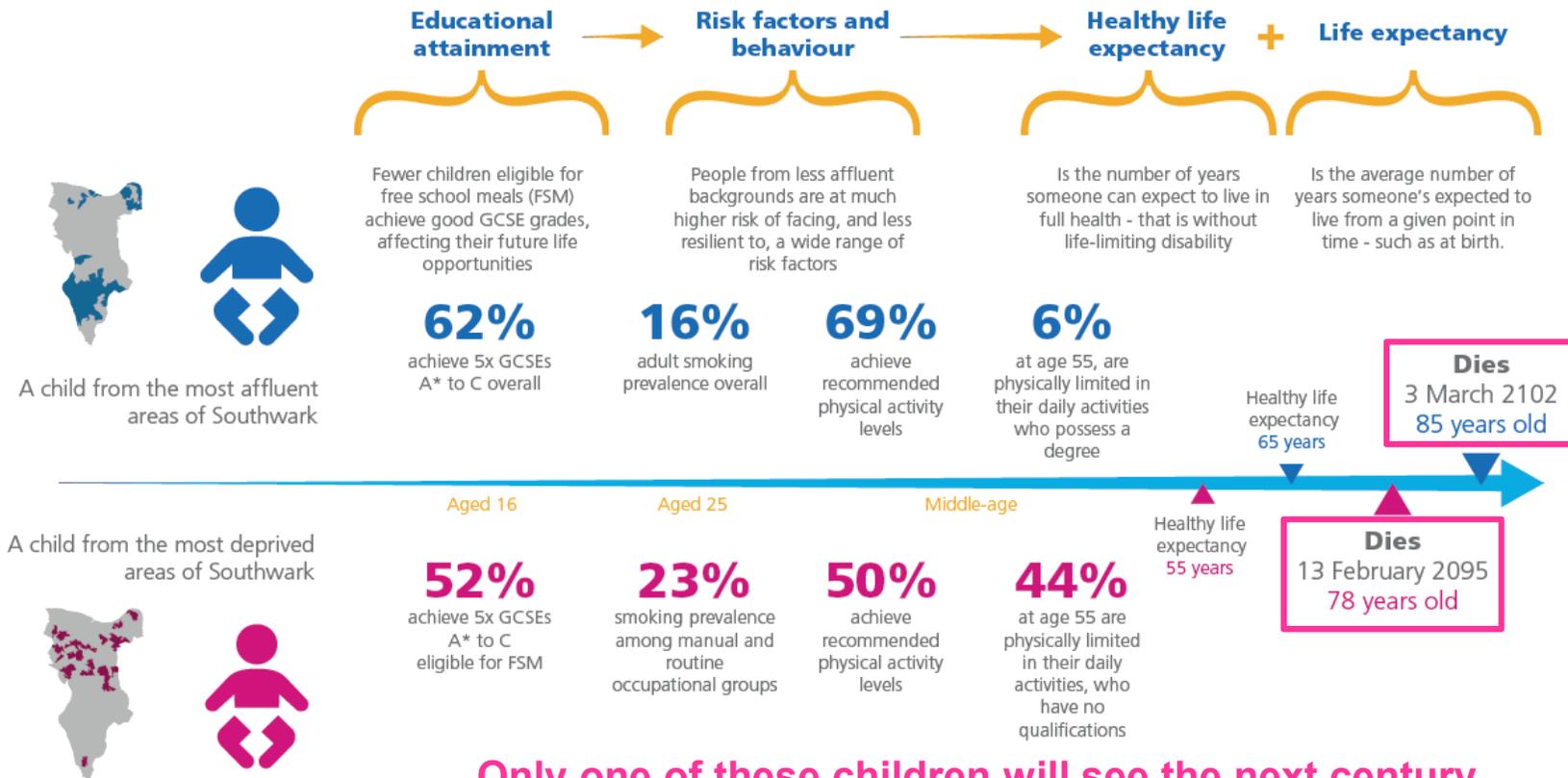
Dahlgren and Whitehead, 1991

Slide 2

# Health inequalities persist within Southwark, which has a marked effect on the health outcomes of residents

## HEALTH INEQUALITIES OVERVIEW

Health inequalities arise from a complex set of interactions between socio-economic, geographic and cultural factors, which have a clear impact on life expectancy among Southwark residents.



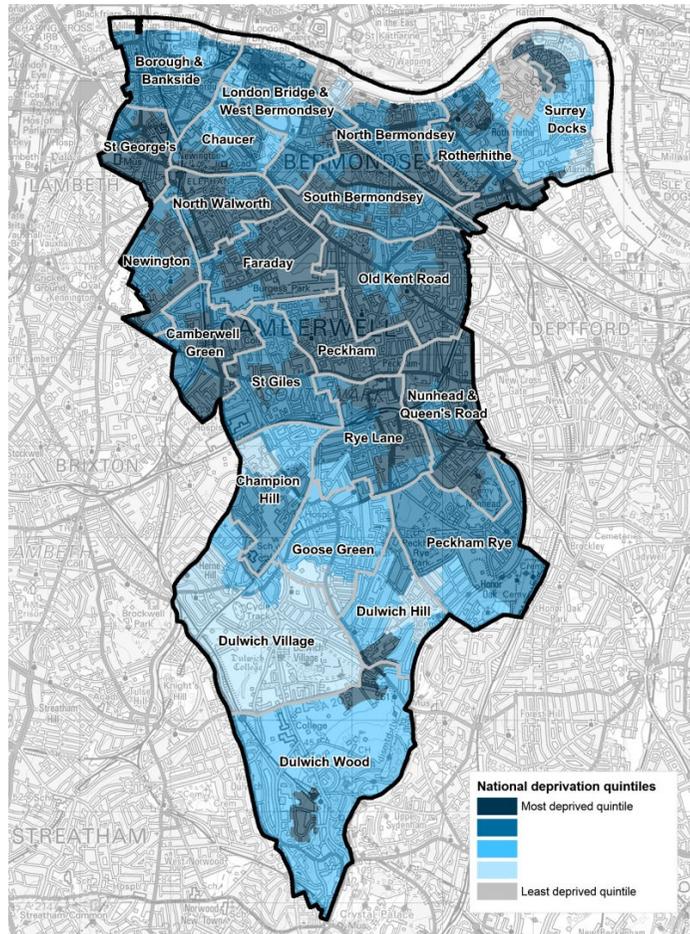
Only one of these children will see the next century

### References

1. Southwark.gov.uk/publichealth

# In Southwark, 38% of our residents live in the most deprived communities nationally

## DEPRIVATION



Indices of Deprivation 2015

Data source: Department for Communities & Local Government  
Southwark Public Health Department | People & Health Intelligence | publichealth@southwark.gov.uk  
July 2017.  
© Crown copyright and database rights 2017, Ordnance Survey (0)100019252

**Whilst there has been significant regeneration in Southwark in recent years, the borough remains one of the most deprived in the country.**

- Southwark is the 40th most deprived of 326 local authorities in England and ninth most deprived out of 32 local authorities in London.
- Two in five Southwark residents live in communities ranked in the 20% most deprived areas nationally.
- By contrast, only two in one hundred residents live in communities considered the least deprived nationally.

**Deprivation has an important, adverse impact on health.**

- Women living in the most deprived areas in Southwark live on average 5.5 years less than their least deprived neighbours. For men the discrepancy is even larger at 9.5 years and this gap has been widening over time.
- Residents of a deprived area will, on average, experience multiple health problems 10-15 years earlier than those living in affluent areas.
- People in the poorest social classes have a 60% higher prevalence of long-term conditions than those in the richest, and 30% more severity of disease.

## References

1. Annual Public Health Report of the Director of Health and Wellbeing 2017, London Borough of Southwark
2. [Kings Fund. Trends disease and disability long-term conditions multi morbidity](#)

# The gap in life expectancy between Southwark and London has been narrowing, but deprivation gap remains

## LIFE EXPECTANCY

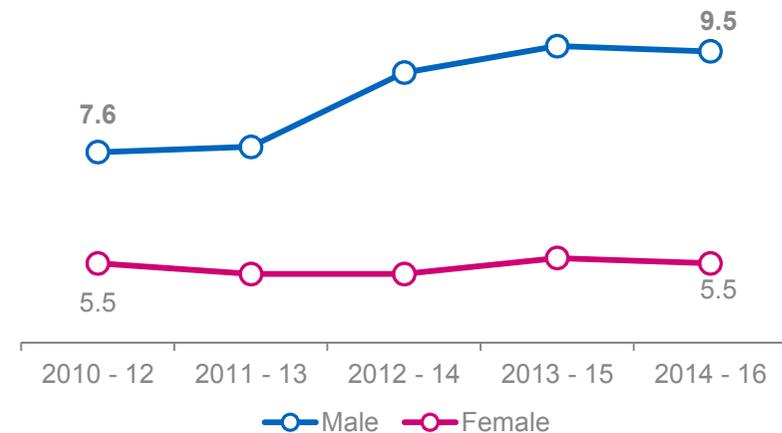
**Life expectancy at birth has been increasing steadily over time, particularly in Southwark.**

- In 2014-16, life expectancy at birth for men was 79.1 years and 83.8 years for women in Southwark.
- This represents a 5 year average life expectancy gain for men and 4 years for women.
- In 2014-16, life expectancy for men in Southwark was still 1.3 years below the London average and 0.4 years for women.
- However, these gaps have been narrowing over time and have decreased by one-third for men and by half for women since 2001-03.

**There is still a considerable gap in life expectancy between the most and least deprived parts of the borough.**

- The range in years of life expectancy from the most to least deprived areas in Southwark was 5.5 years for women in 2014-16 and 9.5 years for men. This discrepancy has been increasing over time for men, but has stayed roughly the same for women.

Slope index of inequality in Southwark, 2010-12 to 2013-15



### Reference

1. ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16
2. Public Health Outcomes Framework, Slope index of inequality in life expectancy at birth

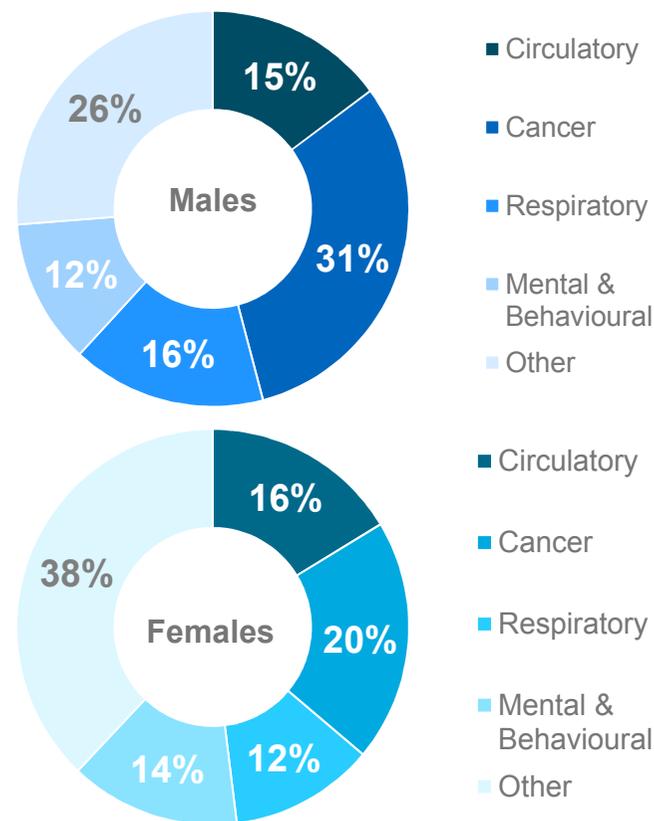
# More deprived areas see higher numbers of deaths compared to less deprived areas in Southwark

## DEPRIVATION – EXCESS DEATHS

### Men in the most deprived quintile suffer higher numbers of excess deaths compared to women

- Between 2012-14 there were 245 more male deaths in the most deprived quintile compared to the least deprived, and 170 excess deaths among women.
- For men in Southwark, cancer was responsible for the largest proportion of excess deaths in the most deprived quintile.
- For women, deaths due to other causes were responsible for the largest percentage of excess deaths in the most deprived quintile.
- The 'other' category includes deaths due to digestive diseases, alcohol-related conditions and external causes, such as injury, poisoning and suicide.

Breakdown of excess deaths between most and least deprived quintiles by broad cause of death, 2012-14



#### References

- PHE Gap Segmentation Tool

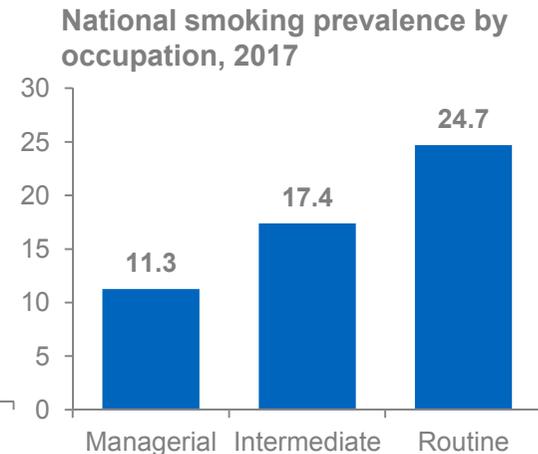
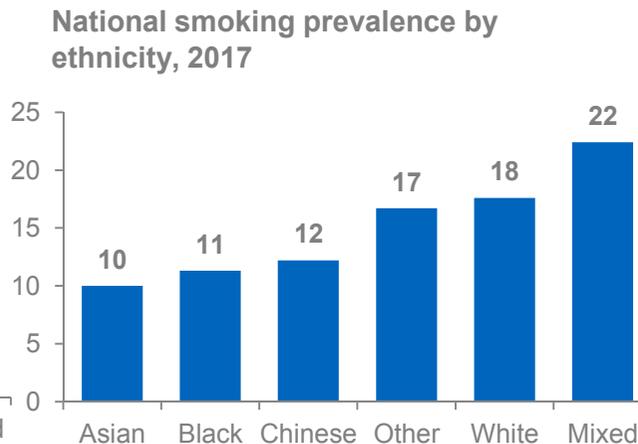
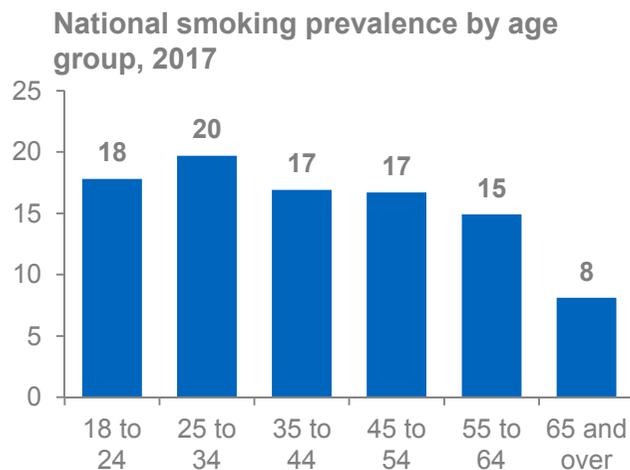
# Smoking prevalence is highest among those of mixed ethnicity, young adults and those on low income

## INEQUALITIES IN PREVALENCE

**Smoking prevalence varies significantly between different demographic, socio-economic and age groups, as well as different occupations.**

- National estimates highlight the inequality in smoking prevalence by ethnicity, with the highest levels among those of mixed and white ethnic groups.
- Nationally, smoking prevalence is 1.5 times higher among the most deprived areas when compared to the least deprived. In Southwark the most deprived areas have the highest populations of residents from black ethnic groups.
- National models show that smoking prevalence is highest among those aged between 25 and 34 years and reduces with age.
- National estimates show that prevalence is highest among those on lower incomes, particularly those earning below £30,000.
- A comparison of prevalence by occupation shows that more than 1 in 4 people in routine and manual occupations smoke compared to just 1 in 10 people in managerial and professional roles.

13



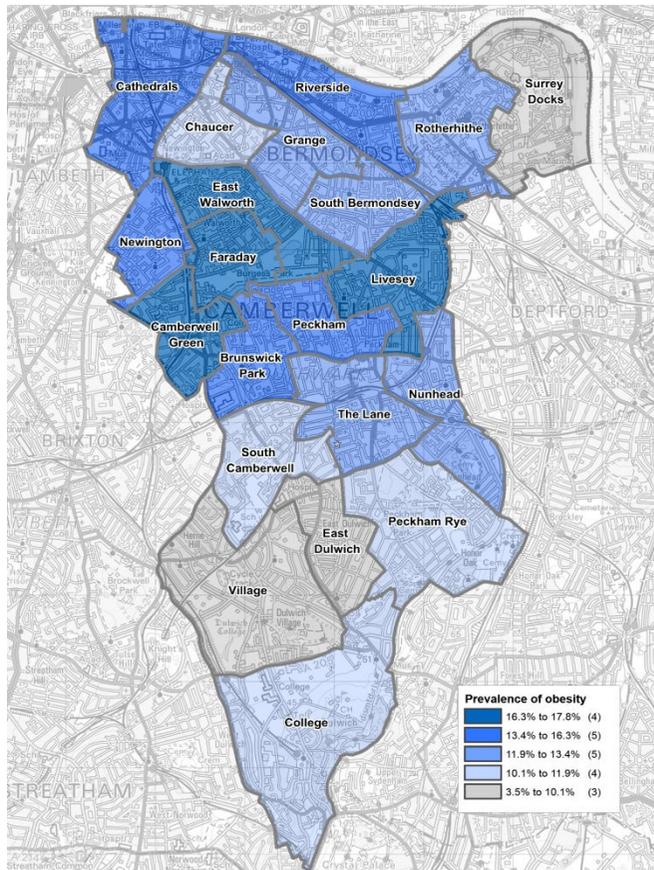
### References

1. Adult smoking habits in the UK: 2017; Office for National Statistics

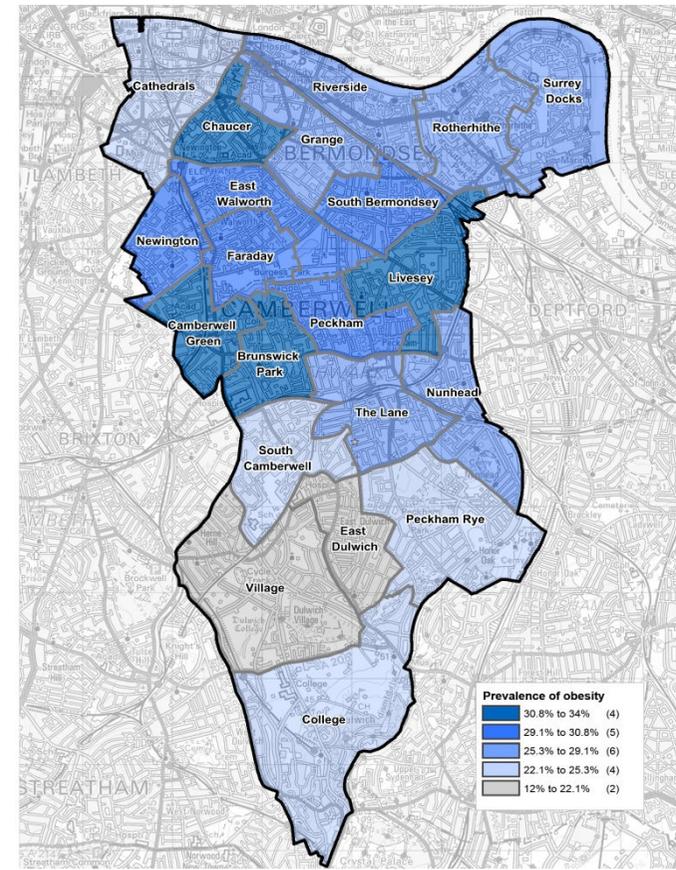
# There are disparities in obesity prevalence among Reception and Year 6 children across Southwark

## CHILDHOOD OBESITY

Prevalence of Obesity among Reception children (ages 4-5), 2013/14-2015/16



Prevalence of Obesity among Year 6 children (ages 10-11), 2013/14-2015/16



### References

1. National Child Measurement Programme. © Crown Copyright and database rights 2018, Ordnance Survey (0)100019252

# Good sexual and reproductive health is not distributed evenly in the population

## INEQUALITIES – REPRODUCTIVE HEALTH AND HIV

**Black communities, men who have sex with men (MSM) and young people are most at risk of poor sexual health, and considered 'sexual health priority groups' nationally and locally.**

- Good reproductive health is not equally distributed in the population. If the need for abortion is used as a proxy measure for not having reproductive needs met (abortion being the last intervention to prevent an unwanted maternity), **black women in LSL suffer the poorest reproductive health.**
- The rate of abortion is higher in LSL amongst women describing themselves as of black Caribbean and black African ethnicities.
- Nationally, women that have sought abortion on more than one occasion are more likely to be black, have left school at an earlier age, be living in rented accommodation, have their first sexual experience at an earlier age, be less likely to have used a reliable method of contraception at sexual debut and report a greater number of sexual partners.

**While new diagnoses of HIV are declining due to changing sexual practices and increased testing, this is not amongst all groups.**

- Across LSL, **new HIV diagnoses in heterosexual women and black African men remain disproportionately high.**
- Late diagnosis of HIV infection is associated a ten-fold risk of death compared to those diagnosed promptly.
- In 2016, certain groups had a higher proportion of people with late diagnosis, including those aged 50-64 (53%), those identifying as black African (49%), those identifying as 'other' ethnicity (46%), those whose route of transmission was through heterosexual contact (59%), and women (55%).
- **A disproportionate number of HIV cases locally are diagnosed in people living in the 40% most deprived areas of Southwark.**
- Women and BAME groups are less likely to accept HIV testing and this is reflected in higher rates of late diagnosis.

### References

1. LSL Sexual and Reproductive Health Strategy 2019-23

# Bowel cancer screening is lower among those living in deprived areas and those from a Black ethnic background

## CANCER SCREENING - BOWEL

### Epidemiology

- Bowel cancer is the 4th most common cancer in the UK..
- There were 320 new bowel cancer cases in Southwark in 2014-16, equating to around 110 per year, up from 246 new cases in 2001-03. The incidence rate in Southwark is comparable to rates in England and South East London.
- The incidence of bowel cancer varies by age, with rates significantly higher among older people. .
- Approximately a quarter of new cases in Southwark are diagnosed among those under the age of 60, a quarter among those in their 60's and half among those aged 70 and over.
- The incidence of colorectal cancer is highest among those from a White ethnic background, with rates significantly lower among those from Black and Asian ethnicities.
- There is a small association with deprivation and colorectal cancer among men, while there is no association evident among women. Incidence rates are **13% higher for males living in the most deprived areas compared to the least deprived.**

### Bowel screening

- Uptake of bowel cancer screening in Southwark (43%) is lower than uptake across London (49%) and England (59%), and significantly lower than most boroughs in SEL.
- The uptake rate in Southwark does not meet the national acceptable threshold of 52%.
- **Bowel cancer screening is lower among people living in the most deprived areas, those without English as a first language, people from a Black ethnic background and those who are housebound.**
- Uptake of screening generally improves with age.

### References

1. National Cancer Registration & Analysis Service (NCRAS)
2. Cancer Research UK. Colorectal cancer incidence statistics. [www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence#heading-Seven](http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence#heading-Seven)

# Black women are less likely to attend breast screening, but experience greater severity at an earlier age

## CANCER SCREENING – BREAST

### Epidemiology

- Breast cancer is the most common cancer in the UK, and is more common in White females than in Asian or Black females.
- It is less common in those women living in deprived areas, although there is no association for men.
- The median age at diagnosis was younger in Black women compared with those known to be White (50 compared with 62 years).
- Black women are more likely to have high grade tumours. Were more likely to have a mastectomy with immediate reconstruction and because of their poor prognostic tumours and their younger age, they were also more likely to have chemotherapy (65% compared to 41% in those known to be white).
- Had a slightly lower 1 year relative survival rate compared to those known to be white (94.1% compared to 95.7%). There was no significant difference in 5 year survival rates.
- **1 and 5 year survival rates were highly dependent on deprivation; with patients in most affluent quintile having significantly higher 1 and 5 year survival than those in most deprived quintile.**

### Breast screening

- **Black women are less likely to attend for breast screening.** The effect of deprivation on screening attendance is difficult to separate from other factors including ethnicity, which influences attitudes to general health behaviour.
- Black women are less likely to be screen detected - 49% of breast cancer patients known to be black were aged under 50, and therefore were diagnosed before becoming eligible for breast screening.

### References

1. Cancer Research UK: [www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer#heading-Zero](http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer#heading-Zero)
2. National Cancer Registration & Analysis Service (NCRAS)
3. NHS Cancer Screening Programmes. All Breast Cancer Report. 2006
4. NCIN Data Briefing. Breast Cancer: Ethnicity, Sept 2010.

# Women in the most deprived areas are less likely to attend screening and have higher incidence of cervical cancer

## CANCER SCREENING - CERVICAL

### Epidemiology

- There are around 3,200 new cervical cancer cases in the UK every year - nearly 9 every day. In Southwark in 2016 there were 8 new cases of cervical cancer - age standardised cancer incidence rate of 6.9 per 100,000 person years.
- There are about 870 cervical cancer deaths in the UK every year (2014-2016).
- 99.8% cervical cancer cases are preventable, UK, 2015.
- Cervical cancer in England is more common in females living in the most deprived areas with incidence rates 72% higher in the most compared to least deprived.
- Cervical cancer is more common in White females (8.2-8.7 per 100,000) than in Asian (3.6-6.5 per 100,000) and more similar to rates seen in Black females (6.3-11.2 per 100,000).

### Cervical screening

- Women in the most deprived groups are less likely to attend cervical screening.
- **Women from ethnic minority groups are less likely to attend cervical screening compared to White females.**
- Those women aged between 25 and 29 have the lowest screening rates and are at higher risk of cervical cancer.
- When compared to the rest of the community, **women with disability were less likely to use preventive health screening services** – most significant among the housebound.
- **Women with learning disabilities are less likely to participate in cervical screening.**

### References

1. The National Cancer Registration and Analysis Service
2. Cancer Research UK, Cervical cancer statistics
3. The National Cancer Registration and Analysis Service

# One in three children in London have problems concentrating at school due to hunger

## IMPACT OF HUNGER - CHILDREN

**Food insecurity impacts children's future health. Hunger in childhood increases the risk of developing asthma, depression and suicidal tendencies in adolescence and early adulthood.**

**A third of London children have problems concentrating at school due to hunger.**

- A study conducted for the GLA on child hunger showed that among 8-16 year olds, 34% had problems concentrating at school due to hunger and 9% of children went to bed hungry. Applying these percentages at the borough level, could mean that:
  - Over **9,600** Southwark children are having problems concentrating at school due to hunger
  - Over **2,500** Southwark children are going to bed hungry at night.

**Locally, a high percentage of foodbank recipients are children**

- 46% of those fed by the CSCH Foodbank in 2017/18 were children.
- 38% of those fed by the Southwark Foodbank in 2017/18 were children.

**Foodbanks can experience a spike in users during the summer months**

- The Central Southwark Community Hub Foodbank saw 128 users in July 2017 and 198 in August 2017. This compared to a mean of 40 users during the months of April, May and June 2017.

### References

1. GLA/ IPSOS MORI – Child Hunger in London - 2013
2. Office for National Statistics population data mid-year 2017

# Some key actions to reduce health inequalities within Southwark

- Early access to maternity care
- CVD & diabetes prevention
- Cancer screening, detection & treatment
- Sexual health & HIV detection & treatment
- Mental health & access to psychological therapies

**SHORT**

- Smoking cessation
- Brief intervention for alcohol
- Increasing physical activity
- Healthy eating support
- Benefits advice & food poverty

**MEDIUM**

- Education & skills
- Good employment
- Good quality housing
- Building neighbourhoods to sustain long term well being

**LONG**

# In summary, Southwark is closing the gap with the rest of the country but in-borough inequalities persist

## Southwark's approach to tackling inequalities

- To address health inequalities, action needs to take place across the whole spectrum of determinants: the socio-economic determinants as well as to reduce variation across population groups in prevention, early detection and access to treatment
- Ensure we act at all levels (individual, community, population etc).
  - Provision of high quality universal services – proportionate universalism (eg targeted smoking cessation)
  - Applying a life course perspective – addressing ACEs, giving every child the best start in life, healthy ageing etc.
  - Health in all policies for comprehensive approach that tackles determinants
  - Place and health – important role of place shaping to create a healthier physical environment where it becomes easier to make the healthier choice
  - Work and health – important role of good quality work and ensure the London Living Wage is paid, apprenticeships etc in improving health
  - Tackle poverty - critical as this is another key determinant of wider inequalities including food poverty
  - Making benefits of regeneration work for all and making wellbeing a central aim to social regeneration

# Healthy Communities Scrutiny Commission: Bells Garden Estate approach

Background information

Health and Wellbeing Board

March 2019

 @lb\_southwark  facebook.com/southwarkcouncil

# Healthy Communities Scrutiny Commission are looking at health inequalities in Southwark

## BACKGROUND

- Health Communities Scrutiny Commission received a presentation given by officers on reducing health inequalities across disadvantaged communities on the 8<sup>th</sup> October 2018

### **Some of the key emerging issues the Commission has identified:**

- Economic deprivation and precarious employment.
- Poverty and the intersection with health inequalities generally; and the impact on children in particular.
- Multiple deprivation.
- How the Free Swim and Gym offer could develop to be most impactful on those who need it most.
- How the wider environment impacts on health (e.g. opportunities to walk and cycle, and the availability of affordable and good quality food) and the levers the council has to positively influence this.
- Behaviour change leading to more healthy lives.
- The extent engaged and active communities impact positively on health and how to promote this.

# An emerging approach looking at health inequalities at a community level

## BACKGROUND

- The commission recommended testing an estate level deep-dive approach to explore the health inequalities in a local community and develop a richer understanding of their experience.
- Bells Garden estate was chosen as it is in a deprived area and has good engagement through the TRA and local organisations. It will be undergoing a small regeneration programme to build more housing and a new community centre and multi use sports area and the outcomes of this review can feed into those plans.
- Evidence has been gathered on Council and health services usage
- A community drop-in event was held on 13<sup>th</sup> February 2019 to speak to residents
- Next steps
  - Focus group with TRA on 13th March 2019
  - A final report will be produced by the committee containing recommendations

# The Bells Garden Estate is located in the Peckham ward of the London Borough of Southwark

## 2017 WARD PROFILE - DEMOGRAPHICS

- Peckham is more ethnically diverse than the rest of the borough with a total BAME population of 71%
- Life expectancy for males is 77 years and females in Peckham is 82 years both lower than the Southwark and London averages.
- Higher proportion of children living in low income families than Southwark average.

| Ethnic group | Peckham | Southwark | London |
|--------------|---------|-----------|--------|
| White        | 29%     | 54%       | 60%    |
| Mixed        | 7%      | 6%        | 5%     |
| Asian        | 9%      | 9%        | 19%    |
| Black        | 50%     | 27%       | 13%    |
| Other        | 4%      | 4%        | 3%     |

Figure 1: Proportion of residents by BME group (Census 2011)

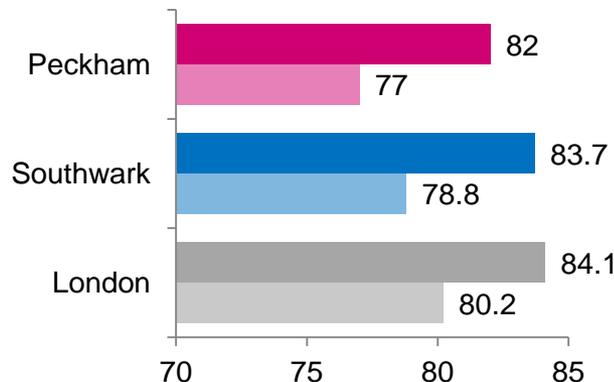


Figure 2: Life expectancy at birth of males and females, years (2013-15)

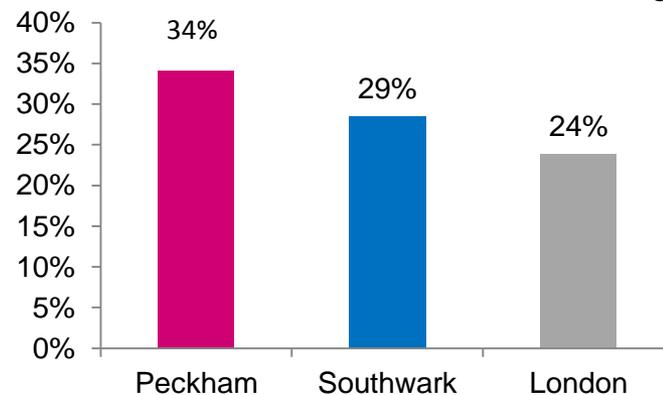


Figure 4: Percentage of dependent children under the age of 20 living in low income households, 2014

### References

- Southwark Ward Profiles. Southwark Council : London 2017

# The Peckham ward has more emergency admissions for COPS and Stroke when compare against England

## 2017 WARD PROFILE - DISEASE AND POOR HEALTH

- Better than England for heart attacks (MI)
- Worse on COPD, stroke and lung cancer when compared to the rest of England
- Worse on stroke admissions when compared to the rest of the borough
- Worse on prostate cancer but better on breast cancer compared to England

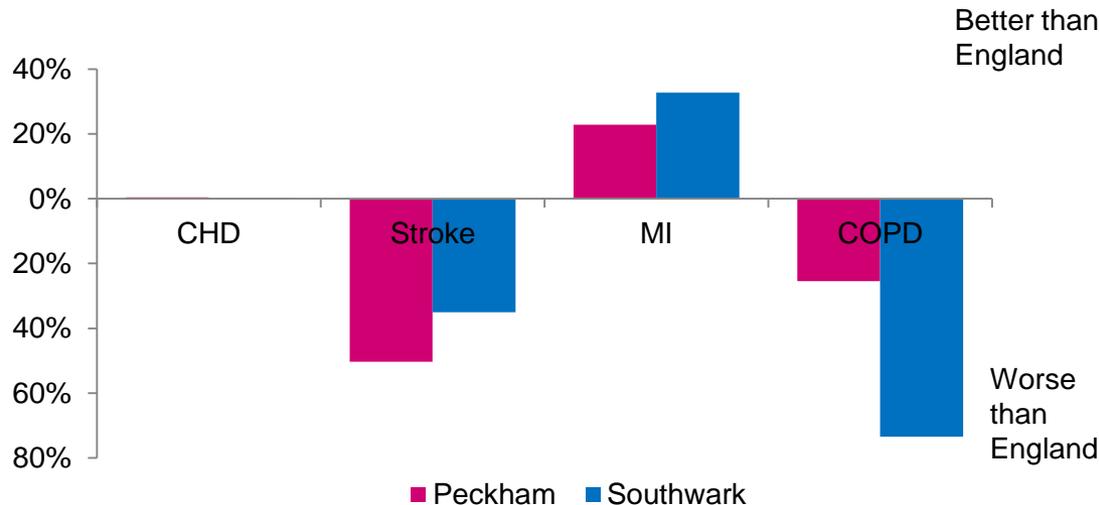


Figure 11: Standardised emergency admissions ratios for coronary heart disease, stroke, myocardial infarction and chronic obstructive pulmonary disease (2011/12 - 2015/16)

### References

1. Southwark Ward Profiles. Southwark Council : London 2017

# The Bells Garden Estate is in an area that is within the 20% most deprived nationally

## INDICES OF MULTIPLE DEPRIVATION

The indices of multiple deprivation (IMD) show that the Bells Garden is in an Lower Super Output Area that is within the **20% most deprived nationally**.

Splitting this down into the different domains of deprivation shows that the area is in the:

- 10% most deprived for Income
- 20% most deprived for Employment
- 40% least deprived for Education, Skills and Training
- 30% most deprived for Health and Disabilities
- 20% most deprived for Crime Rates
- 20% most deprived for Barriers to Housing
- 20% most deprived for Living Environment

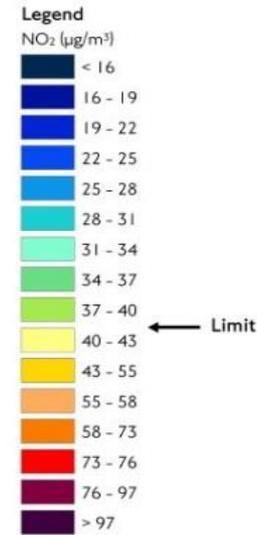
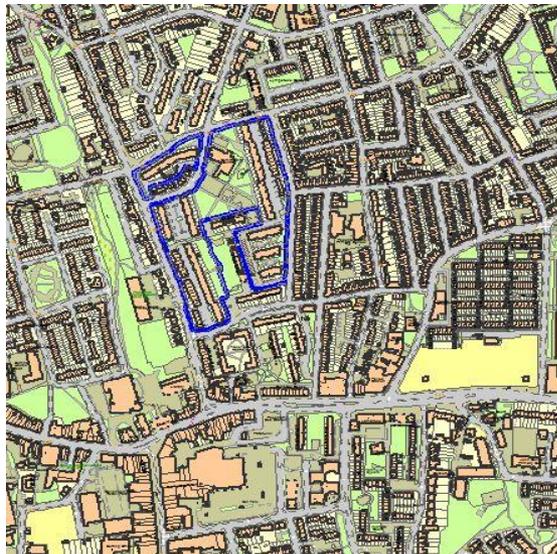
### References

1. Southwark Ward Profiles. Southwark Council : London 2017

# The nearest air monitoring site shows high levels of NO<sub>2</sub> due to close proximity to main road

## AIR QUALITY

- Concentrations of key pollutants are decreasing in Southwark but NO<sub>2</sub> continues to be of concern
- The estate is shown (in blue) with the local roads. Similar to all other main roads in Southwark, the roads adjacent to the estate exceed the legal NO<sub>2</sub> objectives.



## References

1. XXXX

# There are a number of community health improvement initiatives in the area

## EXAMPLES

- Free Swim & Gym and Exercise on referral : via Peckham Pulse
- Books on prescription – health resources freely available via Peckham library
- Wellbeing hub (signposting info / workshops / projects)
- Bags of taste (Cook and Eat) – have been operating from Bells Garden previously
- Southwark's Healthy Cooking Course pilot took place on February / March 2018 with Brixton People's Kitchen / be enriched
- PECAN and Central Southwark Community Hub Food banks
- Holiday Hunger programme (CSCH)
- Garden Organic (Master gardeners programme)
- Food Action Alliance (39 orgs – mostly grass roots) often meet at Bells garden and are working with Southwark to develop a Food Insecurity Action Plan
- Faith and health programme (facilitated by Health Watch and Community Southwark and local participants included Muslim Association Nigeria UK)

**Data is being collected on these community health improvement initiatives (where available)**

# Within the estate, the uptake of Health Checks is 27% compared to 32% in the borough

## MAINSTREAM ATTENDANCE

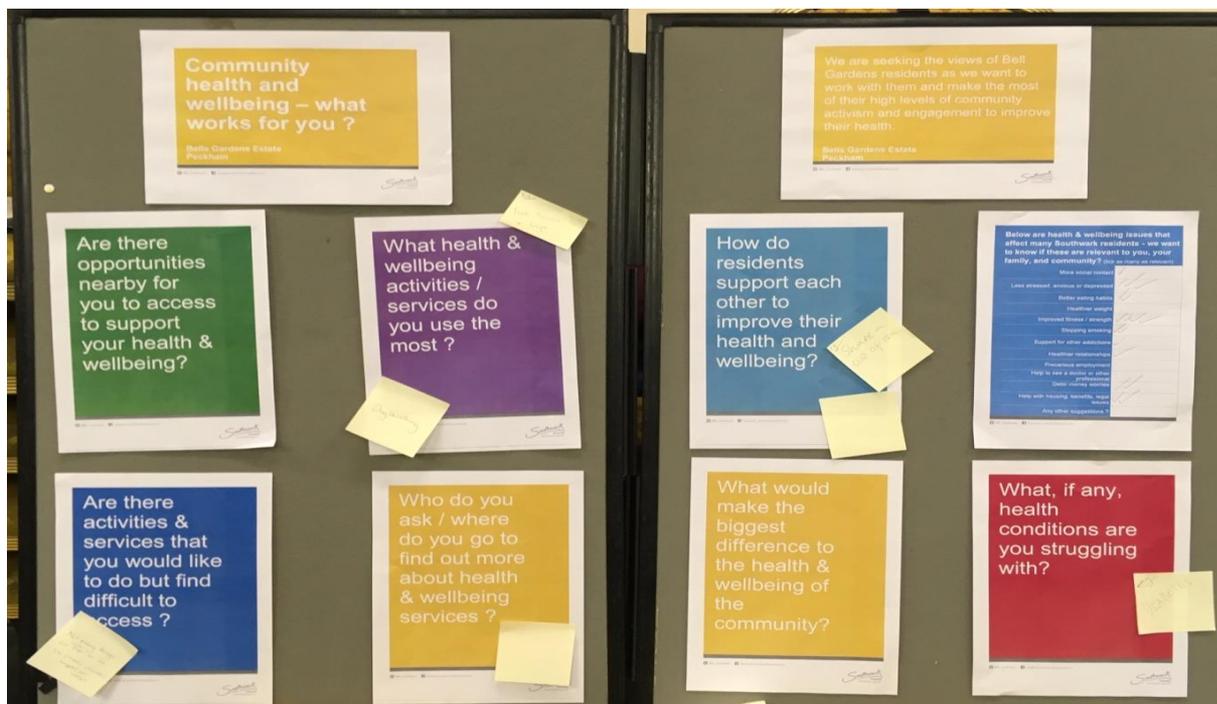
### NHS Health Checks

- Within the estate, 55% of residents are currently eligible for an NHS Health check, compared to 67% in other parts of the borough.
- The uptake of Health Checks on the estate is 27% (116 residents of 429 eligible residents) compared to 32% (37882 residents of 117005 eligible residents) outside the estate
- Potential reasons for lower eligibility could be younger population or more people excluded due to pre-existing health conditions.
- More work could be done to increase general uptake as it is slightly lower than the rest of the borough.

# To understand what works for residents, a drop in event was held at the community centre

## DROP IN EVENT

- A consultation event on Health and Wellbeing was held on 13th February 2019 at Bells Garden Community Centre 4pm – 8pm.
- Residents were asked about what works for their health & wellbeing – as an individual & as a community
- 14 questionnaires were completed, with representations across all ages.



# Residents identified health and wellbeing issues that were relevant to them & the community

## DROP IN EVENT

### Residents identified the following issues as important

- Improved fitness/ strength (5)
- Less stressed, anxious or depressed (4)
- Better eating habits (4)
- Stopping smoking (4)
- Debt/money issues (4)

# Residents identified health and wellbeing issues that were relevant to them & the community

## SUMMARY OF FEEDBACK

- Residents listed a range of opportunities available nearby to support health & wellbeing
- Residents use a variety sources for information on available services or activities e.g. GP, pharmacy, council website
- Popular physical activities include walking, using the gym & going swimming.
- Older residents struggled to find activities that were suitable for them
- The TRA is seen as a useful resource and some residents are keen for more opportunities to meet their neighbours.
- Some residents would like access to free counselling services and training opportunities for older people

# Opportunities to explore further to improve health and wellbeing on the estate

## Potential areas

- Explore how the permeability of the estate could be improved e.g. signage and wayfinding, lighting
- Explore ways to communicate to residents what health and wellbeing services and activities are on offer
- Explore how the council can further support and empower resident groups to organise activities / events to meet each other
- Ensure that the new community centre caters to the needs of local residents providing opportunities for healthy activities to take place which promote social cohesion.

# BREXIT

 @lb\_southwark  facebook.com/southwarkcouncil

# Background

- On 23 June 2016 the UK voted in the EU referendum on whether the UK should 'remain' in the EU or 'leave'.
- 52% of those that took part in the referendum voted to leave the EU. The Government triggered Article 50 of the Lisbon Treaty on 29 March 2017, initiating the start of EU and UK negotiations.
- The timeline for negotiations was two years as stated in the Treaty meaning the deadline to leave the EU is 29 March 2019.
- In Southwark over 72% of the residents who took part in the referendum voted to remain in the EU. Southwark is home to 41,000 non-Irish EU citizens, whose status in the UK following the departure from the EU is unclear. Providing certainty to those citizens and ensuring their rights are protected is a priority for the council.
- Continued Uncertainty

# Council Preparations

- Southwark Council has taken a number of steps to prepare for the impact of the UK leaving the EU on the borough and our residents:
- The council allocated the responsibility for Brexit Preparedness to the Director of Communities to look at how leaving the EU would impact the local economy and the legal status of Southwark's 41,000 non- Irish EU nationals.
- Following the local elections in May 2018, the Leader of the Council created a cabinet member portfolio with responsibility for Brexit (cabinet member for finance, performance and Brexit). The Cabinet Member for Finance, Performance and Brexit, Cllr Victoria Mills, established the Southwark Brexit Panel on 9 July 2018 to enable a cross party group of councillors to examine the impact of Brexit in Southwark.
- Over the last six months the panel has taken evidence from a wide range of individuals and organisations, including businesses, local public services, and voluntary and community organisations.

The panel made a number of recommendations, based on the evidence it gathered, to Southwark's cabinet to prepare for the impact of Brexit on the council. These recommendations were agreed by cabinet on 22 January.

# Cabinet decisions

- Accept the recommendations from the Southwark Brexit Panel.
- In accepting the recommendations, note that further work will be undertaken by officers in particular relation to:
  - a. Collating information and resources about support for EU citizens, the settled status application process and other relevant information, and signpost to voluntary and community sector organisations offering support;
  - b. Identify vulnerable individuals and groups who may struggle with the settled status process or be unaware of what they need to do, including older people (including in care homes or supported housing) and some people with disabilities, and work with voluntary and community groups to ensure those people are communicated with effectively;
  - c. Use the outcomes of this work to help establish the process for a one-off fund that will make grants to voluntary and community groups to support vulnerable people through Brexit;
  - d. Work with London First and other relevant groups to develop a plan for, protect and enhance our local tourist offer including undertaking work that seeks to promote the strong cultural offer in Southwark.
- Publish the Council's risk register. Including making sure contractors have continuity plans in place and that the council is working closely with the GLA and other London Boroughs to ensure we have robust emergency planning in place especially in the event of no deal.

# The Risk Register

- The register was published on the council's website alongside advice for residents, businesses, staff and partners.
- The government is responsible for leading the withdrawal process. At the point of publication the likely outcome remains unclear. There are theories about the impact of different scenarios, and the government is responsible for mitigating the potential risks such as disruption to food and medical supplies.
- Southwark's responsibility is continuing to provide local services, and manage disruption to residents, businesses and the borough as a whole. To do this we need to remain alive to the impact of different scenarios and, where possible, put measures in place to mitigate any impact. The risk register sets out the broad areas of concern, and the actions we are taking to manage those.
- The risk register assumes scenarios and the impact on our borough that range from a managed deal between the UK and EU through to no deal.
- It recognises residents and business may turn to the council for support, advice and assistance . To ensure we can do that effectively it remains imperative that proper guidance and financial support is provided by central government at this time of great uncertainty for all in the borough.
- The risk register sets out risks which the council has identified as being particularly pertinent with regard to any Brexit impact on our borough. The register is consistent with the council's corporate approach to risk management whereby the council identifies its risks using a framework that is agreed annually under our decision making processes.

# Risks

- Detrimental impacts on communities
- Detrimental impact on staff and students who live, work and study in Southwark
- Increased service demand due to economic downturn
- Greater impact on vulnerable people and groups
- Resident awareness
- Business uncertainty
- Recruitment and retention issues
- Health sector impacts

# Risks

- Consumer protection and regulation
- Food shortages
- Fuel shortages
- Shortages of medical equipment and supplies
- Loss of teaching staff
- Waste and environment
- Increasing costs of goods
- Legal & Regulatory changes
- Civil contingencies
- Children in Care
- Voting

# Youth Violence and Knife Crime in Southwark

# Definitions

- “**Serious Youth Violence (SYV)** is defined as a count of victims for any offence of **Most Serious Violence\*** or **Gun Crime\*\*\*** or **Knife Crime\*\***, where the victim is aged 1-19”.
- “**Youth Violence (YV)** is defined in the same way, but also includes Assault with Injury offences”.

## Source: Met Police

**\*Most Serious Violence:** MSV: Homicide and Child Destruction, Attempted Murder, Wounding or other act endangering life, GBH (Part), Causing Death by Dangerous/Careless/ Inconsiderate Driving, Causing Death by Aggravated Vehicle Taking. Assault with injury: ABH and other injury and racially or religiously aggravated ABH and other injury

**\*\*Knife Crime:** All offences of Murder, attempted murder, threats to kill, manslaughter, infanticide, wounding or carrying out an act endangering life, GBH without intent, ABH and other injury, sexual assault, rape, robbery where a feature code identifying weapon usage (countable as knife crime) has been added to the crime report. Simple possession is excluded (For example, when a police search results in a discovery of possession of a weapon). Please note: data includes where a knife was 'threatened but not seen' from April 2008 onwards

**\*\*\*Gun:** Violence Against the Person, robbery, burglary and sexual offences in which a firearm (defined as a weapon covered by Firearms Acts 1968 to 1988 and excluding CS/pepper spray) are used. Simple possession, without intent or lawful authority, is excluded (For example, when a police search results in a discovery of possession of a weapon). n.b Data includes where a gun was 'threatened but not seen' from April 2008 onwards.

# The Data

- The data was generated from the Police Crime Reporting Information System (**CRIS**) for offences between Apr 2017 and Mar 2018 and plotted using the Borough's Ward Boundaries before May 2018 (21 Wards in total).
- CRIS data for Apr to Nov 2018.
- Hate Crime or Special Crime Dashboard (MPS public website).

## Knife Crime and Serious Violence Action Plan 2018-2020

1. ***Governance***
2. ***Engagement, consultation, and needs assessment*** - increasing understanding of violence and how to tackle the issues alongside communities
3. ***Targeting lawbreakers*** - enforcement and criminal justice response to knife crime
4. ***Keeping deadly weapons off our streets*** - addressing the accessibility and availability of knives
5. ***Protecting and educating young people*** - recognising the importance of prevention and working alongside schools
6. ***Standing with communities, neighbourhoods and families against knife crime***
7. ***Supporting the victims of knife crime*** - ensuring that improving support to victims is at the heart of a holistic response
8. ***Offering ways out of crime*** - recognising that young people should be offered interventions which help them move away from criminality

# Local Plans

- Strong partnership with actions owned by a range of partners
- Honest assessments of where improvement is required built into plans
- Focus on prevention and strong engagement with communities, parents, carers and young people

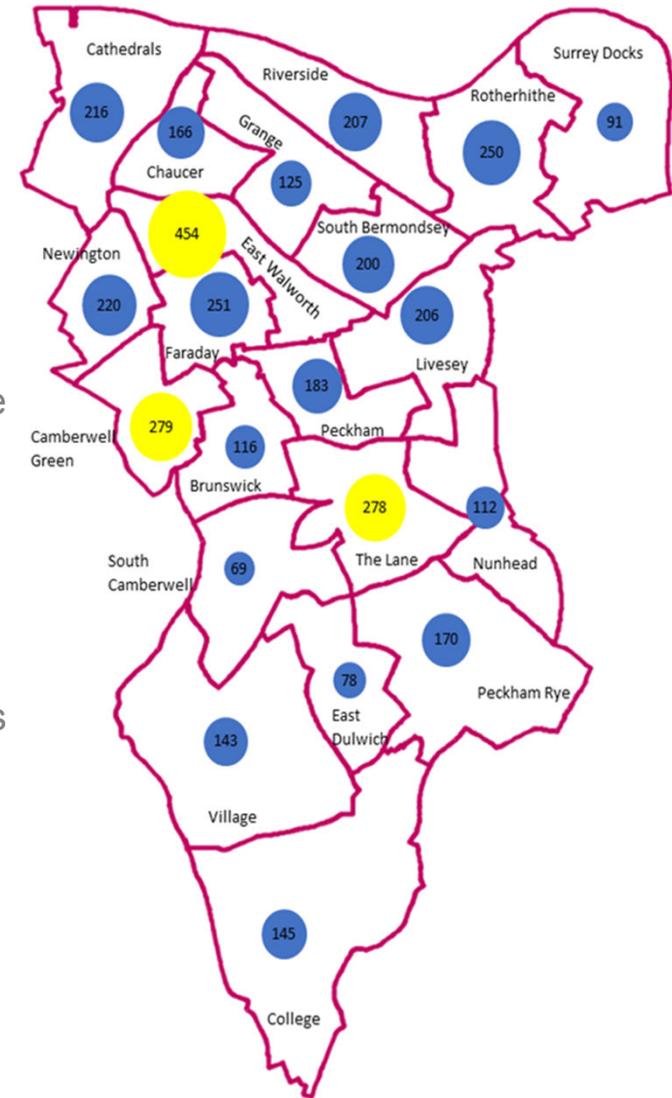
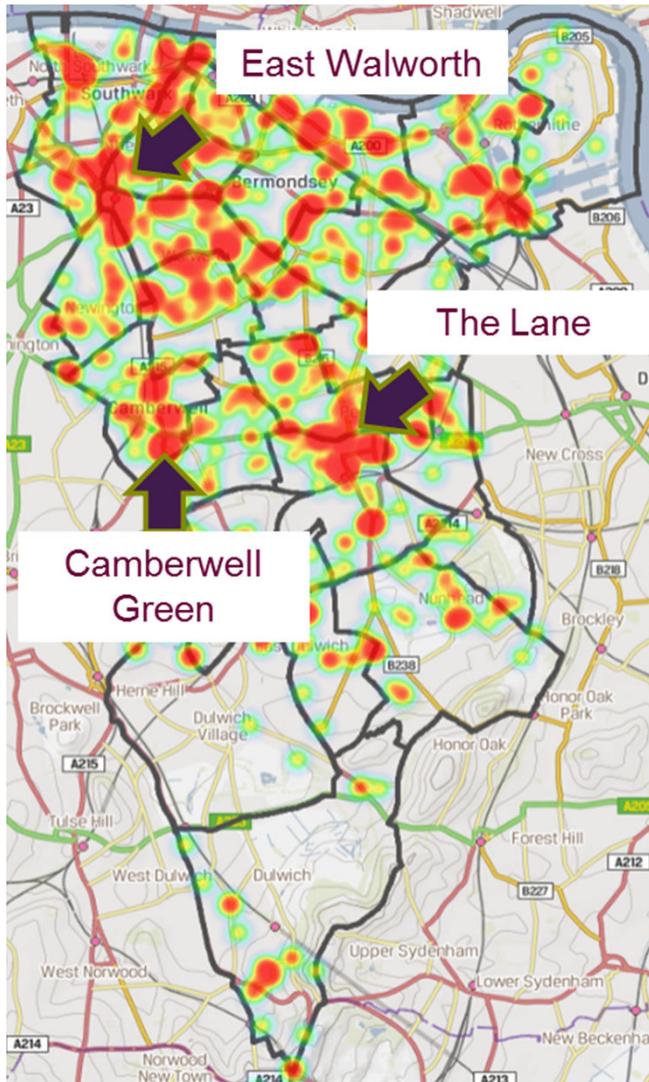
# Main Findings - Youth Violence (inc. Knife Crime)

- **Around 4,000** Youth Violence offences were committed in the borough between Apr 2017 and Mar 2018 of which **20%** (791) were Serious Youth Violence Offences.
- East Walworth, Camberwell Green and The Lane were the **top three** Wards accounting for more than one in four youth violence offences.
- The peak time of offences was **after school time** particularly on Thursdays and Fridays, and during the weekend on Sundays with peak months of November and March.
- The **victims** were predominantly males between 16 and 19 years old. Three out of four of the victims were Southwark residents.
- The **suspects** were predominantly males, (81%).

# Youth Violence - Offence type

- **3,959** Youth Violence (YV) Offences were committed between Apr 2017 and Mar 2018. Violence Against the Person (72% - 2,837 Offences) and Robbery (26% - 1,030) accounts for **98%** of offences committed in the Borough.
- Within the Violence Against the Person offences, Assault with injury (22% - 859 Offences), Common Assault (21% - 815), Harassment (12% - 457) and Serious Wounding (11% - 434) had the highest volumes, accounting for **65%** of the total Violence Against the Person Offences.
- Between Apr 2017 and Mar 2018, Southwark had **707** recorded Knife Crime offences. One in three of these offences (255 offences) were classified as knife crime with injury making Southwark the highest volume borough (ranked first) for this offence.

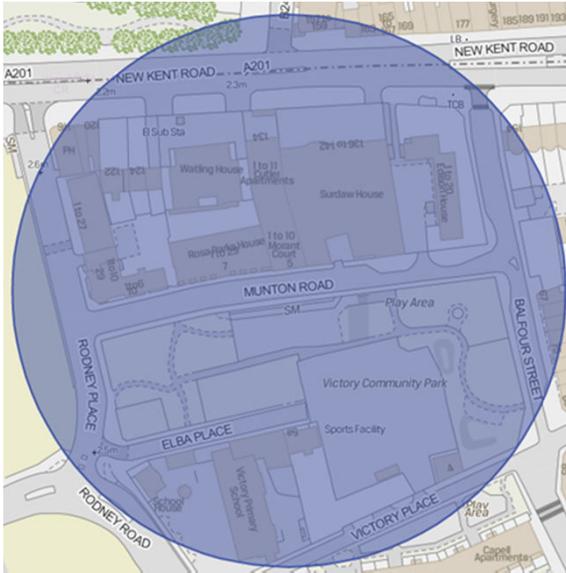
# Main Findings - Where



The top three wards with the highest volumes were: East Walworth **12%** (454 offences), Camberwell Green **7%** (279), The Lane **7%** (278)

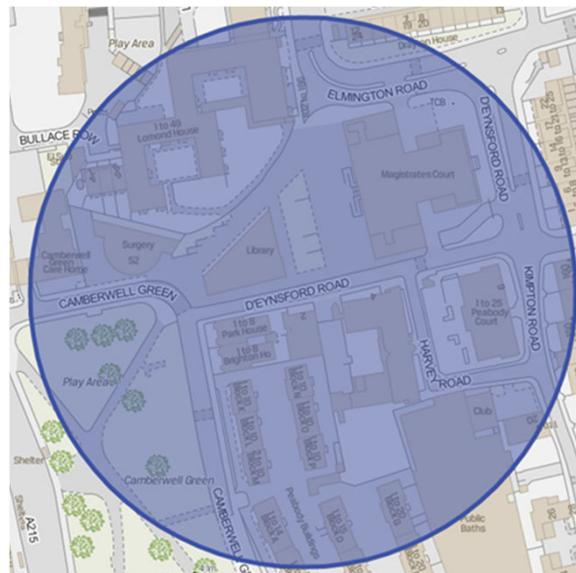
This is **26%** of the borough's offences

# Main Findings - Hotspots



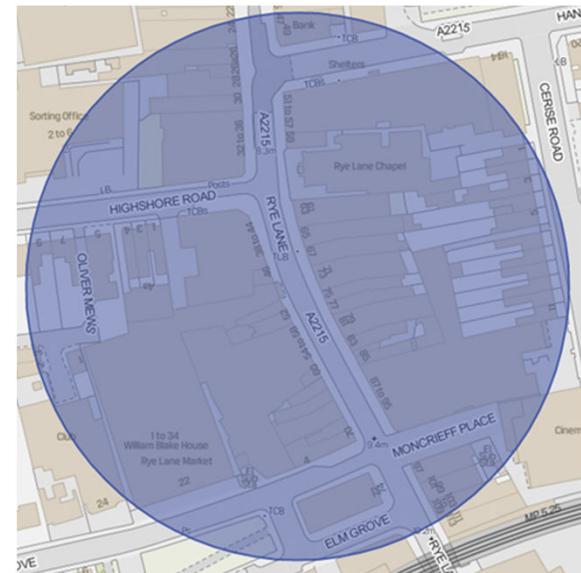
The top hotspots in **East Walworth** were:

- Munton Road
- Around Elephant and Castle shopping centre



The top hotspot in **Camberwell Green** was:

- D'eynsford Road

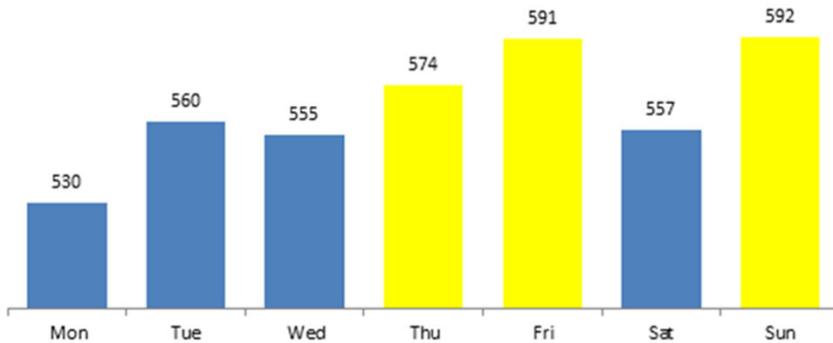


The top hotspot in **The Lane** was:

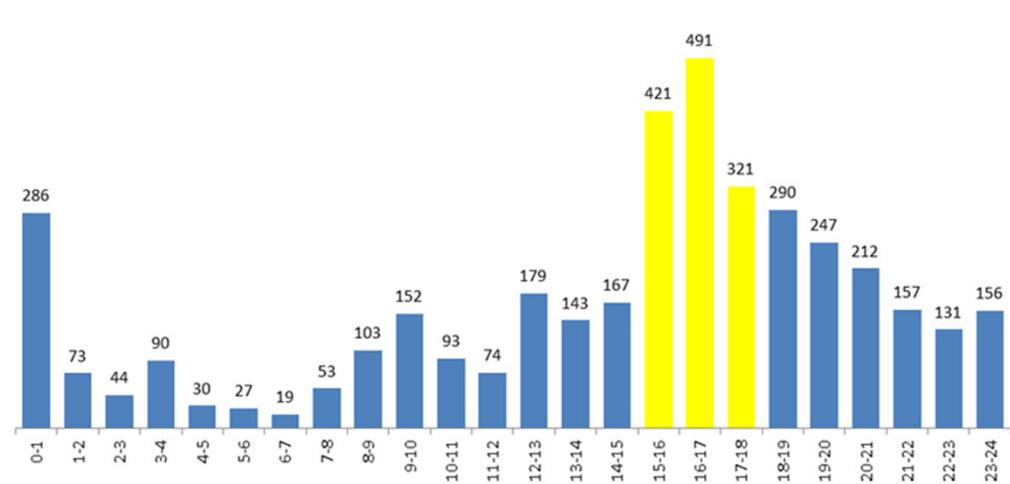
- Between the junctions of Highshore Road and Elm Grove with Rye Lane

# Main Findings - When

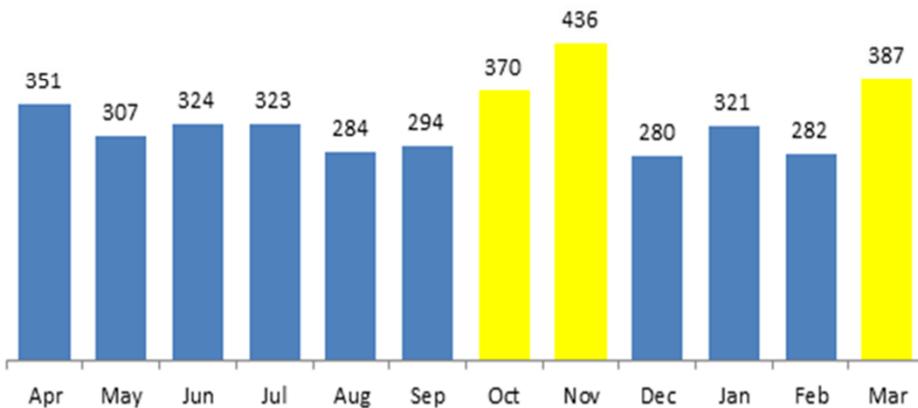
Offences by Day of the week



Offences by Time of the day



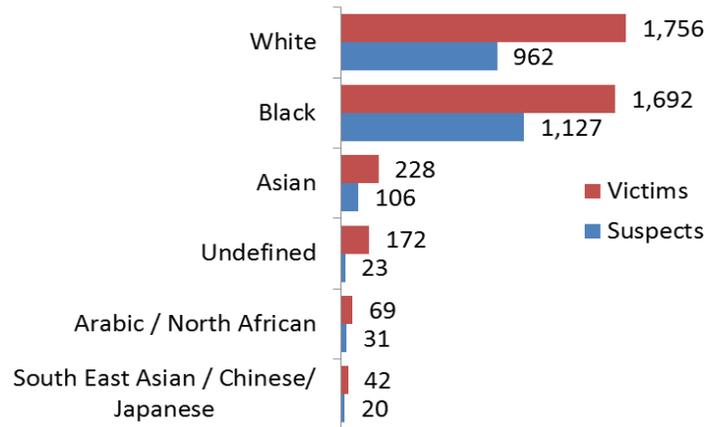
Offences by Month



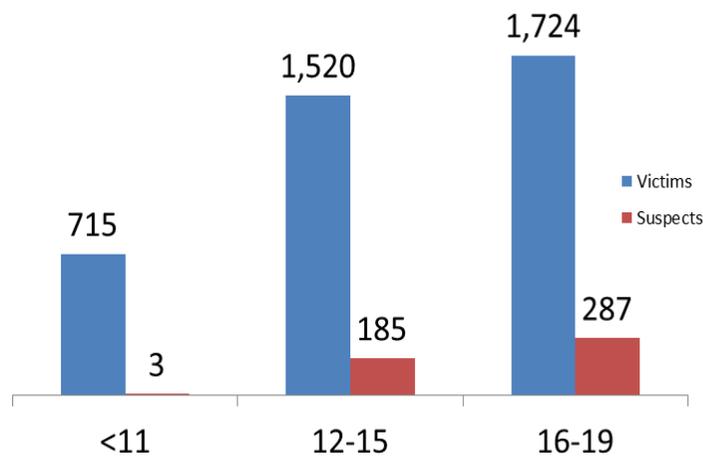
The peak periods were Fri, Thu and Sun between 15:00 and 18:00 with peak months Oct, Nov and Mar.

# Main Findings - Who

**Victims and Suspects Ethnicity**



**Victims and Suspects by Age Group**



The victims:

**64%** were **Males**

**44%** from **Black** ethnic group

**43%** from **White\*** ethnic group

**44%** were **16-19** years old

**75%** live in Southwark

\*Northern and Southern Europeans

The suspects\*:

**81%** were **Males**

**50%** from **Black** ethnic group

**43%** from **White** ethnic group

**17%** were **16-19** years old

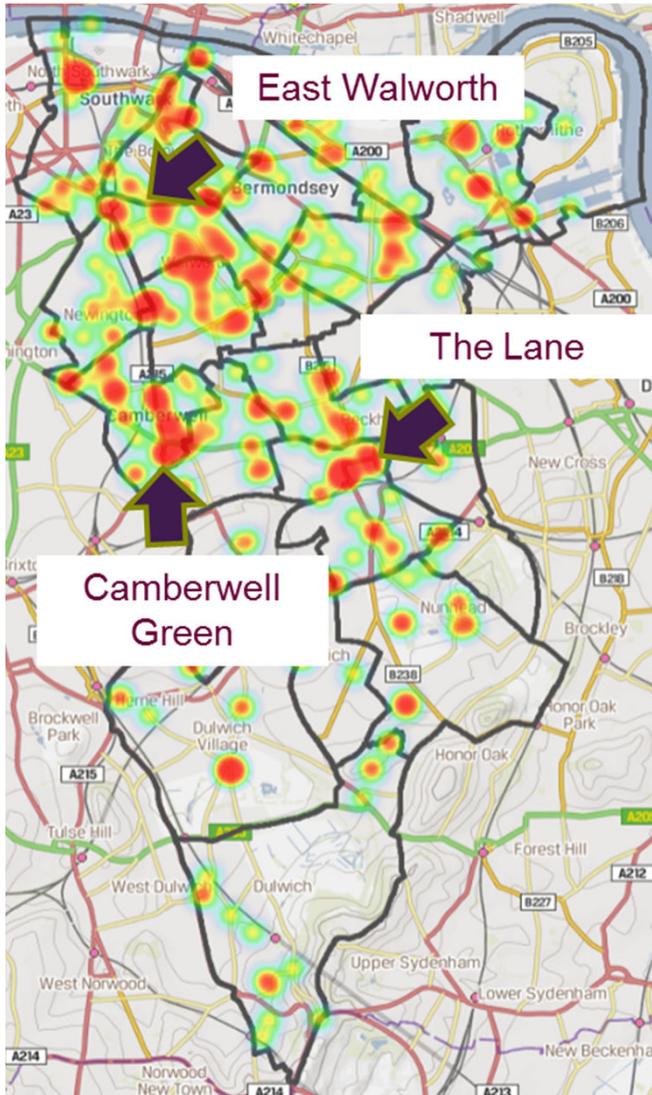
**59%** live in Southwark (where known)

\* Based on the victims description

# Main Findings - Knife Crime

- Between Apr 2017 and Mar 2018, the Borough had **707** recorded Knife crime offences. For the 12 rolling months to Oct 2018, Southwark had the highest volume of knife crime in London (781 offences). During the same period the borough also had the highest level (ranked 1<sup>st</sup>) of knife crime with injury (255 offences) in London.
- One in three of these offences (255 offences) were classified as knife crime with injury making Southwark the highest volume borough (ranked first) for this offence.
- Robbery (51% - 362 Offences) and Violence Against the Person (38% - 269 Offs) accounted for **89% of knife crime offences**.
- The top three wards with the highest volumes of knife crime offences were: East Walworth 13% (95 offences), Camberwell Green 9% (66) and The Lane 7% (46). This is 29% of the borough's offences.
- **Knife Crime** - the peak periods were Tue, Fri and Sat between 15:00 and 18:00 with peak months Apr, Oct and Nov.
- 50% of **victims** were White males between 16 and 19 years old. Two thirds of the victims were Southwark residents.
- 55% of **suspects** were Black males a third of which were described as being between 16 and 19 years old.

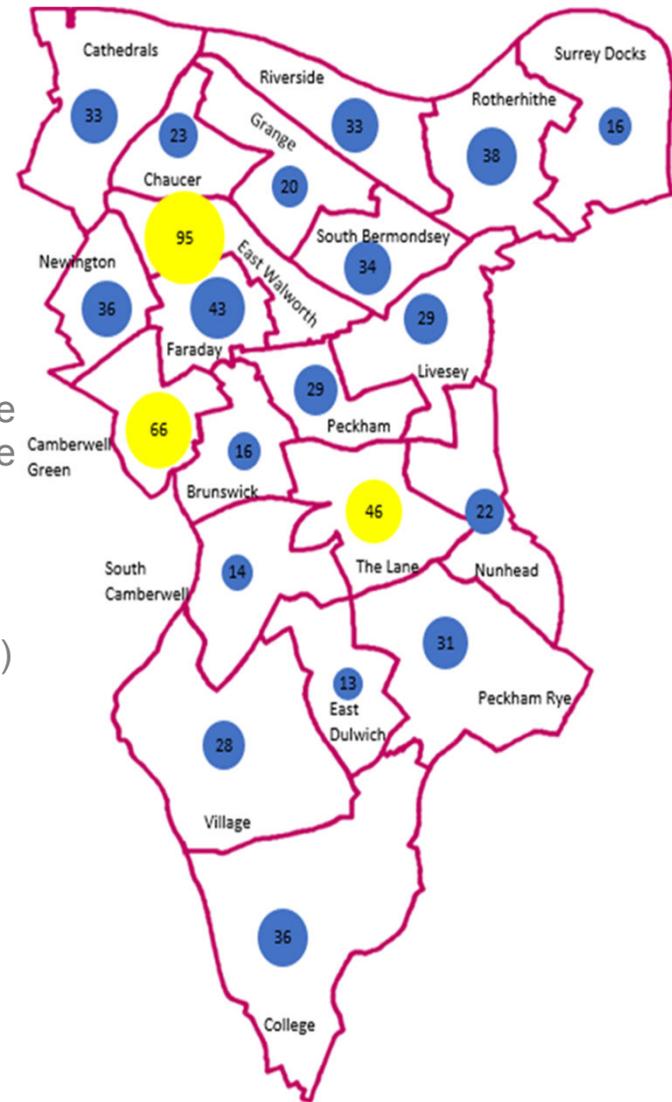
# Knife Crime - Where



The **top three** wards with the highest volumes of knife crime offences were:

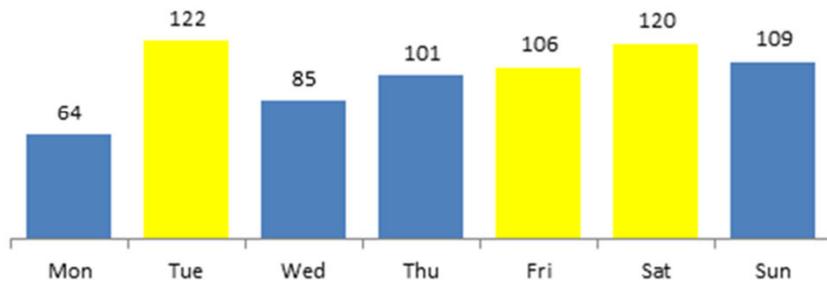
East Walworth **13%** (95 offences), Camberwell Green **9%** (66) and The Lane **7%** (46)

This is **29%** of the borough's offences.

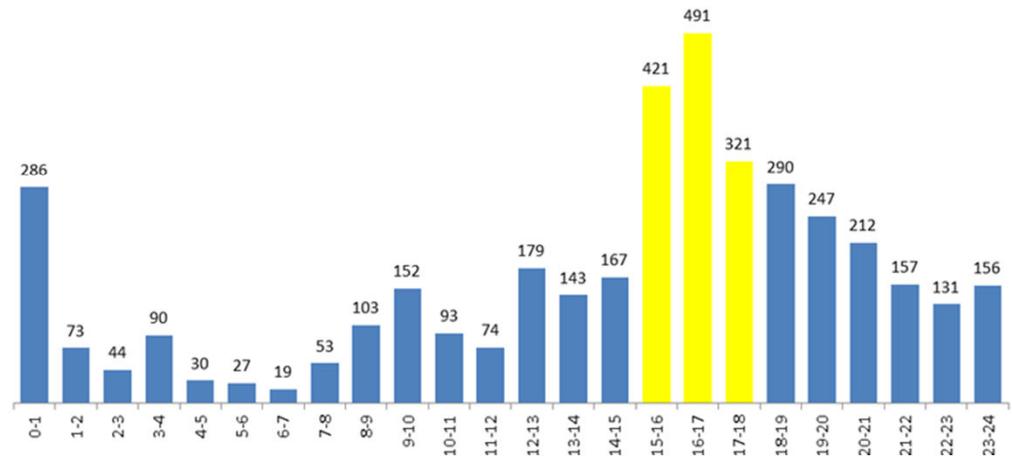


# Knife Crime - When

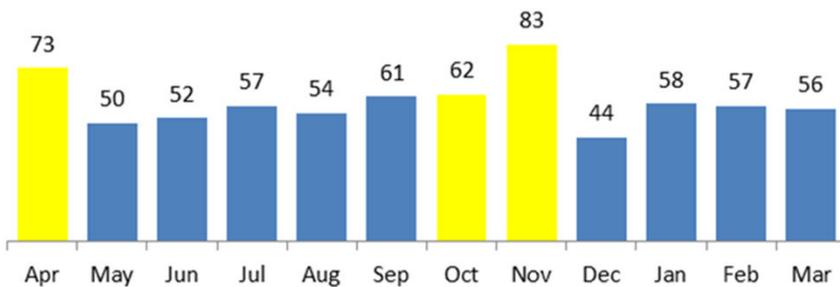
Knife Offences by Day of the week



Offences by Time of the day



Knife Offences by Month

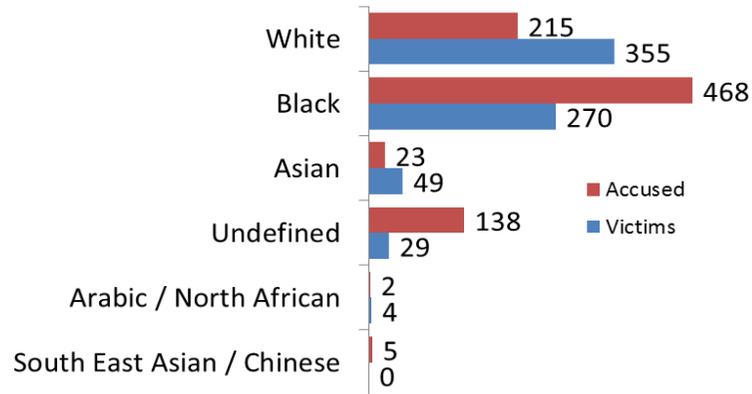


**Knife Crime** - the peak periods were Tue, Fri and Sat between 15:00 and 18:00 with peak months Apr, Oct and Nov.

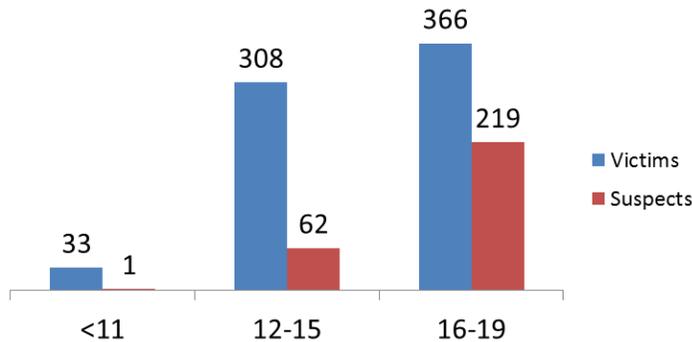
**Serious Wounding** had peak periods Tue, Thu, and Sat between midnight and 02:00, 15:00 - 16:00 and 20:00 - 21:00.

# Knife Crime - Who

**Knife Victims and Suspects by Ethnic Group**



**Victims and Suspects by Age Group**



The victims:

**85%** were **Males**

**50%** were **White** ethnic group

**38%** were **Black** ethnic group

**52%** were **16-19** years old

**67%** live in Southwark

The suspects\*:

**90%** were **Males**

**55%** from **Black** ethnic group

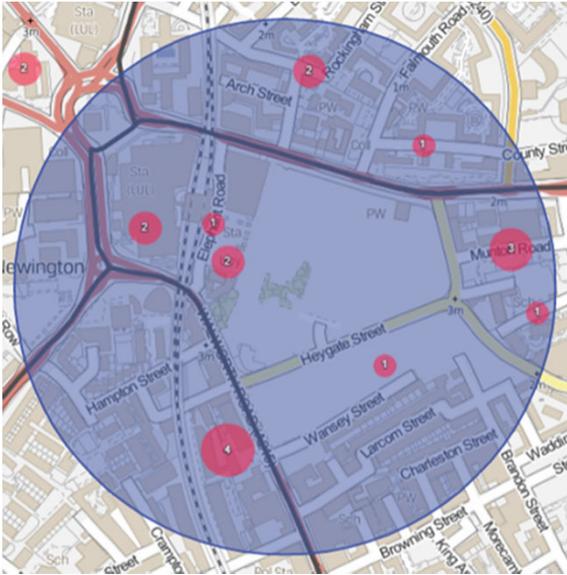
**25%** from **White** ethnic group

**33%** were **16-19** years old

**50%** live in Southwark

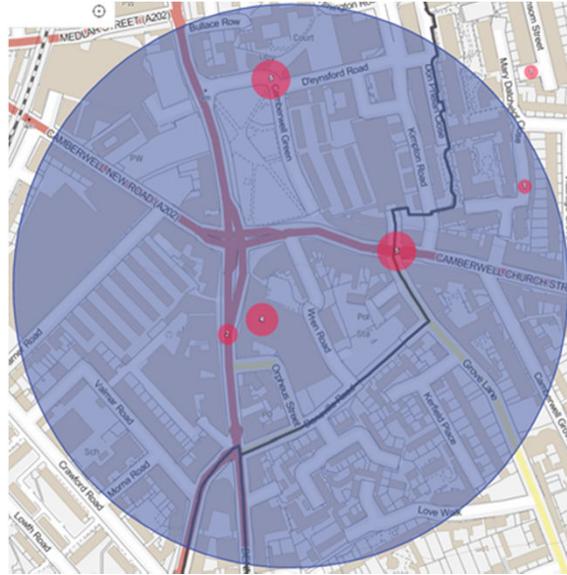
\* Based on the victims description

# Knife Crime - Hotspots



The top hotspots in **East Walworth** were:

- Muntun Road
- Around Elephant and Castle shopping centre



The top hotspots in **Camberwell Green** were:

- D'eynsford Road and
- Butterfly Walk (between Wren Road and Orpheus Street)



The top hotspot in **The Lane** was:

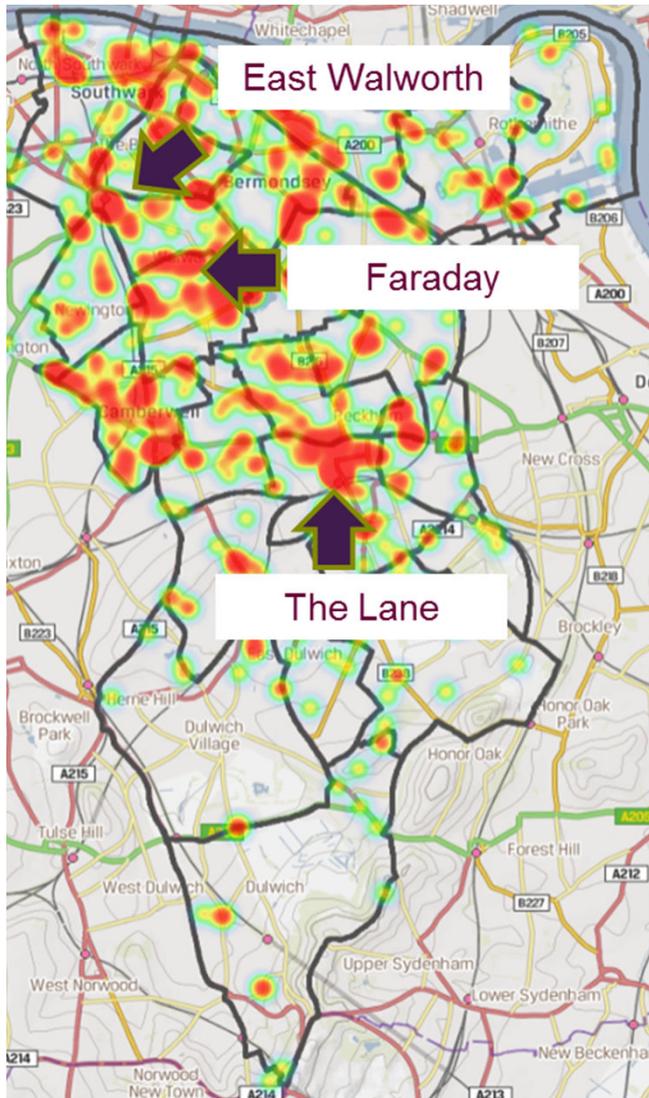
- Between the junctions of Highshore Road and Elm Grove with Rye Lane

# Youth Violence and Knife Crime Apr - Nov 2018

## Between April and November 2018

- A total of **494** Youth Violence offences were committed, **41%** of which (202 offences) were common assaults and **37%** (185) Actual Bodily Harm - ABH.
- Within the 494 Youth Violence Offences **247** were for Serious Youth Violence. **60%** of which (149 offences) were ABH and **24%** (59 offences) Grievous Bodily Harm – GBH.
- **164** Knife Crime offences (excl. Domestic Abuse) were recorded in the borough. **51%** (85 offences) were Robbery and **40%** (66 offences) Violence Against the Person. Both accounts for **over 90%** of the offences.
- For the 12 rolling months to Oct 2018, Southwark had a **15%** reduction in the number of knife crime offences compared to the previous 12 months (down from 924 to 781) this is compared to a 4.1% increase during the same period for London. Such reduction has been consistent during the last 3 months (-4.1%) however, Southwark remains one of the highest volume boroughs for knife crime, currently ranked fourth highest.

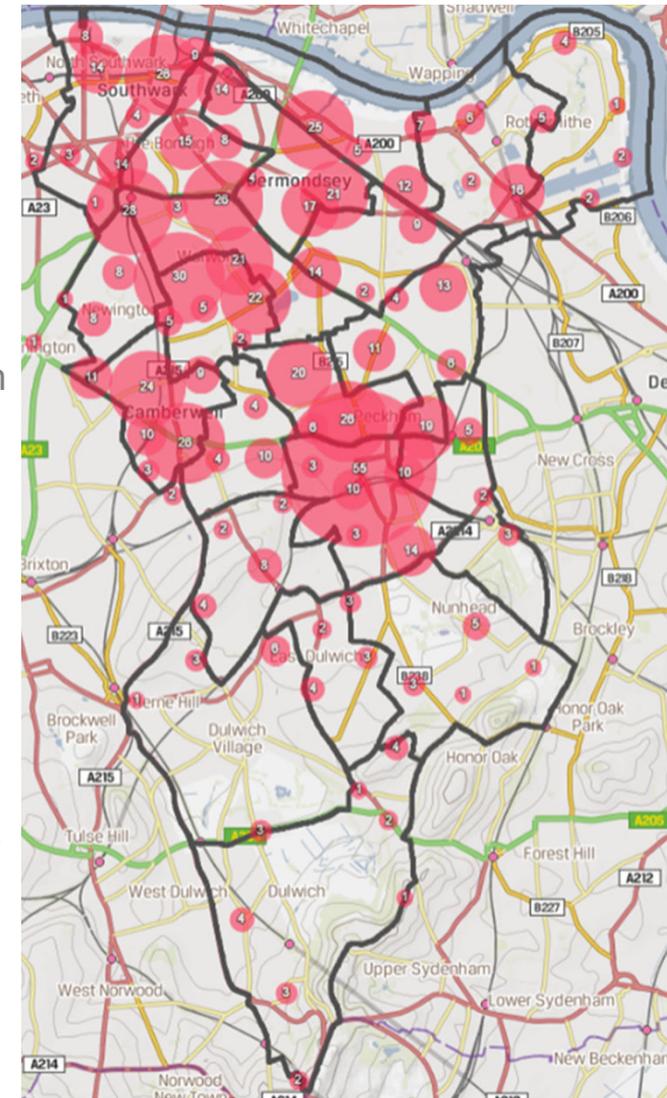
# Youth Violence Apr - Nov 2018



The Top Wards with Youth violence so far are:

- The Lane (55 offences)
- Faraday (30 offences)
- East Walworth (28 offences)

Note that Cathedrals, Chaucer, Riverside, South Camberwell, Peckham have similar levels (around 26 offences each)



# Overview of Delivery

**Community Safety & Partnerships: Strategic and Co-ordinating role with operational delivery spread across the council and partnership**

## **Immediate response**

- Operation Sceptre
- Joint Enforcement
- Operation HAMROW
- SERVE/London Gang Exit Programme
- Serious Incident Strategy Group
- Southwark Young Advisors

## **Fast paced targeted interventions**

- Risk Management Panel led by Youth Offending Service
- Youth Integrated Offender Management
- Southwark Anti-Violence Unit
- Gang Injunctions/Criminal Behaviour Orders

# Overview of Delivery

## Longer term prevention

- Knife Crime Workshops
  - Safer Schools Police provision
  - Council and VCS Youth Provision
  - Positive Futures Youth Fund
  - Young Independent Advisory Group
  - Community Engagement and co-delivery
- Parents & Carers, Young People, Schools, Communities

# Recent Development

- Breaking Barriers Southwark Programme
- Development of the London Violence Reduction Unit
- Joint Strategic Needs Assessment on Serious Youth Violence and Public Health Prevention Approach
- Peer Locality Review on how the Partnership deals with Criminal Exploitation, (including county lines, youth violence and vulnerability) and this is timely considering the recent publication of a report by the Children's Commissioner on

# Violence and Health Inequalities

- Violence is a major cause of ill health and poor wellbeing in local communities.
- Significant health inequalities are experienced by people who are at risk of causing violence, at risk of experiencing violence, and victims of violence. Exposure to violence as a child has particularly negative impacts, not only increasing the risks of involvement in future violence but of substance abuse, poor mental health and chronic illness in later life.
- Violence impacts on the wider wellbeing of local communities. Yet violence is preventable through appropriate targeted interventions, especially in childhood. There are specific violence-related indicators included in the Public Health Outcomes Framework. Examples are levels of violence including sexual violence from police and hospital admissions data, domestic abuse and an offending and reoffending indicator.
- Enforcement and fast paced interventions that address those at risk are vital but tackling violence effectively cannot be done through these alone. It requires fully coordinated working across local agencies, including health organisations including on prevention.
- Governance on violence and youth violence is through the statutory Community Safety Partnership that, in Southwark, sits with the Safeguarding Boards. The Health & Wellbeing Board, bringing parts of the health and care system together, has an important role in improving the health and wellbeing of those affected by violence, working with the CSP and other partners.

# Key Issues

- It is critical to understand that wider criminal exploitation of vulnerable young (and sometimes older) people is central to gangs, county-lines, violence and other interlinked forms of exploitation and abuse.
- Drugs and drug markets particularly supply and sale of Class A drugs is a key driver for this and tackling drug markets, dealing with demand as well as supply alongside preventing people being drawn in to this activity is where the partnership needs to move to tackle the issues.
- Southwark has a strong partnership both in the Health & Wellbeing Board and the Community Safety Partnership and this is also key to how we work together to tackle the issues.
- Governance and tactical/operational arrangements for managing casework are complex and we need to untangle and focus this on Criminal Harm and Exploitation. Prevention is the foundation to this.
- There are a range of tools - enforcement, awareness, training, work with schools, work across the health sector, use of our power as a landlord that we need to build on and develop for the future.
- Southwark has a strong record of working with and involving young people in this work. Understanding their lived experience is important examples are the Peer Navigators and Young Advisors.

This page is intentionally blank

