

## Health and Wellbeing Board

Monday 29 January 2018  
10.00 am

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

### Membership

Councillor Peter John OBE (Chair)  
Dr Jonty Heaversedge (Vice-Chair)  
Councillor Maisie Anderson

Andrew Bland  
Sally Causer  
Kevin Fenton  
Eleanor Kelly  
Councillor Richard Livingstone  
Gordon McCullough  
Councillor Victoria Mills  
Nick Moberly

Councillor David Noakes  
Dr Matthew Patrick  
Carole Pellicci  
David Quirke-Thornton  
Dr Yvonneke Roe

Leader of the Council  
NHS Southwark Clinical Commissioning Group  
Cabinet Member for Public Health and Social  
Regeneration  
NHS Southwark Clinical Commissioning Group  
Executive Director, Southwark Law Centre  
Director of Health and Wellbeing  
Chief Executive, Southwark Council  
Cabinet Member for Adult Care and Financial Inclusion  
Chief Executive, Community Southwark  
Cabinet Member for Children and Schools  
Chief Executive, King's College Hospital NHS  
Foundation Trust  
Opposition Spokesperson for Health  
Chief Executive, SLAM NHS Foundation Trust  
Southwark Headteachers representative  
Strategic Director of Children's and Adults' Services  
NHS Southwark Clinical Commissioning Group  
Healthwatch Southwark (vacant)

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#### Contact

Everton Roberts on 020 7525 7221 or email: [everton.roberts@southwark.gov.uk](mailto:everton.roberts@southwark.gov.uk)

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**  
Chief Executive  
Date: 19 January 2018



# Health and Wellbeing Board

Monday 29 January 2018  
10.00 am

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

## Order of Business

Item No.	Title	Page No.
1.	<b>APOLOGIES</b>	
	To receive any apologies for absence.	
2.	<b>CONFORMATION OF VOTING MEMBERS</b>	
	Voting members of the committee to be confirmed at this point in the meeting.	
3.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	<b>MINUTES</b>	1 - 4
	To agree as a correct record the open minutes of the meeting held on 30 November 2017.	

**MEETING THEME - MENTAL HEALTH AND INEQUALITIES**

**Invited Speaker** – Zoe Reed, Director of Organisation and Community & Freedom to Speak Up Guardian, South London. and Maudsley NHS Foundation Trust

Presentation from Zoe Reed: Mental Health and Inequalities – promoting race equality in South London and Maudsley

- |    |                                                                                                             |        |
|----|-------------------------------------------------------------------------------------------------------------|--------|
| 6. | <b>SOUTHWARK JOINT MENTAL HEALTH AND WELLBEING STRATEGY 2018 - 2021 (CABINET REPORT OF 23 JANUARY 2018)</b> | 5 - 66 |
|----|-------------------------------------------------------------------------------------------------------------|--------|

To note the Southwark joint mental health and wellbeing strategy (2018 – 2021).

- |    |                                                                             |         |
|----|-----------------------------------------------------------------------------|---------|
| 7. | <b>PLEDGING SUPPORT FOR THE LONDON MAYOR'S HEALTH INEQUALITIES STRATEGY</b> | 67 - 80 |
|----|-----------------------------------------------------------------------------|---------|

To note Southwark Council's response to the London Mayor's Health Inequalities Strategy and to discuss some potential 'pledges' in support of the strategy.

**CORE BUSINESS**

- |    |                               |  |
|----|-------------------------------|--|
| 8. | <b>FIVE YEAR FORWARD VIEW</b> |  |
|----|-------------------------------|--|

To receive a verbal update on progress on the Southwark five year forward view and the work of the CCG and Council integrated planning and delivery group (IPDG), a task and finish group whose purpose is to create a space in which partners explore changes required to achieve fuller alignment across the CCG and Council in line with the Forward View.

- |    |                                                                     |          |
|----|---------------------------------------------------------------------|----------|
| 9. | <b>IMMUNISATION PROGRAMMES IN SOUTHWARK - ANNUAL REPORT 2016/17</b> | 81 - 113 |
|----|---------------------------------------------------------------------|----------|

To note the report and to officer advice to inform the Immunisation Strategy.

- |     |                                                        |           |
|-----|--------------------------------------------------------|-----------|
| 10. | <b>TACKLING UNHEALTHY WEIGHT IN SOUTHWARK - UPDATE</b> | 114 - 137 |
|-----|--------------------------------------------------------|-----------|

To receive an update and progress report on the delivery of the Southwark Healthy Weight Strategy – Everybody's Business.

<b>Item No.</b>	<b>Title</b>	<b>Page No.</b>
<b>11.</b>	<b>ALCOHOL ACTION PLAN 2017 - 2020</b>	138 - 157
	To note and approve the Southwark Alcohol Action Plan 2017- 2020.	
<b>12.</b>	<b>HEALTH AND WELLBEING BOARD - THEMES AND ITEMS FOR FUTURE BOARD MEETINGS</b>	
	Discussion on themes and items for future board meetings.	

Date: 19 January 2018



## Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Thursday 30 November 2017 at 2.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

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**PRESENT:**

- Councillor Peter John OBE (Chair)
- Dr Jonty Heaversedge
- Councillor Maisie Anderson
- Andrew Bland
- Sally Causer
- Kevin Fenton
- Aarti Gandesha
- Eleanor Kelly
- Councillor Richard Livingstone
- Gordon McCullough
- Councillor Victoria Mills
- Councillor David Noakes
- Carole Pellicci
- David Quirke-Thornton
- Dr Yvonneke Roe

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

### 1. APOLOGIES

Apologies for absence were received from Nick Moberly and Dr Matthew Patrick. Apologies for lateness were received from Councillor David Noakes.

### 2. CONFIRMATION OF VOTING MEMBERS

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

The Chair reported that Aarti Gandesha, would be leaving Healthwatch Southwark, to take up a post with NHS England. This would be her last meeting on the board as the Healthwatch representative. On behalf of the board, the chair thanked Aarti for her contributions as the Healthwatch representative.

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

There were no late items of business.

### 4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

### 5. MINUTES

#### RESOLVED:

That the minutes of the meeting held on 10 July 2017 be agreed as a correct record and signed by the chair subject to the inclusion of Gordon McCullough's apologies for absence.

That the minutes of the meeting held on 11 September 2017 be agreed as a correct record and signed by the chair.

### 6. SOCIAL REGENERATION - EMERGING FRAMEWORK AND NEXT STEPS (CABINET REPORT OF 19 SEPTEMBER 2017)

Councillor Maisie Anderson, cabinet member for public health and social regeneration introduced the report.

#### RESOLVED:

That the report be noted.

### 7. PUBLIC HEALTH INNOVATIVE PLANNING, SOUTHWARK AND LAMBETH PROJECT UPDATE

Professor Kevin Fenton, Director of Health and Wellbeing and Andrew Ruck, Planning Policy Officer introduced the report.

1. That the progress made on the Public Health Innovative Planning project by Southwark and Lambeth councils and funded by Guys and St Thomas's Charity be noted.
2. That the proposal for a Plan for a Healthy Old Kent Road be supported.
3. That the opportunities for future work with GSTC, by bidding for further funding or partnering with the charity to coordinate grant funding in the Old Kent Road area be noted.

### 8. SOUTHWARK SEXUAL HEALTH PROGRESS REPORT

Councillor Maisie Anderson, Cabinet Member for Public Health and Social Regeneration

introduced the report.

**RESOLVED:**

1. That the update on performance and activity for sexual and reproductive health be noted.
2. That the changes in relation to the e-service provider and young people's sexual health service be noted.

**9. THRIVE LDN - PROGRAMME UPDATE**

Councillor Richard Livingstone, Cabinet Member for Adult Care and Financial Inclusion introduced the report. The board also heard from Professor Kevin Fenton, Director of Health and Wellbeing and Richard Pinder, Consultant in Public Health.

**RESOLVED:**

That the progress report from Thrive LDN be noted.

**10. SUICIDE PREVENTION STRATEGY AND ACTION PLAN 2017 - 2022**

Councillor Richard Livingstone, Cabinet Member for Adult Care and Financial Inclusion introduced the report. The board also heard from Richard Pinder, Consultant in Public Health.

**RESOLVED:**

1. That the Suicide Prevention Strategy and Action Plan be noted.
2. That the Strategy be recommended to cabinet for approval.

**11. CONSULTATION DRAFT PHARMACEUTICAL NEEDS ASSESSEMENT (PNA) FOR HEALTH AND WELLBEING BOARD**

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Richard Pinder, consultant in public health.

**RESOLVED:**

1. That the progress made on the Pharmaceutical Needs Assessment (PNA) be noted and the first draft be approved for consultation purposes.
2. That the Director of Health and Wellbeing undertake the statutory 60 day consultation period from 1 December 2017.
3. That the results of the consultation and amended draft be reviewed at the board meeting on 26 March 2018 for publication on or before 31 March 2018.

## 12. UPDATE ON BETTER CARE FUND / IMPROVED BETTER CARE FUND (IBCF)

Gillian Branford, Assistant Director Partnership Commissioning introduced the report. The board also heard from Genette Laws, Director of Commissioning, Southwark Council and Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG.

### RESOLVED:

That the update and next steps on the Better Care Fund / improved Better Care Fund plan and the quarter 2 performance reporting be noted.

## 13. SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Mark Easton, Programme Director, Our Healthier South East London, introduced the report.

### RESOLVED:

1. That the update on the south east London STP be noted.
2. That the current position on the development of the STP and the steps being taken to implement the plan, and especially the engagement activities that are planned be noted.

## 14. SOUTHWARK 5 YEAR FORWARD VIEW - VERBAL UPDATE

The board received a presentation from Mark Kewley, Director of Transformation and Performance, NHS Southwark, Clinical Commission Group, Genette Laws, Director of Commission, Southwark Council and Stephen Gaskell, Head of Chief Executive's Office, Southwark Council.

### RESOLVED:

That the contents of the presentation be noted.

The meeting ended at 4.20pm

**CHAIR:**

**DATED:**

<b>Item No.</b> 6.	<b>Classification:</b> Open	<b>Date:</b> 29 January 2018	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Southwark Joint Mental Health and Wellbeing Strategy 2018-2021 (Note: This is the Cabinet report of 23 January 2018)	
<b>Ward(s) or groups affected:</b>		All wards	
<b>Cabinet member</b>		Councillor Richard Livingstone, Adult Care and Financial Inclusion	

### **FOREWORD - COUNCILLOR RICHARD LIVINGSTONE, CABINET MEMBER FOR ADULT CARE AND FINANCIAL INCLUSION**

The Joint Mental Health and Wellbeing Strategy has been co-produced with input from the diverse communities that make Southwark special. Delivering against the intent of our strategy will ensure services are relevant, acceptable and responsive to the needs of these local communities. The strategy builds on the Council plan to develop a new relationship with residents built on trust, openness and transparency in all we do.

The strategy sets out the framework within which we will transform mental health services to ensure no one is left behind. A key component of the strategy is to ensure individuals who experience mental health problems are not stigmatised or marginalised and experience health and social care services that treat the mind and body in the same way.

The strategy comes at a time when public attitudes towards mental health are improving, and there is a growing commitment among Southwark communities, workplaces, schools and within Government to change the way we think about it. During engagement on the joint strategy Southwark residents were very clear that their priorities were prevention, access, integration, quality, managing crisis and a having positive experience of care. In addition to supporting access to good quality mental health services, the strategy supports the ambition to have a decent place to live, a job and good quality relationships within local communities.

The strategy will also have a part to play in tackling inequalities, with mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination. In 2018 as we deliver against the strategy intent we will employ an approach which aims to build community capacity and coproduce service models that meet the health needs of socially excluded groups through equitable access, experience and outcome.

Finally, I would like to thank all who contributed to the joint strategy content, particularly Health Watch for detailed and constructive feedback which strengthened crisis pathway content, and look forward to moving into the action and delivery phase during 2018-19.

## **RECOMMENDATIONS**

1. That cabinet approves the final version of the Southwark Joint Mental Health and Wellbeing Strategy (2018-2021) (Appendix 2).
2. That cabinet agrees to the development of a delivery plan to implement the actions identified in the strategy.

## **BACKGROUND INFORMATION**

3. In March 2016 the Education and Children's Services Scrutiny Committee and Healthy Communities Committee carried out a joint enquiry to support development of a local mental health strategy. Their findings and subsequent enquiry report brought together a set of recommendations which provided the framework for the current strategy document.
4. Southwark's Joint Mental Health and Wellbeing Strategy has now been finalised after a range of engagement activities with local people and communities. The draft strategy document has been extensively re-written and will go through Southwark Clinical Commissioning Group (CCG) and Council governance processes to seek final sign-off and approval to proceed to the implementation phase.

### **Development of the Southwark Strategy**

5. In August 2016 Southwark CCG and Southwark Council commissioned Contact Consulting Ltd to undertake consultation and drafting of a strategy for Southwark. Contact Consulting went on to complete two open listening events in November 2016 which were attended by over 120 people. This enabled them to identify key local priorities and concerns which they used to inform the development of the strategy document and action areas.
6. The first version of the strategy was completed by Contact Consulting at the end of March 2017. From June to August 2017 the draft strategy went through further re-writes to arrive at the final draft. This draft then went out for final consultation and engagement with local people and stakeholders between August and October 2017.
7. A wide range of Southwark residents attended both periods of strategy engagement (winter 2016 and autumn 2017) and their input has proved to be invaluable in shaping the final strategy document and action plan. Attendees at the engagement events included people using mental health services, carers, local providers and stakeholders, as well as the general public.
8. Other ways of capturing people's views and experiences were also used including patient stories and user journeys, use of the Council's Consultation Hub, engagement with Patient Participation Groups in general practice settings, individual interviews and use of social media including Facebook and Twitter (#Southwarkwellbeing).
9. To fully inform the themes and priorities within the document a comprehensive review of literature was undertaken with the support of the Public Health team. This included collating evidence and best practice guidance, public health data and intelligence, as well as reviews of national and local policy.

10. Input has also been sought from Southwark Council departments to ensure the strategy offered an holistic approach to support, This included Community Safety, Housing, Older Persons' Services and Southwark Youth Council.

### **Governance and oversight**

11. Development of the strategy has been overseen by a reference group with system-wide membership including CCG and Council commissioners and service directors, elected member representatives (Councillor Livingstone and Councillor Dennis), Public Health, HealthWatch, GP Clinical Leads for Mental Health and Children and Young People. The reference group has provided extensive feedback on the different iterations of the document produced prior to this final draft report.
12. The strategy engagement approach was endorsed by the Engagement Advisory Board in November 2016, which has representation from Southwark Council's Community Participation Team, Southwark CCG's Engagement Team and GP clinical leads.
13. Reports on progress of the strategy have been presented to a number of CCG and Council Boards to provide assurance on its development and approach to senior managers and Council members. A summary of engagement and assurance activities is available in appendix 1.

### **Strategic links**

14. This all-age strategy provides a framework for the promotion of positive wellbeing for all Southwark residents, and supports the mental health recovery and prevention agendas. There is a strong emphasis on building resilient communities, enhancing Southwark's universal community and primary care offer and delivering better outcomes for people who have complex needs.
15. The strategy is informed by the national strategy No Health without Mental Health (2011) as well as other legislative and policy drivers such as the Care Act (2014) and Five Year Forward View (2014). The Five Year Forward View for Mental Health (2016) highlights the promotion of good mental health and prevention of poor mental health as a key NHS priority action to be achieved by 2020/21. Southwark's strategy will contribute to the achievement of this goal locally.
16. Interdependencies with local strategies have also been considered including the Five Year Forward View for Southwark (2016-2021), the South-East London Sustainability and Transformation Plan (2016-2021), the Joint Southwark Children and Young People's Strategic Framework (2016), the Southwark Health and Wellbeing Strategy (2015-2020), Child and Adolescent Mental Health Services (CAMHS) Transformation Plan (2015-2020), the Carers Strategy and Suicide Prevention Strategy (2017).
17. As the strategy is implemented it will also be responsive to new initiatives such as Thrive London, a mental health initiative sponsored by the London Health Board and Mayor of London.

## KEY ISSUES FOR CONSIDERATION

### Strategy vision and priority areas

18. The philosophy of the strategy is to shift towards prevention, early intervention, self-care and recovery with high quality, joined-up support closer to home. This moves away from more institutional and hospital-based models of care. The strategy vision is:

*‘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’*

19. A broad range of themes from the various engagement activities were cross-referenced with recommendations from CCG and Council boards and against local strategies to ensure strategic alignment. The five strategic priorities which have been developed are:

#### ***i. Prevention of mental ill health and promotion of wellbeing***

We will focus on intervening early to prevent mental health problems developing, and ensure that there is good education and support available in our schools. We will promote good mental health and wellbeing across all age groups in Southwark

#### ***ii. Increasing community-based care and supporting communities***

We will work towards delivering more community-based care in Southwark and ensure we have a sustainable and resourceful voluntary and community sector. We will support local communities, and publicise the range of community assets available in the borough

#### ***iii. Improving clinical and care services***

We will deliver a sustainable mental health system in Southwark focussing on models of care that generate better outcomes, considering where care is delivered and how it is delivered

#### ***iv. Supporting recovery***

We will place the principles of recovery at the heart of our approach to commissioning. We will ensure that local people are aware of the wide range of local organisations and community assets available in Southwark. We will create opportunities for people to engage in meaningful activities which promote social and community connection

#### ***v. Improving quality and outcomes***

We will deliver improved system-wide outcomes for our residents who live with a mental illness and other issues such as physical health problems. We will focus on improving data and systems to evaluate our progress in patient experience, quality and the efficiency of our services

20. Each of these priorities will require a number of actions to be undertaken: some may require investment while others will require different ways of working with partners and local people.

#### **Strategy implementation**

21. The strategy includes a range of action areas and intentions linked to each of the priority areas. Following final sign-off from Southwark CCG and Southwark Council a delivery plan will be developed which will outline how actions will be implemented over the next three years. Implementation of this strategy will require ongoing co-design with local people, and greater use of asset-based approaches to care and support. The ultimate aim of the strategy implementation process should be to make the best use of the finances and resources available in the borough to improve mental health and wellbeing for all residents.
22. Implementation of the strategy will involve Southwark CCG and Council working collaboratively with local people and organisations, linking in with other developing initiatives such as the Southwark alliance and population segmentation approaches. Officers will ensure that senior CCG and Council managers provide governance and oversight during the development of the strategy delivery plan.
23. Strategy delivery will be overseen by the Severe Mental Illness Commissioning Development Group as well as the Joint Commissioning Strategy Committee. Regular reports will be provided to these meetings and officers will attend overview and scrutiny and other senior boards in order to give a full update on progress.

#### **Risks and advantages**

24. There are no identified risks associated with the recommendations in this report. However, it is possible that risks may become apparent through development and implementation of the strategy and delivery plan.

25. The strategy delivery plan will offer opportunities for improved partnership working across the mental health system, as well as opportunities for greater collaboration with local residents as new services and ways of working are co-produced.

### **Community impact statement**

26. The development of Southwark's Joint Mental Health and Wellbeing Strategy has taken account of the needs of local communities including people identified as possessing protected characteristics. No adverse equalities impacts have been identified at this stage as the strategy aims to better target and support all Southwark residents as its priorities and action areas are developed.
27. The strategy has been reviewed to ensure it does not adversely affect any different communities or groups of people, and contains opportunities to support them positively now and in the future. The vision of the strategy is to unlock the potential of Southwark communities to enable active, resilient citizens. Delivery of the strategy will seek to advance equality of opportunity and foster good relations between people with protected characteristics and those without.
28. It is proposed that an Equality Impact Assessment (EIA) is completed for the delivery plan and any subsequent commissioning intentions required to achieve the objectives identified in the strategy. No specific variations to services are proposed at present.

### **Resource implications**

29. Commissioners within the Partnership Commissioning Team will be responsible for implementation of the strategy in conjunction with CCG and Council partners. As the delivery plan is developed any actions arising which have resource effects will be subject to separate decision-making process.

### **Legal/Financial implications**

30. There are no legal or financial implications at present. However, as the strategy moves to its delivery phase any legal/financial implications which become apparent will be highlighted.

### **Consultation**

31. The strategy has been extensively co-produced with large number of local people and stakeholders through a wide range of engagement activities in winter 2016 and autumn 2017. A summary of the activities and meetings which have informed the final strategy document is available as an appendix to this report.
32. In future commissioners will work with Healthwatch colleagues to develop an engagement plan to support the strategy delivery and implementation process. A regular Public Engagement Forum will be established to ensure local people are able to fully input into the design of new services and ways of working in Southwark.

**BACKGROUND DOCUMENTS**

Background Papers	Held At	Contact
None		

**APPENDICES**

No.	Title
Appendix 1	Summary of strategy engagement October 2016-January 2018
Appendix 2	Southwark Joint Mental Health and Wellbeing Strategy 2018-2021

**AUDIT TRAIL**

<b>Cabinet Member</b>	Councillor Richard Livingstone, Adult Care and Financial Inclusion	
<b>Lead Officer</b>	Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark CCG	
<b>Report Author</b>	Karen Clarke, Senior Commissioning Officer, NHS Southwark CCG	
<b>Version</b>	Final	
<b>Dated</b>	11 January 2018	
<b>Key Decision?</b>	Yes	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Director of Commissioning Children's and Adults' Services Southwark Council	Yes	No
<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutional Team</b>		11 January 2018

## APPENDIX 1

*Summary of engagement activities:*

<b>Engagement Event or Meeting</b>	<b>Date</b>	<b>Version</b>
CCG/Council Strategy Reference Group	October 2016 - May 2017	Draft v1-v4
CCG Clinical Leads and Lay Member Briefings	October 2016 - June 2017	Draft v1-v4
CCG/Council Open Listening Events	15 and 30 November 2017	N/A
CCG South Southwark Locality Patient Participation Group (PPG)	10 January 2017	Draft v1
Council Healthy Communities Scrutiny Committee	19 January 2017	Draft v1
Council Community Council - health and wellbeing exhibition (Peckham and Nunhead Community Council)	28 January 2017	Draft v1
CCG Commissioning Strategy Committee	9 February 2017	Draft v1
Council Education and Children's Scrutiny Committee	27 February 2017	Draft v1
CCG Children and Young People's Commissioning Development Group	13 April 2017	Draft v2
CCG Governing Body Seminar	8 June 2017	Draft v3
Council Camberwell Community Council	21 June 2017	Draft v4
Council Children and Adults Board	28 June 2017	Draft v4
CCG Engagement Advisory Group (CDG Challenge Group)	13 July 2017	Draft v5
Council Scrutiny Sub Committee (Healthy Communities)	13 September 2017	Draft v6
Council Consultation Hub exercise	8 Aug - 15 September 2017	Draft v6
CCG/Council Service User Engagement Event	11 September 2017	Draft v6
Borough, Bankside and Walworth Community Council	21 September 2017	Draft v6
CCG Council of Members	27 September 2017	Draft v6
Council Children and Adults Board	13 November 2017	Draft v7
CCG Commissioning Strategy Committee	7 December 2017	Draft v10
CCG Governing Body	11 January 2018	Draft v16
Council Cabinet	23 January 2018	Draft v16



**APPENDIX 2**

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

**Joint Mental Health and Wellbeing  
Strategy 2018-2021**

**02.01.18**

**DRAFT v 16**

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## 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, NHS Southwark 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 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.

During engagement on the joint strategy Southwark residents were very clear that their priorities were prevention, access, integration, quality, managing crisis and having a positive experience of care. In addition to supporting access to good quality mental health services, the strategy supports the ambition to have a decent place to live, a job and good quality relationships within local communities. We would like to thank all who contributed to the joint strategy content, particularly Health Watch, for detailed and constructive feedback which has strengthened crisis pathway content.

The strategy will have a part to play in tackling inequalities, as mental health problems disproportionately affect people living in poverty, those who are unemployed and people who already face discrimination. In 2018 as we deliver against the strategy we will employ an approach which aims to build community capacity and enables us to co-produce new service models.

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 Council  
Mental Health Champion



Councillor Richard Livingstone  
Southwark Council Cabinet Member  
Adult Care and Financial Inclusion

## 1. INTRODUCTION

Southwark has a young, diverse and vibrant population of approximately 310,000 people. 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 and many visitors and tourists travelling in and out of the borough. Southwark is also a borough which continues to face significant public health challenges, and health inequalities between its populations are widening.

Mental health problems account for the largest burden of disease in the UK, at 28% of the total burden<sup>1</sup>. The numbers of people with mental health problems in Southwark is higher than the London or England average - this is because the borough has relatively more high-need groups. Mental ill health is associated with a wide range of poorer physical and mental health outcomes, including significantly increased risk of earlier death, social exclusion and economic hardship.

People can be affected by mental health problems at any point in their lives; including new mothers, children, teenagers, adults and older people. Good mental health and wellbeing, and not simply the absence of mental illness, has been shown to result in health, social and economic benefits for individuals, communities and populations. Benefits include better physical health, improved productivity, higher incomes, reduced absenteeism, less crime and reduced mortality.

In Southwark we wish to achieve a sustainable mental health system, where high quality, responsive and accessible services result in improved outcomes for those with mental health issues. Mental health services in the borough need to reflect and respond to the needs and wishes of our local population, and be delivered without stigma or discrimination.

We recognise that we need to adopt new ways of working; recognising parity of esteem (valuing mental health equally with physical health), changing the way we commission, 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, whole system approach. It is essential that Southwark Clinical Commissioning Group (CCG) and Southwark Council work together with service providers, the voluntary and community sector, employers, people using services, carers, families and communities. Mental health is everyone's business and everyone has a role to play.

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<sup>1</sup> Ferrari et al (2013), referenced in Southwark's Joint Strategic Needs Assessment, 2017

## 2. 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, Southwark CCG and Southwark Council have developed the Joint Mental Health and Wellbeing Strategy to better understand our population and the challenges they face. A large number of local people and organisations have participated in co-producing this strategy, and they have helped us identify the key priorities that we need to focus on in order to deliver improved borough outcomes over the next three years.

Our intention is to shift our focus to promoting wellbeing and intervening early to support people and their families. To do this we recognise that we need to work together in new ways, and make better use of the wealth of assets that are available in the borough. Making this happen will require improved joint working across organisations in Southwark, and better engagement with local people and communities.

In delivering our vision for mental health and wellbeing we will be guided by the eight principles set out in NHS England's Five Year Forward View for Mental Health:

1. Decisions must be locally led
2. Care must be based on the best available evidence
3. Services must be designed in partnership with people who have mental health problems and with carers
4. Inequalities must be reduced to ensure all needs are met across all ages
5. Care must be integrated, spanning physical, mental and social needs
6. Prevention and early intervention must be prioritised
7. Care must be safe, effective and delivered in the least restrictive setting
8. The right data must be collected and used to drive and evaluate progress

### 3. POLICY CONTEXT

This strategy is fully aligned to the main ambitions and priorities of the following national strategies:

#### **NHS Five Year Forward View (2014)**

The Five Year Forward View sets out a clear ambition for the future of mental health services in England:

- To create genuine parity of esteem (equality) between physical and mental health
- Improve waiting times so that 95% of people referred for psychological therapies start treatment in 6 weeks for a fortnight for those experiencing their first episode
- Provision close to home for those with intensive needs, particularly young people
- New commissioning approaches to transform service delivery

#### **Five Year Forward View for Mental Health (2016)**

This taskforce report describes priorities for change over the next five years. Priorities identified in the implementation plan include:

- **Supporting people experiencing mental health crisis** – by 2020/21 expand crisis resolution and home treatment teams to ensure 24/7 community-based mental health crisis response is available
- **Improving responses to mental and physical health needs** – by 2020/21 more people living with severe mental illness have their physical needs met
- **Transforming perinatal care for children and young people** – fundamental change in the way children and young people's services are commissioned and delivered, more children and young people having access to high quality mental health care when they need it and more women accessing evidence-based specialist mental health care during the perinatal period
- **Access standards and care pathways** – by 2020/21 clear and comprehensive set of care pathways with accompanying quality standards and guidance for the full range of mental health conditions
- **Acute and secure care** – partnership led co-produced standards to ensure acute mental health care is provided in the least restrictive manner and as close to home as possible
- **Tackling inequalities in access and outcomes** – addressing inequalities in access to early intervention and crisis care and rates of detentions
- **Supporting employment** – recognising employment as a crucial health outcome and supporting people with mental health problems to find and stay in work
- **Transparency in data** – to support improvements in commissioning, inform effective decision-making and promote choice, efficiency, access and quality
- **Workforce** – good management of mental health in the workplace and the provision of occupational mental health experience and effective workplace interventions.
- **The Care Act 2014** has changed many aspects of how social care 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.

## Regional Policy Context

**Sustainability and Transformation Partnerships (STPs)** are a new planning framework for NHS services. Our Healthier South East London (OHSEL) Sustainability and Transformation Plan operates across Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. A key aim is to move care out of hospitals into local communities so care can be provided closer to where people live, and to help people live healthy lives and stay well as long as possible.

Mental Health is a cross-cutting theme across all key priority areas in the OHSEL plan, and a specific mental health work programme has been developed which will:

- Develop consistent and high quality community-based care and prevention
- Improve quality and reduce variation across both physical and mental health services
- Reduce cost through provider collaboration
- Develop sustainable specialised services
- Change how we work together to deliver the transformation required.

The key priorities of the Mental Health and Wellbeing Strategy align to the sub-regional STP plan and we will seek to work across geographical 'footprint' boundaries in order to improve outcomes and deliver sustainable mental health provision. Details of OHSEL's Mental Health Regional Milestone Tracker and 12 Work Streams are available in appendix 3 of this document. This will be used to support strategy delivery plans and review.

## Thrive London

Thrive London is an initiative led by the London Health Board (LHB) and the Mayor of London. The Mayor has joined forces with over 200 experts, residents, voluntary, public and private organisations, clinicians and academics to spearhead a city-wide campaign that will support Londoners to lead healthier, happier lives. Through Thrive London six aspirations have been agreed for the capital, which include:

- Supporting more Londoners to maintain good mental health
- Developing a programme to stamp out mental health stigma and discrimination
- Working with schools and youth organisations to get young people involved
- Working with employers to improve mental health in the workplace
- Using digital technology to boost Londoners' access to support and services
- Working with partner organisations to reduce the number of suicides in London.

Southwark will take account of the work of Thrive London as it emerges, and work proactively to introduce new initiatives and pilots collaboratively.

## Local Policy Context

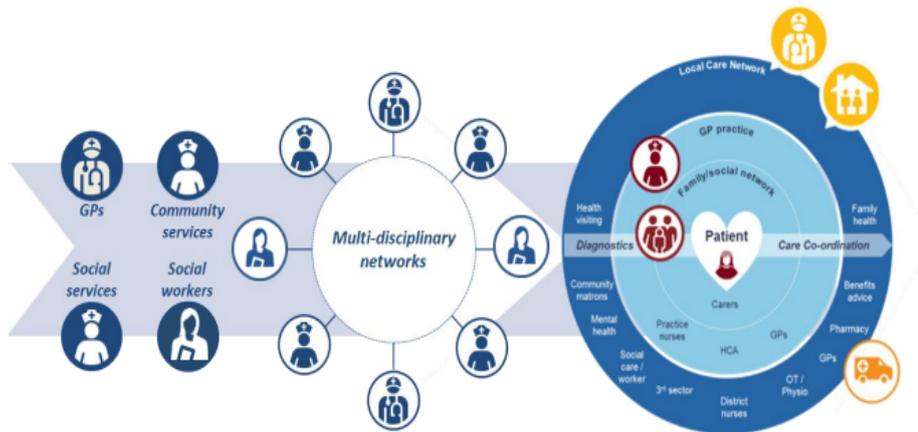
**Southwark’s Voluntary and Community Sector Strategy (2017-2022)** has informed several areas of this Mental Health and Wellbeing Strategy, in particular section 8 below.

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

This document outlines how sustainable models of care for the future can achieve better outcomes for our local population while making best use of the resources available in Southwark. It focusses on:

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

In terms of mental health, the strategy talks to improving complex care pathways, developing more integrated services, strengthening community services and focusing on key vulnerable groups. Southwark’s Five Year Forward View of Health and Social Care highlights a key local ambition to create a much stronger emphasis on prevention and early intervention as well as better integration between health and social care, and wider council services.



What this means for me as a...	Traditional models [Small molecules] <i>Working as isolated units</i>	More integrated working [Small cells] <i>Working as small joined-up teams</i>	Accountable care [Living system] <i>Working as a dynamic and complex system</i>
...service user	<ul style="list-style-type: none"> <li>• Sometimes services are good, sometimes they are not, it's a bit of a lottery</li> <li>• I feel looked after in an emergency but at other times I'm left confused and disempowered</li> <li>• I have to fit around the system and it's inconvenient</li> </ul>	<ul style="list-style-type: none"> <li>• I know more about what is going on</li> <li>• Clinicians know more about what has happened in my care</li> <li>• People ask me about what I need</li> <li>• I'm feeling more confident about how to live well, and what to do when I start to feel like I'm getting unwell</li> </ul>	<ul style="list-style-type: none"> <li>• I feel in control of my life and the care I receive, and I know what's going on</li> <li>• Professionals work together to support me</li> <li>• The little but important things are thought about</li> </ul>
...staff member	<ul style="list-style-type: none"> <li>• I'm isolated with little opportunity to work in a team</li> <li>• I'm frustrated at the lack of coordination</li> <li>• There is little opportunity to sort things out creatively, at the root of the problem</li> </ul>	<ul style="list-style-type: none"> <li>• I get help from others when confronted with complex situations</li> <li>• I'm developing new relationships and connections</li> <li>• I can sort out the things that count</li> </ul>	<ul style="list-style-type: none"> <li>• I feel part of a team and I am learning new things that make me feel more confident in what I do</li> <li>• I feel I'm able focus on the things I'm good at and let others do what they are good at</li> </ul>
...commissioner	<ul style="list-style-type: none"> <li>• I try to take responsibility for detailed pathway design</li> <li>• I focus on the transactional rather than the transformational</li> </ul>	<ul style="list-style-type: none"> <li>• I can spend more time thinking about what people actually want from services (outcomes) rather than just tracking inputs, targets and expenditure</li> </ul>	<ul style="list-style-type: none"> <li>• I spend my time looking at whether we are really delivering quality outcomes for people for the funding we have. I can see the wood for the trees</li> </ul>

Figure 1: New Models of Care - Southwark Five Year Forward View of Health and Social Care (2016)

**The Joint Report on Mental Health Provision in Southwark** (2016) included 33 recommendations made by the Council's Education and Children's Services sub-committee and the Healthy Communities sub-committee. The recommendations will contribute to development of the delivery plan for Southwark's Mental Health and Wellbeing strategy. Covering a wide range of health and social issues that have an impact on mental health and wellbeing, 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 cyber bullying
- Equality of access to services, including for Black and Minority Ethnic (BME) groups
- The importance of reducing stigma and making sure our workforce are trained and has an acute awareness of issues around mental health and wellbeing.

As well as focussing on adults Southwark's Mental Health and Wellbeing Strategy covers prevention and wellbeing in all age groups and so makes the necessary links across to local children and young people's plans. The strategy recognises that support around mental wellbeing and mental health problems should start with early support for new mothers and babies and run through to ensuring mental health and wellbeing is embedded in schools and nurseries.

There is good evidence that supporting good parenting skills and developing children's social and emotional skills can improve mental wellbeing and prevent some mental health problems persisting into adulthood. As 50% of mental health problems are established by age 14 and 75% by age 24<sup>2</sup>, appropriate support for children and young people is crucial. If tackled early problems in adulthood can be reduced and early intervention targeted at younger people can result in greater benefits than intervention at any other time in the lifespan. It can be particularly difficult for looked-after children and young people, who are one of the most vulnerable groups in our society. We know that timely and effective intervention is critical for children and young people who are particularly vulnerable, positively affecting their health outcomes, their life opportunities, happiness and wellbeing<sup>3</sup>.

Southwark's plans include:

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<sup>2</sup> Mental Health Foundation website

<sup>3</sup> Mental health and wellbeing of looked-after children: Govt response to the Committee's Fourth Report of Session 2015-16

- **Southwark Local Transformation Plan for Children and Young People’s Mental Health**

This plan was agreed by the Health and Wellbeing Board in 2015 and refreshed in October 2016. The document 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.

- **Southwark Children and Young People’s Health Education and Social Care Strategic Framework**

A range of local priorities were agreed by Southwark’s Health and Wellbeing Board which are set out in the strategic framework above

- **Care Quality Commission thematic review of services**

Southwark was one of ten areas selected by the Care Quality Commission (CQC) to participate in fieldwork for the Government-commissioned review of mental health services for children and young people in England. CQC visited Southwark in October 2017 to complete a thematic review of services. Initial feedback identified seven themes which included the following key areas:

- Working on partnership and transformation is still at an early stage, work needs to take place to build trust, shared language and systems
- Innovation was evident in Southwark but needed to be joined up at a strategic level. However, there was evidence of development in schools for example where children had an understanding of mindfulness
- Services are complex and fragmented and so there needs to be clarity about pathways and eligibility criteria, there is also a need for care navigators. The referral threshold to CAMHS is high and below that threshold there is a perceived gap
- Ethnic and cultural diversity needs urgent attention with an improvement in cultural competency. Recording of sexuality and gender identity also needs to be improved
- Support in schools needs to be improved as children have more difficulties seeking support after primary school because the system becomes more fragmented. Children wanted teachers to have guidelines about children and mental ill health and to know what CAMHS is. They also felt they should have access to digital CAMHS provision through an app. and guidelines for teachers for when children are feeling unwell

#### 4. FINANCIAL LANDSCAPE

This strategy is the start of a process of consultation and decision-making about where best to direct available resources across Southwark CCG and Southwark Council. All areas are experiencing financial difficulties and constraints at present and so have had to make hard decisions about where best to direct resources.

In this context we are proposing to review the balance of spending and consider shifting our investment towards prevention and primary care, co-producing new models of support with local people and stakeholders. We will pursue plans to join budgets between Southwark CCG and Southwark Council through innovative arrangements such as population segmentation and alliance approaches. We will commission for outcomes so that we can be assured that money we spend has a direct impact on improving outcomes for all people in Southwark.

The table below sets out the 2016/17 spend in the borough:

Budget for Southwark mental health services in 2016/17:	CCG	Council	Total
<b>Child and Adolescent Mental Health Services (CAMHS)</b>			<b>£5,539,000</b>
<b>South London and the Maudsley NHS Foundation Trust (SLaM)</b>	£48,555,960	£694,538	<b>£49,250,498</b>
<b>Increasing Access to Psychological Therapies (IAPT)</b>	£3,300,000		<b>£3,300,000</b>
<b>Voluntary and community services</b>	£401,779	£468,276	<b>£870,055</b>
<b>Supported Housing (forensic, high/medium, medium-low, homeless mental health services)</b>	£1,892,473	£4,712,499	<b>£6,604,972</b>
<b>Nursing and residential</b>		£3,948,727	<b>£3,948,727</b>
<b>Total</b>			<b>£69,513,252</b>

Figure 2: Total mental health spend across Southwark CCG and Council in 2016/17  
\*split of CCG £4,139,000 and Council £1,400,000

NHS national planning guidance for 2017-2019 states 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 CCGs will spend no less than 14.2% of its total budget on mental health. For 16/17 this target was met in Southwark with 14.4% of the CCG budget spent on mental health.

Southwark Council also faces great financial challenges now and into the future, and Government funding reduced by £15m in 2017-18. At the same time as central Government funding decreases, local Children's and Adults' services have experienced increased demand pressures.

The pressures on Southwark CCG and Southwark Council budgets look set to continue well into the future, so we must make the best use of the combined resources that are available to us. We want the resources in Southwark to benefit all of our residents as a population and community, rather than as individual users of separate services.

We will work closely with our partners such as the South London and Maudsley Trust (SLaM) and our voluntary sector providers to review funding arrangements. We will review whether our services provide value for money and consider the outcomes they are achieving for local people. We will also ensure we maintain a strong focus on improving mental health and other services across Southwark.

We believe that we can improve services and outcomes in Southwark in ways that will save money over time, and then invest those savings to make further improvements. This approach follows NHS England's Five Year Forward View for Mental Health, which concludes that new models of care and early intervention services can reduce the costs of providing acute and crisis support later on.

We will particularly target areas where there is unmet need and the potential for savings through early and effective intervention is significant. These include: improving perinatal mental health services for new and expectant mothers; targeting links between physical and mental health; and improving support for recovery and social inclusion (including peer support, improved access to accommodation and employment).

In summary, we will think imaginatively about how we use the resources that we have and work collaboratively to allocate them in the best possible way. We will move towards more integrated commissioning arrangements which we will develop in partnership with local people and communities.

## 5. MENTAL HEALTH IN SOUTHWARK

Southwark's Joint Strategic Needs Assessment for Mental Health (JSNA-MH) was published in 2017 and outlines important data about the incidence of mental illness. It is thought that £1 in every £8 spent in England on long-term conditions is linked to poor mental health. Local data about the incidence of different mental health conditions is also available:

**Common mental disorders** (CMD) include conditions such as depression and anxiety. Results from the 2014 Adult Psychiatric Morbidity Survey (APMS) show that 1 in 6 adults had a common mental disorder (CMD) in the week prior to the survey, rising to almost 1 in 5 adults in London. Applying the London prevalence to Southwark would equate to almost 47,600 adults in the borough experiencing a CMD. Population projections suggest this could increase to around 52,000 adults over the next decade.

According to the 2014 APMS the prevalence of CMD has increased since the previous survey, mainly driven by rises among women with rates among men broadly stable. Almost 1 in 5 women reported experiencing CMD in the past week, compared to almost 1 in 8 men. The gender gap is particularly pronounced among those aged 16-24. Women are also more likely to have severe symptoms of CMD. Applying results from the latest APMS survey to the Southwark population now suggests that 26,300 women in the borough will have experienced CMD in the last week, compared to 16,400 men.

**Severe Mental Illness** (SMI) refers to a range of conditions which include schizophrenia, bipolar affective disorder and depression with psychosis. This cohort has significant health needs and also experiences great socio-economic disadvantage. People with SMI in Southwark are more likely to be male, older and from a Black ethnic background.

The APMS identified a number of factors associated with higher rates of mental disorders:

- The 2014 survey showed that levels of mental illness were higher among people living alone
- Those claiming Employment Support Allowance (ESA) were also identified as a particularly vulnerable group
- In February 2016 there were 6,000 people in Southwark claiming ESA for mental and behavioural disorders, equating to almost half of all claimants
- In the 2014 survey, just over a quarter of adults (27.7%) reported having at least one of the five chronic physical conditions assessed in the study (asthma, cancer, diabetes, epilepsy, high blood pressure).

### Physical and mental health

- People with severe and prolonged mental illness are at risk of dying an average of 15-20 years earlier than other people, mainly due to their poor physical health
- People with long term physical illnesses are likely to suffer from depression or anxiety, but this is often overlooked
- Drug and alcohol problems can occur alongside mental health problems. This 'dual diagnosis' is present in approximately one in five people who are being treated by a community mental health service and is higher in inpatient mental health services or

secure services

### **Mental health across the life course**

- Half of all mental health problems have been established by the age of 14, rising to 75% by the age of 24
- One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy
- During adulthood the role of family, and the workplace are important in mental health and wellbeing
- One in five older people, and two out of five people in care homes, are affected by depression. Many are not treated
- Almost 1,200 people over 65 years old in Southwark have been diagnosed with dementia. Rates are predicted to rise over the coming years as our population ages

### **Southwark mental health services**

Southwark's Joint Strategic Needs Assessment for Mental Health gives a useful picture of the numbers of adults accessing local services:

- In 2015-16 there were 8,325 people in Southwark accessing adult secondary mental health and learning disability services
- Around 1 in 11 (8.7%) of those spent time in hospital during the year, compared to around 1 in 20 nationally (5.6%)
- Nationally Black or Black British ethnic groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for the White ethnic group

Southwark's Children and Young People's Mental Health and Wellbeing Transformation Plan (2017) also gives an outline of local incidence. Almost 10% of Southwark's children and young people are estimated to have a diagnosable mental health disorder. One in five is estimated to have more than one mental disorder (i.e. 1.9% of all children). The most common combinations are conduct and emotional disorders and conduct and hyperkinetic disorders (0.7% of children).

In Southwark, around 23% of children and young people with estimated mental health needs are seen by Child and Adolescent Mental Health Services (CAMHS) compared to international estimates of 25% of children and UK estimates of around 30%.

Southwark also has a high number of detentions under the Mental Health Act:

- 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

Locally the rate of hospital admissions for mental health disorders among children and adolescents are on the rise:

- There were 84 hospital admissions for mental health conditions among Southwark children in 2014-15. While admission rates are increasing they are comparable to the London average
- Around 1 in 10 young people will self-harm at some point, with girls more likely to self-harm than boys. Research in this area is generally based on surveys of those who seek support / treatment after harming themselves, and so are likely to underestimate how common self-harm is

- The rate of hospital admissions due to self-harm among young people in Southwark is increasing, with 122 admissions in 2014-15 compared to 90 in 2012-13.

The Joint Strategic Needs Assessment for Mental Health also reports that despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year. The overwhelming majority of suicides occur among men, mirroring the national picture. The suicide rate increases with age among both males and females, peaking in middle age

### Protective factors for good mental health

There are some factors which can help to prevent or delay development of mental health problems, these include:

- Psycho-social, life and coping skills
- Social support as a buffer against adverse life events
- Access to resources which protect mental well-being e.g. good parenting

Southwark's strategy will strive to improve mental health and wellbeing while taking into account the risk and protective factors for mental health, recognising that addressing the wider determinants of health remains the key to improving mental health and wellbeing.

The World Health Organisation's 2011 diagram gives an outline of risk and protective factors:

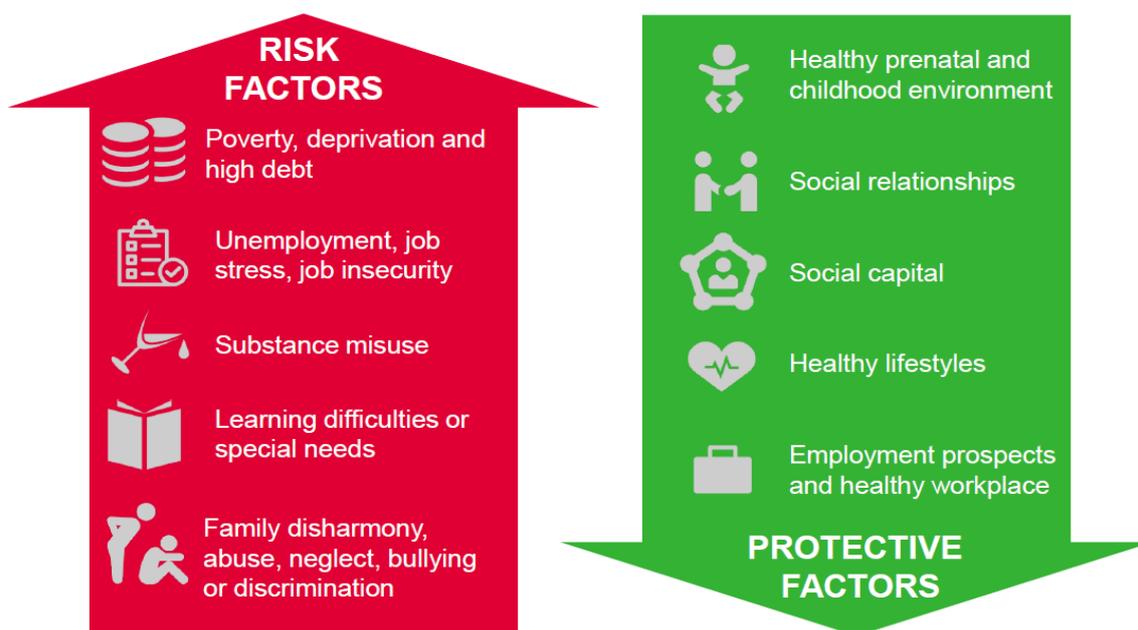


Figure 3: Risk and protective factors for mental health and wellbeing

## 6. STRATEGY APPROACH AND PRIORITIES

This strategy is the start of our journey to enhance the mental health and wellbeing of Southwark residents, to shift our efforts to prevention, preventative services and early intervention, and to transform the experience and care of people with mental health problems, their families and carers. We believe that this is the start of a process of development, innovation and collaboration that will help to:

- Promote population mental health and wellbeing
- Improve the range of and access to mental health and wellbeing services
- Achieve national and local policy imperatives
- Deliver good outcomes and improved value for money

Support for children and young people will remain the bedrock for improved mental health and wellbeing across the life course. We have set out Southwark's plans for the development of good mental health and wellbeing of children and young people in different framework and plans which are referenced above.

A great number of people have participated in co-producing this strategy in two different periods of engagement activity in winter 2016 and autumn 2017. Our strategic priorities have been developed based on extensive feedback from people attending these events including service users, carers, statutory and voluntary organisations, and the general public. We aim to continue co-production activities as strategy action areas are developed and delivered in Southwark.

The five strategic priorities which have been agreed are:

1. **Prevention of mental ill health and promotion of wellbeing**
2. **Increasing community-based care and supporting communities**
3. **Improving clinical and care services**
4. **Supporting recovery**
5. **Improving quality and outcomes**

Each of these priorities will require a number of actions to take place in order to transform services and achieve improved outcomes for Southwark residents. Some of these actions will require investment, and others will require us to work differently to develop new ways of working, new approaches to commissioning and better ways of co-producing services with residents.

## 7. PREVENTION OF MENTAL ILL HEALTH AND PROMOTION OF WELLBEING

**We will focus on intervening early to prevent mental health problems developing, and ensure that there is good education and support available in our schools. We will promote good mental health and wellbeing across all age groups in Southwark**

This priority is a key aim of Southwark's strategy. Support to develop positive mental health and wellbeing can help to 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, better general health, less use of health services and reduced mortality in healthy people and in those with established illnesses.

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.

We will review how to work better across Southwark CCG and Southwark Council departments such as Housing, Regeneration, Children's and Adult Social Care. We will also review the level and quality of support available in our communities for vulnerable, at risk and marginalised groups including asylum seekers and residents from Black and Minority Ethnic Groups. Further work will also take place 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.

### **Early intervention with children and young people**

Intervening early to offer support is crucial in preventing issues escalating into more serious problems, for physical as well as mental health concerns. We recognise that support offered during early years can have a significant impact on mental health and wellbeing over the life course. We have therefore established good links with schools through our Early Help locality teams, which include Child and Adolescent Mental Health Services (CAMHS) workers within them.

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 prevalence within Southwark this amounts to 1,860 (30%) children and young people in 2017/18 and 1,984 (32%) in 2018/19.

We will build on the work of the Lambeth and Southwark Early Action Commission to place increasing focus on tackling preventable causes of ill health and mental distress

such as childhood obesity, unemployment, social isolation and violent crime. 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 also 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 possible. CQC's review of mental health services for children and young people in autumn 2017 has indicated that services are complex to navigate and there is more to do to make the system easier to access.

### **Five ways to wellbeing**

Southwark has a high incidence of many of the socio-economic risk factors that may contribute to the development of mental health issues. Tackling these risk factors is key to supporting the individuals and communities in the borough to develop greater resilience. Wellbeing is more than the absence of illness. Wellbeing can be described as a combination of feeling good and functioning effectively. Hence, it has an important effect on our health. Wellbeing involves development of one's full potential, having control over one's life, having a sense of purpose and experiencing positive relationships (Huppert, 2008).

Evidence suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish. The 'Five Ways to Wellbeing' is a set of evidence-based actions developed by the New Economics Foundation to improve personal wellbeing. NHS Southwark CCG and partners support this approach and the Five Ways which are:

1. **Connect** with people around you (family, friends and neighbours) – these connections can enrich everyday life
2. **Be active** as exercise makes you feel good. This could include walking, running, dancing, cycling or any other exercise that you enjoy
3. **Take notice** and be aware of the world around you, be curious, don't miss what is around you, savour the moment.
4. **Keep learning** and try something new, take up an old hobby or get a new one
5. **Give** as by helping someone else it can make you feel better about yourself. Help your

neighbour or friend out by lending a hand

### **Tackling stigma**

Tackling stigma and discrimination was mentioned during engagement events as an important area to be included in this strategy. Many people with mental health problems experience stigma and discrimination. Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives<sup>4</sup>. This can include discrimination by other people, employers, and self-stigma which significantly impacts on self-esteem and confidence.

There are many misconceptions and myths about mental health that are all too readily reinforced by the media, and there are also a number of important cultural factors that influence attitudes to mental health. Stigma and discrimination have a significant impact because very often they:

- Prevent people seeking help
- Delay treatment
- Impair recovery
- Isolate people
- Exclude people from day-to-day activities and stop people getting jobs.

Stigma and discrimination can be magnified for specific communities, where mental health problems may be considered taboo, for example some Black and Minority Ethnic communities, or where people already experience stigma and discrimination on account of a protected characteristic, for example the Lesbian Gay Bisexual and Transgender community.

We will continue to work collaboratively across health, social care, public health and the voluntary sector to develop approaches to tackling stigma, promoting positive wellbeing messages and raising awareness across Southwark. We will also tackle stigma in the workplace through supporting and advising businesses in Southwark to engage with the Workplace Wellbeing Charter.

### **Addressing the needs of Black and Minority Ethnic groups**

Southwark's Joint Strategic Needs Assessment for Mental Health outlines how mental illness disproportionately affects people from Black ethnicity groups and that they have higher rates of hospitalisation. Other studies have also identified real issues for people from BME groups in accessing adequate and appropriate support. For example, 'Mind the GAP' a report on BME mental health service provision in Croydon, explored the inclusivity and accessibility of local mental health services for BME groups<sup>5</sup>. Key findings from the report included:

- Cultural competency and sensitivity within services - there can be a lack of understanding towards cultural difference and cultural requirements, ranging from

<sup>4</sup> Mental Health Foundation website, 2017

<sup>5</sup> Mind the Gap, Croydon BME Forum, 2015

the provision of food, overcoming language barriers and awareness of cultural issues

- Stigma and BME communities - the stigma of mental illness amongst BME communities creates a barrier to BME service users accessing and receiving support
- Lack of knowledge and understanding of cultural beliefs has an influence on how service users and their families perceive mental health services and treatment
- Poor provision for refugees and asylum seekers - refugees and asylum seekers approach mental health services with complex needs, however not all services are well equipped to respond effectively
- The challenges in delivering talking therapy services to BME service users also need to be recognised and addressed.

During Southwark's engagement activities it became clear that people felt that there needs to be appropriate services for different communities, and that we need to consider that the Western medical model of mental health support may not be appropriate for some Southwark communities.

We will ensure that we monitor take-up and access to different types of services for people from different equalities groups. We will also seek to directly engage with a wide range of people from different ethnic groups to understand their views about services and why they do or don't access them, and how they need to be improved.

### **Improving mental health awareness**

If people are more aware of mental health problems, stigma and discrimination is less likely. Many mental health awareness programmes, for example Time to Change, combine mental health awareness with tackling stigma and discrimination. We will encourage range of activities to take place to promote mental health awareness in our communities, including schools and employers. This will include events, media articles, support to train community leaders, better promotion of local mental health and wellbeing services, promotion of World Mental Health Day. We will also expand and develop the IAPT programme and publicise the support which is available through a marketing campaign. IAPT will target support to people with common mental health disorders by developing plans to better target people with physical health needs, and people from population groups not currently accessing their services such as older people and people from BME groups.

### **Prevention of mental ill health and promotion of wellbeing action areas**

<b>Actions</b>	<b>Description</b>	<b>Owner</b>
Promote the Five Ways to Wellbeing across universal services and community resources	The Five Ways to Wellbeing guidance that people can follow helps to improve their own mental wellbeing	Public Health
Offer MH First Aid training and Faith MH training	Offer training to frontline staff and universal service providers across Southwark	Public Health

Expand the Health Checks programme	Expand to include questions on mental wellbeing and include clear pathways into local services	Public Health
Ensure earlier access to services to support prevention and early intervention	Increase access to a range of community-based interventions to reduce escalation of need  Continue to improve access to psychological therapies	CCG, Wellbeing Hub, IAPT, VCS, SLaM
Improve advice on self-help strategies to reduce or delay the onset of illness	Develop frameworks for people to develop self-help strategies, including use of online options	Big Whitewall, VCS, IAPT
Ensure good quality advice and information is available to all communities	Ensure information about health and wellbeing resources is readily available and accessible to all Southwark people  Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation  Ensure that people with mental health problems have access to advice and support regarding, benefits, financial and housing matters  Ensure information about drug/alcohol services is publicised	CCG, Council, Wellbeing Hub, GPs, VCS, SLaM
Improve support available to BME communities	Ensure a wide-range of support options are available including peer support  Research adoption of the Black Thrive agenda in Southwark  Support development of Wellbeing Champions from diverse communities  Improve cultural competency within the borough	CCG, Council, VCS
Improve support to families and children	Develop models of care that promote evidenced-based family interventions therapies including family therapy	CCG/Council Childrens' and Families Services
The promotion of mental health and wellbeing	For children and young people, services will focus on the early detection of risk including awareness of the impact of ACEs <sup>6</sup> , and the development of resilience and life skills  For people of working age and post retirement, services will focus on ensuring that they live as full and independent a life as possible	CCG, Council, CYP, Wellbeing Hub, GPs, VCS, SLaM

<sup>6</sup> <http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf>

	For older people, there is an emphasis on prevention and enablement, supporting people with dementia and their carers to live well in supportive communities and ensuring dignity in care.	
Promote wellbeing services across the borough	<p>Develop materials which promote Southwark's services including organisations for specific groups such as young people, BME groups, LGBTQ</p> <p>Raise awareness about living well with a mental health problem and publicise support available</p>	Wellbeing Hub, GPs, VCS, SLaM
Tackle stigma	<p>Ensure that there is planned and collaborative effort to sustainably reduce the stigma and discrimination experienced by people with mental illness</p> <p>Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns</p> <p>Advise local businesses to engage with the Workplace Wellbeing Charter , increase the uptake of the London Healthy Workplace Charter by local employers</p>	Public Health, CCG, Council

## 8. INCREASING COMMUNITY-BASED CARE AND SUPPORTING COMMUNITIES

**We will work towards delivering more community-based care in Southwark and ensure we have a sustainable and resourceful voluntary and community sector. We will support local communities, and publicise the range of community assets available in the borough**

### Community-based care

Care and support services need to be accessed in the right place and at the right time. In some cases, hospital may be the right place for people to be cared for but wherever possible, care and treatment should be provided closer to home in community-based settings. We believe that creating more offers of community-based support will deliver better outcomes for our residents.

Southwark CCG and Southwark Council aim to improve the support available to people living in the community by looking at new models of support, such as enhanced primary care mental health support. This will ensure that people who no longer need to be supported in Community Mental Health Teams are able to live independently and be well supported.

We will create stronger partnerships across General Practices and secondary mental health services, as well as the voluntary sector. 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. In Southwark, we will seek to deliver our enhanced primary mental health offer in line with this guidance.

### Asset-based approaches

An assets-based approach recognises that a combination of individual, organisational and community resources exist within local communities that can be mobilised – everyone in a community has something to offer. We believe that there are a range of assets in Southwark that we can build on to deliver this mental health and wellbeing strategy.

In Southwark we are lucky to have a vibrant voluntary sector which ensures that people can stay connected are supported to access care and support services. We want to protect and build on these extensive resources, assets, skills and expertise within our voluntary sector to create an even stronger and empowered community base.

According to the health innovation foundation NESTA:

‘The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health. The vision is to improve people’s life chances by focusing on what improves their health and wellbeing and reduces preventable health inequalities’<sup>7</sup>

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<sup>7</sup> Asset-based approaches in a health and well-being context, NESTA article, 2015

We will ensure that we learn from NESTA and other organisations who have undertaken research or projects in the area of community-based asset development. For example, NESTA and the Health Foundation have recently published the final report of the Realising the Value programme<sup>8</sup>, which was funded by NHS England. This report identifies ten major actions to put people and communities at the heart of health and wellbeing, using the best available tools and evidence. These are their ten calls to action:

**What needs to happen:**

- Implement person and community-centred ways of working across the system, using the best available tools and evidence
- Develop a single, simplified outcomes framework across health and care and community provision, focused on what matters to people
- Continue to learn by doing, alongside further research
- Make better use of existing levers such as legislation, regulation and accountability
- Trial new outcomes-based payment mechanisms to support person and community-centred approaches, and implement these as part of wider national payment reform.

**How people need to work differently:**

- Enable health and care professionals and the wider workforce to understand and work in person and community-centred ways
- Develop strong and sustained networks as an integral part of implementing and scaling up person and community-centred approaches
- Value the role of people and communities in their health and wellbeing, including through co-production, volunteering and social movements for health
- Make greater use of behavioural insights in implementing person and community-centred approaches and spreading change
- Support a thriving and sustainable voluntary, community and social enterprise sector, working alongside people, families, communities and the health and care system.

**Southwark's Voluntary and Community Sector Strategy 2017-2022**

We will be guided by the principles outlined in Southwark's VCS Strategy Common Purpose, Common Cause, which outlines goals to help the VCS thrive and meet the needs of all local communities. The VCS strategy outlines how the public sector, in partnership with the VCS, can enable and support new approaches to secure integrated, more efficient and community-led outcomes.

The VCS strategy focusses on two key strategic objectives:

- To improve outcomes for residents that reduces and prevents future demand on high cost, high demand services

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<sup>8</sup> Realising the value: ten key actions. NESTA, Health Foundation, 2016

- To sustain and build strong, cohesive communities where no one group or community is left behind.

The VCS strategy also outlines several priorities which will be achieved in the next five years, and which link very clearly to some of the Mental Health and Wellbeing Strategy areas. These are:

1. Create better partnership working to improve outcomes for residents
2. Improve commissioning and grant-giving to focus on outcomes
3. Make better use of community assets to revitalise communities and create preventative places
4. Enable and support more resilient communities that are connected and more resourceful

A Liaison Group will retain oversight of the VCS strategy and take responsibility for ensuring the different elements are delivered, through an implementation action plan.

### **Community-based care and supporting communities: action areas**

<b>Actions</b>	<b>Description</b>	<b>Owner</b>
Ensure ongoing engagement with local people and communities	<p>Establish a Public Engagement Forum to oversee delivery of the Mental Health and Wellbeing Strategy</p> <p>Southwark CCG to have a detailed plan in place to improve service user and carer engagement. Ensure the local network of user groups feed back into commissioning services</p> <p>Ensuring ongoing positive links with Thrive London and South-East London STP</p>	Wellbeing Hub, VCS, CCG, Council
Ensure a range of community support options are available in Southwark	<p>Implement the Voluntary Sector Strategy and devise plans to build capacity and resilience in Southwark</p> <p>Explore opportunities to develop Community Connection services</p> <p>Explore opportunities to embed Peer Support models within contracts</p>	CCG, Council
Develop a strong partnership with the community	Statutory services, the voluntary sector and the community will work together to ensure joined up support and care	CCG, Council, Wellbeing Hub, GPs, VCS, SLaM

Develop enhanced primary care services	<p>Develop a mental health primary care strategy which is clearly communicated to Southwark residents</p> <p>Ensure people receive support in the community and are able to access universal and specialist support services</p> <p>Improve the clinical support available to GP practices to reduce the need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health services</p>	CCG, Council, GPs
Provide support to carers	Ensure carers' support is available and publicised across Southwark	CCG, Council, Wellbeing Hub, GPs, VCS, SLaM
Improve knowledge of local support services	<p>Better understand the current and future spending based on commissioning priorities</p> <p>Develop an audit process that will combine community and third sector services as a way to identify any gaps or duplications in provision</p>	CCG, Council, Public Health

## 9. IMPROVING CLINICAL AND CARE SERVICES

**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**

### **New models of support**

We will be working to develop new models of care and support which will change the way we contract and commission health and social care services over the next few years. This will include a population segmentation approach to commissioning. The delivery of this strategy will be linked to the development of new ways of working and commissioning services in the borough.

### **Crisis services**

In development of the Strategy there was a strong message from respondents, including HealthWatch, that the aim should be for Southwark to deliver develop best in class crisis and crisis prevention services that optimise community, primary and secondary care services. We wish to provide services earlier in crisis situations to reduce the duration and severity of illness whilst supporting carers to access the right support. We know that all too often people present at Accident & Emergency (A&E) Departments when they are in crisis, which can result in significant delays to assessment and appropriate treatment. We also know that for some people, their first crisis contact will be through the Police.

### **Prevention**

Southwark's Joint Strategic Needs Assessment for Mental Health outlines how further work is required to understand local care pathways, including current crisis care, and to identify opportunities for improvement. We will review how current pathways can better support more referrals to community services, avoiding A&E and hospital admissions wherever possible. We will also ensure that people and organisations are aware of the support options available in the borough such as the SLaM 24-hour Crisis Support Line and Certitude's Solidarity in a Crisis peer support offer. We aim to fully understand current crisis support in the borough and build stronger preventative support options, recognising that there is a need to move from a medical treatment model to a wellbeing, prevention and early intervention model. Investment in the system needs to shift to reflect this. The need to provide a calm and quiet space in A&E for individuals presenting with a mental health condition is also recognised.

We will deliver timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors:

- At least 60% of people with first episode psychosis starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service are seen within two weeks of referral
- Through increased integrated service delivery models across physical health, mental health & social care, reduce premature mortality of people living with severe mental illness (SMI) driving early detection and expanding access to evidence-based physical care assessment and interventions. Working with Kings Health Partners mind/body programme

- A doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment
- Increased access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.

**Primary care: To maximise the potential for primary care to support people with MH issues in the community, shifting towards GP-led healthcare**

We will build on the work underway to strengthen community mental health service interventions to enable more people to be cared for within primary care. This will support individuals being transferred to primary care and ensure that there are early warning signs and clear recovery plans in place to prevent crisis.

The development of services across the Southwark Health and Social Care economy will support general practice to take a bigger role in the care of their patients with serious and enduring mental health problems. Commissioners, supported by Public Health colleagues, will measure the benefits and outcomes of its recent Adult Mental Health (AMH) team reconfiguration to provide an enhanced primary care support team. This team in supporting the transition and medication pathway will support people as they transition from secondary to primary care, offering support and advice to service users and GPs around a range of issues.

**Health Based Place of Safety**

Southwark CCG and Southwark Council have been part of the implementation of a centralised 'Health Based Place of Safety' (HBPOS) on the South London and Maudsley (SLaM) hospital site at Denmark Hill. The new service ensures that residents detained by the police (under Section 136 of the Mental Health Act) who have mental health issues are supported and provided with expert care. We will build on the successes of the HBPOS site evaluation which has shown<sup>9</sup>:

- The site accepts on average 15 % more admissions than previously across the four sites in that area. The activity increase represents the amount of patients turned away at previous single occupancy sites located in Croydon, Lambeth, Lewisham and Southwark
- Having a dedicated team at the centralised site has meant that it has only been closed once over the past year - a stark improvement - sites were closed 279 times previously over a 12 month period
- The number of individuals detained under section 136 that have had to be taken to A&E before going to the centralised site has fallen - partly due to the fact that the staff based at the pilot site are better trained to address physical health issues
- Individuals detained under section 136 are being admitted to the sites quicker, with 96 % of cases being admitted within 30 minutes of arrival
- The physical environment has been transformed through the new purpose built facility which is much more conducive to recovery
- Service user's satisfaction with the centralised site has significantly improved with 76 % of service users providing positive feedback
- The rate of admission to an inpatient bed has fallen by 13% under the new model following comprehensive assessment by dedicated staff

**Improving the A&E Crisis Pathway**

<sup>9</sup> <https://www.healthylondon.org/pilot-shows-health-based-place-safety-improves-care-lifts-pressure-aes/>

In conjunction with SLaM we have also implemented the Core 24 model for our psychiatric liaison services at Kings College Hospital (KCH) and Guys and St Thomas's Hospital (GSTT). This improves psychiatric support for A&E and the hospital wards and enables hospital staff to have access to specialist advice about managing people in crisis.

Considerable work has also been undertaken with KCH 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 an urgent physical health need, and the patient receives immediate care and attention. The pilot started 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 KCH 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, three mental health suites have now opened within the Urgent Care Centre development at KCH. These are specially designed rooms for mental health patients which are fitted out to ensure they are as welcoming and as calming as possible. By co-locating psychiatric assessment within hospitals, KCH and SLaM are best able to provide advice and treatment for patients who present with multiple issues, for example dementia, self-harm, drug and alcohol addiction and mental health issues. Patients can be assessed in one of the new suites and given further advice and treatment by the most appropriate specialist

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.

### **Improvements Driven by Rich Data**

The strategy will support improvements to the crisis pathway driven by rich data. Work underway by KCH, SLaM and GSTT will be used to inform crisis pathway improvements:

- How many patients are presenting primarily with physical needs so will always need to be at ED initially
- People who are presenting purely with mental health crisis
- Drug and alcohol issues (particularly the difference between intoxicated patients with and without an underlying mental health condition)
- Issues which are about individuals' behaviour but where there is no underlying MH diagnosis
- Looking at age and crisis related to dementia
- Impact on EDs and wards and staff training needs

### **Suicide prevention**

The national suicide rate has been rising since 2007 and every day in England approximately 13 people will take their own life. Southwark's Joint Strategic Needs Assessment for Mental Health details how there are on average 26 deaths by suicide a year and an average 4 deaths per year were patients who were known to mental health

services. Southwark's Suicide Prevention Strategy and Action Plan is currently being developed and will be completed by Spring 2017. This Mental Health and Wellbeing Strategy will link to the objectives and actions outlined in the Suicide Prevention Strategy, and there are also linked governance arrangements. It is our ambition to greatly reduce the number of preventable deaths across Southwark as well as to reduce the burden of self-harm and attempted suicides.

### **Transitions between services**

A lack of transition planning between services can contribute to poor outcomes for 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 peoples' life chances and on 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.

### **Community-based support for people with complex needs**

We recognise that there are gaps in provision and co-ordination for people living in the community who have complex needs but who do not meet the eligibility threshold for support from statutory services. People may have a range of issues which include mental illness, personality disorders, substance misuse and social exclusion. People in this situation may experience difficulties in maintaining a tenancy or accessing appropriate local support services. Unfortunately some people in this situation may be at risk of causing nuisance or anti-social behaviour (ASB) which can have a great impact upon their neighbours and local communities. We also recognise that some people with complex needs may also be victims of harassment and abuse themselves and require support to live safely in their homes.

We need to work together to deliver appropriate, joined-up responses to support people in need in the community and manage any instances of anti-social behaviour, ensuring that people are referred and signposted to services which can offer them the support they need. Southwark's Wellbeing Hub, for example, can support and direct people to local services where they can be supported with a wide-range of issues.

We are committed to continually seek learning opportunities and closer collaboration across the mental health, substance misuse, community safety and housing sectors. We will look at guidance and good practice to help deliver joint working strategies to better manage the challenges posed by anti-social behaviour in the community. London Councils, for example, has produced recommendations to ensure that health, social care and community safety partners collaborate at a local level to meet the challenges posed. They suggest that local partners:

- Improve awareness for front-line community safety staff to better identify early

signs of mental illness, disability and personality disorders.

- Consider developing a shared framework for identifying risk and vulnerability and raising safeguarding alerts.
- Collaborate to achieve better outcomes following the discharge of mental health patients where there have been problems related to ASB, drawing on good practice
- Develop a common approach and language across professional boundaries, with a view to securing the outcomes that individuals need, drawing on good practice 10

We will implement new cross-Council and inter-agency support across mental health and drug and alcohol services, and review how support workers can be embedded within housing and community services. We will also develop improved pathways and processes for stakeholders to come together to address concerns, ensuring that key partners such as the South London and Maudsley Trust and Police are involved in regular forums to discuss concerns for local residents.

### **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. In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period. Without appropriate treatment, the negative impact of mental health problems during the perinatal period can have long-lasting consequences not only on women, but their partners and children too. When problems are diagnosed early and treatment offered, 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 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. 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. The impact of adverse childhood experiences (ACEs) is as harmful for all aspects of health throughout the life course is based on a growing body of international evidence.

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10. Anti-Social Behaviour and Mental Health, London Councils, 2014

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.

### **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 issues in older adults can include a range of conditions such as depression, schizophrenia, suicide, alcohol and substance misuse. We also 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.

We will support older people living with functional and organic mental health conditions 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 illness 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. 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 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.

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 Southwark CCG and Southwark Council.

We are also 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's Award Winning 'Barbara's Story'.

### **Talking therapies**

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.

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 residents.

### **Improving clinical and care services action areas**

<b>Actions</b>	<b>Description</b>	<b>Owner</b>
Develop new approaches to care and support which improve outcomes for local people	<p>Develop new models of support and joint working arrangements</p> <p>Develop outcomes-based commissioning approaches and new assessment frameworks</p> <p>Evaluate the effectiveness of new and innovative approaches such as digital health assessment tools, apps and online support options</p> <p>Explore expanding social prescribing</p>	CCG, Council, Public Health, VCS, Healthwatch, service users, carers, local residents
Review transitions and	Review and improve transitions between services	CCG, Council,

service pathways	<p>- ensure effective access for children and young people to mental health provision and ensure effective transition between adult and mental health services</p> <p>Improve pathways between secondary care and primary mental health services, as well as pathways for physical and mental health, and other pathways such as those for homeless people</p> <p>Ensure that substance misuse co-occurring with mental health problems is managed effectively</p> <p>Ensure that at risk/vulnerable groups experience equitable access and are prioritised as appropriate</p>	CYP, GPs, IAPT, dual diagnosis services
Review crisis service provision	Review data from Acute and Mental Health Trusts to deliver an optimal pathway for patients with psychiatric illness who require admission (both psychiatric and medical)	Local Trust Medical Directors, CCG Commissioners and HealthWatch
Reduce suicide rates in Southwark	Develop and implement the suicide prevention strategy and plan	Public Health
Improve support available to people living with complex needs in the community	<p>Develop a multi-agency approach to support, establishing regular meetings/forums and good practice guidance</p> <p>Agree resources and training required to improve support to people with complex needs</p> <p>Review how mental health workers can be co-located within housing and community services</p>	CCG, Council, SLaM, DAAT, Community Safety, Housing
Perinatal mental health	<p>Support women and families, identify mental health problems early and deliver care in line with NHSE guidelines</p> <p>Roll-out the enhanced perinatal service</p>	CCG
Improve support to children and young people	<p>Complete a joint review of CYP mental health services in line with Southwark's FYFV. Review our early help offer</p> <p>Improve the way that early years education, children's' centres, social care and VCS work together</p> <p>Implement the Integrated Wellbeing Service for Young People</p> <p>Work with other London boroughs to ensure we have the right in-patient provision for CYP</p> <p>Develop peer support for vulnerable young people who may not engage with MH services</p> <p>Ensure mental health support for children in care and care leavers is most effective as possible</p>	<p>CCG, Council, Children and Families</p> <p>CCG, Council, VCS</p> <p>Youth Offending service</p> <p>CCG, Council, Children and Families</p>
Continue support to	Build on our evaluation of our training pilots in	CCG, Council,

schools	<p>schools to increase MH awareness and improve wellbeing. Include bullying and cyber bullying</p> <p>Review our local Healthy Schools programme</p>	Education services
Older people and dementia	<p>Review residential and other accommodation options</p> <p>Support people with early onset dementia to remain in employment to live independently. Develop a simplified dementia pathway in Southwark</p> <p>Improve support to people with complex behaviours associated with dementia/MH needs. Deliver a model of care with a highly skilled multi-disciplinary team.</p>	<p>CCG, Council, VCS</p> <p>CCG, VCS, SLaM</p>
Expand IAPT services	<p>Review and increase IAPT services to meet national targets and requirements</p> <p>Ensure IAPT services are well-publicised and easily accessible to all residents including people from hard-to-reach group</p> <p>Ensure IAPT services become embedded within acute and physical healthcare pathways</p> <p>Improve waiting times for one-to-one cognitive behavioural therapy</p> <p>Provide support while people are waiting for psychological therapies, particularly by the provision of online therapy and guided self-help</p> <p>Provide psychological therapies alongside primary mental health services and other sites in the community, making these services closer to home.</p>	CCG, SLaM, IAPT

## 10. SUPPORTING RECOVERY

**We will place the principles of recovery at the heart of our approach to commissioning. We will ensure that local people are aware of the wide range of local organisations and community assets available in Southwark. We will create opportunities for people to engage in meaningful activities which promote social and community connection**

By 'recovery' and 'the recovery approach' we mean people staying in control of their lives despite experiencing a mental health problem. The principle of this approach is not necessarily about recovering from a mental illness. It is the belief in everyone's ability to live the life they want, working with their experiences and symptoms, being part of communities, having relationships, work and leisure opportunities, and using services when needed to make this possible. The Recovery Model, which now underpins the philosophy of many mental health services, was developed and campaigned for by people with lived experience, often working alongside service providers.

Putting recovery into action means focusing care on supporting people to live the life they want to lead and building their resilience, not just on treating or managing their symptoms. Recovery is not about 'getting rid' of problems - it is about recognising and fostering people's abilities, interests and aspirations. 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.

Feedback from our engagement events and from voluntary organisations and faith groups gave important insights into how people viewed recovery and what was needed to make this a reality. Stable or supported housing, learning opportunities (including adult education), art and leisure opportunities, and keeping well through physical activity and healthy lifestyles were all raised as important things to help a person with mental health problems to live well.

### **Improving community connection**

There are a number of factors such as social isolation and lack of support which can have a profound impact on mental health and wellbeing. During our engagement activities people told us of the importance of local organisations in supporting good health and wellbeing, and in reducing isolation and loneliness. However, a common concern was that people were not aware of where and how to access these resources, and concern was particularly expressed that people who are very isolated may have extreme difficulty using local services. Local people need to be aware of where and how to access the broad range of support available, and we need to ensure we fully understand and publicise the range of community assets in Southwark. This also includes the need to clearly publicise advice and information services, and the need for support with housing, debt and benefit issues was also raised frequently during our engagement events.

Promoting access to good jobs for people who have mental health problems can also be important, as it helps to give a sense of purpose. As the Mental Health Foundation notes:

'There is a strong link between the recovery process and social inclusion. A key role for services is to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else. There is a growing body of evidence that demonstrates that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery'<sup>10</sup>.

### **South London and Maudsley Trust Recovery College**

We will promote the above, which offers a learning approach that complements the existing services provided by the Trust. Every course and workshop which is offered is co-designed and co-run by trainers with lived experience of mental ill health working alongside trainers from the mental health professions.

Courses are free of charge and open to:

- People who use SLaM services
- Supporters (carers, family and friends) of the above
- People who have been discharged from SLaM services within the last six months
- Supporters (carers, family and friends) of the above
- Volunteers and peer supporters working with SLaM
- SLaM staff

### **Employment and housing**

Research indicates that work is good for our physical and mental health. However, nationally, less than 10% of people using secondary mental health services are in paid employment yet at least half would like the opportunity to be in work. 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 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.

A settled home in good quality accommodation is vital for good mental health and the core recovery principles of hope, aspiration and choice. 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. In Southwark, we have reviewed our mental health supported accommodation provision across Southwark CCG and Southwark Council. We will create an improved pathway to promote recovery and step down from high support placements. We will also review placements that are out of borough to ensure quality care is being delivered, and ensure that care is provided in Southwark where appropriate.

This strategy clearly sets out our ambition that people in Southwark are supported to live

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<sup>11</sup> Mental Health Foundation website, 2017

and stay well in their community. It aims to improve the social networks of people with mental health issues and tackle housing, employment and physical health concerns on an ongoing basis, with access to mental health care available locally as needed. We also aim to harness the potential for new ways of working together, and better delivering support to ensure people feel connected to their communities.

### **Supporting recovery actions areas**

<b>Actions</b>	<b>Description</b>	<b>Owner</b>
Improve the support available to people living in Southwark	<p>Ensure that all services adopt an approach to support which recognises individuals' strengths and assets, offering them as much choice and control as possible</p> <p>Ensure the voluntary and community sector work together in an integrated way to ensure appropriate care is provided in the right place</p> <p>Ensure people are supported to deal with housing, benefits, debt or other issues which may be affecting their health and wellbeing</p> <p>Ensure support services are well publicised and promoted across the borough</p>	CCG, Council, SLaM, VCS, GPs
Involve local people in the design and delivery of services	<p>Use co-design with the community to help implement this strategy</p> <p>Consider how peer support and volunteering approaches such as timebanking can be developed in Southwark</p>	CCG, Council, service users, carers, VCS
Develop new approaches to care and support which support people to live as independently as possible	Rebalance the system to shift investment into prevention, early intervention and recovery, and reduce unnecessary use of inpatient beds	CCG, Council, SLaM
Improve employment support for people in Southwark including people with mental health needs	<p>Liaise with local employers and other partners to ensure improved access to work and training options</p> <p>Enable Community Accreditation for businesses in Southwark to be wellbeing champions</p> <p>Build on progress made by the local programme <i>Southwark Works</i></p>	CCG, Council, SLaM, VCS
Improve supported housing options and pathways	Ensure a range of support housing options are available and that people are able to step-down into more independent accommodation options	CCG, Council, VCS

## **11. IMPROVING QUALITY AND OUTCOMES**

**We will deliver improved system-wide outcomes for our residents who live with a mental illness and other issues such as physical health problems. We will focus on improving data and systems to evaluate our progress in patient experience, quality and the efficiency of our services**

There is more that we could know about the mental health and wellbeing of people in Southwark and the effectiveness of the services they are using. By collecting and analysing information we can understand better how services are performing and what more needs to change. The availability and use of good quality information about population need and service use is critical to effective commissioning. The use of quality data is particularly helpful in understanding the use of services by people by protected characteristic, thereby helping to understand how we can develop services that genuinely promote equality of access.

We will ensure that we monitor quality through performance monitoring so that we can determine whether services are offering high quality support to Southwark residents. We will also monitor whether services offer value for money, and will be consistent and transparent in the way we prioritise investments and any changes to mental health care.

Quality in terms of people's experience of care, their safety, and the effectiveness of the support and care they receive is important across every service. During the co-production of this strategy we heard a broad range of views from people about the quality of services, in particular about GPs, Talking Therapies, the Community Mental Health Service, and inpatient services.

We aim to develop a methodology to evaluate the success of changes to services which occur in light of this strategy, so we can effectively communicate progress made in improving outcomes. We will ensure we keep up-to-date with national activity to develop better systems for monitoring the mental health and wellbeing of the population and their response to the care they receive, including the Mental Health Services Dataset (MHSDS).

A clearer understanding of local mental health service provision is required, in terms of both activity and cost. Additionally, we need to better understand the characteristics of those currently accessing voluntary and statutory services and attempt to understand reasons for different rates of access. Severe mental illness disproportionately affects people from different groups, and we are aware that nationally Black or Black British ethnic groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for the White ethnic group. Southwark has higher rates of psychiatric hospital admissions than the national average which may be reflective of our ethnic diversity. This could be indicative of a greater and more complex need for mental health and learning disability services among this population group.<sup>12</sup>

<sup>12</sup> Southwark Joint Strategic Needs Assessment for Mental Health, 2016

### **Outcomes-based commissioning**

An important part of developing a more collaborative approach between organisations will be to align their efforts to the achievement of shared outcomes. Southwark's common outcomes framework has been produced following the launch of Southwark's Voluntary and Community Strategy in 2017. The framework sets out the overall vision for commissioning and relationships with Southwark providers in future, which will be based on outcomes-focused commissioning arrangements and specifications:

To build and sustain strong, cohesive communities where no one group or community is left behind				
Safer communities	Healthier communities	Engaged communities	Greener communities	Vibrant communities
Residents have an improved understanding of their rights and responsibilities resulting in greater community ownership	Residents have improved access to community services	Residents are given more opportunities to provide feedback that improves services	Residents are more able and willing to access community spaces especially local green spaces	More young people feel ready to engage with their education
Residents feel safer where they live, work or socialise and know where to get support	Residents and their families and carers are fully involved in planning their care and feel services are provided in a holistic way	Residents have increased opportunities and support to volunteer	Residents and organisations are more able to look after designated green spaces	More young people feel ready for work, to train or able to start and grow their own business
Children and young people feel safer in their neighbourhoods and in Southwark	Residents feel that they have access to services to improve their wellbeing	Residents have the skills and confidence to increase their use of online services and there is less digital exclusion	Residents increase their use of public transport, cycling or walking around the borough	Residents are supported to maximise their income and manage their money better
Residents across communities are more confident in reporting issues when they arise	Residents feel more confident to maintain their independence without the need for higher levels of support	Organisations can demonstrate they work more frequently in partnership across communities	Residents and organisations feel more able to use green spaces to support social action and health and wellbeing activities	Residents have greater access to apprenticeships and a range of quality job opportunities which are fairly paid and sustainable, including residents who have disabilities or long- term health conditions
Residents feel treated with respect and listened to through ongoing engagement and collaboration	Residents are able and confident to access appropriate mental health services	More residents taking part in local decision making	Increasing numbers of residents and organisations support initiatives to make Southwark greener	Small businesses are more able to access support to become sustainable
Residents feel more able to access services at an early point and in times of crisis	Children, young people and families feel more supported and able to access appropriate health and wellbeing services for the best start in life	Residents feel more involved in planning and decision making about changes to their local area which impact on their lives e.g. the built environment, planning decisions and regeneration initiatives	Residents across communities feel able to engage in the design of the public realm	VCS organisations work in partnership to increase investment in local services from sources that statutory organisations cannot access
More residents are helped to feel more secure in their homes	Residents feel more able to live in accommodation which is warm, dry and safe, and appropriate to their needs	Residents and organisations have greater access to community spaces and premises		Residents across communities have access to a broad range of cultural activities and organisations in the creative economy are more able to access support
Fairer Future Vision				
Southwark Five Year Forward View				
Common Purpose, Common Cause – VCS Strategy				

Figure 5: Southwark Common Outcomes Framework 2017

### Whole system focus

Arrangements for commissioning and providing mental health services have made it difficult to develop a full picture of how the different parts of the whole health and care system can work together to meet the needs of both individuals and the population as a whole. It will be important to find ways to move away from commissioning and providing services that lead to fragmentation towards approaches that support better co-ordination and collaboration. This will mean co-producing more integrated approaches to commissioning services between NHS and local authorities, between primary care and specialist mental health services, and between NHS and VCS organisations.

### **Improving quality and outcomes action areas**

<b>Actions</b>	<b>Description</b>	<b>Owner</b>
Capture qualitative information from ongoing co-production and engagement activities	<p>Arrange regular engagement activities and forums to engage with local people and communities, and ensure information is captured and available as feedback to those audiences</p> <p>Through co-production involve individuals and carers more closely in decisions about the shape of future service provision</p>	CCG, Council, VCS, service user, carers, local people
Focus on ensuring good quality care and support is delivered in Southwark	<p>Ensure services are integrated and meet the health and social care needs of residents, including Council duties under the Care Act 2014</p> <p>Ensure the voices of people using services and carers are considered as part of new service developments and review</p>	CCG, Council, VCS, service user, carers, local people
Ensure data is available and used to inform service developments and reviews	<p>Agree a quality assurance framework to provide information on performance and to ensure the associated risks to delivery are being managed</p> <p>Utilise primary and secondary care data systems to improve understanding of those diagnosed with mental health issues and those accessing local services</p> <p>Improve the identification of people with CMDs through training and development and sharing of best-practice</p> <p>Ensure equalities data is collected by all services and used to inform service reviews and new service developments</p>	CCG, Council, Public Health
Ensure local services are high quality and provide good value for money	Complete benchmarking study with other London boroughs. Undertake a literature review of evidence based interventions to improve local mental health outcomes as well as reviewing examples of best practice	CCG, Public Health
Improve data sharing arrangements	Improve sharing of information between local agencies involved in the mental health agenda	CCG, Public

	<p>e.g.: police, probation, and third sector organisation</p> <p>Explore options to conduct a local suicide audit to improve understanding of suicide cases and contributing factors</p>	Health
Develop outcomes-based commissioning framework	Co-design an outcomes framework to support delivery of new commissioning and contracting	All

## 12. HOW WE WILL DELIVER SOUTHWARK'S STRATEGY

This strategy represents NHS Southwark Clinical Commissioning Group (CCG) and Southwark Council's commitment towards working in partnership to improve the mental health and wellbeing of the local population. A range of actions have been highlighted which were based on feedback from the extensive engagement activities undertaken with local people. National and local policies and strategies were also considered and used to inform development of the strategy. The Five Year Forward View for Mental Health in particular has provided the framework for development of this strategy.

Our core aims are to:

- Continue co-production and co-design by involving local people in the implementation of this strategy. We will design ways for people who took part in the strategy events to help co-produce the solutions on an ongoing basis, ensuring that feedback is given to those that contribute
- Rebalance the system in favour of prevention and early intervention, with a key role for public health and local prevention plans. Tackle the social determinants of mental health problems, addressing stigma and targeting those most at risk. We recognise and will continue to support the vital role of our local voluntary and community sector organisations
- Develop a seamless 'all age' approach across the life course, integrating this strategy to local plans for children and young people's emotional wellbeing and mental health
- Improve support for people with mental health issues who have multiple needs such as substance misuse, homelessness and physical health issues and ensure that they get the help they need and do not slip through gaps between services
- Recognise the support and information needs of the families and carers of people experiencing mental health problems, as well as their strengths and assets
- Improve the continuity of care at points of transition, whether that is discharge from inpatient services into community-based care or reconfiguring services to support young people with mental health needs in transition to adulthood as part of an all age approach to care and support
- Ensure all services are provided with humanity, dignity and respect, and that people from all communities in Southwark, including people from groups with protected characteristics, are able to access a wide range of support services
- Work with Thrive London and the Sustainability and Transformation Partnership to seek opportunities to pilot new ways of working within Southwark services

### **Development of new service models**

All areas are now facing the challenge of how to improve the quality and productivity of services, and how to do this at a time when the desired level of investment in services may not be possible. One way forward is to ensure that we are aware of innovation and best practice in other areas which can be adapted locally.

The Five Year Forward View for Mental Health identifies three priority areas where innovation is likely to have the greatest impact and which we will consider in Southwark:

- new models of care - to stimulate effective collaboration between commissioners and providers to develop integrated, accessible services for all local residents
- expanding access to digital services - to enable more people to receive effective care and provide greater accessibility and choice
- a system-wide focus on quality improvement - to support staff and patients to improve care through effective use of data, with support from professional

networks.

Another key recommendation from the Five Year Forward View for Mental Health is that care must be integrated – spanning people’s physical, mental and social needs. This should be achieved through partnership working across NHS, public health, voluntary, local authority, housing providers, education. Integrated population-based commissioning will combine health and social care spending power to improve mental health outcomes. To support the changes required we will increasingly join commissioning budgets and contracting arrangements, moving away from a system with many separate contracts. An important part of developing this more collaborative approach between organisations will be to define clear, shared outcomes.

The Next Steps on the NHS Five Year Forward View (2017) highlighted the need for further integration across health and care, through Sustainability and Transformation Partnerships and through the creation of population-based commissioning models. NHS Southwark CCG and Southwark Council are committed to developing an integrated approach to transforming services, and have been working together on implementing a population segmentation model.

We will focus on inclusive contracts for defined segments of the population that cover all of the various physical health, mental health and social care needs of people within that group. We will refocus our commissioning to support this approach, with services which are more responsive to the social and clinical needs of people within each segment.

A decision has been made to use the ‘Bridges to Health’ model and apply it within a Southwark context. Population-based commissioning models such as Bridges to Health look at patients/service users not just as individuals but as a part of a wider population. Such models aim to reduce fragmentation, prevent duplication between services, ensure clear entry points into the system, address workforce challenges and ensure long-term sustainability. In future we will work differently with our providers and local populations, acknowledging that the current system is unsustainable without large-scale transformative change.

By moving to a population-based model we believe we can drive a range of financial and quality benefits for commissioners and local people. This will be achieved through more co-ordinated and integrated care, delivering care in lower cost settings and by fully co-producing new services and ways of working with local people and communities. Investment in population wellbeing, prevention of mental disorder and early treatment of illness can result in significant economic savings even in the short-term. Due to the broad impact of mental disorder and wellbeing, these savings may occur in health, social care, criminal justice and other public sectors.

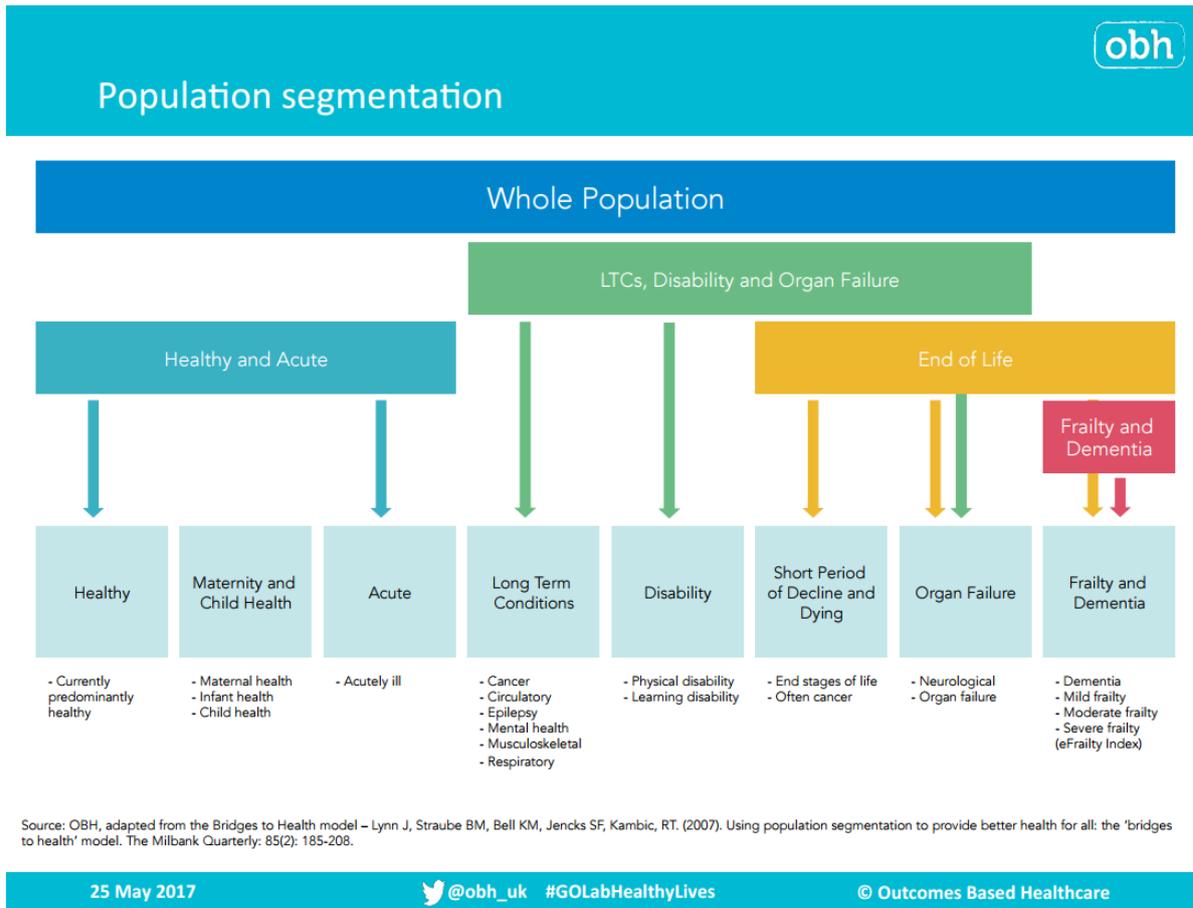


Figure 6: Bridges to Health population segmentation model

## Governance and delivery of the Mental Health and Wellbeing Strategy

We will develop detailed delivery plans against the five priorities set out within the strategy. Southwark's Severe Mental Illness Commissioning Development Group (CDG), Children's and Adults' CDGs and the Health and Wellbeing Board will monitor these actions to consider how well we are delivering against the strategic priorities identified in the document. We will also establish a forum of stakeholders to help develop the delivery plans and track progress against actions and outcomes achieved. We have welcomed the input of Healthwatch and other local organisations and will continue to work in partnership to review strategy implementation, appreciating their understanding of the experiences of people using services, carers and local people in Southwark.

We will review the impact of the strategy and its delivery plan on a regular basis, and consider where adjustments need to be made to reflect changing national or local priority areas – we acknowledge that plans will be live and may change to reflect progress and new priorities as they arise. Every year we will hold a public review meeting to feedback on strategy progress and how well strategy priorities are being delivered. We will also ensure that any changes to strategy areas or delivery actions are fully communicated at these events.

We also aspire to develop a more networked approach to mental health support in Southwark, taking learning from other areas where a community of providers, support agencies, statutory organisations and local people all work together to support people to

live well. We will review whether more 'hub and spoke' approaches to support can be developed which can support a network of entry points to statutory and voluntary services in the borough.

### **Measuring progress**

We will co-produce measurable outcomes that will show us what impact the delivery of the plans has had on the mental health and wellbeing of the people of Southwark. We also expect that more integrated measures will be developed during the lifespan of the strategy as population and outcomes-based commissioning approaches are developed in the near future.

We will develop a mental health strategy data framework to gather data to support monitoring, and will consider how to increase use of digital tools and electronic information. We will aim to align the Mental Health and Wellbeing Strategy monitoring plans to other strategies such as Southwark's Suicide Prevention Strategy (Preventing Suicides in Southwark. Our Strategy and Action Plan, 2017-2022). This will ensure that both strategies can be cross-referenced and reported on together at different governance meetings and forums.

## Glossary

**Accommodation Pathway.** A structured approach to meeting accommodation needs for people with mental health issues, stepping down from inpatient provision to independent community based accommodation

**Acute Care.** Treatment for acute or severe mental illness, which may include care as an inpatient in hospital or intensive support in the community

**Care Act 2014.** Replaced most previous legislation regarding carers and people being cared for. It sets out the duties of local authorities, including carers and need assessments, eligibility for support and charging for residential and community care

**Care Pathways.** Set out a process or best practice to be followed in providing treatment, care and support for a patient or client with a particular condition

**Clinical Commissioning Group (CCG).** CCGs are the clinically-led statutory bodies with responsibility for planning and commissioning health and mental health services in their local area

**Community mental health team (CMHT).** Multidisciplinary team that provides specialist mental health support and outreach in the community. CMHTs can include psychiatrists, psychologists, community psychiatric nurses, social workers, occupational therapists and other specialists

**Commissioning.** The process of getting the best achievable health outcomes for the local population, based on assessing local needs, identifying priorities, purchasing services from providers (e.g. hospitals, clinics, community sector organisations) and monitoring performance. Commissioners are professionals with the responsibility for the commissioning process

**Co-production.** The New Economics Foundation defines co-production as an approach to designing and delivering public services through ‘an equal and reciprocal relationship between professionals, people using services, their families and neighbours’

**Core 24 Standard.** Standard requiring NHS care to be available 24/7

**Crisis Care Concordat.** National and local agreements between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis

**Dual diagnosis.** Used to describe a combination of mental health and drug and alcohol problems, which raises specific issues for the delivery of effective care and support

**Five Year Forward View for Mental Health.** This report from the Independent Mental Health Taskforce to the NHS in England, published in February 2016, reviews current mental health provision and future challenges and sets out priority actions for the NHS

**Implementing the Five Year Forward View for Mental Health.** Sets out a blueprint for delivery of the Five Year Forward View, including year on year milestones for delivering the objectives by 2020-21 and funding, investment and savings figures

**Integration.** NHSE – drawing on the work of the National Collaboration for Integrated Care and Support – explains that for health, care and support to be “integrated” it must be ‘person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family ... moving away from episodic care to a more holistic approach ... that puts the needs and experience of people at the centre of how services are organised and delivered.’

**Improving Access to Psychological Therapies (IAPT).** Programme that has expanded access to psychological therapies (particularly cognitive behavioural therapy), with a particular focus on the treatment of anxiety and depression

**Joint Strategic Need Assessment (JSNA).** Document setting out the needs within the local population, produced by Health and Wellbeing Boards

**Mental health crisis.** The mental health charity Mind describes a crisis as a point where someone’s mind ‘is at melting point’, they ‘can’t carry on anymore’ and where there may be an immediate risk of self-harm or suicide, often involving extreme anxiety, having a panic attack or even a psychotic episode

**Mental health services data set (MHSDS).** Provides comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with mental health services

**Multiple Needs/Complex Needs.** Used to describe people with a combination of several problems at the same time, which may include mental ill health, drug and alcohol misuse, homelessness, offending and family breakdown. People with multiple and complex needs can find it difficult to access appropriate services

**NHS England.** Leads the NHS in England, setting priorities and direction

**Parity of Esteem.** A concept which emphasises equal status, and specifically that mental health should be regarded as equal to physical health in terms of importance, focus, funding, etc.

**Perinatal.** Relating to the time immediately before and after birth, usually a number of weeks

**Primary care.** Health services in the community that provide people with a first point of contact and principal point of continuing care; treatment and care led by GPs

**Secondary care.** Specialist health and mental health services (e.g. services provided by Community Mental Health Teams and inpatient hospitals)

**South London and Maudsley Foundation Trust (SLaM).** South London and Maudsley NHS Foundation Trust provides a range of NHS mental health services including the Maudsley Hospital and Bethlem Royal Hospital

**Supported housing.** Housing with additional support to help people with mental health problems to live independently. Supported housing can range from receiving help with things like budgeting and accessing services in your own home ('floating support') to a communal setting with resident support workers and/or therapists

**Sustainability and Transformation Plans (STPs).** Every health and care system in England is required to produce a plan showing how local services will evolve and become sustainable and deliver the Five Year Forward View for the NHS.

## APPENDIX 1

The following sets out a summary of engagement to date and plans for final sign off of the strategy:

<b>Engagement Event or Meeting</b>	<b>Date</b>	<b>Strategy Version</b>
CCG/Council Strategy Reference Group	October 2016 - May 2017	Draft v1-v4
CCG Clinical Leads and Lay Member Briefings	October 2016 - June 2017	Draft v1-v4
CCG/Council Open Listening Events	15 and 30 November 2017	N/A
CCG South Southwark Locality Patient Participation Group (PPG)	10 January 2017	Draft v1
Council Healthy Communities Scrutiny Committee	19 January 2017	Draft v1
Council Community Council - health and wellbeing exhibition (Peckham and Nunhead Community Council)	28 January 2017	Draft v1
CCG Commissioning Strategy Committee	9 February 2017	Draft v1
Council Education and Children's Scrutiny Committee	27 February 2017	Draft v1
CCG Children and Young People's Commissioning Development Group	13 April 2017	Draft v2
CCG Governing Body Seminar	8 June 2017	Draft v3
Council Camberwell Community Council	21 June 2017	Draft v4
Council Children and Adults Board	28 June 2017	Draft v4
CCG Engagement Advisory Group (CDG Challenge Group)	13 July 2017	Draft v5
Council Scrutiny Sub Committee (Healthy Communities)	13 September 2017	Draft v6
Council Consultation Hub exercise	8 Aug - 15 September 2017	Draft v6
CCG/Council Service User Engagement Event	11 September 2017	Draft v6
Borough, Bankside and Walworth Community Council	21 September 2017	Draft v6
CCG Council of Members	27 September 2017	Draft v6
CCG Commissioning Strategy Committee	5 October 2017	Draft v7
Council Children and Adults Board	13 November 2017	Draft v10
CCG Governing Body	11 January 2018	Draft v16
Council Cabinet	23 January 2018	Draft v16

## **Draft Joint Mental Health and Well-Being Strategy: engagement activities 2017**

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### **1. Introduction**

This report is a record of the engagement exercises held by NHS Southwark CCG and Southwark Council to finalise the Joint Mental Health and Well-Being Strategy 2018-2021. The exercises included engagement events and a period of online engagement through the 'Consultation Hub' which was available on Southwark Council's website. The aim of these activities was to give an opportunity for local service users, carers, members of the public, GPs and stakeholders to assist with finalising the draft strategy document.

The strategy was written following extensive engagement in November 2016, and was revised following comments from senior staff from Southwark CCG, Council and members of the Strategy Steering Group. The strategy describes the key issues and actions which are needed to improve the mental health and wellbeing of Southwark residents.

Feedback from recent engagement has been collated and summarised, with key themes identified. These themes broadly highlight the areas which people felt were most important in relation to the strategy and how it should be delivered. This information has been used to inform the final version of the strategy document and action plan, and will also play a vital role in shaping the development of Southwark mental health and wellbeing services in future.

### **2. Summary of strategy engagement activities**

#### **2.1 Mental Health and Wellbeing Strategy engagement event: Blackfriars Settlement**

This event was held on the evening of 11 September 2017, and 35 people attended as well as Southwark CCG staff members, the CCG's clinical lead Dr Nancy Kuchemann, and Councillor Richard Livingstone representing Southwark Council.

The format of the event included short presentations to introduce the strategy and future plans, followed by a workshop session and feedback. Councillor Richard Livingstone gave the closing presentation and thanked everyone for attending. The workshop session invited 6 tables of between 4-7 people to discuss a case study in relation to 4 key strategy priority areas. The aim was to discuss how the strategy priority areas would help the people in the case studies and whether there were any gaps. Slides from the engagement report are available in appendix 3.

#### **2.2 Borough, Bankside and Walworth Community Council meeting, St Georges Cathedral**

This Council meeting was held on 21 September 2017, and the Mental Health and Wellbeing Strategy was discussed in the second half of the event. At this event a number of local mental health and other support organisations had set up stalls in a 'market place', offering advice and information to the people attending the event.

The meeting was chaired by Councillor Eleanor Kerslake and attended by around 100 local residents, as well as most of the councillors for the Community Council area. After Council

proceedings at the beginning of the meeting had been concluded the strategy was introduced by Southwark Council's mental health champion Councillor Helen Dennis and a commissioner from Southwark CCG. The coordinator of the Southwark Wellbeing Hub also gave an overview of the work of the Hub and some of the resources which are available to people seeking advice and support in the borough. The meeting then broke into groups to consider individual case studies and how the people in the case studies could be supported to deal with their support needs.

### **2.3 Southwark Council's Consultation Hub**

The Consultation Hub was opened to comments from the public between 7 August and 15 September 2017. A total of 87 responses were received from people and comments have been used to finalise the final strategy document.

### **2.4 Southwark Healthwatch and Southwark Pensioners' Action Group**

Invaluable input has also been provided by both organisations who have read through later versions of the strategy and provided comments and advice on how the document should be finalised.

### **Delivery and Review: 12 Milestones**

NHS Operational Planning and Contract Guidance for the period 2017 to 2019 re-affirmed NHS objectives to implement the Five Year Forward View (FYFV), and also set out the planning and contracting processes to support Sustainability and Transformation Plans and Partnerships. Any local approach to transforming mental health care will take place in line with the national direction, and within the context of the Our Healthier South-East London Sustainability and Transformation Partnership (OHSEL).

OHSEL sees mental health as a key priority and wishes to ensure that those with mental health needs are cared for and treated in the same way as those that require physical health care. Key focus areas include delivering services that address a person's mental and physical health needs in an integrated way, ensuring issues are detected soon enough to avoid people going into crisis and ensuring multiple organisations and professions work together across boundaries to provide more holistic health care for the person.

OHSEL's Mental Health Regional Milestone Tracker has 12 Work Streams with linked targets and these will be used to support strategy delivery plans and review:

Workstream	Activity / initiative	Final Target	Final Target Deadline
CYP	Improved access rate for CYP	TBC*	Mar-21
	% of patients receiving first definitive for eating disorder within four weeks from a routine referral	95%	Mar-21
	% of patients receiving first definitive for eating disorder within one week of an urgent referral	95%	Mar-21
	Number of new CYP under 18 receiving treatment in NHS funded community services in the reporting period	30%	Mar-18
	Reduction in inappropriate OAPs for inpatient CAMHS (Tier 4)	Add baseline	TBC
	Total Number of bed days for CYP under 18 in CAHMS tier 4 wards	Add baseline	Mar-21
Spec Comm	Delivery against regional CAMHS implementation plans in line with the approval by NHSE of the CAMHS T4 service review outcomes	50%+	Mar-18
Suicide	Reduction in age standardised suicide rate	10%	Mar-21
Perinatal	Increase access to evidence-based specialist perinatal mental health care (whole number)	TBC*	Mar-18
IAPT	IAPT access to treatment	19%	Mar-19
	IAPT recovery rate	50%	Mar-21
	IAPT waiting time, 6 weeks	75%	Mar-21
	IAPT waiting time, 18 weeks	95%	Mar-21

Workstream TBC	Activity / initiative	Final Target	Final Target Deadline
EIP	% of people experiencing a first episode in psychosis treated with a NICE approved care package within two weeks of referral	50%	
Liaison	% of acute hospitals meeting core 24 service standard for all adults	50%	Mar-21
OAPs	Reduce the number of OAPs for non-specialist acute care: localities plans in place to eliminate appropriate OAPs by 2020/21.	LSL	Mar-21
		BBG	
SMI	Proportion of people with SMI who have received complete list of physical checks	TBC	
Dementia	Proportion of people with dementia with a recorded diagnosis	67%	Mar-18
Finance	Increase baseline spend on mental health to deliver the Mental Health Investment Standard	N/A	
Data	Ensuring that all providers in regional footprint submit data to NHS Digital	N/A	

<b>Item No.</b> 7.	<b>Classification:</b> Open	<b>Date:</b> 29 January 2017	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Pledging support for the London Mayor's Health Inequalities Strategy	
<b>Ward(s) or groups affected:</b>		All wards	
<b>From:</b>		Director of Health and Wellbeing	

### RECOMMENDATION(S)

1. The Health and Wellbeing Board are invited to:
  - Note Southwark Council's Response to the London Mayor's Health Inequalities Strategy
  - To discuss some potential 'pledges' in support of the London Mayor's Health Inequalities Strategy

### BACKGROUND INFORMATION

2. The Mayor of London published his draft Health Inequalities Strategy in August 2017. The strategy outlines the main issues that lead to inequalities in the health of different groups of Londoners, and a set of aims for reducing them.
3. Despite increases in life expectancy, stark health inequalities persist both within our borough and across London.

### KEY ISSUES FOR CONSIDERATION

4. The Mayor's Draft Health Inequalities Strategy emphasises a Health in All Policies approach and focuses on five key areas: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits.
5. The draft strategy outlines the Mayor's role, but also how other organisations working in health in London can work together to ensure that all Londoners benefit from the reduction of health inequalities.
6. In November 2017, Southwark Council responded to the draft strategy consultation with our views on the strategy, what we're already doing, how we can help and what the mayor could do to achieve even more.
7. Our comments and observations spanned all five areas of the draft strategy's focus (Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits). Our full response is included in Appendix 2.
8. Following on from the consultation, the Mayor of London is seeking 'pledges' from organisations and partners in support of the Mayor's vision for a healthier and fairer London.

9. Recognising the importance of local strategic partnerships in addressing health inequalities, the Health and Wellbeing board is proposing to sign some pledges in support of the London Mayor's Health Inequalities Strategy. Some pledges for discussion are proposed:
- i. **We will create healthy places, ensuring regeneration works for everyone, to improve health and wellbeing** – Southwark Council is committed to ensuring that regeneration works for everyone in Southwark and will develop a social regeneration framework together with NHS, local business and the VCS to make this happen.
  - ii. **We will promote and ensure equitable access to physical activity in our free swim and gym programme** – Southwark Council will continue to support Free Swim and Gym in the borough and NHS and VCS partners will signpost residents to the service.
  - iii. **We will maximise opportunities to promote mental health and resilience to our staff and communities** – Southwark Council and CCG will work together to provide the opportunity of mental health promotion training to front line staff across the partnership system.
  - iv. **We will tackle the devastating physical and mental health inequalities caused by diabetes** – Southwark CCG, Council and local partners have committed to reducing the incidence, prevalence and complications of type 2 diabetes - a common long term condition estimated to affect up to 10% of Southwark residents, but especially the most disadvantaged, and ethnic minorities. The CCG pledges to continue to invest in the diabetes prevention programme.
  - v. **We will strengthen the measurement, tracking and reporting of the impact of our actions to reduce inequalities** – Community Southwark will work with Southwark Council and the VCS Sector to develop and agree indicators that impact positively on reducing health inequalities.
10. There will be further opportunities to refine these pledges over the next 12 months.

#### **Policy implications**

11. There are no specific policy implications at this time.

#### **Community impact statement**

12. None

#### **Resource implications**

13. There are no specific resource implications at this time.

#### **Legal implications**

14. There are no specific legal implications at this time.

## Financial implications

15. There are no specific financial implications at this time.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Better Health for All Londoners (Greater London Authority, 2017) Link:	Public Health, Environment and Social Regeneration 160 Tooley Street	Sadie Regmi sadie.regmi@south wark.gov.uk
Link: <a href="https://www.london.gov.uk/talk-london/healthstrategy">https://www.london.gov.uk/talk-london/healthstrategy</a>		

## APPENDICES

No.	Title
Appendix 1	Mayor of London's Health Inequalities Strategy – summary of aims
Appendix 2	Southwark Council's response to the Mayor of London's Draft Health Inequalities Strategy consultation

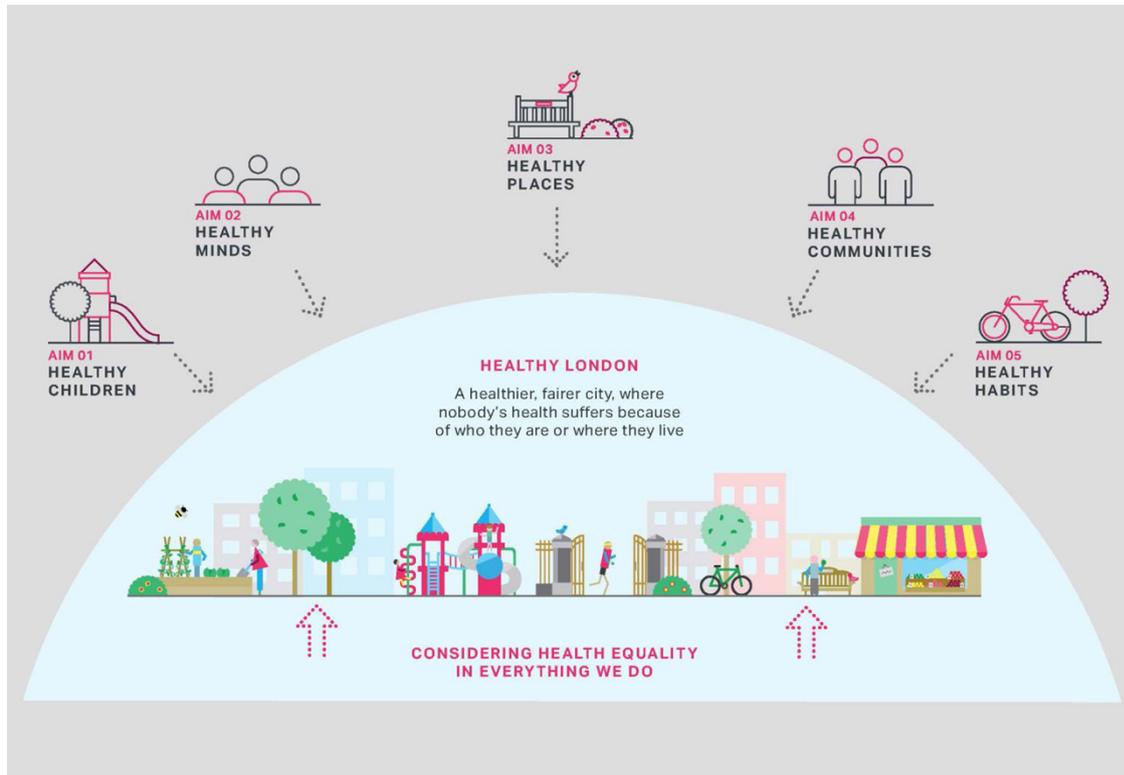
## AUDIT TRAIL

<b>Lead Officer</b>	Professor Kevin Fenton, Director of Health and Wellbeing	
<b>Report Authors</b>	Sadie Regmi, Specialty Registrar in Public Health Jin Lim, Consultant in Public Health	
<b>Version</b>	Final	
<b>Dated</b>	19 January 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
CCG	Yes	Yes
Community Action Southwark	Yes	Yes
<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutional Team</b>	19 January 2018	

## APPENDIX 1

**Mayor's Draft Health Inequalities Strategy – summary of aims**

Adapted from: Developing the London Health Inequalities Strategy. Greater London Authority, August 2017.

**London Health Inequalities Strategy DRAFT aims****AIM 1 Healthy children: every London child has a healthy start in life**

Draft objectives:

- London's babies have the best start to their life
- Early years settings and schools support children and young people's health and wellbeing.

Key Mayoral ambition

- Launching a new health programme to support London's early years settings, ensuring London's children have healthy places in which to learn, play and develop

**AIM 2 Healthy minds: all Londoners share in a city with the best mental health in the world**

Draft objectives:

- Mental health becomes everybody's business across London
- The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases
- London's workplaces are mentally healthy
- Londoners can talk about suicide and find out where they can get help

### Key Mayoral ambition

- To inspire more Londoners to have mental health first aid training, and more London employers to support it

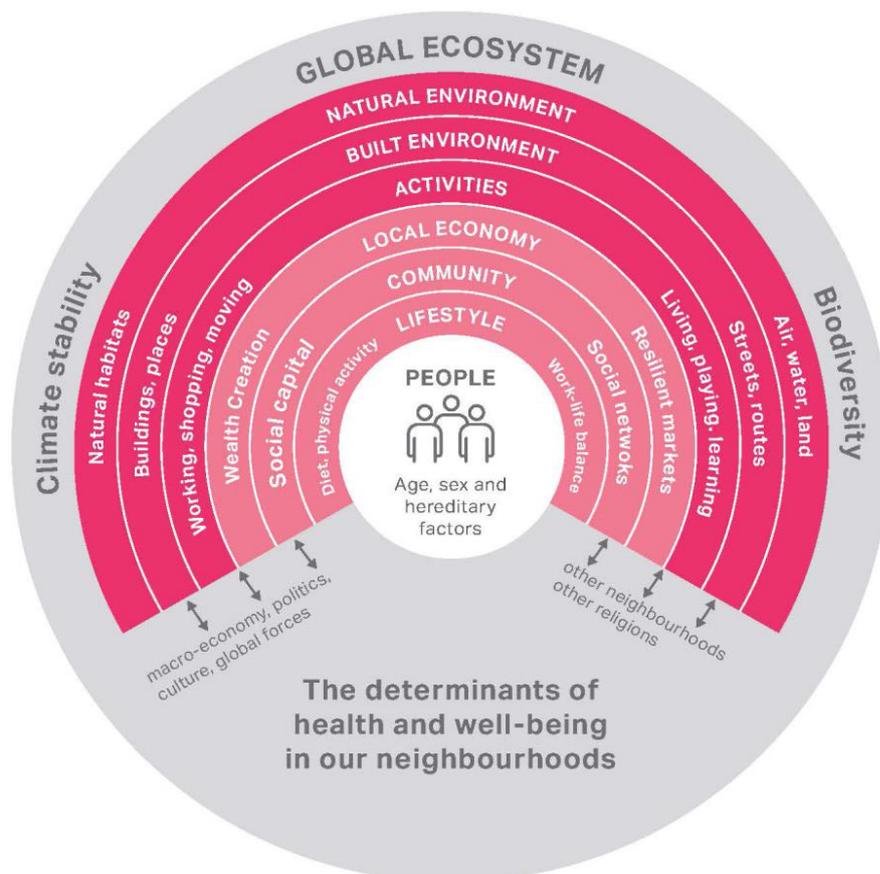
### AIM 3 Healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health

#### Draft objectives:

- Improve London's air quality
- Promote good planning and healthier streets
- Improve access to green space and make London greener
- Address poverty and income inequality
- More Londoners are supported into healthy well paid and secure jobs
- Housing quality and affordability improves
- Homelessness and rough sleeping is addressed

### Key Mayoral ambition

- To work towards London having the best air quality of any major global city



**AIM 4 Healthy communities: London's diverse communities are healthy and thriving**

Draft objectives:

- It is easy for all Londoners to participate in community life
- All Londoners have skills, knowledge and confidence to improve health
- Health is improved through a community and place-based approach
- Social prescribing becomes a routine part of community support across London
- Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
- TB cases among London's most vulnerable people are reduced
- London's communities feel safe and are united against hatred

Key Mayoral ambition

- To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing

**AIM 5 Healthy habits: the healthy choice is the easy choice for all Londoners**

Draft objectives:

- Childhood obesity falls and the gap
- between the boroughs with the highest and lowest rates of child obesity
- reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners,
- especially young people

Key Mayoral ambition

- To work with partners towards a reduction in childhood obesity rates

## APPENDIX 2

### Southwark Council's response to the Mayor of London's Health Inequalities Strategy consultation

We welcome the Mayor's Health Inequalities Strategy and the emphasis on a Health in All Policies approach. Our comments and observations can be considered in three broad categories: (A) **measures** of success and level of ambition, (B) the Mayor's role in the **long-term** approach, (C) ensuring policies are **targeted**.

#### A) Measures of success and level of ambition could be improved upon in four ways:

- 1) Define and adopt a **single measure of health inequality**, for example, the *slope index of inequality in life expectancy*. This would provide one specific metric that could, if improved, be a meaningful measure of success over time.
- 2) Set a central vision of **timeline and scale for how far health inequalities should reduce**. For example, *"The gap in life expectancy in men, between the best and worst borough, should reduce from the current 15 years to 5 years by 2027"*.
- 3) While tackling health inequalities is complex, the strategy lists too many objectives. We suggest **prioritising major objectives** that would make the most difference. For example, priority should be given to actions that have the biggest potential to reduce inequality in life expectancy (e.g. smoking, early years, income inequality).

#### B) The Mayor's role in the long-term approach

- 1) The strategy should add **specific actions that the Mayor himself can take** in policy areas where he has direct control (e.g. TfL, planning policy). This is important as the Mayor has a legal duty to promote the reduction of health inequalities. Additionally, this strengthens his leadership and 'leading by example' role.
- 2) The draft strategy does not review progress and successes of the previous London Health Inequalities Strategy. Tackling health inequalities require **long-term policies**, and there must be a commitment in every refresh of the health inequality strategy to monitoring how successful the previous strategy was.

#### C) Ensuring policies are targeted

The whole strategy needs to be more explicit about targeting policies towards those in vulnerable groups, to ensure that health inequalities are not inadvertently widened. For example, all workplace policy proposals should ask ***"Is this intervention likely to be taken up by employers who employ more staff on lower incomes?"***.

## HEALTHY CHILDREN

### Is there more that the Mayor should do to reduce health inequalities for children and young people?

- 1) We welcome the Mayor's acknowledgement that workplaces should support flexible working practices and family friendly policies, such as breastfeeding. However the strategy could be strengthened by **specifying other policies** that should be encouraged - for example, maternity/paternity leave policies, precarious employment conditions like zero-hours contracts, and support for childcare costs.
- 2) Through effective collaborations and partnerships across local authorities, the GLA and partners, we welcome the ongoing development of the **awards programme** with particular focus on enhancing current review tools, expanding the current evidence-base, and strengthening the evaluation approaches. It is also important that the many examples of excellent practice in schools are shared and celebrated across London and robustly evaluated so impact is measured and shared.
- 3) We welcome the Greater London Authority's **Early Years Hubs Pilot** and look forward to monitoring their impact. More accessible, affordable and quality early years provision would support vulnerable family and could be instrumental in reducing inequalities for children.
- 4) **Health Visitors** need to be better supported to make robust checks when the child is aged 2. They should identify ways how parents and Children's Centres could change what they do, to change the trajectory of those children who are receiving poor-quality nutrition and/or engaging in insufficient physical activity.

### How can you help to reduce health inequalities among children and young people?

- 1) As one of the largest providers of **council housing** in London, Southwark enables its more deprived families to live in decent accommodation that is warm, dry and safe. This reduces the health effects of poor housing (e.g. asthma and COPD aggravated by damp and mould; cardiovascular disease aggravated by cold temperatures; home cooking influenced by kitchen quality; mental health influenced by home size, aesthetics and amenities).

### What should be our measures of success and level of ambition for giving London's children a healthy start to life?

Based on local discussions, we propose:

- 1) By 2027, the absolute gap in the **number of months a mother has breastfed** her child for has reduced by 30% between the best and least performing London borough.
- 2) By 2027, the absolute gap in the proportion of 2 year olds who have received **at least 15 hours of good-quality childcare** has reduced by 30% between the best and least performing London borough.

3) By 2027, the absolute gap in **childhood obesity rates** has reduced by 30% between the best and least performing London borough.

## HEALTHY MINDS

*Is there more that the Mayor should do to make sure all Londoners can have the best mental health and reduce mental health inequalities?*

1) The draft strategy identifies various population groups that are at higher risk of developing mental health issues. A more **targeted approach** to improving mental health outcomes among these groups would be welcomed.

For example, many people with **drug or alcohol dependency have co-occurring mental health needs** but are not often eligible for mental health treatment until their drug/alcohol problems have been resolved. The Mayor could set up, perhaps through the Healthy London Partnership, a special task force to investigate and propose solutions to this problem that create better outcomes and fewer suicides in this group, including streamlining pathways.

2) This section does not specifically speak to mental health problems among children and young people despite 50% of mental health problems being established by the age of 14 and 75% by the age of 24. The Mayor could champion a campaign to better address **mental health within schools** and early years settings (e.g. addressing bullying) and to target greater support to London's most vulnerable young people: looked after children, young carers, young offenders and children who self-harm.

3) Having **unaffordable debts** are strongly associated with poorer mental health. The combination of housing and other high living costs on poor mental health can be further explored within the key actions for the Mayor identified. Additionally, problem gambling linked to fixed odd betting machines have been identified as a cause for concern and pan-London action on this would be strongly welcomed.

4) Mental health first aid training is welcomed. However not all employers can fund it, and there is a risk that this initiative is more likely to be taken up by employers who are better resourced. If this happens, **health inequalities may widen**.

*How can we measure the impact of what we're doing to reduce inequalities in mental health?*

We believe that a zero suicide ambition is a bold one. In Southwark we believe that many, but not necessary all, suicides are preventable. Therefore, we have committed to focusing on reducing the occurrence of these preventable deaths as much as possible. To work towards this ambition we have set a local target to **reduce the number of suicides across the borough by at least 10% over the next five years** of our strategy.

As suicide disproportionately affects vulnerable groups, the Mayor could aim to lower the absolute **gap in suicide rates** between

the best and least performing London borough by 30% by 2027.

## HEALTHY PLACES

*Is there more that the Mayor should do to make London's society, environment and economy better for health and reduce health inequalities?*

1) For London to have the best **air quality** of any major global city, Southwark Council has noted in its contribution to the Mayor's draft Environment strategy that there are a number of aspects which the Mayor needs to consider:

- To have a zero carbon transport network by 2050, there needs to be a stronger role for government.
- The Mayor should consider introducing a new Clean Air for London Act in order to achieve full legal compliance with UK and EU limits.
- Low Emission Bus Zones need to be expanded in order to improve air quality in areas. Southwark would welcome an extension to the Camberwell, Walworth and London Bridge routes. Additionally, the Ultra Low Emission Zone (ULEZ) ought to be expanded to the M25 as soon as possible.
- Transport for London needs to take into account the principles of the London Local Air Quality Management (LLAQM) framework in order to help local authorities meet their air quality objectives in the shortest timescale possible.

2) With the Mayor's direct role in transport, the Mayor should encourage active travel by ensuring provision of safe bike locking facilities, lift access, public toilets, plenty of lighting, security and seating in **public transport stations**.

3) **Improving accessibility at stations and underground stations** is important when looking at health inequalities in London, and as highlighted in our response to the Mayor's Transport Strategy we would encourage that this is done sooner than 2041. Too many stations are still sub-standard on both the underground and main line rail services.

4) We strongly endorse the Mayor's championing of the voluntary London Living Wage (LLW). However, the Mayor should go further:

- a) The Mayor could set a vision whereby **all publicly-funded services in London are delivered by organisations that pay the London Living Wage**. To foster this, the Mayor could showcase examples, with a view to normalising this in future commissioning or promote this through the Healthy Workplace Charter.
- b) Local authorities could jointly leverage their power in planning, to give preferential support for development projects where the **developer pays its staff and contractors the LLW**. Furthermore, the shops that open in new

developments (e.g. Tesco) should have an interest in being an LLW employer when they bid to open.

5) The average cost of a day care place for a child under 2 in London is higher than the annual income of a parent on minimum wage. We urge the Mayor to set up a task force which develops parents' potential while enabling their access to the workplace.

How can you help to reduce inequalities in the environmental, social and economic causes of ill health?

1) We support the Mayor's proposals to limit the development of new hot food takeaways around schools. Southwark has policies to **limit the development of new hot food takeaways near schools** in the New Southwark Plan.

2) Southwark has implemented **Cumulative Impact Zones** to limit alcohol-related harm in more deprived areas. The Mayor could encourage other boroughs to do the same, particularly those with high alcohol-related harm.

3) Southwark Council was among the first few councils to be accredited as a **London Living Wage (LLW)** employer for its staff and has extended the scheme to include contractors and agency staff employed by the council. We are also implementing an extended Ethical Care Charter, whereby all care workers should be paid the LLW, as well as for their travel time to and from work. We are also championing the LLW with local businesses and developers.

4) In order to meet the challenge of **poor air quality**, Southwark Council recently updated its Air Quality Strategy Action Plan that sets out 113 actions that we will undertake to make the air better for our residents. We continue to review, update and act as more information, technology, ideas and research becomes available.

What should be our measures of success and level of ambition for creating a healthy environment, society and economy?

1) By 2027, all **publicly-funded services** in London should be delivered by organizations that **pay the London Living Wage**.

2) By 2027, **income inequality** in London should **not be larger** than it is in 2017.

3) By 2027, **the absolute gap in alcohol-related mortality** has reduced by 30% between the best and least performing London borough.

## HEALTHY COMMUNITIES

Is there more that the Mayor should do to help London's diverse communities become healthy and thriving?

1) We welcome the Mayor's commitment to challenge the stigma associated with HIV. To aid this aim, the GLA should take over funding of the **Do It London HIV campaign** from local authorities. Some boroughs in London have already declined to continue funding this vital campaign. As funding becomes more difficult in local authorities, more boroughs will be asking whether it adds value and fairness to fund a pan-London campaign that not all boroughs contribute to.

2) The Mayor should support employers wishing to offer **paid leave for voluntary work**. Public Health England currently offers this. This makes it easier for employed people on all wages to volunteer if they wish. A **London-wide time-banking** scheme could also be explored to encourage co-production in local communities.

3) The Mayor could encourage the development of **intergenerational programmes** which bring together older and younger people to share skills and activities. This has the potential to benefit both groups, and may reduce social isolation and loneliness in older people, as well as improve physical health outcomes. Similar initiatives could be developed for new migrants, and/or isolated parents.

## HEALTHY HABITS

*Is there more that the Mayor should do to help to reduce health inequalities as well as improve overall health in work to support Londoners' healthy lives and habits?*

1) Among modifiable health behaviours, **smoking is the number one cause of health inequalities** in life expectancy. An inequalities strategy which does not place smoking at centre stage risks making inequalities worse. To that effect, we propose three additions:

- Change the culture of **smoking in outdoor places**. A number of interventions can enable this: publicly-owned playgrounds, parks and bus shelters legislated as smoke-free places; and private cafes and restaurants praised for smoke-free outdoor seating. The Mayor could also lobby to make green spaces across London smoke free, for example the Royal Parks.
- Discourage **contraband cigarette sales**. Across London, around one in ten people have been approached with the offer of purchasing contraband cigarettes. This figure is much higher in deprived areas, as the strategy notes. The Mayor could think about specific ways he can discourage this trade, for example by closer working with the police and Border Force customs officers to address the limitations they face.

2) We strongly welcome tackling childhood obesity as a one of the Mayor's key priorities. Additionally, we suggest that:

- Alongside the *London Food Strategy*, the Mayor should lobby the government to **raise the standards for school meals**. The current standards are inadequate in addressing the scale of the obesity challenge (e.g. regular provision of sweet desserts, bread, and fried foods). If the Mayor is unable to lobby the government, he could consider establishing a *London Food Standard*

(for early years and schools) and be more ambitious than the current UK standards.

- The Mayor should also lobby the government to reconsider adopting the stricter actions recommended by the 2015 Health Select Committee in its inquiry into **childhood obesity**, which were subsequently not adopted by government. Illustratively these actions include adopting clear goals for reducing overall levels of childhood obesity at a national level, levelling the playing field among retailers (in order to ensure that those who act responsibly on discounting and promotions are not disadvantaged), and introducing tougher controls on marketing and advertising of unhealthy food and drink to children. The Committee believed that including these actions would make the strategy more effective in tackling childhood obesity, and they go beyond the powers of local government.
- The Mayor capitalises on his control over TfL; he should demonstrate his commitment and inspire others to also take action by:
  - **Banning alcohol and junk food adverts** on London transport. This may need a phased implementation to diminish any income shocks while alternate advertisers are found. However, a 10% annual reduction can lead to this being achieved in a 10-year timeframe. This seems feasible, in light of how quickly the Mayor banned adverts with an unrealistic body image in 2016.
  - Encouraging freely distributed newspapers (e.g. *The Metro*), as well as paper bus tickets, to **stop issuing junk food vouchers** to London commuters.
  - Ensuring access to bike hire in more deprived areas and reducing the cost so that it is more attractive and cost-effective than travelling by bus. There is an opportunity for dock-less cycle hire in Southwark, allowing private companies to be licenced and operate in the borough. The Mayor could co-ordinate this to ensure interoperating across all London boroughs.

*What can you do to help all Londoners to develop healthy habits? What is preventing you from doing more and what would help you?*

1) Southwark offers **free healthy school meals** and free fruit to all school children in the borough. This reduces stigma and improves the health of those who benefit most from this policy.

2) Please also see our response under “Healthy Places” about Southwark offering to work with the GLA to limit the development of **new fast-food outlets near schools**.

3) Southwark Council offers residents **free access to leisure centres** all day every Friday and every Saturday and Sunday afternoon. This scheme also provides an enhanced offer for older people, people with disabilities and health conditions to

access this scheme seven days a week. Currently 80,640 people are registered on the scheme, 65% of whom are in a BME group and 8% of whom are disabled. Looked after children/care leavers aged 14-25 also have free access to swim and gym seven days a week.

4) All the **playgrounds** in Southwark parks are designated as “**smoke-free**”.

*What should be our measures of success and level of ambition for helping more Londoners to develop healthy habits?*

1) By 2027, the absolute **gap in smoking** rates has reduced by 30% between the best and least performing London borough.

2) By 2027, **smoking in the outdoor public realm** has become the exception.

3) By 2027, the absolute **gap in childhood obesity** rates has reduced by 30% between the best and least performing London borough.

4) By 2027, the absolute **gap in adult obesity** rates has reduced by 30% between the best and least performing London borough.

4) By 2027, the absolute **gap in proportion of adults commuting to work by active travel** has reduced by 30% between the best and least performing London borough.

## **INTEGRATED IMPACT ASSESSMENT**

*Do you think there are any impacts missing and if so, how these might be addressed?*

We welcome the overall targets outlined in the Strategy to be strengthened and have suggested targets and indicators in each section of our response.

### **Authors**

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Kevin Fenton | Director of Health and Wellbeing

Cllr Maisie Anderson | Cabinet Member for Public Health and Social Regeneration

<b>Item No.</b> 9.	<b>Classification:</b> Open	<b>Date:</b> 29 January 2018	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Immunisation Programmes in Southwark: Annual Report 2016/17	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director of Health and Wellbeing	

## RECOMMENDATIONS

1. The Board are invited to:
  - To note the report
  - To offer advice to inform the Immunisation Strategy

## BACKGROUND INFORMATION

2. This report provides an overview of all immunisation programmes for 2016/17 in Southwark, including uptake, key achievements, challenges faced and important changes in policy.
3. NHS England commission a range of routine immunisations for adults (eg shingles, flu, pneumococcal) and children (eg MMR, tetanus, diphtheria, HPV, flu, Meningitis etc) and selective programmes delivered to those people most at risk, for example hepatitis B vaccine.
4. Immunisations are commissioned by NHS England and the majority of routine immunisations are delivered through general practice. Human papillomavirus and influenza are delivered through schools via a dedicated school immunisation service.

## KEY ISSUES FOR CONSIDERATION

5. The Immunisation Steering Group has been key to maintaining an overview of immunisation programmes, delivery arrangements and uptake and provides scrutiny and challenge and mitigation of risks via a risk register. Membership includes NHS England, Public Health England, Consultant Paediatrician, School Immunisation Service and is chaired by Public Health. The membership and governance of this group has recently been strengthened to include additional Southwark CCG representation.
6. Immunisation uptake and coverage in Southwark is generally good for most childhood vaccinations compared to the rest of London. Shingles vaccine uptake is low in adults and there is work going on to try and address this.
7. Public Health has worked closely with schools and NHS England to support the flu immunisation programme. Uptake of the flu vaccine in Southwark school aged children in 2016/17 was within the target range.

8. Considerable efforts are being made by all organisations to address the lower uptake of flu vaccine in children aged 2 and 3 years, pregnant women and those in at risk groups.
9. A successful flu vaccination programme for all council staff was implemented in 2017/18 and an evaluation report will be written.
10. We are committed to developing an Immunisation Strategy for Southwark to identify longer term aims and to outline coordinated actions needed to achieve improvements to immunisation programmes and uptake.
11. Priorities for next year include:
  - Development of an immunisation strategy and closer working with the CCG.
  - Reviewing immunisation coverage and challenges for looked after children
  - Implementing changes to the flu vaccination programme in children
  - Developing a sustainable process and funding source for the flu vaccination programme for council staff
  - Review of what data is available to ensure we can closely monitor of uptake and take timely actions to mitigate
  - Seeking assurance around the Child Health Information System (CHIS) and hepatitis B selective programme

### **Policy implications**

12. In April 2017 there was an important change to who delivers the hepatitis vaccine to high risk babies. This has ongoing implications for general practice and the timely delivery of the vaccine.
13. Global shortages of hepatitis A and B vaccines caused supply issues in the UK, which impacted adversely on outbreak control and also on provision for travel and post exposure prophylaxis. Measures were put in place to ensure that vaccine supply was directed to those at highest immediate risk.

### **Community impact statement**

14. This report will not have a negative impact upon any group mentioned in the Equality Act 2010.

### **Resource implications**

15. The on-going coordination of Lambeth and Southwark Immunisation Steering Group, monitoring of progress against actions and delivery of actions will be absorbed into daily work activities.
16. No further resource is required.

### **Legal implications**

17. None

### **Financial implications**

18. None

## Consultation

19. All members of the Lambeth & Southwark Immunisation Steering Board had a chance to review and comment on the report.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

## APPENDICES

No.	Title
Appendix 1	Immunisation programmes in Southwark Annual Report 2016/17

## AUDIT TRAIL

<b>Lead Officer</b>	Kirsten Watters, Consultant in Public Health	
<b>Report Author</b>	Sarah Robinson, Head of Programmes: Health Protection	
<b>Version</b>	Final	
<b>Dated</b>	17 January 2018	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	19 January 2018	

# Immunisation programmes in Southwark

## Annual Report 2016/17

**Author:** Sarah Robinson, Head of Programmes: Health Protection  
Sabrina Kwaa, Public Health Analyst  
Public Health, Southwark Council

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# Looking back over 2016/17: achievements, challenges and changes

## KEY ACHIEVEMENTS

- The Public Health team developed a flu vaccination programme for frontline social care staff using behavioural insights techniques to increase uptake
- Successful implementation of the flu vaccination programme in school aged children to include year 3. Uptake in all school groups increased over the previous year.
- Uptake of pertussis vaccine in pregnant women increased significantly
- High HPV vaccine and TD/IPV booster uptake in Southwark schools
- Maintaining good coverage in all childhood vaccines
- The Immunisation Steering Group, with membership from all stakeholders, has been key to maintaining an overview of immunisation programmes, delivery arrangements and uptake and provides scrutiny and challenge and mitigation of risks via a risk register. This group reports directly into the Southwark CCG Quality & Safety Committee.
- Three well attended practice nurse update events were held over the year



# Looking back over 2016/17: achievements, challenges and changes

## KEY CHALLENGES

- A **measles outbreak** was declared in London in April 2016, mainly in unimmunised individuals or those who had only received one dose of MMR. During the outbreak several people were admitted to hospital and some required ITU care. It is critical to ensure that children under the age of 5 years receive two doses of MMR vaccine and that people of all ages are vaccinated to prevent further outbreaks. To protect children and the community for longer, it is safe and effective to give the second MMR dose from the age of 18 months.
- An **outbreak of hepatitis A** has been ongoing in England since July 2016; the majority of cases (63%) have been diagnosed in London. Lambeth & Southwark have seen the most number of cases in any London borough: 43 and 21 respectively (November 2016 to 10 July 2017). Three quarters of national cases are in males who identify as men who have sex with men, although transmission of the outbreak strain has spilled over into the wider community. About 2/3 of cases were admitted to hospital. A number of countermeasures and actions have been taken in London and locally to try and control the outbreak, including opportunistic vaccination of high risk men in sexual health clinics.
- There is an on going **global shortage of hepatitis A vaccines** which is affecting the continuity of supply in the UK and will impact adversely on outbreak control and also on provision of vaccine for post-exposure prophylaxis (e.g. household contacts), and pre-exposure (clinical risk groups and travel).
- There is also currently a **global shortage of hepatitis B vaccine** which has been caused by problems in the manufacturing process. PHE have put in place a series of measures so that the NHS and other providers can use the available vaccine for those at highest immediate risk. Measures are expected to continue until the beginning of 2018 and will be kept under review.

# Looking back over 2016/17: achievements, challenges and changes

## UPDATE ON CHANGES TO PROGRAMMES

- In London **BCG** is given to all babies born in a London hospital at birth, and up to 1 year old. In addition, all at risk babies and children (aged 1-5 years with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000). As at July 2017, global supply of BCG vaccine is no longer constrained and PHE has concluded that there is sufficient stock of Intervax BCG vaccine to extend the offer to all eligible groups – including those at risk aged 5-16. Vaccine availability will be monitored closely.
- Local advice for practices is that the second dose of **MMR** is safe and effective to be given from 18 months old (rather than wait until 3 years 4 months as per the national schedule), and that giving MMR2 early confers protection for longer and achieves greater uptake.
- All babies born on or after 1 August 2017 will be eligible for a **hexavalent vaccine** which includes hepatitis B for their primary immunisations. This vaccine, called Infanrix hexa®, will replace the pentavalent infant vaccines.
- There are important changes to the delivery of the **selective hepatitis b** programme for babies born since April 2017 to Hep B positive mothers:
  - Babies will continue to receive 1 dose of monovalent Hep B vaccine at birth ( and HBIG if indicated)
  - General practice are responsible for delivering the second dose of monovalent vaccine at 4 weeks old.
  - They should then receive the standard hexavalent Hep B at 8, 12, and 16 weeks old (for babies born after 1<sup>st</sup> August)
  - They will then receive a further dose of the monovalent Hep B vaccine at 12 months and testing for HBsAg to identify any babies who have become chronically infected with Hep
  - They will no longer require the pre-school booster dose of monovalent Hep B vaccination
- Addition of school year 3 children to the **flu vaccination programme** in 2016/17. In 2017/18 4 year olds will now be vaccinated as part of the school programme instead of in general practice and Year 4 will also be included.
- From July 2016 **Men C** dose no longer given at 12 weeks of age. Combined Hib/Men C given at 1 year and Men ACWY at 14 years.



# What we hope to achieve next year

## PRIORITIES FOR 2017/18

- Review immunisation coverage and challenges for looked after children (LAC)
- Develop a sustainable process and funding source for flu vaccination in social care staff
- Close monitoring of the selective neonatal hepatitis b programme
- Maintaining good coverage for two doses of MMR
- Implementing the changes to the flu vaccination programme – 4 year olds and year 4
- Improving flu vaccination processes and uptake in mental health trusts and care homes
- Implementing the introduction of the hexavalent vaccine
- Continuing to review and improve arrangements, access to and uptake for all immunisation programmes
- Seeking assurance around the Child Health Information Service (CHIS)
- Improve shingles vaccination uptake in eligible adults
- Providing updates for practice nurses around flu and general immunisation programmes

The complete NHS immunisation schedule from Autumn 2017 can be found here:  
[www.gov.uk/government/publications/the-complete-routine-immunisation-schedule](http://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule)

# Governance arrangements, roles and responsibilities

## LAMBETH & SOUTHWARK IMMUNISATION STEERING GROUP

### Functions

- To maintain an overview of all NHS immunisation programmes
- To provide scrutiny and challenge of the arrangements of NHSE, PHE and providers.
- To provide assurance of a high quality immunisation service to the Director of Public Health and raise issues of concern.
- To monitor coverage and local immunisation data and make recommendations for action.
- To act as a local group for advising on decisions about immunisation programmes and their implementation.
- To address inequalities and improve access to under-served groups.
- To provide a forum for discussion, learning lessons from incidents and exchange of information.
- To review and update the Borough Immunisation Action Plan.
- To work alongside other stakeholders as well as cooperate on items of mutual interest.

### Accountability

Southwark CCG  
Governing Body

Southwark CCG  
Quality & Safety  
Committee

Lambeth &  
Southwark  
Immunisation  
Steering Group

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# Governance arrangements, roles and responsibilities

## MEMBERSHIP OF THE STEERING GROUP

Name	Job title	Responsibility
Kirsten Watters	Consultant Public Health Southwark Council	<ul style="list-style-type: none"> <li>Chair</li> <li>Public Health input</li> </ul>
Marie Vieu	Consultant Public Health Lambeth Council	<ul style="list-style-type: none"> <li>Public Health input</li> <li>Lambeth Lead</li> </ul>
Sarah Robinson	Public Health Specialist Southwark Council	<ul style="list-style-type: none"> <li>Joint steering group management</li> <li>Public health input</li> </ul>
Rachel Thorn Heathcock (or other colleague from SLHPT)	Consultant in Communicable Disease Control (PHE) South London Health Protection	<ul style="list-style-type: none"> <li>PHE programmes, updates and advice</li> </ul>
Neil Gordon-Orr	Early Help Central Strategic Manager Southwark Council	
Rachael Doherty	Southwark CCG	<ul style="list-style-type: none"> <li>Commissioning advice and support, Southwark Council</li> <li>Commissioning advice and support</li> </ul>
Lesley Connaughton	Primary Care Development Manager Lambeth CCG	<ul style="list-style-type: none"> <li>Commissioning advice and support</li> </ul>
Ann Lorek	Consultant Community Paediatrician & Immunisation Coordinator, GSTT	<ul style="list-style-type: none"> <li>Clinical advice and expertise</li> <li>Chair of L&amp;S Childhood imms operational group</li> </ul>
Anne Macrae	Practice nurse lead Lambeth CCG	<ul style="list-style-type: none"> <li>Primary care perspective</li> </ul>
Daniel Barnes	Information Analyst GSTT	<ul style="list-style-type: none"> <li>Immunisation data</li> </ul>
Sobia Chaudhry	Immunisation Commissioning Manager NHSE London Region	<ul style="list-style-type: none"> <li>Commissioning advice</li> <li>Provide data</li> <li>Coordinate action plan</li> </ul>
Jennifer Kasule	Immunisation Clinical Coordinator, GSTT	<ul style="list-style-type: none"> <li>Operational support for strategic guidance</li> <li>Clinical advice and expertise</li> </ul>
Sheila Roberts	Clinical Services Manager - Immunisations HRCH	<ul style="list-style-type: none"> <li>School nurse imms</li> </ul>
Christiana Ogunleye	School Nurse Team Leader HRCH	<ul style="list-style-type: none"> <li>Service advice and support</li> </ul>

# Pre-school routine vaccinations

## SUMMARY

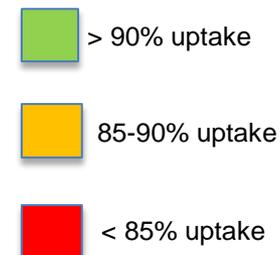
- More than 9 out of 10 babies in Southwark had received their full course of the 5 in 1 vaccine by their second birthday
- Uptake of MMR1 and MMR2 last year was higher in Southwark than the rest of London
- Southwark uptake rates for Hib/Men C primary and booster are higher than in London
- Uptake of rotavirus vaccine in Southwark in July 2016 was 84.6% - lower than in England but similar to uptake in London
- From July 1 2016, the MenC vaccine for 12-week-old babies was discontinued from the NHS childhood vaccination programme. The success of the MenC vaccination programme means there are almost no cases of MenC disease in babies or young children in the UK any longer. All children will continue to be offered the Hib/MenC vaccine at one year of age, and the MenACWY vaccine at 14 years of age to provide protection across all age groups.

# Pre-school routine vaccinations

## UPTAKE IN 2016/17

	Uptake in Southwark	Uptake in London	Uptake in England
<b>By 1<sup>st</sup> birthday</b>			
DTaP/IPV/Hib (5in1) (3 doses)	89.6%	88.8%	93.4%
Men C	88.6%	87.0%	92.1%
Men B (2 doses) (Jul 17 uptake)	88.0%	88.4%	92.6%
Pneumococcal (PCV)	89.6%	89.2%	93.5%
Rotavirus (2 doses)	85.6%	85.8%	89.6%
<b>By 2<sup>nd</sup> birthday</b>			
DTaP/IPV/Hib (5in1) (3 doses)	93.7%	91.6%	95.1%
PCV booster	88.5%	84.5%	91.5%
Hib/Men C booster	88.8%	84.2%	91.5%
MMR1	88.5%	85.1%	91.6%
<b>By 5<sup>th</sup> birthday</b>			
DTaP/IPV/Hib (5in1) (3 doses)	92.4%	92.3%	95.6%
MMR1	89.4%	91.1%	95.0%
MMR2	86.9%	79.5%	87.6%
DTaP/IPV booster	78.6%	76.9%	86.2%
Hib/Men C	88.6%	88.2%	92.6%

Target = 95%



# Pre-school routine vaccinations

## 5 IN 1 VACCINE (DTaP/IPV/Hib)

### More than 9 out of 10 babies in Southwark had received their full course of the 5 in 1 vaccine by their second birthday

- The 5 in 1 vaccine protects against diphtheria, tetanus, pertussis, polio and Hib
- In 2016/17, 89.2% of babies in Southwark received three doses of the 5 in 1 vaccine before their first birthday – a 3 percentage point increase on 2015/16
- By their second birthday, uptake has risen to 93.3%
- Uptake in Southwark is higher than that in the whole of London
- In August 2017 the 5 in 1 vaccine has been replaced by the 6 in 1 – which includes Hepatitis B

Figure 1: DTaP/IPV/Hib uptake at 12 months

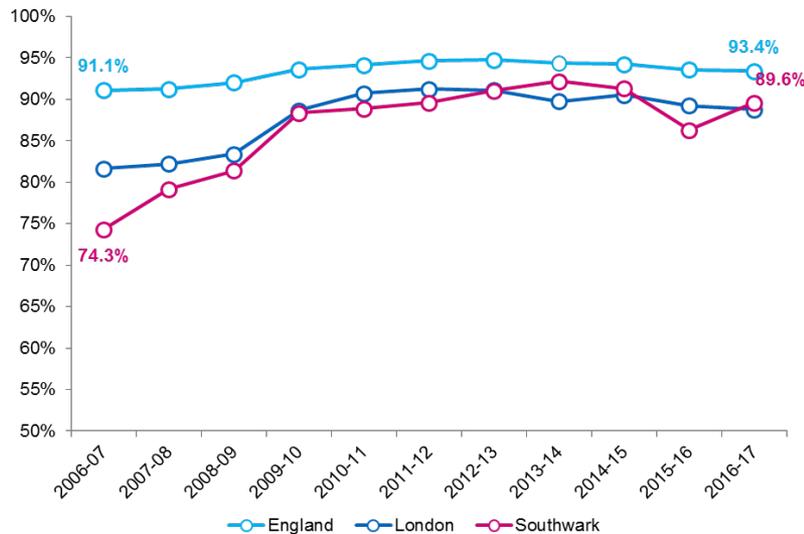
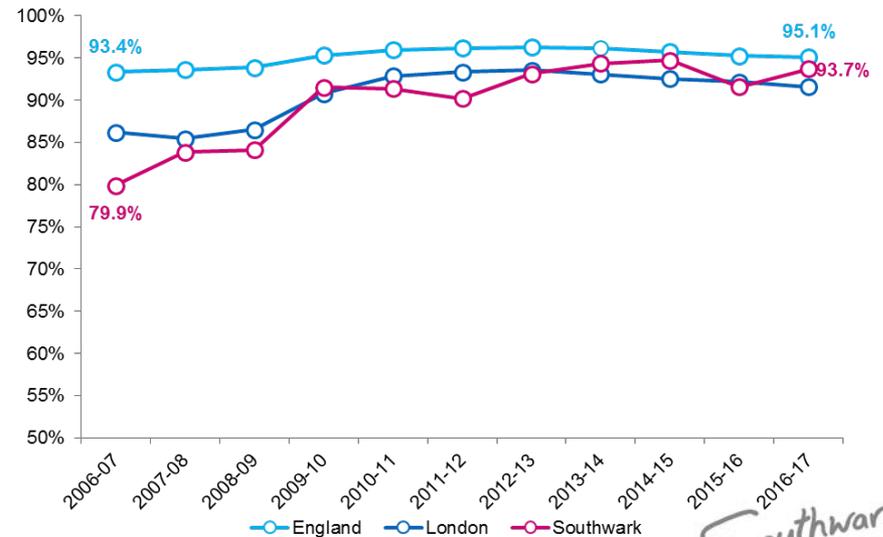


Figure 2: DTaP/IPV/Hib uptake at 24 months



# Pre-school routine vaccinations

## MEASLES, MUMPS AND RUBELLA (MMR)

### Uptake of MMR1 and MMR2 last year was higher in Southwark than the rest of London

- Babies should receive their first dose of MMR (MMR1) at around 12 months old, and their second dose (MMR2) from 18 months
- In 2016/17 in Southwark, 88.5% had received their first MMR vaccine by their second birthday
- Uptake of MMR1 and MMR2 in Southwark was 86.7% in 2016/17 – significantly higher than the London figure

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Figure 3: MMR1 uptake at 24 months

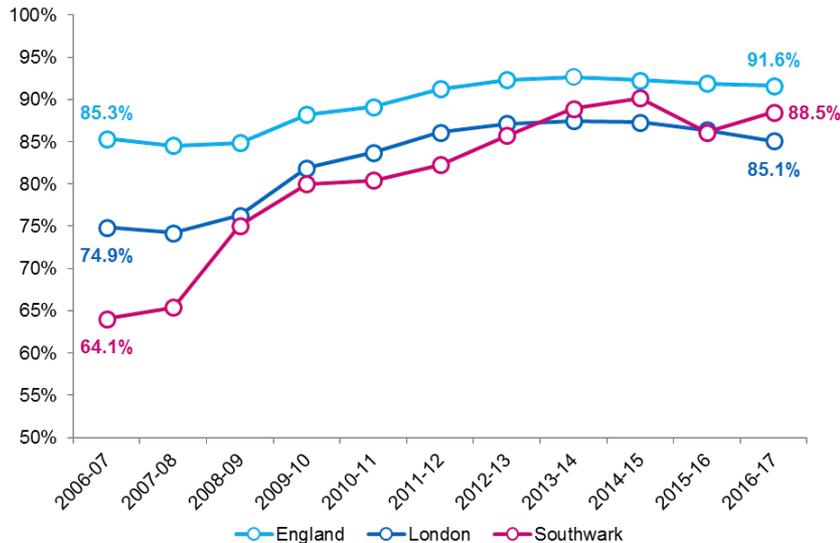
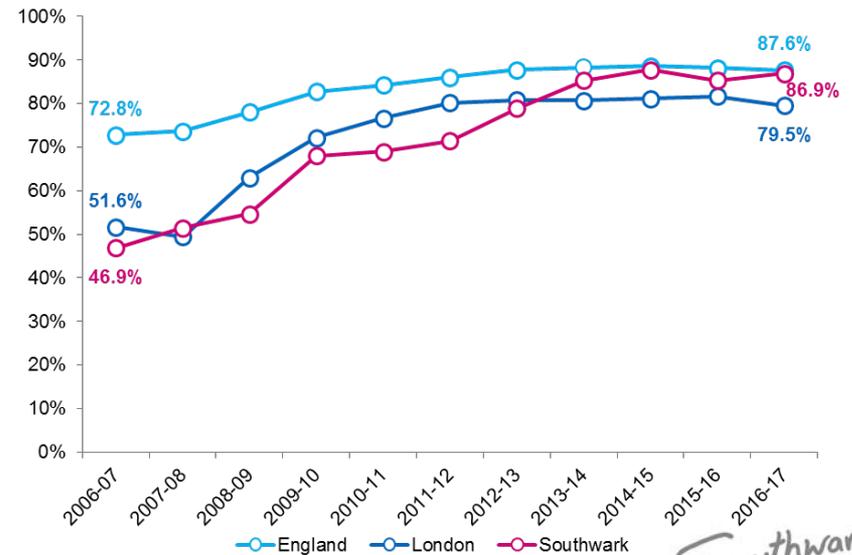


Figure 4: MMR2 uptake at 5 years

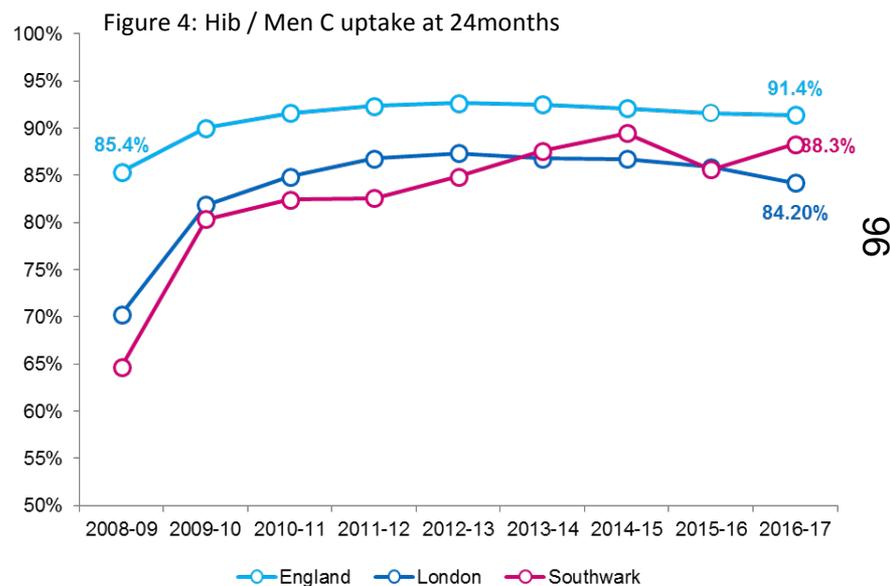


# Pre-school routine vaccinations

## Hib/MENINGITIS C

### Southwark uptake rates for Hib/Men C primary and booster are higher than for the whole of London

- Hib/MenC vaccine is given to babies at around 1 year of age
- From 1 July 2016 Infants no longer require the dose of MenC vaccination at 12 weeks of age as there are now very few cases of invasive MenC disease.
- The Hib/MenC vaccine (Menitorix) dose given at 12 months of age and the MenACWY conjugate vaccine dose given at around 14 years of age are unaffected by this change and are still given.

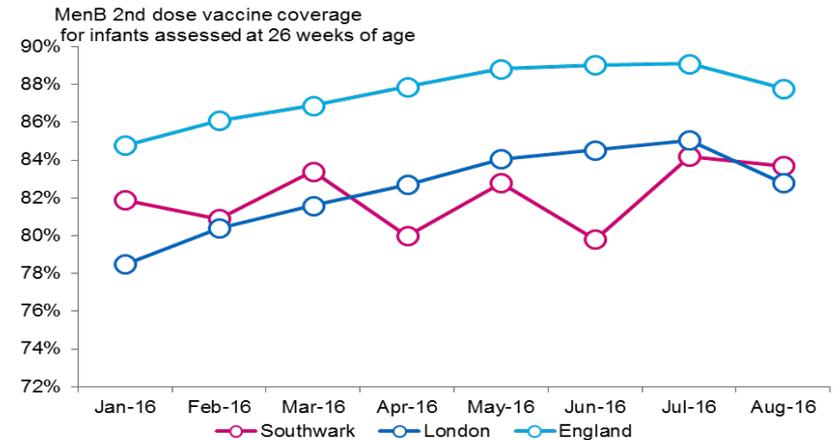
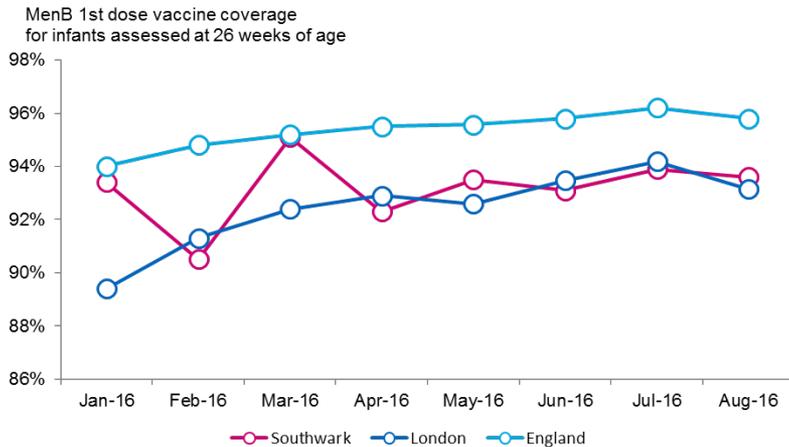


# Pre-school routine vaccinations

## MEN B VACCINE COVERAGE

### Vaccine Coverage has seen a steady increase between January and August 2016

- The Men B vaccine was introduced into the routine vaccine schedule in September 2015 and is offered to babies at 8 weeks, 16 weeks with a booster at 12 months.
- It protects against infection by meningococcal group B bacteria, which are responsible for more than 90% of meningococcal infections in young children.



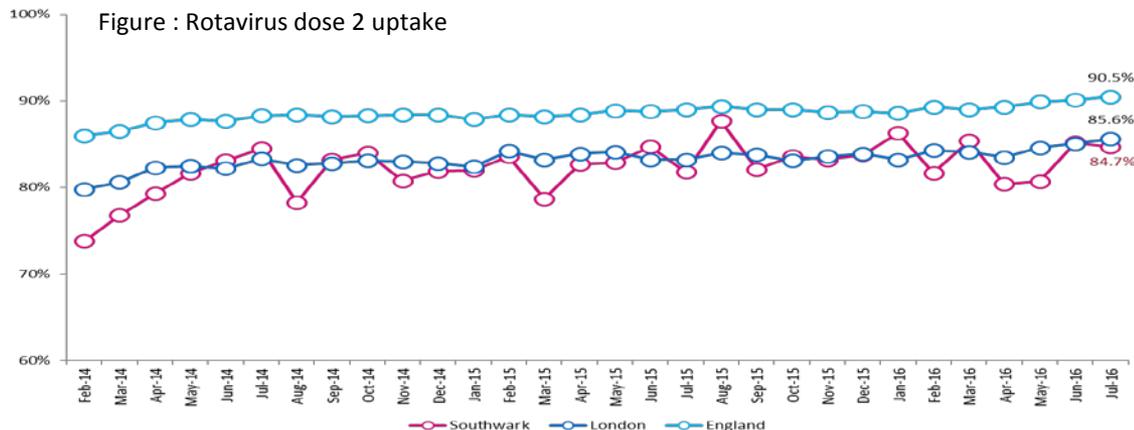
# Pre-school routine vaccinations

## ROTAVIRUS

**Uptake of rotavirus vaccine in Southwark in July 2016 was 84.6% - lower than in England but similar to uptake in London**

- Rotavirus is highly infectious and is the most common cause of gastroenteritis among children.
- Rotavirus infection in the UK is seasonal, occurring mostly between January and March. People of any age can be infected by rotavirus but most infections occur in children between one month and four years of age.
- Prior to the vaccination programme being introduced in 2013, nearly every child will have had at least 1 episode of rotavirus gastroenteritis by 5 years of age. A vaccine against the most common strains of rotavirus was introduced into the childhood immunisation schedule in July 2013.
- Infants should receive two doses of rotavirus vaccine – at 8 and 12 weeks – and is administered orally.
- Rotavirus has been responsible for high levels of GP visits and hospitalisations every year. Since the programme began, there has been a significant reduction in cases and the high coverage reported to date suggests that a rapid reduction in the burden of rotavirus is achievable.

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# Pre-school selective vaccinations

## HEPATITIS B FOR HIGH RISK BABIES

- Babies born to mothers who are screened positive for hepatitis B need to be protected from becoming infected
- It is important that they receive an accelerated immunisation schedule – 4 doses (at birth, then at 4 weeks, 8 weeks and 12 months) plus a booster for children still at risk and test for infection at 12 months.
- Up until April 2017, the second dose at 4 weeks old was given by a GSTT community nurse either in hospital or in community clinics. This process was coordinated by a jointly funded L&S post and hosted by GSTT.
- Other high risk babies, for example those with Hep C mothers, Hep B fathers and IVDU were also included in this programme.
- From April 2016 the second dose must be given in general practice (as well as doses 3 & 4)
- Uptake in 2016/17 was very high – around 100%, although detailed data about when the dose was given was not available

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# Pre-school selective vaccinations

## NEONATAL BCG

- Universal neonatal BCG vaccination started in February 2017 and offered BCG to all babies aged 0-28 days born in a London maternity unit as well as home births.
- In addition, vaccination is also offered to high risk babies aged 29 days to 12 months (ie those with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or more).
- Due to a global BCG shortage, in June 2016, the Public Health England (PHE) national team procured InterVax, a BCG vaccine from Canada. This vaccine is unlicensed in the UK so had to be offered under a Patient Specific Directive (PSD), i.e. to named patients. Stock supplies are also restricted.
- The offer to higher risk babies and children has recently been extended to those up to the age of 6 years.
- Between October 2016 and April 2017, 2761 children received their BCG vaccination – 1531 (aged 29 days to 12 months in high risk group), plus 1230 in the universal service since Feb 17 (0-29 day olds).
- For babies born January – March 2017; of 2477 babies, more than 97% were offered a vaccination appointment and the overall uptake was 50%.

# School age vaccinations

## SUMMARY

- Uptake in Southwark for the Men ACWY vaccine is low compared to London and England
- In Year 8 girls, 2015-16 data shows Southwark 1<sup>st</sup> dose vaccine coverage rates are higher than London and England averages
- More than 9 in 10 school children received their TD/IPV teenage booster in 2015/16 – significantly higher than averages for London and England

# School age vaccinations

## MEN ACWY VACCINE

### Uptake in Southwark is low compared to London and England

- MenACWY vaccine was introduced in 2015 to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which had been declared a national incident.
- It provides direct protection to the vaccinated cohort and, by reducing MenW carriage, will also provide indirect protection to unvaccinated children and adults.
- The objective of the MenACWY immunisation programme is to immunise all teenagers in school years 9 to 13 before they complete academic year 13. This is being met through replacing the routine adolescent MenC booster given in years 9 or 10 with the MenACWY vaccine since September 2015, and through a series of general practice (GP) based catch-up campaigns targeting older teenagers. All these cohorts will remain eligible for MenACWY vaccination until the age of 25.
- Additionally, MenACWY is offered to older students aged up to 25 who are in university as part of the existing time-limited 'freshers' programme.
- Cumulative national vaccine coverage for the third cohort (those born 1 September 1998 to 31 August 1999) offered MenACWY vaccine through the GP based catch-up programme from April 2017 and evaluated to the end of August 2017 was 29.4% for London 17.7% and for Southwark 10.9%.

# 5. School age vaccinations

## HPV VACCINE

**In Year 8 girls, 2015-16 data shows Southwark 1<sup>st</sup> dose vaccine coverage rates are higher than London and England averages**

- Two doses of quadrivalent HPV vaccine are offered to all girls aged 12 to 13 and protects against four types of HPV infection (6, 11, 16, 18) that can cause cervical cancer or genital warts
- Uptake rates in Southwark are good – 88.7% of girls received their first dose in 2015/16 and 84.5% had two doses
- Data for 2016/17 is not published yet but provisional data shows a higher uptake than the previous year

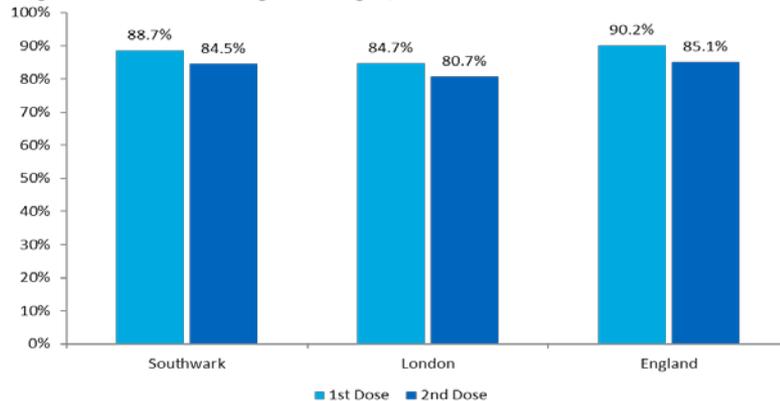
Figure 1: HPV 1st dose vaccine coverage in Year 8 girls



Figure 2: HPV 2nd dose vaccine coverage in Year 8 girls



Figure 3: HPV vaccine coverage in Year 9 girls, 2015/16





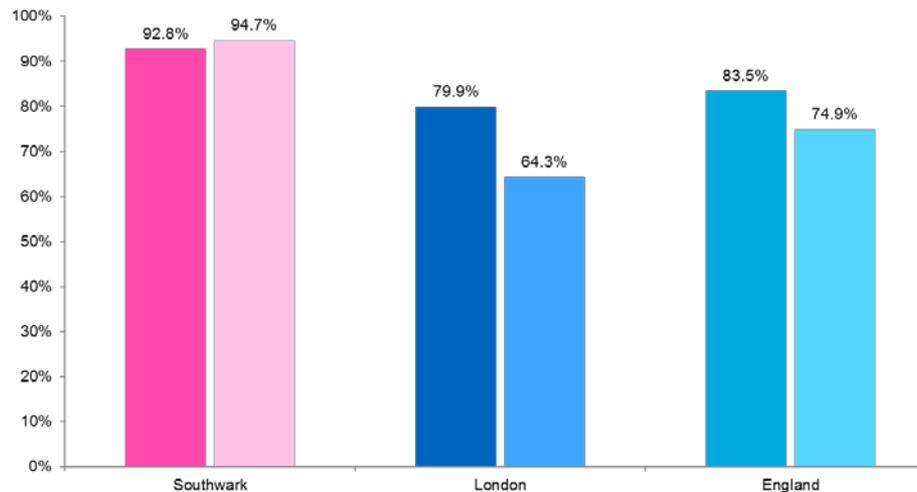
# School age vaccinations

## TD/IPV BOOSTER

### More than 9 in 10 Southwark school children received their teenage booster in 2015/16

- The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, is given as a single injection boost a child's protection against three separate diseases: tetanus, diphtheria and polio.
- The 3-in-1 teenage booster, is available routinely on the NHS for all young people aged 14 (school year 9).
- Uptake in Southwark was very high in 2015-16 – 94.7% for those in Year 10.

Figure 1: Td/IPV vaccine uptake rates, Year 9 and Year 10, August 15 – September 16



# Seasonal Flu Vaccine

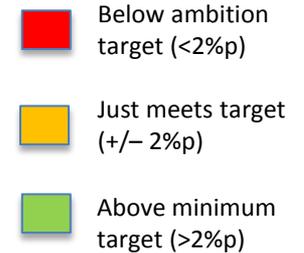
## SUMMARY

- Uptake in children aged between 2-4 years old was low in Southwark and London compared to the whole of England.
- Only about 4 in 10 at risk 2-4 year olds were vaccinated.
- The school programme for years 1 to 3 was successful with improvements in uptake from the previous year and a higher uptake than in London
- About 4 in 10 pregnant women received the vaccine
- The over 65's achieved the highest uptake of about 66%
- GSTT vaccinated 77% of its staff in 2016/17
- The frontline social care worker programme, run by Public Health, led to 96 staff being vaccinated.

# Seasonal Flu Vaccine

## UPTAKE IN 2016/17

Group	Southwark	London	England
<b>Pre-school (17/18 target 40-65%):</b>	<b>% uptake</b>	<b>% uptake</b>	<b>% uptake</b>
2 year olds	30.0%	30.3%	38.9%
(2 yr olds at risk)	(41.2%)	(44.3%)	(51.9%)
3 year olds	33.8%	32.6%	41.5%
(3 yr olds at risk)	(53.6%)	(48.5%)	(55.8%)
4 year olds	23.3%	24.9%	33.9%
4 yr olds at risk	34.2%	43.6%	50.5%
<b>School age (17/18 target 40-65%):</b>			
School year 1	47.9%	45.8%	57.6%
School year 2	46.0%	43.6%	55.3%
School year 3	46.8%	42.0%	53.3%
<b>Pregnant women (17/18 target 55%):</b>	40.9%	39.6%	44.8%
<b>6 months to under 65 at risk (17/18 target 55%):</b>	47.7%	47.1%	48.7%
<b>65 years and over (17/18 target 75%):</b>	66.1%	65.1%	70.4%



# Seasonal flu vaccine

## FRONTLINE SOCIAL CARE STAFF PROGRAMME

- The Southwark social care staff campaign in 2016/17 aimed to identify, promote and offer flu immunisation to those individuals working in frontline social care, who would typically not be offered immunisation through their General Practitioner (as not at increased personal risk) or through their organisation (not working in acute or community trusts).
- Those staff who had regular, direct contact with people in the risk groups for flu were eligible to receive a free vaccination under this scheme.
- We commissioned local pharmacies to deliver the vaccinations as a private service and retrospectively claim payment through an online pharmaceutical activity recording tool (PharmOutcomes), a system which is already used by pharmacists, Southwark Council and Southwark CCG for other pharmacy services. In this way, we could accurately assess how many vaccinations were delivered and reimburse accordingly.
- To take up the offer, staff members attended one of the 24 participating pharmacies across Southwark at a time convenient to them. They were not required to make an appointment and did not need to present a voucher, letter or ID badge. Ensuring the process was as convenient as possible helped to improve uptake.
- The programme achieved reasonable uptake, particularly in teams that had an engaged lead and received enhanced promotion. Overall uptake rate was not able to be calculated due to inadequate information on total number of eligible staff.
- Behavioural insights techniques were helpful in the health promotion setting and increased uptake of flu vaccine.
- The majority of those vaccinated during the programme did not take up the vaccine last year, which suggests that there was a change in health behaviour as a result of the promotional programme. We expect that a positive experience this year will encourage future uptake.
- The vaccination process received positive feedback from service users and providers and PharmOutcomes was very useful and easy to use.

# Seasonal flu vaccine

## COVERAGE IN HEALTHCARE WORKERS

Despite a drop in 2015/16, NHS Trusts in Southwark achieved highest recorded coverage rates in 2016/17

- GSTT saw a 33% increase in vaccine coverage rates between 2014/15 and 2016/17
- No data was submitted from SLAM NHS Trust for 2016/17

Figure 1: Influenza vaccine coverage in healthcare workers by NHS Trust over time

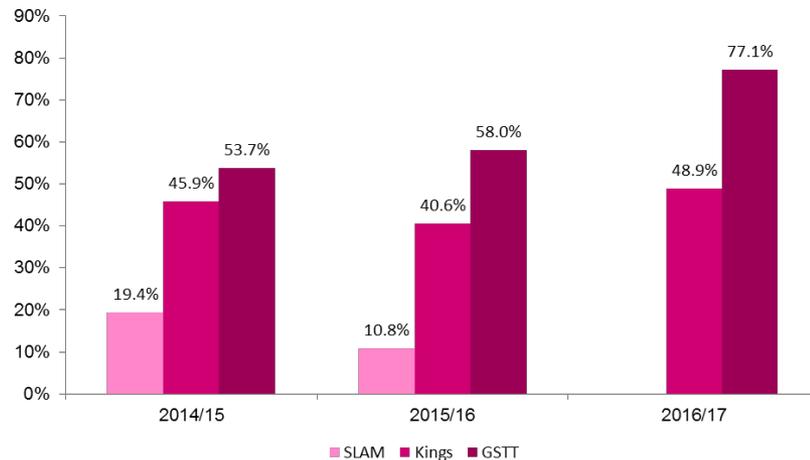
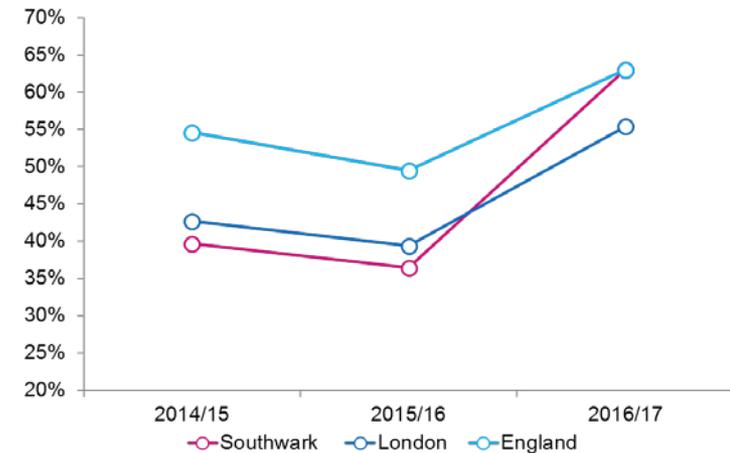


Figure 1: Influenza vaccine coverage in healthcare workers by area over time



# Adult vaccination programmes

## SUMMARY

- Uptake of shingles vaccine in Southwark is lower than the average for London and England
- Vaccination uptake in Southwark could be improved to reduce morbidity and mortality from invasive pneumococcal disease
- Uptake of pertussis vaccine in Southwark is good compared with London figures

# Adult vaccination programmes

## SHINGLES

### Uptake of shingles vaccine in Southwark is lower than the average for London and England

- Shingles is an infection of a nerve and the area of skin around it and is caused by the herpes varicella-zoster virus, which also causes chickenpox.
- Following chickenpox infection, the virus can lie dormant in the nervous tissue but may reappear following reactivation as shingles. It is possible to have shingles more than once.
- The shingles vaccination programme started in September 2013.

Figure 1: Routine shingles vaccine coverage in adults aged 70 years

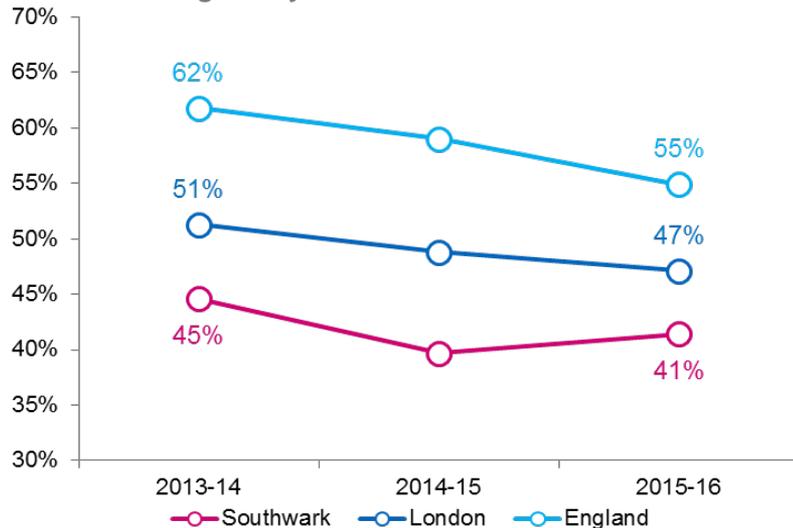
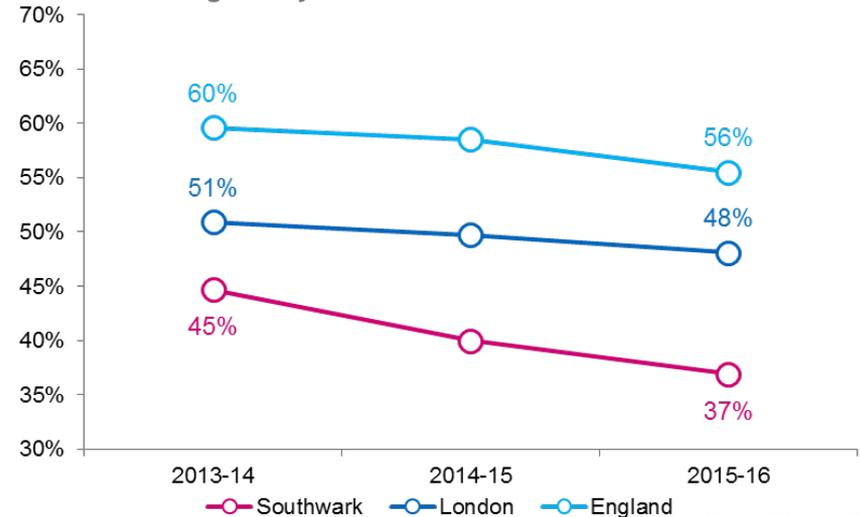


Figure 1: Catch-up shingles vaccine coverage in adults aged 70 years



# Adult vaccinations programmes

## PNEUMOCOCCAL

### Vaccination uptake in Southwark could be improved to reduce morbidity and mortality from invasive pneumococcal disease

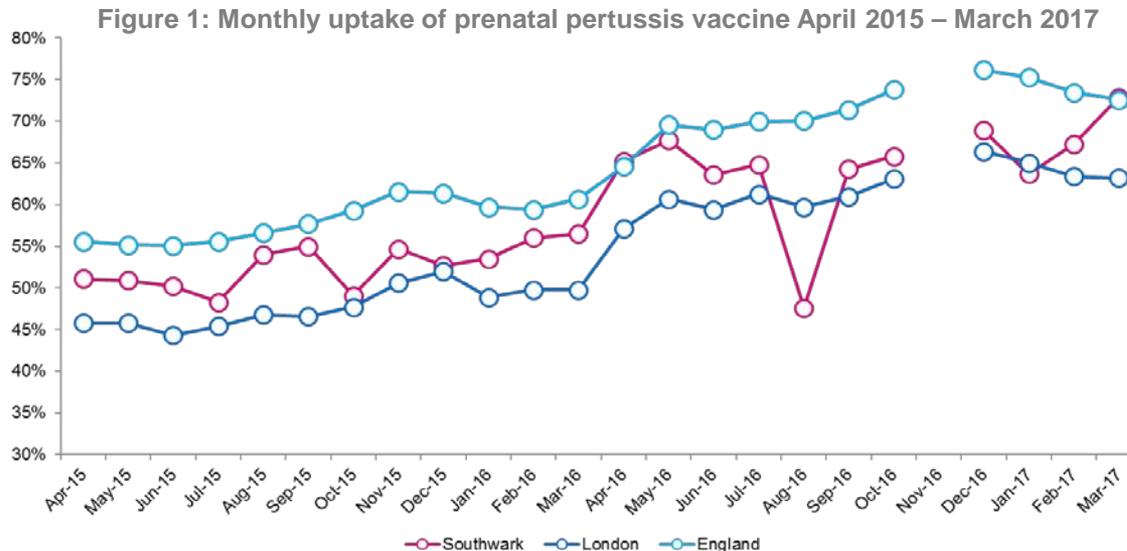
- Since 2005 adults aged 65 years and over have been offered the pneumococcal vaccine
- Pneumococcal disease can present as non-invasive or invasive infections caused by the bacterium *Streptococcus pneumoniae* (also called pneumococcus). Non-invasive disease includes middle ear infections (otitis media), sinusitis and bronchitis, whilst invasive pneumococcal disease (IPD) includes septicaemia, pneumonia and meningitis.
- IPD is a significant cause of morbidity and mortality globally and in the UK, with more than 5,000 confirmed cases reported annually in England. Young children, the elderly and people in clinical risk groups are most at risk of severe pneumococcal disease, and so all of these groups are currently offered pneumococcal immunisation.
- Coverage of PPV in adults aged 65 years and over, vaccinated any time up to and including 31 March 2017, was 57.6% in Southwark compared to 64.3% in London and 69.8% in England.
- The proportion of adults aged 65 years who were vaccinated in the last 12 months was 16% in Southwark.

# Adult vaccinations programmes

## PERTUSSIS IN PREGNANT WOMEN

### Uptake of pertussis vaccine in Southwark is good compared with London figures

- The pertussis vaccination programme was introduced in October 2012 in response to an outbreak of infection that led to a number of infant deaths. It aims to minimise disease, hospitalisation and deaths in young infants, through intra-uterine transfer of maternal antibodies, until they can be actively protected by the routine infant programme with the first dose of pertussis vaccine scheduled at eight weeks of age.
- From April 2016, advice has been to ideally offer from gestational week 16, although for operational reasons, vaccination may be offered from around 20 weeks, on or after the foetal anomaly scan.
- Uptake in March 17 in Southwark reached 72.9%.



## SOURCES OF INFORMATION

NHS Digital	<a href="https://digital.nhs.uk/article/191/Find-data-and-publications">https://digital.nhs.uk/article/191/Find-data-and-publications</a>
PHE immunisation resources	<a href="https://www.gov.uk/government/collections/vaccine-uptake">https://www.gov.uk/government/collections/vaccine-uptake</a>
NHS Choices	<a href="https://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx">https://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx</a>
Guys & St Thomas' NHS Trust	GSTT Community Immunisation Team

<b>Item No.</b> 10.	<b>Classification:</b> Open	<b>Date:</b> 29 January 2018	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Tackling unhealthy weight in Southwark- update	
<b>Wards or groups affected:</b>		All	
<b>From:</b>		Director of Health and Wellbeing	

**RECOMMENDATIONS**

1. The board is requested:
  - a) To receive an update and progress report on the delivery of the Southwark Healthy Weight Strategy – Everybody’s Business.
  - b) To note and agree the actions including the enhanced offer for schools and for geographical parts of the borough with higher obesity rates (para 20 – 28)
  - c) To note the offer of healthy weight training as part of a Making Every Contact Count approach that will be introduced in April and to commit to ensuring that the relevant front line staff will undergo the training.
  - d) To note that an Expert Challenge Panel will be held in Autumn and that a report of the findings will be made back to the health and wellbeing board.

**EXECUTIVE SUMMARY**

2. The Health and Wellbeing Board agreed the Southwark Healthy Weight Strategy – Everybody’s Business sets a comprehensive approach to reducing unhealthy weight, including elements of both prevention and treatment of overweight and obesity with actions across the whole life course including maternity and early years, children and adults, and targeting the obesogenic environment (Appendix 1: Framework summary).

Recent NCMP results show since 2007/8 there has been a steady decline in obesity for Reception and Year 6, and in excess weight in Year 6, whilst Reception year excess weight has remained unchanged.

Over the past 12 months, the Healthy Weight Strategy has established the strong foundation in Southwark for tackling obesity. Two implementation groups were set up for ‘people’ and ‘place’, supported by wider local stakeholders, to develop and implement the essential components of a whole systems approach to healthy weight. Activities included: seeking accreditation of the UNICEF Baby Friendly Initiative, commissioning weight management programmes for Tier 2 children and Tier 2 and 3 adults, and developing a school nurse offer to ensure better referrals as part of the NCMP to family based healthy weight interventions. Alongside, we also wanted to take action to address the obesogenic environment including adopting hot food takeaway exclusion zones around schools, carrying out a Joint Strategic Needs Assessment on active travel with making specific recommendations, promoting the Healthier Catering Commitment to existing food businesses and the development of strategic

policies that create healthier urban environments in the New Southwark Plan and through regeneration.

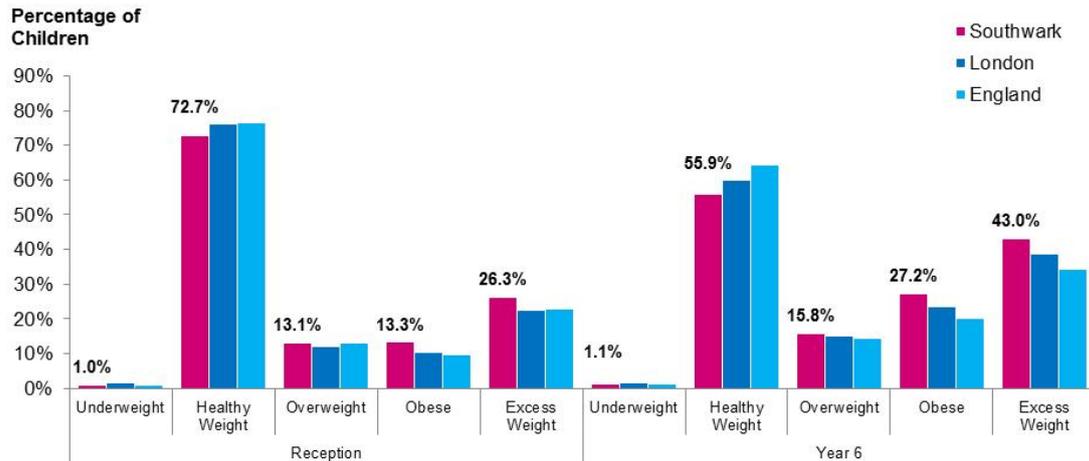
## **BACKGROUND INFORMATION**

3. Southwark has high levels of overweight and obesity, particularly among children and those from the most deprived parts of the borough.
4. The Health and Wellbeing Board convened a senior leadership group for obesity to oversee the development of a new healthy weight strategy for the borough. The strategy, Everybody's Business, was informed by national and local learning and subject to external scrutiny and assurance.
5. The strategy is comprehensive, including elements of both prevention and treatment of overweight and obesity with actions across the whole life course including maternity and early years, children and adults. The strategy also aims to influence the environment in which people live in order to make the healthy choices the easiest choices to make. Although the strategy takes a life course approach it prioritises children and the early years.
6. Over the last 12 months, we have taken a whole systems approach, and through partnership working across all Council departments, the NHS, the VCS and local businesses, we are working to make tackling obesity 'everybody's business'. Over the next 12 months, we want to build upon what we have achieved, as well as strengthen the targeted approach in geographical areas where we are faced with higher levels of deprivation and to better support population groups that are of higher risk or face more challenges to healthy weight.

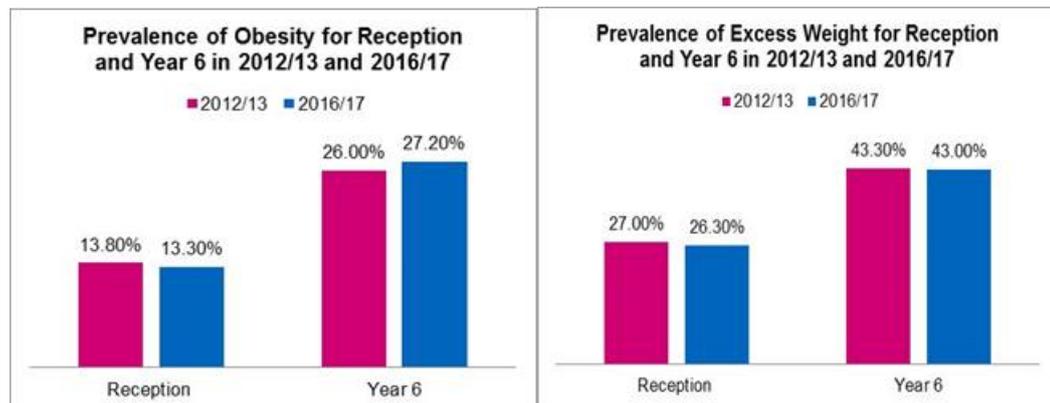
## **KEY ISSUES FOR CONSIDERATION**

### **The Picture in Southwark**

7. The latest National Child Measurement Programme (NCMP) data were published in November 2017. In 2016/17, 94.3% of eligible children in Southwark were weighed and measured, which is higher than the national target of 85%.
8. Findings from the 2016/17 NCMP show fewer than 3 in 10 children in Reception are overweight or obese (excess weight), yet by Year 6 this increases to more than 4 in 10 children. The increase in obesity between Reception and Year 6 is statistically significant, while there is only a marginal increase in the prevalence of children who are overweight.



When compared to other London boroughs, Southwark currently has the second and fifth highest levels of obesity and third highest prevalence of excess weight for Reception and Year 6. Levels of excess weight among children in Southwark have been significantly above the London and national averages.



9. Although these changes are not statistically significant, over the last 5 years:

- Obesity has decreased for Reception and increased for Year 6
- Excess weight has decreased for Reception and decreased for Year 6.

10. There is variation between wards at local level:

- Excess weight in Reception is significantly higher than the Southwark average in Faraday, East Walworth, Livesey and Camberwell Green wards.
- At Year 6, schools in the Faraday, Camberwell Green, Peckham and Livesey wards tend to have a higher three-year aggregate prevalence of excess weight for both Reception and Year 6 compared to the national average.

11. National results from the 2016/17 programme show that excess weight and obesity is highest among children from Black or Black British ethnic groups and lowest among children from Chinese ethnic background for both Reception and Year 6 cohorts. These results held true even when BMI adjustments were made for English South Asian and Black children. By Year 6 all ethnic groups, except Chinese, have a significantly higher level of excess weight or obesity than children of a White ethnic background.

Appendix 2 provides further details on the NCMP data. Further analysis will be conducted using anonymised, individual level historical NCMP data from previous years to better understand trends, prevalence and risk factors associated with obesity in Southwark.

### **Last 12 months**

12. Following approval of the strategy by the HWBB, a delivery structure was established. There is oversight of the implementation through the two delivery groups that meet on a quarterly basis. One of these groups covers the 'people' elements of the strategy (e.g. weight management services for people that are overweight) and the other covers the 'place' elements (e.g. creating a less obesogenic environment). These groups bring together key partners to ensure progress of the identified actions. A whole systems life course approach is taken.
13. *Promoting breastfeeding and a good start.* The UNICEF Baby Friendly Initiative (BFI) is an important programme of the Healthy Weight Strategy in promoting healthy weight in infants. By supporting breastfeeding and parent infant relationships, the initiative enables babies to have the best possible physical and emotional health from the start. Guys and St Thomas' NHS Trust (GSTT) is commissioned to deliver all three stages of accreditation in the Health Visiting Service, working in partnership with the 18 children's centres in the borough.

Since the healthy weight strategy was agreed by the Health and Wellbeing Board, a BFI Coordinator for Southwark has been recruited, a steering group established and an action plan covering all Baby Friendly standards developed. This action plan, in combination with the revised Infant Feeding/Breastfeeding Policy, satisfied requirements for the first phase of the BFI resulting in the receipt of a Certificate of Commitment in October 2016. Additionally, the GSTT Declaration on advertising of breast milk substitutes and the GSTT Declaration committing to the International Code of Marketing of Breastmilk substitutes were both signed.

In addition to the written policies and guidelines to support the baby friendly standards, an Infant Feeding/Breastfeeding policy orientation and training plans are being developed for both incoming and existing staff, with supplementary role-specific targeted training sessions. Through spot checks of children's centres and using the updated UNICEF audit tool, standards have the capacity to be assessed and audited, with 34 staff and 20 mother audits already completed. Furthermore, the ongoing evaluation of written information, teaching materials and publications will ensure there is no promotion of breast milk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff. Stage 1 of the BFI was achieved July 2017. Work is now progressing towards Stage 2 when all staff involved in providing care to mothers and infants will have achieved the required levels of training.

14. *Making Early Years settings healthier.* The Council and the CCG jointly fund a Nutrition and Dietetics Early Years Service which delivers the Eat Better, Start Better framework (Children's Food Trust) in Southwark's children's centres to help promote healthy infant weight. A key focus of the service is capacity building among children's centre staff to deliver healthy eating advice and practical workshops for families including Cook and Eat, Introducing Solid Foods and Nutrition Advice sessions. In addition to providing practical support and

experience, the aim of the sessions is to increase knowledge and understanding of food labeling, food groups and the importance of five fruits and vegetables each day. For the 2017/18 fiscal year, in the first quarter from April to June 2017 there were over 580 attendees, and 740 families attended sessions between July and September 2017, of which 454 (61%) were new families.

15. *Improving the healthy weight pathway.* A specialist healthy weight school nurse post was created to support the school nursing service to better integrate healthy weight advice and referral into the healthy child pathway. The nurse supports implementation of the NCMP programme in Southwark schools and through follow up letters, invites all families with unhealthy weight children to attend a group or individual healthy weight clinics. Healthy weight clinics are one-off 45 minute sessions where the school nurse gives information about healthy eating and physical activity and signposts to local weight management services.
16. Schools are also encouraged to promote healthy weight by adopting a 'whole school approach' through the London Healthy Schools programme. In Southwark there has been an increase in all levels of accreditation since the 2015/16 school year, and as of January 2018 there are 93 registered schools, 55 bronze, 28 silver and 9 gold awards.
17. *Weight management services:* The children's tier 2 weight management service, Alive 'n' Kicking (ANK), was commissioned in April 2017. ANK provides multi-component, 12 week, NICE-compliant lifestyle weight management intervention programmes held in the community for 4-17 year olds (grouped by age) and their families who have been identified as overweight or obese. As of September 2017, a total of 126 families were referred to and started the programme. Up to September, 80% of children completing had reduced or maintained their BMI.

To complement the service, each term ANK facilitates School Time Obesity Prevention (STOP), a 12 week school-based weight management programme in one school. STOP delivers similar messages surrounding healthy food and active living for children aged nine-12 (Years 5 and 6) and serves as a supportive introduction and prevention programme for all pupils, regardless of weight status. By targeting this age group the goal is to see healthier weights reflected in the Year 6 NCMP results. The aim of this supplementary work in school settings is to increase the uptake of referrals into the ANK service for eligible pupils. The first STOP programme was conducted at Charlotte Sharman Primary School during the 2017/18 autumn term.

The CCG have commissioned a new adult tier 2 and 3 weight management service from GSTT with the new service beginning in January 2017.

18. *Adult physical activity.* There is good take up of the Council's free swim and gym programme: as of December 2017, 32,877 people have registered with approximately half using the facilities regularly. 55% of people registered are female and 52% are from BME groups.

There is good evidence that people with poorer health or who are overweight are less likely to use leisure facilities. The health referral element of the Free Swim and Gym Programme aims to address this. The exercise on referral scheme supports previously inactive residents over 16 years old with specific health conditions including those who are obese. The emerging results are encouraging: 55% of programme completers reduce their waist

circumference and 87% of programme completers increase their physical activity levels.

19. *Healthy weight environment:* The Healthy Weight strategy highlights the importance of tackling the obesogenic environment and includes actions to promote healthy places through the Healthier Catering Commitment, the Healthy Workplace Charter and through planning policy to create healthier and less obesogenic environments.

Requirements have now been included in contracts for all leisure centres and park cafes in the borough to work towards achievement of the standards required for the London Healthier Catering Commitment and currently 16 businesses have been accredited. As of October 2017, 44 Southwark Businesses have signed up to the London Workplace Health Charter including some of the biggest employers in the borough, and 15 have been accredited.

The New Southwark Plan (NSP - Proposed Submission version) is the spatial strategy for the borough. Major strategic policies cover active travel, promoting active design, protecting and investing in green spaces and encouraging food growing. There are also specific policies that will contribute towards making our street less unhealthy including a proposal for implementing hot food takeaway exclusion zones within 400m of secondary schools. The close working relationship between planning policy, public health and the rest of the council has meant that no application for new A5 hot food takeaways within 400m of secondary schools has been approved since the start Healthy Weight Strategy in July 2016.

To understand the picture of active travel in Southwark, a Joint Strategic Needs Assessment was conducted in August 2017, and the report identified key policy recommendations to encourage more residents to walk or cycle as part or the main mode of transport. The key recommendations emerging from the report include developing active travel campaigns to specifically target older residents and persons with disabilities, continued cross-sector working across council departments, and improving data collection and sharing opportunities.

To support children's engagement with active travel, schools are encouraged to become accredited with Transport for London's scheme to inspire young Londoners to travel to school sustainably, actively, responsibly and safely by championing walking, scooting and cycling. The STARS (Sustainable Travel: Active, Responsible, Safe) programme supports schools develop school travel plans and establish active travel targets. To date 59 schools are accredited.

20. *Free School Meals:* In Southwark all primary school children receive a free, healthy school meal. Work is currently taking place with Kings College Nutrition and Dietetics Department to identify opportunities to improve the meals, and eating and whole school environment.

### **Next 12 months**

21. Over the next 12 months, we will continue to strengthen the whole systems approach while at the same time, guided by the NCMP data, enhance our targeted approach for populations at a higher risk of developing obesity.

22. *Supporting breastfeeding in community and high street settings:* To further support the current action promoting breastfeeding through the UNICEF Baby Friendly Initiative (mother and infant care focus), there are plans to implement the Breastfeeding Welcome Scheme (BWS) for local businesses. The BWS is an accreditation programme supporting businesses with the tools and resources to facilitate a breastfeeding-friendly environment for mothers in the community. Supporting local businesses and venues to become accredited will help foster an environment across the borough where mothers feel comfortable breastfeeding outside of the clinical setting and ultimately promote breastfeeding for the first six months of life. The scheme is planned to begin February 2018 with council buildings, Southwark libraries, leisure centres, park cafes and museums to be prioritised as the first locally accredited venues in the borough by summer 2018. Other local high street businesses will also be targeted such as cafes.
23. *Making every contact count:* A key area identified during the development of the Healthy Weight Strategy was a lack of systematic training to help health and non-health professionals do brief advice and brief interventions on weight. Online training modules are being commissioned with evidence-based information on BMI assessment, the local healthy weight care and referral pathways, and brief intervention techniques. The contract will start on 15 January 2018 with the first modules expected April 2018. To accelerate the whole systems change, the relevant front line staff in all partner organisations are encouraged to complete the online healthy weight training.
24. *Working through faith groups:* This is an area of work we will be developing with Community Southwark and the faith forums in Southwark to help us reach different communities. Different approaches to promoting health through faith groups will be tested, building on lessons from South London and Maudsley's Spiritual and Mental Health and Pastoral Care Programme.
25. *A stronger offer to schools:* A partnership group was set up in early 2017 to discuss opportunities to collaboratively support schools to develop and evaluate physical activity and sport programmes. The group included Leisure, Public Health, Travel and Highways, and Education, as well as London Sport, London PE and School Sport Network (LPSSN), and Everyone Active. Following the Government's commitment for additional funding provided through the PE and School Sport Premium, the partnership group decided to prioritise schools with the highest prevalence of excess weight through an enhanced offer.

The aim of the Top Ten Schools Programme is to support the ten schools with the highest three-year aggregate prevalence of excess weight in Reception by offering additional support, guidance, education and resources. The programme will take a whole systems approach integrating elements of physical activity, active travel, training and nutritional support beyond the school's current offer. The project is ready to begin in February 2018.

26. *Creating a healthier weight environment:* To continue tackling the obesogenic environment through the Council's spatial planning and regeneration so that we continue to create places where the healthier choice is the easier choice. We will continue to tackle the food environment as well as to continue to make the borough a place where it is easier to be physically active as part of day to day living and travelling. For regeneration areas, we will want to ensure that the potential for creating healthier places is realized and will seek to do this through

for example, the emerging social regeneration framework, specific health plans and agreed outcome indicators.

We are working closely with Guys and St Thomas Charity (GSTC) to use the borough as a test bed for innovative approaches to tackling obesity. We fully endorse the GSTC place based 10 year approach and support the value of investigating and developing new initiatives targeting the home, school and street. As part of this approach, a geographical area of the borough will be defined for enhanced action. This work is being informed by NCMP data as well as qualitative data commissioned by GSTC.

The Council is investing in a new “Kitchen and Bathroom” programme for Council homes. As part of this, a pilot healthy and social cook and eat programme will be offered to residents who recently had a new kitchen installed. The goal of this programme is to equip local residents with the skills and resources for healthy eating using affordable, local produce and supplies. There is also potential through this piece of work to engage with local TRAs and explore connected opportunities such as those tested out through the Waste Less Save More Sainsbury’s project, namely the Community fridge and the library of kitchen equipment. The first sessions are planned to be delivered by the end of March 2018.

Food poverty is recognized as a factor in poor eating habits and work has already started to bring together a Food Poverty Alliance which we will continue to build on in 2018.

27. *The Local Government Declaration on Sugar Reduction and Healthier Food:* Following the introduction of the soft drinks levy set to come into effect April 2018, a local government sugar declaration was established by Sustain. The aim of the declaration is to encourage local authorities to make a public commitment to reduce the availability and promotion of sugary products and improve healthier eating and drinking options. The initiative takes a whole-systems approach whereby elements of advertising, availability of unhealthy food and awareness of sugar are addressed across six key areas. By committing to specific actions in each of the areas, Southwark would be able to make a public commitment to a healthier eating environment and continue tackling obesity. Actions will be identified and proposed to the Health and Wellbeing Board in April 2018.
28. *Improving NCMP feedback to schools and parents:* NCMP results are now being provided to schools so that each school better understands the extent of excess weight in Reception and Year 6. In addition to the enhanced school nursing response, we are working with GSTC, schools and school nurses to identify and test more innovative ways of communicating with families with children of unhealthy weight. The aim is for the project to commence in early 2018.

### **Risks and challenges**

29. The ongoing work and sharing of best practice through expert forums such as the London Obesity Leads Network provides a level of assurance that our approach in Southwark will deliver the outcomes we are aiming for. We intend to also hold an Expert Panel Challenge Event in Autumn to do a deep dive into the Southwark Healthy Weight Strategy and actions so we know that what we do is informed by evidence and that we continue to challenge ourselves.

30. We recognise that there is an important place for weight management and will seek to increase the uptake of the service. Although the Tier 2 weight management for children and families is producing good outcomes, the numbers going through the service are still relatively small. Very real challenges exist in scaling up weight management as many families prefer less structured interventions. There will also be significant cost implications.
31. There is a very clear association between unhealthy weight and deprivation and a strong case for a targeted approach. Such an approach must also address the wider social determinants of health. The principles of social regeneration that are being developed are an essential part of our approach to reducing the risks for unhealthy weight and other conditions. This is a long term approach and will require ongoing commitment across the system and with partners.
32. While the NCMP data is invaluable in helping us to track our progress and also to better understand how unhealthy weight is affecting our population, it is important to recognise that the data needs to be looked at over time and that year-on-year non-statistically significant variation should be expected. This must not distract from the evidenced based approach that we have implemented in Southwark.

### **Policy implications**

33. Southwark Council and the Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and well being strategy for Southwark. The Health and Wellbeing Strategy is underpinned by more detailed thematic strategies and action plans – of which the Healthy Weight Strategy is one.
34. The Healthy Weight Strategy sits alongside other Southwark strategies that will themselves impact on levels of overweight and obesity. These include the Physical Activity and Sport Strategy, Transport Strategy and the Children and Young People's Wellbeing Strategy.

### **Community impact statement**

35. The Healthy Weight Strategy acknowledges that some communities and individuals are both more likely to become overweight or obese and less likely to access services to prevent or treat it. The interventions commissioned to deliver the strategy will be appropriately targeted in the expectation that they will address this issue.

### **Financial implications**

36. There are no financial implications contained within this report. However, the priorities identified in the Healthy Weight Strategy will have implications for other key local strategies and action plans and the development of commissioning intentions to improve the health and wellbeing of Southwark's population.

## BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Joint Strategic Needs Assessment		jsna@southwark.gov.uk
<b>Link:</b> <a href="http://www.southwark.gov.uk/jsna">www.southwark.gov.uk/jsna</a>		
Southwark Health & Wellbeing Strategy 2015/20		Public Health 020 7525 0280
<b>Link:</b> <a href="http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020">http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020</a>		
Everybody's Business: Southwark's Healthy Weight Strategy		Public Health 020 7525 0280
<b>Link (Copy and paste link into browser)</b> <a href="http://moderngov.southwark.gov.uk/documents/s63091/Appendix%201%20Healthy%20Weight%20Strategy%202016%20-%202021.pdf">http://moderngov.southwark.gov.uk/documents/s63091/Appendix%201%20Healthy%20Weight%20Strategy%202016%20-%202021.pdf</a>		

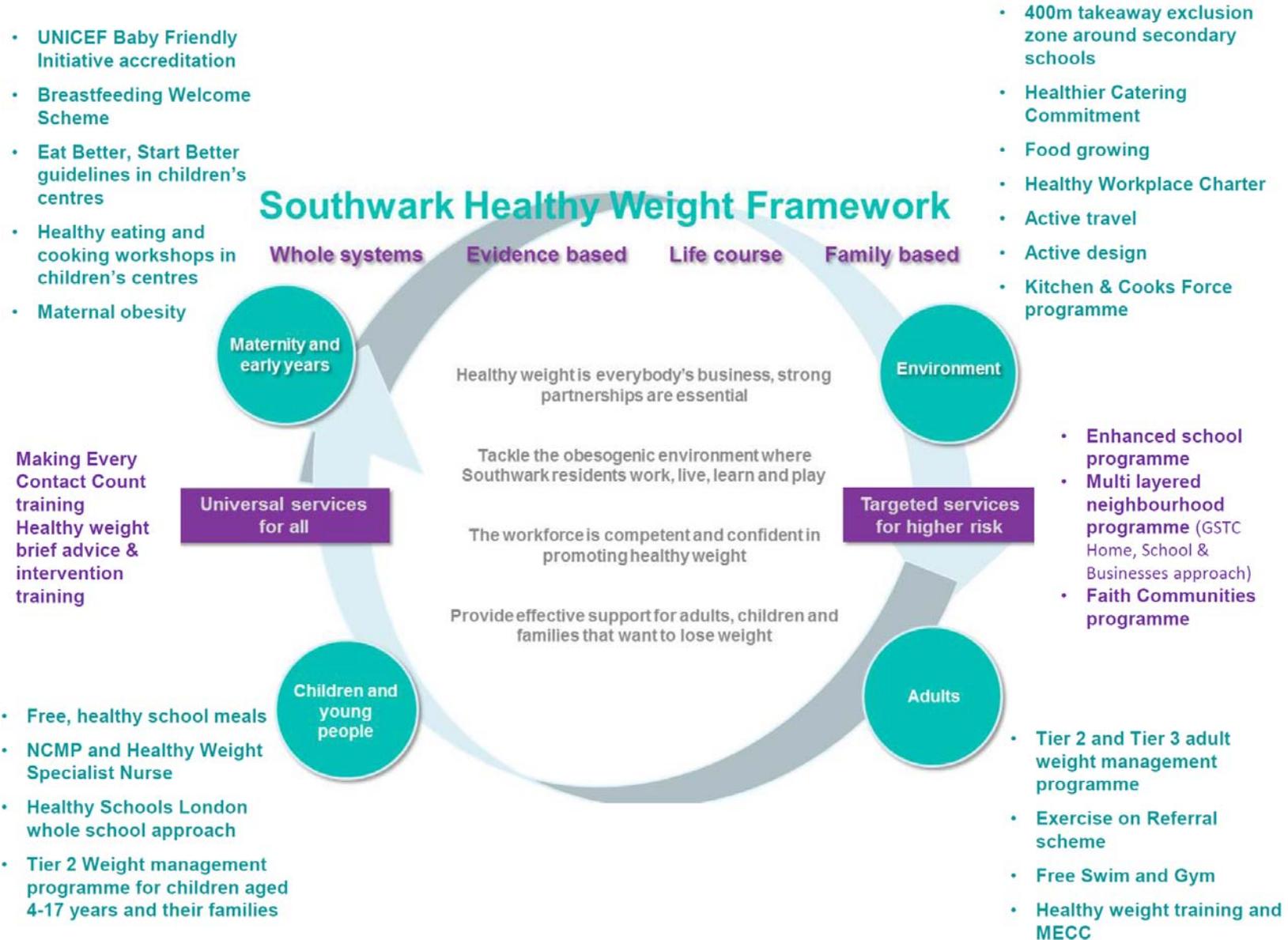
## APPENDICES

No.	Title
Appendix 1	Healthy weight strategy framework
Appendix 2	NCMP data summary
Appendix 3	Healthy weight action plan update

## AUDIT TRAIL

<b>Lead officer</b>	Kevin Fenton, Director of Public Health	
<b>Report Authors</b>	Melinda Chau, Policy Officer Jin Lim, Consultant in Public Health	
<b>Version</b>	Final	
<b>Dated</b>	17 <sup>th</sup> January 2017	
<b>Key decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	19 January 2018	

## Appendix 1: Healthy Weight Strategy Framework



# Childhood obesity in Southwark

Key findings from the National Child Measurement Programme

People & Health Intelligence Section  
Public Health

November 2017

 @b\_southwark  facebook.com/southwarkcouncil



## Approximately 6,000 children in Southwark are weighed and measured each year as part of the NCMP

### INTRODUCTION

**The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in state maintained primary schools across England.**

- Following the transfer of Public Health from the NHS to local government, Local Authorities have a statutory responsibility to deliver the NCMP.
- The NCMP has been running since 2005-06 and is designed to support population surveillance, local planning and the delivery of services.
- The participation rate in Southwark in 2016-17 was 94.3% compared to the England rate of 95%
- Southwark parents and carers receive a letter to inform them of the weight status of their child and are signposted to relevant services to support the achievement and maintenance of a healthy weight.

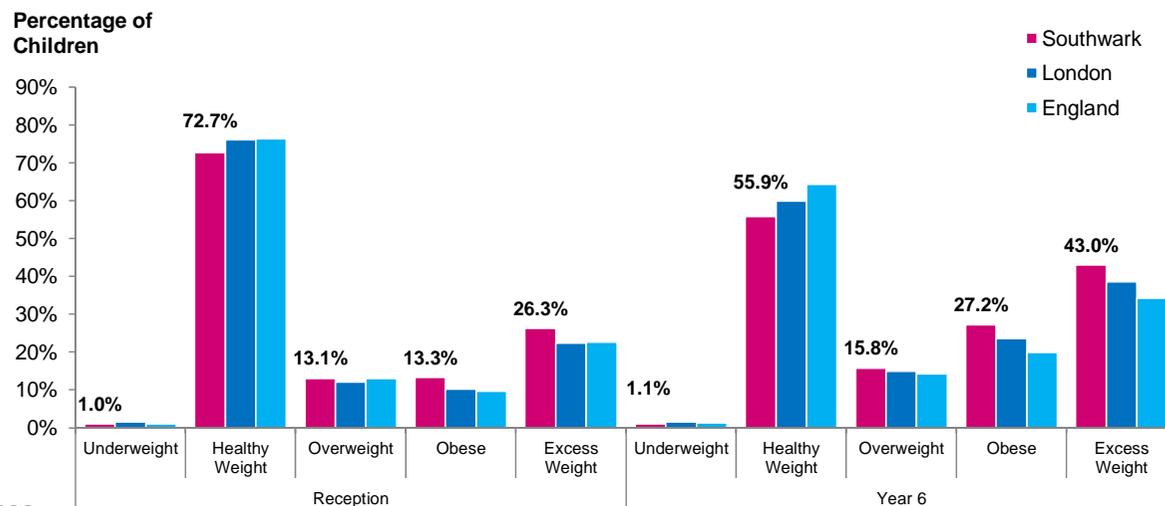
#### References

1. NHS Digital: <https://digital.nhs.uk/catalogue/PUB30113>

## A significant number of children in Southwark are overweight or obese

### FINDINGS FROM 2016-17 PROGRAMME

- Fewer than 3 in 10 children in Reception are overweight or obese (excess weight). By Year 6 this increases to more than 4 in 10 children.
- The increase in obesity between Reception and Year 6 is statistically significant, while there is only a marginal increase in the prevalence of children who are overweight.



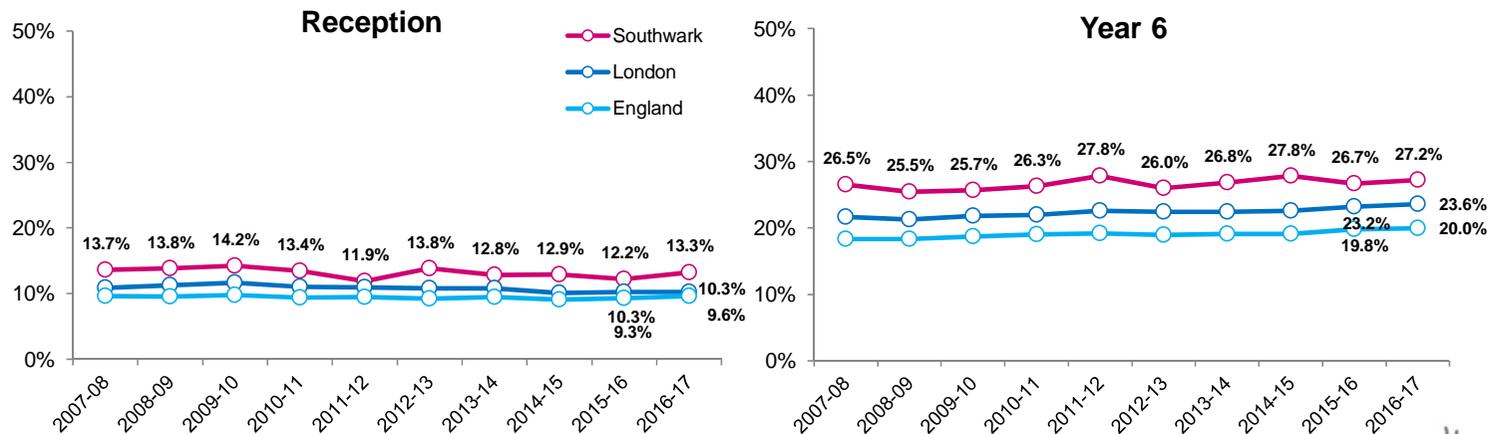
References

1. NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19109>

## Levels of obesity among children in Southwark are significantly above the London and national average

### TRENDS IN OBESITY

- Levels of obesity among children in Southwark have been significantly above national levels since measuring began.
- Trends indicate there has been no statistically significant change in the gap between Southwark and London since the start of the measurement programme, with the exception of children in Reception Year in 2011-12.
- The Healthy Weight Strategy aims to reduce obesity by 2020-21 to 11.3% among children in Reception and 24.9% among Year 6 children.



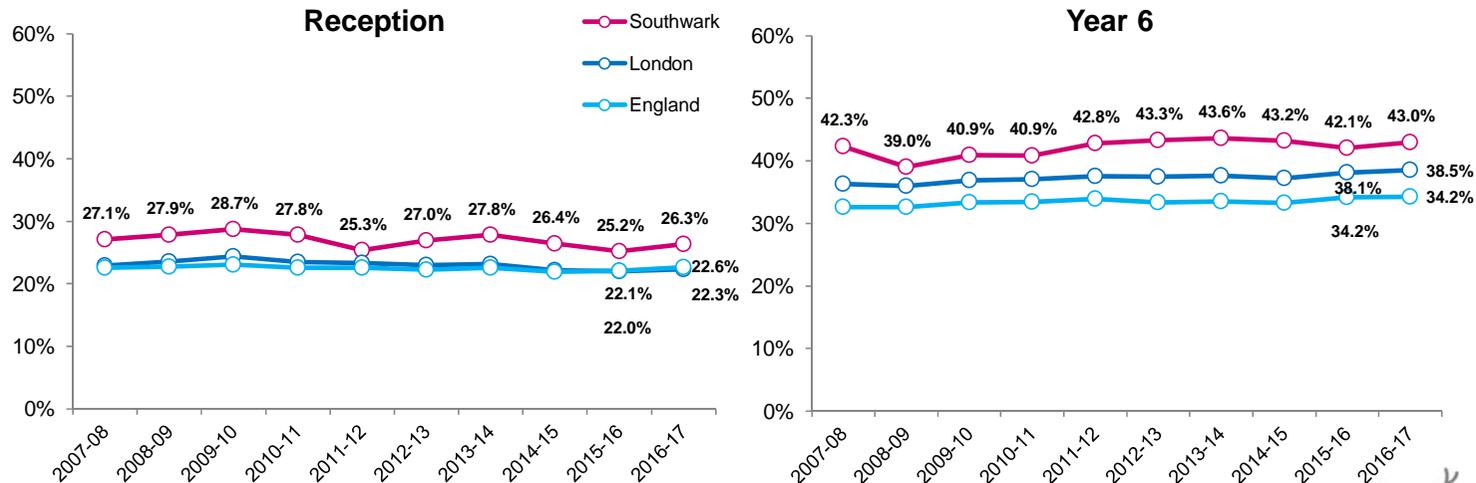
#### References

1. NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19109>

## Excess weight among children in Southwark is significantly above London and national average

### TRENDS IN EXCESS WEIGHT

- Levels of excess weight among children in Southwark have been significantly above London and national levels since measuring began.
- Trends indicate there has been little change in the gap between Southwark and London since the start of the measurement programme.
- The Health Weight Strategy aims to reduce excess weight by 2020-21 to 23.6% among children in Reception and 38.9% among Year 6 children.



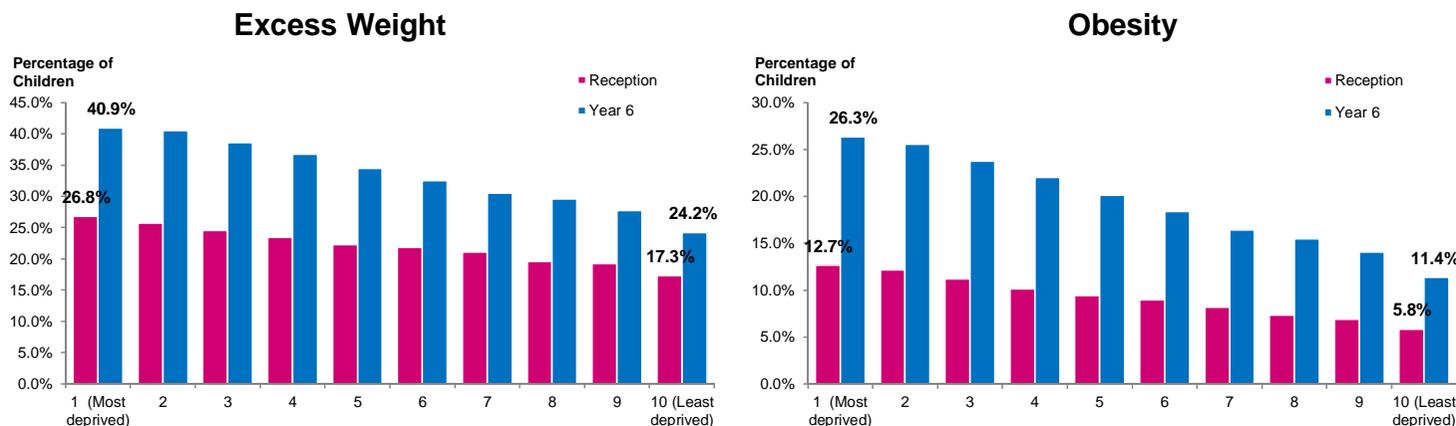
**References**

1. NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19109>

## Children in more deprived communities are significantly more likely to be overweight or obese

### WEIGHT AND DEPRIVATION

- National results from the 2016-17 measurement programme show that excess weight and obesity among children are strongly associated with socio-economic status.
- More deprived communities tend to have higher prevalence of excess weight and obesity, and the strength of association increases between Reception and Year 6.



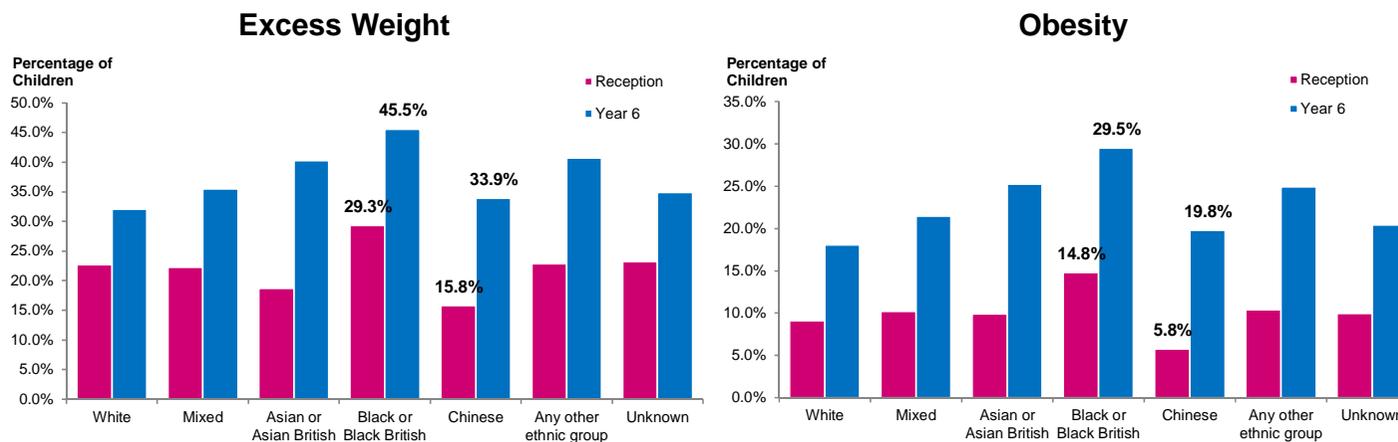
#### References

1. NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19109>

## Children from Black or Black British ethnic groups are significantly more likely to be overweight or obese

### WEIGHT AND ETHNICITY

- National results show that excess weight and obesity is highest among children from Black or Black British ethnic groups for both Reception and Year 6 cohorts.
- Excess weight and obesity is lowest among children from Chinese ethnic background among both Reception and Year 6 cohorts.
- By Year 6 all ethnic groups, except Chinese, have a significantly higher level of excess weight or obesity than children who have a White ethnic background.



#### References

1. NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19109>

## Levels of obesity and excess weight in Southwark are significantly higher than in London and England

### SUMMARY OF KEY FINDINGS

- Southwark has the third highest level of excess weight out of the 32 London Boroughs for Reception and fourth highest for Year 6 children. The borough is ranked second for obesity among Reception age children and fifth among Year 6 (fifth for Reception age and sixth for Year 6 children in 2015-2016).
- There has been no significant change in the prevalence of excess weight or obesity in Southwark since measuring began.
- Excess weight and obesity in Reception is significantly higher than the Southwark average in Faraday, East Walworth and Camberwell Green wards. By Year 6 there is little significant difference across the borough, indicating a whole population approach is required by this age.
- Excess weight and obesity is highest among children from Black/Black British ethnic backgrounds, and lowest among children from Chinese ethnic background.
- Excess weight and obesity is significantly higher among deprived communities, and the association increases with age.

#### References

1. NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19109>

Slide 11



### Appendix 3: Healthy Weight Action Plan Update

<b>MATERNITY AND EARLY YEARS</b>		
<b>Key Actions</b>	<b>Status</b>	<b>Comment</b>
1. The UNICEF Baby Friendly Initiative is implemented		Stage 1 was achieved July 2017 and we are on track for achievement of Stage 2 by March 2019.
2. Families are supported to achieve a healthy weight through development and implementation of an early years pathway		A healthy weight care and referral pathway for maternity and early years (0-4) will be incorporated into the online healthy weight training course.
3. A healthy weight programme is commissioned for 0-4 across priority groups		Healthy weight opportunities have been incorporated into existing services including healthy eating for early years and free swim and gym sessions for maternity and early years but services have yet to be commissioned for this age group.
4. Professionals working with children and families are provided with healthy weight training		The College of Contemporary Health was commissioned January 2018 to deliver a bespoke healthy weight training programme for Southwark to support health and non-healthcare professionals with BMI assessment information, details on Southwark weight management services and referral pathways, and to offer advice around brief interventions for raising the issue of healthy weight.
5. Early years settings are supported to take a whole systems approach to develop a healthy weight environment		GSTT Nutrition and Dietetics have launched food policies in line with the Eat Better Start Better framework in children's centres to educate and support parents of early years children through practical workshops including Cook and Eat, Introducing Solid Foods and Nutrition Advice sessions. For the 2017/18 fiscal year, in the first quarter from April to June 2017 there were over 580 attendees, and in the second quarter from July to September 740 attendees, of which 454 (61%) were new families.
6. Families are supported to be physically active		Families are supported into physical activity and active travel through the Southwark Physical Activity Strategy and the Southwark Kerbside

### Appendix 3: Healthy Weight Action Plan Update

		Strategy.
7. Residents and key stakeholders know about Southwark healthy weight services		A Southwark Great Weight Debate engagement event was held November 2016 and will be followed up with a Southwark Healthy Weight Network event Spring/ Summer 2018. In addition a Southwark Weight Management Network for key stakeholders has been developed by The Bridge, who will also manage a web resource on the Knowledge Hub to facilitate discussion and communication regarding Southwark services and events.
<b>CHILDREN AND YOUNG PEOPLE</b>		
<b>Key actions</b>	<b>Status</b>	<b>Comment</b>
1. Southwark schools are supported to adopt a whole school approach to healthy weight		As of January 2018 92 schools have been awarded through the Healthy Schools London accreditation programme. The schools-facing website: schools.southwark.gov.uk was also created to support schools with the full scope of resources to adopt a whole-school approach to child health.
2. Free Healthy School Meals are provided to all primary school children		All primary school children receive a free, healthy school meal. Work is currently underway with Kings College Nutrition and Dietetics Department to identify further opportunities to improve the meals and encourage eating through a whole school environment.
3. A healthy weight programme for school-aged children is commissioned		A 12 week, NICE-compliant Tier 2 lifestyle weight management service was commissioned in April 2017 for children aged 4-17 and their families. As of September 2017 a total of 126 families were referred to and started the programme. Up to September 80% of children completing the programme had reduced or maintained their BMI.
4. The NCMP is effectively implemented and monitored to identify and support children of an excess weight		NCMP participation in Southwark remains high at 94%. To support the NCMP a Southwark Healthy Weight Specialist nurse was commissioned to deliver healthy weight clinics for children identified as overweight or very overweight through the NCMP. Three-year

### Appendix 3: Healthy Weight Action Plan Update

		aggregate NCMP results are also provided to schools.
5. Schools are supported to develop and evaluate a targeted sport and physical activity programme		Ten schools with the highest levels of excess weight will be supported with a menu of evidence-based programmes which offer guidance, education. The programme will take a whole-systems approach integrating elements of physical activity, active travel, training and nutritional support commencing in February 2018.
6. All schools are supported to promote active travel		Schools are encouraged to become accredited through the TfL STARS (Sustainable Travel: Active Responsible Safe) programme. To date 59 schools have developed school travel plans and are accredited. A range of programmes support the school travel plans including Build-A-Bike, Dr. Bike maintenance classes, and cycle confidence sessions.
<b>ADULTS</b>		
<b>Key actions</b>	<b>Status</b>	<b>Comment</b>
1. A locally agreed, evidence-based healthy weight care and referral pathway is agreed upon		A healthy weight care and referral pathway for adults will be incorporated into the online healthy weight training course.
2. All health professionals are supported to MECC and provide brief advice		Through the healthy weight training programme health professionals will learn how to communicate brief advice on raising the issue of healthy weight and how to be supported to MECC.
3. Residents identified as inactive, overweight or obese are supported into physical activity		The Southwark Physical Activity Strategy supports residents into the borough's Free Swim and Gym initiative. As of December 2017, 32,877 residents have been registered with approximately half using the facilities regularly. Through the Tier 2 and Tier 3 weight management programme adults receive healthy lifestyle advice and physical activity. The Exercise on referral scheme supports previously inactive residents over 16 years old with specific health conditions, of which 55% of programme completers reduced their waist circumference and 87% increased their physical activity levels.

### Appendix 3: Healthy Weight Action Plan Update

ENVIRONMENT		
Key actions	Status	Comment
1. Southwark Council led strategies and plans will consider how they impact on a healthy weight environment and take action accordingly		Council-led strategies and plans are developed with contributions across the Council and with partners. Key strategies that impact on health such as the New Southwark Plan, the Kerbside Strategy, the Physical Activity and Sport Strategy, the Culture Strategy and Transport planning – all take a positive approach to health and wellbeing with specific policies to deliver positive impacts.
2. All new Southwark planning applications are assessed to ensure they support a healthy weight environment		All new Southwark planning applications are sent to a joint inbox and reviewed by public health for opportunities to address the obesogenic environment.
3. All events and sponsorship promote and support residents to achieve a healthy weight		A healthy weight topic is included in the Events Training Course; Southwark Events guidance Community Southwark events guidance has been updated. An action plan has been developed to investigate the best ways to influence Southwark Council's sponsorship policies.
4. All Council owned buildings, park and leisure services provide and promote healthy and affordable food and beverages where available		All council owned buildings, park and leisure café contracts include a requirement to sign up to the London Healthier Catering Commitment and currently 16 other businesses are accredited.
5. Local restrictions are placed on hot food takeaway outlets on high streets and in close proximity to schools		The New Southwark Plan includes a specific policy proposal to implement a takeaway exclusion zone within 400m of secondary schools. No application for new A5 hot food takeaways within 400m of secondary schools has been approved since the start of the Healthy Weight Strategy in July 2016.
6. Active travel is supported as a major transportation opportunity		The New Southwark Plan and the Kerbside Strategy set strong ambitions for active travel. This is underpinned by major strategic policies that will guide infrastructure development and investment as

### Appendix 3: Healthy Weight Action Plan Update

		well as providing local support such as cycling training, cycle hire, school travel plans and walking initiatives and pedestrianisation.
7. Southwark Parks are safe and clean and provide opportunities for active leisure		A joint strategic needs assessment was conducted in August 2017. Key recommendations were identified to encourage more residents to walk or cycle including developing campaigns to target older residents and persons with disabilities, continued cross-sector working across council departments and improving data collection and sharing opportunities. There is ongoing investment in parks and green spaces with major refurbishment to sports and leisure facilities. A range of initiatives support more active leisure use including supported walking and activity programmes for mothers, people with health conditions and targeted groups.
8. All workplaces are supported to develop an environment that supports a healthy weight through the Healthy Workplace Charter		As of October 2017, 44 Southwark businesses have signed up to the London Workplace Health Charter including some of the biggest employers in the borough, and 15 have been accredited.

<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 29 January 2018	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Alcohol Action Plan 2017-2020	
<b>Ward(s) or groups affected:</b>		All wards	
<b>From:</b>		Director of Health and Wellbeing	

## RECOMMENDATION(S)

1. The Health and Wellbeing Board are invited to note and approve the Southwark Alcohol Action Plan 2017-20.

## BACKGROUND INFORMATION

2. Southwark Public Health Directorate has spent the last year bringing partners together around alcohol harm prevention and reduction. A multi-stakeholder expert steering group has been established and one of the first activities of the group has been the co-production of a new alcohol action plan. This action plan will replace the previous Southwark Alcohol Strategy 2013-16 which expired in 2016/17.

## KEY ISSUES FOR CONSIDERATION

3. Southwark's Alcohol Prevention Group met for the first time on 2 February 2017 and committed to developing a new action plan. Following the expiry of Southwark's Alcohol Strategy 2013-16, the group decided against developing a new strategy and agreed that a more succinct and agile action plan would be used to take forward Southwark's alcohol agenda.
4. To inform the action plan, Southwark's Public Health Team completed a health needs assessment on alcohol in Southwark as part of the 2016/17 Joint Strategic Needs Assessment (JSNA).
5. The vision for the action plan is for all Southwark residents to be aware of alcohol harm and be empowered to reduce its impact on themselves, their families and communities.
6. The action plan will have two overarching aims broken down into four objectives. Under each objective we have outlined all the ongoing actions towards achieving that objective, as well as a number of proposed actions for the next three years. The actions have been grouped into themes.

**Aim 1. Healthier communities:** Reduce the burden of alcohol-related harm on individuals and communities in order to promote a safer borough to live, work and socialise in

Objective 1: Protect our streets and communities from the negative impacts of alcohol while preserving a vibrant night time economy

Objective 2: Protect families, homes, and workplaces from the harms of alcohol

**Aim 2. Healthier people:** Reduce the health and well-being burden associated with alcohol use and misuse across the borough

Objective 3: Reduce alcohol-related health harms through promoting early identification, brief intervention, and better care

Objective 4: Develop and promote better community well-being through improved awareness, harm reduction and treatment

7. In order to realise the above vision, Southwark's Alcohol Prevention Group are committed to continuing to work towards a total of 35 actions and will implement a further 30 actions over the three years of the plan.
8. In order to monitor progress against the actions that partners have committed to undertaking, a monitoring and evaluation framework has been proposed. The framework focuses on a broad range of outcomes associated with alcohol-related harm.

### **Policy implications**

9. Alcohol was highlighted in Southwark's 2016 Annual Report of the Director of Public Health as a key prevention opportunity to achieve better local health outcomes.
10. In its 2015-20 Health and Wellbeing Strategy, Southwark's Health and Wellbeing Board identified alcohol as a 'deep dive' topic in order to better understand how preventative work around alcohol can improve population health and reduce inequalities.
11. Southwark has also recently updated its Statement of Licensing Policy 2016-20 which aims to provide a balance between enabling responsible business operators to thrive and contribute towards a vibrant night-time economy and ensuring that the quality of life of those who live and work in the borough is protected and enhanced through the licensing system.

### **Community impact statement**

12. None.

### **Resource implications**

13. The on-going coordination of Southwark's Alcohol Prevention Group, monitoring of progress against actions and delivery of actions will be absorbed into daily work activities.
14. No further resource is required.

### **Legal implications**

15. None.

## Financial implications

16. None.

## Consultation

17. Local partners committed to reducing the burden of health and societal impacts of alcohol use in Southwark have co-produced and agreed this action plan. Southwark's Alcohol Prevention Group comprises the following partners; Public Health, the Drug and Alcohol Action Team, primary care, adult alcohol treatment service, acute care, dual diagnosis services, Southwark's Licensing Authority, Southwark Trading Standards, the Metropolitan Police Service, London Ambulance Service, local wardens, Southwark Adult Social Care, older adults services and local safeguarding and troubled families services. The group has agreed to oversee the development and implementation of this action plan, monitor progress and ensure the delivery of agreed actions.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Alcohol JSNA 2017	Southwark Public Health Directorate	Richard Pinder 07825 693 831
<b>Link: (Copy and paste link into browser)</b> <a href="#">JSNA%202017%20-%20Alcohol%2020171130.pdf</a>		

## APPENDICES

No.	Title
Appendix 1	Southwark Alcohol Action Plan 2017 - 2020

## AUDIT TRAIL

<b>Lead Officer</b>	Professor Kevin Fenton, Director of Health and Wellbeing	
<b>Report Author</b>	Richard Pinder, Consultant in Public Health Carolyn Sharpe, Public Health Policy Officer	
<b>Version</b>	Final	
<b>Dated</b>	19 January 2018	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
	<b>Officer Title</b>	<b>Comments Sought</b>
	Director of Law and Democracy	No
	Strategic Director of Finance and Governance	No
	<b>Cabinet Member</b>	Yes
	<b>Date final report sent to Constitutional Team</b>	19 January 2018

# Southwark's Alcohol Action Plan 2017-2020

Southwark's Alcohol Prevention Group

18 September 2017

## STRATEGIC CONTEXT

Alcohol was highlighted in Southwark's 2016 Annual Report of the Director of Public Health<sup>1</sup> as a key prevention opportunity to achieve better local health outcomes. Similarly in its 2015-20 Health and Wellbeing Strategy,<sup>2</sup> Southwark's Health and Wellbeing Board identified alcohol as a 'deep dive' topic in order to better understand how preventative work around alcohol can improve population health and reduce inequalities. Southwark has also recently updated its Statement of Licensing Policy 2016-20<sup>3</sup> which aims to provide a balance between enabling responsible business operators to thrive and contribute towards a vibrant night-time economy and ensuring that the quality of life of those who live and work in the borough is protected and enhanced through the licensing system.

## OUR VISION

***For all of Southwark's residents to be aware of alcohol harm and be empowered to reduce its impact on themselves, their families and communities.***

We will achieve our vision through raising awareness of alcohol harm, helping those who drink too much to reduce their intake, enabling people to be identified earlier and linked to intervention programmes, mitigating harm among those who are struggling with alcohol and facilitating access to effective, high quality treatment.

Southwark's Public Health Directorate and Drug and Alcohol Action Team have developed this action plan alongside partners from across the council, Southwark NHS Clinical Commissioning Group, providers and the voluntary and community sector. In order to realise this vision, a combination of preventative approaches at an individual, community, clinical and societal level are required.

This action plan outlines the innovative work that partners are doing well currently and are committed to continue doing in order to reduce the prevalence of harmful drinking and its consequences within Southwark. It also highlights the key proposed actions for partner organisations in Southwark to focus on over the next three years. Southwark's Alcohol Prevention Group has agreed to oversee the development and subsequent implementation of the actions outlined in this plan. The collated actions provides an opportunity for improved joint working and shared accountability for achieving better outcomes for our borough.

## STRUCTURE OF THE ACTION PLAN

The action plan will have two overarching aims broken down into four objectives. Under each objective we have outlined all the ongoing actions towards achieving that objective, as well as a number of proposed actions for the next three years. The actions have been grouped into themes.

**Aim 1. Healthier communities:** Reduce the burden of alcohol-related harm on individuals and communities in order to promote a safer borough to live, work and socialise in

Objective 1: Protect our streets and communities from the negative impacts of alcohol while preserving a vibrant night time economy

Objective 2: Protect families, homes, and workplaces from the harms of alcohol

**Aim 2. Healthier people:** Reduce the health and well-being burden associated with alcohol use and misuse across the borough

Objective 3: Reduce alcohol-related health harms through promoting early identification, brief intervention, and better care

Objective 4: Develop and promote better community well-being through improved awareness, harm reduction and treatment

**SOUTHWARK ALCOHOL ACTION PLAN 2017-20 | PLAN ON A PAGE**

Our vision is for all Southwark residents to be aware of alcohol harm and be empowered to reduce its impact on themselves, their families and communities.

**HEALTHIER COMMUNITIES**

**HEALTHIER PEOPLE**

**OBJECTIVES**

- |                                                                                                                          |                                                                            |                                                                                                            |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <p>1. Protect streets and communities from negative impacts of alcohol while preserving a vibrant night time economy</p> | <p>2. Protect families, homes and workplaces from the harms of alcohol</p> | <p>3. Reduce alcohol related health harms via early identification, brief intervention and better care</p> | <p>4. Develop and promote better wellbeing through improved awareness, harm reduction and treatment</p> |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

**THEMES**

- |                                                   |                                          |                                              |                                             |
|---------------------------------------------------|------------------------------------------|----------------------------------------------|---------------------------------------------|
| <p>1.1 Collaborative working</p>                  | <p>2.1 Raising awareness</p>             | <p>3.1 Health intelligence and data</p>      | <p>4.1 Dual diagnosis and mental health</p> |
| <p>1.2 Community level data and intelligence</p>  | <p>2.2 Safeguarding and support</p>      | <p>3.2 Prevention and early intervention</p> | <p>4.2 Training and quality assurance</p>   |
| <p>1.3 Operational and enforcement activities</p> | <p>2.3 At-risk and vulnerable groups</p> | <p>3.3 Treatment system and pathway</p>      | <p>4.3 Integrating services</p>             |

**PARTNERS**



## EVALUATION

With this strategy Southwark has set a vision for all of the borough's residents to be aware of alcohol harm and be empowered to reduce its impact on themselves, their families and communities. In order to realise this vision, it is crucial to measure progress against the actions that partners have committed to undertaking. The following framework will be used to monitor and evaluate the success of Southwark's Alcohol Action Plan.

	Evaluation metric	Lead (Source)	Time Period
<b>AIM 1: Healthier Communities</b>	Incidence of alcohol-related crime: <ul style="list-style-type: none"> <li>▪ Across the borough</li> <li>▪ Within CIZs</li> <li>▪ Within each ward</li> </ul>	CCTV and Analytical Team (APP / MPS)	<ul style="list-style-type: none"> <li>▪ Baseline: January 2017 (retrospective analysis for 2016)</li> <li>▪ Annual until January 2021</li> </ul>
	Incidence of anti-social behaviour related to street drinking: <ul style="list-style-type: none"> <li>▪ Across the borough</li> <li>▪ Within pre-determined 'hotspot areas'</li> </ul>	CCTV and Analytical Team (APP / Community Wardens)	<ul style="list-style-type: none"> <li>▪ Baseline: January 2017 (retrospective analysis for 2016)</li> <li>▪ Annual until January 2021</li> </ul>
	Safeguarding – to be confirmed with safeguarding team		
<b>AIM 2: Healthier people</b>	IBA monitoring – to be determined following next Alcohol Prevention Group, November 2017		
	Improve Southwark's successful completions (as a proportion of all in treatment) for alcohol only clients to be comparable to the national average	DAAT (NDTMS)	<ul style="list-style-type: none"> <li>▪ Quarterly trajectory analysis</li> <li>▪ Final measure Q3 2020/2021</li> </ul>
	Improve hospital admissions due to alcohol misuse: <ul style="list-style-type: none"> <li>▪ Persons admitted to hospital for alcohol-specific conditions</li> <li>▪ Admission episodes for alcohol-related conditions (Narrow)</li> </ul>	Public Health (Local Alcohol Profiles England)	<ul style="list-style-type: none"> <li>▪ Baseline: Q3 2017/18</li> <li>▪ Quarterly reporting</li> </ul>
<b>AIMS 1 and 2 and to support development of plan refresh in 2021</b>	Improve our local CLeaR self-assessment score focusing on areas that scored low initially: <ul style="list-style-type: none"> <li>▪ Partnership</li> <li>▪ Communication</li> <li>▪ Results</li> </ul>	Self-assessment tool to be completed by Public Health and DAAT	<ul style="list-style-type: none"> <li>▪ Baseline self-assessment completed July 2017</li> <li>▪ Re-do the CLeaR self-assessment Q4 2020/2021</li> </ul>

## GOVERNANCE AND OVERSIGHT

Local partners committed to reducing the burden of health and societal impacts of alcohol use in Southwark have come together as an Alcohol Prevention Group. The group was formed in July 2016 and meets every six months. Southwark's Alcohol Prevention Group comprises the following partners; Public Health, the Drug and Alcohol Action Team, primary

care, adult alcohol treatment service, acute care, dual diagnosis services, Southwark's Licensing Authority, Southwark Trading Standards, the Metropolitan Police Service, London Ambulance Service, local wardens, Southwark Adult Social Care, older adults services and local safeguarding and troubled families services. The group has agreed to oversee the development and implementation of this action plan, monitor progress and ensure the delivery of agreed actions.

The Alcohol Prevention Group is accountable to the Southwark Safer Communities Subgroup (of the Southwark Safeguarding Adults Board) and ultimately to Southwark's Health and Wellbeing Board.

## **COMMUNICATION AND DISSEMINATION**

In order to monitor progress against this action plan, an annual evaluation will be carried out by the Public Health and Drug and Alcohol Action Teams. The report will be disseminated to all stakeholders, the Health and Wellbeing Board and Safer Southwark Partnership and will communicate key updates and results over the three years of the action plan.

## **NEXT STEPS**

Following the ratification of this action plan, we have committed to carrying out the CLear self-audit tool, developed by Public Health England, as well as complete an alcohol section of the Joint Strategic Needs Assessment (JSNA). The CLear audit provides an opportunity to review current provision, identify good and effective practice, as well as any gaps within our alcohol prevention delivery. The alcohol JSNA chapter will seek to identify the current and future alcohol-related health and wellbeing needs of our local population. We will conduct a 12 month review of this action plan and consider whether it needs amending or adding to following the completion of the CLear audit and alcohol JSNA.

## **CONCLUSION**

This action plan has set out our vision and commitments for alcohol prevention in Southwark. We will achieve this vision by working in partnership, as an alcohol prevention group, to oversee the development and subsequent implementation of the actions outlined in this plan.

**SOUTHWARK'S ALCOHOL ACTION PLAN**

**AIM 1:**  
**Healthier communities:** Reduce the burden of alcohol-related harm on individuals and communities in order to promote a safer borough to live, work and socialise in

**Objective 1:** Protect our streets and communities from the negative impacts of alcohol while preserving a vibrant night time economy

Theme	Current and Proposed Actions	Owner	Timescale
<b>1.1. Collaborative working</b>	<b>Current Actions</b>		
	1.1.1. Work in partnership to enforce the borough's Statement of Licensing Policy and the four statutory licensing objectives	<b>Licensing</b> , and all other Responsible Authorities	Ongoing
	1.1.2. Impose conditions on new venues stipulating that all employees serving alcohol should receive training in the responsible sale of alcohol	<b>MPS</b>	Ongoing
	1.1.3. Carry out educational activities at Junior Citizen events	<b>Trading standards</b>	Ongoing
	1.1.4. Continue collaboration work between sexual health and substance misuse	<b>CGL</b> , GSTT, YP substance misuse and sexual health service provider	Ongoing
	1.1.5. Provide free PASS approved Proof of Age London (PAL) cards for residents and students studying in the borough aged 16-25	<b>Trading standards</b>	Ongoing
1.1.6. Develop a better understanding of the needs of specific cohorts such as MSM/Chemsex and ensure these cohorts are properly catered for within services.	<b>DAAT</b> , Public health, CGL, GSTT, YP integrated health service provider	Ongoing (use annual PHE JSNA data to identify groups and explore over following 12 months)	

	<p><b>Proposed Actions</b></p> <p>1.1.7. Conduct a review of the current Statement of Licensing Policy to incorporate recent CIZ evaluation, embed health aims and outline the boroughs intentions to tackle the sale of alcohol below cost price</p> <p>1.1.8. Explore opportunities to strengthen links between high-strength products and other licensing objectives and domestic violence</p> <p>1.1.9. Develop a report on illegal smuggling of super strength products sold below cost price and submit to Home Office</p> <p>1.1.10. Develop and implement a Chemsex treatment pathway to meet the needs of MSM service users</p> <p>1.1.11. Introduce a Best Bar None (BBN) award scheme across the Better Bankside and Team London Bridge BID areas and tailor the award criteria to promote responsible retailers and responsible drinking</p>	<p><b>Licensing, Public Health</b></p> <p><b>Public health, licensing</b></p> <p><b>Trading Standards</b></p> <p><b>CGL, GSTT, DAAT, Public Health,</b></p> <p><b>Team London Bridge, Better Bankside, Public Health, MPS, CCTV Analytical Team</b></p>	<p>January 2018</p> <p>April 2018</p> <p>January 2018</p> <p>September 2017</p> <p>April 2018</p>
<p><b>1.2. Community level data and intelligence</b></p>	<p><b>Proposed Actions</b></p> <p>1.2.1. Implement Southwark's Local Alcohol Action Area project which focuses on collaborative working and the collation and analysis of multiple data sets</p> <p>1.2.2. Establish a process for the periodic (six-monthly / yearly) analysis of licensing intelligence, MPS, LAS and warden data to develop a profile of the societal impacts of alcohol misuse across the borough</p>	<p><b>Public Health, CCTV Analytical Team, Acute Care</b></p> <p><b>CCTV Analytical Team, Wardens, Public Health (Intelligence)</b></p>	<p>January 2019</p> <p>July 2018</p>
<p><b>1.3. Operational and enforcement activities</b></p>	<p><b>Current Actions</b></p> <p>1.3.1. Carry out inspections at licensed premises to check for compliance with licence conditions, illegal workers,</p>	<p><b>Trading Standards, Licensing, MPS</b></p>	<p>Ongoing</p>

	<p>counterfeit/duty evaded/duty diverted/smuggled alcohol. Verify products sold above duty price plus cost price; particular emphasis on high strength products. If illegal, seize &amp; take enforcement action – prosecution/bring licence review</p> <p>1.3.2. Advise/train licensed premise holders/staff to prevent underage sales. Carry out tests to check alcohol is not sold illegally Also “Challenge 25” test purchases where condition on licence. Take enforcement action if so-prosecution/bring premise licence reviews</p> <p>1.3.3. Deliver alcohol treatment to offenders subject to alcohol treatment requirements (community orders)</p> <p>1.3.4. Leverage Public Place Protection Order to prevent irresponsible street drinking, ASB, public nuisance and alcohol sales to intoxicated underage individuals. Notify TS/MPS/Licensing</p> <p>1.3.5. Engage with aggressive beggars, pass details to street population team</p>	<p><b>Trading Standards</b></p> <p><b>CGL</b></p> <p><b>Wardens, MPS</b></p> <p><b>Wardens, MPS</b></p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<b>Objective 2: Protect families, homes, and workplaces from the harms of alcohol</b>			
<b>Theme</b>	<b>Ongoing work</b>	<b>Owner</b>	<b>Timescale</b>
<b>1.1. Raising awareness</b>	<p><b>Current Actions</b></p> <p>1.1.1. Raise awareness of what a unit of alcohol equates to in order to help individuals ‘know their limits’</p> <p><b>Proposed Actions</b></p> <p>1.1.2. Carry out outreach training to local workplaces leveraging opportunities within Alcohol Awareness Week and Dry</p>	<p><b>Peer mentors</b> (Southwark recovery support service) and others as part of IBA</p> <p><b>Public Health</b></p>	<p>Ongoing</p> <p>December 2018</p>

	<p>January and Healthy Workplace Charter</p> <p>1.1.3. Explore opportunities to develop a stakeholder group focusing on the development of a local alcohol services information tool to better sign-post those in need</p> <p>1.1.4. Promote the #NotAnAmbulance campaign through licensed venues and communications, focusing on Christmas and summer months, to reduce the number of ambulance-related call outs in the borough</p>	<p><b>Public Health</b> (DAAT, CGL, Primary Care, Wardens, Acute Care)</p> <p><b>Public Health,</b> communications, LAS, Better Bankside, Team London Bridge</p>	<p>August 2019</p> <p>December 2017 (then move to ongoing schedule)</p>
<b>1.2. Safeguarding and support</b>	<p><b>Current Actions</b></p> <p>1.2.1. Discuss repeat calls to the police, ASB and APP in partnership tasking group to identify safeguarding issue and make referrals to the appropriate agencies where necessary</p> <p>1.2.2. Deliver support services to concerned and significant others (CSO) of alcohol users</p> <p>1.2.3. Local organisations raising awareness of/providing info about family/carer support groups e.g. Al-Anon, Al-Ateen, SMART</p> <p><b>Proposed Actions</b></p> <p>1.2.4. Extend repeat call analysis to include calls to fire and ambulance services to identify safeguarding, alcohol misuse and dual diagnosis issues and make referrals to the appropriate agencies where necessary</p>	<p><b>CCTV and Analytical Team</b></p> <p><b>CGL</b></p> <p><b>Primary Care, SLAM, CGL, Insight</b></p> <p><b>CCTV and Analytical Team</b></p>	<p>Ongoing</p> <p>Ongoing (to be considered in annual contract review)</p> <p>Ongoing</p> <p>Tanya can you please propose a deadline</p>
<b>1.3. At-risk and vulnerable groups</b>	<p><b>Current Actions</b></p> <p>1.3.1. Explore early intervention and prevention opportunities to reduce the negative impacts of alcohol misuse on young people</p>	<p><b>Insight, CGL, educational providers</b></p>	<p>Ongoing</p>

	<p>1.3.2. Improve service access for vulnerable groups including women, older adults, ethnic minorities and the LGBTQ+ community</p> <p>1.3.3. Reconnect non Southwark Central and Eastern Europeans via Routes Home to areas where they have more social capital or support</p> <p>1.3.4. Work in partnership with the Home Office ICE teams, the North and South Jet teams and SASBU to implement enforced reconnection</p> <p><b>Proposed Actions</b></p> <p>1.3.5. Improve access to refuges for women with a drug or alcohol problem to support those unsupported in the current system</p>	<p><b>DAAT</b>, drug and alcohol treatment providers</p> <p>St Mungo's SASBU/ Rough Sleeper Street Population Co-ordinator</p> <p>St Mungos SASBU/ Rough Sleeper Street Population Co-ordinator</p> <p><b>DAAT</b></p>	<p>Ongoing (to be reviewed in quarterly contract monitoring)</p> <p>Ongoing reviewed in quarterly contract monitoring</p> <p>Annual</p> <p>October 2019</p>
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**AIM 2:**

**Healthier people:** Reduce the health and well-being burden associated with alcohol use and misuse across the borough

**Objective 3:** Reduce alcohol-related health harms through promoting early identification, brief intervention, and better care

Theme	Current and Proposed Actions	Owner	Timescale
<p><b>1.1. Health intelligence and data</b></p>	<p><b>Current Actions</b></p> <p>1.1.1. Establish an in depth understanding of local population alcohol need through conducting health needs assessments to include analysis of alcohol use in existing treatment population where alcohol was not the primary substance of use at treatment entry</p>	<p><b>DAAT</b>, Public Health</p>	<p>Ongoing (linked to annual PHE JSNA data)</p>

	<p><b>Proposed Actions</b></p> <p>1.1.2. Evaluate hospital admission data to understand demography, frequent attenders, dual diagnosis</p> <p>1.1.3. Develop a needs assessment programme as part of the JSNA on vulnerable / specific population groups: dual diagnosis, physical health issues, chaotic patients, Eastern Europeans</p> <p>1.1.4. Analyse outcomes associated with different referral pathways</p> <p>1.1.5. Develop and provide a quarterly training programme for other stakeholders; AUDIT/IBA training</p>	<p><b>Public health (Intelligence)</b></p> <p><b>Public health (Intelligence)</b></p> <p><b>Public health, DAAT, drug and alcohol treatment providers</b></p> <p><b>CGL, Adult Social Care (MH &amp; SM), SLAM</b></p>	<p>April 2018</p> <p>April 2019</p> <p>April 2019</p> <p>April 2018</p>
<p><b>1.2. Prevention and early intervention</b></p>	<p><b>Current Actions</b></p> <p>1.2.1. Target intervention activity towards those with high AUDIT scores</p> <p>1.2.2. Deliver IBA as part of peer mentor outreach work</p> <p>1.2.3. Leverage the CQUIN for delivery in outpatient settings. Facilitated by IBA digitalisation and the roll out of MECC across GSTT</p> <p><b>Proposed Actions</b></p> <p>1.2.4. Leverage the 2017-19 alcohol screening and brief advice or referral CQUIN</p> <p>1.2.5. Review the provision of IBA in primary care and other health settings</p>	<p><b>Primary care, drug and alcohol treatment providers</b></p> <p><b>Peer mentors</b></p> <p><b>Acute care</b></p> <p><b>CCG, Acute care, SLAM</b></p> <p><b>Public Health</b></p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>April 2019</p> <p>April 2018</p>

<b>1.3. Treatment system and pathway development</b>	<b>Current Actions</b>		
	1.3.1. Manage alcohol withdrawal and prescribing advice for inpatients	<b>Acute care</b> , in-patient detoxification providers	Ongoing
	1.3.2. Manage alcohol withdrawal and prescribing in community settings	<b>CGL</b>	Ongoing
	1.3.3. Deliver physical health assessments to all individuals presenting to structured treatment	<b>CGL</b> , Insight, SLAM, primary care	Ongoing
	1.3.4. Promote recovery for all presentations though recovery plans and recovery support	<b>CGL</b> , Insight	Ongoing
	1.3.5. Ensure robust, informed referrals to the adult alcohol treatment service from the specialist assessment service	<b>Older Adult Services</b>	Ongoing
	1.3.6. Deliver mandatory drug and alcohol screening for all new patients	<b>Older Adult Services</b>	Ongoing
	1.3.7. Manage the inpatient detox of vulnerable clients unsuitable for community detox	<b>Inpatient Detoxification Units Reconnect</b>	Ongoing
	1.3.8. Promote and further develop relationships and pathways and facilitate handovers and transitions between services	<b>CGL</b> , primary care, CCG, acute care, Inpatient detox providers, SLAM	Ongoing
	<b>Proposed Actions</b>		
1.3.9. Ensure dry hostel placements to support continuity of abstinence	<b>DAAT</b>	April 2019	
1.3.10. Develop links and joint working protocol between all services to ensure seamless prescribing of acamprostate/ disulfiram with support from medicines optimisation committee	<b>Primary care</b> , Acute Care, CGL, SLAM	July 2018	

	1.3.11. Prescribe medication to prevent relapse, promote abstinence and refer to IAPT	<b>Primary care (GPs)</b>	July 2018
	1.3.12. Develop a task group focusing on how to address “treatment resistant” patients	<b>Primary care, CGL, Insight, SLAM</b>	January 2018
	1.3.13. Provide appropriate services that take into account age-related needs such as impaired mobility, social isolation, physical co-morbidity and cognitive impairment	<b>DAAT, CGL, SLAM, Older Adults Services</b>	April 2019
	1.3.14. Develop robust care pathways between MHOA and adult treatment service for screening, brief intervention and referral to treatment to ensure that the needs of older people with alcohol problems are met; taking into account complexity and atypical presentations of dual diagnosis	<b>SLAM, Older Adults Services</b>	March 2018

**Objective 4: Develop and promote better community well-being through improved awareness, harm reduction and treatment**

Theme	Action	Owner	Timescale
<b>1.1. Dual diagnosis and mental health</b>	<b>Current Actions</b>		
	1.1.1. Develop a dual diagnosis strategy for the management of older adults: Mental Health of Older Adults and Dementia Clinical Academic Group	<b>Older Adults Services, CGL</b>	Ongoing
	1.1.2. Assess mental health needs of all alcohol users presenting for structured treatment or make referral to specialist mental health services (where mental health screening indicates that medication will be required), develop recovery plans that promote improvements in mental health and wellbeing	<b>CGL, Insight</b>	Ongoing
	<b>Proposed Actions</b>		
	1.1.3. Undertake an audit (co-ordinated with the adult mental health services) of mental health and substance misuse caseloads	<b>SLAM, CGL, Insight</b>	March 2018

	to identify dual diagnosis patients/cross over in patient caseload		
<b>1.2. Training and quality assurance</b>	<b>Current Actions</b> 1.2.1. Promote more effective work with dual diagnosis patients; facilitated by the dual diagnosis lead for each service and ensuring a consultant nurse is available for advice/information for all teams	<b>SLAM, CGL</b>	Ongoing
	1.2.2. Ensure alcohol e-learning package and level 2 dual diagnosis training is available to all staff	<b>SLAM</b>	Ongoing
	<b>Proposed Actions</b> 1.2.3. Receive training around dual diagnosis assessment and establish MH assessment activities as standard	<b>Adult Social Care (MH &amp; SM)</b>	April 2018
	1.2.4. Develop an automated reporting systems to better monitor performance e.g. percentage of new patients that have been screened using AUDIT	<b>SLAM</b>	April 2017
<b>1.3. Integrating services</b>	<b>Proposed Actions</b> 1.3.1. Provide a single point of contact for community mental health teams for referrals into adult alcohol treatment service (dual diagnosis)	<b>CGL, SLAM</b>	January 2018
	1.3.2. Develop and agree joint working protocols between mental health and substance misuse services (dual diagnosis)	<b>CGL and SLAM</b>	December 2017
	1.3.3. Develop care pathways to enable people that are ready to address alcohol to access the adult alcohol treatment service	<b>SLAM, CGL</b>	December 2017

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