

Health and Wellbeing Board

Wednesday 26 June 2019

4.30 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London
SE1 2QH

Supplemental Agenda No.1 (Reports for Information)

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Date: 21 June 2019

"Everything to gain and nothing to lose"

Mental wellbeing and resilience in young people:

a Southwark priority



2018 Annual Public Health Report

February 2019

Southwark
Council
southwark.gov.uk

Agenda Item 15

Acknowledgements

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A very special thank you to the many children and young people who shared their experiences with mental health and wellbeing, through spoken word and art. You have afforded us a glimpse into the challenges and battles you face on a daily basis. You have also shown us the strength and resilience of Southwark young people and brought to light what more we could be doing to support you. Thank you.



Cover artwork by Khalid, age 12

Foreword

Each year, Directors of Public Health in local authorities across England fulfil a statutory requirement to write an annual report on the health of their population. The Annual Public Health Report (APHR) is a vehicle for informing our partners and residents about the health of our community, as well as providing information and evidence on key health and wellbeing needs that should be prioritised in the forthcoming year. This year we have focused on the mental wellbeing of Southwark's young people.

We have focused this report on 10 to 17 year olds, recognising that while measuring mental wellbeing across populations is underdeveloped and there is no definitive methodology that provides insights into trends of wellbeing, young people are increasingly saying that they feel their mental wellbeing could be improved.

This local focus on young people's mental wellbeing comes at a time of increasing national attention and the release of a number of Governmental policies and initiatives. The December 2017 green paper, Transforming children and young people's mental health provision, set out three key proposals that the Government has committed to trialling in certain areas by the end of 2019:

1. To incentivise and support educational settings to identify and train a designated senior lead for mental health
2. To fund new mental health support teams supervised by NHS child and adolescent mental health professionals to work with and in schools
3. To increase child and adolescent mental health service access by piloting four-week waiting times

Locally, Southwark has built on and accelerated the national direction by ensuring 100% of children and young people requiring specialist child and adolescent mental health treatment are able to access it in a timely manner and pledging an additional £2 million for young people's mental health.

The early identification and treatment of mental ill-health is necessary to improve children and young people's mental health but it is not sufficient in itself. Good mental health requires a positive sense of mental wellbeing - the combination of feeling good and functioning well. Indeed, much like good physical health, mental wellbeing does not originate from health services. Rather, it is through supportive relationships, thriving schools and communities. There are a range of individual, community and social factors

through which we can promote and support wellbeing. Southwark Council recognises the multifactorial nature of mental wellbeing and we have formally committed through the Council Plan 2018/19-2021/22 to delivering good quality and affordable homes; to ensuring regeneration delivers better schools, parks, and leisure centres for our young people; and to promoting a healthier, safer life for our residents, beginning in early childhood. All of these things contribute to feeling good and functioning well.

Our report is comprised of two sections. In the first, we explore what mental wellbeing means to young people, the factors that influence it across individuals, communities and wider determinants, and what we can do individually and collectively - as communities, schools and organisations - to promote this in our young people. This is followed by five recommendations ([page 20](#)) to help shape and direct priorities for action over the upcoming year. The second section - a separate document - is a full statistical appendix, providing further evidence around the risk factors for poor mental wellbeing.

This annual public health report reflects our continued commitment to supporting our young people to fulfil their potential and navigate the path to adulthood, setting an upstream focus to both national and local developments by examining the determinants of positive mental wellbeing. As we explore in the early sections of the report, concepts of mental wellbeing are complex. Therefore as part of the APHR development process we engaged with a number of young people in new, creative ways to understand what mental wellbeing means to them. We are very grateful for their time and insight and for sharing moving and personal accounts of how they conceptualise mental wellbeing in their own lives. May their experience and stories, coupled with the recommendations in this report, serve as a call to action for all of us to promote and protect the mental wellbeing of our next generation.



Professor Kevin Fenton

Strategic Director of Place & Wellbeing (including the statutory function of the Director of Public Health)

Southwark Council

Definitions

Mental wellbeing:

The combination of feeling good and functioning well. This encompasses good physical and mental health, as well as feelings of connectedness, purpose, and belonging.

Mental health:

Describes a spectrum of health from mental illness to positive mental health and wellbeing.

Mental illness/mental health disorder:

Encompasses a range of mental health conditions; from common conditions such as depression and anxiety, to severe mental illnesses such as schizophrenia and bipolar disorder.

Introduction

What do we mean by mental wellbeing?

Mental wellbeing is more than the absence of a mental illness and is broader than just 'being happy.' It can be summed up as the combination of 'feeling good and functioning well,' a dynamic process in which the external circumstances of our lives interact with our personal characteristics to shape how we feel and how we function (*Figure 1*). More simply put, mental wellbeing is our ability to flourish, realise our potential, be productive, and contribute to our community. Mental wellbeing in children and young people builds psychological resources and cultivates resilience to bounce back from challenges.

The places in which we live and grow are also strong determinants of wellbeing. A thriving community is one which provides secure and safe environments and housing, supports accessible employment and education, and promotes equal opportunities for all. These wider determinants of mental wellbeing are important because they are modifiable.

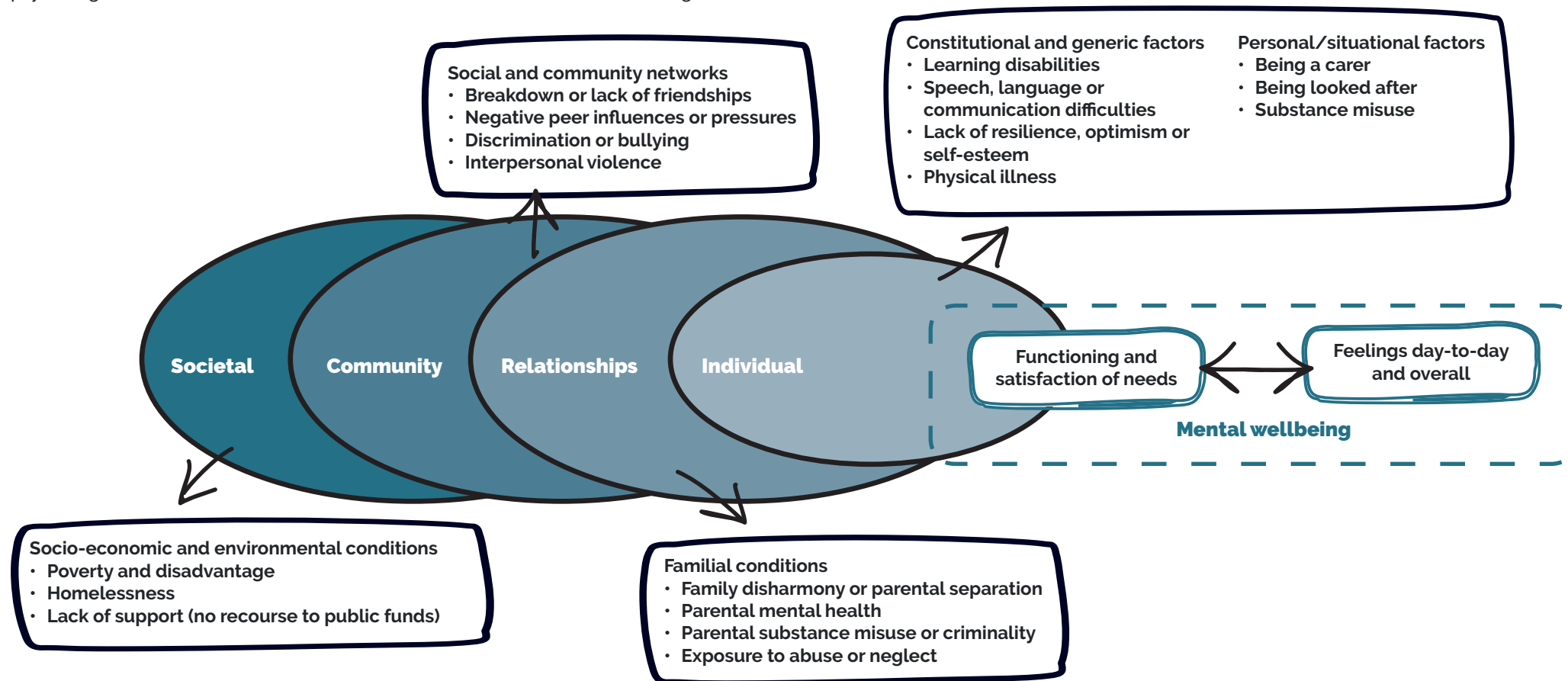


Figure 1. 'A dynamic model of wellbeing' Adapted from NEF Consulting. *Mental Wellbeing of Young People (aged 0-24 years) in Southwark. Southwark's JSNA. Southwark Council: London. 2018.*

Adolescence and mental wellbeing - why 10-17 year olds?

The importance of the early years in securing good mental and physical health is well documented. However, new research has shown that, after the early years, adolescence presents a second critical opportunity in which to build good mental wellbeing. The age range of what constitutes adolescence is complex as it starts with the biological process of puberty and ends at a culturally defined point during young adulthood. We have selected 10 to 17 year olds as the focus of this report as young people of this age still spend most of their time at school and at home, key opportunities at which to intervene and support.

Adolescence is a critical time in individual development: long-term conditions emerge, risk-taking behaviours begin, and health behaviours tend to be set for adulthood. The effects of poor health and wellbeing, both physical and mental, in adolescence can last into adulthood. Indeed half of all mental illnesses will also begin by age 14.¹ A proportion of these illnesses will go undiagnosed and untreated but not all cases require exclusively clinical support.

Adolescence is also a distinctive period in that it is dominated by transitions: primary to secondary school, school to work, children services to adults, moving home, and even changes in family structures. Bodily changes in puberty and navigating new types of relationships can leave adolescents feeling out of step with their peers and isolated in managing their personal transitions.

Transitions can be difficult at any age. However, the loss of a support system – be it a physical space, routine, individual relationships or social networks – can leave adolescents vulnerable at an already sensitive time. Some may find it harder than others to embrace the new, re-establish support systems, or to seek help when they need it, while simultaneously fighting to establish independence and make decisions that will impact their future. The ability to trust others outside of the family home is also key to establishing support networks that will see them through to adulthood; social media, peer and school networks play an increasingly prominent role during this period.

In adolescence, young people are increasingly exposed to new interactions and experiences, such as embarking on relationships and experimentation with risk-taking, for example, drug and alcohol use. Developing independence, trying different ways of doing things, and balancing personal responsibility with risks are part of the adolescent journey, however, this period is vulnerable to the development of mental health disorders.

Adolescents in Southwark

Eight percent of our total population are aged 10-17 years, equating to approximately 24,200 young people.² Our young people are much more diverse than our older populations and they are more deprived. The number of adolescents in Southwark identifying as black (40.7%) is almost double that of the general population (22.9%).³ There are also more 10-17 year olds living in our most deprived areas; over 45% 10-17 year olds compared to 38% of all residents. These demographics are important to consider when thinking about mental wellbeing and some of the challenges our young people may be facing.

1 / 10

would be from a household without English as a first language



1.5 / 10

would have a diagnosed mental health disorder



4.5 / 10

would live in our most deprived quintile



4 / 10

would be black



2.5 / 10

would be obese

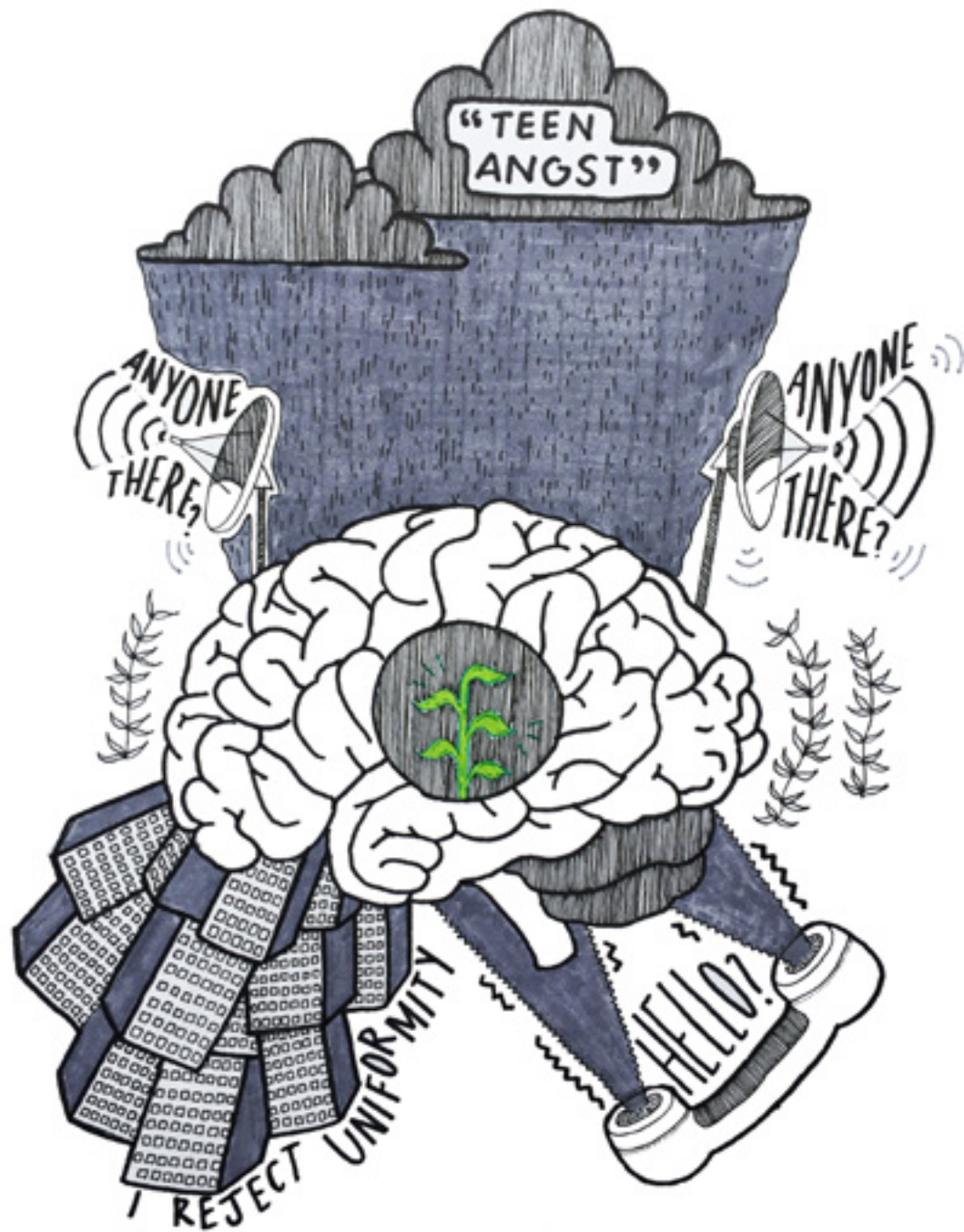


1 / 10

would be LGBTQI+



Figure 2. If all adolescents in Southwark were represented by 10 people^{2,3}



Artwork by Gus, age 16

What does mental wellbeing mean to young people in Southwark?

We know what mental wellbeing means to professionals, but what does it mean to young people? What constitutes mental wellbeing is complex and it is not a clinical concept with a defined threshold. As discussed in previous sections, mental wellbeing has both individual and social determinants and combines both how we feel and how we function. Improving mental wellbeing in young people requires us to understand what they feel impacts on it.

How we engaged young people for this report

As part of our Annual Public Health Report, we took the opportunity to engage young people in new ways to ask them directly about their mental wellbeing, what it means to them, what affects it, and how they cope. We commissioned the charity Poetic Unity to run two spoken word workshops with a cohort of around 30 young people. Through

poetry and spoken word, participants were encouraged to write about their experiences with mental wellbeing. We then reached out across Southwark to ask all interested young people to tell us, through their art, what mental wellbeing means to them.

We hosted a borough-wide art competition, judged by a panel of staff from Public Health and Culture, and members of the Youth Council. Submissions will be displayed in a temporary gallery at the Council in spring 2019, and the winning piece is featured on the cover of this report. Excerpts from both activities are included within the report.

A number of shared themes emerged from the engagement exercises on the causes and consequences of poor mental wellbeing, and methods used to improve mental wellbeing; these are displayed in the word clouds below (Figures 3-4). The size of the word below corresponds to its prevalence.



Figure 3. Themes emerging from young people's poetry and artwork on the causes and consequences of poor mental wellbeing



Figure 4. Themes emerging from young people's poetry and artwork on how to improve mental wellbeing

Young people at increased risk for poor mental wellbeing

Certain cohorts of young people are more likely to experience multiple vulnerabilities. Southwark has a greater number of children who are potentially at risk for poor mental wellbeing.⁴ Particular consideration should be given to targeted engagement and support for young people who are:

<p>Looked-after children (LAC)</p> <ul style="list-style-type: none"> • There are approximately 500 LAC in Southwark; they are among the most vulnerable in our society • Almost 50% of child protection plans in Southwark were due to neglect and most LAC entered care during adolescence • LAC account for about a third of young people 	<p>Young carers</p> <ul style="list-style-type: none"> • Nearly 800 students in Southwark are estimated to be caring for someone at home; this is a risk factor for poor mental health that often goes unrecognised • Caring is stressful and carries stigma • Young carers are more likely to have a SEND and are more likely to be BAME 	<p>Black, Asian, and minority ethnic</p> <ul style="list-style-type: none"> • Forty percent of Southwark adolescents of Black ethnicity • BAME young people are more likely to be exposed to other risk factors for poor mental wellbeing • BAME are less likely to engage with mainstream services
<p>Teenage parents</p> <ul style="list-style-type: none"> • The number of teenage mothers in Southwark has reduced significantly but they remain a vulnerable cohort • Teenage pregnancy exposes parent and child to risk factors for poor mental wellbeing • Teenage mothers have higher rates of postpartum depression, affecting their ability to form secure attachments 	<p>Special educational needs and disabilities (SEND)</p> <ul style="list-style-type: none"> • Over 8000 children in Southwark have been identified as having SEND • Children and young people with SEND are more likely to have a mental health disorder than those without an intellectual disability • They are also more likely to be Black Caribbean and more deprived 	<p>LGBTQI+</p> <ul style="list-style-type: none"> • Ten percent of secondary students in Southwark report identifying as LGBTQI+ • Young LGBTQI+ are coming out an earlier age, which frequently coincides with adolescence – an intense developmental period • These young people are more likely to be bullied but few ever report their experience
<p>Not in education, employment, or training (NEET)</p> <ul style="list-style-type: none"> • The number of young people NEET in Southwark is similar to the England average • Young people NEET are more likely to suffer from depression and to engage in unhealthy behaviours such as substance misuse • One-in-five 16-18 year olds who are NEET is a teenage mother 	<p>Engaged with the youth offending service</p> <ul style="list-style-type: none"> • Southwark has a higher than average rate of first-time entrants to the youth justice system • Young people exposed to violence live with heightened fear and anxiety, and may be suffering from PTSD • Young people involved in violence are at increased risk of exploitation and abuse 	<p>Insecure housing</p> <ul style="list-style-type: none"> • Southwark has the sixth highest rate of family homelessness in London • Young people in care, of BAME ethnicity, and who identify as LGBTQI+ are more likely to be homeless • Poor mental health is one of the top three support needs reported by young people accessing homelessness services

Individual risk and protective factors

Early childhood experiences

Adolescent health outcomes and behaviours are heavily influenced by experiences in childhood. The wellbeing of children in early years is critical to providing the best start to life and is an important determinant of future and current health. Early adverse experiences may affect a child's ability to form secure attachments and are strongly associated with an increased risk of poor physical and mental health later in life.⁵ Adverse childhood experiences (ACEs, *Figure 5*) are common: about half of all adults in England have experienced at least one.⁵ However, it is the multiplicity of ACEs that is most concerning and most strongly associated with poor outcomes and risk behaviour. In Southwark, about 9% of infants are affected by four or more ACEs.⁶ These children are more likely to use illicit drugs, have unhealthy diets, experience an unplanned teenage pregnancy, become involved in violence, and have poor mental wellbeing.⁵ This has considerable implications for the risk factors they may experience and the support they may need later in life.

Southwark recognises the importance of ACEs and Public Health have begun to quantify exposure locally. We undertook a review of health visiting case notes to estimate the number of ACEs in Southwark children, which has helped us to develop a picture of the vulnerabilities with which our children grow up and are impacted by.

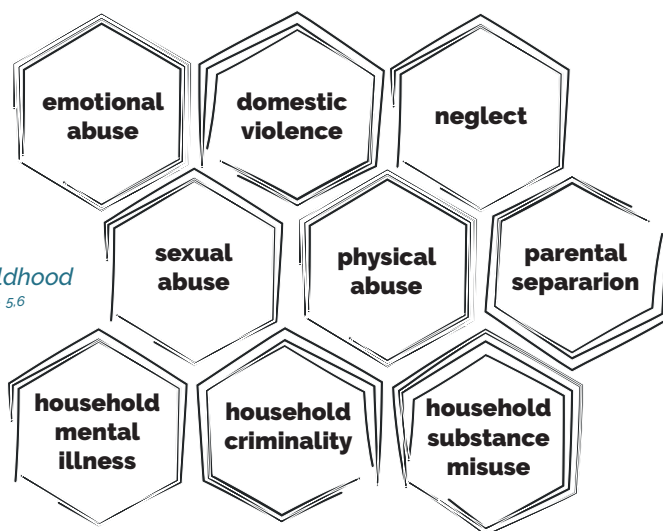


Figure 5.
Adverse childhood experiences^{5,6}

Families, trusted adults, and peers

There is a plethora of good quality evidence which demonstrates how our very early experiences of relationships impact our social and emotional development. Children who have experienced positive and secure attachment to a primary care giver are better able to cope with stress, have a higher perception of self-worth, and are able to adjust better to adversity and change. Parenting styles have an impact on the behaviour and mental wellbeing of children as they enter adolescence. Parental warmth improves adolescent coping and is associated with less anxiety and better clinical and school adjustment.^{7,8}

The presence of a trusted, present adult (family or other) in childhood can reduce poor health behaviours in adulthood including unhealthy diet, daily smoking, and heavy alcohol consumption.⁹



"I have to rhyme
am here to rhyme if man
come to me I am going to cry
at one point in my
life I wanted to run
away with my life. I couldn't
fake my life but a girl
change my life. What I
did with my life I was
scared to lose it but all
I did was cry. When
I lost my older brother
my dad lost his small
I couldn't laugh with my
dad I wish I can go
back in time. I hope
I don't die by the knife.
am going to stick to my
football and live my life"

- Young person aged 14-18
at Southwark YOS

Trusted adult support can also mitigate the impact of adverse early childhood experiences, particularly on low mental wellbeing.⁹ Young people themselves consistently tell us how much trusted adult and family relationships are important to them. In a Princes Trust survey of over 2,000 young people, 77% said that spending time with their family made them happy.¹⁰ Supporting parents of adolescents will have positive benefits for both parent and child alike.

Peer relationships are important to young people and good quality friendships can enhance mental wellbeing. However, a significant minority of children are reporting feelings of loneliness, particularly those who are more deprived and living in larger cities.¹¹ Loneliness is strongly correlated to low levels of mental wellbeing. Transitions such as the move to secondary school can fracture social support networks and are therefore key points of vulnerability for young people.

Sexual relationships and identity

Relationships are an important determinant of health and wellbeing across the life course and, as we grow older, the scope of our relationships begins to widen. Sexual relationships are a chief component of our interpersonal experiences. Similar to good mental health, good sexual health is more than just the absence of disease. Sexual health requires a positive and respectful approach to sexuality and sexual responses, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Southwark, along with Lambeth and Lewisham, have produced a new sexual and reproductive health strategy (2019-24) with a strong focus on the protective role of healthy relationships. Development of positive sexual identity is linked to self-esteem and body image. Adolescents may be exposed to peer-pressure, bullying or coercion around sexual behaviour, with phenomena such as 'sexting'. For LGBTQI+ students, adolescence can be a particularly challenging time. Nearly half of LGBTQI+ students report being bullied at school while 53% felt there was no responsible adult at school to speak to about their sexuality.¹² Of particular concern is that research suggests LGBTQI+ young people self-harm more than their peers and are more likely to take their own life.¹²



"Right now in my head everything black in my Head the world spin so fast I feel like I'm floating The day I heard you was gone my world just Ripped my inner demon came out and unleashed Hell on the world chaos was created every Day I wake up think ur there never."

- Young person aged 14-15 at Southwark secondary school

Negative Behaviours
Used hurtful or threatening language to me
Was angry or jealous when I wanted to spend time with friends
Kept checking my phone
Asked me to send them photos or videos of a sexual nature
Put pressure on me to have sex or do sexual things
Threatened to tell people things about me
Threatened to hit me
Hit me

Almost a quarter of secondary pupils surveyed in Southwark in 2016 experienced at least one of these negative behaviours, with either a current or previous partner¹³



"It started off good, it started as love.
Or maybe even 'tough love'
That's what he told her, that's what he told me
I ignored it, I trusted every word he was saying"

- Young person aged 14-15 at Southwark secondary school

Comprehensive relationships and sex education (RSE) is a crucial tool in improving knowledge and understanding, and reducing stigma around sexual health and sexuality in young people. RSE contributes to a young person's safety by supporting them to navigate through their own developmental changes and helping to prevent exploitation or abuse. Good RSE should focus on cultivating positive sexual health and exploring links with self-esteem, body image, and positive interpersonal relationships alongside risk-based education.¹⁴ Our 2019-24 Sexual and Reproductive Health Strategy prioritises working with schools to develop evidence-based RSE, including the continued provision of programmes targeted at increasing self-esteem and identifying unhealthy relationships.

Interpersonal violence

Violence can be physical, sexual or emotional. Adolescents may be exposed to violence in various different ways: through the family in the form of parental or domestic violence, through bullying at school, or through the community. Knife crime and gang violence are particularly poignant issues in Southwark. Culturally specific forms of violence, such as female genital mutilation, also have significant impacts on mental wellbeing.

Southwark Public Health has been contributing to work around youth violence ongoing at the local and London level. We have begun a comprehensive joint strategic needs assessment (JSNA) of serious youth violence, in collaboration with Southwark Community Safety. This report will clarify and seek to understand the determinants and causal pathway towards violence and identify opportunities for prevention, using a public health approach and a strong focus on what the epidemiology and the community are telling us. This JSNA feeds into Southwark's knife crime action plan, which brings together Education, Community Safety, police, social care, youth offending services, and others to tackle this important issue.



"Sometimes I think how I got all this
pent up aggression
Then I remembered I got bullied for the way I look
Didn't tell no one, just started banging off faces"

- Young person aged 14-18 at Southwark YOS

We know that, while the physical effects of violence are often more obvious, the mental and emotional pain brought about by violence cannot be overlooked. Violence can impact on mental health and wellbeing through trauma and learned violent or risk-taking behaviours. Adolescents growing up in deprived areas are more likely to be exposed to violence.^{15,16} Children who are exposed to violence are at higher risk of exhibiting behavioural problems, dropping out of education, experiencing reduced lifetime earnings and be at higher risk of unemployment and financial difficulties later in life.¹⁷ Violence itself tends to be cyclical. Those exposed to violence may in turn direct violence towards themselves. Research indicates that those exposed to physical or sexual abuse are at higher risk of suicidal thoughts or behaviours.¹⁸

Exposure to violence has serious and long-lasting effects on mental wellbeing at the individual and community level. Victims and perpetrators of violence often experience post-traumatic stress disorder and live in a state of heightened anxiety. Communities afflicted by violence lose their sense of safety and inclusion.

"Seen couple man that ain't rated, thought my side was better cause of the difference in our payslips. But in the corner of my eye I see a bad b looking finger licking so now I'm distracted I've stopped thinking I'm 'finna hit him' So I turned my back, felt a slap, had to throw the tee cause now there's blood on that. Went back to them flats, seen a onsite nurse to get patched. Ain't left the house for two weeks cause I'm scared again I'll get stabbed. TRAUMA!"

- Young person aged 14-18 at Southwark YOS

Lifestyles and behaviours

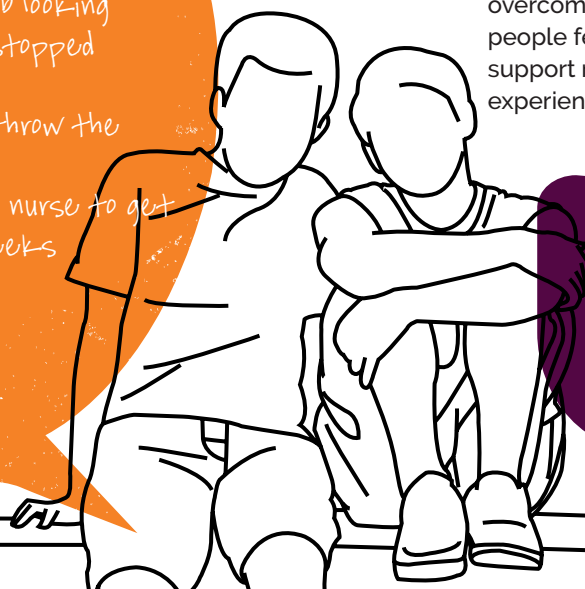
Adolescents take more risks and engage in more impulsive behaviour than other age groups. Experimentation is natural but unhealthy behaviours may impact a lifetime. Impulsivity appears to have the greatest impact on likelihood of engaging in risky behaviours and poor mental wellbeing.¹⁹

Adolescence is often the time when people may try alcohol or drugs for the first time. Experimentation is natural but the adolescent brain is still developing and is susceptible to damage. Risk-taking and experimentation may further coincide with other risky behaviours such as unsafe sexual practices. A recognition and understanding of this interrelationship is at the centre of Southwark's new integrated wellbeing service for young people, 'Healthy Young People' (HYP). The HYP model brings together traditional young people's sexual health and substance misuse services to provide a holistic offer that additionally supports self-care and resilience building.

Both alcohol and drug use are risk factors for mental illness and young people who misuse drugs are at higher risk of feeling depressed or anxious.⁴ Alcohol use in adolescence may be a result of poor mental wellbeing, but it may also be a risk factor for developing depression.⁴ Substance use can trigger changes in young people's behaviour, attitude or mood. As well as having a negative effect on their physical health, it impairs cognitive development and comprehension. Addictions may be difficult to overcome and cannabis use may trigger psychoses. Substance misuse can leave young people feeling distant or disconnected from their peers and others who form their support networks. Adolescents are more likely to abuse alcohol or drugs if they have experienced an adverse childhood event, especially if their parents abuse substances.⁵

"I am trying
I am not the best or the worst
But I am trying and that's the only thing that matters."

- Young person aged 14-15 at Southwark secondary school



Physical health

Mental wellbeing is both a determinant and consequence of good physical health. Many of the risk factors for poor physical and mental health are the same and thus young people from at-risk groups are likely to be vulnerable to both poor physical and mental health. While adolescence is generally a period of good overall health, the physical health of adolescents has not increased in line with other age groups.²⁰ Adolescents in England have higher mortality rates for preventable causes of death, including common infections and chronic respiratory conditions.²¹ However, in Southwark, a slightly lower proportion of young people have a long term condition or disability than the London and national average.²²

Attendance at A&E amongst adolescents has increased significantly over the past five years while admissions have remained broadly stable.²³ This suggests that reasons for A&E attendance were inappropriate for secondary care and highlights missed

opportunities to engage with young people in primary care services. This supports research showing that, while adolescents are comfortable talking to GPs, they find it difficult to access appointments.²⁴ Increasing access to GPs amongst adolescents

will support both their physical and mental health.

"What does society want me to be
Skinny, fat, curvy
Constantly comparing myself to others
Why can't I be pretty?
These thoughts consume my brain
Never going away
My body, mind always in pain
Looking in the mirror I see myself
I feel sick hating what I see
Desperation for perfection
It's not fair
God why do I feel like this
Praying for it all to stop
To all go away
Why do I feel this
It's so unfair"

- Young person 14-15 at
Southwark secondary school



Physical activity

Physical activity is positively associated with wellbeing; studies have shown a significant relationship between psychological symptoms and illness frequency, suggesting higher emotional distress in less healthy adolescents.²⁵ To encourage physical activity in the borough, Southwark offers a Free Swim and Gym Programme to residents on weekends at any of our seven leisure centres. However, a national survey of 15 year olds revealed that only 11.4% of Southwark young people reported at least one hour of moderate or vigorous exercise per day in the past week; less than the England average of 14%.²² Physical inactivity was more prevalent among girls than in boys. Young people from more deprived areas nationally were also more likely to report ten hours or more of sedentary activities per day.²²

Southwark has high levels of overweight and obesity, particularly among children and those from the most deprived parts of the borough.^{23,26} We recognise the impact of the obesogenic environment and are committed to facilitating healthy choices by our young people. Major strategic policies have been implemented promoting active design, protecting and investing in green spaces and encouraging food growing. There are also specific policies that will contribute towards making our street less unhealthy including a restriction on new hot food takeaways within 400m of secondary schools, promoting the Healthier Catering Commitment to existing food businesses, and incorporating healthy urban design into regeneration activities.

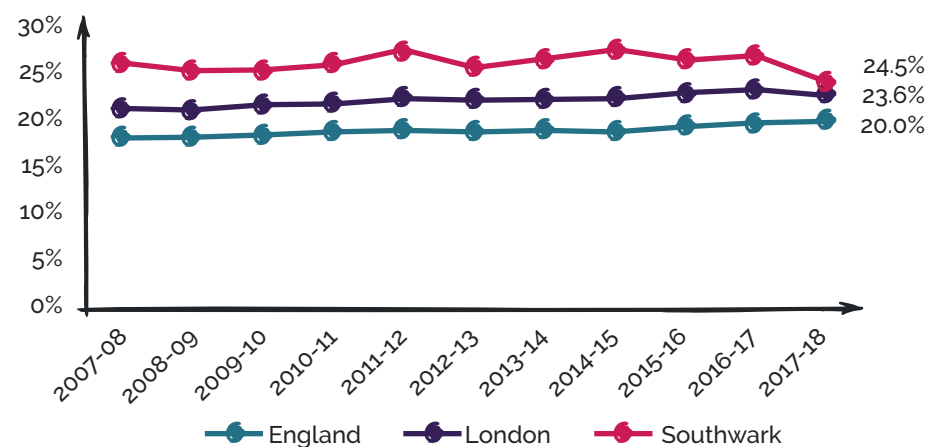


Figure 6: Percentage of children in Year 6 (aged 10-11) who are obese ²³

Unhealthy diet

Unbalanced and unhealthy diet in young people is of ongoing concern. Consumption of fruit and vegetables is reportedly below the recommended 5-a-day in children aged 11-18 years and is less in those from lower-income households.²⁷ Over the past eight years, a downward trend has been observed in the intake of most vitamins and minerals, particularly folate and vitamin A. Undernutrition is associated with behavioural deficits and a balanced diet is crucial for ensuring young people reach their developmental potential.²⁸ Nutrient deficiency is also linked to weakened immune system and susceptibility to communicable diseases.

Eating disorders tend to emerge in adolescence and predominantly affect girls more than boys. Harmful eating behaviours are one of many ways in which emotional distress is expressed and can have severe impacts on physical and mental health. Feelings of guilt, anxiety, and depression are common comorbidities.²⁹

Long-term conditions

Adolescence is also the time in which young people take a more independent role in managing long-term conditions such as asthma and diabetes. Twelve percent of young people live with a long-term condition and those suffering from chronic illness are two to six times more likely to suffer from a mental illness.¹ Feelings of social isolation may ensue and disengagement from health services may lead to poor outcomes. Young people with both a physical and mental illness are more likely to suffer from complications, increasing the cost of care by an average of 45%.³⁰

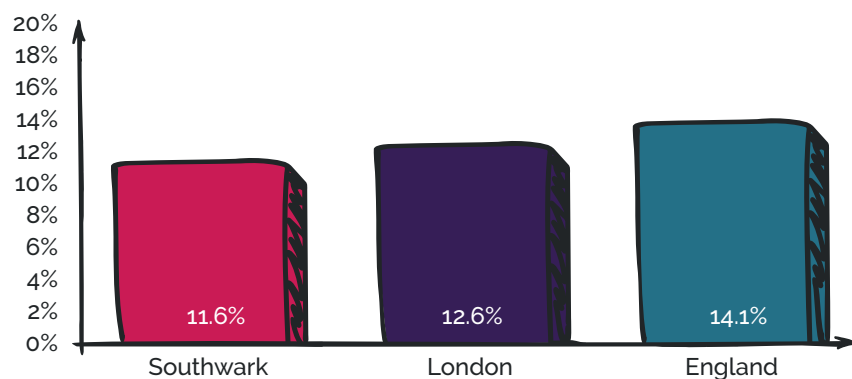


Figure 7: Percentage 15 year olds with a long-term illness, disability or medical condition, in 2014-15²²

Asthma is the most common long-term condition in adolescence and is the primary cause of emergency admission locally. Among young people frequently (more than three times) having an emergency hospital admission, the most common cause was a sickle cell disorder.³¹ Enabling young people to actively managing their physical health and wellbeing is an important skill and should be encouraged during this critical stage to establish lifelong healthy habits.

Mental health

As with physical health, poor mental health impacts on our ability to flourish and thrive, therefore affecting mental wellbeing. Across the United Kingdom and internationally studies have revealed rising rates of diagnosed mental health disorders in young people, particularly young girls.^{32,33} Nationally, this increase is driven by a rise in emotional disorders.³² Based on national prevalence, we estimate that 2,500 young people in Southwark are affected by a mental health disorder.³² Gender patterns vary widely between conditions: girls are more likely to experience an emotional disorder whereas boys are more likely to be affected by a behavioural or hyperactive disorder. It is important to note that it is possible to have a mental health disorder and experience mental wellbeing. For young people managing a long-term mental health need, resilience training and coping mechanisms remain important tools in managing their mental wellbeing. Notably, risk factors for the development of a mental health disorder share similarities with those impacting on mental wellbeing. Preventing ACEs, supporting families through difficult times, and challenging social inequalities and adversity may help to prevent poor mental health and wellbeing.



Balance your feelings



Balance and relax

Artwork by Tukudzwa, age 14

Community risk and protective factors

Built environment

The places in which young people live can have a significant impact on their mental and physical health and wellbeing. A safe, warm, and secure home is fundamental to a person's wellbeing. Children living in poor housing conditions are more likely to have poor mental and physical health. For example, children living in cold homes may seek respite in other venues, which may further increase their exposure to health risks.³⁴ The street environment can influence decisions to walk, cycle, or use public transport, contributing to daily physical activity. Walking and cycling have been shown to positively impact on mood and may reduce stress and anxiety.³⁵ However, the reality for many of our young people is much different. Walking to school along a high-street saturated with fast-food takeaways, off-licences and betting shops does not set the tone for the healthy lifestyle being advocated for. Planning, designing, and developing higher quality places through regeneration of the borough is increasingly recognised as one of the ways we can help to influence patterns of behaviour for this generation of young people improve feelings of belong. Investing in health-promoting community assets and infrastructure also helps foster resilience at the community level.

Southwark are piloting a model of environmental interventions to improve health outcomes within a 50m 'superzone' radius around a school. This includes providing safe routes for walking and cycling, reducing traffic and air pollution risks, maximising use of green and recreation spaces, working with food businesses to ensure healthy affordable options are available and promoted, and ensuring there are places to go for young people to be social and safe.

Community centres, cafes, green spaces, and safe play facilities are important for community wellbeing and cohesion. Planning and regeneration policies are in place to support improvements to housing, parks and playgrounds, and to further develop the boroughs excellent leisure centre and cultural offer, and to extend which form an important part and connected communities.

"Could next day take my freedom away
Mad mans feeling upset
Living with no regrets."

- Young person aged 14-18 at Southwark YOS

Schools

Children and young people spend about one-third of their time in school, emphasising the importance of the school environment in supporting and shaping the mental wellbeing of our young people. Academic performance is interlinked with mental wellbeing; exam stress and pressures to attain impact negatively on mental wellbeing; equally, emotional wellbeing is associated with higher levels of engagement and achievement.³⁶

The 'whole school' approach to prevention and promotion has been shown to be effective at building resilience in young people.^{37,38} This comprises of systematic changes (e.g. changes to ethos, anti-bullying policies and programmes to support teacher wellbeing), universal interventions for all pupils (e.g. curriculum-based school education), and outreach programmes for parents and the wider community. Whole school approaches are best combined with targeted support, providing timely school-based input for those with risk factors for poor mental wellbeing such as behavioural problems.

"I only realised now that from
young I had mental health,
I stress too much people say don't
stress yourself

Young days I used to get in trouble,
so stress my
thoughts in my head is muddled

Still stressed but I got better life
now. I had to change
my lifestyle, had to change my
mental state and wellbeing"

- Young person aged 14-18
at Southwark YOS





Artwork by Jabari, age 13


Wider determinants

Technology

Social media has both positive and negative impacts on mental wellbeing. Social media can help young people build friendships and networks, be a platform for healthy lifestyle messaging, and allow for creativity and self-expression. Specific benefits of social media use on mental wellbeing include increased emotional support, self-disclosure, reduced social anxiety and belongingness. Online friendships provide means for social integration, opportunities for identity experimentation, and extended 'bridging' social capital. However these positive benefits appear to tend to be maximised for those who already have high quality relationships and consequentially higher levels of mental wellbeing.³⁹

Young people tell us how social media can harm their mental wellbeing by making them feel anxious or inadequate. Indeed, surveys of young people's experiences of social media have consistent themes around feelings of inadequacy, anxiety and social pressure.^{10,40} Social media-induced anxiety and screen time before bed have been found to be associated with depressive symptoms^{41,42} and this association is stronger in girls than in boys.⁴¹ Idealised images of bodies online and cyberbullying affect self-perception and can lead to poor mental wellbeing. Emerging issues around sexting, peer-pressure, and exploitation are also becoming increasingly important to address. Social media may also have an influence in inciting violence and other crime. Young people need new skills to navigate social media and understand how it can impact on their mental wellbeing. New guidelines on screen time are expected from the Chief Medical Officer.

To embrace and address the increasing effect of digital technologies on health, Southwark Public Health are developing a new digital health strategy. This strategy will drive work around the role of technologies such as social media on health behaviours. As part of the 2019-24 Sexual and Reproductive Health Strategy, we have committed to working with schools to ensure relationships and sex education is sufficiently inclusive of modern challenges such as sexting, cyberbullying, and revenge porn.




"The stares already make it worse
The words you say, yes they hurt
Let me tell you a secret
Those whispers you think I can't hear
I hear them, I believe them"

- Young person aged 14-15
Southwark secondary school

Inequalities

Poor mental wellbeing is both a cause and a consequence of material, social, and health inequalities.^{43,44} Experiencing inequalities and socio-economic disadvantage increases the risk of mental illness and poor physical health. Equally, people with mental illness are more likely to be isolated and experience poor health outcomes.

Reducing inequalities is a key component of increasing mental wellbeing. Supporting communities to achieve wellbeing, including investing in the built environment, can contribute to the resilience and mental wellbeing of their individuals.



"I believe that mental health matters
It copes with your struggles
It's good to talk about mental health
cuz you don't
Know your own bro could be
dying by himself
It's hard for us grown men to
open up sometimes
We feel as if we lose our
masculinity
It makes us feel weak
This is how society has made men
feel when talking about
mental health
It's good to have someone to talk to
Throughout the negativity
Because mental health
affects us all today"

- Young person aged 14-15
at Southwark secondary school

Our calls to action

For Southwark's young and diverse adolescents, a range of challenges and opportunities exist to create mental wellbeing. It is important to think outside of the clinical sphere and consider the homes and communities in which we live and the relationships which support us through difficult times. Southwark's approach to supporting young people's mental wellbeing must be four-fold:

Proportionate universalism

Poor mental wellbeing, like many public health issues, does not affect everyone equally. We have seen there are a number of vulnerable groups in Southwark who are more likely to have poor mental wellbeing. Nonetheless, many challenges to mental wellbeing are ubiquitous and the importance of resilience and coping mechanisms are important to all. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient of health, actions must be universal but with a scale and intensity that is proportionate to the level of disadvantage. In Southwark, we promote an approach whereby services are available to all adolescents, but that groups with higher needs receive approaches tailored to meet them.

Engaging young people and communities

Literature and evidence can only tell us so much. Engaging with young people on their mental wellbeing – how they define it, the factors that influence it, and how it can be nurtured – has been an integral part of this report. We need to listen to young people and engage them in a range of creative ways, to help direct our strategies and services.

Taking a life course approach

Early experiences in life shape our health and development. Equally, we know that our adolescent years can lay the blueprint for health behaviours in adulthood, further reinforcing the need to promote good mental wellbeing at this age. In looking to mitigate risky behaviours and the development of poor mental wellbeing, we need to understand the accumulation of risk factors from early on in life, all the way through childhood, and provide appropriate family and individual support.

Multi-disciplinary and inter-sectorial

As well as spanning a life course, the determinants of mental wellbeing span numerous specialisations, including early care, schools, health, public health, social care, and others. We cannot work in isolation to address such a multifactorial issue.

OUR RECOMMENDATIONS FOR THE YEAR AHEAD

Creating an environment that promotes and protects young people's mental wellbeing is entirely achievable, but it won't happen overnight. While we continue to work on implementing this approach, we recommend the following quick wins for the year ahead:

- 1** Improve the physical health of adolescents by increasing their uptake of health promoting opportunities and their use of primary care services
- 2** Continue to support whole school approaches to improving mental wellbeing, including the implementation of evidence-based bullying prevention programmes
- 3** Support leisure and youth services to have whole setting-based approaches to improving mental wellbeing
- 4** Include young people aged 10-17 years as a targeted group in the Southwark Loneliness Strategy
- 5** Increase access to parenting support during adolescence

OUR EVIDENCE-BASED 'BEST BUYS' FOR INVESTMENT

ONE

Support whole settings-based approaches to mental wellbeing in schools and other youth services.

While individual child and young people-focussed mental health and wellbeing support is important for at-risk young people, settings-based approaches are very effective at improving mental wellbeing and resilience. There is also good quality evidence that they support learning and educational attainment. Evidence-based mental wellbeing and resilience frameworks can support schools in this approach, and support the commissioning and delivery of interventions to improve mental wellbeing and resilience.

TWO

Using an Attachment, Regulation and Competency (ARC) framework, offer a trauma-informed practice programme for schools and other youth settings.

The Attachment, Regulation and Competency (ARC) framework is a components-based intervention developed for children who have experienced trauma. It is both an individual intervention and an organisational framework to be used in educational and youth settings to support trauma-informed care. Trauma-informed practices in schools using the ARC approach have successfully been implemented in other inner-London boroughs.

THREE

Provide evidence-based parenting support for parents of adolescents.

There is good quality evidence that positive trusted adult relationships are supportive of good mental wellbeing and parenting programmes can be effective in improving child/care-giver relationships. Young people have also feedback that they value and want support in their relationships with care-givers and trusted adults.

FOUR

Improve the physical health of adolescents through the roll-out of the 'teen health check' in primary care and school health services.

Adolescent health has not improved at the same rate as other age groups and attendances at A&E are increasing year on year. There is a strong correlation between good physical health and mental wellbeing with many of the interventions used to promote one also improving the other.

FIVE

Support and improve the speech, language, and communication skills of children and young people.

There is very high quality evidence that good speech, language and communication skills support mental wellbeing.



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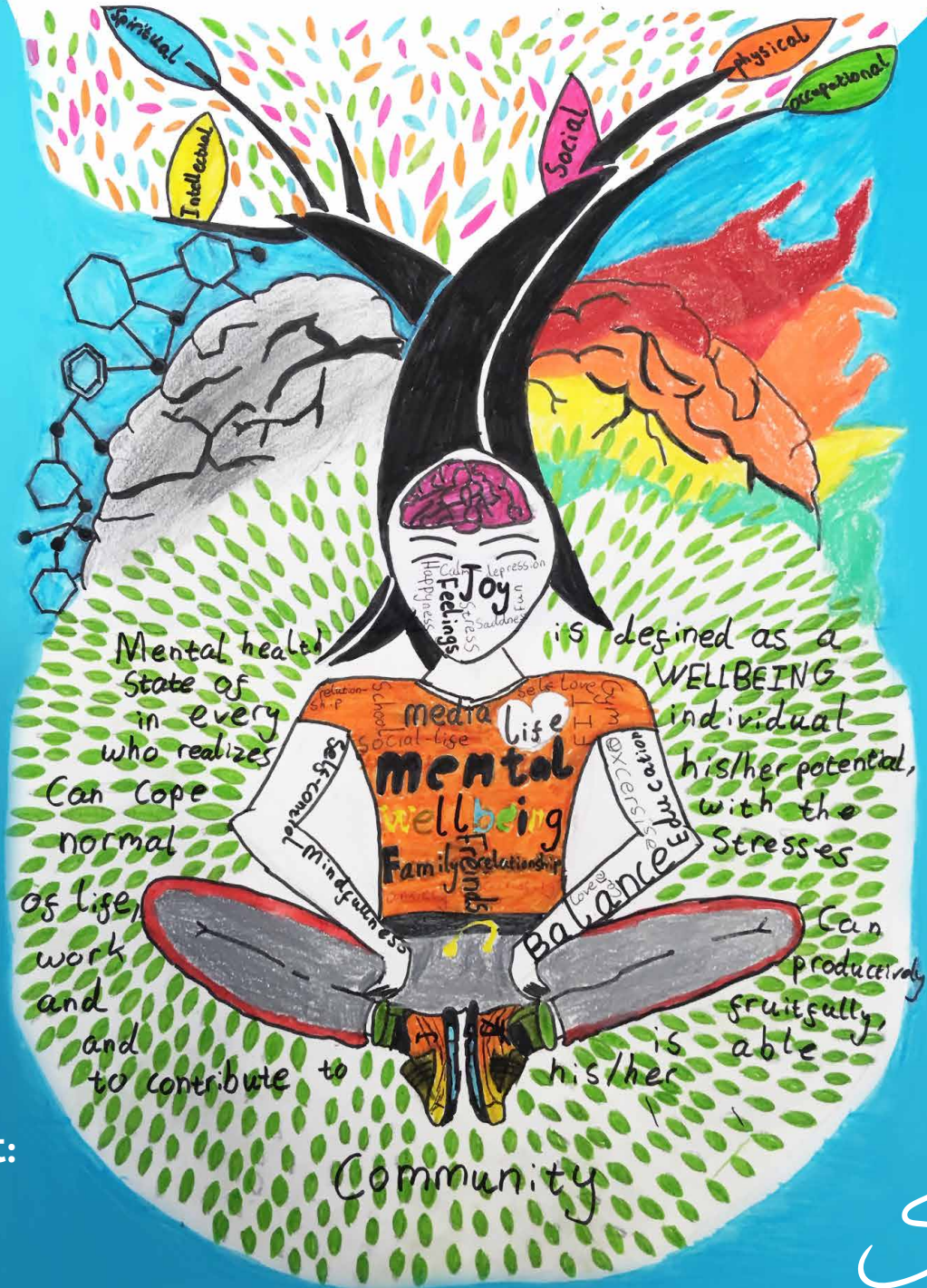
"Everything to gain
and nothing to lose"

Mental wellbeing and resilience in young people:

a Southwark priority

2018 Annual Public Health Report:
Statistical Appendix

February 2019



1. OVERVIEW

The statistical appendix to this year's Annual Public Health Report focuses on the demography and mental wellbeing of young people in the London Borough of Southwark. It seeks to provide an analysis of our population, along with the risk factors for, and inequalities in mental wellbeing in the borough. These quantitative data are intended to complement the narrative of the APHR, as well as qualitative findings from engagement with young people, completed as part of the APHR development.

The statistical appendix includes the following sections:

- The demography of children and young people in Southwark aged 10 to 17
- Mental wellbeing
- Factors influencing mental wellbeing

2. DEMOGRAPHICS

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 314,200 residents, Southwark is a patchwork of communities: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Towards the north, Borough and Bankside are thriving with high levels of private investment and development. Yet there remain areas affected by high levels of deprivation, where health outcomes fall short of what any resident should expect.

2.1 Current adolescent population

Approximately **24,200** young people aged between 10 and 17 are estimated to live in Southwark, representing almost 8% of our population.

Age	Males	Females	Total
10 years	1,770	1,750	3,520
11 years	1,610	1,560	3,170
12 years	1,650	1,570	3,220
13 years	1,480	1,430	2,910
14 years	1,440	1,420	2,860
15 years	1,480	1,310	2,790
16 years	1,430	1,370	2,800
17 years	1,490	1,430	2,920
All adolescents	12,350	11,840	24,190

Table 1: Mid-year resident population estimates by single year of age, 2017

2.2 Trends and projections of adolescents

While the number of people living in Southwark has increased significantly in recent years, there has been a much smaller increase in the number of adolescents. Since 2001 the number of people aged 10 to 17 living in the borough has increased by 6.7%, compared to an overall increase of 22% in the population as a whole.

Although the number of adolescents living in Southwark is projected to continue to increase in the medium-term, the pace of growth will remain lower than other age groups. By 2030, projections suggest the number of people aged 10 to 17 will increase by almost 17%, compared to an increase of 21% in the overall population.

2.3 Diversity of adolescents

Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds. Over 120 languages are spoken here, with just over 1 in 10 households having no members who speak English as a first language.

We know that the diversity of the borough varies markedly across age groups, and that our young people are much more diverse than our older population.

The number of adolescents in Southwark from a Black ethnic background is estimated to be almost double that of the general population, standing at over 40%. This is driven by a large Black African population, with almost a quarter of adolescents coming from this background.

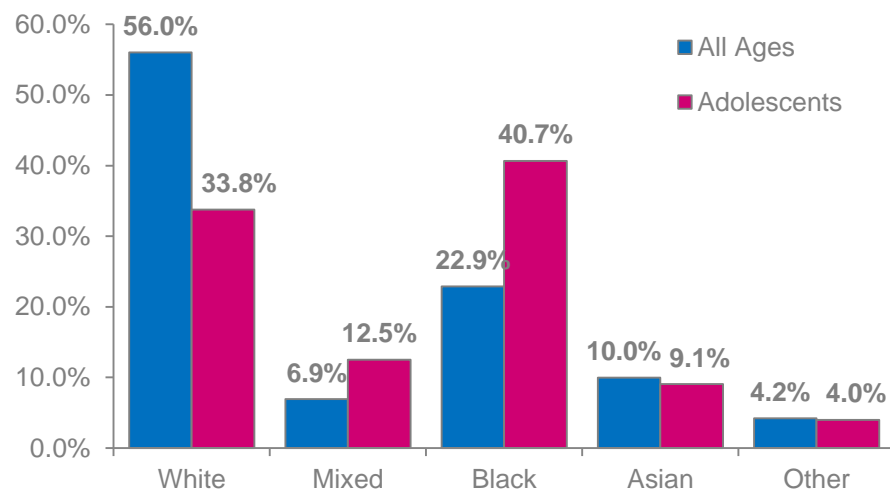


Figure 1: Ethnic diversity among adolescents in Southwark, 2017

2.4 Deprivation affecting children and young people

Deprivation has a significant impact not only on the health of our young people, but also their future life chances. Our most deprived communities are found in central and northern parts of the borough, including Elephant and Castle and Bermondsey in the north, through to Nunhead and Peckham in the east, and Camberwell in the west. Over 45% of our adolescents live in areas that fall within the most deprived quintile nationally, compared to 38% of our general population.

The latest child poverty statistics show that Southwark has the 5th highest proportion of children in low income families (25%) compared to other London boroughs. This accounts for over 13,000 children aged under 16 across the borough.

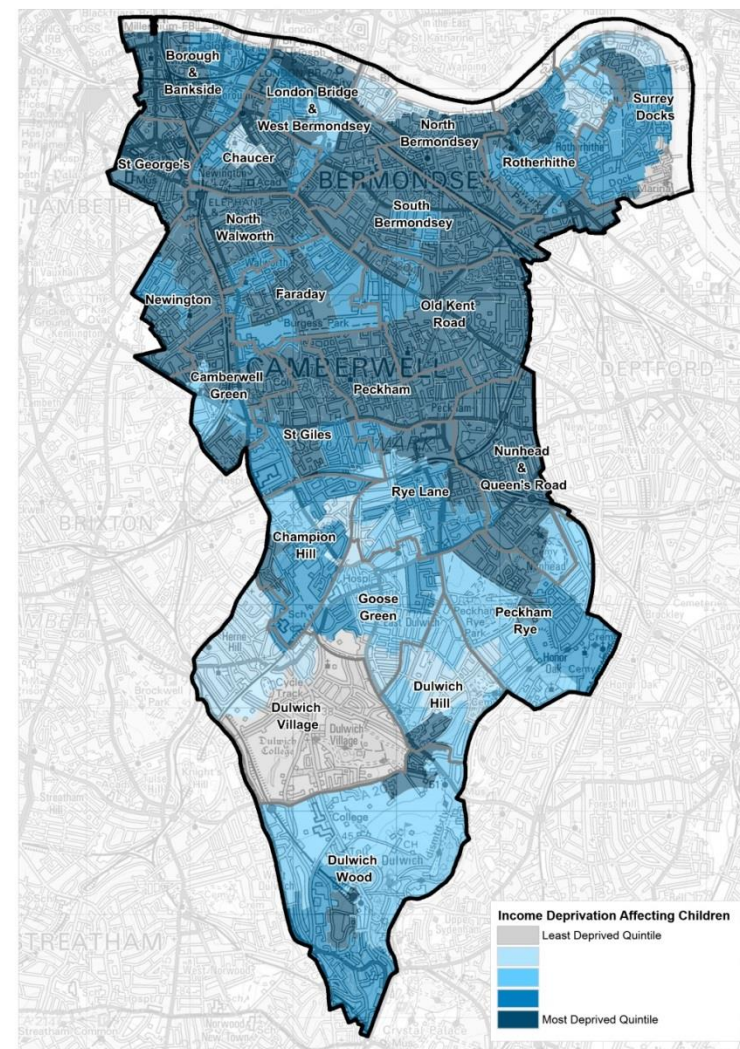


Figure 2: Income deprivation affecting children in Southwark, 2015. © OS Crown copyright and database rights 2018. Ordnance Survey (0)100019252.

3. MENTAL WELLBEING

3.1 Mental Wellbeing

Findings from the 2016 Schools Health Education Unit (SHEU) survey in Southwark reveal that levels of positive wellbeing locally are lower compared to other areas, with **37%** of pupils in Year 8 and Year 10 reporting high self-esteem compared to **42%** in the wider sample across England.

Results from the survey also highlight substantial inequalities in positive wellbeing between the sexes, with boys far more likely to have high levels of self-esteem when compared to girls (41% v 30%).

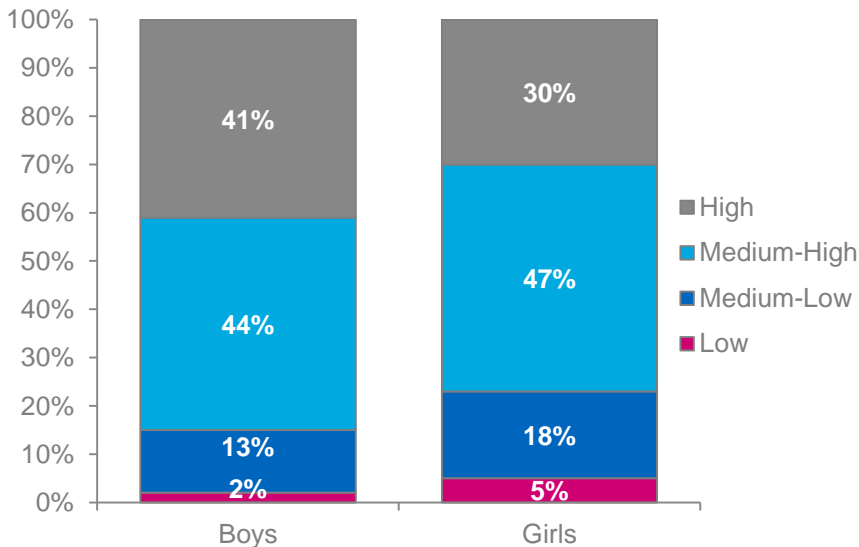


Figure 3: Levels of self-esteem in Southwark among pupils in Years 8 and 10

As part of the survey, pupils were asked how much they worry about a list of issues, ranging from exams, through to health, family, and financial problems. Out of the list of issues 84% of adolescents responded that they worry about at least one of the issues either “quite a lot” or “a lot”, increasing to 90% of girls in Year 10.

The top three worries among those who said they worry about problems “quite a lot” or “a lot” are shown in the table below.

Concern	Boys	Girls	All
Exams and tests	47%	67%	57%
Family	38%	43%	41%
School-work	27%	46%	37%
The future	32%	41%	36%
Friends	25%	34%	30%

Table 2: Top five concerns among adolescents in Southwark in 2016.

Almost 1 in10 adolescents in Southwark (9%) stated that they did not have an adult they could trust to talk to if they had something that worried them.

4. FACTORS INFLUENCING MENTAL WELLBEING

4.1 Physical Health

While adolescence is generally a period of good overall health, young people can experience a range of physical health problems which can have a negative impact on their wellbeing.

It is estimated that just over **1 in 10** young people in Southwark have a long-term illness, disability or medical condition that has been diagnosed by a doctor, slightly below the London and national average.

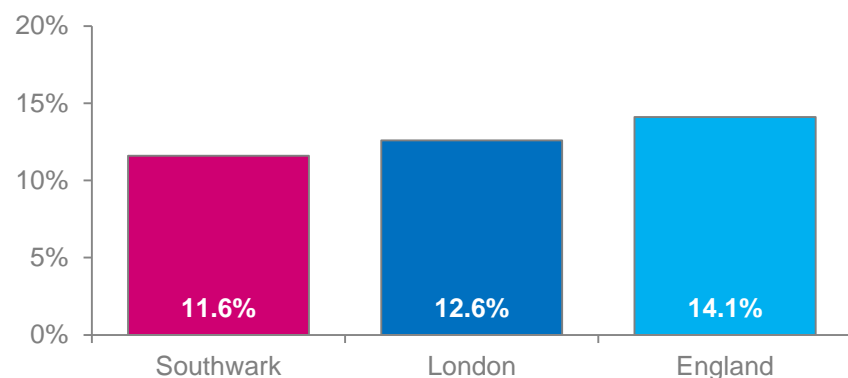


Figure 4: Percentage of 15 year olds with a long-term illness, disability or medical condition in 2014-15.

Asthma is the most common long-term condition among young people, and one of the most common reasons for emergency admission locally. In Southwark there are over **1,700** (5.5%) young people aged 10 to 19 with a diagnosis of asthma, though more may be living with the condition.

The number of attendances at emergency departments by adolescents in Southwark has increased by almost a quarter since 2013-14, with just over **9,200** attendances in the last financial year. Rates of ED attendance in Southwark among adolescents are significantly above national levels.

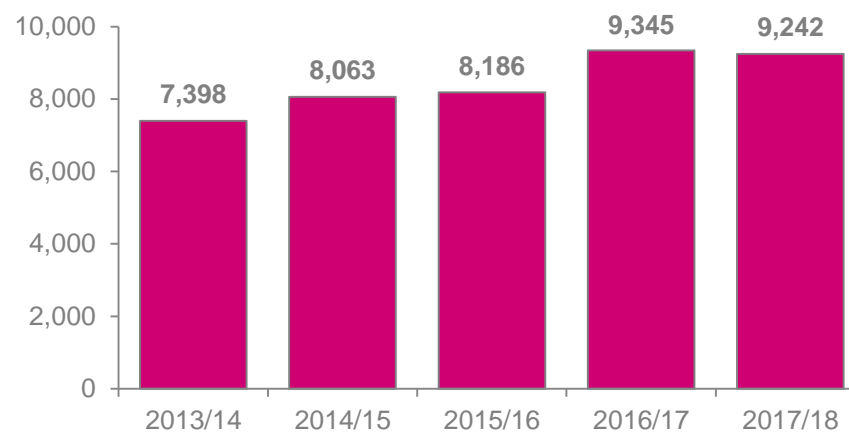


Figure 5: Number of emergency department attendances among those aged 10 to 17 in Southwark.

The reason for attendance was recorded in just over half of cases, with the top five diagnoses (in order) being:

- Sprain / ligament injury
- Dislocation / fracture / joint injury
- Gastro-intestinal conditions
- Contusion / abrasion
- Respiratory conditions

While there has been a substantial increase in emergency department attendances among adolescents over the last five years, the number of emergency admissions to hospital has remained broadly stable. In 2017-18 there were **879** emergency admissions among those aged 10-17 in Southwark.

Over the past five years, sickle cell disorders, abdominal and pelvic pain and asthma have been the main primary diagnosis on emergency admission in this age group.

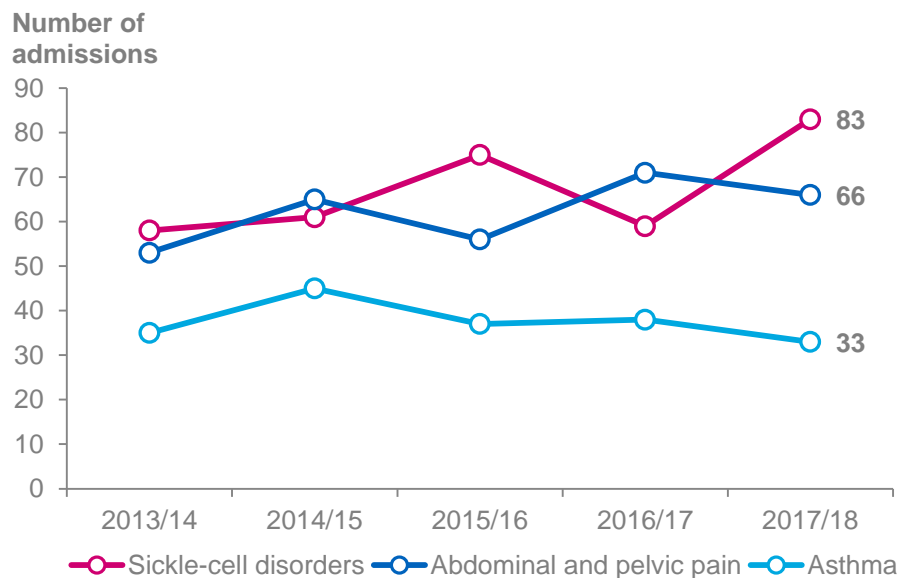


Figure 6: Top three causes of emergency admission among those aged 10 to 17 in Southwark.

Of those adolescents in Southwark who had an emergency hospital admission in 2017-18, the majority were only admitted once. However a small number (33 people) had more than three emergency admissions within the year.

Number of emergency admissions	Number of patients	Percentage of patients
1 admission	576	84.6%
2 admissions	72	10.6%
3 or more admissions	33	4.8%

Table 3: Number of repeat emergency admissions among those aged 10 to 17 in Southwark in 2017-18.

Sickle cell disorders accounted for the largest number of cases (30%) among those having an emergency admission more than three times within the year, followed by abdominal pain (7%).

4.2 Mental Health

As with physical health, poor mental health can negatively impact on an individual's wellbeing, particularly during periods of acute illness.

Results from the 2017 survey of the mental health of children and young people show that **14.4%** of children and young people in England aged 11 to 16 had a mental health disorder, with emotional disorders being the most prevalent. Table 4 illustrates the prevalence of the various categories of disorders along with estimates of how many children this would equate to in Southwark.

Mental Disorder	National Prevalence	Southwark Estimate
Any disorder	14.4%	2,550
Emotional disorders	9.0%	1,590
Behavioural disorders	6.2%	1,110
Hyperactivity disorders	2.0%	350
Other less common disorders	2.2%	390

Table 4: Prevalence of mental health disorders among those aged 11 to 16 in 2017 Note: An individual may have more than one disorder.

Assuming a similar prevalence of mental health disorders in Southwark, findings from the national survey would indicate that approximately **2,550** adolescents in the borough have a mental health disorder.

While boys are equally as likely to have any mental disorder as girls the pattern varies between conditions. Girls are more likely to experience emotional disorders (10.9% compared to 7.1%), with

boys more likely to experience behavioural (7.4% compared to 5.0%) or hyperactivity disorders (3.2% compared to 0.7%).

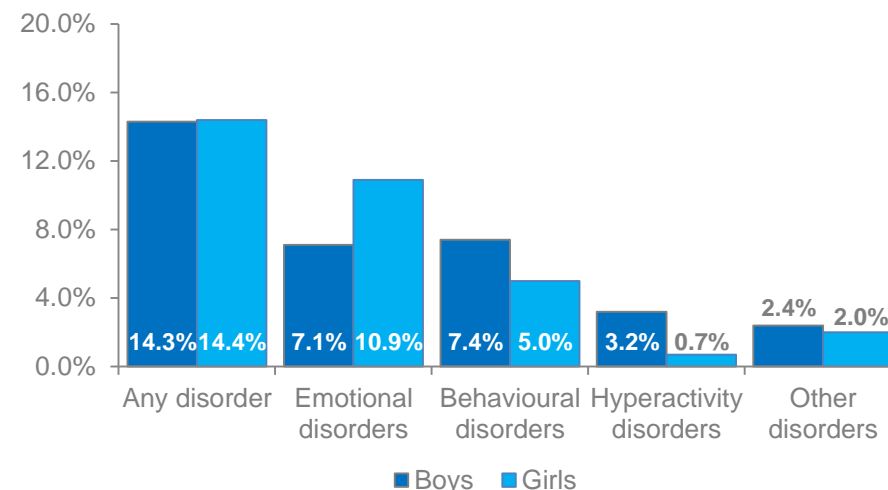


Figure 7: Prevalence of mental disorders by sex for those 11 to 16, 2017

Data regarding the ethnic and social background of young people with a mental disorder is only available for those aged 5 to 19, rather than for the specific adolescent cohort. The results from the survey indicate that the prevalence of disorders is higher among those from a White British background, and lower among those from Black / Black British or Asian / Asian British backgrounds. This pattern is evident for “any disorder”, as well as for different types of disorder.

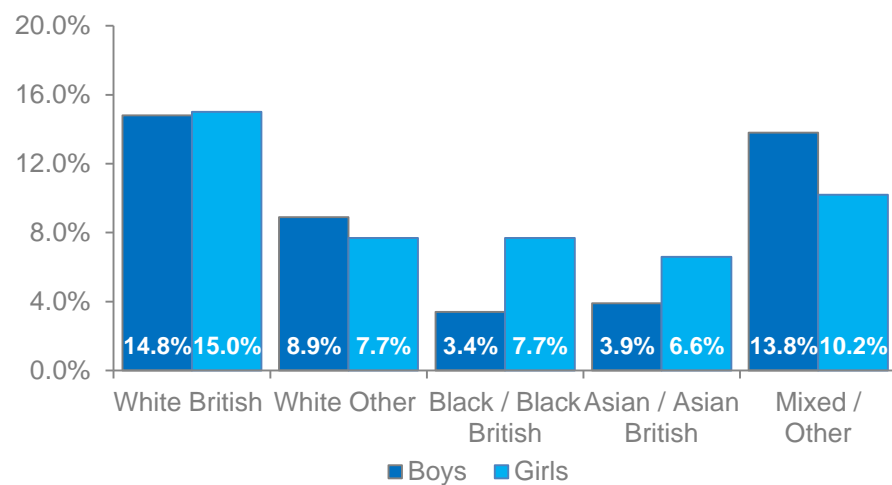


Figure 8: Prevalence of any mental disorder by ethnicity and sex, 2017

When comparing across income groups it is apparent that the proportion of children with a mental disorder in low income households is more than double the level of their counterparts in high income households (9% compared to 4.1%). However, the survey found no association with neighbourhood deprivation and the prevalence of mental disorders.

4.3 Lifestyles and Behaviours

The national survey of mental health of children and young people in England shows that alcohol and illegal drug use are much more common among adolescents with a mental disorder.

Findings from our local school survey in 2016 show that **8%** of secondary school pupils in Southwark had at least one alcoholic drink in the week prior to the survey; broadly comparable with national drinking patterns among young people.

The local survey also showed that **4%** of secondary school pupils got drunk on at least one occasion in the week prior to the survey, with levels slightly higher among girls than boys.

Hospital admissions among adolescents in Southwark for alcohol-specific conditions are amongst the lowest in London, and less than half the rate in England as a whole. As with drinking patterns, rates of admissions are slightly higher among girls than boys, though not significantly so.

The use of illicit drugs among adolescents in Southwark is much lower than the use of alcohol. In 2016, 3% of secondary pupils surveyed reported that they had taken an illegal drug in the last month, with cannabis being the drug most frequently used. However, there is a significant increase in use between year groups, with 12% of girls in Year 10 used illegal drugs in the last month, compared to 1% of girls in Year 8. The reported use of cannabis among boys is comparatively lower, increasing from 1% in Year 8 to 4% in Year 10.

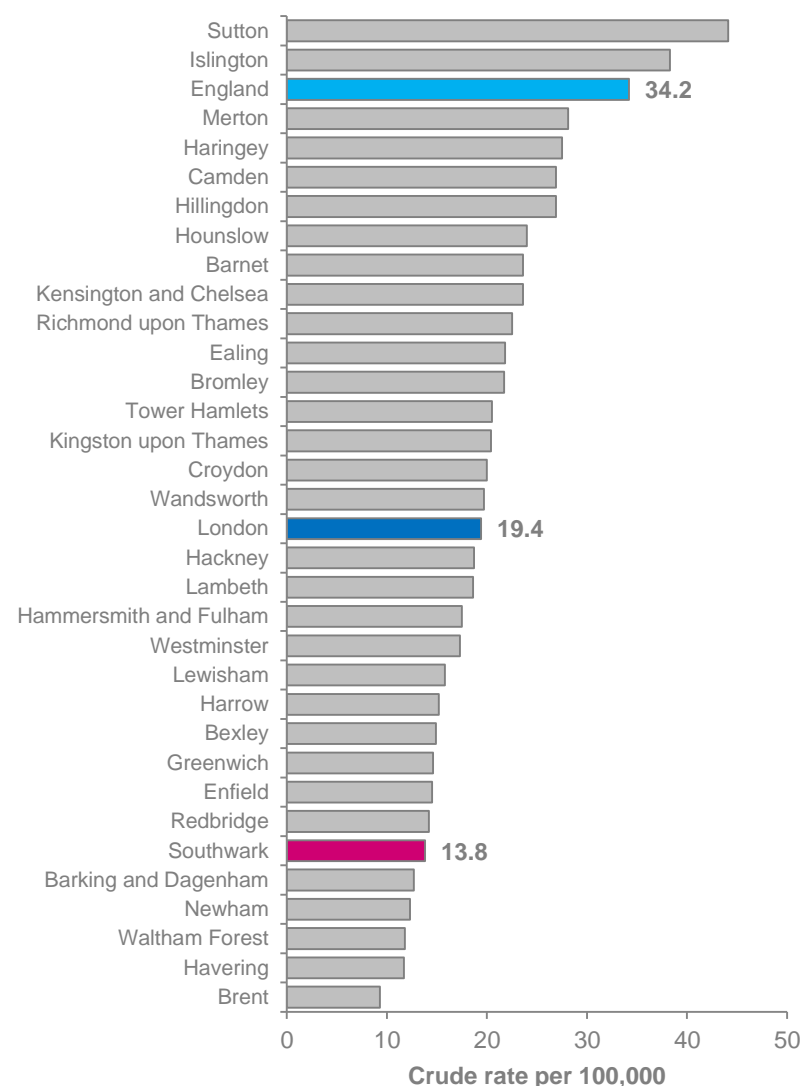


Figure 9: Admission episodes for alcohol specific conditions (u18's) in 2014-15 to 2016-17.

Maintaining a healthy weight is important for overall health and for wellbeing. Not only is being overweight or obese a risk factor for the development of long-term conditions such as diabetes and heart disease, but it can also contribute towards low self-esteem and mental ill-health.

Levels of obesity among children entering adolescence in Southwark are significantly above the national average, with no significant change since measuring began in 2007-08. Latest figures show that approximately **1 in 4** children in Southwark in Year 6 are obese.

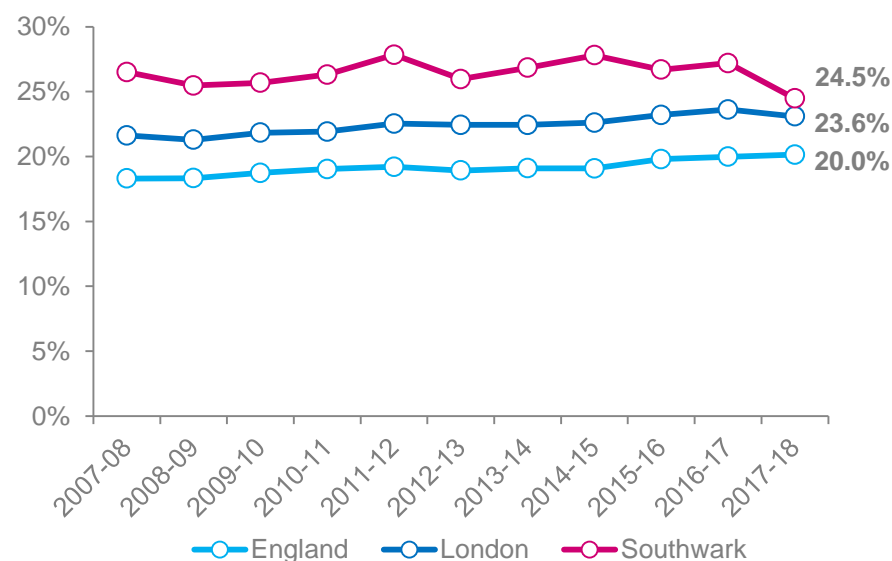


Figure 10: Percentage of children in Year 6 (aged 10-11) who are obese

Levels of obesity in the borough are particularly high in the north, from Elephant & Castle, through to Camberwell in the west and Peckham in the east.

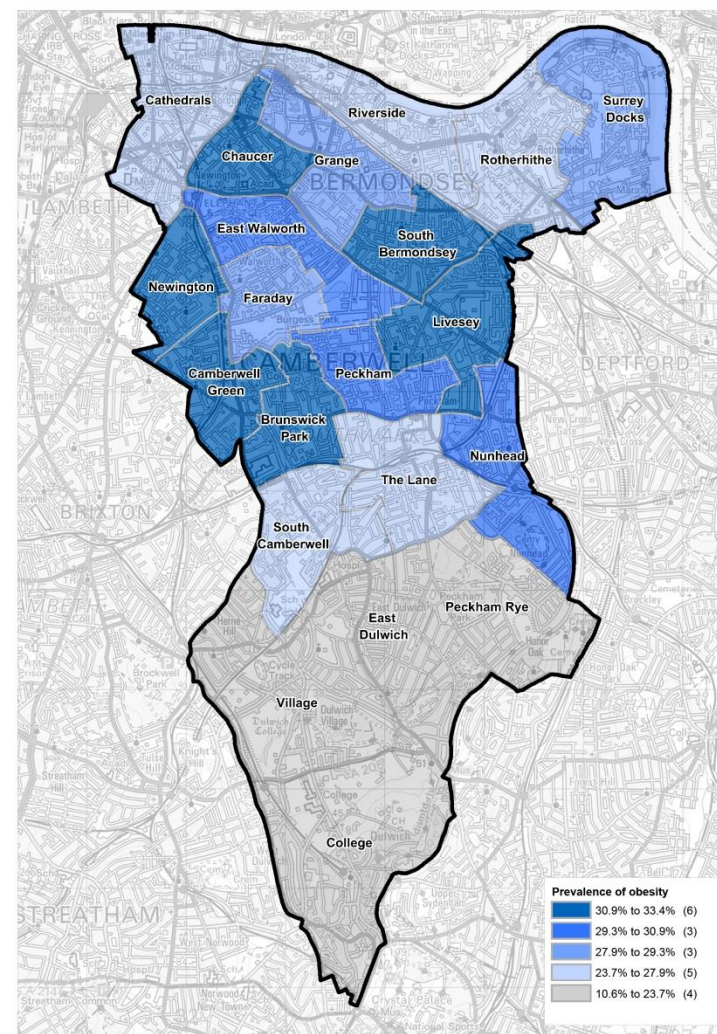


Figure 11: Percentage of children in Year 6 (aged 10-11) who are obese 2014-15 to 2016-17. © OS Crown copyright and database rights 2018. Ordnance Survey (0)100019252.

Physical activity is positively associated with wellbeing, and our local data shows that the overwhelming majority of adolescents in Southwark enjoy being physically active. However, we also know that too few of our young people meet the recommended amount of physical activity for healthy development and to maintain a healthy weight.

The Active Lives Survey in 2017-18 shows that **15.8%** of children and young people in Southwark are active for 60minutes or more every day, slightly below the national average of 17.5%, with almost **a third** being active for less than 30mins a day.

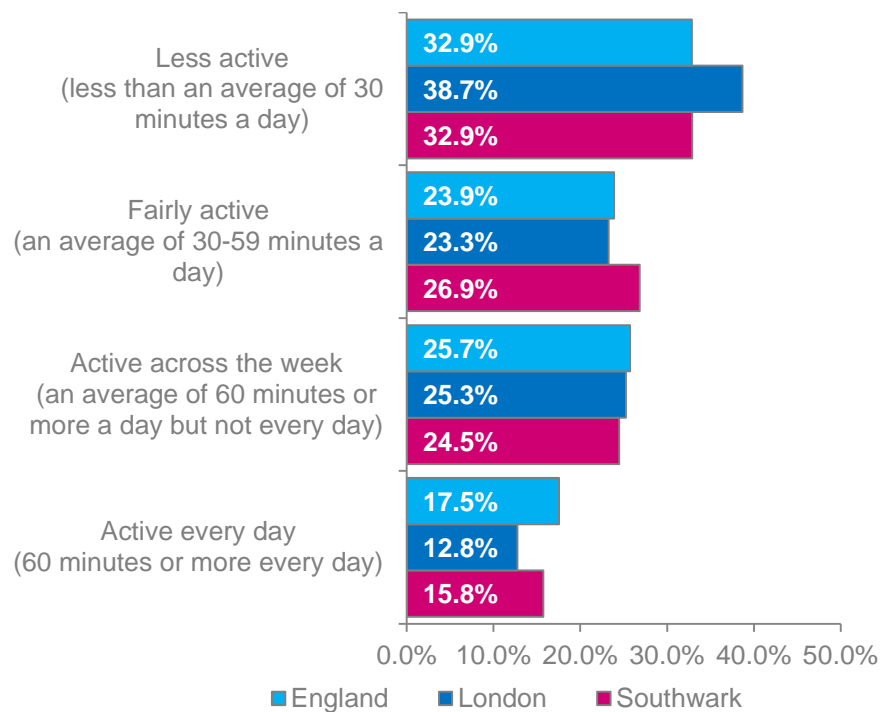


Figure 12: Activity levels among children and young people aged 5 to 16

National results from the Active Lives Survey also show that levels of physical activity decline significantly as children move into adolescence. By Years 9-11, 13.6% of young people in England meet the recommended guidelines, compared to 17.4% in Years 1-2.

The survey also highlights the significant inequalities that exist in adolescents in Years 9-11 meeting the recommended physical activity guidelines, particularly among girls from ethnic minority groups.

Ethnic Group	Boys	Girls
White British	16.2%	10.7%
White Other	20.3%	13.1%
Black	17.7%	8.8%
Asian	16.3%	6.4%
Mixed	14.0%	7.3%
Other	18.8%	10.8%

Table 5: Percentage of pupils in Years 9-11 in England who are active for 60minutes or more per day.

4.4 Relationships

Positive relationships are a key component of mental wellbeing in all age groups. The 2016 school survey asked pupils about negative behaviours they may have experienced in their relationships. The list of behaviours covered within the survey are shown in Table 6.

Negative Behaviours
Used hurtful or threatening language to me
Was angry or jealous when I wanted to spend time with friends
Kept checking my phone
Asked me to send them photos or videos of a sexual nature
Put pressure on me to have sex or do sexual things
Threatened to tell people things about me
Threatened to hit me
Hit me

Table 6: Negative behaviours experienced in relationships with boyfriend / girlfriends

Findings showed that almost a quarter (23%) of secondary pupils surveyed had experienced at-least one of the negative behaviours listed, with either a current or previous partner.

Pupils were most likely to have experienced their partner becoming angry or jealous when they wanted to spend time with friends

(15%), followed by their partner checking their phone (11%). Approximately 1 in 20 pupils had experienced pressure to have sex, or to do sexual things, with similar numbers being threatened, or experiencing physical violence.

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Item No. 17.	Classification: Open	Date: 18 June 2019	Meeting Name: Cabinet
Report title:		A Food Security Plan for Southwark	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Evelyn Akoto, Community Safety and Public Health	

FOREWORD - COUNCILLOR EVELYN AKOTO, CABINET MEMBER FOR COMMUNITY SAFETY AND PUBLIC HEALTH

Over 2 million Londoners are living below the poverty line and Southwark, like many boroughs, is seeing that many residents are struggling to afford basic food items, especially people who rely on benefits and people in work who are struggling to make ends meet due to insufficient salaries. Food insecurity can also be an issue for people who have mobility problems, health concerns or lack of confidence to get to local shops and prepare food for themselves.

National estimates suggest that one in five over 16 year olds in England are food insecure to some degree. That is 53,000 of our residents. One in 12 people in England aged over 16 are estimated to be moderately to severely food insecure. This means that over 20,000 of our residents may be skipping meals because they cannot afford to eat and are experiencing real hunger.

As a responsible local authority we do not want to sweep this problem under the carpet. While it is hard to accept that people in 21st century Britain are going hungry, we must use our resources and collective will to tackle the problem head on. As part of the Fairer Futures Commitment, we promised our residents a healthier life where health inequalities are reduced so whatever your background you can live a healthy life. Access to nutritious, affordable food is key to this.

Producing a Food Security Plan shows that we take this commitment seriously. We want our residents to do more than just survive, but to thrive. We want to use policy to tackle the problems that make people food insecure in the first place and create a food-resilient borough with a strong community food network. A network where surplus, unused food gets used wisely, and where we support people to develop their skills in healthy eating, cooking and food growing as well as doing what we can to address barriers to employment, income maximisation and equality.

The Mayor of London recently published the Capital's first food strategy in 12 years, and reducing household food insecurity is one of the six key areas that he is committed to. With Southwark's first ever action plan, we can put creating food security onto our agenda, into our conversations and into our policies, creating a powerful and coordinated approach to ensure a fairer food future for all.

Recommendations for the cabinet

That the cabinet:

1. Approves the approach to supporting food security in Southwark, looking beyond the foodbank to a fairer food future for all.
2. Approves a partnership with the Southwark Food Action Alliance to develop and implement the Southwark food security plan and requests a progress report in 12 months.

BACKGROUND INFORMATION

3. Food security is defined by the Food Foundation (2016) as “being sure of your ability to secure enough food of sufficient quality and quantity to allow you to stay healthy and participate in society.” The ‘beyond the foodbank’ model empowers people with a strong emphasis on prevention, dignity and resilience building. In March 2018, the Council was awarded GLA funds to support the development of an action plan to address food insecurity partnering with the Southwark Food Action Alliance (SFAA).
4. Stakeholder workshops have been held with representatives from across the Council and other agencies. SFAA member organisations have also been consulted throughout the process.
5. In addition to addressing the fundamental links with poverty and low income, the Action Plan also supports the implementation of the Southwark Healthy Weight Strategy. There is a well-established association between obesity and deprivation. People on a very low income may rely on cheap, calorie dense foods to fill them up. For example, 67% of the Camberwell Green ward population is in the most deprived quintile nationally. The ward also has the highest prevalence of child obesity in London and the 2nd highest in England for those in Year 6 (2015-16).

KEY ISSUES FOR CONSIDERATION

6. Across London and the UK, there is growing recognition of how food insecurity affects local communities and the role that local authorities have to play in preventing and mitigating the impact of food insecurity on their residents. To date, 13 London boroughs either have, or are working on, a food insecurity action plan, including Lambeth, Lewisham, Greenwich and Tower Hamlets.
7. Currently, there is no standardised national measures for food insecurity, so various proxies are used in its place, such as demand for food aid. There has been a significant increase in demand over recent years. The main reason cited for foodbank referrals in Southwark during 2017-18 is changes to the benefits system, including the introduction of Universal Credit. However, it is estimated that foodbank users represent only 20% of those experiencing food insecurity. More than 2.3 million Londoners currently live below the poverty line and many people do not have good access to local shops selling affordable, healthy food.
8. In September 2017, the Southwark Food Action Alliance (SFAA) was established. It is an alliance of 60 local member organisations including

Southwark Council, Guys and St Thomas' NHS Foundation Trust, the Department of Work and Pensions, national charities such as Fareshare, as well as local grassroots, community, faith and voluntary sector organisations.

9. The action plan is informed by the Joint Strategic Needs Assessment (JSNA) on household food insecurity, which is to be published summer 2019. Some key findings from the JSNA include:
 - 53,000 Southwark residents aged over 16 may be affected by food insecurity, 20,000 moderately or severely so – for example, skipping meals due to a lack of money.
 - Only 20% of those who are food insecure will go to a foodbank. In Southwark, 4,674 referrals were made in 2017-18 by professional and statutory services for emergency food aid. These figures are per household, so the number of individuals receiving food aid will be higher.
 - In Southwark, the main reasons given for referrals to foodbanks in 2017-18 included delays with benefit payments (41%), in employment but on a salary that is insufficient to cover food bills (16%) and having no recourse to public funds (16%).
 - Approximately 45% of those fed by Southwark foodbanks were children. There are noticeable spikes in users during summer holiday months.
 - Nationally, 50% of households using foodbanks have a disabled member and 75% have a member with poor health. 33% of families with a disabled child had relied on a loan to purchase food.
10. The Southwark action plan approach adopts three tiers of intervention to tackle food insecurity.



- A. Wider determinants:** This tier is preventive and includes structural and policy interventions to improve equality, economic wellbeing, food access and food security.

Some of these areas are highlighted in the annual London Food Poverty Profile published by the GLA and Sustain which looks at 10 areas where local authority policy can improve food security. The areas it focuses on include the London Living Wage, affordable child care, free school meals, the Healthy Start voucher scheme, free school holiday meal provision, physical access to good food through planning and regeneration and local economy levers.

Southwark scored 60 out of a possible 100 points in the 2017/18 profile. Some of the areas that the borough excels in include its offer of universal free healthy school meals to primary children and being a London Living Wage Borough.

B. Resilience building: This tier is also preventive. It takes an asset-based approach and works at individual, community and systems levels.

- **Building individual resilience:** there are various programmes to educate and upskill individuals with food skills and to help them improve their incomes and wellbeing. For example, the Local Support Team helped residents access £6.2m in unclaimed benefits during 2017-18. Various organisations teach basic cooking and growing skills to food insecure people. The Council has contracted some of them to do this work. The Council's Local Support Team refers clients to Bags of Taste, and the Public Health team uses Be Enriched to deliver cooking classes to Council Estate residents who have recently had their kitchen refurbished. Guys and St Thomas' Early Years Dietician Team runs 'Cook and Eat Well' classes at Children's Centres. Garden Organic has run growing projects on 24 estates.
- **Building community resilience:** the Southwark Food Action Alliance aims to support a more networked approach to food in Southwark with the eventual hope of making Southwark into a Sustainable Food City. Here, tackling food insecurity will form part of a much broader food vision for the borough, which also encompasses health, sustainability, food systems and food culture.
- **Building systems resilience:** at least 23 tonnes of surplus food are redistributed monthly in Southwark to organisations who work with the food insecure.

C. Crisis provision: this tier is reactive. It provides a safety net for those at the extreme end of need requiring emergency food aid.

The Southwark Emergency Support Scheme offers food parcels from ASDA to those who are struggling with food (1,295 households received a package during 2017-18). The borough's two largest foodbank providers (The Trussell Trust and Central Southwark Community Hub) operate from ten sites in the borough. Organisations, such as faith groups, may offer their own smaller, independent food aid schemes.

When the location of known foodbanks and free meal providers was mapped against areas of high potential need, it became apparent that there are some gaps in provision, for example in Kingswood Estate in Dulwich, Camberwell Green, Faraday and South Bermondsey wards also appear underserved, given their relatively high levels of deprivation.

11. Key priorities for development in Southwark include:

- Adopting a 'beyond the foodbank' model which empowers people and focuses on prevention, dignity and resilience building.
- Developing a more systematic approach to a local food security offer and coordinated service pathway.

- Strengthening the place-based approach through social regeneration to tackle poverty, low paid employment and to ensure good access to affordable healthy food.
12. Consultation with key stakeholders including political cabinet have flagged some specific opportunities for the Council to explore including:
- Explore with education colleagues the development of a more sustainable approach to holiday programme and meal provision in the borough to support families relying heavily on free school meals during term time. This can support retention of learning/ educational attainment over holiday periods. A network of providers is now linked through to the Education team to explore potential for a consortium approach to funding and sharing resources, as well as understanding some of the wider issues faced e.g. appropriate referrals, volunteer recruitment and ensuring good nutritional standards.
 - Explore ways to support people and families with NRPF to access free and affordable food. There are several actions in the plan to take this forward through engaging NRPF leads in ongoing work to explore needs, to map the food aid offer that is accessible to people with NRPF and to ensure key services are aware of how to signpost people.
 - Embedding work on food security into the Great Estates programme. This will provide a natural progression for the action proposed to work with housing providers including the Council as a social housing landlord.
 - Linking the Food Security plan to the Council's sustainability agenda waste reduction / zero carbon initiatives which can be explored through support for water fountains and food redistribution services, including initiatives such as the community fridge model and Peckham Pantry.
 - Working with our local economy team and food standards team to support initiatives with the business community – this will be taken forward through actions to increase access to affordable healthy food via supermarkets, convenience stores and markets in the borough. Supporting the uptake and wider roll out of voucher schemes, which provide free healthy food to low-income pregnant women and children under 4, such as the Healthy Start and Alexander Rose schemes.
 - Ensuring that Council programmes supporting access to employment are well aligned with food security initiatives. The plan advocates development of 'wraparound' support services in food aid projects, and clear signposting to a range of opportunities and services to help with income maximisation.

Policy implications

13. These proposals are in line with the principles and objectives set out in the Southwark Social Regeneration framework, the Health and Wellbeing Strategy, Healthy Weight Strategy and reflect issues highlighted in the Southwark Conversation. The proposals also reflect and further develop local approaches to the London Health Inequalities Strategy and the London Food Strategy.

Community impact statement

14. The action plan seeks to address the food insecurity of those experiencing disadvantage and vulnerability in the borough. It will identify approaches to better meet their food insecurity needs.

Legal implications

15. Please see the director of law and democracy's supplementary advice below.

Financial implications

16. There is no specific resource implication attached to this report. As the action plan is implemented there may be consequential impacts on how resources are planned and these will be presented to cabinet as required.

Consultation

17. The development of this plan has been informed by a wide range of stakeholders inputting at different stages of the work through surveys, interviews, partnership meetings and workshops. These have engaged people with lived experience of food insecurity, key professionals in services across the food, health, social and business sectors, the SFAA including the many VCS organisations it represents, several key council departments as well as key representatives of the CCG (including a GP commissioner) and hospital trusts' nutrition and dietetics team.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

18. Section 2B of the National Health Service Act 2006 places a duty on the council to take such steps as it considers appropriate for improving the health of the people in its area. The steps that may be taken under subsection include:
 - (a) providing information and advice;
 - (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
 - (f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
 - (g) making available the services of any person or any facilities.
19. The plan set out here assists the council in carrying out this duty. Any specific proposals in the plan can be made in accordance with this duty and arising from the powers of general competence in section 1 of Localism Act 2011.
20. Under section 149 of the Equality Act 2010, in making this decision, the Cabinet must comply with its public equality duty which requires it to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who

do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

21. The equalities analysis appended to the report indicates any likely negative impacts on those with protected characteristics arising from food and the proposed actions to mitigate these impacts. These are all relevant matters that the Cabinet should give due regard to, in considering this report.
22. The establishment of this plan is an executive function which can be determined by the Cabinet in accordance with the Local Government Act 2000 and Part 3B of the council's Constitution.

Strategic Director of Finance and Governance

23. This report requests cabinet approval of the approach to supporting food security in Southwark and also requests approval of a partnership with the Southwark Food Action Alliance, to develop and implement the Southwark food security plan.
24. The strategic director of finance and governance notes there are no specific finance resource impacts at this stage, however this may change as the plan proceeds and notes this will be considered by cabinet as the new approach is implemented.
25. Staffing and any other costs connected with these recommendations are to be contained within existing departmental revenue budget

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Food Security Action Plan 'Fairer Food Southwark' (circulated separately)
Appendix 2	EIA for Food Security Action Plan (circulated separately)
Appendix 3	Stakeholder Engagement List for Food Security Plan (circulated separately)

AUDIT TRAIL

Cabinet Member	Councillor Evelyn Akoto, Community Safety and Public Health	
Lead Officer	Professor Kevin Fenton, Strategic Director of Place and Wellbeing	
Report Author	Rosie Dalton-Lucas, Head of programmes (healthy place)	
Version	Final	
Dated	5 June 2019	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	Yes	Yes
Strategic Director of Finance and Governance	Yes	Yes
Assistant Director Public Health	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		7 June 2019

Fairer Food Southwark: A borough-wide action plan to increase household food security

Southwark Public Health Division
Place and Wellbeing Department

June 2019



SUPPORTED BY
MAYOR OF LONDON



Partners

With thanks to the following organisations and individuals for their input:

Regional and National Supporting Organisations:

Garden Organic, Greater London Authority, Sustain.

Food Action Alliance members (*) and other local partners:

1 st Place Children and Parents' Centre *	Hourbank *
Age UK Lewisham and Southwark *	Housing Associations Charitable Trust HACT
Albrighton Community Fridge *	Hubbub
Alexandra Rose Charity *	IAPT
All Saints Church, Peckham *	Ileto CPN *
Alzheimer's Society Southwark Branch *	Kaizen Partnership *
Bags of Taste *	Lendlease *
Be Enriched *	Mercato Metropolitano *
Better Bankside *	Newington TRA *
British Land *	NHS Southwark CCG
Central Southwark Community Hub *	Nika's Kitchen *
Citizens Advice Bureau *	Notting Hill Housing Trust *
City Harvest *	Parents and Communities Together (PACT)*
Cleaner Greener Safer (Southwark Council)*	PECAN *
Collaboration For Healthier Lives	Rice Marketing
Community Southwark *	Salvation Army *
Crystal Palace Community Development Trust *	SHIFT
Department of Work and Pensions *	Soil Association *
Divine Rescue *	Southwark Council *
Dragon Café *	Southwark Foodbank *
Edible Rotherhithe *	Southwark Group Tenant's Organisation *
Engie *	Southwark Grower's Network *
Evelina London (Guy's and St Thomas') *	Southwark Home Schooling Network *
Faith and Health Network	Southwark Wellbeing Hub
FareShare *	Time and Talents *
Food Inequalities *	Together Southwark *
Food Power	Trussell Trust *
Foodcycle, Peckham *	Umbrella for Women to Women *
Friends and Neighbours Coffee Morning LBCC *	University of the Arts, London *
Garden Organic *	Walworth Community Garden Network *
Glengall Wharf Garden *	Walworth Garden *
Global Generation Printworks Garden *	Walworth Society *
Good Gym *	Winners' Temple Foodbank *
Groundwork *	
Grove Collective *	
Guys and St Thomas' Charity *	

Definition of food security:

“Being food secure means being sure of your ability to secure enough food of sufficient quality and quantity to allow you to stay healthy and participate in society.”

Food Foundation - 2016

**Referencing:**

Unless otherwise stated, all references in this Action Plan are taken from Southwark's Household Food Insecurity JSNA – Southwark Council – June 2019.

Foreword from Councillor Evelyn Akoto



“We will tackle food insecurity head on.”

Over 2 million Londoners are living below the poverty line and Southwark, like many boroughs, is seeing that many residents are struggling to afford basic food items, especially people who rely on benefits and people in work who are struggling to make ends meet due to insufficient salaries. Food insecurity can also be an issue for people who have mobility problems, health concerns or lack of confidence to get to local shops and prepare food for themselves.

National estimates suggest that one in five over 16 year olds in England are food insecure to some degree. That is 53,000 of our residents. One in 12 people in England aged over 16 are estimated to be moderately to severely food insecure. **This means that over 20,000 of our residents may be skipping meals because they cannot afford to eat and are experiencing real hunger.**

As a responsible local authority we do not want to sweep this problem under the carpet. While it is hard to accept that people in 21st century Britain are going hungry, we must use our resources and collective will to tackle the problem head on. As part of the Fairer Futures Commitment, we promised our residents a healthier life where health inequalities are reduced so whatever your background you can live a healthy life. Access to nutritious, affordable food is key to this.

Producing a Food Security Plan shows that we take this commitment seriously. We want our residents to do more than just survive, but to thrive. **We want to use policy to tackle the problems that make people food insecure in the first place and create a food-resilient borough with a strong community food network.** A network where surplus, unused food gets used wisely, and where we support people to develop their skills in healthy eating, cooking and food growing as well as doing what we can to address barriers to employment, income maximisation and equality.

The Mayor of London recently published the Capital's first food strategy in 12 years, and reducing household food insecurity is one of the six key areas that he is committed to. With Southwark's first ever action plan, we can put creating food security onto our agenda, into our conversations and into our policies, creating a powerful and coordinated approach to ensure a fairer food future for all.

Cllr Evelyn Akoto – Cabinet member for Community Safety and Public Health

The Southwark Food Action Alliance (SFAA):

60 organisations unite locally to create better food security

The Southwark Food Action Alliance (SFAA) have worked with the Council on the preparation of this plan for over a year, providing input from a wide variety of organisations and community representatives interested in the food security agenda.

The SFAA officially formed in September 2017 from Garden Organic's Southwark Food Poverty Project, funded by The Hirschmann Foundation. The SFAA's formation came about in response to nearly a decade of austerity, rising living costs, changes to benefits and funding cuts to local services that have resulted in a significant increase in foodbank use and overall food insecurity in Southwark. In November 2017, the SFAA became a member of Food Power, which is a national network connecting food alliances which are working to tackle food insecurity.

Currently membership stands at 60 statutory, voluntary and community organisations meeting bi-monthly to explore cross-sector initiatives and new ways to work together. Community Southwark is now leading co-ordination of the Alliance.

The SFAA provides a platform for members, residents and community partners to coordinate existing interventions, design new and innovative initiatives and adopt a joined-up approach to tackling food inequality and related issues.

The SFAA has three long-term aims:

- 1. Improved access for food insecure people to pathways of support**
- 2. Improved education and learning about sustainable food**
- 3. Improved access to healthy and affordable food for all.**

To achieve these aims the SFAA intends to:

- Increase the number of community-led solutions to food insecurity.
- Increase residents' awareness of what support services are available and build a better understanding of the support that residents need.
- Increase people's confidence in managing their food security.
- Improve the ability of residents to get through periods of food crisis.
- Reduce the number and frequency of people relying on crisis support.

The SFAA is committed to ensuring that the recommendations made in this action plan are implemented to widely benefit Southwark's residents, particularly to improve health outcomes for those on low incomes, and to support the borough's voluntary, community and statutory organisations to progress this agenda.

Why food security is an important issue for Southwark

The level of food insecurity (sometimes described as food poverty) has been steadily rising in the UK with an estimated 8.4 million people being food insecure¹ and 52% of households with children being unable to afford a socially acceptable diet². One in ten UK pensioners are either malnourished or at risk of malnutrition. One in three children in London report having problems concentrating at school due to hunger.

Southwark has higher deprivation and destitution levels than the national average, meaning that our population runs a higher than average risk of experiencing food insecurity. We know that the number of people using Southwark foodbanks³ is rising.

Last year, the number of households asking for a referral to the borough's largest foodbank network (The Southwark Foodbank) grew by 31%. The top reasons given for referrals to the borough's two largest foodbank networks (the Southwark Foodbank and Central Southwark Community Hub) were:

- Delays in receiving benefits (41%)
- Not having a sufficient salary to cover living expenses (16%)
- Having no recourse to public funds⁴ (16%).

At the same time, we know that the numbers of people using foodbanks do not reflect true levels of food insecurity as only 20% of food insecure people will ever make it to a foodbank, for reasons such as stigma or being unable to access help.

“[Food insecurity] varies from choosing to pay Council Tax rather than buying food, not taking necessary medication because it needs to be taken with food, feeding children chips instead of appropriate, nourishing food, paying debts leaving no money for food, staying in unsafe relationships to have food to eat.”

- Felicia Boshirin, Director of Central Southwark Community Hub Foodbank

Tackling household food insecurity is one of six areas that the Mayor of London has committed to address in London's recently published Food Strategy. To date, 13 boroughs have produced an action plan to increase food security, including our neighbours: Lambeth, Lewisham and Tower Hamlets.

¹ Food Foundation – Too Poor To Eat, 2016

² Food Foundation – Affordability of The Eatwell Guide, 2018

³ Foodbanks are charitable organisations that rely on food donations. Generally a referral is needed from a professional to access foodbank support. In the case of foodbanks run by the Trussell Trust, a referral entitles recipients to three weeks of food during a six month period.

⁴ NRPF is an immigration status which allows a person to work in the UK but restricts access to many mainstream benefits drawn from public funds, e.g. welfare and social housing.

Some facts and figures about food insecurity

53,000 Southwark residents aged 16+ are likely to be food insecure to some degree, 20,000 of them moderately to severely so

A low-income family needs to spend 42% of its income on food to meet government nutrition standards

1 in 3 over 60s in Southwark are income deprived

1 in 3 London children have problems concentrating at school because of hunger

1 in 4 children in Southwark live in low-income households

Only 20 percent of food insecure people will ever make it to a foodbank

4,674 Southwark households were referred for emergency food aid in 2017-18

60% of foodbank users in Southwark are single people

1 in 7 foodbank users in Southwark are in work but have insufficient salaries to make ends meet



Improving food security improves our life chances

Our diet impacts our health, both mentally and physically. This in turn impacts our life chances, influencing how well we are likely to do at school, how much we can participate socially, how long we will take to recover from illnesses and surgery, plus whether we will develop health conditions that will stop us engaging fully in life or lead to us dying prematurely.

Without equal access to good nutrition, we cannot have equalities in health or life. Southwark Council's Fairer Future Commitment promises to 'reduce health inequalities so that whatever your background you can live a healthy life'. Creating household food security is key to this. The chart below shows how a lack of food security at home can impact residents at all life stages, from before birth to old age.

How food insecurity affects us throughout the lifespan

Infant and maternal health	<ul style="list-style-type: none"> • Babies are more likely to be lower in birthweight. This can increase the risk of developing diabetes, heart disease, high blood pressure and obesity later in life. • Food insecure mothers are less likely to persevere with breastfeeding due to the stress and social isolation of their situation. • Food insecure parents who rely on formula may resort to unsafe practices such as skipping feeds, watering down the formula, adding cereal or introducing unmodified cow's milk too early. • The likelihood of post-natal depression is greater, affecting mother-infant bonding. • Growth and development could be impaired with inadequate nutrition.
Children and young people	<ul style="list-style-type: none"> • Children in food insecure households are more likely to become obese and develop asthma, depression and other chronic conditions. • Growth and development can be impaired. • There is an increased likelihood of tooth decay and cavities. • Learning is poorer, which can affect educational attainment and impact life chances. • There can also be a social impact as the young person is often unable to invite friends over and participate in treats or social activities that involve spending money on food.

Adults	<ul style="list-style-type: none"> • Poor diet is related to 30% of life years lost to early death and disability. • One in three cancer deaths and one in two heart disease deaths are caused by poor diet. • A severely food insecure person is five times more likely to experience anxiety disorders and major depressive episodes than someone who has access to adequate food.
Older adults (65+)	<ul style="list-style-type: none"> • A poorly nourished older adult is less able to fend off infection and ill health. Wounds will take longer to heal. • Recovery from illness and surgery is impaired. Clinical outcomes are poorer. • Hospital stays are longer and more frequent. • Muscle strength is reduced. • Increased frailty. Greater risk of falls and fractures. • It is three times more costly to treat a malnourished older person than an adequately nourished one.

“[Food insecurity] means people are too poor to choose diets that are healthy for them. They develop diseases. They have health problems.”

- Olivier de Schutter, UN Special Rapporteur on the right to food

The increase in food insecurity among low-income patients *“has created high levels of psychological distress, anxiety and related mental health problems.”*

- A Southwark GP interviewed for the Joint Strategic Needs Assessment on Food Insecurity

Examples of Southwark's food security achievements

Delivery of universal free, healthy school meals for Southwark's primary school students

Becoming a London Living Wage borough

60 member organisations have joined the Southwark Food Action Alliance to tackle food insecurity

£6.2m of unclaimed benefits were accessed via the Local Support Team for our residents during 2017-18

23 tonnes of surplus food are used each month by Southwark organisations including foodbanks

1,617 Alexandra Rose vouchers were redeemed in February 2019 at East Street Market. These vouchers entitle low-income pregnant women and families with young children to £3-worth of free fruit and vegetables each week⁽¹⁾

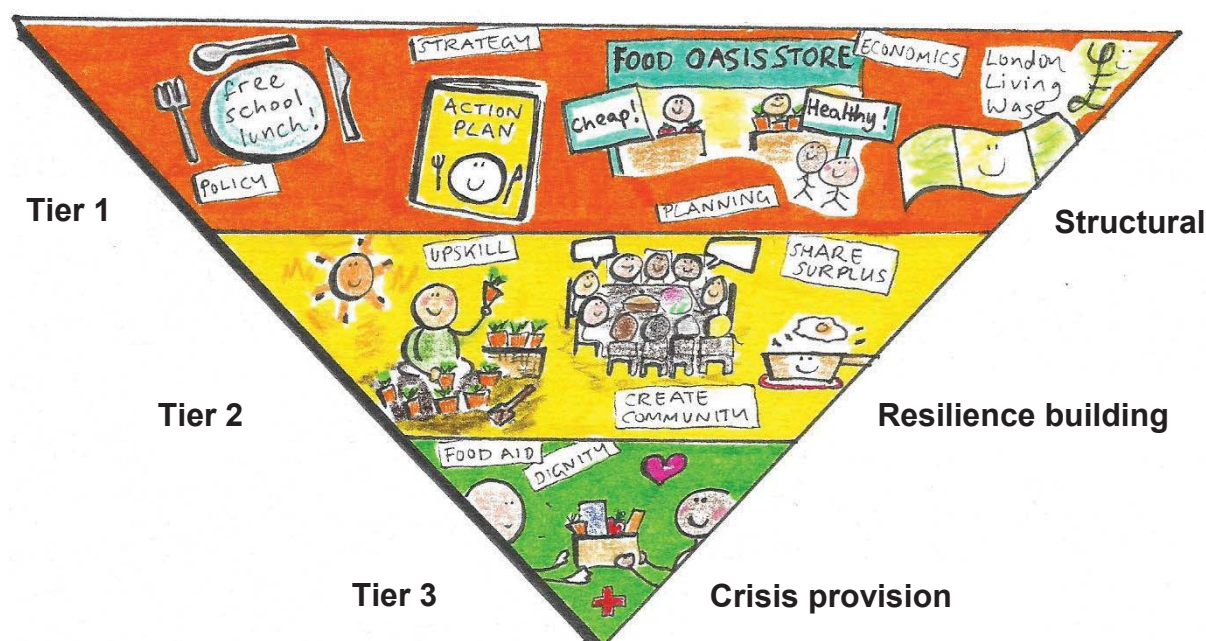
24 Master Gardener food growing projects have run on Southwark estates



(1) Alexandra Rose Charity

The Southwark approach to creating food security

Building food security happens on many levels and everyone has a part to play. The three-tier model that we have developed below shows the importance of having a borough-wide approach and gives examples of how organisations and communities are working together as part of a wider system. There is a part for everyone to play whether you are an individual, a faith group, a charity, a community organisation, a locally based business or a statutory organisation. For ideas of how you can contribute as an individual or organisation, please see pages 33 and 34.



Tier 1: The structural (wider determinants) level prevents the factors which cause food insecurity in the first place by creating local policies that will increase food security and also by designing a built environment and infrastructure to improve access to affordable, healthy food. An example of an approach on this level is Southwark Council providing all primary-aged children with a free, healthy school meal, regardless of need. This differs from national policy which only provides universal free meals for students in reception, year 1 and year 2.

Tier 2: Resilience building is also a preventive tier. It is about making better use out of what we already have and strengthening individuals, communities and systems:

- **Personal resilience** gives residents access to cooking and growing skills, as well as opportunities to increase their household income.
- **Community resilience** creates a strong Southwark food network with vibrant communities where people can come together to grow, cook and share food.
- **Systems resilience** makes better use out of good-quality, surplus food by redistributing it to those in need.

Tier 3: Crisis provision ensures that people always have a safety net. An example of this tier is Southwark's Emergency Support Scheme which supports households in crisis with emergency food packages.

The creation of this action plan

The development of this plan has involved conversations, meetings and workshops with a wide range of people who live and work in Southwark. This has included foodbank users and frontline workers from both the statutory and community/voluntary sectors. We have engaged with the Department of Work and Pensions, Children's Centres and teams from multiple Council departments, as well as experts in the field including academics, health professionals and staff from national food organisations, such as Sustain, The Trussell Trust and FareShare, as well as the Southwark Food Action Alliance's member organisations. We have also talked to other local authorities in London and beyond to learn about best practice. Thank you to everyone who has given so generously in sharing their time and expertise.

“Developing the action plan for Southwark has been a great vehicle for working across sectors to develop a shared understanding and vision for tackling food insecurity. There are some fantastic programmes going on in Southwark and many passionate, dedicated individuals. This is coupled with a great deal of need. The action plan has provided a way to gather the pieces together, create momentum around food insecurity and identify ways forward.”

**- Professor Kevin Fenton, Strategic Director of Health and Wellbeing,
Southwark Council**




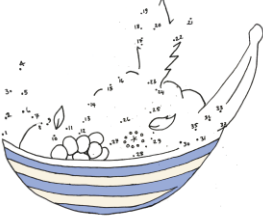

The plan is based on a detailed strategic needs assessment on household food insecurity conducted by the Public Health team at Southwark Council which can be read online at southwark.gov.uk/jsna (link will be live by June 18). It has been overseen by steering group meetings attended by key professionals drawn from the Southwark Food Action Alliance and has involved consultation with over 50 stakeholders.

The funding for this work was made possible by the Mayor of London and Southwark Public Health. The work is being co-ordinated through the Southwark Food Action Alliance and overseen by the Public Health division of Southwark Council.

As this is Southwark's first Food Security Action Plan, the plan will be reviewed after a year and refreshed for 2021 and beyond.

Introducing the five baskets

Our approach for the plan's actions falls into five 'baskets'. These are:

	<p>Basket 1: Wellbeing</p> <p>Take a person-centred, holistic approach to food security, to support emotional, social and physical wellbeing.</p>
	<p>Basket 2: Resilience</p> <p>Adopt a long-term, preventive approach to strengthen people, communities and food systems.</p>
	<p>Basket 3: Access</p> <p>Design services and information that make it easy for people to access the support they need. Ensure that people have good physical access to nearby sources of affordable, healthy food.</p>
	<p>Basket 4: Joining the dots</p> <p>Adopt a strategic, collaborative, coordinated and streamlined approach. Encourage partnerships, cross-organisational working and the creation of networks.</p>
	<p>Basket 5: The bigger picture</p> <p>Use infrastructure, policy and advocacy to address the wider issues that affect food security.</p>

Southwark Food Security Action Plan for 2019-2021

Summary

Over the next two pages is a summary of key actions for each of the five baskets.

1. Wellbeing: Take a person-centred, holistic approach to food security, to support emotional, social and physical wellbeing.

1.1 Put respect and empowerment of individuals at the heart of what we do.

1.2 Provide nourishing food at foodbanks and community cafes/ meals.

1.3 Move away from traditional foodbank models, encouraging dignified solutions that enable people to contribute towards their food costs when possible, and that promote mental wellbeing and positive engagement in the community.

2. Resilience: Adopt a long-term, preventive approach which strengthens people, communities and food systems.

2.1 Build a strong, local food network and develop a co-ordinated plan for the use of surplus food.

2.2 Use food growing, cooking, sharing and education opportunities, including estate-based approaches, to support community cohesion.

2.3 Develop food support provision to better link with associated services such as income maximisation, money management and skills/ employment services.

3. Access: Design services and information that make it easy for people to access the support they need. Ensure that people have good physical access to nearby sources of affordable, healthy food.

3.1 Develop an accessible referral pathway for food support services.

3.2 Raise awareness about local food initiatives and services for the general public.

3.3 Promote food security at key points in the life course when people may be more vulnerable, including: pregnancy and early years; children, young people and care leavers, the middle-age and pre-retirement years (50-65), older adults and people affected by ill health.

3.4 Acknowledge the barriers to access facing other vulnerable groups.

3.5 Address geographical gaps in access. Encourage food businesses to create a more affordable, healthy food offer.

4. Joining the dots: Adopt a more strategic, collaborative, coordinated and streamlined approach. Encourage partnerships, cross-organisational working and the creation of networks

- 4.1 Strengthen the range of partners involved in the food security agenda.
- 4.2 Have a coordinated approach to key schemes that improve food security.
- 4.3 Encourage key stakeholders to share information and intelligence to ensure that services and pathways are sensitive to future needs.

5. The bigger picture: Use infrastructure, policy and advocacy to address the wider issues that affect food insecurity.

- 5.1 Plan healthy places using regeneration, promotion of economic wellbeing and working with housing providers to improve food security.
- 5.2 Advocate on wider issues that affect food security.
- 5.3 Provide input to planning for the Brexit transition period on food security.

The full action plan for food security in Southwark 2019-21

The main body of the action plan that follows provides a case study for each section, illustrating some of the amazing work already happening in the borough, and shows that we have a strong foundation of work on which we can build.

Further detail is also provided under each basket of actions and key delivery partners are indicated, though it should be noted that this is a live document and new partners are encouraged to come on board as the work develops.

All actions are subject to the capacity and continued resourcing of the delivery organisations indicated.



Basket 1: Wellbeing

Case study: More than just food.

Holiday provision for food insecure families over the school holidays.



The art above was created by primary-school-aged Southwark children who attended a targeted holiday club run in summer 2018 for food insecure families. Without free school lunches, many low-income families struggle financially over the long summer break. Mercato Metropolitano and the Central Southwark Community Hub who ran this pilot (with funding from Guys and St Thomas' Charity) put on a very holistic programme offering cooking classes, yoga lessons, time for parent-child bonding and day trips to the seaside and Parliament.

The evaluations conducted both during and after the programme by Southwark Public Health showed how the benefits of the programme went far beyond receiving a healthy lunch every day. Both the carers and children blossomed and benefited from being part of a supportive community. All of the carers interviewed said that the children would stay at home if they were not on the programme. All of the children interviewed said that they had made new friends.

The programme particularly helped tackle social isolation. One programme director reflected on an attendee who is unable to socialise outside of school because she is the registered carer for a family member. The family support worker (who attended with her) said that the programme "had enabled her to be a child again and make friends with other children". The other programme director spoke of how her volunteers worked to meet the needs of an autistic boy. "He felt a part of all that was going on. The mum said it was the first time they've been able to use a facility like our club as she can't afford to pay for activities for her children."

Basket 1: Wellbeing

Take a person-centred, holistic approach to food security, to support emotional, social and physical wellbeing.

1.1 Put respect and empowerment of the individual at the heart of what we do.

1.1.1	Promote the 'Dignity Agenda', as adopted by the Scottish government in their food work. Its four principles include: (1) Involve in decision-making people with direct experience. (2) Recognise the social value of food. (3) Provide opportunities to contribute. (4) Leave people with the power to choose.	SFAA with partner organisations
1.1.2	Empower those who are, or have been, food insecure to find their voice as 'experts by experience' and be involved in mentoring, advocacy, service design and playing an active role in their food organisation.	SFAA with partner organisations
1.1.3	Encourage movement from being a food-aid recipient to engaging in activities that can improve wellbeing and provide access to healthy, affordable food. Ensure that opportunities for this are shared on the referral pathway.	SFAA with partners, e.g. food-aid providers
1.1.4	Explore, as part of Southwark's upcoming Loneliness Strategy, what the current offer is around social eating for older and isolated people in the borough including intergenerational opportunities.	Council

1.2 Provide nourishing food at foodbanks and community cafes/ meals.

1.2.1	Have a nutrition policy in place at foodbanks and community cafes to ensure that food is culturally and religiously appropriate, supports health needs (e.g. suitable for those with diabetes or coeliac disease), is nutritionally balanced and contains fruit and vegetables. Make providers aware of the First Steps Nutrition guidance around formula milk and foodbanks.	Council, Evelina London and partner food organisations
1.2.2	Fizzy, sugary drinks should not be available in line with the borough's support for Fizz Free February and Sugar Smart campaigns.	Council and partner food organisations

1.3 Move away from traditional foodbank models, encouraging dignified solutions that enable people to contribute towards their food costs when possible, and that promote mental wellbeing and positive engagement in the community.

1.3.1	Encourage the development of models that support the dignity agenda, such as Community Pantries, Community Co-ops and Community Fridges, all of which promote choice and engagement.	SFAA with partners e.g. food-aid providers
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1.3.2	Move towards the Mayor of London's vision of establishing food hubs in deprived areas where a range of food activities can take place on one site (e.g. community café, community gardening, cooking classes and a distribution drop-off point for surplus food).	SFAA and Council
1.3.3	Scope potential links between food hubs and primary care including the social prescribing model being developed by local care networks.	Council, CCG
1.3.4	Work with local health partners to see what support can be offered to: <ul style="list-style-type: none"> • Those who develop mental and/or physical health problems due to the stress and anxiety caused by being food insecure • Those who have pre-existing mental health conditions (who are at a greater risk of becoming food insecure) 	Council and CCG, SLaM
1.3.5	Food aid providers to ensure that they have a policy for supporting people with mental health problems. This includes knowing how to signpost people who need mental health support, and providing the appropriate training and support for volunteers and staff.	Food aid providers



Basket 2:

Resilience

Case study: Creating cheap, tasty meals.

Community food workers run cooking courses for young families.



Evelina London's Community Children's Nutrition and Dietetics Service runs six-week Cook and Eat Well courses with families in Southwark's Children's Centres.

"We use cheap, basic ingredients to make tasty, nutritious meals. The photo on the left shows examples of typical recipes we make during a course, a homemade pizza and rainbow salad. The photo on the right shows a recipe we were testing for the course: a vegetable pasta soup. We made 80 portions of this to donate to the Albrighton Community Fridge.

One of the aims of the course is to increase the participants' knowledge and confidence in preparing healthy family meals on a budget. Discussing the cost of food and the use of budgeting underpins each week of the course. Families who attend a course are often living on a low income and may receive food from foodbanks or community fridges. These families benefit from the course as we are able to teach them how to use the foods they may often receive."

Adopt a long-term, preventive approach to strengthen people, communities and food systems.

2.1 Build a strong, local food network and develop a co-ordinated plan for the use of surplus food.

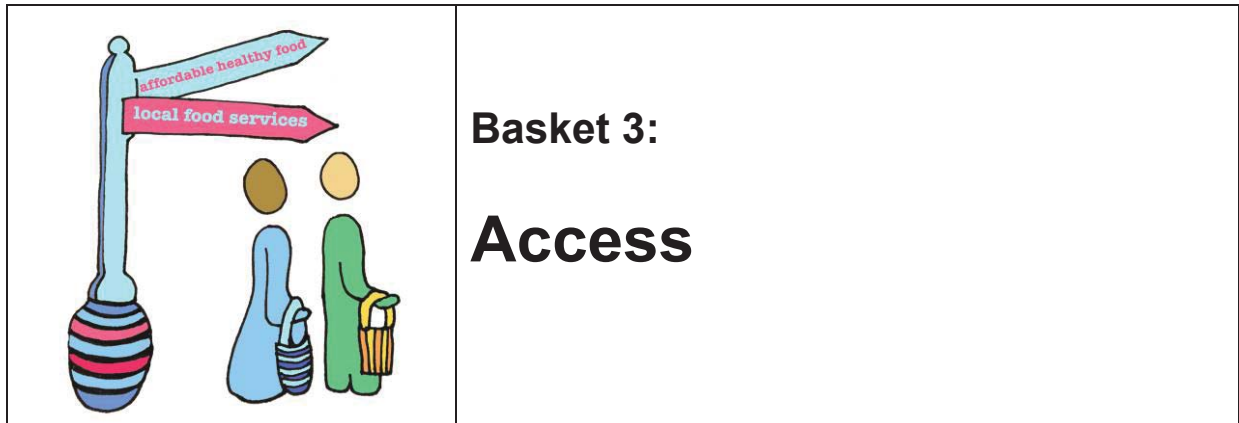
2.1.1	Continue to build a strong, local food network through the Southwark Food Action Alliance, seeking more sustainable funding and co-ordination capacity.	SFAA, Council and partners
2.1.2	Become a Sustainable Food City member and start the accreditation process towards Bronze status.	SFAA and Council
2.1.3	Regularly monitor progress on the Action Plan. Start planning the follow up plan/ food strategy (for 2021 and beyond) in June 2020.	SFAA and Council
2.1.4	Audit what key organisations in the borough are doing around both donating and using surplus food. Identify opportunities for a more networked approach, e.g. school breakfast clubs..	SFAA, Council and surplus food organisations
2.1.5	Hold a sustainable food networking fair to introduce companies, trusts and charities in the borough to surplus redistribution organisations and apps with the aim of increasing both donations and use of surplus.	SFAA, Council and surplus food organisations
2.1.6	Work with surplus food organisations to explore establishing redistribution hubs in the borough.	SFAA, Council and surplus food organisations

2.2 Use food growing, cooking, sharing and education opportunities, including estate-based approaches, to support community cohesion.

2.2.1	Develop an 'eat together' philosophy at the neighbourhood level which supports better social cohesion and integration. Map the kitchen, café spaces that could be used on estates and in housing associations to run activities like community cafes, cooking groups and shared spaces for batch cooking.	SFAA, Community Southwark, SGTO, TRAs
2.2.2	Support sustainable food growing projects and healthy cooking skills classes, particularly on housing estates, with at-risk communities and in areas where there is currently little provision. Identify community assets such as allotments and community gardens that can support estate and neighbourhood activity.	Council, SFAA and including Southwark Growers
2.2.3	Community Southwark to support the further development of the Community Fridge model (currently sited on Albrighton Estate and St George the Martyr Church) and to explore potential additional sites.	Community Southwark
2.2.4	PECAN to share its learning from the Pantry Model as it develops a more community-based way to work with those who are chronically food insecure.	PECAN
2.2.5	Explore what support can be offered to different housing providers including TRAs and Housing Associations, as well as landlords in the private rented sector, to maximise their potential to build food resilience among their residents.	Council

2.3 Develop food support provision to better link with associated services such as income maximisation, money management and skills/ employment services.

2.3.1	Assess and promote the best ways for food aid / food support services to provide wraparound services or links to other services such as the Council's Local Support team, Citizens Advice, Southwark Works and DWP, that can support people with income maximisation, money management skills, employability skills and finding good quality work opportunities. See 1.3.1.	SFAA, Council, Food-aid providers,
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Case study: Companionship and groceries for older adults

A volunteer service helps those who struggle to do food shopping



Food2You is an exciting, new grocery delivery service, run by Age UK Lewisham & Southwark with volunteers at the heart of it. Food2You calls customers every Monday to take their order and then delivers the groceries three days a week. Michelle is a Food2You Delivery Volunteer. She takes the food into the customer's home, unpacks it, puts it away and collects payment for the groceries. Michelle will chat with the customer, helping to combat social isolation and check in on their wellbeing. Michelle told us: "I have met and worked with great people, and have enjoyed the opportunity to meet the clients we support first-hand."

Basket 3: Access

Design services and information that make it easy for people to access the support they need. Ensure that people have good physical access to nearby sources of affordable, healthy food.

3.1 Develop an accessible referral pathway for food support services.

3.1.1	Establish and promote a pathway of food aid and food support services for self referral and professional referrals (e.g. benefit advisors / education staff / primary care staff / social workers). Include information about services that offer support during evenings, weekends and school holidays.	Council, CCG, Community Southwark, and partners
3.1.2	Develop a supplementary training offer for frontline staff on how to pick up on food insecurity and how to refer. Ensure that the Southwark Wellbeing Hub and Disability and Older People's Hubs are included in these developments.	Community Southwark, Council
3.1.3	Continue to develop an understanding of the different challenges and service journeys that being food insecure has for particular at-risk groups to inform service development. E.g. disabled person, low-income family with children, older person, migrants with NRPF.	Council, SFAA

3.2 Raise awareness about local food initiatives and services for the general public

3.2.1	Have a local offer guide for the general public (both online and a more basic printed version). Identify services in it offering help outside of standard office hours. Ensure it contains practical nutrition information (e.g. how to access dietitians and online resources).	Community Southwark, SFAA
3.2.2	Map all services in the borough onto an online platform and keep updated.	Community Southwark
3.2.3	Have communications in place to help people avert crisis at key trigger points (e.g. transfer to Universal Credit, having difficulties paying rent).	Council, SFAA
3.2.4	Develop messaging that is non-stigmatising as part of a communications plan that supports the dignity agenda (see 1.1.1). Involve people with lived experience of food insecurity where possible.	SFAA, Council

3.3 Promote food security at key points in the life course when people may be more vulnerable:

3.3.1 Pregnancy and early years

3.3.1.1	Health visitors, midwives, the Community Children's Nutrition and Dietetics Service, nurseries and Children's Centres, are in a good position to pick up on potential food insecurity and should have clear policies in place to signpost and support people (including NRPF families).	Health visitors, midwives, Evelina London, nurseries, Children's Centres
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3.3.1.2	<p>Counter the negative impact that formula and commercial baby foods can have on family food budgets by:</p> <ul style="list-style-type: none"> Ensuring new mothers know where to access expert, practical support on breastfeeding and formula feeding. Making young families aware of workshops that they can access in Southwark Children's Centres on introducing solid foods to their babies. 	Evelina London, Health visiting, Breastfeeding team, Community children's nutrition and dietetics service
3.3.1.3	Strengthen the connection between Early Years providers (e.g. Children's Centres) and the SFAA to ensure that this priority group is represented and supported in future development of models of food aid and food resilience building.	Early Years / Children's Centres, SFAA
3.3.1.3	Develop a measure to monitor food insecurity among nursery school students and their families as part of the ongoing evaluation of the Council's roll out of free, healthy nursery school meals.	Council
3.3.1.4	Train professionals in different maternity/ early years settings to be Healthy Start champions. Research the barriers to uptake for Healthy Start vouchers (using focus groups). Use findings to inform the work of the Healthy Start Task and Finish group.	Healthy Start Task and Finish Group/ Council

3.3.2 Children, young people and care leavers

3.3.2.1	Southwark Council should continue to play its important role in providing a safety net for those who are food insecure through the universal provision of free, healthy school meals for primary school students.	Council
3.3.2.2	The London Food Strategy recommends that schools play a key role in identifying students and families who may be at risk of food insecurity and refer accordingly. This needs to be translated into local guidance / action.	Southwark schools, Healthy Schools Board
3.3.2.3	<p>Continue to develop an understanding of the borough's needs and offer related to 'holiday hunger'. Strengthen a more networked approach to delivery across the borough, including communications and referral mechanisms. Encourage providers to share practice on:</p> <ul style="list-style-type: none"> Resilience building opportunities Building wraparound services that support access to advice on: housing, benefits, youth violence/gangs, immigration and health. 	Council, Holiday Provision Network
3.3.2.4	Develop further understanding about whether there are gaps locally in access to food support for care leavers, who are identified as a vulnerable group.	Council

3.3.3 The middle-age and pre-retirement years: 50-65

3.3.3.1	Further research needed on food insecure people in this age group and the potential role of employers, DWP, Southwark Works and GPs to help them access support. Pressures could include employment difficulties, benefit changes, long term health conditions, relationship breakdown, caring responsibilities and bereavement.	SFAA, Council, GSTC
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3.3.4 Older adults

3.3.4.1	Work with nutrition and dietetics services to increase awareness among key health and care workers of the extent and impact of food insecurity and malnutrition in the elderly population and improve staff confidence to provide an effective, brief intervention/ referral to the appropriate service.	Council, GST and Kings
3.3.4.2	Use flu jab season and holistic assessment appointments to promote food support services appropriate for the elderly.	Council, CCG
3.3.4.3	Appraise food support options and identify gaps for elderly people across the system to inform future development of the food support pathway. Consider alternative models for meals on wheels delivered by social enterprises.	SFAA, Council, Adult Social Care
3.3.4.4	Continue to develop innovative responses from food support services as well as the business community to support elderly people, who may be less able to get to shops, afford a healthy meal, have the inclination or ability to cook and may not have the opportunity to eat with others.	SFAA, Council, local businesses
3.3.4.5	Map with local businesses what their 'silver pound' attractions e.g. telephone ordering service, delivery service, in-store packing helpers, trolley-push services, older-adult friendly cafes and social events. Communicate this information via older people's services and networks like COPSINS.	Community Southwark, SFAA

3.4 Acknowledge the barriers to access facing other vulnerable groups

3.4.1	Acknowledge lower literacy levels, language barriers and digital exclusion of some at-risk groups. Identify where advocacy and support is required to help with form filling, payment methods, translation or accessing advice digitally.	Community Southwark and partners
3.4.2	Further work is needed to understand and develop what food support is available for low-income people with NRPF during times of crisis and beyond, including through community networks and faith groups.	Council, SFAA, Faith networks
3.4.3	Further work is needed to understand differences in how food insecurity manifests for key ethnic groups in the borough as some appear to be over or under-represented in their use of food support services. Key groups of interest would include Eastern European, West African and Latin American residents.	Council, SFAA, Faith networks
3.4.4	SFAA to engage mental health services and the Wellbeing and Disability Hubs to explore tailored interventions that could support people with mental health conditions e.g. those who find it difficult to leave the house for food shopping or who do not have the	SFAA, IAPT, Council and partners

	inclination to cook meals. Options could include online delivery, community cooking sessions, community cafes, food growing projects and healthy microwave cooking.	
3.3.5	Establish a clear understanding of the food support procedures in place across local hospital trusts when patients are discharged from hospital, and explore options to ensure that they can access adequate nutrition.	Council, Kings, GST, SLaM, CCG

3.5 Address geographical gaps in access. Encourage food businesses to create a more affordable, healthy food offer.

3.5.1	Further investigate potential food desert areas in the borough (where nearest supermarket is more than 500m away) e.g. Kingswood Estate, and parts of Bermondsey South, Old Kent road, Camberwell Green and Faraday wards. Carrying out a shopping basket comparison study is recommended, as well as mapping community food projects in the area.	Council, SFAA
3.5.2	Develop a Good Food Retail Plan for Southwark. Test a model of working with convenience stores and markets in a small area to stock and promote a commercially viable, affordable line of healthy meals/ingredients for different user groups, including older adults.	Council, Rice Marketing
3.5.3	Work with the Collaboration for Healthier Lives led by the Consumer Goods Forum, to test what can work at a supermarket level to promote healthier, affordable food as part of a year-long campaign. Test uptake of offers in areas of higher need.	Collaboration for Healthier Lives, Council
3.5.4	Work with Guys and St Thomas' Charity (GSTC) to support their work with SHIFT and JUST EAT to develop a range of affordable, healthy options for home delivery that work for low-income families and older people.	Council, GSTC
3.5.5	Guys and St Thomas' Charity (GSTC) to share learning from the pilot of Alexandra Rose vouchers in East St Market and support the wider roll out and promotion of the scheme.	GSTC, Council, Alexandra Rose



Basket 4:

Joining the dots

CASE STUDY: GROWING PARTNERSHIPS.

Social housing residents learn home-growing skills



The photo above is taken on a sunny autumn day at Gibbings House, SE1, where residents learnt about winter growing and composting thanks to a pop-up initiative run jointly by Garden Organic and the Walworth Community Garden Network (WCGN). The collaboration planted the seeds for more joint working. In 2019, the Gibbings House residents will develop their own communal garden.

Food growing in spaces linked to social housing sites allows residents on lower incomes to access sustainable, affordable and completely fresh produce all year round. Funding for the communal garden is from the Council's Cleaner, Greener, Safer team. Garden Organic is providing volunteer Master Gardeners to mentor the residents in growing skills, while WCGN will use the site to pilot a Sustainable Watering Initiative. Growing groups in the borough have expressed a desire for more joined-up approaches to working e.g. training, funding and sharing resources.

Basket 4: Joining the dots

Adopt a more strategic, collaborative, coordinated and streamlined approach. Encourage partnerships, cross-organisational working and the creation of networks.

4.1 Strengthen the range of partners involved in the food security agenda.

4.1.1	Ensure that the work has a wide reach and links with a wide cross-section of stakeholders, including (but not limited to): the SFAA, key Council departments and initiatives (public health, planning, regeneration, markets, housing, financial inclusion, social care, NRPF, early years, education, economic wellbeing), Children's Centres, schools, local businesses, community and voluntary organisations, faith groups, the CCG, GP practices, Kings Health Partnership, GSTC, SLAM, Tenants and Residents Associations, SGTO, people with lived experience and the Department of Work and Pensions.	SFAA and organisations listed in 4.1.1
4.1.2	Reach out to corporate partners in the borough who may be able to support food insecurity projects with funding and volunteering.	Community Southwark, SFAA, Council
4.1.3	Hold two stakeholder workshops per year (to include a launch event in 2019)	SFAA, Council

4.2 Have a coordinated approach to key schemes that improve food security.

4.2.1	Commit to coordination of the SFAA (at 3 days per week minimum for 3 years) to provide capacity to take forward the action plan.	SFAA, Community Southwark, Council
4.2.2	Establish a more coordinated approach to sharing learning and rolling out the Alexandra Rose and Healthy Start voucher schemes together to help low-income pregnant women and families with young children access free, healthy food. Cross-promote the schemes whenever possible to double the volume of vouchers that eligible recipients will gain.	Healthy Start Task/ Finish Group, Alexandra Rose Steering group
4.2.4	Link up growing groups in the borough to create a more coordinated and networked approach both to each other as well as to community food projects. that could partner for a 'seed to plate' arrangement. This is to support the sustainability of local projects, share expertise, increase the through-flow of volunteers and give access to training and resources for longer-term community engagement. Consider appointing a co-ordinator. <ul style="list-style-type: none"> • Map community gardens and allotments on an online platform (e.g. Capital Growth) to make it easy for residents to find local projects • Map foraging spaces. 	SFAA, local growing groups inc Southwark Growers, Council

4.3 Encourage key stakeholders to share information and intelligence to ensure that services and pathways are sensitive to future needs.

4.3.1	Have a more joined up way of sharing intelligence, mapping and knowledge with all to include an information-sharing platform for key stakeholders.	SFAA, Council
4.3.2	Map where food is available from faith groups, especially those with little connection to statutory services to ensure that information is available for them to understand what additional support people can access (e.g. income maximisation/ Healthy Start vouchers).	Community Southwark, Faith networks, Council
4.3.3	Scope options for a collaborative, strategic approach to future commissioning of the food support pathway, with consideration of a financially sustainable approach over time.	Council, SFAA, Community Southwark
4.3.5	Refine foodbank monitoring to improve the understanding of use by at-risk groups (e.g. using a more detailed menu to select age, ethnicity, and type of disability).	Food aid providers and Council



Basket 5:

The bigger picture

CASE STUDY: A market response to bolster food security.

A win-win: local sellers boost trade, families receive free, fresh produce.



The Alexandra Rose Charity's voucher scheme uses the local economy to improve food security for low-income pregnant women and young families. The scheme launched as a pilot in East Street Market in May 2018. It works with 1st Place Children's Centre, to distribute free vouchers to local families on low incomes, to be spent on fresh fruit and vegetables. The scheme supports the local economy as the vouchers can only be redeemed with traders at the market. To date, the scheme is supporting over 135 local families each week to access a healthier diet. In February, 2019, 1,617 vouchers were redeemed at the market, resulting in £4,800 extra income for local traders signed up to the scheme.

Alexandra Rose Charity CEO Jonathan Pauling says: "There needs to be a response from the wider food system including retail and manufacturers to food insecurity. You can't leave the voluntary sector to solve it. We need to make the retail of healthy, affordable food profitable in low-income areas."

Basket 5: The bigger picture

Use infrastructure, policy and advocacy to address the wider issues that affect food security.

5.1 Plan healthy places using regeneration, promotion of economic wellbeing and working with housing providers to improve food security.

Regeneration

5.1.1	Use planning and regeneration tools such as Place Plans to consider the potential impact of regeneration on food security through including measures such as: community spaces, community kitchens, water fountains, community growing spaces, proximity to affordable shops and markets and easy walking/cycling routes providing connectivity to affordable shopping areas.	Council and developers
5.1.2	Invite key stakeholders, including Trees For Cities, to explore the potential for a more edible landscape in Southwark (e.g. orchards, edible paths, cycleways and playgrounds).	Council
5.1.3	Map meantime spaces and unused community spaces that groups can use for food activities. Share these resources through the SFAA.	Council, SFAA

Local economy

5.1.4	Strengthen links between the SFAA and both the Local Economy Team and Business Improvement Districts to support future collaboration around the wider determinants of food insecurity, as well as potential to find enterprising solutions to support more affordable food options locally.	SFAA, Council, BIDS
5.1.5	Encourage employers we work with to support a sustainable food environment through: procurement; surplus food policies; a commitment to provide affordable offers for the local community; pay London Living Wage; and reduce zero-hour contracts.	SFAA, Council
5.1.6	Encourage solutions to accessing affordable healthy food in a culturally appropriate way from private retail and social enterprise.	Council, BIDS
5.1.7	Continue to work with Exchequer Services, the DWP and the Universal Credit Forum led by Community Southwark to support residents switching to Universal Credit. Include access to food support during waiting times as part of the pathway.	Council, UC Forum, DWP, SFAA
5.1.8	Keep the minimum council tax payment of 15% for vulnerable residents and protect the borough's Hardship Fund.	Council

Housing providers

5.1.9	Engage housing providers, including the Council, housing associations and PRS landlords, as partners in this work through communications, training and workshop opportunities.	SFAA, Council, Housing Associations
5.1.10	The above partners to share best practice and cross-promote	As above

	solutions to food insecurity as well as fuel poverty which residents may also be struggling with.	
5.1.11	The Council to map areas of the borough where people are in precarious housing situations (e.g. in temporary accommodation after being made homeless). Use the map to help understand where local food support interventions may be most needed.	Housing providers
5.1.12	Ensure housing staff and landlords are aware of when and where they can direct people for emergency financial support for white goods or for cheap cooking appliances, such as electric hotplates, slow cookers, rice cookers and microwaves.	SFAA, Housing providers, Council

5.2 Advocate on wider issues that affect food security

5.2.1	Gather case studies and evidence for advocacy work. Advocate for at-risk groups, such as those with NRPF or those transferring to Universal Credit.	SFAA and partners, Council
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5.3 Provide input to planning for the Brexit transition period on food security

5.3.1	Support local plans to prepare for Brexit in terms of understanding the food-support landscape. This is to help in the event of food shortages, problems with supply, inflation in food costs and access to food aid.	Council
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How to get involved in the plan

Everyone who works in, lives in or cares about Southwark can get involved.

For individuals:

- Help isolated and less mobile neighbours with shopping or by cooking an extra portion of a tasty, home-cooked meal for them.
- Invite people over for dinner who may be a little isolated or cash strapped.
- Start a local 'Casserole Club' to connect people who like to cook, with elderly neighbours who may not be able to cook for themselves. casseroleclub.com



- Bake cakes for families who are unable to provide birthday cakes for their children. freecakesforkids.org.uk
- Donate unwanted food via Olio olioex.com or sign up to claim someone else's unwanted food and stop surplus from going to waste.
- Sign up to purchase high quality surplus from food stores and restaurants at a fraction of the cost. toogoodtogo.co.uk
- Donate your home grown fruit and vegetables to a food aid organisation in the borough (see p2) or via Olio.
- Volunteer with a food project. Contact Community Southwark to be matched. communitysouthwark.org
- Join the End Hunger UK campaign and other campaigns addressing the root causes of food poverty. endhungeruk.org

For organisations, businesses, faith and voluntary groups:

- **Join the SFAA! If your organisation, business, community group or faith group wants to become part of the Southwark Food Action Alliance, please contact sfaa@communitysouthwark.org**
Membership is free. Bi-monthly meetings include guest speakers and promote network collaboration to create a more food secure Southwark.
- Make food security part of your CSR programme e.g. with a financial donation or releasing staff time/ skills to help community food projects build capacity.
- Become a London Living Wage employer and only use other contractors who pay the London Living Wage.
- Help your lower-paid staff. Create a food sharing table or fridge shelf where people can bring in their surplus food. Offer free meals at work as a perk.



Running a food drive for the Southwark foodbank in the Southwark Council lobby.

- Use an app or food rescue organisation, such as Olio, Food Cloud, Too Good To Go or Plan Zheroes, to stop your food surplus from going to waste.
- Many of our food organisations struggle with getting surplus delivered to them as they lack drivers and vehicles. Can you supply free driving or van hire?
- Do you have space that a food organisation can use for free for meetings, food storage or cooking sessions?
- Use food surplus redistribution organisations, such as, FareShare, FareShare Go, City Harvest and Plan Zheroes, to deliver food to you if you are an organisation who works with people at risk of food insecurity.



Food Security Action Plan: Equality analysis May 2019

Section 1: Equality analysis details

Proposed policy/decision/business plan to which this equality analysis relates	Food Security Action Plan. 2019.		
Equality analysis author	Sam Cowan. Rosie Dalton-Lucas.		
Strategic Director:	Kevin Fenton		
Department	Place and Wellbeing	Division	Public Health
Period analysis undertaken	May 2019		

Section 2: Brief description of policy/decision/business plan

1.1 Brief description of policy/decision/business plan

This equalities analysis relates to actions proposed in the Food Security Action Plan which will be going to Cabinet in June 2019.

The decision maker is the cabinet member for Community Safety and Public Health.

Section 3: Overview of service users and key stakeholders consulted

2. Service users and stakeholders	
Key users of the department or service	<p>The following key groups have been identified in the Southwark Council Household Food Insecurity JSNA (to be published in 2019) of being at higher risk of food insecurity:</p> <ul style="list-style-type: none"> • Individuals and families on low incomes including people reliant on benefits, people with NRPF, and low income workers (e.g. part-time workers, those on zero-hours contracts and seasonal workers). • People living in areas where there is a lack of affordable, healthy food options within easy walking distance. • People with health conditions and disabilities that impact their ability to shop and prepare meals.
Key stakeholders who were/ are involved in this policy/ decision/ business plan	<p>The Action Plan takes a wide look at creating food security, noting that although food aid is essential to have as a safety net for people in crisis, it is also important to be preventive. This includes using policy to address issues that lead to food insecurity and increasing resilience at personal, community and systems levels. Due to this systems approach, a wide range of partners across the borough have been involved in this work throughout the last year:</p> <p>This includes (but is not limited to):</p> <ul style="list-style-type: none"> • The Southwark Food Action Alliance – which is an umbrella for 60 statutory, voluntary sector, national and grassroots organisations working on food security in Southwark • A range of departments within the Council • Those with lived experience of food insecurity. <p>In September 2018, approximately 50 representatives from local organisations attended a stakeholder workshop held at Tooley Street. The event explored five areas of the plan:</p> <ul style="list-style-type: none"> • How to promote wellbeing • How to create greater resilience • How to improve access to resources and services • How to work in a more joined-up way • How to address the upstream ‘bigger picture’ issues that contribute to food insecurity.

Section 4: Pre-implementation equality analysis

Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Potential impacts (positive and negative) of proposed policy/decision/business plan

The JSNA on Household Food Insecurity showed that there are various points across the life course when residents may be more vulnerable to food insecurity. The impacts of successful delivery of the action plan for these groups are set out below:

- **PREGNANCY AND EARLY YEARS:** More joined-up working will help low-income pregnant women and families access support around breastfeeding and healthy eating. This includes access to free vouchers for fruit and vegetables for pregnant women and children under 4 leading to:
 - Mothers being more likely to persevere with breastfeeding.
 - Improved mother-infant bonding and reduced risk of post natal-depression.
 - Improved growth and development for the infant.
- **CHILDREN AND YOUNG PEOPLE:** Actions such as supporting low-income families during school holidays (when there is no longer the dependability of a free, healthy meal at lunch time) will lead to:
 - Improved physical health including healthy weight, better dental health and reduced illness associated with poor diet.
 - Mental and cognitive wellbeing will be improved as educational attainment and mental wellbeing are supported by good nutrition.
 - Improved social wellbeing as the children's families are more able to participate in social activities that require food (e.g. birthday party / outings / having friends over).
- **THE MIDDLE-AGE AND PRE-RETIREMENT YEARS: 50-65:** Positive impacts are expected through improved access to food aid, skills development and benefit maximisation:
 - Improving diet can reduce the risk of a wide range of illnesses including mental ill-health, cancer, type 2 diabetes and heart disease.
 - The positive impact, in terms of improved nutrition, is also likely to extend to their dependents and those they have caring responsibilities towards (e.g. grandchildren, children, an ill partner or elderly parents).
- **OLDER ADULTS:** Supporting food insecure older people to improve their nutrition through access to an affordable offer from local shops, cooking support and social meals will have the following positive benefits:
 - Improved strength, reduced frailty and greater ability to recover from illness.
 - It is less costly for local health services to treat an adequately nourished older person than a malnourished one.

Equality information on which above analysis is based
<p>Southwark Council Joint Strategic Needs Assessment (JSNA) on Household Food Insecurity (draft)</p> <p>Feedback from stakeholders</p> <p>Food Poverty and Health - Faculty of Public Health - 2005</p> <p>Office for National Statistics population data mid-year - 2017</p> <p>British Association For Parenteral and Enteral Nutrition Nutrition Screening Survey</p> <p>Hidden Hunger And Malnutrition In The Elderly – APPG on Hunger – 2018</p> <p>AGE UK Agenda For Later Life Survey</p>
Mitigating actions to be taken
n/a

Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Possible impacts (positive and negative) of proposed policy/decision/business plan
<p>14% of people living in inner London have a disability, equating to 43,988 people in Southwark. A national study (n.413) showed that 50% of households using foodbanks had a disabled member and 33% had a member with a mental health condition. A 2018 report found that 33% of families with disabled children had taken out a loan to buy food, (compared to only 4% a decade ago).</p> <p>The action plan aims to impact positively on those who have disabilities. The positive impacts that are expected are:</p> <ul style="list-style-type: none"> — Supporting disabled people to access affordable healthy food can reduce the risk of unhealthy weight, prevent a wide range of illnesses, promote recovery from infection and improve mental wellbeing. — Through the wraparound services connected with food projects people may also be able to access support to maximise their benefits and income, develop cooking skills and gain from other resilience building projects in the community, such as helping at a community garden or participating in community meals. <p>Ensuring that food projects are accessible to disabled people will be an ongoing principle for key partners.</p>
Equality information on which above analysis is based

<p>Southwark Council Joint Strategic Needs Assessment (JSNA) on Household Food Insecurity (draft)</p> <p>Feedback from stakeholders</p> <p>DWP Family Resources Survey, 2016-2017</p> <p>Financial insecurity, food insecurity and disability – Loopstra and Lalor 2017</p> <p>Counting The Costs UK Report – Contact (For Families With Disabled Children) 2018</p>
<p>Mitigating actions to be taken</p>
<p>The Southwark Wellbeing Hub and Disability Hub will be key partners to work with to ensure that in developing and testing the food security pathway that food support services are accessible to people with different types of disability (e.g. mobility impaired/ learning disabilities). The plan also proposes to refine foodbank monitoring to better understand the use of at-risk groups.</p>

<p>Gender reassignment - The process of transitioning from one gender to another.</p>
<p>Possible impacts (positive and negative) of proposed policy/decision/business plan</p>
<p>No specific impacts have been identified or raised in relation to this characteristic which is not monitored. Information about service users would only be available where there is self-disclosure.</p>
<p>Equality information on which above analysis is based.</p>
<p>No monitoring data is collected on gender reassignment currently in the food support services we are aware of, and engagement so far has identified no particular impacts for this community</p>
<p>Mitigating actions to be taken</p>
<p>n/a</p>

<p>Marriage and Civil Partnership - In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples and must be treated the same as married couples on a wide range of legal matters. (Only to be considered in respect to the need to eliminate discrimination).</p>
<p>Possible impacts (positive and negative) of proposed policy/decision/business plan</p>

Although single people make up 60% of food bank referrals and 59% of those receiving food grants from the Southwark Emergency Support Scheme, couples of any kind are expected to be able to access the offer equally. Elsewhere in the proposed food support pathway there is little monitoring of marital/civil partnership status.

People in abusive relationships are at risk of food insecurity as their income for food may be withheld by a controlling partner. The plan may help to mitigate the impact of Universal Credit payments on some individuals where benefits are paid per household rather than to each individual.

Equality information on which above analysis is based

Monitoring data is not collected relating to marital status or civil partnership.

Feedback from stakeholders.

Southwark Foodbank monitoring data 2017-18 showed that single people made up 60% of their referrals (n 2,495 referrals)

Southwark Emergency Support Scheme monitoring data 2017-18 showed that single people made up 59% of those receiving food grants (n 1,295).

Mitigating actions to be taken

n/a

Pregnancy and maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Possible impacts (positive and negative) of proposed policy/decision/business plan

The action plan is supportive of breastfeeding and maternal nutrition. It encourages joined-up working between Children's Centres, the Council, health professionals and other early years staff in the borough to signpost pregnant women to useful support services. Promoting Alexandra Rose vouchers and Healthy Start vouchers to low-income pregnant women and young families is also part of the plan. These vouchers entitle the recipient to £3.10 per week of free fruit, vegetables, milk and formula. For those aged under 1, the voucher value increases to £6.20 per child.

Several positive impacts have been identified:

- Supporting access to affordable, healthy food can reduce risk of unhealthy weight for mother and baby, prevent a wide range of illnesses, promote recovery from infection and improve mental wellbeing.
- Through the wraparound services connected with food projects people may also be able to access support to maximise their benefits and income, develop cooking skills and participate in other resilience building projects in the community.

Emergency food aid providers and those promoting Healthy Start vouchers need to ensure that there is a clear message about support for breastfeeding in the borough and guidance on how to use infant formula milk safely for those who can not breastfeed or

have chosen not to.
Equality information on which above analysis is based
Southwark Council Joint Strategic Needs Assessment (JSNA) on Household Food Insecurity (draft) Feedback from stakeholders First Steps Nutrition trust
Mitigating actions to be taken
The Plan calls for those working with emergency food aid to be aware of the First Steps Nutrition guidance around formula milk and foodbanks.

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Possible impacts (positive and negative) of proposed policy/decision/business plan
<p>The Action Plan builds on work in the JSNA on Household Food Insecurity which recognises that race can be a factor in increased risk of food insecurity. The plan expects to have a positive impact on BAME groups in the wider community as well as those using food support services.</p> <p>The plan includes geographically targeted work in areas of deprivation. Given the higher rates of BAME residents in areas of deprivation this will provide a positive impact on improving access to healthy affordable food for the BAME as well as the wider community in those areas through:</p> <ul style="list-style-type: none"> – Access to healthier options available through fast food outlets; – Access to an improved range of affordable, healthy products in local stores; – Improved uptake of Healthy Start and Alexander Rose vouchers for fruit and vegetables <p>There is an over-representation of Black foodbank users in relation to the proportion of Black people in the general population. The plan aims to ensure food aid projects address the cultural appropriateness of the foods available in line with the local population, including people from West Africa as well as Eastern Europe, and Latin America.</p> <p>The plan also supports improved access to food for low-income people who can't access statutory support (e.g. those with NRPF) during times of crisis. Many people with NRPF are from ethnic minority groups. In combined data from Southwark Foodbank and the Central Southwark Community Hub Foodbank (n. 3,204 referrals), the third highest reason for referral is having no recourse to public funds (n.498).</p> <p>The plan will have positive impacts on NRPF families by supporting a more coordinated and networked approach to holiday hunger provision, and ultimately providing easier access to free, healthy meals for children through school holidays who are usually dependent on school lunches. NRPF families are one of the groups most likely to be at</p>

risk during this time.
Equality information on which above analysis is based
Southwark Council Joint Strategic Needs Assessment (JSNA) on Household Food Insecurity (draft) Feedback from stakeholders Qualitative research with foodbank users in Southwark (2018) Monitoring data collected from Southwark Foodbank and the Central Southwark Community Hub
Mitigating actions to be taken
In order to support people whose first language is not English the plan calls for identifying where advocacy and support is required to help with form filling, payment methods, translation or accessing advice digitally.

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Possible impacts (positive and negative) of proposed policy/decision/business plan
<p>This characteristic is largely not monitored by services involved in the action plan so it is difficult to predict the impact of the plan on people defined by their religious background.</p> <p>However, the plan does call for food at community meals and food aid projects to be religiously appropriate.</p> <p>The plan also recognises that faith groups are a vital partner in this work and are often a first port of call for those needing support. It is keen to work through different faith networks to signpost to resources such as Healthy Start vouchers and help with jobs and benefits. Faith groups may also be a huge source of support to those who cannot access statutory services, such as the NRPF population and asylum seekers.</p> <p>We are aware that the largest foodbanks in the borough operate in church premises. Although not addressed in the action plan, there is a possibility that this could pose a barrier for those who are from another religion or who do not follow a religion.</p>
Equality information on which above analysis is based
Feedback from stakeholders Faith and Health Network

Mitigating actions to be taken
Use the Faith and Health Network to extend information and support to people of all faiths and none.
Ensure that there is clear messaging from foodbanks (who operate out of faith settings) that access to their services is not dependent on religious beliefs.

Sex - A man or a woman.
Possible impacts (positive and negative) of proposed policy/decision/business plan
<p>There is no data collected in Southwark on the sex of those receiving referrals at foodbanks, so we do not know which sex may be more affected.</p> <p>The gender pay gap means that women are likely to be on lower incomes than men. Women are also more likely to be the heads of single parent families. Both of these economic factors can increase a woman's risk of food insecurity. However, single men are the group most at risk of destitution in the UK, making this demographic vulnerable, too.</p> <p>Those of both genders will benefit from having a food security plan in the borough. Women will benefit specifically from interventions aimed at pregnancy and maternity. While food support projects will promote access to support, such as training in cooking and employment skills, it may be that the hours of operation favours one gender over another for example due to predominant working patterns or childcare.</p>
Equality information on which above analysis is based
<p>Southwark Council Joint Strategic Needs Assessment (JSNA) on Household Food Insecurity (draft)</p> <p>Feedback from stakeholders</p> <p>Destitution In The UK 2018 – Joseph Rowntree Foundation – 2018</p>
Mitigating actions to be taken
It is important that solutions are accessible for those who have childcare responsibilities and that local organisations are aware that single parents and single men are groups at high-risk of being food insecure and can tailor their interventions accordingly. This will mean looking at the hours of operation for some activities.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
Possible impacts (positive and negative) of proposed policy/decision/business plan
There is no monitoring of sexual orientation of service beneficiaries at the borough's two largest foodbank networks.

<p>Evidence suggests that those in the LGBTQ population, in particular gay men, are more likely to experience poverty than their heterosexual counterparts. People identifying as LGBTQ are also at higher risk than the heterosexual population of experiencing poor mental health due to factors such as discrimination and isolation (mental health conditions can put people at higher risk of food insecurity).</p> <p>The Action Plan acknowledges that further work is required to understand the specific needs of this population and will progress this as part of a commitment to involving a wide range of partners in the food security agenda.</p> <p>The impact of the plan will be to improve LGBTQ groups' engagement in the food security agenda.</p>
<p>Equality information on which above analysis is based</p>
<p>http://www.poverty.ac.uk/editorial/poverty-and-sexual-orientation</p>
<p>Mitigating actions to be taken</p>
<p>Reaching out to LGBTQ organisations in the borough to make them aware of the Action Plan and related food insecurity resources.</p>
<p>Human Rights</p> <p>There are 16 rights in the Human Rights Act. Each one is called an Article. They are all taken from the European Convention on Human Rights. The Articles are The right to life, Freedom from torture, inhuman and degrading treatment, Freedom from forced labour, Right to Liberty, Fair trial, Retrospective penalties, Privacy, Freedom of conscience, Freedom of expression, Freedom of assembly, Marriage and family, Freedom from discrimination and the First Protocol</p>
<p>Possible impacts (positive and negative) of proposed policy/decision/business plan</p>
<p>Although not included in the Human Rights Act, the Universal Declaration of Human Rights encompasses the Right To Food. "Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care." South Africa and India both have the 'Right To Food' embedded as a right in their constitutions.</p> <p>Having a Food Security Action Plan is a step in this direction.</p>
<p>Information on which above analysis is based</p>
<p>The Human Rights Act (1988) Universal Declaration of Human Rights (1948)</p>

Mitigating actions to be taken

The Action Plan calls for food support initiatives to offer wraparound services, based on the needs of the population being served. This could include access to services such as legal advice, benefit advice, housing advice and immigration advice which residents could access if they felt they were being denied their rights.

Section 5: Further actions and objectives

5. Further actions			
Based on the initial analysis above, please detail the key mitigating actions or the areas identified as requiring more detailed analysis.			
Number	Description of issue	Action	Timeframe
1	Lack of monitoring of the protected characteristics among community organisations providing food aid and support across the borough.	Encourage those who provide food aid and run community food initiatives to use more robust monitoring to build a stronger picture of how at-risk groups are using services.	Ongoing
2	Have a targeted approach which will acknowledge and address the barriers faced by certain vulnerable and harder to reach groups.	Work with community partners who already have a relationship with these groups (e.g elderly/ those with NRPF) and can advise on how to best target these groups and make them aware of resources available.	Ongoing
3	A need for further research on the needs of specific groups around food security: Eastern European, West African, Latin American , LGBTQ communities and those with disabilities.	Work with partner organisations to make links with these communities and make them aware of resources available, as well as mapping food projects that these groups may have established themselves.	Autumn/Winter 2019
4	A need for out-of-hours provision for those who work or may have a crisis at a weekend.	Compile information on what is available. If there appears to be a gap, explore with the Council and partners how this could be addressed.	Autumn/Winter 2019

5. Equality objectives (for business plans)				
Based on the initial analysis above, please detail any equality objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the Council Plan.				
Objective and measure	Lead officer	Current performance (baseline)	Targets	
			2019/20	2020/21

Teams and organisations engaged in development of Southwark Food Security Plan.

Input and engagement in the plan has taken place through interviews with a range of people with lived experience of food security living in Southwark, as well as from colleagues within the following teams and organisations as part of group workshops and presentations as well as wider stakeholder interviews:

Wider stakeholders
1 st Place Children's Centre
Alexandra Rose Charity
Bags of Taste
Bermondsey and Old Southwark Constituency Office (Labour Party)
Central Southwark Community Hub
Citizen's Advice Bureau
Community Children's Dietetics and Nutrition Team (Evelina)
Community Southwark
Fareshare
Food2You (Age UK Lewisham and Southwark)
Foodcycle
Garden Organic
Guys and St Thomas' Charity
Hubbub
Ivydale Children's Centre
Job Centre Plus
Kings College London (PhD candidate working on food security)
London School of Hygiene and Tropical Medicine
Mercato Metropolitano
Nika's Kitchen
PACT
PECAN (Southwark Foodbank)
Pilgrim's Way Children's Centre
S.A.I.L Care Navigation (Age UK Lewisham and Southwark)

Southwark Food Action Alliance
SLAM
Southwark CCG, GP
Southwark Group of Tenants Organisation
Sustain – The Alliance For Better Food and Farming
Sustainable Food Cities
The Holiday Provision Network
Together Southwark
Walworth Community Garden Network

Southwark Council
Children's and Adults' Services
Community Engagement
Environment and Leisure
Environmental Health
Exchequer Team
Housing and Modernisation
Housing Strategy
Local Economy
Local Support Team
Markets Team
NRPF Team
Planning
Public Affairs and Communications
Public Health
Regeneration
Tenancy Support

Item No. 19.	Classification: Open	Date: 18 June 2019	Meeting Name: Cabinet
Report title:		Digital Public Health in Southwark: Our Strategic Approach	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Evelyn Akoto, Community Safety and Public Health	

FOREWORD - COUNCILLOR EVELYN AKOTO, CABINET MEMBER FOR COMMUNITY SAFETY AND PUBLIC HEALTH and COUNCILLOR RICHARD LEEMING, DEPUTY CABINET MEMBER FOR DIGITAL INCLUSION

Our 2018/19 – 2021/22 council plan talks about our ambitions to have ‘responsive, digitally enabled services that adapt well to change’. Digital technology is revolutionising every aspect of people’s lives, and expectations of how shopping, banking and the way we connect with family and friends have fundamentally changed as a result. Now, we must meet those expectations in the delivery of health care.

Southwark has always been at the cutting edge in using technology to enhance health; we are the first borough in London to have a Digital Public Health Programme and it is important to build upon our strong track record of innovation in this space, in order to lead nationally.

This strategy allows us to take a strategic approach to investing in digital public health and provides an opportunity to work with the Health Innovation Network and NHSE London who are developing strong digital health platforms and opportunities.

Most importantly, it provides us with an opportunity to understand the opportunities and challenges of scaling up digital public health programmes in a diverse borough such as ours, with particular emphasis on opportunities to reduce inequalities, and develop culturally competent digital programming.

We want all residents and businesses in the borough to have the digital tools and skills they need. We will continue to work with partners to improve Southwark’s digital infrastructure, and we will support residents and community groups to improve their skills so they are able to access everything the digital world has to offer.

RECOMMENDATIONS

Recommendations for the Cabinet

That the Cabinet:

1. Approves the overarching approach to delivering digital public health in Southwark, with an ambition of making the borough the nation's most digitally enabled borough for public health and wellbeing.
2. Notes that a further report detailing the proposed Southwark digital health hub and campaign (#TakeCareSouthwark) will be brought to cabinet for approval later in 2019.

3. Approves the Southwark public health division to explore a potential collaboration with Public Health England (PHE) to trial a novel digital health improvement programme utilising incentives.

BACKGROUND INFORMATION

4. As a young, diverse, and rapidly evolving inner London borough, Southwark is a patchwork of communities from leafy Dulwich in the south, to bustling Peckham and Camberwell, while towards the north, Borough and Bankside are thriving with private investment and development.
5. However, Southwark is the 40th most deprived of 326 local authorities in England and 8th most deprived out of 32 local authorities in London. An estimated 39% of Southwark residents live in communities ranked in the 20% most deprived areas nationally, and only 2% of residents live in communities considered least deprived nationally. Around 15,000 children (28%) in Southwark aged under 16 live in low-income families.
6. Deprivation has an important impact on health, as more deprived areas have higher prevalence of behavioural risk factors. Many factors that increase the risk of chronic illness and co-morbidity are present in the Southwark population, including:
 - Smoking: There are approximately 30,300 residents that smoke.
 - High risk drinking: It is estimated that 32,900 residents binge-drink, and 55,000 residents drink more than the recommended number of units of alcohol per week.
 - Inactivity and sedentary lives: Just under 50,000 residents get less than 30 minutes of exercise each day.
 - Poor mental health and wellbeing: There are over 4,000 people living in Southwark that have been diagnosed with a severe mental illness, and between 2015 and 2017, there were 65 suicide deaths in the borough.
 - Nationally, 70% of adults will have two or more unhealthy lifestyle behaviours, with prevalence increasing with deprivation. In addition, national data shows that as many as 30% of adults are living with two or more long term conditions.
7. Supporting populations to initiate and sustain a healthy lifestyle behaviour change is complex. An individual's behaviour is influenced by their capabilities, opportunities and motivation. All of these need to come together in order for a behaviour change to occur. Public health interventions are designed to influence one or more of these factors, depending on the need of the target population.
8. There is a growing evidence base that digital technology can provide a consistent, high quality and targeted approach to supporting individuals changing their behaviour. Interventions, such as apps, online programmes and websites, complimented with wearable devices either standalone or blended with traditional face-to-face approaches, are well placed to help people to achieve healthy lifestyle changes. Supporting residents to reduce their risk of developing, or helping them to better manage, chronic conditions. They are more likely to live independently, stay in work and engage more in their community.
9. There is also now growing evidence on the use of digital platforms to complement existing health and care services, providing bespoke patient support, improved patient engagement and activation, and facilitating disease

management. Digital approaches have also been used to channel shift patients to effective and less costly services. In this respect, digital approaches are not stand alone, but allow providers to deliver the more costly and intensive face-to-face interventions services to those with the greatest need, whilst those who have high digital literacy and levels of motivation can access digital support services, or a blended approach.

10. The value of digital approaches has been noted in recent national policies by the Department of Health and Social Care, Department for Digital, Culture, Media and Sport, NHS England and Public Health England. The Department of Health and Social Care has recently promoted precision public health and predictive prevention. This involves the careful, targeted and consensual use of data to provide digitally-enabled health improvement interventions in a way people are most likely to engage with and act on.
11. This type of digital engagement is a sophisticated and unobtrusive approach that is widely and effectively used in other sectors to connect people with the services and products they are most likely to want and need. It's only natural to consider how this technology can be harnessed in public health. It fits very well with the general trend in public health as we take advantage of better data and scientific evidence to be more precise and efficient in everything we do.
12. Predictive prevention does not replace existing public health interventions at population or community level – but it does build on existing data-driven targeting techniques and channels to add another dimension of deeper customer engagement. By continuing to combine behavioural science and digital innovations, we can actively encourage people to make healthier choices and take greater responsibility for their wellbeing.
13. Southwark Council's existing Digital Strategy articulates the organisation's vision to use technology – through more efficient, effective and user-centric service delivery models – to improve outcomes for residents. It features five priority areas:
 - A transformed Southwark website
 - Making best use of our business systems and tools
 - Smarter ways of working through business intelligence and analytics
 - Ensuring digital inclusion
 - Increasing pride and engagement via digital communication channels

This is underpinned by three principles:

- Start with user needs
 - Do less
 - Build digital services, not websites
14. There are existing digital programmes in development across the council, including in children's services. This programme is initially focused on the wellbeing of adults. The Southwark Council approach to digital public health is in line with these principles and the council's Digital Strategy, with a specific focus on health-related behaviours.

DIGITAL PUBLIC HEALTH STRATEGY - KEY ISSUES FOR CONSIDERATION

15. Digital public health tools offer new ways for residents to engage with Southwark Council, improve their awareness and engagement with health and wellbeing,

and promote greater access to and uptake of services to improve outcomes and address inequalities.

16. A digital public health approach will not necessarily or immediately replace traditional public health services nor programmes, but rather, aims to enhance these in order to address three key challenges in the borough:
- **The need to transform traditional public health services:** Budgetary pressures, exiting and emerging health threats, changing patient and public needs require us to continually adapt and evolve public health programmes. Digital transformation of traditional public health programmes (eg. SH:24, online sexual health services) can help us improve access, quality, coverage, scale and impact, patient experience and help reduce costs.
 - **The need to increase health literacy and activation:** In an environment where conflicting health messaging, fake news and misinformation are on the rise, digital approaches (e.g. Change4Life, OneYou, NHS choices) can help maximise opportunities to provide consistent, engaging, accurate and accessible information on health and wellbeing to all members of our community, when they need it, and in the formats that work best for them.
 - **The need to increase the uptake of tools to promote prevention, wellbeing and resilience:** The high burden of chronic diseases in the borough requires an expansion of efforts to promote and support behaviour change and improve access to preventive services. Recent declines in the uptake of preventive programmes e.g. smoking cessation, cancer screening, vaccinations are of great concern. Digital public health approaches (e.g. Active10 to promote physical activity) can provide new ways to promote prevention and resilience, encourage more supported self-management and ultimately reduce the burden on health services.

OUR APPROACH TO DIGITAL PUBLIC HEALTH

17. Additional detail on these challenges, our ambitions for addressing them, and the approaches to be adopted are summarised in the table below.

Three ambitions form the pillars of our digital public health approach. These ambitions are not sequential, but represent three strands of the work being planned and delivered concurrently, to embed and scale digital approaches in our public health practice.

Table: Southwark's Digital Public Health Approach			
Ambition	Objective	Target group	Opportunities
I. Transform public health services	Redesign existing statutory public health services to include digital service components where this adds value.	Specific cohorts of residents, as per clinical need being addressed.	<ul style="list-style-type: none"> ▪ Many public health programmes and services are delivered using models dating back decades. Digital first allows new ways of designing and commissioning public health and prevention services. It also allows us to think differently about existing mandated services. For example: <ul style="list-style-type: none"> - Digital NHS Health Check programme - Sexual Health London e-

			service for self-STI testing - SH:24 collaboration to improve knowledge of and access to contraception
II. Promote population-wide digital activation to support health and wellbeing	Increase access to information, advice, tools and services that promote health awareness, health literacy and promote wellbeing through facilitating sustained behaviour change.	All residents aged 18-74.	<ul style="list-style-type: none"> ▪ Maximise use of Southwark's digital interactions with residents to promote health and wellbeing. ▪ Promote programmes to increase digital health literacy across the life course, e.g. in schools, workplaces, community settings ▪ Work with digital and technology partners to monitor and evaluate key digital uptake and effectiveness.
III. Deliver innovative digital support for adopting healthier behaviours	Scale-up use of evidence based digital tools to target priority behavioural risks, as a blended approach with existing service offerings, to influence behaviour change.	Cohorts of residents with suboptimal health behaviours or at increased risk of disease or disability.	<ul style="list-style-type: none"> ▪ Scale up promotion and engagement with pan-London digital tools and interventions to promote active, healthy living and wellbeing. For example: Active 10, Thrive, Good Thinking, smoking cessation and sleep management tools

Ambition 1: Transform public health services

18. Through this pillar of the digital public health programme, we will build upon digital public health successes to date and accelerate transformation of other traditional public health services.
19. This element of the programme is currently best developed in Southwark, and we are seen as national leaders in this space. We are keen to identify other traditional public health services that can benefit from digital transformation to improve quality, coverage, impact and cost-savings for the council. We will ensure that all new projects are done in partnership with the council's digital team, based on robust evidence and evaluation, and combine digital service design with behavioural science theory.
20. Examples of the transformation to date pioneered by Southwark include:
 - Sexual health e-services: Creation of online STI self-testing services for low-risk, asymptomatic people (working with SH:24 and now Sexual Health London). Along with Lambeth, Southwark provided proof of concept from 2016 for embedding a digital service as a major part of an effective local sexual health system. This digital transformation created additional capacity in oversubscribed sexual health clinics and contributed to the delivery of significant cost reductions in the delivery of sexual health services. Online STI testing has proven popular with residents.
 - Physical activity: Beat the Street was implemented in Southwark in 2018, and is an example of gamification, i.e. making physical activity fun by using game design principles.
 - Digital NHS Health Check: The NHS Health Check is a 5-yearly check at GP surgeries for adults aged 40 – 74, to identify and prevent early signs of cardiovascular disease. The check acts as a signposting and referral

opportunity, however around half of those invited for the check do not attend. Southwark Council was accepted onto the Design Council's *Design in Public Sector* programme to explore digital solutions to this issue. This includes building an online Health Check tool, and improving the invitation schedule for non-responders utilising text messaging and quick access to online checks using QR codes. These launched in early 2019.

- Child death overview function: The council has a statutory duty to review the death of any child or young person with a range of partners. Since 2018, the council has adopted an electronic system (eCDOP) to electronically process child death reviews which has streamlined data collection, allows easier sharing of information for panel meetings and automatically feeds into the National Child Mortality Database (NCMD). This has saved a significant amount of officer time and allows officers to focus on disseminating learning from deaths to prevent future incidents.

21. Future areas of development in this workstream will include:

- Sexual health:
 - Create an online information resource and eligibility checker for different types of contraception for patients and professionals.
 - Create an online central booking system for long-acting reversible contraception (LARC) across SE London to improve patient access.
 - Work with key stakeholders (e.g. clinicians, patients) to identify additional opportunities to leverage digital services to improve the patient journey and cost effectiveness.
- Physical activity: Utilising open data, which (like holiday comparison sites) will enable people to easily find and book activities that suit their personal needs. This will be a partnership with London Sport and local activity providers, lead by Leisure.
- NHS Health Checks: Expanding implementation of the digital health check and evaluating its effectiveness at increasing uptake of the NHS Health Check.

Ambition 2: Deliver population-wide digital support to enable behaviour change to improve health and wellbeing

22. In this pillar of our digital public health approach we aim to use and expand digital approaches to health promotion and primary prevention, linking those in the borough to digital health resources including information, tools, activities, services and community assets that promote wellbeing and support behaviour change.

23. The key identified initiative to deliver this ambition will be the development and evaluation of a bespoke digital health hub for Southwark currently referred to as #TakeCareSouthwark. The digital hub will be developed in partnership with colleagues from across the council, the NHS, Guys and St Thomas' Charity, and community partners and aims to provide:

- a 'one stop shop' for information the health and wellbeing offer for all residents and
- a platform to access digital health tools to support individual behaviour change.

24. The development of the health hub will follow a digital design process (discovery: understanding user need and reviewing the evidence; alpha: scoping solutions and rapidly testing with residents and key stakeholders; beta: building the solution and testing with the public, making rapid improvements; live). Evaluation will run throughout.
25. The #TakeCareSouthwark hub will be underpinned by a social marketing campaign that will signpost residents to the site and to promote available digital resources. The hub and campaign will create a digital health promotion brand for Southwark, which over time will be evaluated to determine its coverage, penetration, acceptability and utility to local residents. Including promotion by professionals linking to initiatives such as making every contact count, and social prescribing.
26. A #TakeCareSouthwark steering group will be established to oversee the development of the programme and its timescales, including public health, communications, digital officers and key external experts, including Southwark CCG, NHS London, PHE London, and the South London Health Innovation Network (HIN).
27. The steering group advised by expert communications officers, will agree the approach to developing the brand, and developing the communications plan including month by month opportunities for co-branding Southwark campaigns, health stories, and promotion of health resources and tools. Partners will also endorse and promote the campaign.
28. The content of the digital health hub will be curated by the steering group, and will build upon resources already available from PHE, NHS England and London, but customised and relevant to those in Southwark. Given the Council's focus on promoting mental wellbeing in the current Council Plan, it is proposed that the initial focus is on mental health and wellbeing and with monthly promotional content and activities.
29. There will be a launch event in 2019/20 to kick-start the new digital campaign and hub and celebrate the Council's commitment to applying and using digital approaches in all we do. The launch will not be rushed, as there is only one chance to launch a campaign.
30. The draft objectives of the #TakeCareSouthwark digital health hub are to:
 - Develop a new overarching digital brand for Southwark's health promotion campaigns and health marketing activities. The brand proposition and social marketing campaign assets will be developed using in-depth insight research with target residents and key stakeholders.
 - Co-brand all health and wellbeing-related content from the council under the brand, creating a more cohesive approach to our health promotion activities and work.
 - Increase knowledge and awareness of important health and wellbeing issues through the social marketing campaign, and develop a call to action that directs residents to the digital hub. Leveraging Southwark's strong digital assets including Facebook, Twitter, Instagram and the Southwark website.
 - Develop the digital health promotion hub following digital design principles, in partnership with key stakeholders and service users.
 - Ensure this hub promotes ready access to information, resources, tools

and services that increase the individual's intention to change their health behaviours and maximises the potential for actual sustained behaviour change. Consider interoperability and role in a blended approach with more traditional face to face services.

- Launch and test "Beta" phase, undertake rapid improvement for borough wide launch of "live" stage.
- Evaluate the degree to which this approach is effective, including understanding who engages in this type of programme and the benefits and risks of this approach compared to other methods of engagement.

Ambition 3: Deliver innovative digital support for adopting healthier behaviours

31. The third pillar our digital health programme aims to expand the local use of evidence-based digital tools to target priority behavioural risks. The NHS app library and Public Health England already provide access to a range of accredited digital tools to help support healthy behaviours including physical activity, sleep, mental wellbeing, smoking cessation, oral health and mindfulness.
32. We will work with local health and care partners, and our local communities, to identify the most relevant digital interventions and actively promote their availability and utility. Our partnership with digital companies and academic partners will enable us to evaluate whether this active marketing is effective, with whom and with what impact. This approach will be embedded within our digital health hub and associated campaigning.
33. One of the novel opportunities in this pillar is a potential collaboration with Public Health England to develop, evaluate and implement an innovative digital health incentives programme. PHE have partnered with Greater Manchester to test digital methodologies for creating and sustaining healthier behaviours, using a tool they have commissioned. Southwark Council have been invited to be part of the exploratory work to examine the feasibility and utility of this approach at no cost to Southwark.
34. This new digital tool has been tested at a large scale internationally, and engages users in health improvement by incentivising behaviour change with meaningful reward points. Users pick their preferred reward points (e.g. Boots Advantage, Tesco Clubcard, Sainsbury's Nectar), complete quizzes that allow them to improve their knowledge of key wellness topics, make small, meaningful changes to their behaviour (i.e. achieving personal walking goals), and are rewarded with a number of points.
35. Detailed discussions with PHE are yet to commence. We believe that this may provide another channel to engage and support people in Southwark to adopt healthier behaviours. If effective, this platform could potentially be offered to support local residents in five areas:
 - Digital health assessment
 - Physical activity
 - Mental wellbeing
 - Tobacco cessation
 - Alcohol moderation
36. PHE is still very early in this process, and as lessons are learnt from

development and implementation in Manchester, we will have an opportunity to build upon these locally. If feasible and acceptable, the provider will work in partnership with Southwark Council and PHE to tailor the platform for Southwark.

Digital Public Health: Maximising the benefits, minimising the harm

37. While providing an exciting new opportunity for public health in Southwark, we recognise the challenges with developing and implementing digital health solutions and will work with partners within and outside of the council to mitigate these. Risks we have identified to date, that we will be working to mitigate during programme development include:

- Ensuring that we utilise digital technology in a way that actively reduces inequalities, and avoids further exacerbation.
- Design services that incorporate digital technology that are centred on the needs and views of residents.
- Takes into account the emerging evidence of the impact of excessive screen time on physical and mental health. Ensures that services that have a digital component are designed to take these issues into account.
- Establish a quality assurance process for digital tools which we are making available to the public?
- Understand and manage effectively the potential concerns about data ownership, privacy, data sharing, and intellectual property in the current and future environment?
- In a rapidly changing world, how do we ensure sustainability of our programmes and engagement?
- What will good look like and how will we know we have achieved it?

38. Each of these will be explored and addressed during the development phase of the programme and will be considered in depth by the steering group.

39. Other considerations that will be taken forward as part of our digital public health approach include:

- Explore and evaluate the most effective ways to reach and engage all sectors of our community, using digital approaches. Ensuring our approach is inclusive.
- Work with a broad range of clinical and community partners to ensure wide engagement and support those in greatest need to take up these approaches.
- Explore the opportunities to link with our local IT community and partners who are developing innovative and approved digital tools, supporting our local economy.
- Explore what works in promoting engagement with digital health tools and their ongoing use.

Policy implications

40. These proposals are in line with the objectives set out in the following internal and external policies:

- Southwark Council's three relevant strategies: *IT Strategy*, *Digital Strategy*, and *Digital Infrastructure Strategy*
- *Southwark Health and Wellbeing Strategy*
- UK Government's *Digital Strategy*

- Public Health England's *Digital First Strategy*
- Greater London Authority's *London Plan for Digital: Smarter London Together*.

Community impact statement

41. There is a risk that digital health initiatives may widen health inequalities between people who are more or less comfortable with digital technology. This digital divide may be stronger for the following protected characteristics: older age; disability; race (in cases where this correlates with income and deprivation). This creates the risk that those with the largest health needs (older people from disadvantaged backgrounds with health conditions and disabilities) will uptake services less than younger, potentially healthier people from advantaged backgrounds with lower health needs. However, it is envisaged that this programme will enable the targeting of face-to-face services towards those who need them most (as has been observed in sexual health service transformation and the introduction of e-services).
42. There are three primary mitigations against this risk:
 - This programme has been designed to complement and amplify the effects of traditional health services, not replace them.
 - Lead officers will monitor uptake of these programmes including protected characteristics, and inequalities arising, with services as they are developed. In cases where early signs of inequalities are noted, it will be appropriate to adapt services.
 - The Digital Infrastructure Strategy is developing a programme of upskilling and support that will enable Southwark residents to take advantage of opportunities like Southwark Health Incentives Programme.
43. An Equalities Impact Assessment will be undertaken as part of implementing each component of the strategy.

Resource implications

44. A new officer post has been created and appointed to, which will lead the Southwark approach to digital public health.
45. This officer will manage the implementation and evaluation of the entire programme described in this report, calling on other officers as required.

Legal implications

46. Under Regulation 6 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, local authorities have a duty to provide, or to make arrangements to secure the provision of a range of public health services, including those described in this report. The Regulations do not prescribe how the services should be provided.

Financial implications

47. Participation in the digital incentives trial with PHE is at no cost to Southwark Council. However, officers have approached the Guys and St Thomas' Charity as collaborating partners as the trial is adapted to and enhanced in Southwark, with a particular focus on evaluation. If successful, officers will explore how

investments could be sustained using other sources of funding as part of the commitment to health improvement in the borough.

48. It is expected that there will be modest costs associated with the development of the new #TakeCareSouthwark website, which will be scoped in detail at the next stage of this programme, including the engagement strategy, and detailed in a relevant cabinet report.
49. It is not anticipated that there will be new investments required as part of this initial programme; any spend would be managed within existing budgets (e.g. as part of transforming services from a traditional model to a mixed traditional/digital model).
50. Any future spend under this programme would follow the contract standing orders authorisation processes.

Consultation

51. This approach has been developed in consultation with various officers, including physical activity, communications, digital, and public health.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

52. This report seeks approval by Cabinet of the approach to delivering digital public health in Southwark in partnership with PHE.
53. The trial stage of the report is at no cost to Southwark Council, there will be some modest cost detailed in paragraph 48 regarding development of the website and all other costs will be managed within existing Council budgets.
54. Dependant on the value of the digital health services the necessary gateway reports will need to be complete or comply with the Council's contract standing orders.

Director of Law and Democracy

55. This report seeks approval of the approach to delivering digital public health in Southwark and to enter into a partnership with PHE. The decision to agree this is one that can be taken by the Cabinet.
56. As stated in paragraph 46 the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to make arrangements to secure the provision of a range of public health services, including those described in this report.
57. The implementation of this will need to ensure that the council comply with relevant legislation such as Data Protection Act and GDPR.
58. In addition the implementation will need to have regard to the council's duties regarding best value.

59. The cabinet should have regard to the council's duty under the Equality Act 2010 ("the Act") which requires the council to have due regard when taking decision to the need to:
- Eliminate discrimination, harassment, victimisation or other prohibited conduct;
 - Advance of equality of opportunity between persons who share a relevant protected characteristics and those who do not share it;
 - Foster good relations between those who share a relevant characteristic and those that do not share it.
60. Of particular regard are issues of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Strategic Director of Finance and Governance (FC18/041)

61. The strategic director of finance and governance notes that there no new financial implications arising from this report as all related expenditure are expected to be funded within existing budgets.
62. Staffing and any other costs connected with this report to be contained within existing departmental revenue budgets.

Other officers: Director of Modernise

63. This initiative aligns with both the Digital and Digital Infrastructure Strategies of the council. As detail emerges around the digital and technology requirements for this initiative, further engagement with IT & Digital Services will be required.

Other officers: Head of Communications

64. The Digital Health project is identified as a priority campaign in the External Affairs (EA) strategy (2018-2022), and is in line with the council's wider ambitions to find innovative digital solutions for services and messages. The digital hub will provide a home for engaging content to influence resident behaviour in other key council plan and EA priority areas such as tackling childhood obesity, reducing STIs, and encouraging active, healthy lives. It will also enhance Southwark's reputation as an innovator and leader in public health and digital innovation.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Evelyn Akoto, Community Safety and Public Health, and Councillor Richard Leeming, Deputy Cabinet Member for Digital Inclusion		
Lead Officer	Professor Kevin Fenton, Strategic Director Health and Wellbeing		
Report Author	Sigrid Blackman, Jo Stead		
Version	Final		
Dated	7 June 2019		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments Included	
Director of Law and Democracy	Yes	Yes	
Strategic Director of Finance and Governance	Yes	Yes	
Head of Procurement	Yes	Yes	
Director of Modernise	Yes	Yes	
Head of Communications	Yes	Yes	
Cabinet Members	Yes	Yes	
Date final report sent to Constitutional Team			10 June 2019

Item No. 18.	Classification: Open	Date: 18 June 2019	Meeting Name: Cabinet
Report title:		Introducing a Council advertising policy in Southwark	
Wards or groups affected:		All	
Cabinet Member:		Councillor Evelyn Akoto, Community Safety and Public Health	

FOREWORD – COUNCILLOR EVELYN AKOTO, CABINET MEMBER FOR COMMUNITY SAFETY AND PUBLIC HEALTH

Fast food advertising and ads targeting children specifically have increased dramatically over the years, at the same time, the levels of obesity has also skyrocketed. It is difficult to deny the link between increased fast food advertising and childhood obesity. Greater exposure to the advertising of unhealthy foods will increase the consumption of these foods. As one of the boroughs with increasing child obesity rates, I want to tackle this head-on by making the healthier choice the easier choice for everyone.

I want to reduce unhealthy food advertising and at the same time encourage children and young people and families and carers to buy healthier options as well as cook more healthily. I am not banning food and drink brands nor the advertising by restaurants and takeaways. What I want to see is the promotion of healthier products rather than the advertising of sugary drinks and high fat, sugar and salt items. I am also introducing a ban on the advertising of alcohol. The banning of the advertising of unhealthy products will support my commitment to create a healthier Southwark. I strongly welcome the introduction of the new healthier advertising policy for Southwark.

RECOMMENDATIONS

That the Cabinet:

1. Agree the adoption of the proposed new advertising policy for Southwark Council (Appendix 1) for all council sold advertising opportunities within the borough, including through any council letting or leasing arrangements.
2. Note that there will be a phased implementation, that is, as and when existing contractual arrangements come up for renewal.
3. Note that officers will also be contacting existing contract holders to voluntarily adopt the new policy before their contracts come up for renewal.
4. Request a report back in twelve months time to provide an update on the advertising policy and the impacts.

BACKGROUND

5. Advertisements influence the lifestyle choices individuals make. A report published in 2018 by Cancer Research UK found young people who recalled

seeing junk food adverts every day were more than twice as likely to be obese¹. The same study identified 87% of young people found adverts for high fat, salt and sugar products appealing, with three quarters tempted to eat a product after seeing such an advert. As a borough, we want to ensure advertisements promote healthy lifestyle choices to all our residents.

6. On the 25 February 2019, Transport for London (TfL), with the support of the Greater London Authority, implemented a junk food advertising ban. The ban is for advertisements of all food and non-alcoholic drink products that are high in fat, salt or sugar (HFSS). It has been implemented across the whole TfL estate, including the Underground, buses, Overground, Docklands Light Railway, taxi wraps and all TfL owned bus stops. This accounts for approximately 40 per cent of London's out of home advertising by revenue.
7. A public consultation by the Greater London Authority, launched in May 2018, found 82% of Londoners support a junk food advertising ban.
8. There is momentum across London boroughs to adopt a similar advertising policy to TfL. In addition the government is currently consulting on a television and online watershed for HFSS adverts aimed at children.
9. Similar junk food advertising policies have already been successfully implemented in other countries. For example, since January 2018, Amsterdam has banned the advertisement of unhealthy products aimed at children and young people across all 58 subway stations in the city. In Sao Paulo, all outdoor advertising has been banned since 2007 under the Clean City law. Sao Paulo viewed outdoor advertisements as 'visual pollution' that had the potential to be detrimental to the city's health. Preventing the advertisement of HFSS products is a recommendation of the World Health Organisation.
10. The proposed council advertising policy builds on the London momentum and ensures that advertising in Southwark, that may have a negative influence on health and wellbeing, is not placed through the council. It is an example of how the 'health in all policies' approach is being implemented across the council.
11. Additionally, advertisements through the council's advertising opportunities must not cause offence, be contrary to the Council Plan commitments and strategic aims and must uphold and not be detrimental to the council's reputation and corporate identity.
12. The new proposed advertising policy in Southwark reflects the Public Services (Social Value) Act 2012. The Act states that all public bodies are required to consider how their services impact on the economic, social and environmental well-being of the area.
13. Banning the advertising of unhealthy foods will reduce demand, de-normalise unhealthy foods and create a healthier urban environment. Comparison can be made with the banning of the advertising of tobacco products by the Tobacco Advertising and Promotion Act 2002. The latter has contributed to the de-normalisation of smoking and the reduction of smoking².

¹ <https://www.cancerresearchuk.org/about-us/cancer-news/press-release/2018-01-15-teens-likely-to-crave-junk-food-after-watching-tv-ads>

² <https://www.legislation.gov.uk/ukpga/2002/36/contents>

The Southwark advertising policy

14. The proposed policy (Appendix 1) states that Southwark Council will not accept advertisements that conflict with the promotion of an active and healthy life. Advertisements must also not have any adverse impacts on achieving the commitments within the Council Plan.
15. The proposed new advertising policy will apply but not be limited to the advertising opportunities across the borough as listed in Appendix 2.
16. Southwark's current guidelines on advertising in public places (Appendix 3) will still be upheld alongside the new policy.
17. The proposed advertising policy has been informed by guidance from Transport for London (TfL) for foods with high fat, sugar, salt (HFSS) content and the Advertising Standards Agency for more responsible advertising relating to broader advertising categories.
18. Southwark is adopting the TfL guidance on HFSS. Southwark has amongst the highest rates for childhood obesity nationally. Almost 40% of 10-11 year olds in Southwark are overweight or obese. This continues into adulthood, with just under 60% of the adult population overweight or obese. Creating an environment where the healthier option is the easier choice is an important part of a whole systems approach to promoting healthy weight in Southwark, as detailed in the Southwark Healthy Weight Strategy. The new advertising policy complements other initiatives in Southwark that work with local caterers and retailers to provide affordable, good quality, healthy options across the borough. Such initiatives include the Good Food Retail Plan and the Healthier Catering Commitment.
19. Southwark has amongst the highest alcohol related hospital admissions due to accident and injury, high prevalence of alcohol related disease and alcohol related cause of deaths. For this reason, alcohol is included in the advertising ban.
20. The council retains the right to decline advertisements from any organisation, individual, event or campaign that it considers inappropriate. Specifically, the following advertisement categories will not be permitted by the council:
 - Nudity, pornography, prostitution or sexual messaging services
 - Gambling and betting
 - Weaponry advertisements including knives
 - 'No win, no claim' services, payday lenders or pyramid promotional schemes
 - Advertisements with discriminatory and hate-related content
 - Illegal substances
 - Alcohol and tobacco products
 - HFSS food and HFSS non-alcoholic drink products.

Exemption process for considering appeals for high fat, sugar, salt (HFSS) products

21. The Southwark advertising policy, like TfL's, uses the Nutrient Profiling Model (NPM) to identify food and drink products that are HFSS. The NPM does not differentiate between products on the basis of typical portion size or manner of consumption. Southwark Council recognises that the adoption of NPM could lead to unintended consequences, in that some products that are not believed to make a contribution to childhood obesity could become restricted.
22. Therefore, in line with the TfL guidance, it is proposed that Southwark follows an exemption process for considering appeals relating to HFSS food and non-alcoholic drink products. This exemption process is described in more detail in the policy (Appendices 1 and 4).
23. It is the responsibility of the advertiser or brand to demonstrate that the product meets the exemption process. Any potential exemptions will be reviewed by the council on a case by case basis but will be informed by TfL guidance to ensure consistency for brands.
24. In addition, the exemption process will allow for dialogue with advertising agencies in reviewing and updating this policy.

Policy implications

25. The new advertising policy directly supports three key council Fairer Future Commitments:
 - A healthier life
 - A great start in life
 - A safer community
26. The advertising policy operates within and supports the delivery of the Health and Wellbeing Strategy, the Healthy Weight Strategy, the Tobacco Control and Smoking Cessation Strategy, the Mental Health and Wellbeing Strategy and the Early Years Foundation Stage Framework.
27. Southwark is also one of the boroughs piloting superzones – a healthier 400m radius around schools. The schools involved in the pilots have discussed that unhealthy advertising is addressed as part of the superzones approach.
28. The advertising policy has been developed with cross departmental input and support, including from Culture and Events, Communications, Property, Planning and the Chief Executive's Office.

Community impact statement

29. It is envisaged that this policy will have a positive impact on a wide range of groups and the wider community. There are no specific negative equality implications arising directly from this policy.
30. The advertising policy aims to improve the health and wellbeing of Southwark's communities and residents by reducing the exposure to potentially detrimental lifestyle choices.

31. The advertising policy specifically bans discriminatory and hate related content and will take into consideration any advertisements that impact negatively on age, disability, faith, gender, ethnicity or sexual orientation.

Legal implications

32. In the acknowledgement of contracts already in place, this policy will only come into effect for all new or renewals of leases and advertising contracts from 1st July 2019. This will also reduce any financial impacts the policy has on revenue. All current advertising providers within the borough will be contacted and encouraged to adopt the new advertising policy in advance of their contract renewal date.
33. As implementation will be phased due to varying contract renewal dates (Appendix 4), it will be possible to monitor the commercial impact of the policy and agree any revisions as appropriate.
34. The policy follows the Advertising Standards Agency guidelines and TfL's policy to remove any ambiguity amongst advertising agencies that could render the media estate unviable.
35. Officers will continue to work with the GLA, to learn from the implementation of the TfL policy and from their evaluation.
36. More broadly, a recent Ofcom report calculated that a HFSS ban on primetime television would have a 'modest' impact on food manufacturers' advertising revenue.

Financial Implications

37. There are five large hoarding sites in the borough, which generate approximately £155,000 annually and there are nineteen JC Decaux screens across the borough that generate approximately £110,000 every year (Appendix 2). The total income of £265,000 received from such advertising opportunities is directed to fund Council services and priorities.
38. While the financial impact of this new advertising policy cannot be quantified at this stage, there is a risk that the proposals may reduce the current advertising income received by the council. This potential risk will be mitigated by Officers working with the advertising providers to ensure the sites can still be marketable and commercially viable.
39. The financial impact of this proposal will be monitored and reported as part of the council's revenue budget monitoring process.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

40. The council as a landowner is able to generate income from advertising displays that are situated across the borough. The report identifies how an advertising policy in relation to these displays will support the council in carrying out its statutory functions, particularly in relation to public health. Section 111 of the

Local Government 1972 gives a local authority powers to do “any thing ...which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions”.

41. The report also refers to the Public Services (Social Value) Act 2012 and notes that all public bodies are required to consider how their services impact on the economic, social and environmental well-being of the area. This policy will assist the council in performing this duty.
42. Under section 149 of the Equality Act 2010, in making this decision the Cabinet must comply with its public equality duty which requires it to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
43. The community impact statement set out in the report indicates that no negative impacts on those with protected characteristics have been identified and positive impacts are noted and these are relevant matters to be taken into account in discharging that duty.
44. The establishment of this policy is an executive function which can be determined by the Cabinet in accordance with the Local Government Act 2000.
45. It is noted that this policy will sit alongside the guidelines attached in appendix 3 which are in place to ensure the relevant highways and planning regulations are adhered to when dealing with requests to advertise in public spaces.

Strategic Director of Finance and Governance (FC19/001)

46. This report is requesting cabinet to agree to adopt the new advertising policy for Southwark Council as reflected in paragraphs 1-4. Full details and background are provided within the main body of the report.
47. The strategic director of finance and governance notes that there is a potential risk that this new approach may result in the reduction of advertising income currently achieved by the council but officers will be working with the advertising providers to mitigate such risks.
48. It is noted that close and robust monitoring will be required to evaluate the financial impact of this new policy and this will be incorporated within the council's budget monitoring process.
49. Staffing and any other costs connected with these recommendations to be contained within existing departmental revenue budgets.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Healthy Weight strategy: Everybody's business 2016-2021	Public Health 160 Tooley Street London SE1 2QH	Jin Lim Jin.lim@southwark.gov.uk
Link (please copy and paste into your browser): http://moderngov.southwark.gov.uk/documents/s63091/Appendix%201%20Healthy%20Weight%20Strategy%202016%20-%202021.pdf		
Transport for London's advertising policy	Greater London Authority City Hall, SE1 2AA	
Link (please copy and paste into your browser): http://content.tfl.gov.uk/tfl-advertising-policy-250219.pdf		

APPENDICES

No.	Title
Appendix 1	Advertising policy
Appendix 2	Advertising opportunities in Southwark
Appendix 3	Advertising in public spaces: Guidelines for using outdoor advertising in Southwark
Appendix 4	Exemption process diagram

AUDIT TRAIL

Cabinet Member	Councillor Evelyn Akoto, Community Safety and Public Health		
Lead Officer	Kevin Fenton, Strategic Director of Place and Wellbeing		
Report Author	Becky Steele, Public Health Policy Officer (Obesity & Physical Activity)		
Version	Final		
Dated	7 June 2019		
Key Decision?	Yes		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments included	
Director of Law and Democracy	Yes	Yes	
Strategic Director of Finance and Governance	Yes	Yes	
Cabinet Member	Yes	Yes	
Date final report sent to Constitutional Team		7 June 2019	

APPENDIX 1

Southwark Council advertising policy

Policy context

Southwark Council does not support advertising that is contrary to the [Council Plan](#) aims and commitments. Of particular relevance to the advertising policy is the council commitment to promote a healthier and great start in life³.

The advertising policy reflects both the Advertising Standards Authority⁴ (ASA) guidelines on prohibited categories as well as Transport for London's (TfL) guidelines on advertising food and non-alcoholic drink products that are high in fat, salt and sugar (HFSS).

Advertising policy

This policy is applicable to all advertising opportunities through the council, including through any third party letting or leasing arrangements.

Advertisements of any of the following products or services will not be permitted by Southwark Council:

- Alcohol and tobacco products
- Food and non-alcoholic drinks that are high in fat, salt and sugar (HFSS)
- Drugs/ illegal substances
- Nudity, pornography, prostitution or sexual messaging services
- Gambling and betting
- Weaponry including knives
- No win, no claim services, payday lenders or pyramid promotional schemes
- Hateful or discriminatory content.

With regards to alcohol, this includes any 'incidental' references to alcohol, even if the alcoholic drink is not the subject of the advertisement. Alcohol-free alternatives can be promoted.

With regards to HFSS, the policy does not ban whole brands or organisations from advertising, as they are able to promote healthier alternatives. Further information is provided below.

All advertisements also need to comply with the council's broader [guidelines](#) on advertising in public spaces.

The council retains the right to decline advertisements from any organisation, individual, event or campaign that it considers inappropriate.

Policy implementation

This policy will come into effect for all new leases from **1st July 2019*** and for all current leases as they come up for renewal.

All current advertising providers within the borough will be contacted and encouraged to adopt this policy, in advance of their contract renewal date.

The advertising policy will be reviewed annually.

*This date may change to be the start of the next month, following cabinet approval.

³ <http://www.southwark.gov.uk/council-and-democracy/fairer-future/fairer-future-commitments?chapter=7>

⁴ https://www.asa.org.uk/type/broadcast/code_section/10.html

HIGH FAT, SALT, SUGAR (HFSS) PRODUCTS

Young people who recall seeing junk food adverts every day are more likely to be obese⁵. Southwark has amongst the highest rates for childhood obesity nationally. Almost 40% of 10-11 year olds in Southwark are overweight or obese. This continues into adulthood, with just under 60% of the adult population overweight or obese⁶.

In February 2019, Transport for London (TfL) introduced an advertising ban on all food and non-alcoholic drink products that are high in fat, salt and sugar (HFSS). This ban is across all advertising opportunities on the TfL estate (including bus stops, taxi wraps and stations). The ban focuses in particular on products that contribute to childhood obesity.

To ensure consistency across London and to remove any ambiguity of what can be advertised, with regards to food products and non-alcoholic drinks, the HFSS elements of this policy is based on TfL's advertising ban. TfL developed their policy with the Greater London Assembly (GLA). More information can be found [here](#).

1. Advertisements of food and/or non-alcoholic drink products rated high in fat, salt and/or sugar (HFSS) will not be permitted
 - This includes advertisements where there is a range of food/non-alcoholic drinks featured, and at least one is a non-HFSS product. For example, when promoting a meal within a restaurant or from a delivery service
 - All products within the advert need to be non-HFSS
2. All food and non-alcoholic drink brands, service companies or ordering services can advertise providing it is their healthier options, consisting of non-HFSS products only.
 - Brand only adverts must promote healthier options (i.e. non-HFSS) as the basis of the copy
3. Advertisements cannot show or feature HFSS products 'incidentally', even if they are not the subject of the advertisement
 - This can include being referenced through text or graphic
 - Additionally, this includes any products that are not specifically identifiable but can still be assessed for a HFSS status
 - Where a food or non-alcoholic drink item is featured incidentally and does not relate to a specific identifiable product, which can be assessed for its HFSS status, advertising copy may be rejected by Southwark Council on the basis that the advertisement still promotes the consumption of HFSS products

The UK Nutrient Profiling Model (NPM), developed by the Food Standards Agency, is to be used to identify HFSS products that contribute to childhood obesity. The NPM is available [here](#).

Potential exemptions on HFSS products

The council retains the right to decline advertisement from any organisation, individual, event or campaign that it considers inappropriate.

If a food or non-alcoholic drink product within an advertisement is rated HFSS, it will not be permitted. However, if an advertiser or brand does not believe the product contributes to childhood obesity, they can complete an exemption form for the council to review.

⁵ <https://www.cancerresearchuk.org/about-us/cancer-news/press-release/2018-03-15-obesity-risk-doubles-for-teens-bombarded-with-junk-food-adverts>

⁶ Public Health Outcomes Framework

Any potential exemptions will be reviewed by the council on a case by case basis, with all decisions being made in accordance with TfL's guidance.

A HFSS food or non-alcoholic drink product will be permitted by the council if it is not contributing to childhood obesity and can demonstrate this through the following criteria:

- The product must not be on Public Health England's sugar or calorie reduction [list](#). The list categorises foods and drinks of concern for obesity prevention. For example:
 - Breakfast cereals
 - Yoghurts
 - Sweet spreads and sauces
- The product must be the healthiest option available by the organisation or brand
- The product must not generally be consumed by children
- The presentation of the product or the advert should not be intended to appeal to children. For example:
 - Include a toy, gift or prize
 - Use licensed characters, cartoons, animals or fairy tales
 - Have a child-friendly product name
 - Use colourful exaggerated graphics

It is the responsibility of the advertiser or brand to demonstrate that the product meets the above criteria.

The exemption form is available on the council's website. A separate exemption form will need to be completed for every HFSS product within the advertisement. An exemption form can only be resubmitted if new evidence is presented.

Reviewed 24th April 2019

APPENDIX 2

Advertising opportunities in Southwark

Large hoarding and digital sites:

- Five hoarding sites in the borough, with different contracts:

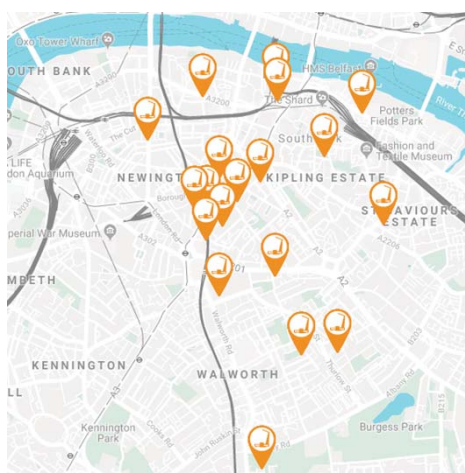
Address	Operator	Contract expiry date
Seven Islands leisure Centre	Roadside Media Ltd	23.06.20
563 Old Kent Road	Primesight Ltd	24.03.20
709 Old Kent Road	Maxx Media	N/A
182 Tower Bridge Road	Daylight Media	11.06.20
West Lane	Primesight Ltd	03.11.21

22 electronic displays

- The displays and advertisements are all managed by JCDecaux
- The contract with JCDecaux ends 31st March 2021
- The displays are located:
 - Waterloo Road
 - Newington Causeway
 - Southwark Park Road (x3)
 - Camberwell Road (x3)
 - Lower Road
 - Rotherhithe New Road (x3)
 - Newington Causeway (x2)
 - Borough Road
 - Southampton Way (x2)
 - Walworth Road
 - Lower Road

29 smart benches

- Contract with the Strawberry Smart benches network



One bus shelter

- The council only owns one bus shelter. The rest are owned by TfL
- The one bus shelter is on South Croxted Road, Dulwich and is not used for advertising

There are no advertisements on the council website and Southwark Life only uses council generated or NHS advertisements.

APPENDIX 3

Advertising in public spaces: Guidelines for using outdoor advertising in Southwark

This set of guidelines is to assist groups in the community as well as departments of the council to appropriately advertise events and activities lawfully.

With hundreds of events, festivals and activities happening across Southwark every year we are always looking for ways to advertise to the public. Different types of marketing ensures that as many people as possible become aware of them as possible. We use posters, leaflets, flyers, postcards, texting, social network sites and websites and street banners to get our message across.

The Town and Country Planning Control of Advertisements Regulations 2007 says that all posters, banners or flags require advertisement consent unless they fit under a number of categories where there is automatic or “deemed” consent. This is national legislation, which Southwark is required to comply with, and is responsible for enforcing.

Southwark Council has implemented a green action plan and sustainability policy 2004 and with partners are influencing a reduction in carbon dioxide emissions, improvement in air quality, reductions in the use and waste of water and implementing a climate change strategy. When advertising in Southwark organisations are required to ensure that they are green and that they recycle waste appropriately.

Priorities

Southwark Council has a series of priorities for the borough. The advertising in public spaces policy should positively contribute to our core priority of making Southwark a cleaner, greener and safer borough whilst supporting the promotion of community focussed activities and events in a safe and lawful manner.

Making Southwark Cleaner and Greener through the enhancing and improving the quality of the urban environment, promoting the use and enjoyment of Southwark’s built heritage, green and open spaces, and local areas.

Community Cohesion

As a Council we are committed to ensuring all communities are represented and active in the life of the borough. Through arts, culture and heritage communities can connect through shared activities and sharing experiences. The policy allows equal access to communities to advertise in public spaces.

Criteria for advertising in a public space

Organisations must apply for written advertisement consent for any poster, banner or flag which does not come under one of these categories before it can be displayed. These categories are within the Town & Country Planning Control of Advertising Regulations 2007.

Category 1

Exemptions for Flags

You don't need permission if you want to display the country's national flag, the flag of the Commonwealth, the EU or the UN or of an English County or a saint (e.g. St George's Cross).

A flag must be displayed by itself. Neither the flag nor the flagpole can display additional advertisement or subject matter (e.g. a Union Flag and an advertisement for a sporting event would require advertisement permission).

Category 2

Exemption for advertisements of local authorities and partners

Southwark Council is able to display an advertisement in relation to any of its services that helps the success of those services.

If the event or activity is funded by, supported by or in partnership with Southwark Council then it is included in this category.

Any banners displayed under this exemption must not exceed 1.55m² in area (e.g. 1 metre by 1.55 metres or 0.5 metres by 3.10 metres).

Category 3

Exemption for miscellaneous advertisements relating to the premises on which they are displayed

An advertisement can be displayed for the purposes of identification, direction or warning with respect to the land or building on which it is displayed.

These signs must not exceed 0.3m² in area (e.g. 0.1 metres by 0.3 metres).

Category 4

Exemption for temporary advertisements announcing local events

This exemption applies to religious, educational, cultural, political, social or recreational activities. Advertisements must be temporary to be exempt. Events and activities under this exemption must not be promoted or carried out for commercial purposes.

An advertisement under this category must not exceed 0.6m² in area (e.g. 0.2 metres by 0.3 metres) and cannot be displayed more than 28 days before the first day of the event and must be removed within 14 days of the last day of the event. There is no limit on the number of such advertisements that can be displayed.

Category 5

Exemption for balloons

An advertisement can be displayed on a balloon providing the balloon is not more than 60m above ground level and providing there is not more than one balloon on the site. Balloons cannot be displayed in conservation area, such as Dulwich Park. This type of advertisement cannot be displayed for more than 10 days in any calendar year on any one site. If you are thinking about using balloon to advertise your event you will also need to speak to the Civil Aviation Authority.

If the advertiser fits in one of the 5 categories they must follow the guidance notes below.

1. No advertisement shall be displayed at road junctions, as this will cause distraction to drivers, cyclists and pedestrians and increase the likelihood of road traffic accidents.
2. It is unacceptable for anyone to advertise at a road junction, on a crossing or on traffic lights. Advertisements posted here will be removed.
3. No advertisements are to be displayed without the permission of the owner of the site or any other person with an interest in the site entitled to grant permission.
4. No advertisement shall be sited or displayed so as to:

- a. endanger persons using any highway, railway, waterway, dock, harbour or aerodrome (civil or military);
 - b. obscure any traffic sign, railway signal or aid to navigation by water or air;
 - c. hinder the operation of any device used for the purpose of security or surveillance or for measuring the speed of any vehicle.
5. Any advertisement displayed, and any site used for the display of advertisements, shall be maintained in a condition that does not impair the visual amenity of the site.
 6. Any structure or hoarding erected or used principally for the purpose of displaying advertisements shall be maintained in a condition that does not endanger the public.
 7. Where an advertisement is required under these regulations to be removed, the site shall be left in a condition that does not endanger the public or impair visual amenity.
 8. The co-ordination of applications will be through the public realm division.

If the advertisement does not fit into one of the 5 categories the advertiser will need to apply for advertisement consent and obtain that consent before the advert is displayed.

This involves submitting an application form and plan, along with the current application fee of £335 per site. The application form is available at <http://www.southwark.gov.uk/YourServices/planningandbuildingcontrol/planningapplications/planningapplicationformsfees.html> or by contacting the planning department on 020 7525 5403.

An application could cover multiple displays on a single site. The council has eight weeks to make a decision on the application, after which the applicant can appeal if a decision has not been made. The applicant can also appeal if advertisement consent is refused.

In addition to the Advertising Regulations the council will also take account of its Unitary Development Plan when deciding if planning permission can be granted. This states that advertisements will only be permitted where they:

- do not harm amenity or compromise safety, including security: and
- do not obscure highway sightlines and allow the free movement along the public highway by all its users including people with disabilities, especially the visually impaired: and
- are designed (including size, type and any illumination) to be appropriate within the context of the site and to be an integral and unobtrusive part of the character and appearance of the site and surrounding area: and do not cause light pollution.

Penalties

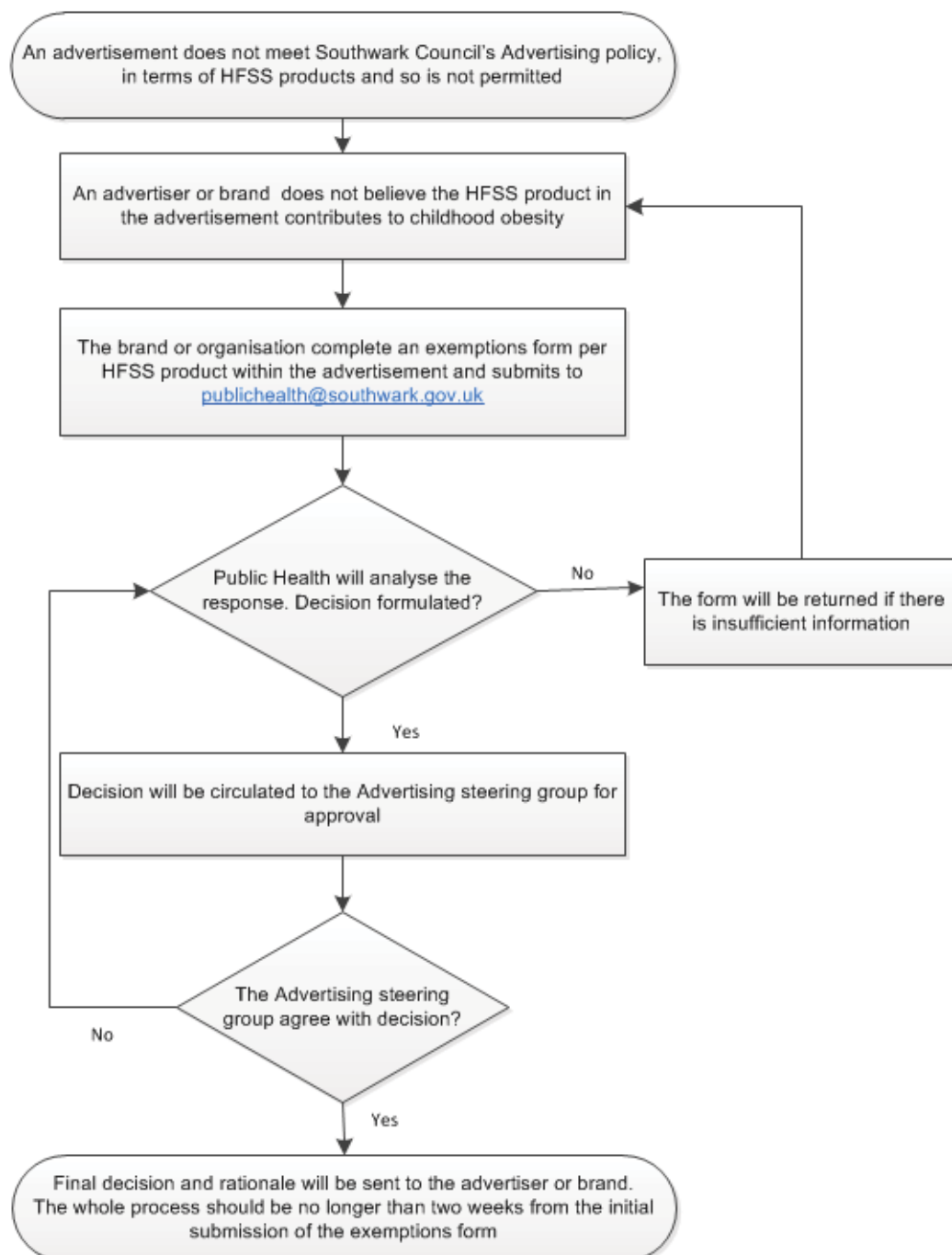
Any person who displays an advertisement without the correct permissions is guilty of an offence. As a result they may be liable to a fine. Such a fine will be a maximum of £1000. In the case of a continuing offence the maximum fine is currently £100 for each day it continues.

Further advice

For further information on the control of advertisements view "Outdoor advertisements and signs: A guide for advertisers" at <http://www.communities.gov.uk/publications/planningandbuilding/outdooradvertisements>

APPENDIX 4

Exemption process diagram



NOTE: Amendments/queries to Everton Roberts, Constitutional Team, Tel: 020 7525 7221

[illegible]