

Health and Wellbeing Board

Wednesday 11 November 2020 1.00 pm

This will be a virtual meeting. A meeting link will be circulated in advance.

Supplemental Agenda No. 1

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Contact:

Poonam.Patel@southwark.gov.uk or via MSTeams

Webpage: www.southwark.gov.uk

Date: 6 November 2020



Health and Wellbeing Board

Minutes of the Health and Wellbeing Board held on Thursday 24 September
2020 at 3.00 pm

This was a virtual meeting on MS Teams

PRESENT: Councillor Kieron Williams (Chair)
Nancy Kuchemann (Vice-Chair)
Councillor Evelyn Akoto
Councillor Jasmine Ali
Cassie Buchanan
Councillor Helen Dennis
Sam Hepplewhite
Eleanor Kelly
Jin Lim
Chris Mikata Pralat
Catherine Negus
Councillor David Noakes
David Quirke-Thornton

OFFICER Tim Murtagh, Constitutional Team
SUPPORT:

1. WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting and board members introduced themselves.

2. APOLOGIES

Apologies for absence were received from Sarah Austin, David Bradley and Clive Kay. They were substituted by Paran Govender, Neil Robertson and Heather

Gilmour respectively.

Apologies for lateness were received from David Quirke Thornton.

3. CONFIRMATION OF VOTING MEMBERS

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

4. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

6. MINUTES

RESOLVED:

That the minutes of the meeting held on 27 July 2020 be approved as a correct record of the meeting.

7. COVID 19 PANDEMIC OVERSIGHT

Jin Lim, Director of Public Health, presented the latest information from the last week. He explained that a daily data dashboard was produced as part of the surveillance of the pandemic to indicate its impact in Southwark.

The presentation included information on Test & Trace Cases / Outbreaks / NHS indicators.

The Board discussed the testing of school staff (and the long journeys that some teachers and parents had faced to be tested) as well as the problems with the system of testing generally. Testing capacity was set to improve with new infrastructure being ready. Everyone in the community should be behaving in the right way by being vigilant and careful.

Additional funding had been made available by the Government to support the public health effort. Part of that included an on-street presence by environment health and licencing officers who were supporting businesses and the public via engagement and education to encourage social distancing. Prevention and

effective messaging were part of that process. There was a London-wide approach.

Jin introduced the updated outbreak prevention and control plan report included in the agenda pack. He highlighted the work being done on Comms via emails, newsletters and targeted social media campaigns. There was support for community leaders and strong links with enforcement teams and the Police. The contact tracing system was also up and running and that would be discussed at the next meeting.

The Chair thanked everyone for their work on this.

8. **PARTNERSHIP SOUTHWARK RECOVERY PLAN**

Sam Hepplewhite, SE London CCG and Hayley Ormandy, Partnership Southwark, introduced the report included in the agenda pack.

Sam gave an update on the flu vaccination programme. A borough-wide flu working group had been set up. It would focus initially on the at-risk groups and ensure that staff were also vaccinated as well as people in care homes. Several practices had already received their vaccines.

The Board discussed the progress of the vaccination programme. Practices were contacting registered patients about the flu vaccine. A national advertising campaign would commence in October. A leaflet was available to bust myths around the vaccine and explain the differences and similarities of flu with Covid.

The Board discussed the myth-busting leaflet being made available to schools. The London-wide school nursing service would deliver the flu vaccine to schools. Advice clinics would also offer 121s with parents to talk them through any vaccine hesitancy.

The Board recognised the importance of supporting staff and residents in care settings.

RESOLVED:

The Board agreed the draft Partnership Southwark Recovery Plan, and associated leadership, engagement and governance arrangement as set out in the plan.

The Chair thanked Hayley and Partnership Southwark for their work on the plan.

At the end of the Health and Wellbeing Review item the Board returned to this item and agreed the second recommendation in the report.

RESOLVED:

That the accountability arrangements for the Partnership Southwark Strategic Chair be approved.

9. HEALTHWATCH SOUTHWARK COVID 19 REPORT

Catherine Negus, Healthwatch Southwark, introduced the report included in the agenda pack. This was followed by questions.

The Chair agreed to an item on mental health issues being brought to a future meeting of the Health and Wellbeing Board. All partners were invited to take the report back to their organisations and see how best to respond to the findings.

The Board welcomed and noted the report.

10. PUBLIC QUESTION TIME

In response to questions, Board members gave the following responses:

Communications to schools – a regular weekly email was going to all head teachers in the borough and a 7-days a week advice service for schools had been set up. More information was needed around outbreaks.

Care homes – 75% of the infection control fund that has come in to the borough has been passed to care homes and accommodation with support so that all the staff would get paid if they have to self-isolate or are off sick. Home care agencies are also being supported. We are hosting the PPE arrangements for the six boroughs of South East London. Locally the partners are working well together to ensure we are doing all that we can in the circumstances.

Collectively, the communications message on meeting all the guidelines would continue to be circulated.

11. THE HEALTH INEQUALITIES FRAMEWORK FOR SOUTHWARK

Jin Lim gave an overview of the report that was included in the agenda pack.

The Board discussed the wider social economic factors and how families could be supported. It was not a short-term fix. To address health inequalities there would be short-term medium-term and long-term actions. It would be an ongoing long-term approach.

The Board highlighted the importance of good employment.

RESOLVED:

The Board approved the Health Inequalities Framework.

12. HEALTH AND WELLBEING BOARD REVIEW

Jin Lim introduced the report that was included in the agenda pack.

RESOLVED:

The Board agreed the recommendations in the report.

At the end of this item the Board returned to the Partnership Southwark Recovery Plan item and agreed the second recommendation in that report.

13. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTAL REPORT COVERING CHANGES TO LOCAL PHARMACIES MAY 2019 - AUGUST 2020

Jin Lim introduced the report included in the agenda pack.

RESOLVED:

The Board noted the report.

14. AIR QUALITY 2019 ANNUAL STATUS REPORT

This item had been withdrawn from the agenda and would be considered at a future meeting.

The meeting ended at 4.58pm

CHAIR:

DATED:

Item No. 7.	Classification: Open	Date: 11 November 2020	Meeting Name: Health and Wellbeing Board
Report title:		COVID-19 OVERSIGHT Update on Southwark Council's Outbreak Prevention and Control Plan, November 2020	
Ward(s) or groups affected:		All	
From:		Jin Lim, Acting Director of Public Health Kirsten Watters, Consultant in Public Health (Health Protection)	

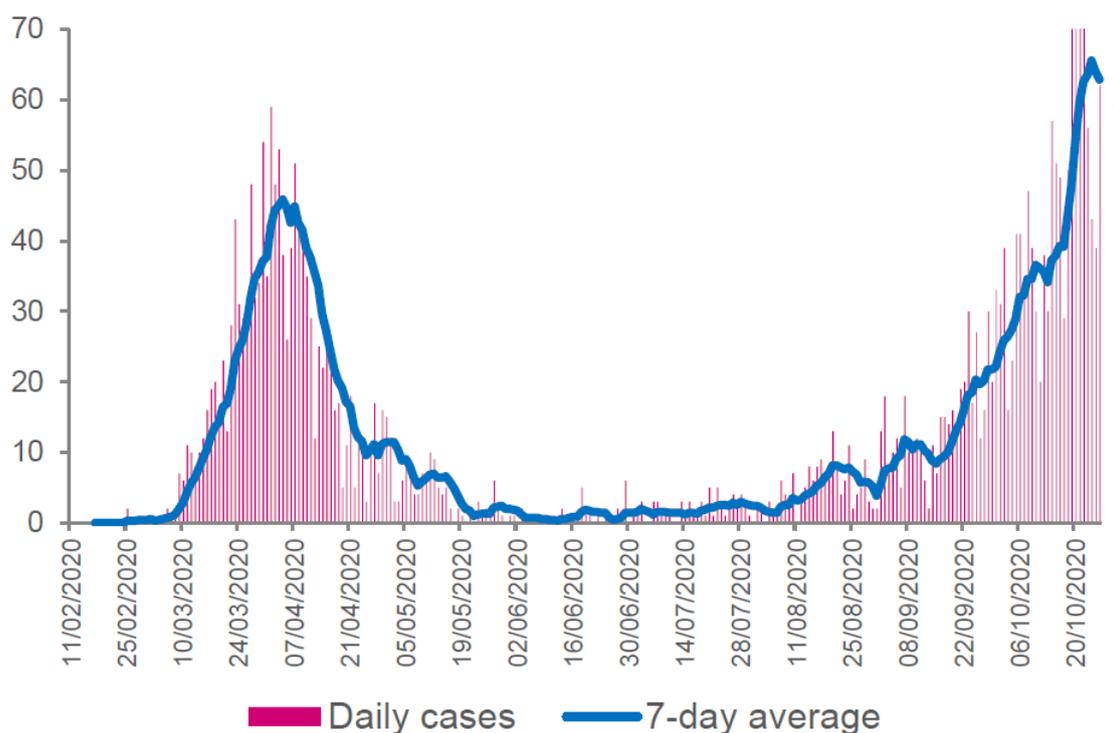
RECOMMENDATIONS:

1. That the Health and Wellbeing Board receive and note the update from the Outbreak Prevention and Control Executive on the actions taken to implement the Southwark Outbreak Prevention and Control Plan (OPCP) and to prevent, identify and control the novel coronavirus pandemic in Southwark (Appendix 1).
2. That the Health and Wellbeing Board note the increased testing in Southwark and to note the increased capacity with the launch of an additional local test site at Peckham Pulse.
3. That the Health and Wellbeing Board note the launch of, and to promote with partners the Community Health Ambassadors Programme (Appendix 2).

BACKGROUND INFORMATION

4. Southwark Council published its Outbreak Prevention and Control Plan (OPCP) on 31 June 2020. In that document, the governance of Southwark's OPCS is established as being firstly Outbreak Prevention and Control Executive (OPCE) and ultimately both the Health and Wellbeing Board and Cabinet. This report to the Health and Wellbeing Board is the second update in reporting subsequent activity and progress pertaining to the OPCS.
5. Since the previous update presented to the Health and Wellbeing Board on 24 September 2020 both the epidemic itself and the response have evolved.
6. From late September through to late October the detected incidence of COVID-19 in Southwark remained below the London and England averages. South East London overall has fared better amid the second wave of disease that began to emerge in late summer. However, in the

final week of October (and partially driven by increased testing capacity) the scale of transmission and infection in Southwark has increasingly reflected the London average. Steep increases in infection have been observed in the week to 31 October 2020.



7. Reflecting the pattern of infection across the rest of London (and England), late summer and early autumn 2020 saw transmission in Southwark predominantly among younger adults aged 18-29 years (catalysed by social mixing and returning university students). The late-autumn period has seen increasing incidence of disease among older adults (50 years and above). Pressure on hospital services has picked up in the last week of October but remains materially below the levels observed in spring 2020.
8. Amid central government's new tiered approach to containing the infection, London began in Tier 1 (Medium) and rapidly escalated as a region into Tier 2 (High) on 16 October 2020. Entry into Tier 2 has introduced a range of new countermeasures including a ban on indoor household mixing, a blanket closing hour of 10pm for hospitality and a cap on outdoor mixing of six persons. The tiered escalation framework is attached (Appendix 4).

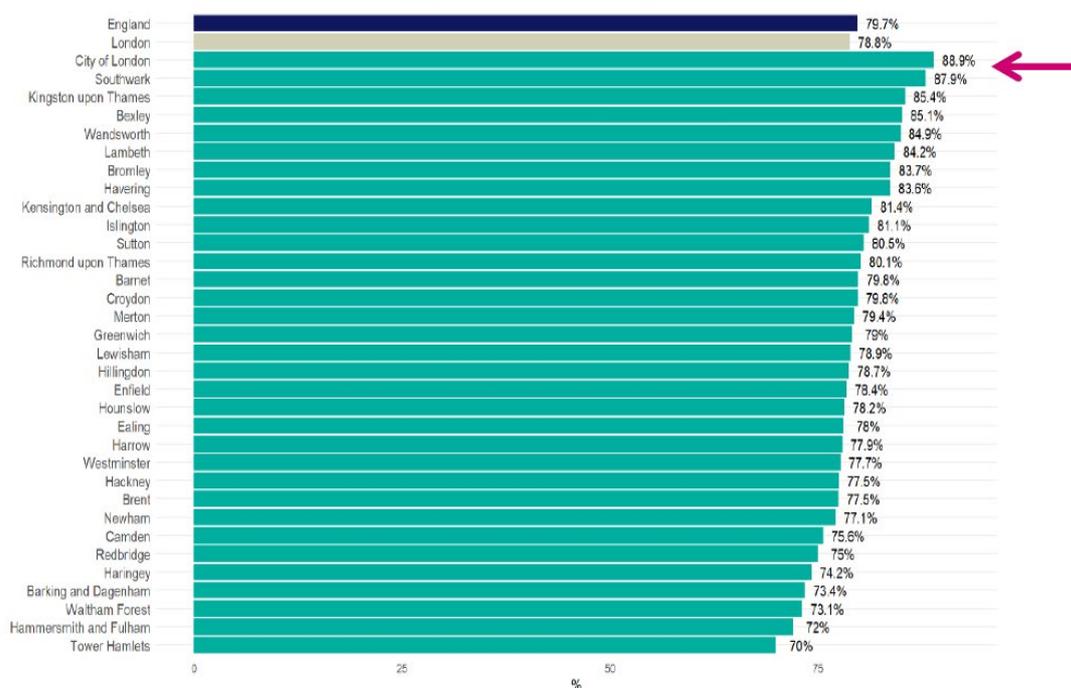
PREVENT STRAND

9. Communications work has been led by Southwark's Communications team with support from Community Engagement, Public Health as well as from Voluntary and Community Sector (VCS) partners.
10. External communications have been updated to reflect the escalation of London into Tier 2. Outdoor advertising with a focus on town centers have been stepped-up and work is underway to sign-post residents to testing, use of the NHS app and other welfare support services.
11. Regulatory Services are delivering a programme of surveillance and visits to licensed premises as well as other hospitality and retail venues across the borough. Recent visits to premises (in tandem with Metropolitan Police Service colleagues) have resulted in advice and guidance. A number of venues, where advice and warnings have been ignored, have been subject to closure and additional penalties.
12. The Communications team are working with enforcement colleagues to ensure that key messages about COVID-security are amplified, and that premises owners are aware that the council will take enforcement action where necessary.
13. The Community Health Ambassador Network launched in October as part of the Prevent programme. The programme seeks:
 - a) To amplify and increase the reach of key messages on the prevention of COVID-19 and the Test and Trace process and guidance / rules, and wider health and wellbeing messages where relevant.
 - b) To empower local volunteers managed through Southwark VCS organisations to play a role in keeping their communities safe. The programme will be extended beyond the VCS in later phases.
 - c) To support a two-way communication about guidance, barriers to compliance and communities at risk and their concerns.
14. Further information on the Ambassador network is detailed in Appendix 2.
15. Work continues with local partners in social care, schools and universities to increase their preparedness, improve COVID-security, and facilitate an appropriate return to activities where it is safe and possible to do so.
16. In collaboration with the School of Public Health at Imperial College London, an organisation-wide online learning package about the COVID-19 pandemic in Southwark will be deployed in early winter 2020.

IDENTIFY STRAND (INCORPORATING INTELLIGENCE)

17. The Knowledge and Intelligence team continue to surveil the data and information coming into the council from a range of Joint Biosecurity Centre, Public Health England, NHS and other sources. Daily briefings are provided to the Public Health consultant on call (and Director of Public Health).
18. Daily lists of positive cases attributed to the borough are reviewed every day by analysts and cross-matched with a local list of vulnerable settings. This additional check is identifying a range of new incidents including outbreaks of infection linked to social care settings, schools, universities and other high-vulnerability residential contexts. This is enabling the team to take public health actions forward in advance of (slower) regional cluster identification processes.
19. Southwark is one of three London boroughs to pioneer a local tracing partnership (LTP) since 21 September 2020. This service operates seven-days a week, and takes all positive cases who have not responded to national NHS Test and Trace contact within 24 hours. The service in Southwark is referred to as Test and Trace Southwark (TTS).
20. Despite significant operational challenges interfacing with the national system, Southwark has moved from an average of ~70% completed follow-up for confirmed cases to >85% of confirmed cases in the latest national reporting (to 22 October 2020). This is the highest follow-up completion among the 32 London boroughs for the last two weeks that have been reported.

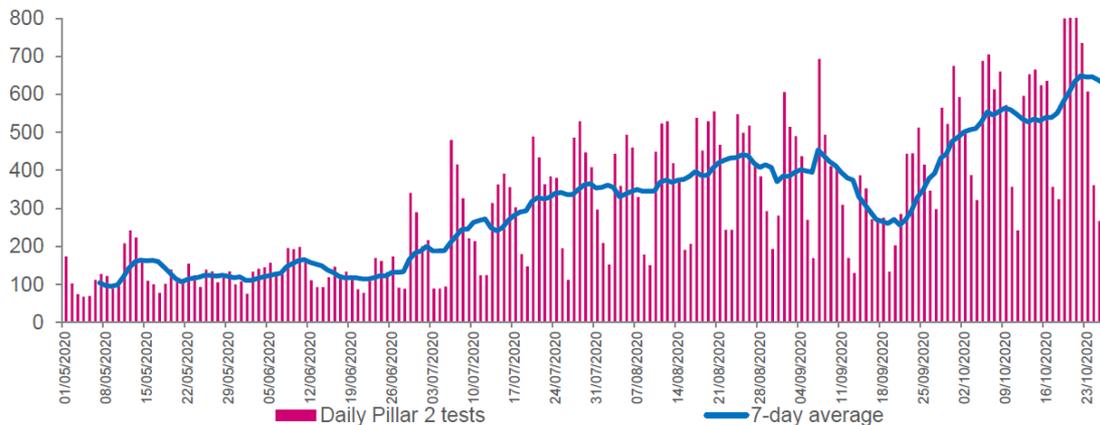
Figure 2: London borough case completion in week to 22 Oct



21. The local contact tracing service has worked well to overcome many of the challenges and as one of the early adopters in London, we have shared lessons on setting up the system with other boroughs and organized learning seminars. Appendix 3 provides more detail on the local contact tracing experience.
22. Development is underway to incorporate a door-knocking capability (working with Environmental Health and Housing) for cases who the local team are unable to reach. The pilot for this service is scheduled for early November 2020.
23. Development is also underway to scale capacity both on a short-term and more-sustained basis. A pilot incorporating Southwark call centre staff as call handlers is scheduled for late November 2020.
24. The TTS Delivery Group have worked with Exchequer Services and agreed pathways to ensure roll-out and access to the self-isolation support grant for those residents on low incomes and isolating.
25. There are currently no plans to extend the scope of TTS to include the tracing of contacts (*cf.* cases). Test and Trace Southwark will continue to be Public Health-led, although will require considerable scaling given the projected increased incidence and continued problems within the national NHS Test and Trace programme.

26. Testing capacity for Southwark, like much of London reduced in early September by as much as 40% compared to previous months. This capacity has now been restored. Testing rates are now higher than over summer.

Figure 1: Daily and weekly average Pillar 2 tests in Southwark



27. The Southwark Mobile Testing Unit (MTU) continues to operate once every three days in Burgess Park. Although this is a 'drive up' option, it is very much accessible by cycling and pedestrians too.
28. To further increase access to testing for the borough, a new Local Testing Site (LTS) was launched at Peckham Pulse car park in mid October. This facility operates between 0800hrs and 2000hrs seven-days per week. This site is a 'walk to' facility and is placed in the centre of the borough where there is relatively lower car ownership, relatively lower income and potentially more residents engaged in front-facing jobs.
29. The criteria for testing continue to be COVID-19 symptoms and members of the public are asked to book an appointment on line <https://www.gov.uk/get-coronavirus-test> or via NHS 119. Although testing rates have increased in Southwark ie more people are seeking and able to test by requesting a home kit or at one of the local sites, local monitoring and assessment suggest that there is capacity at Burgess Park and Peckham Pulse and that there should be no delays or difficulties in getting a test for Southwark residents compared to late summer.

CONTROL STRAND

30. The Acute Response Team (ART) has operated since February 2020, with a seven-day consultant-led service operating 0900-1700hrs every day. The publichealth@southwark.gov.uk is a monitored group inbox that serves as the single point of contact (SPOC) to all coronavirus-related enquiries. The team meets every weekday at 1600hrs to manage situations and respond to enquiries from across Southwark Council and organisations across the borough such as schools, care homes, universities and local businesses.

31. Since late summer the volume of enquiries coming into this team has steeply increased. There is now daily work coordinating with partners in social care, education and universities to assure Southwark's local response.
32. The ART continues to provide support internally too for the council. The team is working closely with the Health and Safety team and HR departments to support safe working practices within the organisation. Within this package of work, a monthly briefing is provided to trade unions updating them on the pandemic and the health protection response.
33. Seminars, training and Q&A sessions are also conducted for schools, care homes, businesses and voluntary and community forums.
34. Additional capacity has been added to this team both at an operational and leadership level.

OUTLOOK

35. As we move into the winter period, and in the absence of additional society-level constraints, the epidemic trajectory will continue and likely accelerate. This will create additional pressures on capacity across an already-fatigued health and social care system, as well as wider government and society. Winter pressures driven by the possibility of influenza, other respiratory viruses and adverse weather may also emerge and further complicate.
36. Plans for targeted vaccination of health and social care workers and those deemed highly vulnerable are emerging for early 2021. Yet there remains considerable uncertainty in the timeline, efficacy and effectiveness of novel coronavirus vaccination candidates. It is unlikely that vaccination at population-level will be possible before mid-2021, although there are suggestions that an earlier start to begin the vaccination of key priority groups may be possible from early Spring. Even if technical, logistical and behavioural challenges were overcome, it is very unlikely that novel coronavirus will be eliminated in the medium-term. Accordingly, non-pharmaceutical interventions (for example 'Hands, Face, Space') are likely to remain the mainstay of prevention strategies going forwards.
37. The Southwark Public Health team is exploring the potential benefits of point of care testing as technology evolves.
38. Appendix 4 sets out the national Tiered escalation level. London moved formally into Tier 2 High 15 October. Many of the interventions will be superseded from 5 November, following an announcement of a month long national lockdown made on the 31 October with the intention of flattening the steep rise in cases before Christmas.

Community impact statement

39. The OPCP involves close collaboration with a range of VCS partners and explicitly recognises the differential impacts of the pandemic on different groups. An evaluation strategy is in development to anticipate the risks for different communities, and ensure that differential impacts are characterized and mitigated where possible.
40. A short online training course on the pandemic impacts on inequalities is being developed by the Public Health Team together with Imperial College London University. The intention is to promote a better understanding of how the pandemic affects more disadvantaged and vulnerable population groups. This resource will be made available to the wider Council and VCS through My Learning Source.

Resource implications

41. In the same way that the pandemic has created new resource pressures across the public sector, the work driven by the OPCP has created unprecedented staffing and financial pressures across Public Health, Regulatory Services, Communities and Communications.
42. The Council continues to be under funded by central Government in many respects for pandemic related activities while taking on additional responsibilities for contact tracing and other outbreak prevention control functions.
43. Ensuring the health and wellbeing of staff who have committed above and beyond their duties for more than six months is a priority. At the same time, qualified public health consultant leadership is highly constrained, with demand far outstripping supply at a national level. A sustainable approach that safeguards health and wellbeing is essential as we project the pandemic response into 2021 and beyond.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Outbreak Prevention Control Plan	Public health First Floor, Hub 1 160 Tooley Street, London, SE1 2QH	publichealth@southwark.gov.uk
http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MId=6771&Ver=4		
Covid 19 and the impact on health inequalities	Public health First Floor, Hub 1 160 Tooley Street, London, SE1 2QH	publichealth@southwark.gov.uk
http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MId=6771&Ver=4		

APPENDICES

No.	Title
Appendix 1	Update report from the Outbreak Prevention Control Executive
Appendix 2	Southwark Community Health Ambassadors Programme
Appendix 3	Implementing Locally Supported Contact Tracing
Appendix 4	National Tiers - Escalation Framework

AUDIT TRAIL

Lead Officer	Caroline Bruce, Strategic Director of Environment and Leisure	
Report Author	Richard Pinder, Consultant in Public Health Medicine	
Version	Final	
Dated	28 October 2020	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		6 November 2020

COVID-19 OPCE Report

Outbreak Prevention and Control Executive

Outbreak Prevention and Control Plan

Southwark Public Health Division

29th October 2020

PUBLICATION INFORMATION

Report title:	COVID-19: OPCE Report
Status:	Public Report for Health & Wellbeing Board
Prepared by:	R Wycliffe
Contributors:	C Williamson; L Colledge; S Marcus; K Hooper; D Edwards; R J Pinder; I Blackmore; K Rawlings; S Robinson
Approved by:	J Lim
Suggested citation:	COVID-19: OPCE Report. Southwark Council: London. 2020.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	29 October 2020

This OPCE report gives a brief summary of key information on COVID-19 in Southwark

BACKGROUND

Coronaviruses are common globally and have been known to cause infection to humans. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China.

- Typical symptoms include fever and cough, and may progress to severe pneumonia with breathing difficulties.
- Symptoms are mild in most people, but a number of groups are classed as 'extremely vulnerable' to coronavirus, including:
 - Solid organ transplant patients
 - Those with certain cancers
 - Those with severe respiratory conditions
 - Those on immunosuppression therapies
 - Those with rare health conditions that increase the risk of infection

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This report gives key information on the COVID-19 impact in Southwark, and the local response.

Reference

1. DHSC and PHE (2020) Coronavirus: latest information and advice. Available from: www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

New COVID-19 case rates are rising steeply in Southwark, London and England

HEADLINE FIGURES

4,379

Pillar 2 community tests in the week to 24 October

6.7%

Individuals testing positive in week to 22 October

435

New COVID-19 cases in week to 22 October

3,104

Total COVID-19 cases as at 25 October

255

Total COVID-19 related deaths as at 16 October

Figure 1: Confirmed daily cases in Southwark

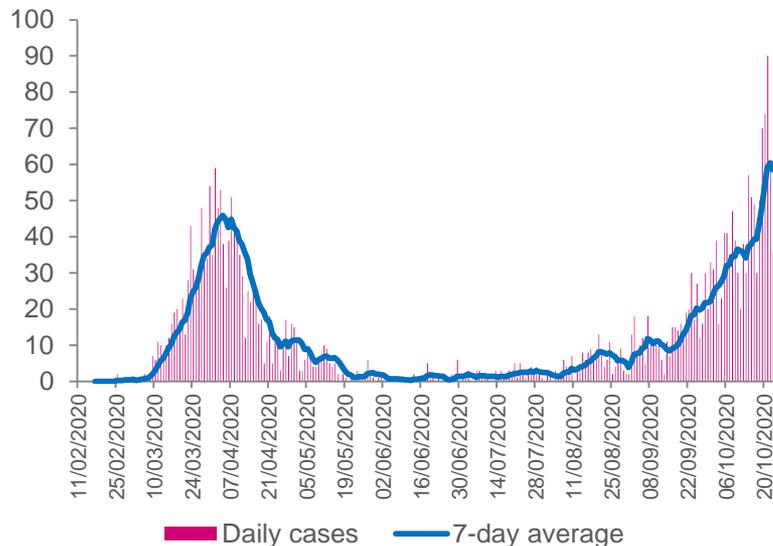


Figure 2: Weekly incidence rate per 100,000 population



References

1. NHS Digital COVID-19 Local Authority Testing Dashboard. Data up to 24 Oct.
2. PHE London Situation Awareness Report. Data to 22 Oct.
3. PHE. London Daily Centre Report. Data to 25 Oct.
4. ONS. Deaths registered in England and Wales, provisional: week ending 16 Oct 2020.

The OPCE Report is structured around the three key strands, and supporting workstreams, of the OPCP

OUTBREAK PREVENTION & CONTROL PLAN

The OPCP is structured around three main strands (Prevent, Identify and Control) and the three cross-cutting workstreams.

AIM: Mitigate the impact of novel coronavirus on Southwark's population and communities, focusing on those most at risk.

ENGAGEMENT & COMMUNICATIONS

PREVENT

Work with communities and settings to prevent transmission, focusing on those with greatest vulnerability

IDENTIFY

Collate and interpret data to ensure that cases, clusters and outbreaks of disease are promptly identified and those affected appropriately supported

CONTROL

Manage outbreaks by providing health protection advice and the institution of control measures (for individuals and communities) so as to prevent onward transmission

INTELLIGENCE , EVIDENCE & EPIDEMIOLOGY

TRAINING & CAPACITY BUILDING

References

1. Southwark's Outbreak Prevention and Control Plan (OPCP), ([link](#))

Summary of key developments and next steps in Prevent workstream over the last 7 days

PREVENT – GENERAL COMMUNICATIONS

Workstream Activities / Updates

For residents

- Updating communications to reflect London moving to the High alert level, and the implications for residents.
- Increased outdoor advertising, as well as continued use of the e-newsletter to increase awareness on testing, self-isolation, the NHS app, and directing residents to the available support resources.

Internally

- Articles on the Source added in October looking at World Mental Health Day during COVID, and the NHS COVID app.

Looking ahead

- Working on Southwark Life (November) and finalising articles and features.
- Introducing messaging around Halloween and staying safe.
- Reviewing what financial resources are available to Southwark residents and collecting them into a single resource page.
- Continuing to look at mental health, and working with Community Southwark and VCS organisations to improve mental health support.

Summary of key developments and next steps in Prevent workstream over the last 7 days

PREVENT – TARGETED COMMUNICATIONS & ENGAGEMENT

Workstream Activities / Updates

Businesses

- The Business FAQs and key messages have been published on the Council website.
- Weekly comms to over 5000 businesses on effective prevention and available business support.
- A meeting of BIDs and their members took place on 30 Sept. They were provided with an update on the current COVID-19 situation in Southwark, explanation of current guidance and regulation as well as the COVID-19 Compliant Business Accreditation scheme, and signposting to support and good practice on health and wellbeing for employees.

VCS

- Ongoing engagement with faith organisations and planning the next steps after the Better Health Workshop on the 12th of October.
- Outlining the application criteria for the OCP Grants programme.

Community Health Ambassadors

- Webpage and sign up link available on the Community Southwark website, awaiting a similar website on the Councils site.
- First volunteers have signed up and recruitment continuing through various VCS networks.
- Review of the first draft of the induction pack planned for the end of this week

Housing

- Working closely with housing officers to update and distribute posters informing residents about the Tier 2 restrictions.

Universities/Young people

- Close partnership working with schools, HE and FE institutions.

Looking ahead

- Planning to have the 1st training session for Ambassadors in the next 2 to 3 weeks.
- Updating messages to account for new government system (tiers, what they mean etc.), whilst maintaining non-changing messages (mask, handwashing, rule of six etc.).
- Increasing reach to businesses in middle and south of the borough not covered by BIDs.
- Preparing content for Southwark Life on support on loneliness and mental health.

Author(s): Simon Marcus , Public Health / Kim Hooper, Comms/ Danny Edwards, Local Economy Team

Summary of key developments and next steps in Identify workstream over the last 7 days

IDENTIFY

Test and Trace Southwark (TTS)

- NHS Test & Trace enables us to monitor the spread of COVID-19 through the testing of suspected cases and tracing of recent close contacts.
- As at 27 October, 1,877 local cases and 4,673 contacts have been identified.
- In the week to 22 October, 397 local cases and 1000 contacts were reported by NHS

Workstream Activities / Updates

- TTS has operated a seven day service since 21 September 2020, with a staff rota agreed up till the end of December 2020.
- Volatility of referrals from the national team has improved, with an average of 11 cases referred per day.
- Operational risks continue to include inappropriate referrals from the national team and delays in transfer, with the average time between test and referral to the Southwark team of 5.7 days.
- From 26th October 2020, TTS has started to trial the use of text messaging prior to attempted phone calls using Gov. Notify, to help improve chances of successfully contacting cases.

Looking ahead

- TTS will be piloting a door-knocking service in early November. Work is currently underway to agree SOPs and risk assessments.
- Work is also underway to on-board Southwark Council's Call Centre staff into TTS, to help improve service capacity and resilience.

Author(s): Richard Pinder, Consultant in Public Health. Isabelle Blackmore, Public Health Policy Officer

NHS Test and Trace case completion has significantly increased due to contribution of local contact tracing

CONTACT TRACING

NHS Test & Trace enables us to monitor the spread of COVID-19 through the testing of suspected cases and tracing of recent close contacts.

- As at 27 October, 1,877 local cases and 4,673 contacts have been identified.
- In the week to 22 October, 397 local cases and 1000 contacts were reported by NHS T&T: **88% of cases** and **59% of contacts** were completed.
- Contact tracing has been impacted by errors in the national testing programme. We have also raised data quality problems with the national PHE Team which may be impacting our results**

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Figure 2: London borough case completion in week to 22 Oct

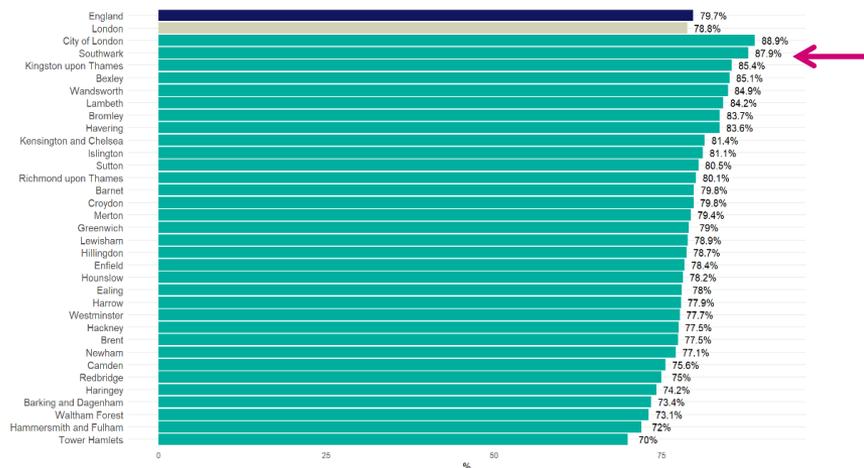
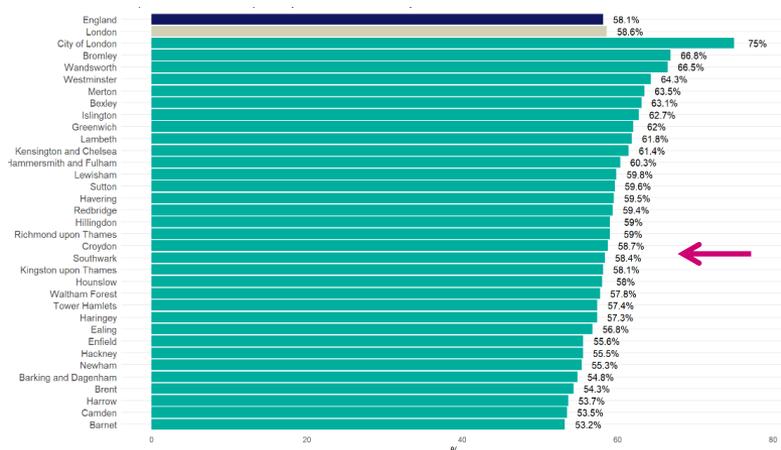


Figure 3: London borough contact completion in week to 22 Oct



References

- NHS Test & Trace. London Daily Contact Tracing Report. Data to 27 Oct.
- PHE. London contract tracing weekly outcome reports. Data to 22 Oct.

Summary of key developments and next steps in the Intelligence workstream

INTELLIGENCE, EVIDENCE & EPIDEMIOLOGY

Workstream Activities / Updates

- The daily monitoring report is now well established and is reviewed by the Public Health Acute hub each afternoon. Weekly updates are also provided to senior officers.
- Work is continuing to establish a framework for the monitoring and evaluation of the Outbreak Prevention & Control Plan and local contact tracing.
- A process has been established to review local confirmed cases against key high risk and vulnerable locations within the borough e.g. student halls of residents. This is monitored daily, and cases flagged with our Acute Response Team for follow up when they occur.

Looking ahead

- The team will be reviewing the initial Rapid Impact Assessment in light of the evolving nature of the pandemic. Additional intelligence relevant to Southwark that may be useful to our local response will be incorporated as appropriate.
- Further work is planned to look at the impact of the expansion of testing sites on the number of confirmed cases.
- We continue to work with intelligence colleagues across South East London to identify areas of best practice in the monitoring of COVID-19 and evaluation of local responses.

Author(s): Chris Williamson, Head of Public Health intelligence

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division

 @lb_southwark  facebook.com/southwarkcouncil

Update on the COVID-19 Outbreak Prevention Community Health Ambassadors Network Briefing

Last updated 30 October 2020

This Southwark Council programme is being developed in partnership with Community Southwark to support the implementation of the Southwark Outbreak Prevention Plan. Because time is of the essence, the programme is being taken forward in an agile manner, learning from other boroughs and from national pilots, and will be taken forward in phases.

Objectives:

- **To amplify and increase the reach of key messages** on the prevention of COVID-19 and the Test and Trace process and guidance / rules, and wider health and wellbeing messages where relevant.
- **To empower local individuals** to play a role in keeping their communities safe.
- **To support a two-way communication about guidance, barriers to compliance, and concerns from communities at risk.**

Collaborative Working:

- Southwark Council working with Community Southwark will provide the latest information about the local, London and national response to COVID-19 to share by the Community Health Ambassadors with others – online, in print, or by discussing it with family, friends and colleagues.
- We would like Community Health Ambassadors to tell us what is and is not working - and what support or extra information their community needs.
- Community Health Ambassadors can choose to stay in touch with us in the way they find most helpful. This could be by email, telephone, at our weekly webchat, or by joining our Facebook and WhatsApp groups.
- Southwark Council will work with Community Southwark together on how best to respond to any concerns, worries or tensions in our local communities.
- If there is a local outbreak, Community Health Ambassadors will help Southwark Council address people's concerns. They will support Southwark Council to share key messages quickly and ensure that everyone knows what they need to do and what support is available to help them.
- Southwark Council has funded a 6-month post based at Community Southwark (as of 1st Oct) to work with Public Health on supporting the Outbreak Prevention work programme including development and implementation of the Community Health Ambassadors programme.

Reporting:

- A steering group has been established for the programme including colleagues from Community Southwark, the Community engagement, Communications team.
- The steering group will report to the weekly Outbreak Prevention Engagement and Communication Group chaired by the Head of Communications, Southwark Council which reports regularly to the Outbreak Prevention Board (OPCE), chaired by the Director of Public Health.

Wider Stakeholders to engage:

- VCS organisations and networks; Southwark Council - Comms team, Public Health Covid Hub; Environmental Health; CCG and local NHS; Partnership Southwark; Universities & Schools; local businesses

Ambassador development and delivery:

- Ambassadors will be given an induction on the key messages re. COVID-19 prevention, Test and Trace, and provided resources to disseminate and use to reach their communities in different ways. This will include digital formats or 'hard copies' e.g. posters and leaflets, if that is preferred by their communities.
- They will be invited to regular "keeping in touch" sessions (and a social media mechanism e.g. WhatsApp, Facebook, Instagram, Twitter) so that they can be updated on messaging, and they will be encouraged to report back any issues they have identified amongst local community members, and submit questions on anything they are not clear about.
- Ambassadors will be supported by Community Southwark and will include safeguarding training.

All Ambassadors will need to sign a code of conduct that outlines the rules, regulations, and scope of the Ambassadors remit, which includes:

- **Delivery of key messages to residents / groups**
- **Signposting of relevant services** including Testing opportunities, Community Hub, Wellbeing Hub
- **Feedback on community intelligence** on risk/barriers to following guidance, and gaps in support

Engagement:

- All Community Southwark / VCS Network meetings have been alerted to development of the scheme. They include the BAME, faith, older people, children and young people and mental wellbeing networks and forums.
- Expressions of interest to join the scheme sent out via the Community Southwark newsletter.
- Discussion with CCG and wider stakeholders – to explore promotion of related issues e.g. flu vaccination, mental health support etc.

Recruitment:

- Community Southwark have created a webpage for the Ambassadors Network (available [here](#)), with a link for registration of interest available on the webpage.
- Recruitment call out has been made public and open to all in Southwark with targeted reach out to trusted VCS partners and universities.
- Currently there are 22 sign ups with an induction date TBC in the coming weeks.

Training and administration:

- The induction and training pack are currently being reviewed and finalised
- A Whatsapp group has been created as a contact point for Ambassadors, operated by Community Southwark
- A shared google drive has been set up containing resources available for Ambassadors to use.

Next steps:

- Finalise code of conduct
- Finalise training and induction pack

- Set a date for the first induction

Author:
Rosie Dalton-Lucas, Head of Programmes, Public Health
Rosie.Dalton-Lucas@southwark.gov.uk

[END]

Local Tracing Partnership Overview

Southwark's experience, Autumn 2020

Test and Trace Southwark (TTS)
Southwark Public Health Division

5 November 2020

GATEWAY INFORMATION

Report title:	Local Tracing Partnership: Southwark's experience, Autumn 2020
Status:	Public
Prepared by:	Test and Trace Southwark Delivery Group
Contributors:	Isabelle Blackmore, Angela Burns, Hannan Chaudery, Samantha Field, Jack Gooding, Sarah Robinson & Richard Pinder
Approved by:	Richard Pinder
Suggested citation:	Locally Supported Contact Tracing: Southwark's experience, Autumn 2020. Southwark Council: London. 2018.
Contact details:	testandtrace@southwark.gov.uk
Date of publication:	4 November 2020

We have taken a narrowly defined programme to begin with in Southwark which will gradually iterate

OUTLINE

The aim of TTS is to deliver a safe, effective and sustainable local arm of the national NHS Test and Trace programme for Southwark, that supports and coordinates with national and regional contact tracing efforts, so that transmission and subsequent impact of the novel coronavirus is mitigated in Southwark.

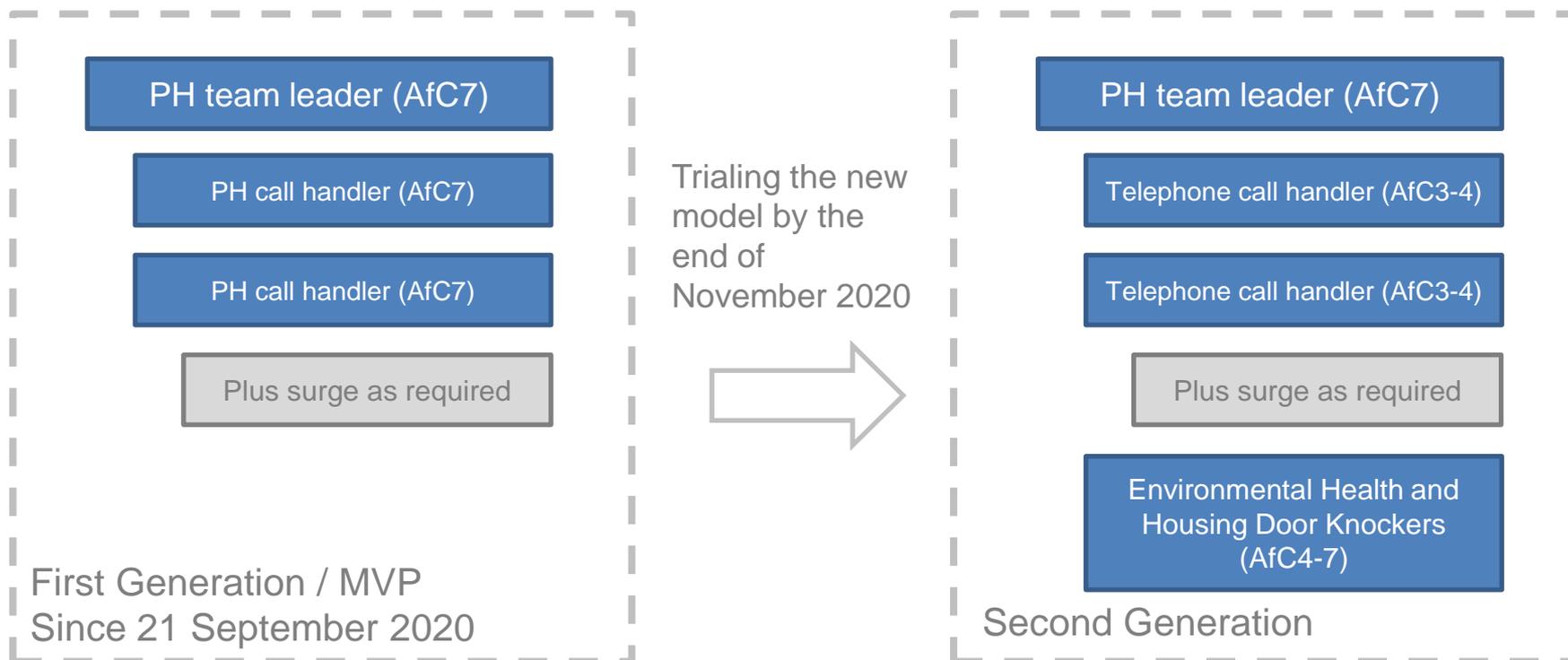
Test and Trace Southwark (TTS) provides three functions for Southwark residents who have tested positive for novel coronavirus and who have not responded to calls from NHS Test and Trace (national team) within the first 24 hours:

1. **Data look up** for cases where contact details are incomplete, or where contact has not been achieved. Southwark Council is able to use a range of databases to 'fill in' missing contact details within existing data sharing arrangements internally.
2. **Telephone-based contact tracing** from 020-7x local number where cases are reminded of their isolation arrangement, asked about their activity in the days around their infectious period, and their close contacts are identified. The data collected include information about workplaces and educational settings.
3. **Door-knocking** for cases who do not respond to local telephone calls.

Southwark's approach will move from a public health-operated model to one that is public health-led

OPERATING MODEL

Public Health Consultant-led strategy and operations teams, comprising 0.3 WTE Consultant, 0.5WTE Senior Strategist and 2.5WTE Public Health Officers and incorporating managers from other teams including Call Centre, Environmental Health and Housing Solutions



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Taking on the local tracing partnership has generated very substantial learning in the operations group

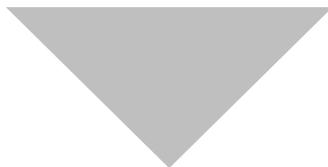
VALUE

The primary value of TTS from a public health perspective is three-fold:

1. Reinforcing the message to **self-isolate** for cases and their household contacts
2. Increasing the number of **contacts** identified (by improving the proportion of cases followed up successfully) and improving the quality of their contact details
3. Yielding **soft intelligence** on situations and contexts ahead of notification from LCRC or other sources

Additionally, and more recently, we have the added value of:

- Signposting those cases on low-incomes to £500 support payments



We are currently developing more systematic pathways for:

- Referring cases where concerns about welfare (short of safeguarding thresholds) are flagged during telephone calls for call-back with professional support
- Signposting to our volunteer hub for additional welfare support

We have risen from the bottom of the regional rankings for case completion to the top

IMPACT

Impact

- Between the national and local team, we've moved from case completion at around 75% to in excess of 85% since starting the service. Given that SAGE recommends a completion of 80% for an effective contact tracing system, we are optimistic that we are having some impact.
- Most residents have been pleased to receive the call and have been outwardly supportive and adherent.

Issues:

- The cases being referred by the national team have been highly volatile both in terms of quantity and quality, ranging from 0 to 62 cases per day.
- SAGE's recommendation on 80% was qualified by a requirement to complete the cases within 48 hours. At present the median time from positive test result to referral is in the order of 5-6 days.
- The operational challenges of staffing the service with the very substantial problems in the national system have meant diverting staff from across the Council: eg Public Health, Environment Health, Housing, Call Centre

Challenges have been numerous and substantial: but the lean approach using an MVP has paid dividends

ISSUES

STRATEGIC UNCERTAINTIES

- Evolving & changing expectations: how much we need to take on, for how long, sustainability issues, financial uncertainties
- Scaling and understanding demand driven by national capacity, epidemiology, technology changes (eg mass rapid testing), guidance changes, vaccine development

DATA

- Data linkage and transfer failures in national system
- Information governance: how far is too far?
- Tech. platforms is an area of active investigation.

FLOWS

- High volatility in day-to-day volumes
- Delays in referral
- Inappropriate referrals and many patients denying having received any call from the national team

RESOURCING

- Establishing resourcing, staffing and creating capacity
- Volatility is the enemy of efficiency
- Staffing weekend working

SAFETY

- Escalation of issues including safeguarding concerns
- Need to have consultant available
- Requires clear national clinical governance structures

CONTROL

Much of the control is outside the local team: and there is only so much we are able to influence.
Communications and behaviour change

While impactful, the primary challenge is in operating a system which is very prone to uncontrollable external factors

OUTLOOK

The Local Tracing Partnership in Southwark is funded from the allocation for Local Outbreak Control Plans in May 2020.

- The central government funding for this new function needs further clarification.
- Irregular case flow presents difficulties for day to day operations management, especially over weekends.
- With the apparent inflection of the epidemic's trajectory in London over early October 2020, it is very difficult to anticipate the volumes that will be transferred over.
- Impact of additional testing capacity and new rapid / and mass testing.
- Questionable effectiveness when there is high community transmission
- Wider concerns regarding tracing of contacts and effectiveness of self isolation
- Ongoing uncertainties regarding the national team in managing volumes.

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Either way, we will persevere and continue to do the utmost possible to protect Southwark residents.

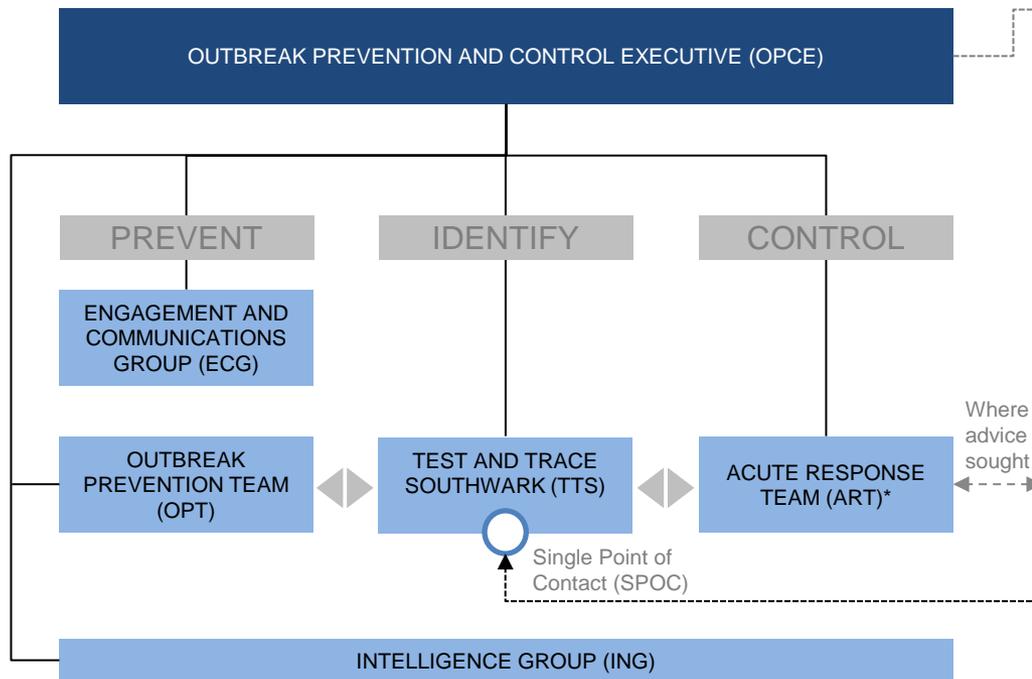
Appendix

Test and Trace Southwark (TTS)
Southwark Public Health Division

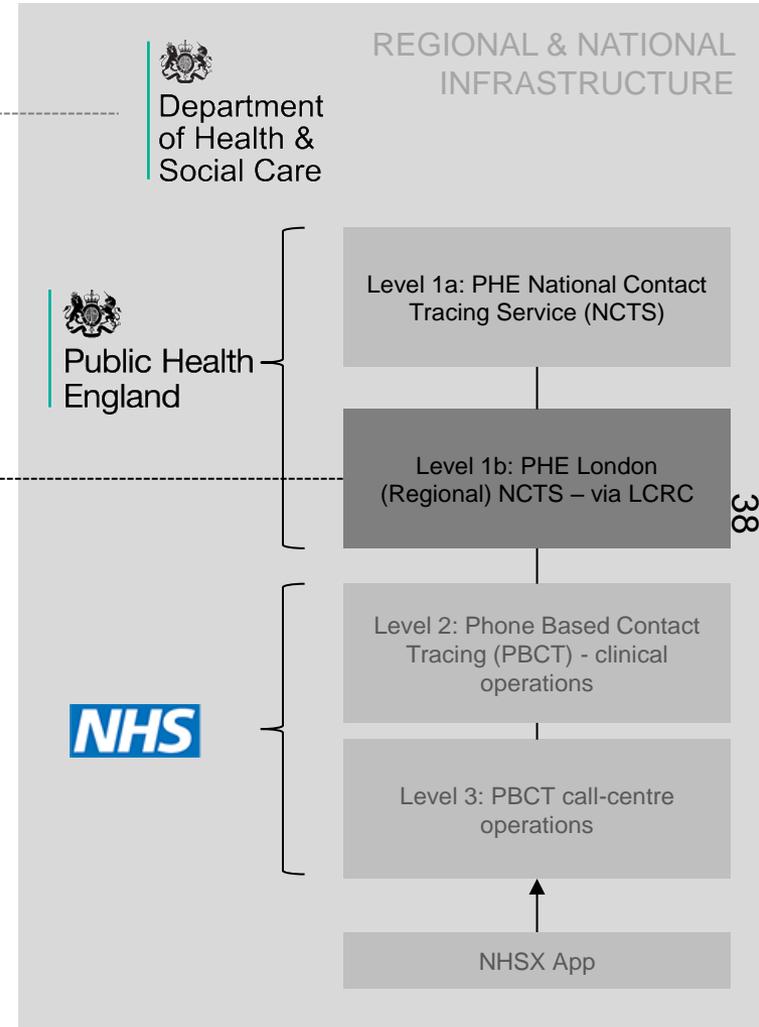
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Our TTS system was already embedded within the IDENTIFY strand of our OPCP

OPERATIONAL APPROACH



The SPOC (within TTS) will provide a seven-day monitoring and coordination service across the OPCP workstreams, processing requests and managing the flow of information, cases and incidents between teams. A generic inbox and IT infrastructure enabling collaboration between teams is already in place. The incident management team will provide specialist health protection capacity and work with PHE LCRC to manage outbreaks and support settings.



References

1. Southwark's Outbreak Prevention and Control Plan, June 2020.

The nationally-available learning is very much baseline

TRAINING

What did we do?

- We initially directed about 65 staff to online training offered by Public Health England through **e-Learning for Health**.
- Procedural documents were produced by team members and shared with staff via email and MS Teams for self-directed learning. The development of these documents have been informed by experiences with the NHS T&T processes, including from other Boroughs.
- Team Leaders and Call Handlers and (sometimes) Consultants join brief meetings each morning and afternoon for discussion and problem-solving.

What have we learnt?

- While the online training provides an overview of the components of the system, adapting the script to the local context is most useful.
- Facilitating regular meetings to discuss cases and issues has enabled **continuous learning** for Call Handlers, Team Leaders as well as overall process improvement.
- Enabling practice runs with the NHS T&T system prior to entering real case data would enhance training as well as data quality.

It was important to establish robust internal processes and keep these under regular review following go-live

STANDARD OPERATING PROCEDURES

What did we do?

- Initially we agreed the parameters for a minimum viable product and developed an end-to-end standard operating procedure (SOP) for the whole process
- A data processing SOP to support local contact tracing was developed to cover: downloading the contact tracing list; cross referencing contact details with other departmental records; contact tracing
- We established robust internal processes and escalation pathways for clinical issues, safeguarding concerns, translation services and welfare requests

What have we learnt?

- It was important to develop internal processes and procedures that all staff could follow, and to keep these under regular review as we learned more about the system after going live
- A strong operations team was key and this needed to be resilient and cover a range of seniorities and skillsets. Enough staff need to be involved to cover leave and unexpected absence
- We learned early on the importance of keeping an issues log to facilitate internal learning and development of our processes

Creating an open culture of learning, and taking a staggered approach to launch are key

SCALING AND STAFFING

What did we do?

- Conducted some preliminary workforce modelling to better gauge what the resourcing requirements would be for staffing.
- Adopted a staggered approach to launching the service: MVP which will extend later.
- Held two tactical meetings daily, which were open for all staff members to join.

What have we learnt?

- Ensure that members of the programme delivery team are not too operationally involved in the service, as this will delay progress on any outstanding and ongoing developmental work.
- Documentation and recording decisions is critical: it is important to consider **escalation and safeguarding practices** and pathways prior to launch.
- Train and upskill as many staff members within the team as possible from the beginning.
- Regular internal communication within and between all teams involved is vital to ensuring adequate buy-in.
- Framing the initiative as a cross-council programme led by public health is useful when engaging strategic directors and cabinet leads to support potential surge capacity and future scaling.

The rhythm of the day is relatively consistent every day of the week

DAY IN THE LIFE

	Team Leader (x1)	Call handlers (x2)
1000hrs	TTS morning team meeting Download and review of volumes	
	Review cases, prioritisation and tasking	Catch up on previous days' cases and handovers
1100hrs		Calls
1400hrs	TTS afternoon team meeting Reflect on learning and escalate issues as required	
1600hrs	<i>Acute Response Team meeting, escalations and intelligence sharing on weekdays</i>	
1630hrs onwards		Last calls of the day concluded Documentation
1700hrs	Review master list and reporting	

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Find out more at
southwark.gov.uk/opcp

Test and Trace Southwark (TTS)
Southwark Public Health Division

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	LOCAL ALERT LEVEL 1: 'Medium'	LOCAL ALERT LEVEL 2: 'High'	LOCAL ALERT LEVEL 3: 'Very High'
Where does this apply?	National baseline, applies to all regions of England where local restrictions have not been applied	To include areas currently under restrictions (eg NE) and some additional areas	Engagement underway with highest prevalence areas. Expect to place Merseyside into Tier 3 on Monday.
Description	National rules apply, eg rule of 6; 10pm curfew; self-isolation). These rules are imposed and consistent for every area in level 1.	Some stricter rules apply on social contact (eg no household mixing indoors), but no economic restrictions. These rules are imposed and consistent for every area in Level 2.	Some fixed restrictions including stricter rules on household mixing outdoors, travel advice and some business closures (pubs / bars that do not serve substantial food). Option to go further from a 'menu' of additional restrictions or closures. Package of support for the area including enforcement / T&T
Length of time	Expire after 6 months, 28 day review of geographies	Review geographies every 14 days, review regs every 28 days, expire after 6 months	Geographies expire after 28 days
SUPPORT AVAILABLE			
Protecting the vulnerable	National advice on protecting the vulnerable	National advice on protecting the vulnerable Care Home visits only in exceptional circumstances (e.g. end of life)	Plan for care homes mandated. Care Home visits only in exceptional circumstances (e.g. end of life)
Compliance and enforcement	National level support for enforcement / compliance	National level support for enforcement / compliance	Compliance and enforcement delivery plan required with funding / additional enforcement support
Test and Trace	National Test & Trace programme	Support for local tracing programme	Support and funding to run local tracing programme
REMAINING OPEN IN ALL TIERS			
Schools and FE colleges	Open	Open	Open
Universities	Open	Open	Open (open to move to greater online provision)
Protests, political activity	Any number complying with COVID-19 Secure guidance (risk assessment, reasonable steps)	Any number complying with COVID-19 Secure guidance (risk assessment, reasonable steps)	Any number complying with COVID-19 Secure guidance (risk assessment, reasonable steps)
Worship	Open - subject to rule of six	Open - no household mixing	Open - no household mixing
Childcare and children's groups	Registered and wraparound childcare Supervised activities permitted in private homes. Children's groups permitted.	Registered and wraparound childcare Childcare bubbles for under-14s. Supervised activities permitted in private homes. Children's groups permitted.	Registered and wraparound childcare Childcare bubbles for under-14s Supervised activities permitted in private homes. Children's groups permitted.
Youth clubs and activities	Permitted	Permitted	Permitted
Sporting activity	Organised sport / licensed physical activity allowed in outdoor settings (but not indoors where above the Rule of Six, other than youth or disabled sport)	Organised sport / licensed physical activity allowed in outdoor settings (but not indoors where households mix, other than youth or disabled sport)	Organised sport / licensed physical activity allowed in outdoor settings (but not indoors where households mix, other than youth or disabled sport)

Adult support groups	Permitted up to 15	Permitted up to 15	Permitted up to 15
Adult hobby clubs	Permitted - Rule of Six applies	Permitted - household only	Permitted - household only
RESTRICTIONS [THESE ARE FIXED RESTRICTIONS IN THE TIER 3 BASELINE]			
Social contact	Rule of 6 indoors and outdoors, in all settings	1 household / bubble indoors Rule of 6 outdoors (including gardens)	1 household / bubble indoors 1 household / bubble in outdoor private gardens, hospitality or ticketed venues. Rule of 6 in outdoor public spaces (e.g. parks, beaches, and the countryside) and sports courts.
Retail	Open	Open	Open
Travel and transport and overnight stays	No restrictions	Guidance: Ask people to minimise the number of journeys taken, while making clear that they may still travel to venues that are open.	Guidance: As per level 2 for travel within the defined area. Avoid travel in or out of the affected area (with clear exceptions, e.g. work, school, transit journeys). Those in a Level 3 area should avoid overnight stays out of the area in other parts of the UK (though may stay overnight in hotels/guest houses in the same L3 area with people from their household/bubble). People from outside of the area advised against staying overnight in the area.
Weddings and civil partnerships	Up to 15 for ceremonies. Receptions for up to 15 (guidance this is a sit down meal, Covid Secure)	Up to 15 for ceremonies. Receptions for up to 15 (guidance this is a sit down meal, Covid Secure)	Up to 15 for ceremonies Receptions not permitted
Funerals	Up to 30 15 for wakes and other commemorative events	Up to 30 15 for wakes and other commemorative events	Up to 30 15 for wakes and other commemorative events
WFH guidance	WFH where possible (guidance)	WFH where possible (guidance)	WFH where possible (guidance)
Large outdoor events (eg Remembrance Sunday)	Subject to national guidance and in line with wider limits - rule of 6 Legal carve out for Remembrance Day	Subject to national guidance and in line with wider social contact limits Legal carve out for Remembrance Day	Subject to national guidance and in line with wider social contact limits Legal carve out for Remembrance Sunday
Elite sports events	Public attendance not permitted at professional and elite sports events	Public attendance not permitted at professional and elite sports events	Public attendance not permitted at professional and elite sports events
RESTRICTIONS WHICH ARE SUBJECT TO ENGAGEMENT IN TIER 3			
Hospitality	Open. 10pm-5am closure - Click-and-collect, delivery and drive-thru permitted. Ports and Motorway service stations exempted (no alcohol after 10pm).	Open 10pm-5am closure and other restrictions as per Tier 1	Default: hospitality venues to require customers to purchase a substantial meal with any purchase of alcohol, or will legally close. 10pm-5am closure 10pm closing and other restrictions otherwise as per Tier 1

	Table-service only		Options to go further: restrictions preventing the sale of alcohol in hospitality or closing all hospitality (takeaway and delivery permitted).
Entertainment sector and tourist attractions	Open [Other than nightclubs, adult entertainment venues which remain closed]	Open [Other than nightclubs, adult entertainment venues which remain closed]	Default: open Options to go further: close indoor venues or close indoor and outdoor venues.
Leisure	Open.	Open	Default: open Options to go further: close venues such as leisure centres and gyms but LAs must consider the equalities impact and ensure provision remains available for elite athletes, youth and disabled sport and physical activity.
Public buildings (e.g. libraries)	Open (activities restricted by social contact rules)	Open (activities restricted by social contact rules)	Default: open(activities restricted by social contact rules) Option to go further: close public buildings (such as libraries and community centres). LAs must consider the equalities impact and ensure provision remains available for youth clubs and childcare activity and support groups.
Personal care / close contact services	Open	Open	Default: open Option to go further: close highest-risk activities or close all personal care / close contact services.
Accommodation	Open	Open (can be used subject to social contact limits)	Default: open Any closures / additional restrictions subject to engagement
Large indoor events (excluding business events)	Large events (i.e. those with an impact on local services) subject to LA agreement	Large events (i.e. those with an impact on local services) subject to LA agreement	Default: Large events (i.e. those with an impact on local services) subject to LA agreement Option to go further: LAs have the option to shut performing arts venues under existing regulations.

Item No. 8.	Classification: Open	Date: 11 November 2020	Meeting Name: Health and Wellbeing Board
Report title:		Mental Health Wellbeing Overview of COVID-19 impacts on Mental Health and Southwark response	
Ward(s) or groups affected:		All wards	
From:		Jin Lim, Acting Director of Public Health Nancy Kuchemann, GP and NHS South East London CCG Clinical Lead	

RECOMMENDATIONS:

1. That the Health and Wellbeing Board note the report and its contents being that the report provides an update on the mental health impacts of the coronavirus pandemic, as well as the local response across Southwark.
2. That the Health and Wellbeing Board request a report back on the Partnership's actions to implement the local priorities identified in paragraphs 15 – 26.
3. That the Health and Wellbeing Board request that the issues identified by communities as set out in paragraph 11 are considered in the implementation plans for the NHS and Council recovery plans

BACKGROUND INFORMATION

4. A national survey conducted before the coronavirus pandemic revealed that one in six adults in England experienced symptoms of a common mental health problem every week, such as anxiety or depression, and one in five adults had considered taking their own life at some point. Nearly half of adults believed that, in their lifetime, they had had a diagnosable mental health problem, yet only a third had received a diagnosis¹.
5. Within Southwark, mental ill health represents a significant burden on our local population and healthcare system. Mental ill health is not equally distributed across the population, but focused in certain groups, including young women, BAME communities, and those in poor health or with long-

¹ 2014 Adult Psychiatric Morbidity Survey (APMS).

term conditions.

6. A number of local strategies and actions plans aimed at protecting and improving the mental health and wellbeing of Southwark residents were already underway before the COVID-19 pandemic. These included the Joint Mental Health and Wellbeing Strategy, the Suicide Prevention Strategy, and the Loneliness Strategy; however, most of these now require a refresh, in light of the current situation.
7. The COVID-19 pandemic represents a sudden and traumatic event that has lasted for a significant amount of time. The UK has endured a first, strict, national lockdown in the spring of 2020, and has just entered a second national period of stricter restrictions. The impacts of these restrictions are wide-ranging, but include multiple negative social and economic influences, which have strengthened risk factors for poor mental health and eroded protective ones.
8. The Council's Public Health Team responded to the first phase of the pandemic by setting up an Acute Mental Health Response Working Group. This focused on coordination, communications and signposting to new and existing sources of support, working in partnership with the CCG and GP Federations to ensure that services had capacity, as well as the Communications Team and Southwark Community Hub to disseminate messages out to Southwark residents.
9. As we move into the second phase of the pandemic, Partnership Southwark has developed a Borough Recovery Plan. The plan sets out how Partnership Southwark will lead a whole system approach to Southwark's recovery from the lockdown measures related to COVID-19, by learning to work in a 'COVID-19 world' as well as working together to prevent or manage outbreaks over the next 18 months. Critically, it seeks to set out how partners will seek to address the exacerbated health and social care inequalities that have arisen because of the pandemic.
10. Other recovery initiatives being led with other partners include the new 'South London COVID-19 Preventing Mental-ill Health Taskforce'. This taskforce consists of representatives from South London and Maudsley NHS Foundation Trust, South West London and St George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, as well as our CCG, partners, local authorities, Healthwatch, Public Health England, Citizens UK and experts by experience.

KEY ISSUES FOR CONSIDERATION

11. Inequalities in mental health were widespread across the borough already; there is evidence that coronavirus has exacerbated these, as detailed in the presentation attached to this report (COVID-19: Mental Health Rapid Impact Assessment). Local services have continued to deliver support to local residents, against a backdrop of rising need and

acute budget pressures.

12. Southwark Council carried out an online survey from mid-June to mid-July to understand the impacts of COVID-19 on residents. 72% of respondents reported a negative impact on their mental health. Residents who were negatively impacted were more likely to be women, BAME and disabled. Loneliness also increased, particularly for those aged 45-64.
13. Thrive LDN is a mental health initiative that is supported by the Mayor of London and collaborating London boroughs. In response to the coronavirus crisis, Thrive LDN undertook extensive community engagement, working with 200 different community groups and organisations, and over 10,000 Londoners, to understand more about the experiences of 20 disproportionately at-risk groups, including BAME, LGBT+, disabled people, older people, women, victims of domestic abuse, and migrants, refugees and asylum seekers.
14. Communities came up with a number of recommendations for local action, which are summarised below:

Theme	Actions
Strengthen Communities	<ul style="list-style-type: none"> • Mainstream recent innovations that were introduced to support communities during the pandemic • Adopt trauma-informed practice • Widen access to resilience and bereavement support • Improve social connection, interaction and community cohesion
Address discrimination	<ul style="list-style-type: none"> • Invite communities with lived experience of inequality and discrimination to influence decisions • Amplify the voices of those who experience discrimination • Reduce barriers to mental health service access
Balance uncertainty for the future	<ul style="list-style-type: none"> • Target communities with support for emotional resilience • Deliver free training to community leaders and volunteers • Work to tackle stigma around mental health issues
Financial security	<ul style="list-style-type: none"> • Support vulnerable people and young people into employment and apprenticeships • Provide mental health support to those unemployed, in debt, or facing eviction • Take action to end fuel poverty

- | | |
|---|--|
| Value family and support structures | <ul style="list-style-type: none"> • Increase parenting skills and affordable childcare; Understand the issues and assets of multigenerational families • Support LGBT+ young people |
| Digital inclusion | <ul style="list-style-type: none"> • Provide free/cheap WiFi and digital skills training • Expand social prescribing • Provide online workshops and forums for young people, staffed by health and care partners |
| Improve access to information, advice and support | <ul style="list-style-type: none"> • Conduct clear, consistent and culturally competent communications and campaigns that build resilience and signpost to support • Develop integrated place-based models for mental health support across neighbourhoods or PCNs |
| Commit to delivering change for BAME communities | <ul style="list-style-type: none"> • Co-design mental health policy and services with BAME communities • Build trust and capacity with BAME communities |

15. Southwark HWB partners are already working on a number of these actions, through Southwark Stands Together; commitments in the new Council Plan; and through existing initiatives, such as social prescribing.
16. It is recommended that members consider what additional measures could be taken from the list at paragraph 11, and note that it will require a multiagency, system-wide approach, as well as proper financial investment, to tackle these issues holistically.
17. A number of local priorities for action have been identified. These are:
18. **Mental Health First Aid:** The Council's Mental Health First Aid Training programme ran in 2019-2020, and was reserved for Council Staff. The new Council Plan includes a commitment to train a further 100 MHFAs, targeting staff in customer-facing roles working directly with residents.
19. There are plans to offer further MHFA training to the wider community, targeting specific at-risk groups. This would be done in partnership with other key stakeholders such as SLaM and the SEL CCG.
20. **Suicide prevention:** the Southwark Suicide Prevention Strategy and Action Plan are led and coordinated by the Public Health Team. The COVID-19 pandemic will have economic and social implications that may make the risk factors for suicide more prominent. Suicide prevention plans need to be reviewed and additional mitigating actions may be needed. The South East London CCG is about to be awarded ~£400K for NHS England and NHS Improvement (NHSE/I)'s Suicide Prevention Programme, and the Public Health Team is working with them to agree

local priorities for this funding.

21. **Loneliness strategy:** Recommendations on use of places and spaces will need to be reviewed in light of coronavirus risks, and the level of need and prevalence of loneliness has changed since the strategy was written. A new community engagement exercise is about to be launched to sense-check the action plan, and ask local residents and stakeholders for their ideas on how we should take this strategy forward.
22. **Supporting CYP:** the Council has continued to offer support to children and young people via school nursing, and through a new wellbeing clinic. The Nest, a new open access mental health for children and young people, opened in May 2020.
23. **Update the Joint Mental Health and Wellbeing Strategy:** this item is dealt with separately on the agenda.
24. **Preventing Mental-ill Health Taskforce:** Following the success of the virtual summits held earlier this year, the 'South London COVID-19 Preventing Mental-ill Health Taskforce' has been created. The Taskforce is made up of representatives from South London and Maudsley NHS Foundation Trust, South West London and St George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, as well as our CCG partners, local authorities, Healthwatch, Public Health England, Citizens UK and experts by experience.
25. A representative from the Taskforce has been asked to update the HWB on the work to date, including the 10th November summit, where attendees were asked for input to help shape the plans to meet the needs of people who may be at risk of becoming mentally unwell due to the impact of COVID-19.
26. It is recommended that we align our borough work and collaborate in next steps.
27. **Local plans and proposals for Community Mental Health Transformation:** The Long Term Plan includes ambitious targets for community mental health, particularly regarding access to services for people with eating disorder and personality disorder plus rehabilitation and better outcomes for the physical health of people with serious mental illness.
28. New funding for community mental health will flow to local systems, to invest in recruiting new members of the community mental health workforce and commissioning new VCSE services. The aim will be to provide better care to people already receiving mental health support in

the community, and increase access to these services.

29. Partnership Southwark will lead the local planning for this, and colleagues from SLaM will share details at the HWB with a view to providing feedback to the SELCCG submission and confirm ownership and involvement from partners.
30. The actions above (paragraphs 11-26) should be integrated within the Borough Recovery Plan and achieved in partnership with key stakeholders such as Partnership Southwark, South East London CCG, SLaM HNS Trust and the Voluntary and Community Sector.

Community Impact Statement

31. The protection and promotion of the Borough's Mental Health is a priority. Any action taken towards improving the mental health and wellbeing of the population, increase its resilience and mitigate the negative impacts of the COVID-19 pandemic will have a positive impact on Southwark's communities.

Resource implications

32. There are no specific resource implications arising from this paper. Any new projects/initiatives that arise which require additional or reallocation of council funding would need to be considered through the normal budget, monitoring and governance processes.

Legal implications

33. There are no specific legal implications arising from this paper.

Financial implications

34. There are no immediate finance implications arising from this paper.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Thrive Together: a summary of recent experiences and ideas to support the wellbeing a resilience of all Londoners	Public health First Floor, Hub 1 160 Tooley Street, London, SE1 2QH	publichealth@southwark.gov.uk
https://www.london.gov.uk/moderngovmb/documents/s68188/06a%20Appendix%201%20THRIVE%20TOGETHER%20a%20summary%20of%20recent%20experiences%20and%20ideas%20to%20support%20the%20wellbeing%20.pdf		

APPENDICES

No.	Title
Appendix 1	COVID-19: Mental Health Rapid Impact Assessment

AUDIT TRAIL

Lead Officer	Caroline Bruce, Strategic Director of Environment and Leisure	
Report Author	Clizia Deidda, Public Health Policy Officer	
Version	Final	
Dated	4 November 2020	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		6 November 2020

COVID-19: Mental Health Rapid Impact Assessment

Southwark's Joint Strategic Needs Assessment

Southwark Public Health Division
Environment, Leisure and Public Health

11 November 2020

GATEWAY INFORMATION

Report title:	Impact assessment of COVID-19 on mental health
Status:	Public
Prepared by:	F Tracey and C Deidda
Approved by:	Farrah Hart
Suggested citation:	Impact assessment of COVID-19 on mental health. Southwark Council: London. 2020.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	11 November 2020

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Mental ill-health represents a significant burden on our local population and the health and care system

BACKGROUND: LOCAL PICTURE

Poor mental health touches all aspects of life, and places a significant burden on our local population and healthcare system.

- It is estimated that almost 47,000 adults in Southwark (16+) are experiencing a common mental disorder (CMD)
- Depression is the second most prevalent condition in Southwark. In 2018/19, over 23,000 Southwark residents had a diagnosis of depression (8.6% of the population). Whilst lower than the England average, Southwark prevalence is significantly higher than the London average, and has been increasing steadily since 2011/12
- In Southwark, 1,016 (3.6%) people over the age of 65 have a diagnosis of dementia. Whilst this is significantly lower than the London and England average, it still has important healthcare implications.
- In Southwark, 1.4% of the adult population has Serious Mental Illness (approx. 3,800 residents)

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References

1. Mental Health in diagnosis and service provision. Southwark's JSNA. Southwark Council: London. 2017.
2. PHE, Common Mental Health Disorders, Fingertips tool: <https://fingertips.phe.org.uk/profile/common-mental-disorders>
3. Assessing the burden of and prioritisation of single long term conditions locally. Southwark's JSNA, Southwark Council: London, 2018
4. Dementia Prevention in Southwark. Southwark's JSNA. Southwark Council: London. 2019

Mental ill-health is not equally distributed across the population, but focused in certain groups

BACKGROUND: DISPARITIES

The results of the latest Adult Psychiatric Morbidity Survey (APMS 2014) identified a number of factors associated with higher rates of mental disorder:

- **Young women:** CMDs are more prevalent in women than men, and they are also more likely to experience more severe symptoms. Young women are thought to be at higher risk, with an estimated 5,600 cases in Southwark
- **Those living alone**
- **Employment Support Allowance (ESA) claimants:** In February 2016, almost half of the Southwark claimants (6,000) were receiving ESA for mental and behavioural disorders
- **Those in poor health or with a long-term condition:** 30% of people with a long-term condition have a mental health problem, and 46% of those with a mental health condition also have a long-term condition. This equates to approx. 22,000 people in Southwark
- **Black ethnicity:** SMI disproportionately affects people of Black ethnicity; Black and Black British groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for White groups

References

1. Mental Health in Southwark: an overview of needs and service provision. Southwark's JSNA. Southwark Council: London. 2017.
2. PHE, Common Mental Health Disorders, Fingertips tool: <https://fingertips.phe.org.uk/profile/common-mental-disorders>
3. Assessing the burden of and prioritisation of single long terms conditions locally. Southwark's JSNA, Southwark Council: London, 2018

Pre-COVID, levels of suicide were statistically similar to London, and 1 in 11 people felt often lonely in Southwark

PRE-COVID19 BACKGROUND: SUICIDES AND LONELINESS

From 2016–18, the average suicide rate in Southwark was 6.8 per 100,000 residents, with 50 deaths over the three years. Over the last 10 years, Southwark suicide levels have remained stable.

Among adults, specific high risk groups for suicide include:

- Young and middle-aged men
- Mental health service users
- Misuse of drugs, prescription medication or alcohol
- Long-term physical health conditions
- Learning difficulties
- Mothers in the first year after childbirth
- Criminal justice system contact
- Unemployment, debt or job insecurity
- Specific professions
- LGBT+
- BAME
- Bereavement / family history of suicide

The 2019 Survey of Londoners found that 8.8% of Southwark residents felt lonely often. Loneliness and social isolation are linked to early death and various physical and mental health condition. Risk factors include

- Age: 13% of those aged 16-24 reported feeling lonely often
- Ethnicity: non-white ethnic groups, and in particular black ethnicities, feel lonely more often
- Having a long-term condition or disability
- Deprivation
- Being in social housing
- Being food insecure

References

1. Public Health England, 2020. Suicide Prevention data tool
2. HM Government, 2019. Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives. <https://www.nspa.org.uk/resources/annual-progress-reports/>

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The COVID-19 pandemic has exacerbated the risk factors for poor mental health and weakened the protective ones

BACKGROUND: LONELINESS

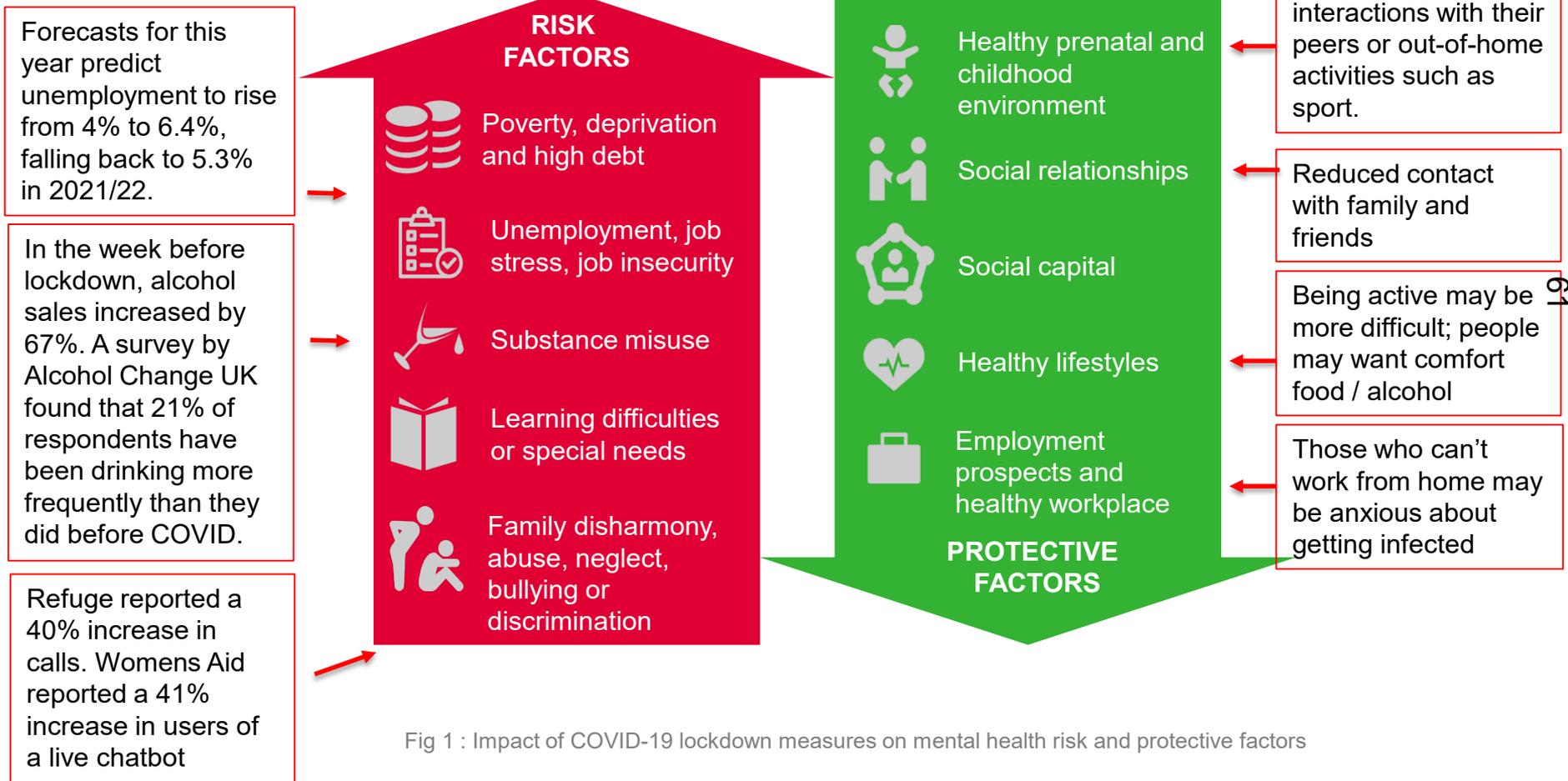


Fig 1 : Impact of COVID-19 lockdown measures on mental health risk and protective factors

References

1. Department for communities, London:2020 <https://www.communities-ni.gov.uk/news/minister-publishes-information-impact-covid-19-universal-credit-claims>
2. Drinking during lockdown- headline findings, Alcohol Change UK: London, July 2020: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>
3. Press release: Refuge reports further increase in demand for its National Domestic Abuse Helpline services during lockdown. Refuge: London, May 2020

The COVID-19 pandemic impacts on mental health and wellbeing across the life-course: summary of concerns

COVID-19 MH&WB IMPACTS

	Pre-term	0-5 years	School years	Working age adults	Old age
Key concerns	<p>Anxiety over impact on baby</p> <p>Financial worries</p> <p>Anxiety over delivery and access to care</p> <p>Isolation</p>	<p>Significant changes to routine</p> <p>Isolation</p> <p>Impact of parental stress and coping</p>	<p>School progress, exams</p> <p>Boredom</p> <p>Anxiety, depression, other MH conditions</p> <p>Isolation</p> <p>Impact of parental stress and coping</p>	<p>Balancing work and home</p> <p>Being out of work</p> <p>Caring stress</p> <p>Anxiety over families or dependents</p> <p>Financial worry</p> <p>Isolation</p>	<p>Isolation</p> <p>Disruption of routine</p> <p>Anxiety over dependence on services</p> <p>Financial worry</p> <p>Fear over COVID infection</p>
Loss	Loss of loved ones, which may be exacerbated and grieving disrupted by inability to do normal grieving rites (e.g. physically close to dying person, funerals, etc.)				
Specific issues	<ul style="list-style-type: none"> Impact of delayed diagnoses and treatment (e.g. chronic conditions) Suicide and self-harm risk for most at-risk Feelings of disconnect amongst communities (incl. faith) Substance misuse Domestic abuse Additional stresses due to reliance on foodbanks, low-income, digital exclusion or self-employment Anxiety and sleep issues 				

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The pandemic has had a negative impact on mental health for the majority of residents, although there are disparities

IMPACTS: RESIDENT SURVEYS

Southwark Council carried out an online survey from mid June to mid July to understand the impacts of COVID-19 on residents

- 72% of respondents reported a negative impact on their mental health
- Residents who were negatively impacted were more likely to be:
 - Women
 - BAME
 - Disabled
- There was an increase in number of people who reported loneliness sometimes and often, compared to before COVID-19
 - Those aged 45-64 were most likely to experience loneliness often.
 - The age group 65+ were most likely to report never feeling lonely



Key populations known to experience poor mental health have experienced a greater mental health burden

IMPACTS: VULNERABLE GROUPS

Key population	Reported impacts on mental health during the pandemic
BAME	<ul style="list-style-type: none"> • Fear, stress and anxiety related to disproportionate morbidity and mortality • Increased risk of bereavement • BAME groups may suffer disproportionately from economic recession
LGBT+	<ul style="list-style-type: none"> • Isolation from social support • Forced proximity to hostile household members
Drug and alcohol users	<ul style="list-style-type: none"> • Limited access to both mental health and substance misuse treatment • Risk of relapse for abstinent or recovering patients • Increased drug and alcohol consumption in moderate/ increasing risk groups
Expectant/ new mothers	<ul style="list-style-type: none"> • Fear and anxiety about visiting hospital for prenatal/ postnatal appointments • Lack of support from friends and family immediately after birth
Survivors of domestic violence	<ul style="list-style-type: none"> • Refuge reported a 40% increase in calls after COVID-19 restrictions • Womens Aid reported a 41% increase in users of a live chatbot after COVID-19 restrictions

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References

1. Potential impacts of COVID-19 on population mental health in England. PHE, 2020
2. Health Foundation - <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>
3. Womens Aid – <https://www.independent.co.uk/life-style/women/womens-aid-domestic-violence-coronavirus-lockdown-campaign-risk>



The pandemic has worsened mental health for people with existing chronic mental and physical conditions

IMPACTS: EXISTING CONDITIONS

Vulnerable group	Reported impacts on mental health during the pandemic
People with an existing mental health condition, including SMI	<ul style="list-style-type: none"> • Loneliness, social isolation and a lack of access to normal support • Small numbers report improved mental health with reductions of stressors and increase in social support
People with chronic physical conditions	<ul style="list-style-type: none"> • Fear, stress and anxiety related to higher risk of severe COVID-19 if infected • Delays in care and operations, anxiety and fear to attend hospital appointments, hard to manage health without their usual support network.
People with learning disabilities and autism	<ul style="list-style-type: none"> • Increase in anxiety, distress and challenging behaviour due to changes in routine and daily activities, communication challenges and reduced social interaction
People who have been shielding	<ul style="list-style-type: none"> • 45% of those shielding reported a worsening of mental health since receiving shielding guidance. Younger people and women were more likely to report this (ONS shielding survey) • Most intense social distancing during the pandemic, which is associated with reduced mental health

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References

1. Potential impacts of COVID-19 on population mental health in England. PHE, 2020



New vulnerable groups have been identified based on direct impacts of the pandemic

IMPACTS: DIRECT

Vulnerable group	Reported impacts on mental health during the pandemic
People with direct experience of COVID-19 infection	<ul style="list-style-type: none"> • Ongoing health issues as a result of COVID • Stigma and discrimination against those infected • PTSD in those who were admitted to ICU, or as a result of self-isolation • Experience of long COVID disease
People who are bereaved	<ul style="list-style-type: none"> • Rates of complex grief will likely increase, as risk factors include: not being able to say goodbye, death whilst intubated and bereaved living alone
Health and social care staff	<ul style="list-style-type: none"> • Anxieties around becoming infected, and infecting family members • Exposure to highly stressful and traumatic situations • 1 in 5 healthcare workers are showing signs of common mental health disorders, with nurses and women more affected
Unemployed/ financially insecure	<ul style="list-style-type: none"> • People whose household finances reduced due to COVID-19 reported 16% higher anxiety • Parental unemployment is associated with poor mental health outcomes for children and young people • Those who think they won't be able to save money reported 33% higher anxiety, compared to adults who think they will • Those from BAME backgrounds and more deprived areas are likely to be disproportionately impacted by unemployment and recession: the same groups who are also at greater risk of mental ill-health

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References

1. Potential impacts of COVID-19 on population mental health in England. PHE, 2020

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Access to mental health services has been preserved, with most services being moved online

MENTAL HEALTH SERVICES RESPONSE 1

SLaM and other mental health services providers have move most of their services online and reserved face-to-face intervention for the most serious cases.

Talking Therapies Southwark (IAPT) are still seeing patients predominately online or on the phone/email, with waiting time between referral and initial assessment typically within 3-4 days. After the assessment, waiting times vary depending on the treatment required, up to a maximum of 4 months. Since August 2020, Talking Therapies have started to fast-track NHS and other health/social care staff.

There are a range of wellbeing workshops that are immediately available including:

- Online COVID-19 adjustment groups, for patients and their families.
- Online COVID-19 bereavement groups
- Ethnic Minority Empowerment group
- LGBTQ+ Wellbeing group
- Changes for Health weight management and physical activity group for people with anxiety and/or depression who are struggling with their eating/activity levels.

The service has also increased its community engagement activities, for example by offering additional support to Southwark faith groups, where congregations have been severely impacted by COVID-19 and BLM.

The Southwark Wellbeing Hub has seen an increase in the severity of need. The Nest was launched in May 2020

MENTAL HEALTH SERVICES RESPONSE 2

Southwark Wellbeing Hub has seen an increase in service usage overall, with particular increases in:

- Social isolation, feeling lonely and anxiety about accessing the community.
- Increase in severity of Mental Health symptoms and suicidal ideation
- Housing issues, following the reinstatement of evictions
- Domestic abuse/ violence.

The Wellbeing Hub has increased volunteer and peer support, are increasing online support, especially for carers who have not had respite, and will be supporting people leaving hospital.

The Nest is Southwark Council's new open access mental health service. It provides free and confidential mental wellbeing advice and support for young people.

Kooth is an online mental wellbeing community for young people. A new contract is now in place, and the service has been extended to include people up to 25 years of age

TogetherAll (Formerly "Big White Wall"): South East London CCG increased the number of access tokens for this service, with 88 Southwark residents supported between Feb - Apr 2020

Admissions: Mental health emergency admissions declined at the start of lockdown, in line with the decrease in A&E admissions. This was a temporary effect, with admissions rising again from April.

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Thrive LDN is a London wide initiative to improve the mental health and wellbeing of all Londoners

KEY PUBLIC MENTAL HEALTH PRIORITIES

Thrive LDN has undertaken extensive community engagement, working with 200 different community groups and organisations, and over 10,000 Londoners. The report identifies a number of priorities:

Theme	Actions
Strengthen Communities	Mainstream recent innovations and trauma-informed practice; widen access to resilience and bereavement support; improve social connections
Address discrimination	Co-produce services and amplify lesser heard voices; reduce barriers to mental health service access
Balance uncertainty for the future	Target communities with support for emotional resilience, MHFA and tackling stigma
Financial security	Increase provision for vulnerable and young people, and those in fuel poverty or financial trouble
Value family and support structures	Increase parenting skills and affordable childcare; support multigenerational families and LGBT+ young people
Digital inclusion	Provide free/cheap WiFi and digital skills training; expand social prescribing; provide online resources for mental health
Improve access to information, advice and support	Conduct clear, consistent and culturally competent communications and campaigns; develop integrated place-based models
Commit to delivering change for BAME communities	Co-produce service design with BAME communities; build trust and capacity

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References

1. Thrive together, A summary of recent experiences and ideas to support the wellbeing and resilience of all Londoners, Thrive LND, October 2020

Slide 18

As we move into the recovery phase, a number of priorities are emerging

RECOVERY PHASE PRIORITIES

Some programmes of work were paused during the acute phase. Many of these will need to be re-assessed in light of the current situation and the long-lasting impacts of COVID-19.

- **Joint Mental Health and Wellbeing Strategy:** The strategy's work streams need to be reviewed in light of the current situation
- **Mental Health First Aid:** The council plans to train a further 100 MHFAs, targeting staff in customer-facing roles working directly with residents
- **Suicide prevention:** Suicide prevention plans need to be reviewed and additional mitigating actions may be needed. The South East London CCG is about to be awarded ~£400K for NHS England and NHS Improvement (NHSE/I)'s Suicide prevention programme
- **Loneliness strategy:** Recommendations on use of places and spaces will need to be reviewed, and the level of need and prevalence of loneliness has changed since the strategy was written. A new community engagement exercise is about to be launched
- **Supporting CYP:** continue to offer support via school nursing and through a new wellbeing clinic

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southwark.gov.uk/publichealth

Southwark Public Health Division

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Item No. 8	Classification: Open	Date: 11 November 2020	Meeting Name: Southwark Health and Wellbeing Board
Report title:		Joint Mental Health and Wellbeing Strategy Update	
Ward(s) or groups affected:		All	
From:		Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG and Genette Laws, Director of Commissioning, Children and Adult Services, Southwark Council.	
Author:		Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG and Genette Laws, Director of Commissioning, Children and Adult Services, Southwark Council.	
Recommendations:		<p>It is recommended that the Southwark Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Agree that a refresh of the strategy is timely 2. Agree that an update on progress would be appropriate in the Spring of 2021 	
Key risks & mitigations:		There is a risk that unless the strategy is refreshed in light of the experiences, identified inequalities and outcomes of local residents during Covid it will not reflect the current situation. The mitigation for this is to refresh the strategy.	
Equality impact:		<p>The strategy is based on local intelligence and the Joint Strategic Needs Assessments undertaken by Southwark Public Health.</p> <p>Any further Equality Impact Assessment will be undertaken as part of the refresh of the strategy.</p>	
Financial impact:		This has been considered and planned for as part of the original strategy development.	
Public Engagement:		There was extensive public engagement during the development of the Mental health and wellbeing strategy.	
Appendices:		Joint Mental Health and Wellbeing Strategy presentation	

NHS SEL CCG and Southwark Council Joint Mental Health & Wellbeing Strategy

2018 – 2021



The Southwark Joint Mental Health and Wellbeing Strategy 2018-2021

- The Joint Mental Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in 2018.
- The Strategy was co-produced with input from the diverse communities that make Southwark special and set out a framework for the transformation of mental health services to ensure that no one was left behind.
- A key component of the strategy was to ensure individuals who experience mental health problems were not stigmatised or marginalised and experience health and social care services that treat the mind and body in the same way.
- The strategy can be found here:
<http://modern.gov.southwark.gov.uk/documents/s73442/Appendix%20%20Southwark%20Joint%20Mental%20Health%20and%20Wellbeing%20Strategy%202018-2021.pdf>

Mental Health in Southwark

It has an impact on people's physical health, wellbeing and outcomes



The Numbers

of people with mental health problems in Southwark is higher than the London or England average - this is because the borough has relatively more high-need groups



47,600

adults in the borough experiencing a CMD. Population projections suggest this could increase to around 52,000 adults over the next decade¹



Mental ill health

is associated with a wide range of poorer physical and mental health outcomes, including significantly increased risk of earlier death, social exclusion and economic hardship

2020/21 commissioning intentions and priorities

- To progress service transformation at a borough level that supports the development of a collaborative approach (health, social care, VCS and housing) to community based mental health provision to enhance our service offer.
- A holistic population health management approach that will enable us to shape our systems and pathways in order to:
 - Reduce inequalities
 - Improve access, experience and outcomes for all
 - Prioritise prevention, early intervention and recovery
- Through Partnership Southwark, we will enhance our service offer to ensure that individuals with Mental Health and long term conditions have integrated care plans.

Our vision

to improve the mental health and wellbeing outcomes of our residents in Southwark. We will improve the physical health of people living with serious mental illness and increase life expectancy for this population group. We will focus on prevention and early intervention, whilst delivering a sustainable mental health system in Southwark.

...guided by legislation and national strategies



- The Care Act 2014
- The NHS five-year forward view for Mental Health (2016-2020)
- Supporting people experiencing mental health crisis
- Improving responses to mental and physical health needs
- Transforming perinatal care for children and young people
- Access standards and care pathways
- Acute and secure care
- Tackling inequalities in access and outcomes
- Supporting employment
- Transparency in data
- Workforce

...strategy is fully aligned to the main ambitions and priorities of:



Sustainability and Transformation Partnerships (STPs)

The Joint Report on Mental Health Provision in Southwark (2016)

The Southwark Five Year Forward View of Health and Social Care (2016/21)

Southwark's Suicide Prevention Strategy and Action Plan (2017-2022)

Southwark's Voluntary and Community Sector Strategy (2017-2022)

COVID-19 Government Guidance 2020

...we will continue to align with identified local need and agreed priorities:



1. Implement new integrated community mental health models of care wrapped around neighbourhoods
2. Implement increased capacity to support more people in IAPT services including people with physical health long term conditions
3. Embed annual physical health checks, EIP and IPS services for people with SMI within core community mental health service offer
4. Implement alternative crisis support working jointly with police, London Ambulance Service and voluntary sector, and improve the quality of psychiatric liaison services
5. Implement pathways with specific focus for people diagnosed with personality disorder, older adults and people eating disorders
6. Implement increased provision for suicide bereavement, problem gambling and rough sleeping
7. Implement a consistent core offer of specialist community perinatal services across SEL with links to maternity community clinics
8. Commitment by Health and Wellbeing Board for 100% access to emotional wellbeing and mental health services for children and young people

The key areas of the strategy

Wellbeing/Info/ Advice & Community Support	Older People and Dementia
Averting Crisis and Preventing Suicide	Housing and Complex Care & Support
Children & Young People	Recovery, Volunteering and Employment
Primary Care and IAPT	Population Health and Prevention

Strategy Approach and Priorities

Approach:

Promote population mental health and wellbeing

Improve the range of and access to mental health and wellbeing services

Achieve national and local policy imperatives

Deliver good outcomes and improved value for money

The five **strategic priorities** were:

- Prevention of mental ill health and promotion of wellbeing
- Increasing community-based care and supporting communities
- Improving clinical and care services
- Supporting recovery
- Improving quality and outcomes

Considerations for the Board

- Would the Health and Wellbeing Board members support refresh of the strategy? Considering:
 - Strategy was of its time and is coming to an end
 - Do same priorities apply now that we're living with Covid
 - We need and want to embed learning from experiences during covid-19
 - The implementation of recommendations from health inequalities framework and Southwark Stands Together.
- Would you invite us back in spring 2021 with an update on progress?



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**HEALTH AND WELLBEING BOARD REPORTS FOR INFORMATION
DISTRIBUTION LIST (OPEN)
MUNICIPAL YEAR 2020/21**

NOTE: Amendments/queries to Poonam Patel, Constitutional Team,
MSTeams

Name	No of E-copies	Name	No of E-copies
Health and Wellbeing Board Members		Officers	
Councillor Kieron Williams	1	Poonam Patel, Constitutional Team	1
Dr Nancy Kuchemann	1		
Councillor Evelyn Akoto	1	Sarah Feasey	1
Councillor Jasmine Ali	1		
Sarah Austin	1		
David Bradley	1		
Cassie Buchanan	1		
Councillor Helen Dennis	1	Total:	18
Sam Hepplewhite	1		
Clive Kay	1		
Eleanor Kelly	1		
Jin Lim	1		
Chris Mikata-Pralat	1		
Catherine Negus	1		
Councillor David Noakes	1		
David Quirke-Thornton	1		
		Dated: 6 November 2020	