

Education & Children's Services Scrutiny Sub-Committee

Tuesday 5 September 2017

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Jasmine Ali (Chair)
Councillor Rosie Shimell (Vice-Chair)
Councillor Karl Eastham
Councillor Samantha Jury-Dada
Councillor James Okosun
Councillor Catherine Rose
Councillor Kath Whittam
Martin Brecknell
Lynette Murphy-O'Dwyer

Reserves

Councillor Dora Dixon-Fyle MBE
Councillor Jon Hartley
Councillor Sunny Lambe
Councillor Vijay Luthra
Councillor Dan Whitehead

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

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Contact

Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 25 August 2017



Education & Children's Services Scrutiny Sub-Committee

Tuesday 5 September 2017

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
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PART A - OPEN BUSINESS

1. APOLOGIES

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

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

4. MINUTES

1 - 5

To approve as a correct record the Minutes of the open section of the meeting held on 14 June 2017; enclosed.

5. MULTI- AGENCY KNIFE CRIME & KNIFE CARRYING ACTION PLAN

6 - 24

Cllr Barrie Hargrove, Cabinet Member for Communities, Safety and Leisure will present the action plan enclosed. This will inform the planned scrutiny review on Knife Crime.

6. DRAFT JOINT MENTAL HEALTH AND WELLBEING STRATEGY

25 - 89

The draft strategy is enclosed.

Item No.	Title	Page No.
7.	SCRUTINY REVIEW SCOPE ON KNIFE CRIME	90 - 94
	The draft scope is enclosed.	
8.	WORK-PLAN	95 - 96

The draft work plan overview, and a table of meetings with planned items, are both enclosed

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Date: 25 August 2017

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”



EDUCATION & CHILDREN'S SERVICES SCRUTINY SUB-COMMITTEE

MINUTES of the Education & Children's Services Scrutiny Sub-Committee held on Wednesday 14 June 2017 at 7.00 pm at Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

PRESENT:

Councillor Rosie Shimell
Councillor Karl Eastham
Councillor Samantha Jury-Dada
Councillor James Okosun
Councillor Catherine Rose
Councillor Kath Whittam
Martin Brecknell
Councillor Jon Hartley

OTHER MEMBERS

PRESENT:

OFFICER SUPPORT:

David Quirke -Thornton, Strategic Director of Children's and Adults' Services
Alasdair Smith, Director, Children's , Families and Adults' Services
Nina Dohel, Director of Education
Clarissa Cupid, designated nurse safeguarding lead, and multi agency lead for the FGM
Julie Timbrell, scrutiny project manager

1. APOLOGIES

- 1.1 There were apologies for absence from the Chair, Cllr Jasmine Ali and Lynette Murphy-O'Dwyer.

VIDEO - OPENING OF THE MEETING

<https://bambuser.com/v/6769047>

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

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. SOUTHWARK EDUCATION OVERVIEW

Nina Dohel, the Education Director, gave a brief update, followed by a discussion with committee members. The following points were made:

- The Fairer Funding consultation result is anticipated. Politicians indicated during the election were that no school would lose out; however it is difficult to know what that will mean in terms of the funding formula.
- It is possible that the grammar school programme may go quietly.
- The drift towards more Academy schools is unlikely to change given the existing framework. The council is encouraging maintained schools to remain this way, however there is likely to be a steady trickle converting. There may become a tipping point in terms of the sustainability of schools services provided by the council.
- There was reference by a member to the Schools Commissioners and the potential changes to admissions. The Education Director said that there are some issues with Academy schools commissioning alternative provision rather than using 'exclusion'. Communication with the council is variable. Members sought clarification that there is an Early Help service to prevent and assist with exclusions, and the Education Director confirmed there was.
- The state of schools buildings was mentioned in the election and the maintenance programme. The Education Director said that schools in Southwark are in a good condition. There are no known sites being targeted for academies or new schools. Members asked about the Old Kent Road development and the Education Director promised to update the committee if there are any bids to utilise this site at a later date.

VIDEO OF SOUTHWARK EDUCATION OVERVIEW

<https://bambuser.com/v/6769106>

5. OFSTED INSPECTION OF SOUTHWARK CHILDREN'S SERVICES

David Quirke –Thornton, Strategic Director of Children's and Adults' Services and Alasdair Smith, Director, Children's, Families and Adults' Services presented the Ofsted report, following the inspection that took place in March. Southwark was rated good. The Strategic Director reported that 28% of local authorities are rated good or outstanding, while the majority of other Local Authority Children's Services have been rated requiring improvement or inadequate. There are issues that the Strategic Director acknowledged need to be addressed, which included:

- Stability of Placements
- Care leavers journey and knowledge of rights
- Consistency of social workers (in the context of a high national turnover and a national career average of only 7 years)

A report will be developed to address these.

The chair congratulated the team on the result. Members were invited to ask questions. The following points were raised:

- The Directors were asked about social work continuity and how this is being addressed. The Strategic Director referred to a national piece of work to change the narrative about social workers. This has used the voices of young people to talk about the importance of the work. Unfortunately Social workers are now regulated by Whitehall, and the government is bringing in tests to be licensed. This is professionally unusual as most similar professions have Royal Colleges promoting professional development. Concerns were raised about the extra pressure licencing and tests would this place on social workers; particularly given the pilot had showed a 20% test fail rate. Officers said they could not recognise this high fail rate in their experience of social workers, and this could increase turnover even further. Concerns were raised about the weak professional culture that allowed direct government assessment, rather than a professional body. Officers said that other challenges around retention include social workers leaving Southwark because of high housing costs. Positive features of the service are the good management support in place, which helps retention, recognised by Ofsted. The in-house recruitment and training programme means the council has a high quality cohort of the newly qualified social workers. Southwark is investing more in retention of this cohort. Social workers are attracted by the good judgement of Ofsted. 'Frontline' was identified as a programme that is also used by Southwark and social workers had been sustained from this route. 16% of Southwark Social Workers are agency – this is lower than average, though the lowest is 10 %. Officers are encouraging social workers to commit to the borough. The Directors emphasised that there doing lot to regarding retention, but the council can not ignore the report finding that young people want consistency.

- Officers added they remain ambitious for the services and will still be pushing more on housing and training for young people.
- Members asked about sharing the good story. The Directors suggested a generosity in helping other boroughs. This applies to scrutiny function as well. The Directors noted praise in the report for the effective chairing, and the contribution the committee had made through its FGM and adoption reviews.

VIDEO OF OFSTED INSPECTION OF SOUTHWARK CHILDREN'S SERVICES

<https://bambuser.com/v/6769070>

6. FGM UPDATE

Clarissa Cupid, designated nurse safeguarding lead, and multi agency lead for the FGM presented the report. She referred to the ongoing partnership work detailed; the development of the community profile that the scrutiny review recommended and highlighted the success of the work with Rotherhithe School.

Members then raised the following issues:

- When will the training for frontline workers be delivered? The safeguarding lead nurse said that this is being developed with the council and will be rolled out in September.
- When will further schools be worked with? The safeguarding lead nurse said the partnership is looking at another couple of schools to work with. They want to find schools in the areas where FGM work is most needed. There are also 'sharing information' issues to resolve.
- What about the scrutiny review recommendation that follow up work be done with the High Commissions, particularly concerning children at risk of being taken out of the country? The safeguarding lead nurse confirmed that they have been contacted but more needs to be done to progress this.
- Will there be work with girls and young girls to promote bodily integrity and human rights? The safeguarding lead nurse said there has been a very affective leaflet produced by Rotherhithe School that had led to girls and boys raising FGM with parents and saying they did not want this to happen to their sisters. This will be developed.
- Given school governors now need to be aware of FGM a member recommended that school governors receive a training module. The safeguarding lead welcomed this suggestion and remarked this could be integrated into the developing training programme.

VIDEO OF FGM UPDATE

<https://bambuser.com/v/6769052>

7. WORK-PLAN

The committee identified the following matters for the work-plan:

- School funding – update following consultation results
- Schools performance using new assessment criteria
- Ofsted follow up report
- CAMHS / Mental health (follow up on previous committee's years work on this area and looking at the anticipated Joint Mental Health Strategy)
- A review into knife crime (including gangs)

The work-plan and review scope will be devised over the summer by the chair, with support from the scrutiny manager, in consultation with members. A draft will come to the next meeting to be agreed.

VIDEO OF WORK PLAN

Knife Crime and Knife Carrying

Action Plan 2017 - 2019

The aim of this action plan is to reduce knife crime in Southwark. It is a comprehensive and detailed plan to reduce knife carrying which leads to inevitably serious harm and death. The plan intends to provide short, medium and long term interventions to help young people and their parents understand the risks of serious harm of carrying knives. The reasons for carrying knives are wide ranging so there needs to be action that will impact on the culture of carrying knives, a long term issue, to immediate action on the day to day knife carrying issues. This plan seeks to provide long term transformational action, it will require the positive engagement of young people, their parents, schools and other key partners, the community and the statutory agencies to work together and can be adapted and changed as required.

Following a downward trend in knife crime over the last few years, there has been a sharp increase across London in 2016/2017. Not all knife crime is gang related or committed by young people; however young people are disproportionately affected¹. For the last five years Southwark has had higher than the London average level of knife crime. The offences of knife crime with injury and knife possession have also been above the capital's average. Statistics and anecdotal evidence suggest that knife carrying by young people (10 to 24 years) is now more prevalent. Current understanding of the local profile outlines that young people carry knives mainly for the following reasons, (1) Protection/Safety (2) Attention (3) Criminality – Involvement in gangs/robbery, drug activity (4) Peer Pressure.

The Knife Crime and Knife Carrying Action Plan reflects the London wide prioritisation of knife crime as seen in the Mayor's Office for Policing and Crime, (MOPAC) Police and Crime Plan 2017 – 2021, MOPAC Knife Crime Strategy, Metropolitan Police Service Control Strategy, Southwark Council Plan, and Southwark Community Safety Partnership Plan. The plan is supported legislatively by the Crime and Disorder Act 1998 (and subsequent amendments) through the work of the Community Safety Partnership for which the statutory responsibility is held by the Southwark Safeguarding Adults Board. The plan is also supported by safeguarding legislation.

Knife crime is a joint priority for the Southwark Safeguarding Adults' Board (SSAB) and Southwark Safeguarding Children's Board (SSCB). It was agreed that the SSAB would lead on the development of a multi-agency action plan to tackle and prevent knife crime and it tasked the Safer Communities Delivery Group to develop this plan and oversee its operational delivery. It adopts a short, medium and long term focus integrating with other Safeguarding Board priorities specifically on Early Help and Adolescence. Our partnership vision is the mandate for change to reduce and eradicate knife crime and knife carrying in Southwark. Quite simply we want..... **young people in Southwark to feel safe and be resilient, to avoid knife carrying and knife crime, which has a significant impact on their lives, future aspirations and the overall quality of life of the community.**

The Serious Case Review of Child U and consultation undertaken to date, highlights a range of support and provision that exists to support tackling knife crime. A key part of the plan is to bring together this work to enable a coherent and co-ordinated response which will ensure that we maximise the use of resources and funding opportunities across the partnership.

The Safer Communities Delivery Group organised a facilitated workshop in January 2017 with a wide variety of stakeholders including young people to look at how this could be tackled and to start the process of developing a plan to outline how knife crime and knife carrying would be addressed in Southwark. The themes that emerged from the workshop and subsequent engagement with stakeholders are reflected in the action plan are listed below;

- **Consultation and engagement** – with stakeholders, the wider community and young people is essential in understanding the causes and impacts of knife crime and knife carrying and how to deal with it.
- **Information sharing and intelligence development** – between partners and with the community is essential to ensure the multi-agency response to knife crime and knife carrying is effective.
- **Communication of key messages and awareness raising** – including clear signposting of where to go for help.
- **Building resilience** – young people, parents and carers developing the resilience and skills to avoid knife crime as victim and/or perpetrator including work with schools across Southwark.
- **Prevention and early intervention** – working to increase the feeling of safety of young people, divert people from becoming involved in knife crime and knife carrying and targeted support to those at risk.
- **Enforcement against perpetrators** – using a wide range of enforcement options across the partnership to disrupt and prosecute those who commit knife crime and individuals who carry a knife.

This two year action plan will take forward and shape existing responses to knife crime in Southwark using the themes above and through existing provision e.g. the Southwark Anti-Violence Unit (SAVU) and SERVE (multi-agency programmes providing support for individuals aged 16-25 years involved in or at risk from gang related crime), HAMROW (fortnightly police led multi-agency gangs intervention meeting) and MPS Gangs Unit. It will also include, acknowledge and build on the work done in schools, alternative educational provision, colleges, businesses and the community and voluntary sector. The collective roles and responsibilities of all stakeholders including schools, parents, and carers, residents, businesses, community and faith groups will be considered in the plan's implementation. There will be an event later in 2017 to bring together stakeholders from across the partnership to look at collective involvement and review delivery.

Young people are central to this action plan, the views of which need to be continuously considered in developing and implementing a credible strategic and operational response to knife crime and carrying; a response which includes prevention, harm reduction, risk management and enforcement, recognising that victims need support and perpetrators need to be rehabilitated. The plan will be subject to an annual review to measure progress and ensure its continuing relevance in tackling and preventing knife crime and knife carrying in Southwark.

¹ For the purpose of this knife crime action plan the focus is on young people. Domestic abuse related offending is covered separately under Southwark's Domestic Abuse Strategy

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Strategic Outcome – Embedding social responsibility in tackling knife crime and knife carrying <ul style="list-style-type: none"> enhancing responsibility amongst parents, families and young people in tackling knife crime challenging the normalisation of knife ownership and knife carrying a clear statement of intent that knife crime and knife carrying is not acceptable 										
Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date	
Consultation and engagement of stakeholders and the wider community is essential in understanding the causes of knife crime and knife carrying and the impact it has on our community. Engagement with young people is particularly important as they are disproportionately affected by knife crime and knife carrying.	Consultation with young people to identify the key issues ensuring that the ‘voice’ of young people is captured in the design, delivery, and monitoring of this action plan.	Consult existing networks and forums of young people. Such as Youth Council, Changemakers, Young Advisors, YOS, School Youth Councils.	To establish robust and sustainable mechanisms to put young people at centre of action plan.	LBS C&SP	Views considered and incorporated into action plan.	Council	Action plan includes stakeholder perspective and recognises contribution.	Initial consultation June 2017. Ongoing	Engagement with Changemakers, Youth Council and other young people in community settings.	
		To put young people at the centre of development and delivery of action plan.	Knife crime is a priority for the Youth Council, and will be a key stakeholder in the monitoring, direction and delivery of the action plan.	Youth Council	Knife is a regular agenda item of Youth Council.	Council	Action plan includes young person’s perspective and recognises their contribution.	Ongoing	Agenda item at Youth Council meetings June 2017 and thereafter.	
		To put schools at the centre of the development and delivery of action plan.	To put schools at the centre of the development and delivery of action plan.	SASH SAPH	Knife Crime is a regularly item on 6 weekly meetings.	Police SASH SAPH	Action plan includes schools perspective and their involvement and contribution.	Ongoing		
		Knife carrying survey to be developed to capture young people’s views. To be initially piloted in 4 secondary schools in the borough with a view to rolling out borough wide.	Develop and design survey.	SASH Youth Council	Questionnaire drafted.	Council	Questionnaire piloted in 4 schools.	October 2017		
			Facilitate implementation of survey.	SASH	4 schools identified, questionnaire disseminated.	Schools	Questionnaire piloted in 4 schools.	October 2017		
			Collation and analysis of pilot survey results.	LBS CS&P	Evaluation of survey methodology and results.	Council	Survey methodology and structure established for roll-out.	March 2018		
		Consultation with stakeholders and wider community.	Identification and consultation with community, faith, third sector, business and other groups.	Contact community, faith, third sector, business and other groups.	LBS CS&P	Meetings attended other liaison via phone and email.	Council	Contact group established.	Initial consultation to be completed by July 2017.	Groups identified. Three engagement events attended.
				Perspectives of; faith, community, third sector, businesses and other groups collated.	LBS CS&P	Views considered and incorporated into action plan.	Council	Action Plan includes stakeholder perspective and recognises contribution.	Ongoing	Consultation activity, views and contributions recorded.
				Community engagement and sign up to action plan. Voluntary groups invited to attend a workshop.	LBS CS&P	Voluntary sector given opportunity to comment on action plan.	Voluntary sector	Engagement and involvement of community in delivering action plan.	Workshop to be held in 2017.	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date	
<p>Consultation and engagement of stakeholders and the wider community is essential in understanding the causes of knife crime and knife carrying and the impact it has on our community. Engagement with young people is particularly important as they are disproportionately affected by knife crime and knife carrying.</p>	<p>Consultation with young people to identify the key issues ensuring that the ‘voice’ of young people is captured in the design, delivery, and monitoring of this action plan.</p>	<p>Knife carrying survey to be developed to capture young people’s views. To be initially piloted in 4 secondary schools in the borough with a view to rolling out borough wide.</p>	<p>Roll-out of borough wide survey.</p>	<p>LBS CS&P in conjunction with LBS Education and SASH</p>	<p>Survey undertaken, results collected.</p>	<p>Council Schools</p>	<p>Survey results collated.</p>	<p>Full survey to be undertaken during 2018.</p>		
			<p>Collation and analysis of survey results.</p>	<p>LBS CS&P</p>	<p>Evaluation of survey.</p>	<p>Council</p>	<p>Develop understanding of young people’s perception and experience of knife crime and knife carrying, to shape direction of action plan.</p>	<p>September 2018</p>		
	<p>Engage with and incorporate the views of those who have experienced knife crime as victims, perpetrators and as wider family members.</p>		<p>Engagement with Victim support and other victim based services in Southwark.</p>	<p>Identify best way to engage to engage with victims of knife crime.</p>	<p>LBS CS&P</p>	<p>Establish ways to collect and represent views of victims e.g. interviews/surveys.</p>	<p>Council</p>	<p>Feedback pathways established for victims of knife crime.</p>	<p>October 2017 and ongoing.</p>	
					<p>YOS – RJ and Victim Staff</p>	<p>RJ Champions consulted alongside review of previous victim and retribution work</p>	<p>Council</p>	<p>Feedback incorporated in review of action plan.</p>	<p>October 2017 and ongoing.</p>	
			<p>Consultation with YOS, Probation, and CRC practitioners.</p>	<p>To include the views of practitioners working with knife crime offenders and/or victims.</p>	<p>LBS CS&P</p>	<p>Consultation and interviews scheduled and completed.</p>	<p>Council</p>	<p>Consultation material reviewed and fed into updated action plan.</p>	<p>Initial consultation to be completed by October 2017.</p>	
			<p>Interviews with YOS, Probation, and CRC clients.</p>	<p>To include the views of those with experience of the Criminal Justice System.</p>	<p>YOS</p>	<p>Consultation and interviews with clients scheduled and completed.</p>	<p>Council</p>	<p>Consultation material reviewed and fed into updated action plan.</p>	<p>To be completed by December 2017.</p>	
					<p>NPS</p>	<p>Consultation and interviews with clients scheduled and completed.</p>	<p>NPS</p>	<p>Consultation material reviewed and fed into updated action plan.</p>	<p>To be completed by December 2017.</p>	
					<p>LBS CS&P London CRC</p>	<p>Consultation and interviews with clients scheduled and completed.</p>	<p>London CRC</p>	<p>Consultation material reviewed and fed into updated action plan.</p>	<p>To be completed by December 2017.</p>	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Consultation and engagement of stakeholders and the wider community is essential in understanding the causes of knife crime and knife carrying and the impact it has on our community. Engagement with young people is particularly important as they are disproportionately affected by knife crime and knife carrying.	Engage with and incorporate the views of those who have experienced knife crime as victims, perpetrators and as wider family members.	Interviews with YOS, Probation, and CRC clients.	Collation and analysis of interview material.	LBS CS&P	Evaluation and analysis of interviews.	Council	Develop understanding of offenders' experience of knife crime and knife carrying, to shape direction of action plan.	December 2017	
		Engagement with AKCF and other community support groups supporting families of victims directly impacted by knife crime.	To engage with groups and individuals who are actively engaged with tackling knife crime.	LBS CS&P	AKCF attended as well as other engagement activity.	Council	Consultation activity logged and routinely fed into updates of action plan.	Initial consultation to be completed by July 2017. Feedback to be incorporated in action plan on quarterly basis.	Groups identified. Two engagement events attended.
		To work with and support the AKCF and to engage with community based groups who are involved in tackling knife crime.	LBS CS&P AKCF	Workshop event Community groups engaged	Council Voluntary sector	Agreement reached on implementation of plan. Activity logged and routinely fed into updates of action plan.	December 2017 Ongoing		

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Information Sharing and Intelligence development	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Information and intelligence sharing routes to be established with partners, in order to develop intelligence based multi-agency response to knife crime and knife carrying that reduces the risk of harm to our community.	Establish information sharing routes between organisations and the community, including the sharing of ‘soft intelligence’.	Review current information sharing routes. Is the correct information being shared? Are the right procedures in place to share ‘soft’ intelligence?	Review current information sharing practice and protocols.	Police LBS CS&P SAPH SASH All partners	Brief SWOT analysis of local information and intelligence sharing practice.	Police Council Schools All partners	Areas of strength and areas for improvement identified.	Information sharing protocols to be reviewed by October 2017.	
			Sharing pathways evaluated, identifying areas for improvement.	LBS CS&PS	Information/intelligence pathways mapped.	Council	Improved information and intelligence sharing between partners.	October 2017	
			Establish information and intelligence sharing practice and protocols.	Police LBS CS&P SAPH SASH All partners	Information sharing best practice embedded in partner agencies.	Police Council Schools All partners	Information sharing improving the outcomes in respect of prevention and enforcement to tackle knife crime.	Some information pathways already established additional routes to be put in place by April 2018.	
		Build two-way pathways so that schools, colleges and alternative provision can share information including ‘soft’ intelligence with the Police and other partners, about individuals at risk as perpetrators or victims of knife crime.	To establish a shared approach to information sharing.	LBS Education (via Education Sub Group) In conjunction with the Police.	Protocol established identifying what, when and how information and intelligence regarding knife crime and carrying is shared.	Council Police	Protocol adopted by SAPH/SASH, LBS Education, Police and schools.	December 2017	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Information and intelligence sharing routes to be established with partners, in order to develop intelligence based multi-agency response to knife crime and knife carrying that reduces the risk of harm to our community.	Develop and utilise intelligence so we have the best information possible to inform and direct partnership activity to areas of most need.	Develop criminality – focussed intelligence to evaluate criminality and/or victimisation patterns providing a profile of : <ul style="list-style-type: none"> • Offence type and weapon types • who is involved in knife crime within the community • Drivers behind knife crime i.e. robbery, domestic abuse, gang activity • What are the triggers i.e. substance misuse (including alcohol) • Locations and times of offending • The age of offenders and victims • The ethnicity of offenders and victims • Gangs and gang activity within the community • Trauma centre data around stabbing injuries 	Develop understanding of knife crime problem profile in Southwark.	LBS Regulatory Services in consultation with the Police.	Problem profile created and shared.	Council	Information disseminated to partners to gain understanding of key issues.	<i>Knife crime profile completed January 2017</i>	
		Develop community – focused intelligence providing an insight into the perception of knife crime and knife carrying in an area. To include engagement with: <ul style="list-style-type: none"> • Faith groups • Third sector organisations • Local businesses • Residents, via tenants and residents associations • Youth groups 	Engage with faith groups, third sector organisations, local businesses, residents and youth groups.	LBS CS&P	Attendance at meetings and engagement activity planned.	Council	Distribution list established of stakeholders interested in sharing or acting as a conduit for community focussed intelligence.	December 2017	Initial Community Southwark event held June 2017.
			Local police to engage with community. Community Engagement Officer to develop intelligence and information sharing pathways.	Police	Increased confidence between police and community.	Police	Local intelligence sharing guidelines and network established.	Ongoing	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Information and intelligence sharing routes to be established with partners, in order to develop intelligence based multi-agency response to knife crime and knife carrying that reduces the risk of harm to our community.	Develop and utilise intelligence so we have the best information possible to inform and direct partnership activity to areas of most need.	Analyse data and intelligence from partners to identify ‘hotspots’ of activity to inform operational, tactical and strategic responses to knife crime. Data sources: <ul style="list-style-type: none"> • Police - crime statistics for knife crime, serious youth violence, knife possession. Police intelligence. • Health – A&E admissions data (assault type), London Ambulance Service call locations, Redthread case studies • TFL and BTP – offence data 	Mechanism established to collate data and intelligence.	LBS Regulatory Services in consultation with Police, Health and TFL.	Pathway established to feed analysis appropriately into partnership prevention and enforcement activity.	Council	“Hotspots” to have better informed partnership responses.	Information to be reviewed on a quarterly basis To incorporate findings of Public Health JSNA and multi-agency knife crime audit taking place later in the year.	
		Conduct mapping exercise to raise awareness and establish the extent of the issue of offending and weapon carrying in our schools and colleges.	Primary schools - review nature and scale of knife carrying and offending by locality, gender and age.	SAPH in conjunction with LBS Education.	SAPH & LBS Education to send a joint letter to all primary schools requesting information.	Schools Council Police	Understanding of knife crime issue in primary schools, feed into prevention, intervention and enforcement activity.	December 2017	
			Secondary schools - review nature and scale of knife carrying and offending by locality, gender and age.	Police Schools Officers in conjunction with schools.	Police schools officers to request and collate information from affiliated schools.	Police Schools Council	Understanding of knife crime issue in secondary schools, feed into prevention, intervention and enforcement activity.	December 2017	
			SILS - review nature and scale of knife carrying and offending by locality, gender and age.	Police Schools Officers in conjunction with SILS.	Police schools officers to request and collate information from SILS.	Police Council SILS	Understanding of knife crime issue in SILS, feed into prevention, intervention and enforcement activity.	December 2017	
			Colleges - review nature and scale of knife carrying and offending by locality, gender and age.	Police in conjunction with LBS Education.	LBS Education to send a joint letter to all colleges requesting information.	Police Council	Understanding of knife crime issue in colleges, feed into prevention, intervention and enforcement activity.	December 2017	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Communication of Key Messages and Awareness Raising	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Development and communication of key messages to the community about knife crime and knife carrying. To include clear signposting of where to go for help and referral routes for services.	Partnership to agree key messages to tackle knife crime and knife carrying.	Review existing partner's advice and responses to knife crime and knife carrying in Southwark.	Gather LBS and partners' advice and responses to knife crime.	LBS CS&P	Collate LBS and other advice and guidance regarding knife crime and carrying.	Council	Guidance gathered.	July 2017	
			Review content and style of partners' advice and responses to knife crime.	LBS CS&P	Gathered guidance scrutinised for examples of effective and impactful messaging.	Council	Brief report written.	July 2017	
			Collect Police material produced to address knife crime.	Police	Police material gathered and collated.	Police	Submitted to LBS.	July 2017	
		Key partners to agree key common messages for use by schools, council, police and other partners.	To make sure that key stakeholders are engaged and consulted to arrive at credible key messages.	SSAB	Key messages agreed.	Council	Key messages adopted by the Joint Adults' and Children's Board.	September 2017	
			Schools to agree key messages that resonate with broader partnership.	SAPH/SASH	Key messages agreed.	Schools	Key messages adopted and used by schools.	October 2017	
			Police to agree to key messages.	Police	Key messages agreed.	Police	Key messages adopted and used by Police in Southwark.	September 2017	
			Messages to be developed in formats for use in a variety of media and locations.	LBS External Affairs	Key messages developed.	Council	Key messages distributed to key partners for use in different media.	September 2017	
	Partnership communications campaign.	Review of previous communications campaigns; what media are most effective? Bespoke campaigns to be developed for young people and the wider community.	Desktop review of previous campaigns.	LBS CS&P	Campaigns reviewed.	Council	Campaign evaluation circulated.	July 2017	Interim review completed – July 2017.
			Review of previous campaigns aimed at young people.	Youth Council	Workshop held to review material from previous campaigns and identify what is effective.	Council	Findings of review workshop collated and distributed.	August 2017	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Development and communication of key messages to the community about knife crime and knife carrying. To include clear signposting of where to go for help and referral routes for services.	Partnership communications campaign.	Ensure clear signposting and guidance is in place for affected members of the community, particularly young people so that they know where to go for help and advice and to report knife carrying concerns. Material to be made available at key locations and on partner's websites.	Identify partners and key locations to focus support and signposting activity.	LBS CS&P	LBS CS&P to liaise with partners and young people to identify key locations.	Council	Material in place at key locations and on key websites.	September 2017	
		Ensure that age appropriate information, support and resources are targeted at individuals and areas of risk in respect of knife crime and knife carrying.	Develop age appropriate material and identify where how to signpost so people can find help and access services.	LBS External Affairs in conjunction with Youth Council and Change makers.	Materials produced. Locations and areas of need identified. Appropriate signposting routes identified.	Council	Materials produced. Locations and areas of need identified. Appropriate signposting routes identified.	October 2017	
		Work with key partners to develop a viable strategy to affirm positive use of social media and challenge the negative effects in relation to knife crime and knife carrying.	Develop a local social media strategy.	LBS External Affairs in conjunction with Youth Council and Change makers.	Effective social media strategy devised.	Council	Pro-social messages posted online.	October 2017	
		Ensure up to date information is accessible on council and other partner's websites and in other media.	Create a directory of websites to audit.	LBS CS&P	Websites audited, those with out of date information identified.	Council	Up to date information is accessible on Council and partner websites.	October 2017	
		Identify key community ambassadors to be made aware of and involve them in the delivery of the key messages in community settings.	Recruit community ambassadors.	LBS Community Engagement	Community ambassadors identified and briefed.	Council	Community ambassadors actively promoting key messages.	December 2017	
		Develop a communications campaign ensuring appropriate information, support and resources are targeted at individuals and areas of risk in respect of knife crime and knife carrying.	Guidance and advice developed for different target audiences.	LBS External Affairs All Partners	Target audiences have access to credible guidance and advice.	Council All partners	Campaign launched.	October 2017	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date		
Development and communication of key messages to the community about knife crime and knife carrying. To include clear signposting of where to go for help and referral routes for services.	Southwark wide protocol to be developed outlining commitment in tackling knife crime and knife carrying in Southwark.	Southwark wide schools protocol to be developed outlining commitment in tackling knife crime and knife carrying in Southwark.	Develop a Southwark protocol that schools and colleges can sign up to ensure safety, reassure students and parents and assert their commitment to playing an active part in tackling knife crime and knife carrying in Southwark.	LBS Education	Consultation activity with stakeholders to identify format and content of Protocol.	Council	Draft protocol agreed and circulated to broader group of stakeholder.	<i>MOPAC is developing a Mayoral 'Safer Schools' Standard.</i>			
		Equip and support young people to develop the resilience and skills to avoid the consequences of knife crime as victim and/or perpetrator.	Encourage all primary and secondary schools to educate their students about the risks and consequences of knife crime and knife carrying, paying particular attention to equipping young people with the skills to cope with the transition from primary to secondary education.	Current approach and advice given in schools, colleges and alternative provision to be refreshed to ensure that the same approach is being taken, that the key messages of the action plan are being disseminated.	Current approach and advice given in schools, colleges and alternative provision to be reviewed and updated.	SAPH to liaise with primary schools SASH to liaise with secondary schools LBS Education to liaise with SILS.	Full understanding of current approach in schools to knife crime and knife carrying.	Schools Council	Full understanding of current approach in schools to knife crime and knife carrying.	October 2017	
				Consensus approach to knife crime and knife carrying to be adopted.	LBS Education in conjunction with SAPH, SASH and SILS.	Uniform approach agreed.	Council Schools	Agreed approach is embedded across Southwark schools and colleges.	December 2017		
		Review of catchment areas for our schools and colleges: <ul style="list-style-type: none"> Where do our pupils reside? What are the feeder schools in the transition from primary to secondary school? 	To capture the journeys students undertake and identify significant feeder schools.	SAPH to liaise with primary schools SASH to liaise with secondary schools LBS Education to liaise with SILS.	Pupil data captured.	Schools Council	Mapping of pupil movement in Southwark.	December 2017			

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Equip and support young people to develop the resilience and skills to avoid the consequences of knife crime as victim and/or perpetrator.	Encourage all primary and secondary schools to educate their students about the risks and consequences of knife crime and knife carrying, paying particular attention to equipping young people with the skills to cope with the transition from primary to secondary education.	Review of catchment areas for our schools and colleges: <ul style="list-style-type: none"> Where do our pupils reside? What are the feeder schools in the transition from primary to secondary school? 	To understand challenges presented by changes by transition and the journeys students undertake.	LBS Regulatory services	Analysis of journey, place of residence data and feed schools for Southwark students.	Council	Understanding of pupil movement and transition in Southwark to inform prevention, intervention and enforcement activity.	December 2017	
		Identification and implementation of measures to increase the safety of young people during the transitional period from primary to secondary education.	To improve links between primary and secondary feeder schools.	LBS Education in conjunction with all schools.	Improved communication between schools.	Council Schools	Resilience of students increased at transition to secondary school.	December 2017	
			To identify appropriate measures to support students.	LBS Education in conjunction with SAPH and SASH.	Better understanding of issues that impact as a result of transition and pupil travel.	Council Schools	Better deployment of resources to facilitate better transition to secondary school.	December 2017	
	Develop programme of workshops and events for young people about the consequences of knife crime and knife carrying.	Mapping exercise to be carried out of all current extra-curricular activity in schools, youth clubs, community centres etc. to identify potential 'gaps' in provision.	Understand scope of current provision.	SAPH in consultation with primary schools	Current provision collated.	Schools Council	Full understanding of current youth provision, identification of gaps in areas of need.	Initial mapping exercise to be completed December 2017.	
				SASH in consultation with secondary schools.	Current provision collated.	Council Voluntary sector	Full understanding of current youth provision, identification of gaps in areas of need.	Initial mapping exercise to be completed December 2017.	
				LBS CS&P /Y&PS in consultation with youth clubs.	Current provision collated.	Council	Full understanding of current youth provision, identification of gaps in areas of need.	Initial mapping exercise to be completed December 2017.	
		LBS Community Engagement in consultation with voluntary sector	Current provision collated.						

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Equip and support young people to develop the resilience and skills to avoid the consequences of knife crime as victim and/or perpetrator.	Programme of workshops and events to be developed for young people about the consequences of knife crime and knife carrying.	Mapping exercise to be carried out of current extra-curricular activity in schools, youth clubs, community centres etc. to identify potential 'gaps' in provision.	Understand scope of current provision.	Community Southwark in consultation with voluntary sector	Current provision collated.	Voluntary sector	Full understanding of current youth provision, identification of gaps in areas of need.	Initial mapping exercise to be completed December 2017.	
			To target activity at areas of identified need.	LBS C&SP	Work plan devised to direct provision to areas of need.	Council	Youth provision targeted to areas of most need.	March 2018	
		Develop programme of events such as theatre and workshops to take place in schools, colleges, youth clubs and other community settings. To include participatory workshops; "speak outs" in which young people take the lead in the design and development.	To target activity at areas of need involving young people.	LBS CS&P in conjunction with LBS Communities, LBS Y&PS, schools, Youth Council	Programme developed.	Council	Events delivered and evaluated.	Programme developed by March 2018.	
		Organise and deliver a knife crime conference for stakeholders including young people, schools and other key stakeholders with facilitated workshops to share best practice.	To review year 1 of action plan.	SSCB and SSAB	Event timetabled.	Council	Conference delivered and reviewed.	September 2018	
Equip parents, carers, siblings, friends and peers with the information and skills to deal with the risks and effects of knife crime and knife carrying.	Provision of easily accessible Information and support.	Develop a toolkit that provides simple guidance about the risks associated with knife crime and carrying and how to support individuals who are involved. To include clear signposting of available support.	Develop a toolkit to meet needs of intended audience.	LBS CS&P	Toolkit designed and tested.	<i>Funding stream to be confirmed</i>	Development of toolkit.	Initial toolkit to be developed by March 2018. <i>MOPAC is developing a Toolkit as part of the pan-London Knife Crime Strategy.</i>	
			Toolkit rolled out.	LBS CS&P	Review process organised with key stakeholders, mystery shopping of guidance.	<i>Funding stream to be confirmed</i>	Toolkit developed to be accessible in key locations and media.	July 2018 <i>MOPAC is developing a Toolkit as part of the pan-London Knife Crime Strategy.</i>	Partnership websites amended as appropriate and other avenues of advice and guidance identified.

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Strategic Outcome Keeping Young People Safe <ul style="list-style-type: none"> to protect children and young people from harm by tackling violence improving awareness of the risks and consequences of carrying a knife 									
Priority Area – Prevention and Early Intervention	Sub Area	Actions	Sub Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
The minority of young people who carry/use knives do so for a variety of reasons with common themes including fear, self-protection, status, and respect. This calls for a multi-faceted response, which not only engages young people but also works with parents and carers and the wider community.	Increase the feeling of safety of young people when travelling through Southwark and beyond as pedestrians, cyclists and by using public transport. The creation of 'safe places' and 'safe routes' home from school.	Safer schools protocols and end of school patrol plans to be agreed with secondary schools, to reduce the risk of harm to young people through staggering school finishing times throughout the year and at term ends.	To reduce harm at times identified as high-risk.	Police (Safer Schools officers) in conjunction with secondary schools.	Identify areas and times of risk.	Police Schools	Available resources deployed to mitigate risk.	Ongoing	
		Young people asked to complete a travel survey so that the extent of the issue can be captured.	To inform response to knife carrying in response to young people travelling (included in school knife carrying survey).	Youth Council	To obtain a young person's perspective on risk and perceived risk in relation to travel.	Council	To inform a strategy towards developing safe routes.	October 2017	
		Development and implementation of 'safe routes'.	To increase safety of young people when travelling across the borough.	Police in conjunction with all partners.	"Safe routes" identified across the borough.	Police All partners	Increases safety, reducing fear and preventing young people from becoming victims of knife crime.	December 2017	
		Strengthen and refresh CitySafe network of locations, publicising the scheme to local businesses, encouraging recruitment to the scheme.	To have a reliable and well located network of CitySafe Havens in Southwark.	Police in conjunction with Change Makers.	To have a mechanism to recruit and support Haven venues.	Police Council	Network of Havens established and publicised.	September 2017 <i>CitySafe Havens identified in MOPAC Knife Crime Strategy.</i>	
	Widen the choices available for young people through the provision of positive activities, diverting young people away from carrying knives or becoming involved in knife crime.	Mapping exercise to be conducted across the borough to identify what activities are currently available outside of school hours. Gaps in provision can then be identified and positive activity introduced into these areas.	To enable gaps to be identified and opportunities signposted.	LBS CS&P LBS Y&PS	Survey of activity and gaps compiled for partners.	Council	Available resources directed to gaps, existing opportunities marketed to those most affected by knife carrying.	Initial mapping exercise to be completed December 2017.	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
The minority of young people who carry/use knives do so for a variety of reasons with common themes including fear, self-protection, status, and respect. This calls for a multi-faceted response, which not only engages young people but also works with parents and carers and the wider community.	Widen the choices available for young people through the provision of positive activities, diverting young people away from carrying knives or becoming involved in knife crime.	Programme of activity to be developed targeted at locations and cohort(s) identified as having the greatest need utilising Junior Citizens and including First Aid training as provided by StreetDoctors in dealing with bleeding injuries.	To develop resilience and pro-social behaviour to challenge “normalisation” of knife carrying.	LBS CS&P in conjunction with LBS Y&PS.	Activities timetable and publicised.	Council	Available resources directed to gaps, existing opportunities marketed to those most affected by knife carrying. More young people gaining training and employment.	Programme developed by July 2018.	
	Make education, training, and employment opportunities available to all. Widening opportunities for young people diverting individuals away from crime.	Ensure all opportunities to access ETE are publicised and accessible and made available to those at risk of being affected by knife crime and knife carrying.	To make sure those who are sometimes identified as “hard to reach” have access to ETE opportunities.	LBS LET	Clear guidance as to available opportunities promoted via credible networks to access “hard to reach”.	Council	Increased take up of opportunities by those who are identified as at risk of being affected by knife crime and carrying.	August 2017 and ongoing.	
	Develop engagement opportunities for those affected by knife crime within existing community based services such as GP surgery’s and pharmacies, offering advice, guidance and referral.	Develop a community based service model, similar to that of the IRIS model for domestic abuse victims, to enhance and strengthen referral pathways so that victims, perpetrators and parents and carers concerned about their children can more easily access early intervention support.	To improve the reach of support services and advice to those who may find it difficult to access support.	CCG	Consultation activity undertaken with likely conduits and representative of marginalised groups.	CCG	Draft service model identified.	July 2018	
Targeted support for high risk groups and young people on the verge of or involved in knife crime and/or knife carrying.	Enhance and promote peer support offer.	Mediation & Mentoring programme to be developed so that young people can support each other to address knife crime and knife carrying using Restorative Justice approach when appropriate.	To equip young people with skills and resilience to support each other to tackle knife crime.	LBS YOS	Appropriate programme of training and support identified and established.	Council	Programme of training and support timetabled.	Programme developed by December 2017.	
		Establish a Female Focus Group of young people to determine how best to support young women and girls affected by knife crime particularly knife carrying.	To understand the effects that knife crime and carrying has on girls and young women and identify the appropriate responses.	LBS YOS	Meetings and engagement events timetabled.	Council	Meetings and engagement activity reviewed and fed into revised action plan.	Group to be established by October 2017.	

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Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Targeted support for high risk groups and young people on the verge of or involved in knife crime and/or knife carrying.	Specific interventions and approaches to be designed for young B&ME males targeting this cohort.	Conduct desk research, examine data, and conduct surveys and focus groups to determine if there are approaches that need to be taken that focus on issues of ethnicity, immigration and identity to tackle knife crime and knife carrying.	To understand how issues of race, ethnicity and immigration may impact on individuals and contribute to their risk of being affected by knife crime.	LBS CS&P LBS YOS	To undertake a report taking into consideration key stakeholders and available research.	Council	To compile a report to enable such action as necessary to be included in a revision of the action plan.	December 2017	
		Develop and implement an “Identify” programme which supports and works with cohorts at risk of knife crime and serious violence.	To target those most at risk of being affected by knife crime.	LBS YOS	To develop an effective programme to engage, and divert identified individuals away from knife crime.	Council	Programme timetabled.	April 2018	
	Diversion & early intervention opportunities for youth offenders.	Early liaison and intervention between Police and Youth Offending Service (YOS) regarding individuals of concern, so that diversionary measures can be implemented to reduce risk.	To reduce risk by taking on pro-active preventative work.	LBS YOS in conjunction with Police	To refine approach to identify individuals of concern.	Council Police	Increased deployment of targeted diversionary activity.	Ongoing	
	Protecting vulnerable people - focused on high harm individuals; at risk children and young people.	Referral pathways to be developed as part of Early Help and MASH services for children and young people identified as being at risk of involvement in knife crime, as victims or offenders and their affected siblings.	To reduce risk by taking on pro-active preventative work.	LBS Children’s Social Care	To refine approach to identify individuals of concern and their siblings.	Council	Referral process established and publicised.	September 2017	
HAMROW - Partnership discussion of those at risk of knife crime and knife carrying, so that diversionary measures can be implemented to reduce risk.		To reduce risk by taking on pro-active preventative work.	Police	To refine approach to identify individuals and their associates for diversionary activity.	Police	Better integration of HAMROW with broader partnership activity.	Ongoing		

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Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Targeted support for high risk groups and young people on the verge of or involved in knife crime and/or knife carrying.	Protecting vulnerable people - focused on high harm individuals; at risk children and young people.	Police schools officers to work closely with schools for early identification of those at risk of knife crime and knife carrying.	To reduce risk by taking on pro-active preventative work.	Police schools officer in conjunction with Schools.	To manage risk more pro-actively and to better integrate supportive and enforcement responses from partners.	Police Schools	Better coordinated “wrap-around” packages to those at most risk.	Ongoing	
		Improve information sharing and referral pathways between youth organisations such as Redthread and OASIS based in hospital A&E and council services.	To reduce risk by through pro-active intervention.	LBS CS&P in conjunction with Redthread and OASIS.	To manage risk more pro-actively and to better integrate support and diversionary responses from partners.	Council MOPAC	Earlier intervention and support provided for those at greatest risk.	Ongoing	
		Partnership approach to harm reduction tackling underlying drivers to knife crime and criminality for both victims and perpetrators. Such as substance misuse and mental health issues.	To reduce risk by taking on pro-active preventative work.	Health	To broker better joint-working with key partners to reduce risks to those affected by knife crime.	Health	More timely and appropriate referrals to support and enforcement services.	Ongoing	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Strategic Outcome – Taking action against those perpetrating knife crime									
Priority Area – Enforcement against perpetrators	Sub Area	Actions	Sub Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Disrupting, prosecuting knife carrying criminals' involvement and ownership.	Deployment of enforcement options against those perpetrating knife crime.	Operation Sceptre was launched by the Police in July 2015 with the aim of reducing knife crime and the number families affected by knife crime across the whole of London. The operation seeks to target not only those who carry and use knives, but also the supply, access and importation of weapons.	Activity to include: <ul style="list-style-type: none"> Executing warrants against those believed to be involved in violent crime Test purchasing to ensure that those selling knives do so in full compliance with the law Schools engagement to deter impressionable youngsters from carrying a knife Patrols in knife crime hotspots Weapon sweeps to detect and safely remove any items that have been hidden for use by criminals at a later time 	Police	Reduction in knife crime. Information and intelligence collated, and disseminated as appropriate amongst partners.	Police	Reduce knife crime and its impact in the community.	Monthly Ongoing	
		Review and improve partnership disruption and enforcement response to knife crime.	Activity to include: <ul style="list-style-type: none"> Integrated Offender Management Nominals enforcement control measures – bail conditions, tenancy controls, Police visits Test purchase operations & consequences highlighted (Trading Standards) Restorative justice approach Evictions and demoted tenancies. To include work with RSL's Partnership Tasking Group (PTG) to share information and deploy resources to support enforcement activity Events approved by the council to be subject to scrutiny; section 17 of the Crime & Disorder Act 1998 and knife crime. Consideration to preventative and deterrent measures e.g. Search regimes, knife arches, conditions of entry. 	All partners	Reduction in knife crime. Information and intelligence collated, and disseminated as appropriate amongst partners.	All partners	Reduce knife crime and its impact in the community.	Ongoing	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Priority Area – Consultation and Engagement	Sub Area	Actions	Sub-Objective	Lead	Agency Outcome	Resource	Operational Outcome	Expected Completion Date	Progress to Date
Disrupting, prosecuting knife carrying criminals involvement and ownership	Police engagement with CPS and judiciary to inform and give context to impact of offending on the victim.	Crown Prosecution Service (CPS) engagement, regular meetings with chief prosecutor and liaison with local courts). Presentations to judiciary; monitor sentencing guidance (including community sentences) & rehabilitation.	To ensure that enforcement activity is aligned with best practice to support victims and to divert offenders robustly away from criminal activity.	Police In conjunction with CPS and Local magistrates.	To support the Criminal Justice System to achieve consistent best practice supporting victims and enabling offenders to move away from crime.	Police CPS Local magistrates	Better sentencing for offenders and victims.	Ongoing	
	Effective use of the criminal justice process.	Police detections & prosecutions to be scrutinised to ensure best case outcomes and investigative learning.	To maximise the impact of enforcement responses in protecting victims and diverting offenders from crime.	Police	To maximise the effectiveness of enforcement resources.	Police	Improved conviction rates.	Ongoing	
		Specific training for local NPS and CRC officers on local knife crime to aid pre-sentence report writing.	To maximise the effectiveness of pre-sentence reports.	Police NPS in conjunction with London CRC.	Improved pre-sentence report.	NPS London CRC	Magistrates & judges able to make a more informed decision when sentencing offenders.	March 2018	

Knife Crime and Knife Carrying Action Plan 2017 - 2019

Performance Measures

Quantitative

- Reduction in knife related injury and homicide

Qualitative

- **Local Attitude Survey**

Administering a local survey completed by young people and the community to measure changes in attitude towards knife carrying and knife crime.

Glossary and Abbreviations

Abbreviation	Organisation/Agency/Department
AKCF	Anti-Knife Crime Forum
B&ME	Black & Minority Ethnic
BTP	British Transport Police
CCG	NHS Southwark Clinical Commissioning Group
CPS	Crown Prosecution Service
CRC	Community Rehabilitation Company
CS&P	LBS Community Safety & Partnerships Team
HKC	Habitual Knife Carrier
HO EGVE	Home Office Ending Gang and Youth Violence Team
JCP	Job Centre Plus
JSNA	Joint Strategic Needs Assessment
MOPAC	Mayor's Office for Policing and Crime
NPS	National Probation Service
SAPH	Southwark Association of Primary Head teachers
SASH	Southwark Association of Secondary Head teachers
SAVU	Southwark Anti-Violence Unit
SSAB	Southwark Safeguarding Adults' Board
SSCB	Southwark Safeguarding Children's Board
SILS	Southwark Inclusive Learning Service
SWOT	Strengths, Weaknesses, Opportunities, Threats
TFL	Transport for London
Youth Council	LBS Youth Council
LBS	London Borough of Southwark
LBS External Affairs	LBS Communications, Policy and Public Affairs
LBS Communities	LBS Communities Directorate
LBS Education	LBS Education Department
LBS LET	LBS Local Economy Team
LBS YOS	LBS Youth Offending Service
LBS YOS RJ	LBS Youth Offending Service Restorative Justice
LBS Y&PS	LBS Youth & Play Service



**NHS Southwark Clinical Commissioning
Group (CCG)
&
Southwark Council**

Joint Mental Health and Wellbeing Strategy

2017-2020

**7 August 2017
DRAFT v0.6**

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Document Information

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0.4	16.06.17	Sophie Gray	Senior Joint Commissioning Officer	NHS Southwark CCG and Southwark Council	Wider feedback incorporated (public engagement, local policy context, revised structure and key strategic priorities, vision, definitions)
0.5	30.06.17	Sophie Gray	Senior Joint Commissioning Officer	NHS Southwark CCG and Southwark Council	Further feedback (strategic priorities, infographics, wider determinants, definitions, structure).
0.6	07.08.17	Sophie Gray	Senior Joint Commissioning Officer	NHS Southwark CCG and Southwark	Director(s) sign off, additional comments.

				Council	
<p>The Communications Teams of the CCG (CSU) & Council will support with formatting, easy read/plain English for the final strategy for publication on the Council and CCG websites and in a printed format with a summary booklet.</p>					

Draft

FOREWORD

Good mental health and a sense of wellbeing are central to living a purposeful, healthy and enjoyable life, because there is no health without mental health. Yet, for too many people, the reality is that they are living with poor mental health and its wide-ranging and long-lasting consequences for themselves, their family, friends and community.

Many people who live in Southwark will be affected, directly and indirectly, by the impact of poor mental health and wellbeing. In this strategy we are setting out the areas where we, the CCG and Southwark Council, believe we should be focusing our efforts to maximise the opportunities and outcomes for our population to thrive, live, work and grow.

We believe that because poor mental health and outcomes can be determined from early childhood, a life course approach to this mental health strategy should be taken to ensure that our focus is on early help and support for families, protection of our children and promotion of positive wellbeing in all aspects of life. This preventative approach will then have positive consequences as our children grow into adulthood and older age.

We believe that there is great scope to improve the outcomes for our population so that we promote prevention of and recover from mental ill health. This strategy therefore places large focus on prevention and promotion of wellbeing, community based care and activating communities, improving clinical and care services and improving recovery. We consider wider determinants of mental health and wellbeing including housing, education, social, and financial to address the needs of our residents across the whole-system.

In this strategy, we set out our intention to continue to work in partnership across the CCG and Council with the NHS, voluntary and third sector services, and with the public to deliver the best possible health and social care outcomes for our residents in Southwark.



Jonty Heaversedge
CCG Chair



Councillor Helen Dennis
**Southwark Mental Health
Champion**



Councillor Richard Livingstone
**Cabinet Member for Adult
Care and Financial Inclusion**

EXECUTIVE SUMMARY

(To be written following joint agreement of the strategy and action plan).

Draft

INTRODUCTION

Southwark has a young, diverse and vibrant population of approximately 310,000. As an inner London borough, Southwark is the 40th most deprived Local Authority in England and yet we have an affluent north and south edge of the borough with many visitors and tourists travelling in and out of the borough.

Mental health problems represent the largest single cause of disability in the UK (Mental Health 5 Year Forward View). People can be affected by mental health problems at any point in their lives; including new mothers, children, teenagers, adults and older people. It is estimated that one in four adults will suffer from a mental health problem in any given year, equivalent to almost 63,000 people in Southwark.

Mental health can be maintained, improved and diminished like physical health. To improve (population) mental health we want focus on improving wellbeing. In doing so we can enable our residents to contribute to their community, develop meaningful social networks and relationships, and reach their full potential. Importantly we do not believe the presence of a mental illness goes hand in hand with low levels of wellbeing. We believe that a positive state of wellbeing is attainable for all, regardless of age, gender, socio economic status or diagnosis.

In Southwark we recognise the importance of achieving a sustainable mental health system; with high quality, responsive and accessible services and improved outcomes for those with a mental illness. Mental Health services in the borough need to reflect and respond to the needs of our local population, and be delivered without stigma or discrimination. We believe that recovery should be a target for all with a mental illness. By placing the principles of recovery at the heart of our approach, and creating opportunities for employment and housing, we will enable people to live independent lives in the community.

In Southwark we need to adopt new ways of working; developing innovative and transformative approaches to commissioning, placing a greater focus on prevention and leveraging local assets to develop stronger, more resilient communities. Improving mental health and wellbeing requires a whole borough approach. It is essential that the council and CCG work together with services, the voluntary and community sector, employers, communities, families and individuals. Mental health is everyone's business and everyone has a role to play.

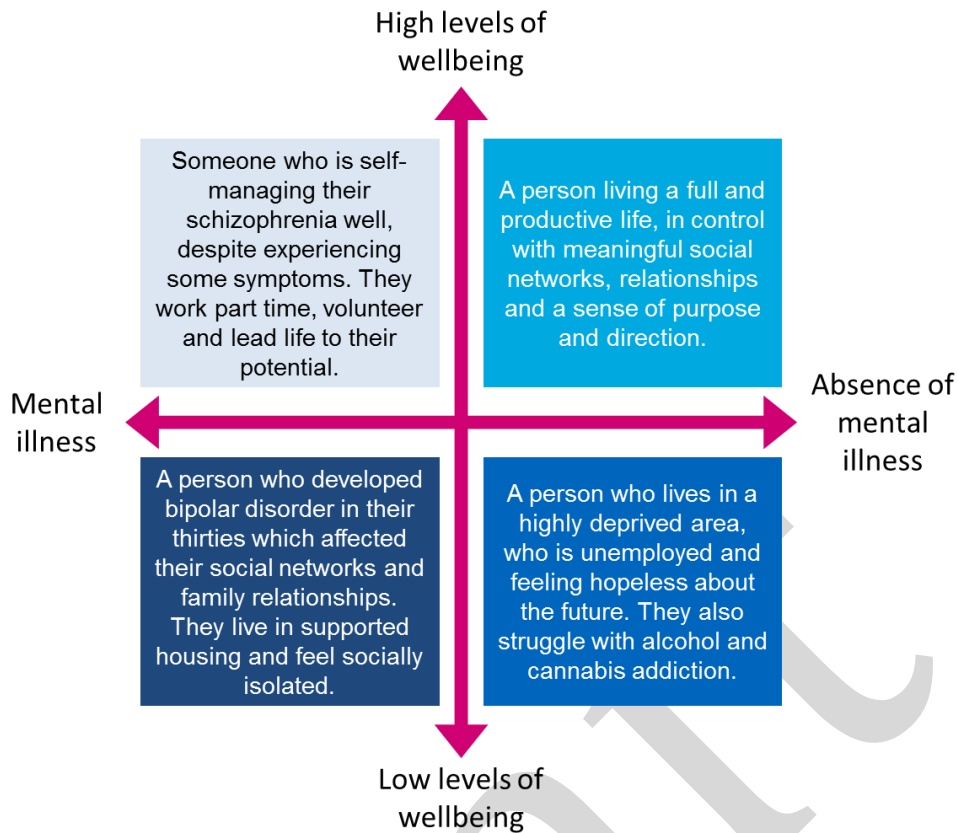


Figure 1: Description of Mental Health and Wellbeing

DEFINITIONS

- **Mental health** as a category covers both wellbeing and mental illness.
- **Wellbeing** covers a wider, all-encompassing concept and is defined by the New Economics Foundation (NEF) as a dynamic process that gives people a sense of how their lives are going, through the interaction between their circumstances, activities and psychological resources or 'mental capital'.
- **Mental illness** includes a wide spectrum of mental health conditions from common conditions such as depression and anxiety to severe mental illnesses such as schizophrenia and bipolar disorder.
- **Recovery:** Recovery refers to an individual's feeling of empowerment and hope for the future. It is about creating opportunity and choice whilst contributing to and being a valued member of the community. Recovery is about living a meaningful and purposeful life.
- **Resilience:** Resilience applies to both individuals and communities. Resilient individuals are able to cope with life's ups and downs and recover quickly from periods of stress. Resilient communities use local assets to improve social connectedness, promote healthy lifestyles and adapt and respond to future population needs in a rapidly changing urban environment.

OUR VISION

“Our vision is 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. This will require simplified and strengthened leadership and accountability across the whole system. It is fundamental that we unlock the potential of Southwark communities to enable active, resilient citizens and self-reliant communities in these times of quick-paced regeneration in the borough. By engaging with providers and working in partnership with the third and voluntary sector we will transform the mental health and wellbeing of Southwark residents.”

In order to realise this vision, NHS Southwark Clinical Commissioning Group (CCG) and Southwark Council have developed this strategy, in collaboration with providers and the public, to better understand our population and the challenges faced. We have described the key priorities that we need to focus on in order to deliver improvements over the next two years.

This strategy builds upon work already undertaken by the CCG and the council to consider an outcomes, value and population based approach to commissioning services as part of our *Southwark Five Year Forward View of Health and Social Care (2016/17-2020/21)*.

We have listened to the experiences of residents, those with lived experience of mental ill health, carers and professionals and have based our strategy on their feedback and views. By continuing to engage with providers and working in partnership with the third and voluntary sector we will co-produce and transform the mental health and wellbeing of Southwark residents.

POLICY CONTEXT

Mental health policy has developed over the past two decades and as a result, public attitudes towards mental health and wellbeing are changing. There is a growing commitment among communities, workplaces, schools and within government to change the way we think about it. More than ever before, there is now a shared consensus on what needs to change and there is a real desire in Southwark to shift towards prevention and transform our health and social care system.

National Policy Context

NHS England's Five Year Forward View for Mental Health (FYFV-MH) published in February 2016 sets out the actions to be taken to deliver the recommendations and its plans for investment to support that work. In Southwark we are ensuring that our plans are aligned with the national aims contained in the FYFV-MH.

The Care Act 2014 has changed many aspects of how social care support is arranged, and is intended to give greater control and influence to those in need of support. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.¹ In Southwark we are continuing to work to ensure that effective prevention is an integral part of our approach to improving mental health and wellbeing in the borough.

The NHS has established the Mental Health Taskforce to take a UK approach to mental health. This is focused on high level objectives, with some core areas of activity, including improved crisis care, with the expansion of Crisis Resolution and Home Treatment Teams; improvements in physical health; an increase in mental health liaison services both in emergency departments and in older-age acute physical health services. The five year strategy also focuses on specific groups, including a focus on reducing suicides, increasing access to evidence-based psychological therapies, an increase in access to Individual Placement and Support (IPS) for employment and a focus on perinatal mental health services.

Regional Policy Context

Sustainability and Transformation Plans (STPs) are a new planning framework for NHS services. The Our Healthier South East London Sustainability and Transformation Plan operates across 6 boroughs namely Bexley; Bromley; Greenwich; Lambeth; Lewisham and Southwark. Mental Health is a cross-cutting theme across all key priority areas with a specific mental health work programme including:

- Developing consistent and high quality community based care (CBC) and prevention;
- Improving quality and reducing variation across both physical and mental health;
- Reducing cost through provider collaboration;
- Developing sustainable specialised services; and
- Changing how we work together to deliver the transformation required.

The key priorities of the joint Southwark Mental Health and Wellbeing Strategy align to the sub-regional plan and we will seek to work across geographical 'footprint' boundaries where our population demands are similar in order to improve outcomes and deliver sustainable mental health provision.

Local Policy Context

The *Southwark Five Year Forward View of Health and Social Care (2016/17-2020/21)* focusses on:

- Emphasising populations rather than providers;
- Focusing on total system value rather than individual contract prices; and
- Focusing on *how* care is delivered as well as *what* care is delivered.

This means that the main focus of this strategy needs to respond to the challenge of delivering sustainable models of care for the future that are successful in achieving better outcomes for our local population and making best use of the resources available in Southwark.

The Mental Health and Wellbeing strategy builds on a joint report on mental health provision in Southwark in May 2016. Thirty-three recommendations were made by the Council's Education and Children's Services sub-committee and the Healthy Communities sub-committee of Southwark Council. The recommendations form the basis of the action plan of the Mental Health and Wellbeing strategy. Covering a wide range of health and social issues that have an impact on mental health and well-being, the recommendations include: early help and preventative interventions; the

transition from children's to adult mental health services; the operation of health services, including Child and Adolescent Mental Health services (CAMHS); the role of schools and other education services in supporting children and young people and identifying mental health issues; the impact of housing and accommodation; social media and cyberbullying; equality of access to services, including for Black and other Minority Ethnic (BME) groups; the importance of reducing stigma and making sure our workforce are trained and supported in developing good mental health awareness.

The Mental Health Foundation is leading on the community resilience work-stream for Thrive London, which is a Mayor of London's initiative, launched in July 2017. Thrive is a pilot programme designed for a whole community, with a whole life-course co-production approach to improving mental health and preventing illness and promoting community cohesion. Evidence for interventions is from the Mental Health Foundation's work such as Young Mums Together, peer work with children and young people, and tackling isolation of elders. The Mental Health Foundation has produced a heat map of risk that shows the most disadvantage boroughs of London. This includes Southwark and Lambeth where pilots are being established.

Southwark Local Transformation Plan for Children and Young People's Mental Health agreed by the Health and Wellbeing Board in 2015 and refreshed in October 2016, the local transformation plan describes the outcomes we want to achieve for the mental health of children, driven by the recommendations in *Future in Mind*, and sets out our plans for achieving those outcomes.

A range of local priorities have been agreed by the Southwark Health and Wellbeing Board and are set out in the Southwark CYP Health Education and Social Care Strategic Framework. In alignment with these priorities, the joint mental health strategy will focus on:

- Emotional Wellbeing and Mental Health;
- Early Years, Better Start 0-5 years and school readiness;
- Long term Physical Conditions including diabetes, asthma, epilepsy, sickle cell and complex co-morbidity (multiple conditions/disorders with a primary condition/disorder);
- The promotion and maintenance of wellness and early identification of the need to improve our CYP's outcomes, thus reducing emergency admission and the use of hospital and crisis services;
- Young People's Health 10-25 years old including sexual health, drugs misuse, self-harm and gang violence;
- Vulnerable Children and Young People including;

- Young Carers;
- Young Offenders;
- Looked After Children (LAC), Children in Need (CIN) and Care Leavers;
- Children and Young people at risk of violence, abuse or neglect;
- Children with learning disabilities and Special Educational Needs and Disability (SEND); and
- Children and Young people who are obese.

The CCG and Council commission a wide range of community services which are provided by voluntary and community sector (VCS). Southwark has a VCS strategy developed by Community Southwark, the council and the CCG which is called Common Purpose, Common Cause and is guided by a compelling vision and a clear, common purpose – to support a sustainable, confident and resourceful voluntary and community sector that can work alongside the public and private sector to deliver the best outcomes for Southwark residents.

The council plan confirmed our ten Fairer Future promises, a set of key commitments to the residents and businesses of Southwark that outline the things we will be working towards as an organisation to create a fairer future for all. The updated promises were approved by cabinet on 2 July 2014. Our promises include:

1. Value for Money;
2. Free Swimming and Gyms;
3. Quality Affordable Homes;
4. More and Better Schools;
5. Nurseries and Childcare;
6. A Greener Borough;
7. Safer Communities;
8. Education, Employment and Training;
9. Revitalised Neighbourhoods;
10. Age Friendly Borough.

The joint Mental Health and Wellbeing Strategy will build on and compliment the initiatives and priorities being taken forward through these various policies and frameworks.

FINANCIAL LANDSCAPE

This strategy has been developed at a time of financial constraint. Both the CCG and the council have had to make difficult decisions about where best to direct resources.

Budget for mental health services in 2016/17:	CCG	Council	Total
South London and the Maudsley NHS Foundation Trust (SLaM)	£52,694,960	£694,538	£53,389,498
Increasing Access to Psychological Therapies (IAPT)	£3,300,000		£3,300,000
Voluntary and community services	£401,779	£468,276	£870,055
Supported Housing (forensic, high/medium, medium-low, homeless mental health services)	£1,892,473	£4,712,499	£6,604,972
Nursing and residential		£3,948,727	£3,948,727
Total	£58,289,212	£9,824,040	<u>£68,113,252</u>

Figure 2: Total spend across CCG and Council in 2016/17 on mental health

Approximately £870,055 is directed towards voluntary and community sector organisations that provide a range of mental health services across all ages.

There is an expectation contained in the NHS national planning guidance for 2017-19² that CCGs will continue to grow their investment in mental health, in line with their overall budget allocation with increases of 2-3% each year. There is also an expectation that the CCG will spend no less than 14.2% of its total budget on mental health. For 16/17 this target was met with 14.4% of the CCG budget was spent on mental health.

Southwark Council faces a great financial challenge. Government funding reduced by £15m in 2017-18. Southwark Council has been more successful than most in maintaining services and protected the children's social care

² <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

budget. At the same time as central government reductions, children's and adults' services have experienced increased demand pressures. Children and Adult Social Care are encountering both financial and demand pressures and therefore the Council sees collaboration and partnerships with NHS bodies as the way forward to ensure that the wellbeing of residents and the mental health services they might need continue to be available when they need them and where they need them.

The challenge for council budgets looks set to continue, so it is in the interest of Southwark residents to make best use of combined resources that are available to the Council and CCG. We want the resources in Southwark to benefit all of our residents as a population and community, rather than as users of individual and separate services.

Investment in preventative approaches will be needed if we are to have a longer lasting impact on mental health and wellbeing in Southwark. Approaches such as this are good value for money, with some generating pay-offs of £10 or more for every £1 invested.

The costs of mental health services and the likely on-going pressure on public finances means that all service models will continue to be scrutinised for value as well as effectiveness. To commission effectively we will focus on what delivers the best outcomes, and from that make informed decisions about how best to invest the resources available.

We will work together with our partners including South London and the Maudsley (SLaM) NHS Foundation Trust to review outcomes, value and spending, but retain a focus on improving mental health services across Southwark.

System-wide responses will be developed to move away from commissioning different parts of the health and care system independently of one another.



Figure 3: New Models of Care - Southwark Five Year Forward View (FYFV) for health and social care 2016/17 to 2020/21

This strategy is the start of a process of consultation and decision-making about where to direct our respective financial resources. In that context we are proposing to review the balance of spending and consider shifting our investment towards prevention and primary care, working with key stakeholders. We will pursue plans to join budgets between the council and the CCG and commission for outcomes so that we can be assured that what we spend has a direct impact on improvement and provides good value for the people of Southwark.

MENTAL HEALTH IN SOUTHWARK

Southwark is a growing inner London borough. Approximately 310,000 residents live in the area, and this is expected to grow by 12% by 2026 [1] [3]. The borough is young and diverse, with an average age of 33 [1] and over 100 languages spoken on its streets [2]. It is also one of the most deprived Local Authorities in England, ranked 40th out of 326, with almost 40% of local residents living in areas considered the most deprived nationally.

Mental health problems account for our largest burden of ill health [4]. It is thought that £1 in every £8 spent on long term conditions in England is linked to poor mental health [6]. People can be affected by mental health problems at any point in their lives; including new mothers, children, teenagers, adults and older people. It is estimated that up to 1 in 4 adults will suffer from a mental health problem in any given year, which would equate to approximately 62,900 people in Southwark [5].

Mental illness covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia.

Common mental disorders (CMD) include conditions such as depression and anxiety. In Southwark approximately 47,600 people are currently experiencing CMD. All types of CMD are more prevalent in women than among men, with estimated 26,300 women in the borough having experienced CMD in the last week, compared to 16,400 men. Young women have been shown to be at a particularly high risk, with levels of CMD more than three times that of their male counterparts [5].

Severe Mental Illness (SMI) refers to psychotic conditions including schizophrenia and bipolar affective disorder. This cohort represents significant health needs and cost. Overall prevalence of SMI for the adult population in Southwark is 1.4% (approx. 3,800 patients). People with SMI in Southwark are more likely to be male, older and from a Black ethnic background [13].

Almost 1,200 people over 65 years old in Southwark have been diagnosed with dementia. The prevalence in Southwark is below the London and National average, reflecting our younger population. However, rates are predicted to rise over the coming years as our population ages [15].

We know there are a number of population groups more at risk of mental ill-health – **Figure 4:**



Mental health disorders are particularly common among vulnerable groups of children and adolescents. An estimated 1 in 10 children and young people aged 5-16 have a clinically diagnosed mental health disorder. This is equivalent to approximately 3,800 children in Southwark [10].

Perinatal mental health problems are those which complicate pregnancy and the postpartum year. They are common complications, affecting 12-15% of all pregnancies. In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period – although some people may be affected by more than one condition. [11, 12]

People with long term conditions are two to three times more likely to experience mental health problems. It is estimated that 30% of those with a physical long term condition also have a mental health problem; approximately 22,000 people in Southwark [8].

Levels of mental illness are higher among those living alone as well as those claiming Employment Support allowance (ESA). In February 2016 there were 6,000 people in Southwark claiming ESA for mental and behavioural disorders, equating to almost half of all claimants [7].

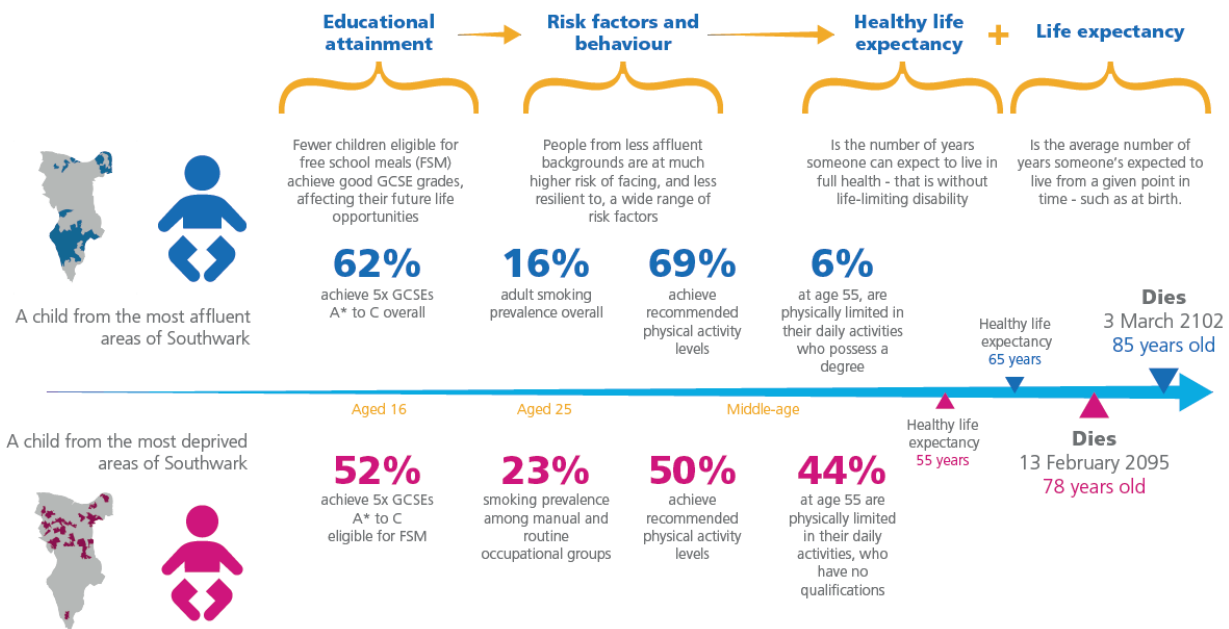
It is estimated that at least one third of people who access substance misuse services have a mental health problem [9]. Further work is needed to improve our understanding of the mental health needs across all vulnerable groups in the borough.

In 2015-16 there were 8,325 Southwark residents accessing adult secondary mental health and learning disability services, around 1 in 11 (8.7%) of whom spent time in hospital during the year, compared to around 1 in 20 nationally (5.6%).

Mirroring the trend associated with hospitalisation, Southwark’s number of adult detentions under Part II and Part III of the Mental Health Act (1983) are comparable to neighbouring boroughs but significantly higher than the national average.

Suicide is seen as a proxy of underlying rates of mental ill-health. Latest figures show that levels of suicide in Southwark are comparable to London and England. In 2013-15 there were 78 cases within the borough. The overwhelming majority occurred among men, mirroring the national picture. Deaths among those aged between 40 and 59 in Southwark account for approximately half of all suicides in the borough [14].

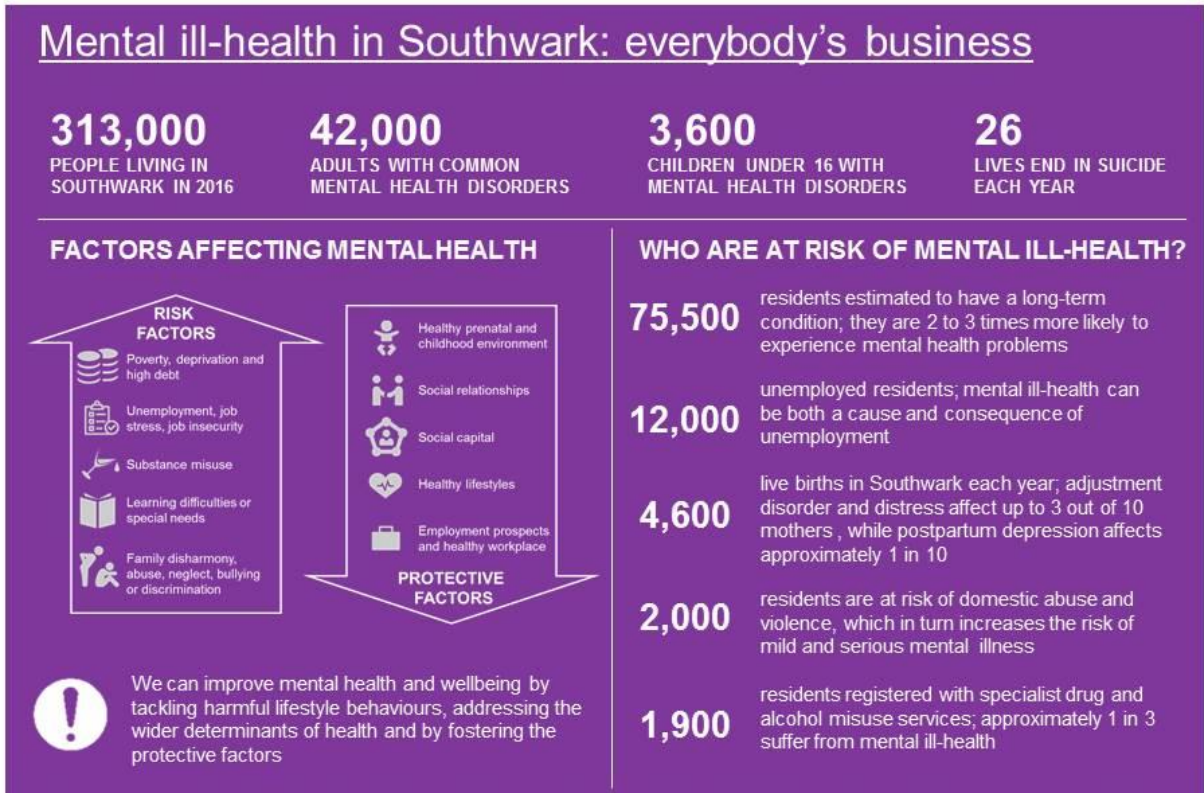
This is what inequality looks like in Southwark



Only one of these children will see in the new century

southwark.gov.uk/publichealth

Figure 5: Mental health inequalities in Southwark



Sources: Office for National Statistics mid-year population estimates for 2016; Public Health England Fingertips Mental Health Profiles; World Health Organization (2011). Impact of economic crisis on mental health; Nomis web (2017). Office for National Statistics Annual population survey; Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health. The cost of co-morbidities.

@lb_southwark facebook.com/southwarkcouncil



Figure 6: Mental ill-health in Southwark: everybody's business

LIFE COURSE APPROACH

This strategy takes a life course approach to recognise the lifelong impact of poor mental health, and attempts to understand the impact of poor mental health and wellbeing from birth and through childhood, into adulthood and older age.

The approach we therefore wish to take is based on *need* rather than *age*, across the span of our populations' lives. Strategically this requires us to consider where best to focus our plans for development in each stage of the life course.

In addition, through our Commissioning Development Groups (CDGs) we have identified key population groups with mental health being a cross-cutting theme. The groups are:

1. Children and Young People (CYP);
2. Serious Mental Illness (SMI);
3. Adults.

We are working to understand the particular needs of these populations so that we can significantly improve outcomes and generate good value for our investment.

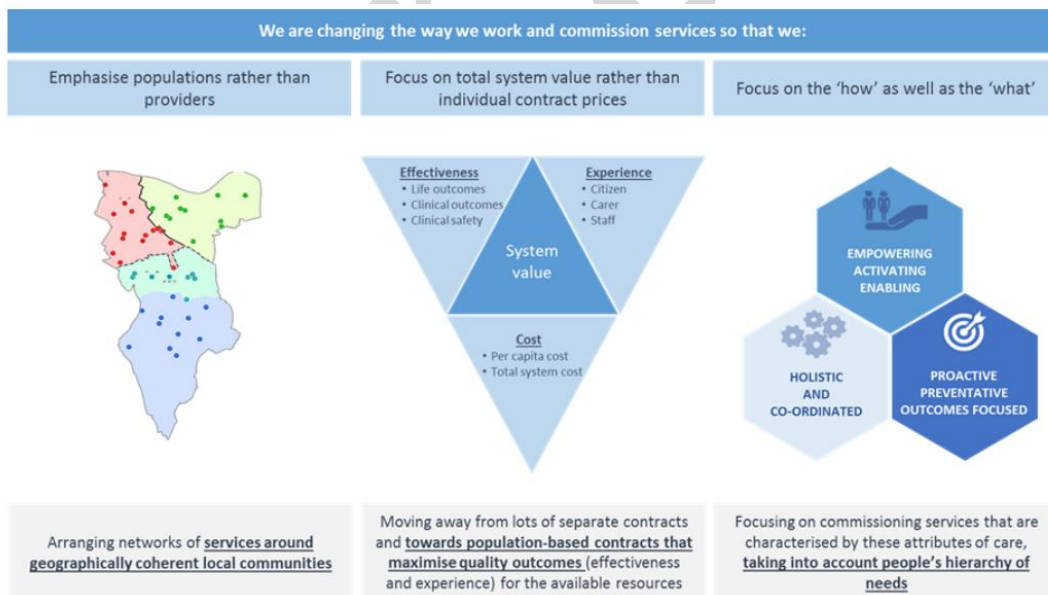


Figure 7: Three Pillars Approach - Southwark Five Year Forward View (FYFV) for health and social care 2016/17 to 2020/21

OUR STRATEGIC PRIORITIES

Our strategic priorities are based on feedback from engagement with professionals, service users and carers within Southwark and reflect the main issues that people have raised in relation to improved mental health and wellbeing in Southwark.

Our five strategic priorities are:

1. Prevention and promotion of wellbeing;
2. Community based care and activating communities;
3. Improving clinical and care services;
4. Improving recovery; and
5. Improving quality and outcomes.

Each of these priorities will require a number of actions to be carried out in order to achieve improvement. Some of these actions may require investment, and others will require us to work with partners to develop new ways of working, new approaches to commissioning and to engaging with the public and partners across Southwark.

The priorities align with national, sub-regional and local policy, including:

- *Southwark Five Year Forward View of Health and Social Care (2016/17-2020/21)*;
- Southwark Voluntary and Community Strategy;
- Health and Wellbeing Strategy;
- Southwark Local Transformation Plan for Children and Young People;
- Carers Strategy;
- Suicide Prevention Strategy.

In order to deliver our strategic priorities, this chapter considers the many influences on mental health and wellbeing over the life course. The role of culture change, partnership working, and stability of finances and resources are underpinning principles behind how we will tackle poor wellbeing and mental ill health in Southwark.

1. PREVENTION AND PROMOTION OF WELLBEING

We will place focus on prevention of mental ill health, early intervention and resilience, ensuring more education in schools and a partnership approach across transport, education, leisure, housing, regeneration and the workplace.

Prevention

“Mental wellbeing means being able to function and cope with life’s everyday stresses, or being “content”.

“A few of the frontline staff highlighted the importance of building “resilience” in people.” (Ex-service user and peer support worker in Southwark, 36)

Public mental health and wellbeing interventions can help deliver a range of benefits including reduced emotional and behavioural problems in children and adolescents, increased resilience in communities, reduced levels of mental disorder in adulthood, reduced suicide risk, better general health, less use of health services and reduced mortality in healthy people and in those with established illnesses.³

From a purely economic point of view, investment in effective prevention makes sense as we seek to ensure good value for the public purse. The argument is not only economic however, as effective prevention can have a can significantly improve outcomes for individuals and increase the overall resilience of the population.⁴

In Southwark, we recognise that some of the factors that influence wellbeing and prevent poor mental health and wellbeing lie outside mental health services and include planning, transport, education, leisure, housing and the workplace.

We are working closely across the CCG and Council departments in Housing, Regeneration, Children’s and Adult Social Care, with local residents and private and voluntary sectors to ensure a cross-cutting approach to prevention of poor mental health.

We have reviewed the provision of mental health support in our communities for vulnerable, at risk and marginalised groups including asylum seekers and residents from Black and Minority Ethnic Groups.

³ Guidance for commissioning public mental health services JCP-MH 2012

⁴ Guidance for commissioning public mental health services JCP-MH 2012

We will develop targeted interventions and support residents in Southwark across all ages, cultures and backgrounds to access support in the right place, at the right time.



Figure 8: Annual Public Health Report, 2016.

Further work will be done to promote public health messages around the benefits of healthy workplaces, physical activity, healthier high streets and prevention of homelessness to ensure that residents in Southwark are supported to make better lifestyle choices and take control over their mental health and wellbeing.

Five Ways to Wellbeing

An approach to wellbeing has been developed in Southwark, providing five ways to staying mentally well. We will continue to communicate these messages to promote positive wellbeing for our residents.

Stay mentally well in Southwark with five ways to well-being

Connect

- ▶ Call up a family member or a friend
- ▶ Start a new hobby or volunteer

Be active

- ▶ Use Southwark's free swims and gyms
- ▶ Visit the borough's parks and walk

Take notice

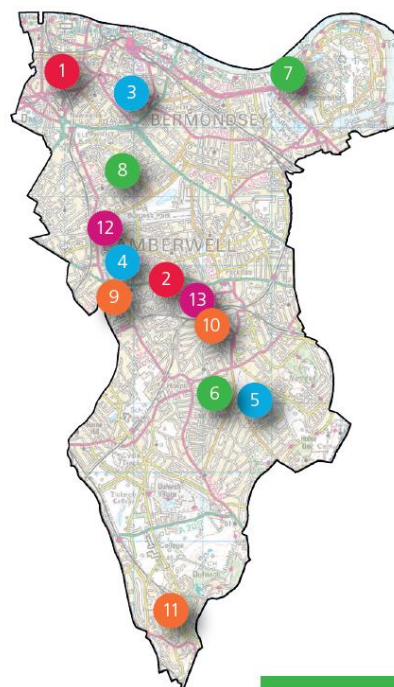
- ▶ Explore our markets and museums
- ▶ Attend local events

Keep learning

- ▶ Take a course such as ICT or cookery
- ▶ Rediscover your former interests

Give

- ▶ Help a friend or neighbour
- ▶ Join our thriving voluntary sector



- 1 Meet people:
Korusol Community Choir
- 2 Learn a new skill:
Blackfriars Settlement
- 3 Free Swim & Gym:
The Castle Leisure Centre
- 4 Get active:
Burgess Park outdoor gym
- 5 Walk:
Peckham Rye & Common
- 6 Explore:
North Cross Road Market
- 7 Visit:
The Brunel Museum
- 8 Wander:
East Street Market
- 9 Learn something new:
Camberwell Library
- 10 Adult learning:
Thomas Calton Centre
- 11 Discover a new interest:
Kingswood House
- 12 Volunteer:
Community Southwark
- 13 Help others:
Southwark Foodbank

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Figure 9: Five ways to wellbeing in Southwark

Education during Early Years and in Childhood

*“Teachers and other school staff need to more consistently be able to identify these [mental health] needs and know what action to take.”
(Education professional in Southwark)*

Prevention and promotion, understanding of mental illness, early intervention and support during early years can have a significant impact on wellbeing and mental health over the lifecourse.

In Southwark, we have good links with schools through our Early Help locality teams, which include CAMHS workers within them.

We have provided mental health training for schools using transformation funding from NHS England as part of our local transformation plan for Children and Young People's Mental Health. We will evaluate the impact of the training programme during 2017 so that we can apply the learning from this to our ongoing work with schools.

We will support families and children and young people in children's centres, libraries, primary schools, secondary schools, academies, colleges, and in apprenticeship schemes, ensuring that the mental health support available across Southwark is consistent and high quality.

We will ensure our local schools and their teachers have the tools to support children and young people effectively, to understand and recognise signs of poor mental health and wellbeing and to have access to appropriate targeted and specialist mental health services. We will review our Early Help offer to ensure it is as effective as it can be.

Early intervention

Intervening early with a range of mental health problems, such as psychosis, is critical to prevent them escalating into more serious problems, then taking action to provide help for children, young people and adults to prevent future problems.

As with psychosis, intervening early with a range of mental health problems is critical to prevent them escalating and causing a range of further problems and even disability. Emerging evidence suggests that applying the principle of early intervention could benefit other disease areas alongside psychosis.

We will work with our providers to ensure that children and young people who need mental health support get the right support at the right time. Within Child and Adolescent Mental Health (CAMHS) we have the ambition to increase access to NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions by 2020/21. Based on our prevalence this translates into 1,860 (30%) in 2017/18 and 1,984 (32%) in 2018/19.

We will build on the work of Local early action: how to make it happen; from the Southwark and Lambeth Early Action Commission to place increasing focus on tackling preventable causes such as childhood obesity, unemployment, social isolation and violent crime.

Stigma and Literacy

Mental health problems can be hard for anyone to cope with but it can be made worse by having to deal with stigma and discrimination, which can affect people of any age, gender, background or ethnic group.

People in Southwark have told us that that they experience a lack of understanding about mental illness, leading to stigma and discrimination. In some circumstances, this can prevent people from seeking support.

"I don't feel like I can tell my employer about my diagnosis as I don't think they would keep me working there." (Male, 30)

"I am not a schizophrenic. I am a person who suffers with schizophrenia" (male, 32)

In addition, people in Southwark have told us about the importance of getting the correct diagnosis and opening up to family and friends can help to normalise and accept the diagnosis:

"When it was just depression my doctor wasn't interested in helping, but when I was diagnosed with bi-polar it unlocked so many doors." (Female, 52)

"Being able to explain your illness to your friends and family was one of the hardest things I ever had to do, for a long time I just didn't say anything and that made it worse as there was a huge undercurrent and put a massive strain on our family." (Male, 37)

We will continue to work collaboratively across health, social care, public health and the voluntary sector, to develop approaches to tackling stigma and discrimination, promoting positive wellbeing and raising awareness of mental health across Southwark.

We will tackle stigma in the workplace through supporting and advising businesses in Southwark to engage with the [Workplace Wellbeing Charter](#).

We will also give consideration to the benefits of signing up to the ['Mindful Employer' programme](#) across the CCG and Council.

We will enable people to understand the experiences of those with mental illness and avoid the use of stigmatising or discriminatory attitudes, language and practices so that more people feel supported to recover from episodes of mental illness.

*“The support I have now helps me to forget my stress, and feel un-judged, makes me feel safe and secure and good about myself.”
(Female, 43)*

Suicide prevention

Since 2007, the national suicide rate has been rising and every day in England approximately 13 people will take their own life. Therefore, suicide is, and will increasingly be, a major public health and social concern. In Southwark there are on average, 26 deaths by suicide a year and on average, 4 deaths per year were patients who were known to mental health services. There has been a general increasing trend in the number of local suicides since 2007-9, mirroring the national picture. The overwhelming majority of suicides both nationally and in Southwark occur among men. Deaths among those aged between 40 and 59 account for approximately half of all suicides in the borough.

Many suicides are avoidable. As such we are in the process of developing a new Southwark Suicide Prevention Strategy and Action Plan by autumn 2017. It is our ambition to reduce the number of suicides across Southwark by at least 10% over the five years of this strategy as well as to reduce the burden of self-harm and attempted suicide.

2. COMMUNITY BASED CARE AND ACTIVATING COMMUNITIES

We will work towards delivering more community based care options in Southwark whilst delivering a sustainable, confident and resourceful voluntary and community sector. We will work with our communities to unlock the potential and enable greater resilience whilst building on our community based assets and plans for

Community Based Care

It is essential that the services and care delivered in Southwark is accessed in the right place and is available at the right time. In some cases, hospital is the

right place for people to be cared for but much of the time, we could provide care and treatment closer to home, in community based settings. We believe that creating more offers of community based care will deliver to best outcomes for our residents.

Southwark CCG is working together with Southwark Council, SLAM and the Voluntary Sector to develop a new model of enhanced primary mental health care. This will ensure that people who have recovered from mental illness are supported to live well in the community. We will create stronger partnerships across General Practice, voluntary sector services and specialist mental health care services.

The Five Year Forward View for General Practice, published in April 2016 set out plans to invest in an additional 3,000 mental health workers to work in primary care by 2020.⁵ In Southwark, we will seek to deliver our enhanced primary mental health offer in line with this guidance.

Activating Communities

“A lot of people...they isolate themselves..., because we live in a society where if you find out the housing structure, the economy, everything is not designed for the single person or single family, so it’s isolating people and as a result it’s reducing them to loneliness.” (Southwark resident, 41)

There are a number of community level factors including social isolation, lack of cohesion and poverty, which can have a profound impact on poor wellbeing and mental ill health. In Southwark, we are lucky to have a vibrant voluntary sector which ensures that people stay connected are supported to access care and support. We want to protect and build on the already extensive resources, assets, skills and expertise within our voluntary sector to create even stronger and empowered communities.


⁵ Five Year Forward View for General Practice NHS England April 2016

Building on Success

You said, we did – Case Study Example

“There are a lot of brilliant services however it is not always clear which ones people should access, there is a need for better sign posting and clearer access points so people have a single place to go and then everything falls into place based on their needs from there.” (Carer and Southwark resident, 56)

In 2015, we opened the Council and the CCG Southwark Wellbeing Hub which is the ‘front door’ access to social care. The hub is a community based service offering information, advice and signposting across all wellbeing and mental health services in Southwark. Local residents who have themselves been supported by the hub during a period of mental illness are now supporting others through the peer support scheme. The CCG showcased the work of the hub at the Annual General Meeting in 2016:




Bringing together support and advice through Southwark Wellbeing Hub

Over an 18 month period, we talked to hundreds of local people affected by mental illness and mental health professionals about how to improve local services. People told us they wanted one clear route to good information and advice to find other local services that are tailored to their individual needs and are focused on their recovery and continued wellbeing.

Southwark Wellbeing Hub launched in April 2015 to provide a first point of access for people worried about their mental wellbeing and wondering where to go for support and advice.

The Wellbeing Hub team offers:

- information about organisations, services and activities available in your community
- someone to talk to you, understand your needs and help you get the best from local services
- support if you are struggling with day-to-day things
- a programme of wellbeing workshops
- peer support from supporters who use their own experiences of mental distress to support others towards better wellbeing on a one-to-one basis.



“I find Katie easy to get along with, friendly, understanding and she is also very helpful. She has helped me to get my discretionary housing payment and helped me to make phone calls to other services. Since working with Katie I don’t feel so anxious to go out. I feel good when we meet, and I feel good afterwards. I have someone to talk to. I would recommend this service to others; I can see that the person I worked with was well suited to my own mental health issues as she had experienced similar issues in the past so really understood the processes I go through.”

“As a result of my time with the Hub, I’m not isolated indoors now. I always have somebody to call, somebody to contact, and the Copleston Centre has been a lifeline. I do counselling there and have also done art, cookery and music there. The Hub helps people to get to the right place, pushes and rings on their behalf to get things done, saving stress and worry. I can’t find fault with the service and would recommend it to anyone struggling with their mental health.”

What it means for patients

In its first year:

- 980** people used the service
- 485** people had one to one support
- 21,780** visits to the website directory



Who was involved?

- Local people and mental health service users
- Mental health professionals
- Southwark Council

Working in partnership to make a difference

We will continue to deliver community based services that are demonstrating good outcomes, such as the Southwark Wellbeing Hub and we will continue to engage and activate communities and those with lived experience, our staff and others to be part of a bigger movement for mental health and wellbeing.

We will build upon models of care in the community that work together to deliver better outcomes across a range of population needs including physical and mental health and wellbeing, social, educational, housing, financial, emotional and spiritual support.

“Having someone there for you, from as early as possible to go through your journey with you and keep you on track...someone who has been there and walked in your shoes.” (female, 58)

3. IMPROVING CLINICAL AND CARE SERVICES

We seek to build a sustainable mental health system in Southwark focussing on models of care that generate better outcomes, focussing on where care is delivered and how it is delivered. This will require simplified and strengthened leadership and accountability across the whole system.

“Everyone who comes into contact with services should be made to feel like they are the best person in the world and not just another person to walk through the door.” (Female Service User aged 46)

Whilst we are working towards developing new models of care that will change the way we contract and commission health and social care services over the next few years, it is important that we make steps towards achieving changes to improve outcomes at pace.

This strategic priority focuses on the principles of prevention; community based care, better recovery and improved outcomes to deliver a sustainable mental health system in Southwark.

Crisis services

“When in crisis don’t always know what I need, I need some level of guidance of what is available and what may help so I can make a decision.” (Female, 37)

We want to provide services earlier in crisis situations to reduce the duration and severity of relapse whilst supporting carers to access the right support. We know that currently many people present at Accident & Emergency when they are in crisis. Too often this results in significant delays to assessment and appropriate treatment. We also know that for some people, their first crisis contact will be through the police.

“Carers need to know what is available in crisis and they need to trust it will work.” (Female caring for her husband, 84)

Working with SLAM, we have implemented the Core 24 model for our psychiatric liaison services at Both Kings College Hospital and GSTT. This bolsters the service both in A&E and on the wards and has more access to expert advice about managing patients. We also plan to improve the Acute/Mental health secondary care interface to improve the offer to all our population.

Southwark CCG and Council have been part of the implementation of a centralised ‘Place of safety’ on the Maudsley Hospital site at Denmark Hill. The new service ensures that residents who are detained by the police who also have mental health issues are supported and are provided with expert care.

Considerable work has also been undertaken with King’s College Hospital to improve the offer for patients brought to A&E in crisis. KCH are actively engaging in a pilot with the London Ambulance Service and Metropolitan Police to issue ‘Code 10s’ when a patient in crisis is being brought to the hospital. In Code 10, KCH are alerted that a patient is en-route so that they can ensure that a Psychiatric Liaison Nurse and Consultant are ready to meet the patient as soon as they arrive so that they can assess the patient as quickly as possible. The intention is that a mental health crisis is treated in a similar manner to a urgent physical health need, and the patient receives immediate care and attention. The pilot started six weeks ago so is still in its infancy, but initial reports are positive, and an evaluation will be undertaken later in the year.

In addition two cubicles within the majors area of the emergency department are ring-fenced for mental health patients to ensure that appropriate facilities are available. These bays are used for patients who have both mental health needs but may also require physical health support (e.g. for patients who have overdosed). Finally, in the next two weeks, 3 mental health suites will open within the Urgent Care Centre development at King’s. These are specially designed rooms for mental health patients which are fitted out with

appropriate furniture (such as comfortable chairs, tables and soft furnishings) to ensure that they are as welcoming and as calming as possible.

We will provide more effective services for mental health crisis in the community. For example, the development of a crisis card will support the individual to plan what works for them in a crisis and would help services to know how to respond.

Southwark CCG and Council are signatories to the Pan-London declaration as part of the Crisis Care Concordat and we will continue to implement our local plans to deliver the principles of the Crisis Care Concordat.

Transitions between services

Poor transitions between services can contribute to poor outcomes in the short, medium and long term. For instance, this could mean a child transitioning to adult services when they turn 18 or an adult reaching the age of 65 and requiring services for older people. Poor transition planning can impact upon a person's chance of achieving employment, accessing education, maintaining independence, moving on from services or accessing services in the future. Conversely, effective transition can have a positive effect on people's life chances and their future mental health and wellbeing.

Transition for young adults is particularly important. Its aim should be to help to improve the chances of recovery and independence through the provision of high-quality, effective health and social care services that continue seamlessly as the individual moves from adolescence to adulthood.

Information Technology (IT)

To enable seamless transitions and a coordinated care approach, which puts patients at the heart of all decisions about their care, development of a shared IT infrastructure is crucial.

We will develop a system wide digital assessment tool in alignment with universal services. This will place a stronger emphasis on online options and delivery through the third and voluntary sector. We will achieve this in collaboration with acute care hospital providers, general practice, community based navigation and mental health service providers. This will link to the [digital roadmap](#).

Older people

Although age-related decline in mental wellbeing should not be seen as inevitable, older people form the majority of people using health and social care services. Mental health of older people is not just about dementia but also about, depression, schizophrenia, suicide, substance and alcohol misuse. We know that nationally, people with dementia over 65 years of age are currently using up to one quarter of hospital beds at any one time (31b).

We will support older people living with functional and organic mental health conditions in Southwark to experience the best possible health and care outcomes through delivery of more integrated, personalised and coordinated care in the community with a range of suitable options for accommodation and care that are flexible in nature and that are centred around 'need'. Residents and their carers will be treated with compassion, dignity and respect, will be supported in times of crisis, and will have timely access to high quality support that is safe, sustainable and fit for purpose.

We will support older people to be cared for in their own homes where appropriate. We are also working with SLAM to provide the best possible inpatient care with separate wards for the treatment of mental ill health and dementia with community based pathway support.

We will also create a community based accommodation service with medium-term, specialist support for people experiencing challenging behaviours associated with complex mental health, physical health and dementia related needs.

Dementia

The prevalence of dementia in Southwark is below the London and national average, reflecting our younger population. However, rates are predicted to rise over the coming years as our population ages.⁶

In 2017, NHS England rated Southwark CCG as 'outstanding' for dementia. We have placed a strong emphasis upon early detection and support as reflected in the national Living Well with Dementia strategy 2009. Currently, almost 1,200 people in Southwark have been diagnosed with dementia and we are consistently meeting the national two-thirds diagnosis target.

In 2014/15, Southwark developed a local Southwark Dementia Action Alliance (DAA). We hosted a Dementia Tea Party to hear the experiences of local residents living with dementia or caring for someone with dementia and to develop a range of local outcomes. In 2016 Southwark DAA was allocated the

⁶ NHS Digital. Quality Outcomes Framework, 2015-15

Dementia Communities Kitemark in recognition of progress made. Further, Southwark Council has been given Age Friendly Borough status by the World Health Organisation in 2015.

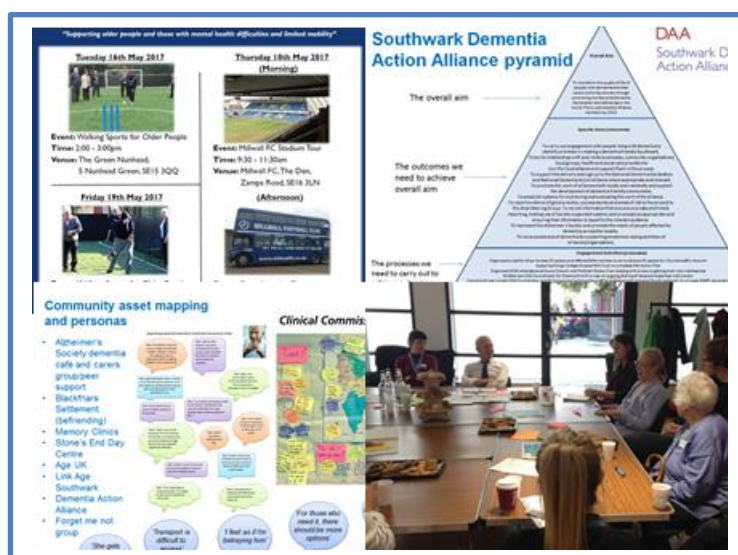


Figure 11: Southwark Dementia Action Alliance (SDAA)

We will build on the work of the Dementia Action Alliance to ensure that everyone receives a good quality dementia diagnosis and support by developing a streamlined dementia pathway across the CCG, Council and Adult Social Care.

We are committed to supporting our younger (under 65) residents who are experiencing symptoms or early signs of dementia to access support for themselves and their families and to enable them to remain in employment and live independent lives.

We will work with our local hospital providers to improve the physical health outcomes for our dementia population, building on pioneering work in dementia at King's College Hospital (KCH) NHS Foundation Trust and Guy's and St Thomas' (GSTT) NHS Foundation Trust's Award Winning 'Barbara's Story'.

Perinatal mental health

Up to one in five women and one in ten men are affected by mental health problems during pregnancy and the first year after birth. Unfortunately, only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too. When problems are diagnosed early and treatment offered promptly, these effects can be mitigated.

In Southwark we aim to ensure a continued focus on perinatal mental health to ensure both parents, infants and children have the support they need to prosper and enjoy good mental health and wellbeing.

We have increased the capacity of this service through Transformation funding as part of the Five Year forward view. We will review this model during the next two years. We aim to have a service that deals with patients who need expert care, but also to provide a consultancy service to other clinicians on how to support existing patients during pregnancy and beyond. Training for voluntary and statutory organisations which deal with mothers and babies will also be part of the model so that cases are picked up at an early stage.

Children and Young People

There are many factors contributing towards poor wellbeing and mental ill health in children and young people. The stresses of modern life include exams, bullying and cyber bullying, social media, and peer pressure around unhealthy lifestyle choices and risky behaviours. The impact of family conflict and/or domestic abuse on both parents and children is well documented.

In Southwark's child and adolescent mental health services (CAMHS), we have put more resources into early intervention, as well as into specialist mental health. We need to review our CAMHS provision to ensure that the model is achieving the best possible outcomes for our children and young people and that it is financially sustainable.

Talking therapies

"Some talking therapy I feel could/ would have helped instead of taking medication." (Female patient, 53)

Talking Therapies Southwark is a service which is part of the national Improving Access to Psychological Therapies (IAPT) programme. The rationale for improving access to psychological therapies is to ensure that as many people as possible receive the treatment and support they need not only to address the immediate problems of anxiety and or depression but to also offset and prevent more complex and or chronic mental health issues at a later date. Psychological therapies also improve emotional wellbeing, quality of life and increase social inclusion.

"Not everyone wants to sit and talk, most people are now doing things on line and this is a good way to engage people like me. (Male, 24)"

NHS England has set a national ambition to increase access so that by 2021 at least 25% of those with anxiety or depression have access to a clinically proven talking therapy service. There is also a commitment to improving access to services for people with long-term conditions, people from Black and Minority Ethnic communities, and to embed psychological support in pathways across health care so mental and physical healthcare is as joined-up as possible.

We will continue to support the development and expansion of talking therapies including online options, and ensure that these services are accessible to all Southwark citizens.

4. IMPROVING RECOVERY

We will place the principles of recovery at the heart of our approach to commissioning and will work across housing and homeless teams to support people to live independent lives in their own homes. We will create opportunities for employment, volunteering and training and ensure meaningful activities to promote social and community connectedness.

'Recovery' varies from person to person and it should be defined based on a personal goals and aspirations. Recovery is defined as 'an individual's feeling of empowerment and hope for the future. It is about creating opportunity and choice whilst contributing to and being a valued member of the community. Recovery is about living a meaningful and purposeful life.'

"I feel a bit sad about my experience because staff would not listen to me, they didn't think about me as a person, who I am, what I like to do or what might be important to me." (Male, 48)

We want everyone who receives mental health and wellbeing support in Southwark to feel in control of their care, experience good quality advice and guidance and be listened to and understood by a highly skilled workforce so that care is personalised and coordinated across different services.

Employment, volunteering and training

Research indicates that work is good for our physical and mental health.⁷ However, nationally, less than 10% of people using secondary mental health

⁷ Is work good for your health and wellbeing? Wadell & Burton? The Stationery Office 2006

services are in paid employment yet at least half would like the opportunity to be in work.⁸

On average, at any one time nearly one in six of the workforce is affected by a mental health condition such as depression or anxiety, rising to around one in five if substance problems are also included.⁹ In February 2016 there were 6,000 people in Southwark claiming ESA for mental and behavioural disorders, equating to almost half of all claimants.¹⁰

“Volunteering has allowed me to get to know my local community better, make new friends and have fun. We run a lot of social activities, which are volunteer-led and are always well attended.” (Southwark resident, 67)

“My voluntary work...it’s the first time I have felt valued and appreciated.” (Southwark resident, 34)

Southwark has a range of services that are designed to support people with mental illness to regain employment and training, build computer literacy and time management skills, such as The Recovery College, Southside Rehabilitation Association (SRA) and the Morley College.

We will work across partnering organisations including the Job Centre, and other employment and education centres and peer support / peer mentoring schemes in Southwark and build upon the progress made by our local ‘Southwark Works’ programme.

Housing

A settled home in good quality accommodation is vital for good mental health and the core recovery principles of hope, aspiration and choice.¹¹ For people with poor mental health, gaining access to general or supported housing can be particularly difficult. Support with housing can improve the health of individuals, and in many cases provide a stable base for them to recover and live independently.¹²

Demand for housing is likely to increase in Southwark over the coming years, given the predicted population rise of 12% by 2026, which will mean a

⁸ Centre for Mental Health

⁹ Employee Outlook CIPD July 2016

¹⁰ NOMIS. Employment Support Allowance Claimants by Condition

¹¹ Housing & mental health Appleton, S. Molyneux, P. NHS Confederation Mental Health Network 2011

¹² Housing & mental health Appleton, S. Molyneux, P. NHS Confederation Mental Health Network 2011

population of approximately 347,000 people.¹³

In Southwark, we have reviewed our mental health supported accommodation provision across the Council and CCG. We will create an improved pathway to promote recovery and step down from high support placements. We will review expenditure on placements that are out of borough to ensure quality care is delivered in Southwark where appropriate.

We will ensure sufficiency of accommodation for our Looked after Children in Southwark including access to health assessments, education and on-going support.

We will provide support in the community based on need, including engagement in meaningful activities, medication management, good support networks, support to build stable relationships and secure housing. This will enable people to achieve recovery and independence and go on to live their lives free of mental illness whilst living a meaningful and purposeful life.

5. IMPROVING QUALITY AND OUTCOMES

We will deliver improved system-wide outcomes for our residents who experience mental illness and/or long term physical health problems. We will focus on improving data and systems to evaluate our progress in patient experience, quality and efficiency of our services.

Physical and mental health outcomes

Poor physical health increases the risk of mental illness. Mental ill health and poor mental health are associated with increased chances of physical illness, increasing the risks of the person having conditions such as coronary heart disease, type two diabetes or respiratory disease.¹⁴

One in 5 adults (21.4%) in Southwark smoke.¹⁵ People with anxiety or depression smoke one in every three cigarettes smoked by people in London. 40% of people with psychosis are smokers.¹⁶

¹³ Greater London Authority SHLAA capped AHS 2015-based population projections

¹⁴ Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls Correll, C et al World Psychiatry 2017

¹⁵ Southwark Health & Wellbeing Strategy 2015-2020

¹⁶ The London Mental Health Fact Book Cavendish Square Group

Life expectancy at birth in Southwark is 78.6 years for males and 83.8 years for females. Life expectancy for males in Southwark is lower than in London and England with an average gap of 17 months and 10 months respectively.¹⁷

The mental health needs of a patient in a physical health care setting often remain undiagnosed and therefore untreated. To optimise the physical health care of patients, it is essential that their mental health and wellbeing be addressed at the same time.¹⁸ In Southwark we have already made some progress and in particular we have established and promoted free swim and gym classes to encourage people to participate in physical exercise.

“I do exercise a lot, three days a week, and that improves my attitude. Healthy mind, healthy body, so I do exercise a lot, a good stress relief.” (Southwark resident)

We will continue to promote improved outcomes for our mental health population and we will work to bring these outcomes in line with the total population in Southwark. We will continue to promote the principles of self-management to ensure that people feel empowered and enabled to take control of their care.

We will focus on developing new ways of working with our GP Federations in Southwark to improve outcomes for our Serious Mental Illness population through our 3+ Long Term Conditions (LTCs) work stream.

Qualitative data and evaluation

Increasingly quality is measured by whether services increase the likelihood of desired mental health outcomes and are consistent with current evidence-based practice. This approach emphasises that services should produce positive outcomes for those who use them and make the best use of current knowledge.¹⁹

Nationally and in London there has been a growing focus on the use of quality management to improve the efficiency and effectiveness of services.

While adopting those nationally agreed measures, in Southwark we will explore and consider a range of system-wide, quality and patient experience outcomes to monitor and evaluate our progress.

We will focus on:

¹⁷ Southwark Life Expectancy Fact Sheet June 2015

¹⁸ Guidance for commissioners of liaison mental health services to acute hospitals JCP-MH 2012

¹⁹ Quality Improvement in Mental Health WHO 2003

- Improving the physical health outcomes of our mental health population and similarly support the mental health of our residents who are living with long term conditions and/or dual diagnosis;
- Primary and secondary prevention outcomes such as smoking cessation, diet, exercise;
- Improve our understanding of positive wellbeing measures;
- Qualitative feedback to gain deep understanding of patient and service user experiences and satisfaction levels;
- Engagement with the public and co-production of services.

Draft

CONCLUSION

This strategy has set out our vision for the mental health and wellbeing of our population in Southwark. We will achieve this vision by working together across the CCG and Council and in partnership with a range of other organisations, including colleagues in public health, primary care, the police, ambulance services, acute hospitals and the voluntary and community sector.

Mental health services in Southwark will reflect and respond to the needs of the local population through developing innovative and transformative approaches to commissioning whilst ensuring best use of the resources available in Southwark.

WHAT WE PLAN TO DO

This strategy represents NHS Southwark Clinical Commissioning Group (CCG) and Southwark Council's commitment towards working in partnership to improve mental health and wellbeing outcomes for the population of Southwark.

In order to demonstrate how this strategy will be implemented, we have developed an action plan, providing details of what we need to do in order to deliver on our seven key strategic priorities.

The actions are based on a range of policy and local report recommendations and service user feedback. Implementation will be overseen by the Partnership Commissioning Team for the CCG and Council (Mental Health) and will involve on-going engagement and co-production with service users, carers and key stakeholders.

We will utilise wider engagement feedback from SLaM, Voluntary Sector Organisations (VSO) including HealthWatch, who based 2017/18 priorities on engagement with 300+ Southwark residents between Nov-March. (The themes include: Timely access to GPs, Going home (transfer of care), Nursing homes, Impact of caring on carers and MH crisis.

The timescales for implementation denote the scale of the action, ambition or challenge. Some actions may be implemented and mobilised within the 2017/18 financial year, whilst other areas may require service changes and/or development of new commissioning models requiring a 2 year period of implementation by March 2020.

Strategic Priority	Actions	Owner	Timescale	Status/ update
<p>Engagement and Co-production</p> <ul style="list-style-type: none"> • Through all of our commissioning activities, we will engage with service users, carer, and people with lived experience, we will; • Co-produce our services including new and emerging models of mental health care in Southwark; • Develop more community-based models of care that are peer-led; • Involve the public and those with lived experiences to activate and support more collaborative and inclusive approaches to wellbeing. 				
<p>1. Prevention and promotion of wellbeing</p>	<p>We will place focus on prevention of mental ill health, early intervention and resilience, ensuring more education in schools and a partnership approach across transport, education, leisure, housing, regeneration and the workplace.</p> <p>Utilise the 5 ways to wellbeing across universal services and community resources</p> <p>Roll out MH First Aid training and Faith MH training to frontline staff and universal service providers across Southwark</p> <p>Expand the Health Checks programme to include questions in mental wellbeing with clear pathways into local services</p> <p>Increase partnership working with the local criminal justice system to ensure the right care and appropriate use of section 136 suites</p> <p>Increase access to a range of community based interventions (medical, social & educational) earlier to reduce escalation of need.</p> <p>Increase patient choice by offering a range of therapies (e.g. group, talking therapies)</p>	<p>Public Health</p> <p>Public Health</p> <p>Public Health And General Practice</p> <p>Police, SLAM, VCS</p> <p>Wellbeing Hub, IAPT & VCS</p>	<p>March 19</p> <p>March 19</p> <p>March 19</p> <p>March 19</p> <p>Q2 17/18</p>	

	<p>Build self-management frameworks to enable people to develop tools and strategies for self-help including online support options.</p> <p>Provide open access, high quality information and advice to allow service users to make informed decisions, identify symptoms, prevent escalation of need and stay well.</p> <p>Consider investment into a training programme that works with people with BME backgrounds and lived experience of mental distress, to be able to provide support and advice to people from BME backgrounds with mental health difficulties.</p> <p>Encourage and support development of well-being champions (i.e. volunteers) from diverse communities.</p> <p>We will develop targeted interventions and support residents in Southwark across all ages, cultures and backgrounds to access support in the right place, at the right time. (including Dual Diagnosis, Long Term Conditions, Black Minority & Ethnic groups, Special Educational Needs, Learning Disabilities, Youth Offenders, Looked after Children, Carers, Lesbian, Gay, Bisexual & Transgender, Autism).</p> <p>Develop models of care that promote family therapies.</p> <p>Stigma and Literacy</p> <p>Develop non-stigmatising language and materials to promote wellbeing services appropriate to the target group e.g. young people, BME Groups. (Build on the work of Lambeth's, Black Thrive project).</p> <p>Work toward reduction in rates of psychosis and schizophrenia (related to economic</p>	<p>Big White Wall & VCS</p> <p>Wellbeing Hub, VCS & GPs, ASC</p> <p>CCG & ASC</p> <p>CCG, Communities & GP Federations</p> <p>CCG, ASC, Children and Families (C&F) and VCS</p> <p>CCG and Children and Families (C&F)</p> <p>All partners inc. police, housing, schools, workplace</p> <p>SLaM, VCS,</p>	<p>Q3 17/18</p> <p>March 18</p> <p>Q3 17/18</p> <p>Q3 17/18</p> <p>Q3 17/18</p> <p>March 18</p> <p>March 18</p> <p>March 19</p>	
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	<p>deprivation, disadvantage, racism, early experience of abuse and crime, and cannabis use) in high risk population groups such as Black, African-Caribbean and Asian men.</p> <p>Raise public awareness to ensure people take action to understand and live well with a MH condition and provide appropriate support.</p> <p>We will seek to tackle stigma in the workplace through supporting and advising businesses in Southwark to engage with the Workplace Wellbeing Charter.</p> <p>We will also give consideration to the benefits of signing up to the 'Mindful Employer' programme across the CCG and Council.</p> <p>Suicide Prevention Develop and implement the Suicide Prevention Strategy Action Plan.</p>	<p>Primary Care</p> <p>Public health, VCS, Housing teams, Reablement teams and Community Support teams</p> <p>Public Health / Economic Department</p> <p>Public Health & partners.</p> <p>Public Health & partners.</p>	<p>March 18</p> <p>March 18</p> <p>March 18</p> <p>End Q2 17/18</p>	
<p>2. Community based care and activating communities</p>	<p>We will work towards delivering more community based care options in Southwark whilst delivering a sustainable, confident and resourceful community sector. We will work with our communities to unlock the potential and enable greater resilience whilst building on our community based assets and plans for regeneration.</p> <p>Consider development of a 'Community Connector' role whereby people connect support services in Southwark (Building on from SAIL Navigation and the Wellbeing Hub)</p> <p>Engage and activate communities and those with lived experience, our staff and others</p>	<p>GP Federations, wellbeing hub, VCS, CCG & Council</p> <p>VCS and wider</p>	<p>March 18</p> <p>Q3 2017/18</p>	

	<p>to be part of a <i>movement</i> for mental health and wellbeing</p> <p>Collaborate with Social Regeneration plans of the Council to help tackle the built environment, social cohesion and loneliness.</p> <p>Implement the Voluntary Sector Strategy including building capacity and resilience and increasing assets.</p> <p>Modernise services to be accessible in a time and place that meets the needs of the population, including exploring evening and weekend offers.</p> <p>Reduce isolation through intergenerational projects i.e. schoolchildren to teach older people to use new technology, encourage support between neighbours</p> <p>Implement the Thrive Input from Public Health, Housing ASC and partners will join. Seek opportunities for investment including funding from Guys and St Thomas', Metropolitan Housing, Lottery Fund, Charitable Funds and research. Evaluation through Warwick University and East London University.</p> <p>Review the balance of spend and consider shifting our investment towards prevention and primary care.</p> <p>Develop a new model of enhanced primary mental health care ensuring that people in Southwark receive care in the community as far as appropriate, and links with wider community groups, universal and specialist mental health care services.</p>	<p>partners</p> <p>Public health, CCG, Regen, VCS</p> <p>VCS, wider partners, residents and carers</p> <p>CCG, Modernisation, & VCS</p> <p>Children's and Adults' Social Care & Education</p> <p>Cllr Livingstone, public health, housing, ASC</p> <p>CCG & Social Care (CDGs)</p> <p>CCG, SLaM, Wellbeing Hub, vol sector service users</p>	<p>March 19</p> <p>2017-2022</p> <p>March 18</p> <p>Q3 17/18</p> <p>Span of the project?</p> <p>March 18</p> <p>March 18</p>	
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		and carers.		
3. Improving clinical and care services	<p>We will deliver a sustainable mental health system in Southwark focussing on models of care that generate better outcomes, focussing on where care is delivered and how it is delivered. This will require simplified and strengthened leadership and accountability across the whole system.</p> <p>Through the SMI Commissioning Development Group (CDG) there is an opportunity to change the way we commission services:</p> <ul style="list-style-type: none"> Assess options for delivery of new alliance models to generate better value and outcomes for the 1,000 core cohort of people in residential placements in the community. Including learning from Lambeth Council-CCG on the Living Well Collaborative. <p>Deliver a system wide digital universal assessment tool with a stronger emphasis on online options and delivery through the third and voluntary sector. (Building on Local Care Record and Kings Health Partners (KHP) Mind and Body insights programme and in alignment with the transforming care CQUIN).</p> <p>Increase partnership working and identify further opportunities to pool budgets and share services across key partners to utilise resource and reduce duplication.</p> <p>Embed social support and physical health in mental health pathways across community and acute services to ensure a holistic response in terms of housing and management of finances.</p> <p>Increase levels of social prescribing for people with a wellbeing related or mental health condition</p>	<p>CCG, ASC, Public Health, and local HealthWatch, local residents and people with lived experience.</p> <p>CCG, Acute, General Practice, KHP, ASC</p> <p>CCG & Council</p> <p>ASC, Acute, GP Federations</p> <p>GP Federations, LCNs</p>	<p>March 2020</p> <p>March 19</p> <p>March 18</p> <p>March 18</p> <p>Q3 17/18</p>	

	<p>Encourage GPs to consider mental health concerns as part of their diagnosis of unexplained symptoms, and continue to assess for it as part of the management of long-term conditions.</p> <p>Provide signposting to voluntary and charitable organisations who can offer support to those with mental health concerns.</p> <p>Perinatal mental health Support women's and families through pregnancy, identifying mental health needs early and deliver care in line with NHSE guidelines, rolling out the new enhanced perinatal service.</p> <p>Children and Young People Continue to deliver Southwark Council's Fairer Future promises that help children and families to live healthy active lives as part of promoting positive wellbeing and prevention of mental health problems e.g. free gym and swim.</p> <p>Carry out a joint review of current services for CYP mental health in line with the Southwark Five Year Forward View for Health and Social Care.</p> <p>Improve the way that early years education, children's centres, health, social care and the voluntary sector work together so that families are well supported within universal provision and problems with development or behaviour are identified and addressed as early as possible.</p> <p>Review our early help offer to ensure that families who are struggling get the right support at the right time to improve children's mental wellbeing and prevent more</p>	<p>CCG, General Practice, Wellbeing Hub</p> <p>Federations, LCNs</p> <p>CCG, General Practice, Wellbeing Hub</p> <p>CCGs - Lambeth, Lewisham and Southwark</p> <p>Public Health</p> <p>Partnership Commissioning Team</p> <p>Public health / Partnership Commissioning Team</p> <p>Children and families</p>	<p>Q3 17/18</p> <p>Q2 17/18 (on-going)</p> <p>March 18</p> <p>March 18</p> <p>March 18</p> <p>Q3 17 (2020)</p> <p>2018/19</p> <p>March 18</p>	
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	<p>serious problems developing.</p> <p>Build on the evaluation of our training pilots in schools and work closely with schools to support their efforts to increase mental health awareness and increase pupils' mental wellbeing (including building emotional literacy and dealing with bullying and cyber bullying).</p> <p>Review our local Healthy Schools programme to ensure that mental health and wellbeing is prioritised and consider how we can further support the workforce, including School Nurses to develop their knowledge and expertise in identifying mental health needs in children.</p> <p>Make the links with the Healthy Weight Strategy to ensure that the interdependencies between child obesity and mental wellbeing are addressed.</p> <p>Ensure that the new Integrated Wellbeing Service for Young People, bringing together sexual health and substance misuse services from December 2017, is able to improve outcomes for young people's mental health.</p> <p>Strengthen our support for vulnerable young people to help them get into work, as we know that stable and meaningful employment is a strong protective factor for mental health</p> <p>Develop peer support for vulnerable young people who may not engage with traditional mental health services, starting with young offenders and broadening out to the wider community.</p> <p>Ensure that the sufficiency strategy, supported by effective commissioning, provides a better supply of high-quality placements for children who are looked after by the Local Authority, particularly for adolescents who display challenging behaviours.</p> <p>Ensure that Southwark looked after children who are placed outside of the local</p>	<p>Education/PCT</p> <p>Public health</p> <p>Public health/PCT</p> <p>Public health/commu nity safety/PCT</p> <p>Council's Chief Execs Office</p> <p>Youth Offending Service</p> <p>PCT and Children and Families (C&F)</p>	<p>2017/18</p> <p>March 18</p> <p>March 18 (on-going)</p> <p>Dec 17</p> <p>Oct 17</p> <p>2017/18</p> <p>Nov 18 (implementati on until 2020)</p> <p>2018/19</p>	
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	<p>authority area are not disadvantaged through slower access to mental health services.</p> <p>Improve transitions between children’s mental health services and adult mental health services.</p> <p>Work with other London boroughs to ensure we have the right in-patient provision for children and young people’s mental health (Collaborative Commissioning Plan).</p> <p>Talking therapies Ensure that everyone who needs talking therapy receives it in a timely way and have good outcomes in terms of recovery.</p> <p>Crisis services Collaborate with acute care providers to develop streamlined pathways of care across mental health services.</p> <p>Develop a robust community based crisis response diverting away from A&E by enhancing the Home Treatment Teams. This should include stakeholder feedback (patients, carers, advocates).</p> <p>Offer more intensive interventions and strengthen crisis planning in the community, developing clear links with Home Treatment Teams.</p> <p>Deliver an enhanced model of Core 24 at Kings and GSTT with improved Psychiatric Liaison functions including appropriate response to detox from substance intoxication, and 4 and 12 hour breach targets.</p> <p>Promote the use of crisis cards, providing a named carer or professional and simple steps to follow to help prevent future escalation into crisis.</p>	<p>MH Team, PCT</p> <p>MH Team, PCT</p> <p>SLaM</p> <p>MH Team, (PCT)</p> <p>MH team, (PCT)</p> <p>MH Team, (PCT)</p> <p>MH Team, (PCT), Kings, GSTT</p> <p>MH Team, (PCT)</p> <p>MH Team,</p>	<p>2017/19</p> <p>April 18</p> <p>March 18</p> <p>Plan by Sept 17 / Implementation on April 18</p> <p>Review 6 monthly</p> <p>Plan by Sept 17 / Implementation on April 18</p> <p>Review Nov 17</p> <p>Plan by Sept 17 / Implementation on April 18</p>	
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	<p>Review Centralised Place of Safety</p> <p>Acute inpatient care for all ages Ensure rapid assessment, treatment, recovery focussed, timely discharge planning, better outcomes monitoring, coordinated care planning, support step down to community in a safe and timely way in collaboration with care homes and housing providers.</p> <p>Utilise individual and community resources to build effective support networks and connections to reduce long term dependency on statutory services.</p> <p>Older people and dementia Support our adult population with early onset of dementia to remain in employment, and to live independent lives in the community.</p> <p>Deliver a sustainable model of care with a highly skilled multi-disciplinary workforce to support patients with complex and challenging behaviours associated with functional (mental health), organic (dementia) and/or physical health needs.</p> <p>Deliver a simplified dementia pathway in Southwark ensuring that people receive information and support to enable them to live well in the community.</p> <p>Support the delivery of inpatient care for dementia and mental ill health on separate wards across Southwark, Lambeth and Lewisham.</p>	<p>(PCT), Police, SLaM</p> <p>MH Team, (PCT)</p> <p>MH Team, (PCT)</p> <p>PCT/ASC/commercial sector/VCS</p> <p>CCG, Independent Sector/Care homes/SLaM/community teams</p> <p>PCT/VCS/ASC</p> <p>PCT/SLaM/patients/families</p>	<p>Quarterly</p> <p>March 18</p> <p>March 18</p> <p>March 18</p> <p>March 18</p> <p>2018/19</p> <p>March 18</p>	
4. Improving recovery	We will place the principles of recovery at the heart of our approach to commissioning and will work across housing and homeless teams to support people to live independent lives in their own homes. We will create opportunities			

	<p>for employment, volunteering and training and ensure meaningful activities to promote social and community connectedness.</p> <p>Employment Engage with employers, local NHS providers, the voluntary sectors and other partners to develop plans to ensure improved access to appropriate work for people living with mental health and poor wellbeing in Southwark.</p> <p>Enable Community Accreditation for businesses in Southwark to be well-being friendly towards customers (e.g. some employers doubling up as wellbeing champions).</p> <p>Build upon the progress made by our local programme <i>Southwark Works</i>.</p> <p>Housing Respond to the housing crisis in Southwark, working with regeneration and housing teams to ensure people are not at risk of homelessness.</p> <p>Support people to attain and maintain assured tenancies. Stimulate the private provider market.</p> <p>Support step down from residential and supported housing placements.</p> <p>Reduce the number of spot purchased placements and leverage high quality services in borough (where appropriate) at a reduced cost.</p> <p>Increase levels of tenancy support and sustainable tenancies when in property (a sustainable tenancy is one that looks early at problems).</p>	<p>Agency Services, Economic Dept., Job Centre Plus</p> <p>PCT/Economic Dept.</p> <p>Council, VCS</p> <p>Council, ASC, Independent sector, private landlords CCG & Council</p> <p>CCG & Council with VCS</p> <p>CCG & Council, SLaM</p> <p>CCG & Council, Independent sector, private landlords</p>	<p>2017/18</p> <p>2017/19</p> <p>March 18</p> <p>2017/19</p> <p>2017/19</p> <p>2017/18</p> <p>2017/18</p> <p>2017/18</p>	
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	<p>Ensure all services are delivered in a recovery focused way moving from a culture of maintenance and dependency to reablement, recovery and staying well whilst providing access to personal budgets to enable more choice and control.</p> <p>Shift the balance of power to individuals to ensure choice and control over support and care through person centred planning, user led Recovery and Support Planning in line with LCN care coordination work</p> <p>Recognise the vital role of carers and ensure they are appropriately assessed and supported.</p>	<p>ASC & C&F, CCG, VCS</p> <p>LCNs, GPs, CCG, ASC, VCS</p> <p>Council, CCG, Providers, VCS</p>	<p>March 18</p> <p>Phased implementation from Oct 17</p> <p>March 18</p>	
5. Improving quality and outcomes	<p>We will deliver improved system-wide outcomes for our residents who experience mental illness and/or long term physical health problems. We will focus on improving data and systems to evaluate our progress in patient experience, quality and efficiency of our services.</p> <p>Commission for outcomes to be assured that every pound spent has a direct impact on improvement and provide good value for the people of Southwark.</p> <p>Deliver a strong social care offer and meet the Council's legal duties under the Care Act whilst ensuring a sustainable and safe health care model in Southwark.</p> <p>Focus on delivering good quality care, providing equal and fair access for everyone and providing targeted support for people who are most vulnerable and at risk.</p>	<p>CCG, Council, VCS</p> <p>CCG, ASC, SLaM</p> <p>CCG, ASC, SLaM</p>	<p>2017/18</p> <p>2017/18</p> <p>2017/18</p>	

Key

Council

- Children and Families (C&F)
- Adult Social Care (ASC)
- Children's Social Care (CSC)
- Social Regeneration (Regen)

Health and Social Care

- Partnership Commissioning Team (PCT) – *where referenced, this will mean working partnership across health and social care, provider organisations and service users and carers.*

Other

- Voluntary and Community Sector (VCS)
- Local Care Networks (LCNs)
- South London and the Maudsley (SLaM) NHS Foundation Trust
- Kings Health Partners (KHP)

References (All footnotes will be removed and included here as part of formatting)

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3. Greater London Authority SHLAA capped AHS 2015-based population projections
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5. NHS Digital. Adult Psychiatric Morbidity Survey 2014
6. Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. Long-term conditions and mental health: The cost of co-morbidities. London, United Kingdom: The King's Fund, 2012.
7. NOMIS. Employment Support Allowance Claimants by Condition www.nomisweb.co.uk (Accessed January 2017)
8. Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health. The cost of co-morbidities.
9. The Dual Diagnosis Strategy 2011-2016, Sussex Partnership NHS Foundation Trust.
10. ONS (2004) Mental health of children and young people in Great Britain
11. Shakespeare, Judy (2014) Perinatal mental health and the GP
12. National Child and Maternal Health Intelligence Network – Mental health in pregnancy, the postnatal period and babies and toddlers: needs assessment report
13. SMI Register, Southwark General Practice; EMIS Web 2014 Extract
14. NHS Digital. Primary Care Mortality Database, 2011-2015.
15. NHS Digital. Quality Outcomes Framework, 2015-15.

APPENDIX 1

OSC recommendations and where this has been picked up in the strategy

On 3 July 2017, Councillor Rebecca Lury asked for the recommendations of the Joint Report of the Education & Children's Services scrutiny sub-committee and the Healthy Communities scrutiny sub-committee (March 2016) to be tabled to show where they have been picked up within the strategy and action plan.

Both the Children and Education Scrutiny Committee and the Healthy Communities Committee recommended that the best practice guidance developed by the Centre for Mental Health forms the cornerstone for the approach taken to developing the Joint Mental Health Strategy for Southwark. As such a reference group was established in October 2016 and key stakeholders have collaborated on the development of a joint Mental Health and Wellbeing Strategy for Southwark 2017-2020 which is due to go to Cabinet on 31 October 2017.

Both the Children and Education Scrutiny and the Healthy Communities Scrutiny Committees requested that the final report is presented to scrutiny when finalised. As such, the draft strategy is scheduled for discussion at the Education and Children's Services Scrutiny Sub Committee on Tuesday 5 September and Healthy Communities Scrutiny Sub Committee on Wednesday 13 September.

Recommendation	Where in the strategy and action plan this is referenced
<p>Recommendation 3: The Committee recommends that the Council and CCG detail the global CAMHS spend now and once the Transformation Plan is implemented and funds drawn down, year by year, with a budget for each service.</p>	<ul style="list-style-type: none"> • Local policy context • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in Childhood • Financial landscape • Action plan
<p>Recommendation 4: The Committee recommends that the Council and CCG provide more detail on Early Help investment, now and in the future</p>	<ul style="list-style-type: none"> • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in Childhood, Early Intervention and Children and Young People
<p>Recommendation 5: The Committee recommends that the Council and the CCG consult with the Head teachers Executive on the link arrangements with CAMHS and the Early Help provision, the Pilot project, to ensure the proposed Children and Young People's Emotional Wellbeing Strategy will deliver better communication and integration between schools with</p>	<ul style="list-style-type: none"> • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in Childhood, Early Intervention and Children and Young People

<p>mental health practitioners and social care, including housing.</p>	
<p>Recommendation 6: The Committee recommends that the adoption of a Whole School approach to mental health and emotional wellbeing in the Children and Young People’s Emotional Wellbeing Strategy is well promoted and a plan is developed for its implementation in partnership with the Head teachers Executive and local schools. Case studies from Bacons College and schools with positive practice in this area should be promoted around Southwark schools.</p>	<ul style="list-style-type: none"> • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in Childhood, Early Intervention and Children and Young People
<p>Recommendation 7: The Committee recommends that a schools representative on the Health & Wellbeing Board is appointed. This could be done through the Southwark Head teachers Executive.</p>	<ul style="list-style-type: none"> • This has happened.
<p>Recommendation 8: The Committee recommends that the Council and the CCG set out more clearly how the Transformation Plan will tackle</p> <ul style="list-style-type: none"> • Cyber bullying • Gangs and work with schools on this • Promote effective anti-bullying work in schools, particularly peer support • Recognise the LGBT students are at particular risk of being bullied and need particular support e.g. anti-discrimination work and LGBT peer support 	<ul style="list-style-type: none"> • Action - Build on the evaluation of our training pilots in schools and work closely with schools to support their efforts to increase mental health awareness and increase pupils’ mental wellbeing (including building emotional literacy and dealing with bullying and cyber bullying).
<p>Recommendation 9: The Committee recommends that the Council and the CCG differentiate more clearly gender specific data and services that address specific risks, for example: evidence that that rising mental health needs are particularly affecting girls; anecdotal evidence that boys find it more difficult to speak about emotional problems; data that boys are less likely to access services but are more at risk of suicide completion or involvement in offending</p>	<ul style="list-style-type: none"> • Introduction • Eliminating stigma • Action under prevention and promotion of wellbeing
<p>Recommendation 10: The Committee recommends that the Council and CCG support outreach work with communities to break down taboos (e.g. Black Majority Churches Project)</p>	<ul style="list-style-type: none"> • Local policy Context • Action - Develop non-stigmatising language and materials to promote wellbeing services appropriate to the target group e.g. young people, BME Groups. (Build on the work of Lambeth’s, Black Thrive project). • Action - Consider investment into a training programme that works with people with BME backgrounds and lived

	<p>experience of mental distress, to be able to provide support and advice to people from BME backgrounds with mental health difficulties.</p>
<p>Recommendation 11: The Committee recommends that the Council and CCG should ensure that mental health services meet the cultural needs of diverse communities and take steps to tackle institutional discrimination, particularly those most at risk e.g. Girls from FGM practicing communities, black & Asian communities from psychosis & schizophrenia</p>	<ul style="list-style-type: none"> • Strategic priority 1 – prevention and promotion of wellbeing • Action - We will develop targeted interventions and support residents in Southwark across all ages, cultures and backgrounds to access support in the right place, at the right time. (including Dual Diagnosis, Long Term Conditions, Black Minority & Ethnic groups, Special Educational Needs, Learning Disabilities, Youth Offenders, Looked after Children, Carers, Lesbian, Gay, Bisexual & Transgender, Autism).
<p>Recommendation 12: The Committee recommends that the Council and the CCG involve service users from a wide ethnic demographic in developing the Transformation Plan and getting the user voice, bearing in mind that disadvantaged groups are generally more at risk of mental health problems</p>	<ul style="list-style-type: none"> • Local policy context • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in Childhood • Action plan
<p>Recommendation 13: The Committee recommends that the council and its partners should make every effort to ensure that the education of vulnerable children or young people is not disrupted through housing placements.</p>	<ul style="list-style-type: none"> • Local policy context • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in Childhood • Community based care and activating communities • Transition • Improving recovery • Housing • Action plan
<p>Recommendation 14: The Committee recommends that there needs to be a much more integrated approach to working between all partners for children and young people with mental health issues including</p>	<ul style="list-style-type: none"> • Local policy context • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in

<p>the housing department.</p>	<p>Childhood</p> <ul style="list-style-type: none"> • Community based care and activating communities • Transition • Improving recovery • Housing • Action - Ensure that the sufficiency strategy, supported by effective commissioning, provides a better supply of high-quality placements for children who are looked after by the Local Authority, particularly for adolescents who display challenging behaviours.
<p>Recommendation 15: The Committee recommends that a Housing representative is included on the Health & Wellbeing Board.</p>	<ul style="list-style-type: none"> • This is under discussion
<p>Recommendation 16: The Committee recommends that SLAM , Kings & GSST work with mental health users to assess the adequacy of the Paediatric A & E and Place of Safety and report back in six months' time on both user experience and patient wait times for admission when in crisis.</p>	<ul style="list-style-type: none"> • Strategic priority 3 – improving clinical care and services - Crisis • Action - this work is underway
<p>Recommendation 17: The Committee recommends that health and social care service managers in children's and adults' services must work together in an integrated way to ensure a smooth and gradual transition for young people. Good practice should involve, for example, developing a joint mission statement or vision for transition, jointly agreed and shared transition protocols, information sharing protocols and approaches to practice.</p>	<ul style="list-style-type: none"> • Strategic priority 3 – improving clinical care and services – Transitions between services • Action - Improve transitions between children's mental health services and adult mental health services.
<p>Recommendation 18: The Committee also recommends that the Council and CCG provide an update on the practical steps that will be taken to address Transition</p>	<ul style="list-style-type: none"> • Strategic priority 3 – improving clinical care and services – Transitions between services • Action - Improve transitions between children's mental health services and adult mental health services.
<p>Recommendation 19: The Committee recommends that the Council and CCG develop a mental health service for young people that spans the ages of 12-25, during the years of highest mental health prevalence, so that young people do not have to Transition at 18, during the peak of symptoms.</p>	<ul style="list-style-type: none"> • Strategic priority 3 – improving clinical care and services – Transitions between services • Action - Improve transitions between children's mental

	health services and adult mental health services.
<p>Recommendation 20: The Committee recommends that the Council and CCG add Permanently Placed children, LGBT young people, and children and young people experiencing economic and social deprivation to the cohorts of ‘at risk’ young people.</p>	<ul style="list-style-type: none"> • Local policy Context • Action - Develop non-stigmatising language and materials to promote wellbeing services appropriate to the target group e.g. young people, BME Groups. (Build on the work of Lambeth’s, Black Thrive project). • Action - Consider investment into a training programme that works with people with BME backgrounds and lived experience of mental distress, to be able to provide support and advice to people from BME backgrounds with mental health difficulties.
<p>Recommendation 21: The Committee recommends that Southwark’s strategic partnership must ensure that responsive services are in place to provide therapeutic support from Child and Adolescent Mental Health Services (CAMHS) to young people who were at risk of, or who had suffered, child sexual exploitation.</p>	<ul style="list-style-type: none"> • Local policy context • Strategic priority 1 – prevention and promotion of wellbeing under Education during Early Years and in Childhood • Financial landscape • Action plan
<p>Recommendation 22: The Committee recommends that there are good communication, training and awareness sessions across all of the partnerships required to bring the mental health strategy to life.</p>	<p>Action plan - through all of our commissioning activities, we will engage with service users, carer, and people with lived experience, we will;</p> <ul style="list-style-type: none"> • Co-produce our services including new and emerging models of mental health care in Southwark; • Develop more community-based models of care that are peer-led; • Involve the public and those with lived experiences to activate and support more collaborative and inclusive approaches to wellbeing. <p>Open engagement/consultation period over the summer including online feedback via the consultation hub and an</p>

	engagement event on 11 September 2017
Recommendation 23: The Committee recommends a multi-layered communication campaign that can raise awareness amongst the partners and signal a need for a significant culture change to transform mental health from a 'Cinderella service' to one that places service users at the centre of an integrated service designed to improve outcomes of its most vulnerable residents.	<ul style="list-style-type: none"> • Financial landscape • Strategic priority 5 – improving quality and outcomes
Recommendation 24: The Committee recommends that the Council looks to form partnerships with Housing Associations and Credit Unions, amongst others to be identified, in order to better identify people who would benefit from support with their mental health and improve the holistic support those with mental health issues receive	<ul style="list-style-type: none"> • Improving recovery • Housing • Action plan
Recommendation 25: The Committee further recommends that the work of programmes such as the faith communities' project continues to be funded to help combat stigma around mental health and their work to date is reflected in the Joint Mental Health Strategy. This should include rolling out similar programmes to other ethnic minority groups including Irish, Asian and Latin American communities.	<ul style="list-style-type: none"> • Stigma and Literacy • Action - Develop non-stigmatising language and materials to promote wellbeing services appropriate to the target group e.g. young people, BME Groups. (Build on the work of Lambeth's, Black Thrive project). • Action - Consider investment into a training programme that works with people with BME backgrounds and lived experience of mental distress, to be able to provide support and advice to people from BME backgrounds with mental health difficulties.
Recommendation 26: This Committee believes that as part of the Joint Mental Health Strategy, the Housing teams, Reablement teams and Community Support teams should be trained to identify mental health issues to further help support those older members of our community with whom they regularly interact with.	<ul style="list-style-type: none"> • Improving recovery • Housing • Action plan
Recommendation 27: Furthermore, the Committee notes that the voluntary sector is taking an innovative approach to supporting the older population who have mental health needs and would task the Council with considering similar approaches.	<ul style="list-style-type: none"> • Community based care and activating communities • Improving clinical and care services for older people with mental illness and/or dementia

<p>Recommendation 28: The Committee would recommend that the Council and the CCG seek to understand the links between mental health and dementia and establishes a programme for supporting older residents who present with symptoms of either condition to ensure a correct diagnosis.</p>	<ul style="list-style-type: none"> • Community based care and activating communities • Improving clinical and care services for older people with mental illness and/or dementia
<p>Recommendation 29: The Committee recommends that the Council seek to ensure that the Joint Mental Health Strategy dovetails with other relevant strategies, to ensure that every approach is taken to identify and treat mental health at the earliest opportunity.</p>	<p>The priorities align with national, sub-regional and local policy, including:</p> <ul style="list-style-type: none"> • <i>Southwark Five Year Forward View of Health and Social Care (2016/17-2020/21)</i>; • Southwark Voluntary and Community Strategy; • Health and Wellbeing Strategy; • Southwark Local Transformation Plan for Children and Young People; • Carers Strategy; • Suicide Prevention Strategy.
<p>Recommendation 30: The Committee recommends that as part of the Joint Mental Health Strategy, there is a focus on encouraging GPs to consider mental health concerns as part of their diagnosis of seemingly unexplained symptoms, and continue to assess for it as part of the management of long-term conditions.</p>	<ul style="list-style-type: none"> • Improving quality outcomes • Action plan
<p>Recommendation 31: The Committee recommends that the CCG works with GP surgeries throughout Southwark to provide signposting to voluntary and charitable organisations who can offer support to those with mental health concerns and would ask that this is built into the Joint Mental Health Strategy.</p>	<ul style="list-style-type: none"> • Community based care and activating communities • Wellbeing Hub • Improving quality outcomes • Action plan
<p>Recommendation 32: The Committee recommends that the Joint Mental Health Strategy take into account the findings of the Joint Health Scrutiny into SLaM Places of Safety and incorporate these into their strategy as appropriate.</p>	<ul style="list-style-type: none"> • Crisis services - Southwark CCG and Council have been part of the implementation of a centralised 'Place of safety' on the Maudsley Hospital site at Denmark Hill. The new service ensures that residents who are detained by the police who also have mental health issues are supported and are provided with

	<p>expert care.</p> <ul style="list-style-type: none"> • Action plan
<p>Recommendation 33: The Committee commends the Mind & Body programme and the work it is doing to up-skill the workforce. We would recommend that the Joint Mental Health Strategy evaluates the Mind & Body programme and incorporates the relevant elements of the programme into the plans for training for our workforce in Southwark.</p>	<p>Action plan - Deliver a system wide digital universal assessment tool with a stronger emphasis on online options and delivery through the third and voluntary sector. (Building on Local Care Record and Kings Health Partners (KHP) Mind and Body insights programme and in alignment with the transforming care CQUIN).</p>

End

Sophie Gray, Senior Joint Commissioning Officer, Southwark Council and Southwark CCG

25 July 2017

Joint Southwark Mental Health Strategy 2017-2020

Governance Plan

Committee or Meeting	Committee or Meeting Date	Version
Engagement to date		
Strategy Reference Group	October 2016 - May 2017	Draft v1-v3
Joint Commissioning Strategy Committee (JCSC)	13 October 2016 and 9 February 2017	Draft v1
South Southwark Locality Patient Participation Group (PPG)	10 January 2017	Draft v1
Mental Health Providers Led Group (PLG), Community Southwark	19 January 2017	Draft v1
Serious Mental Illness Commissioning Development Group (SMI CDG) January	January - May 2017	Draft v1-v3
Healthy Communities Scrutiny Committee	19 January 2017	Draft v1
Community Council - health and wellbeing exhibition (Peckham and Nunhead Community Council)	28 January 2017	Draft v1
Education and Children's Scrutiny Committee in February 2017.	27 February 2017	Draft v1
Children and Young People's Commissioning Development Group (SMI CDG)	13 April 2017	Draft v2
CCG Clinical Leads and Lay Member Briefings	various throughout October 2016 - June 2017	Draft v2-v4
Governing Body Seminar	8 June 2017	Draft v3
Camberwell Community Council	21 June 2017	Briefing
CAB	28 June 2017	Briefing
Briefing with Chair Scrutiny Sub-Committee (Healthy Communities) – Councillor Rebecca Lury	3 July 2017	Briefing
Councillor Livingstone Briefing	4 July 2017	Briefing
Engagement Advisory Group (CDG Challenge Group)	13 July 2017	Draft v5
Engagement / Consultation period from Tuesday 8 August to Sunday 10 September 2017 (Draft v0.6)		
Children and Young People's Commissioning Development Group (CDG)	10 August 2017	Draft v0.6
Adult's Commissioning Development Group (CDG)	?	Draft v.06

SML Commissioning Development Group (CDG)	?	Draft v.06
Joint Commissioning Strategy Committee (JCSC)?	?	Draft v.06
Scrutiny Sub Committee (Education and Children's Services)	5 September 2017	Draft v5
Scrutiny Sub Committee (Healthy Communities)	13 September 2017	Draft v6
Service user Engagement Event	11 September	Draft v6
Governing Body	14 September 2017	FINAL
Health & Wellbeing Board	30 October 2017	FINAL
Cabinet	Forward plan for 31 October 2017	FINAL

Scrutiny review proposal

1 What is the review?

Knife crime, undertaken jointly with the Housing and Community Safety scrutiny committee.

Justification

After a drop in knife crime incidents, in the early years of this decade, the UK and London has seen a reversal of this trend. In 2016 knife crime across England and Wales rose by 14 per cent, with an 11 per cent increase in London. In the 12 months to March 2017, over 12,000 knife crimes were recorded in London.

The latest Metropolitan Police statistics show there were 172 incidents of 'knife crime with injury' in Southwark during 2015-16, compared to 254 in 2016-17: a rise of 47.67 per cent.

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

The desired outcome is a reduction of (x) per cent in recorded knife crimes in Southwark over the next three years.

Agencies the review seeks to influence include:

- Council children's social services, education department, community safety & public health
- NHS Southwark CCG
- Southwark Schools
- Southwark Police

3 When should the review be carried out/completed?

Completed by February 2018

4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

Scrutiny in a day, focus group with young people including care leavers, and one off sessions in committees.

5 What are some of the key issues that you would like the review to look at?

Context and approach

The recent rise in incidents of knife crime and the terrible impact knife crime injuries and deaths have had on young people and their families, in particular, is a big concern within the local community. There is also widespread anxiety amongst young people, families and schools about the extent of knife crime and knife carrying and a desire to reverse the present trend and work to end knife crime.

The last year has seen significant steps by both the Mayor of London, local police and the council to tackle knife crime. There is both a Mayor of London strategy, and a Southwark Knife Crime and Knife Carrying action plan. The latter is a joint priority for the Southwark Safeguarding Adults' Board (SSAB) and Southwark Children's Board (SSCB). In Southwark two scrutiny committees and the Youth Council have all identified tackling knife crime as a priority.

At the same time the Metropolitan Police's anti knife crime initiative Operation Sceptre has publicly recognised its own weakness in engaging with communities most effected by youth violence.

Given the extensive nature of the multi-agency work already set in motion it will be important that the scrutiny committee's work complements the council's and its partners' work to make a difference in Southwark. We can do this is by focusing on groups of young people that are of particular concern and the council has most responsibility for, such as young people in care, on the edge of care, and in need.

Scrutiny has a proven ability to bring the different parts of the system together. We will also add value by bringing in a lay perspective and exploring best practice and research from further afield, such as Glasgow's approach of treating violence generally, and knife crime in particular, as a Public Health issue. This was informed by work conducted by the WHO and successful anti-gang work in Boston. The committee can also draw on previous reviews and concerns raised. These include the increased risk young people in care/ in need face with gang involvement or peer pressure. Although not all knife crime is gang related, the most significant harm is perpetrated by gang members.

Previous reviews have also emphasised the importance of partnership

work in protecting young people and tackling social and mental health issues. There is evidence that young people are more at risk of knife crime if social and emotional issues are not addressed. Schools have asked us to look at how we can tackle violence and the links with social deprivation and mental health to promote better inter agency responses.

The committee is well placed to gather partners together from the council, police and health services, to get a more accurate picture of the extent of knife crime, and to secure a better profile in the community so we can respond more effectively. When the Violence Reduction Unit started work in Glasgow they identified under reporting and set out to get a more accurate picture using a range of data. The Mayor of London has provided a good overview in his report, and identified trends such as men and the BAME community being significantly more at risk, and that although women are less likely to be victims and significantly less likely to be perpetrators there are some worrying trends around domestic abuse and CSE. Gathering more local data would enable the committee to get a more accurate idea of the community challenge, and also enable it to perform its overview role once the review is finished by tracking data.

Last and not least the committee intend to look at the high re-offending rates and if restorative justice, and similar approaches, could offer a way to tackle these, particularly given the evidence that there is some overlap between perpetrators and victims of knife crime.

Issues to be examined include :

- How to best safeguard young people in care from knife crime & knife carrying (with a focus on young people in need because of social / emotional deprivation & mental health needs)
- The links between knife crime and gangs
- How best to work with schools, including primary schools
- Engaging young people and youth services in preventing knife crime and knife carrying (particularly the Youth Council, voluntary & statutory youth service)
- Wider strategies and good practice in combating violence, in particular taking a Public Health approach
- The potential for restorative justice, and similar initiatives,

to reduce repeat offending

- the gathering of statistics to understand rates of knife crime and a profile of the perpetrator/ target community (including age, gender and ethnicity)
- Assess the impact of the Metropolitan Police's anti knife crime initiative, Operation Sceptre, in Southwark

6 Who would you like to receive evidence and advice from during the review?

- Cllr Barrie Hargrove on Southwark Knife Crime and Knife Carrying action plan
- The Mayor of London on The London Knife Crime Strategy
- Southwark Borough commander (via Housing community safety scrutiny committee and possibly at the scrutiny in a day)
- Scotland Violence Reduction Unit & World Health Organisation's Violence Prevention Alliance work on taking a Public Health approach to violence.
- Local schools via the secondary and primary Headteachers executives
- Children's services on children in care and at risk – particularly on looking at gangs and partnership work with agencies to support children and young people at risk of harm (schools, health, police)
- Youth Council
- Youth Services – voluntary and statutory
- Initiatives to reduce re-offending, including restorative justice
- Experts, local and national, on tackling gangs
- Council officers, the police, emergency departments and other agencies who are able to provide statistics
-

7 Any suggestions for background information? Are you aware of any best practice on this topic?

- European report on preventing knife crime among young people:
http://www.euro.who.int/data/assets/pdf_file/0012/121314/E94277.pdf
- UK Government papers on knife crime reduction:
<https://www.gov.uk/government/policies/knife-gun-and-gang-crime>
- The London Knife Crime Strategy
https://www.london.gov.uk/sites/default/files/mopac_knife_crime_strategy_june_2017.pdf
- Scotland Violence Reduction Unit & World Health Organisation's Violence Prevention Alliance work on taking a Public Health approach to violence.
<http://www.actiononviolence.org.uk/about-us> and
http://www.who.int/violenceprevention/about/participants/vru_scotland/en
- Overview: 24 Ways to Reduce Crime in Violent Cities
<https://www.theguardian.com/global-development-professionals-network/2015/jun/30/24-ways-to-reduce-in-the-worlds-most-violent-cities>

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

- Presentation at committees on present work on Knife Crime and Knife Carrying work and the Borough Commander.
- Focus group with young people including children in care and care leavers in Southwark
- Scrutiny in a Day event with presentations and workshops.

Draft Work Plan Overview 2017/18**Education & Children's Services Scrutiny Sub- Committee****Reports & updates**

- School funding - update following consultation results
- Schools performance using new assessment criteria.
- Ofsted follow up report
- Joint mental health strategy (with follow up reports on CAMHS / mental health for roundtable)
- Catch 22 (update innovation bid and co-design work with care leavers)
- National fostering stocktake : Sir Martin Narey and Mark Owers have been appointed by the Secretary of State for Education to conduct a National fostering stocktake. A report is due in December, which scrutiny will discuss with Social Care
- The Multi Agency Anti Knife Crime Plan

Interviews

- Cabinet member
- Safeguarding chair

Reviews:

- Review : knife crime (including gangs)
- Mini Review : Education, health & social care roundtable on ECH plans and Mental Health

The Education and Children's Services Scrutiny Sub Committee 2017/18
 Work Plan Timeline 11th August Version 0.2

Date	Work-plan
Wednesday 14 June 2017	
Tuesday 5 September 2017	Draft joint mental health strategy Review scopes: a) Knife crime b) Mini Review : Education, health & social care roundtable The Multi Agency Anti Knife Crime Plan
Monday 16 October 2017	Ofsted follow up report Mini Review : Education, health & social care roundtable on ECH plans and Mental Health
Monday 27 November 2017	Scrutiny in a Day - knife crime
Tuesday 6 February 2018	Catch 22 – progress on co-design with care leavers. National Fostering stocktake report

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**EDUCATION & CHILDREN'S SERVICES
MUNICIPAL YEAR 2017-18**

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