Open Agenda

Health and Wellbeing Board

Thursday 30 November 2017
2.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

Membership	Reserves
Councillor Peter John OBE (Chair)	Leader of the Council
Dr Jonty Heaversedge (Vice-Chair)	NHS Southwark Clinical Commissioning Group
Councillor Maisie Anderson	Cabinet Member for Public Health and Social Regeneration
Andrew Bland	NHS Southwark Clinical Commissioning Group
Sally Causer	Executive Director, Southwark Law Centre
Kevin Fenton	Director of Health and Wellbeing
Aarti Gandesha	Healthwatch Southwark
Eleanor Kelly	Chief Executive, Southwark Council
Councillor Richard Livingstone	Cabinet Member for Adult Care and Financial Inclusion
Gordon McCullough	Chief Executive, Community Southwark
Councillor Victoria Mills	Cabinet Member for Children and Schools
Nick Moberly	Chief Executive, King's College Hospital NHS Foundation Trust
Councillor David Noakes	Opposition Spokesperson for Health
Dr Matthew Patrick	Chief Executive, SLAM NHS Foundation Trust
Carole Pellicci	Southwark Headteachers representative
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Dr Yvonneke Roe	NHS Southwark Clinical Commissioning Group

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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

Babysitting/Carers allowances

If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

Access

The council is committed to making its meetings accessible. Further details on building access, translation, provision of signers etc for this meeting are on the council's web site: www.southwark.gov.uk or please contact the person below.

Contact

Everton Roberts on 020 7525 7221 or email: everton.roberts@southwark.gov.uk

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 22 November 2017

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Thursday 30 November 2017
2.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	**APOLOGIES** To receive any apologies for absence.	
2.	**CONFIRMATION OF VOTING MEMBERS** Voting members of the committee to be confirmed at this point in the meeting.	
3.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	**MINUTES** To agree as a correct record the open minutes of the meetings held on 10 July 2017 and 11 September 2017.	1 - 6
6.	**SOCIAL REGENERATION - EMERGING FRAMEWORK AND NEXT STEPS (CABINET REPORT OF 19 SEPTEMBER 2017)** To note the report considered and agreed by cabinet on 19 September in relation to Social Regeneration.	7 - 16

Date: 22 November 2017

Item No.	Title	Page No.

Agenda Item 5

Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Monday 10 July 2017 at 11.00 am at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
Andrew Bland
Sally Causer
Kevin Fenton
Eleanor Kelly
Councillor Richard Livingstone
Councillor Victoria Mills
Councillor David Noakes
Dr Matthew Patrick
Carole Pellicci
David Quirke-Thornton
Dr Yvonneke Roe

OFFICER SUPPORT: Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Councillor Maisie Anderson (maternity leave), Aarti Gandesha, Dr Jonty Heaversedge and Nick Moberly.

2. CONFIRMATION OF VOTING MEMBERS

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

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

The chair gave notice that the following late items would be accepted onto the agenda.

Item 10 – Sexual Health Transformation Programme

Item 11 – Defibrillators in Schools

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 2 May 2017 be agreed as a correct record and signed by the Chair.

6. BETTER CARE FUND UPDATE

Genette Laws, Director of Commissioning, Southwark Council introduced the report. The board also heard from Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark Clinical Commissioning Group.

RESOLVED:

That the latest position on planning for the 2017 – 2019 Better Care Fund be noted.

7. SOUTHWARK FIVE YEAR FORWARD VIEW: DELIVERY PROGRESS UPDATE

Mark Kewley, Director of Transformation, NHS Southwark Clinical Commissioning Group introduced the report.

RESOLVED:

1. That the main points of progress in relation to more joined up commissioning, more joined up provider partnership and more empowered residents and citizens be noted.

2. That the progress made in developing a model for segmentation be noted.

8. MAXIMIZING THE HEALTH DIVIDEND FROM LOCAL REGENERATION

Malcolm Hines Chief Finance Officer, NHS Southwark Clinical Commission Group introduced the report. The board also heard from Mark Kewley, Director of Transformation, NHS Southwark Clinical Commissioning Group.

The board discussed the report.

9. SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

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

RESOLVED:

1. That it be noted that the paper gives an update on the south east London STP in a standard form for all boards and governing bodies in south east London.

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.

10. SEXUAL HEALTH TRANSFORMATION PROGRAMME

This item was deferred to the next meeting as there was not enough time left to consider the report.

11. DEFIBRILLATORS IN SCHOOLS

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Suzanne Tang, Speciality Registrar in Public Health Medicine.

RESOLVED:

1. That the evidence review (paragraphs 12 – 19 of the report) relating to automated defibrillators be noted.

2. That schools, in particular secondary schools be encouraged to take part in the British Heart Foundation “Restart a heart” campaign and support cardiopulmonary resuscitation (CPR) awareness and training.

The meeting ended at 12.07pm

CHAIR:

DATED:

Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Monday 11 September 2017 at 4.00 pm at Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Maisie Anderson
Andrew Bland
Kevin Fenton
Eleanor Kelly
Councillor Richard Livingstone (in the chair)
Councillor David Noakes
David Quirke-Thornton

OFFICER SUPPORT: Everton Roberts, Principal Constitutional Officer

ELECTION OF CHAIR

In the absence of the chair and vice-chair it was agreed that Councillor Richard Livingstone be elected chair for the meeting.

1. APOLOGIES

Apologies for absence were received from Sally Causer, Aarti Gandesha, Dr Jonty Heaversedge, Councillor Peter John, Gordon McCullough, Councillor Victoria Mills, Nick Moberly, Dr Matthew Patrick, Carole Pellicci and Dr Yvonneke Roe.

2. CONFIRMATION OF VOTING MEMBERS

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

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

The chair gave notice that the following late item of business would be considered for the reasons of urgency, to be specified in the relevant Minute:

- Item 5 - Integration and Better Care Fund (BCF) Plan 2017/19 – Draft for Submission

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. INTEGRATION AND BETTER CARE FUND (BCF) PLAN 2017/19 - DRAFT FOR SUBMISSION

This item had not been circulated 5 clear working days in advance of the meeting. The chair agreed to accept the item as urgent as the deadline for submission of the plan to NHS England was 11 September 2017 and the board was required to approve the plan prior to submission.

Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG and Genette Laws, Director of Commissioning, Southwark Council introduced the report.

The board was advised that since the circulation of the report to the health and wellbeing board the Council and CCG had been notified of a required change to the plan due to a marginal change in the national calculation of the required target for delayed transfers in care. This had the effect of reducing the target for the maximum number of delayed days per quarter by around 1% as set out below. The reduction related to the underlying target for NHS delays rather than council delays. The amended figures would be reflected in the plan submitted as otherwise the plan would not be accepted.

Table: revisions to delayed transfers of care target (days per quarter) (page 35 of BCF narrative plan)

	Q2 17/18	*Q3 17/18*	*Q4 17/18*	*Q1 18/19*	*Q2 18/19*	*Q3 18/19*	*Q4 18/19*
HWB draft	***1365***	***1338***	***1317***	***1350***	***1365***	***1338***	***1317***
Amended	***1349***	***1323***	***1303***	***1336***	***1349***	***1323***	***1307***
Difference	***16***	***15***	***14***	***14***	***16***	***15***	***10***

RESOLVED:

1. That the Southwark Better Care Fund Plan for 2017-2019 be approved with the amendment in relation to the Delayed Transfers of Care Target detailed above.

2. That the governance arrangements in the Clinical Commissioning Group and the Council for approval of the Better Care Fund Plan for 2017-2019, detailed in paragraph 7 – 9 of the report be noted.

3. That the approval process for the Better Care Fund Plan detailed in paragraph 29 of the report be noted.

4. That the process and milestones for finalising detailed plans for the allocation of Improved Better Care Fund (iBCF) grant growth in 2018/19 detailed in paragraph 17 – 18 of the report be noted.

The meeting ended at 4.24pm

CHAIR:

DATED:

Item No.	Classification:	Date:	Meeting Name:
6.	Open	30 November 2017	Health and Wellbeing Board
Report title:		Social Regeneration – Emerging Framework and Next Steps (Note: This is the Cabinet report of 19 September 2017)	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Maisie Anderson, Public Health and Social Regeneration and Councillor Johnson Situ, Business, Culture and Social Regeneration	

FOREWORD – COUNCILLOR MAISIE ANDERSON, CABINET MEMBER FOR PUBLIC HEALTH AND SOCIAL REGENERATION AND COUNCILLOR JOHNSON SITU, CABINET MEMBER FOR BUSINESS, CULTURE AND SOCIAL REGENERATION

Our borough has a long and proud history of regeneration and a strong social commitment to helping improve the lives of our residents, stretching back to the work of Ada and Alfred Salter 100 years ago. From the more obvious changes to the physical environment there has also been huge improvements to living standards, transport links, shopping and leisure facilities and so much more. Regeneration has brought with it job opportunities and economic vibrancy – and in recent years has truly put Southwark 'on the map', helped pull the centre of London south and expand opportunities for our residents.

Projects like Canada Water Library and Castle Leisure Centre highlight that the opportunities created by regeneration projects extend well beyond the residents immediately surrounding the scheme, and can become popular with people right across Southwark and beyond.

Changes to the built environment in our borough should not distract from the real social impacts of regeneration. The places where people live – and the opportunities therein – can reduce inequalities and help bring communities together. The council is committed to making sure that no one is left behind and this dedicated work on social regeneration going forward will form a key part of achieving this.

This report seeks to define our approach to social regeneration, one that primarily seeks to reduce economic and health inequalities and to strengthen existing communities. This paper also calls on cabinet to note the emerging social regeneration framework and reaffirms our commitment to ensure residents remain at the heart of regeneration across the borough. Most importantly, in the months ahead we will be talking to residents about the future of the borough.

We know that change can lead to uncertainty and this report builds on our continued commitment to work with residents for a 'fairer future for all'.

RECOMMENDATIONS

That the cabinet:

1. Agree that social regeneration is about ensuring that the places where people live, now and in the future, create new opportunities, promote wellbeing and reduce inequalities so people have better lives, in stronger communities, and achieve their potential.

2. Agree that the draft social regeneration policy framework (Appendix 1) be further shaped and used as part of the evidence for a wider conversation with residents, partners and stakeholders, with a report back on progress in early 2018.

BACKGROUND

3. Southwark is a place of growth, development and opportunity. It is a borough with a rich and proud history, a strong sense of community and a great ability to transform and renew, at times against the odds. The council's ambition (as expressed through the Council Plan) is of "a fairer future for all" where everyone can achieve their potential, and be more than the sum of our parts in a borough that is proud if its place in the world.

4. The ambition is underpinned by plain speaking principles that guide everything that we do. These include making Southwark a place to be proud of and treating residents as if they were a valued member of our own family. It is this ambition and fairer future values that provide the twin basis for developing a social regeneration policy framework, a draft of which is set out in this report.

5. The social regeneration policy framework is being proposed at this time as a basis for a wider conversation on Southwark's future. This conversation will need to involve everyone with a stake in improving the well-being of those who visit the borough, work here and call Southwark their home.

KEY ISSUES FOR CONSIDERATION

6. Social regeneration is not something new to Southwark. The borough has always been a place of visionary change. It was home to Ada and Alfred Salter, pioneering MPs in the early twentieth century, who brought one of the first public health services to this corner of London. More recently, Southwark has led successful urban regeneration, working to boost local economic growth, revitalise neighbourhoods and create opportunities for all.

7. In the ten years prior to 2015, Southwark fell from being the tenth most deprived borough in the UK to the forty first. More, with children's services rated 'good' by Ofsted and schools performing among the best in the country and more Southwark residents in work than at any time this century, this is a borough where families want to raise their children so they too can take up the opportunities from the borough's place at the centre of London.

8. Working with residents, development partners and the community, Southwark is delivering some of Europe's most exciting and complex regeneration schemes. This is helping to shape future neighbourhoods at Elephant and Castle, Aylesbury, Canada Water and the London Bridge Quarter among others.

9. Regeneration has brought thousands of new homes and jobs to the borough. This is being achieved through a mixture of public and private investment. Since 2010 Southwark has built more new homes than many other London boroughs, and as a borough has built among the highest number of affordable homes in the country using the proceeds of regeneration to deliver borough-wide investment.

10. Major regeneration has helped deliver investment in transport facilities and environment improvements as well as wider benefits such as improved leisure centres (e.g. the Castle), libraries, parks, community facilities, business space and upgrading of local healthcare facilities. This is investment that would have been very difficult to otherwise achieve in the face of continued austerity from government cuts to Southwark's income. To provide some context, the council has had to save £180million from council revenue budgets in the last six years, putting pressure on all service budgets in the face of rising demand and need.

11. Southwark has therefore achieved demonstrable improvements across a range of well-being outcomes – more jobs and apprenticeships, improved educational attainment, 93% of homes classed "decent", second highest number of green flag awarded parks in London, free gym and swim for residents at new and upgraded leisure centres and no libraries closed and even new facilities opened (e.g. Canada Water). This progress highlights the strong baseline upon which our approach to social regeneration is being built. However, there is no room for complacency.

12. The progress is evidence of our determination and innovation in Southwark as well as the way in which communities can work together with the council to achieve improvements for residents. This is in spite of unprecedented reductions in public finances. However it's now even more important than ever to ensure that no one is left behind and that people have control over their lives and choices about change.

13. Importantly, the achievements to date create the right conditions and timing to develop a social regeneration policy framework to help secure ongoing and sustained improvements in well-being across Southwark.

Social regeneration policy framework

14. Regeneration is considered by some in terms of the built environment such as development of new housing at Elephant Park or new public spaces in Borough or Peckham, or the implementation of green gyms in Dulwich and Southwark Parks. Regeneration in this sense is clearly linked to improving living conditions. But regeneration also has a fundamental role in improving the life chances of those who live, work and visit places in Southwark. This is because of the 'social' aspect of regeneration which includes health, education and skills, community spaces, arts and culture, family and child wellbeing.

15. Social regeneration is the way we ensure that the places where people live, now and in the future, create new life opportunities, promote wellbeing and reduce inequalities. This means that people have better lives, in stronger communities, and achieve their potential. It is about harnessing change to reduce inequalities in a borough where people are healthy and resilient, feel connected, and there are opportunities for all.

16. Southwark's emerging policy framework on social regeneration proposes a number of starting objectives:

- A borough wide approach to improving the wellbeing of current and future generations;
- A one council approach to ensure all our assets are used and aligned effectively to bring about improved well-being for people and places across Southwark;
- Wellbeing as a primary outcome of all our work**,** whether in regeneration or across the broader work that we do together as a Southwark community.

17. The borough is already achieving much in advancing these objectives. Appendix 1 sets out further detail on the key features for social regeneration. Outcome measures will be developed in line with the key features, building on what is already tracked across council programmes and activity plus new indicators. Potential high level examples of these indicators are included in Appendix 2 for illustration. The outcomes are the things that demonstrate how social regeneration does, can and will continue to make a difference to people's everyday lives. For example, having the best start in life; being in good work and financially independent; enjoying safe and healthy places that are affordable to people on a range of incomes; living long, happy, active and healthy lives; having quality support networks through friends, family and in the community and so on.

18. Through tracking of outcomes we will learn from our own progress. We will look at other good practice and what works, integrate our activities together and reinforce strategy and programme delivery.

Community impact statement

19. The emerging social regeneration policy framework will support a wider conversation with communities about wellbeing and the future of the borough. Initial work is underway with officers to develop a plan for that conversation exercise, with the aim of starting activity in the autumn. The conversation is likely to draw on planned events in the council calendar, use of resident surveys, other community conversations as well as more innovative approaches to engagement. Groups and individuals that may not always be heard as often as others will be a focus. We'd like to hear what people think has worked well, what we need to keep doing and do more of as well as things that may need to change.

20. We want to develop a deeper understanding of what people think about social regeneration and wellbeing, which will include drawing from the everyday conversations in our shops, streets and schools and the places where people and communities come together. As the conversation progresses the social regeneration policy framework will be shaped and updated to reflect what is said, heard and learned. This is so that Southwark has the most rigorous possible framework with qualitative and quantitative evidence upon which to plan and continue to deliver into the future.

21. The emerging framework puts people at the heart of everything we do, engaging with them in an ongoing process to co-identify priorities and co-design solutions. NICE guidance endorses community engagement as a strategy for health improvement. Local government and their partners have important roles in creating safe and supportive places, fostering resilience and enabling individuals and communities to take more control of their health and lives. The development of a social regeneration policy framework is built upon these considerations.

Policy implications

22. The draft framework has been partly designed from a review of literature of social regeneration and the common principles underpinning it. The framework is also developed from a capture of work already underway across council services. This includes lessons from previous major regeneration programmes in the borough, including the Single Regeneration Budget, New Deal for Communities and Neighbourhood Renewal Fund.

23. Draft policies attached to the New Southwark Plan (NSP) will ensure physical change goes hand in hand with positive social change. It is proposed in the NSP that development should contribute towards social regeneration by enhancing the health and wellbeing of residents. The social regeneration policy framework is informed by the Council Plan 2014-18, and will align with key strategies to improve well-being such as Southwark's Housing Strategy, Air Quality Strategy, Cultural Strategy, Economic Wellbeing Strategy, Voluntary & Community Sector Strategy and plans around youth and play.

Resource implications

24. This report proposes a draft social regeneration policy framework. It will be used to influence council policies, projects and activities and guide delivery of shorter time milestones in the current Council Plan to 2018 (e.g. Old Kent Road area action plan). Resources for those projects will be delivered within planned budgets. There is no specific resource implication attached to the emerging framework itself. As the framework is developed there may be consequential impacts on how resources are planned.

Legal implications

25. In the exercise of its functions, the council is subject to the public sector equality duty, in section 149 Equality Act 2010. Social regeneration is about creating opportunities, promoting wellbeing and reducing inequalities so people can achieve their potential. The framework, conversation and consequential work will be delivered with regard given to the objectives described in section 149.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

26. This report asks cabinet to agree an approach to "social regeneration" and that further work be undertaken to develop the draft social regeneration policy framework (at Appendix 1) and a progress report be brought back to cabinet in 2018. As it is a decision on a matter that affects more than one portfolio area, it is appropriate for the decision to be taken by cabinet in accordance with Part 3D of the council's constitution.

27. Local authorities in England were until 2015 subject to a requirement to produce a "sustainable community strategy" for promoting and improving the economic, social and environmental well-being of its area and contributing to the achievement of sustainable development. This accompanied a general power to do anything the council considered likely to achieve these objectives, which in 2012 was itself revoked, in relation to local authorities in England, and replaced by the "general power of competence" giving councils the power to do any thing that individuals generally may do. Councils also retain their subsidiary power under section 111

Local Government Act 1972 to do anything calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.

28. In 2012 local authorities in England were made subject to a duty to take such steps as they considered appropriate to for improving the health of people in their areas (section 2A National Health Service Act 2006, as amended). The summary of the aims of the emerging framework (at paragraph 17) states that health and well-being is at the centre of the council's developing approach to social regeneration. It can be said therefore that a development and adoption of the framework is directed at facilitating, and/or is conducive or incidental to, the fulfilment of council's duty in this area.

29. Paragraph 25 of the report refers to the public sector equality duty in section 149 Equality Act 2010. This requires the council, in the exercise of all its functions, to have due regard to the need to

    (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

    (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

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

    The duty will apply throughout the development of the policy framework.

30. The report also refers to encouraging a "wider conversation" and engaging with Southwark's communities in further developing the framework. Procedural fairness may require a council to undertake consultation before taking a decision on a proposal, and any consultation that takes place should take account of the principles enshrined in *R (Moseley) v Haringey London Borough Council* [2014] LGR 823, namely that consultation must always (i) take place at a formative stage; (ii) give sufficient reasons to permit intelligent consideration and response; and (iii) give adequate time for a response. Further, the response to a consultation must be conscientiously taken into account by a decision-maker before finalising any proposal.

Strategic Director of Finance and Governance (FC17/061)

31. The strategic director of finance and governance notes the recommendations in this report for the further development of the draft social regeneration policy framework and a report back on progress in early 2018.

32. Whilst in itself these recommendations have no direct costs attached, as the council's social regeneration framework continues to develop there will be impacts on council policies, projects and activities. It is important that those activities and projects are included in developing budget proposals and delivered within planned budgets, which may include general fund revenue, housing revenue account, and the council's capital programme including housing investment.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None.		

APPENDICES

No.	Title
Appendix 1	Draft social regeneration policy framework
Appendix 2	Illustrative examples of high-level social regeneration indicators

AUDIT TRAIL

Cabinet Member	Councillors Maisie Anderson, Public Health and Social Regeneration and Councillor Johnson Situ, Business, Culture and Social Regeneration		
Lead Officer	Deborah Collins, Strategic Director of Environment and Social Regeneration Kevin Fenton, Director of Health and Wellbeing		
Report Author	Kevin Fenton, Director of Health and Wellbeing Stephen Gaskell, Head of Chief Executive's Office		
Version	Final		
Dated	7 September 2017		
Key Decision?	Yes		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Law and Democracy		Yes	Yes
Strategic Director of Finance and Governance		Yes	Yes
Cabinet Member		Yes	Yes
Date final report sent to Constitutional Team			7 September 2017

APPENDIX 1

DRAFT Social Regeneration Framework

"Social regeneration is about ensuring that the places where people live, now and in the future, create new opportunities, promote wellbeing and reduce inequalities so that people have better lives, in stronger communities, and achieve their potential" (working definition)

Some key lessons on social regeneration from previous efforts

It's about life opportunities, well-being and equality

- Good social regeneration aligns the built environment (i.e. where people live, shop, work and socialise) with the 'social' aspects such as health improvement, education and skills, community spaces, arts and culture & family and child wellbeing.
- Empowering and engaging individuals and communities to be equal and active partners in creating and protecting places and spaces are essential for improvement and enduring change
- Community based activities take place alongside physical and economic regeneration.
- Work with those who face particular disadvantages, are vulnerable or at risk to ensure that they are able to access the full range of opportunities offered.

It's about whole community action

- Residents, partners, stakeholders and everyone with a stake in improving the well-being of the borough should be engaged from the earliest possible point.
- Communities provide valuable insights to inform local developments. They should be provided with opportunities to identify local needs, voice their aspirations and concerns and help develop solutions.
- Trust and good communication are essential throughout the regeneration process
- No community is left behind, recognising that support will be needed in areas that may not benefit from physical regeneration schemes or activity

It's about future generations and their future too

- Developing and strengthening access to local resources for communities help create sustainability so that today and future generations can benefit from living in quality places.
- Resources means places where there are different things on offer for people to do, with community groups and social networks to get involved in, as well as infrastructure, such as leisure centres, good transport links and so on.
- To be sustainable and future proof, area based regeneration programmes need to draw on resources from outside the area as well as to extend the benefits of regeneration beyond the geographically defined area.
- The 'social' aspects of regeneration are important to sustainability and how we invest in good, inclusive growth (e.g. a borough that's inclusive with shops and local services that continue to support existing as well as new residents).

In creating regeneration that works for everyone, Southwark has 3 primary objectives

I.	II.	III.
A borough wide approach to improving the wellbeing of current and future generations.	**A one Council approach to ensure all our assets are used and aligned effectively to bring about improved well-being for people and places across Southwark.**	**Wellbeing as a primary outcome of all our work.**

Against these objectives, key features of social regeneration in Southwark will include…

I. **A borough wide approach to improving the wellbeing of current and future generations.**	II. **A one Council approach to ensure all our assets are used and aligned effectively to bring about improved well-being for people and places across Southwark.**	III. **Wellbeing as a primary outcome of all our work.**
Key features: • Inclusive engagement of a broad range of communities across the borough and not just in defined regeneration areas • Enhanced engagement through proactive community empowerment and development • Working with communities who may be vulnerable or at risk to ensure greater participation, engagement & ownership • Collaborative working across all we do so that all partners and VCS are engaged and not just stakeholders in defined regeneration areas. This will help ensure that the lessons and benefits of regeneration extend across the borough and can benefit all • Improved baseline and outcomes monitoring, using a comprehensive range of measures of success, to guide improvement and shared learning	Key features: • Making social regeneration a high priority and ensure link up across all the other policies in the Southwark Plan through the social regeneration strategic policy in the new Southwark Plan • Ensuring that all key Council strategies are explicit on how they address and support social regeneration. • Ensuring appropriate governance is in place to support, celebrate, and hold accountable cross-Council working in support of social regeneration • Building on existing work and focus existing Council assets and partners around social regeneration, including access to well developed mechanisms for community engagement, community spaces to host local activities, and a range of supportive services for education, employment and health and wellbeing	Key features: • Ensuring regeneration provides more opportunities for people to improve their well-being: to connect, be active, keep learning, have quality jobs and homes, be engaged and give back to their communities • Cherishing the things that make Southwark great; Create and protect spaces and places that bring communities together, promote social cohesion, increase participation in local voluntary, community and social networks, and build resilience. • Listening and working with our communities to better understand their needs and aspirations and to jointly develop places and solutions that encourage healthy living and support people to have a good quality of life • Developing new approaches to make this explicit such as specific planning guidance setting out our intentions on health and wellbeing for major regeneration areas

Outcomes

- Social regeneration indicators are being developed, that build on existing Council Plan measures and align with strategic plans, frameworks and monitoring programmes. These will include measures that track the things that matter to people's everyday lives in Southwark such as having the best start in life; being in good work and financially independent; enjoying safe and healthy places that are affordable to people on a range of incomes; living long, happy, active and healthy lives; having quality support networks through friends, family and in the community
- The indicators will allow us to measure our progress and success. They will also help in framing community dialogues and enable the Council, communities and partners to track and evidence change more systematically.
- Local communities will inform how we define, measure and evaluate what good outcomes look like e.g. full employment, health inequalities narrowed, better skilled labour market, safe and clean places to live.
- The indicator set will integrate both physical and social indicators of regeneration to ensure that our social regeneration approach is across all that we do, borough wide and benefits everyone.

APPENDIX 2

DRAFT
Potential high level social regeneration indicators

Social regeneration objective	Exemplar Indicators
I. A borough wide approach to improving the wellbeing of current and future generations.	Life expectancy among males[1]
	Life expectancy among females[1]
	Slope index of inequality for life expectancy among males[1]
	Slope index of inequality for life expectancy among females[1]
	Childhood excess weight • 10 - 11 year olds • 4 - 5 year olds
	Population eating "5-a-day" on a usual day[1]
II. A one Council approach to ensure all our assets are used and aligned effectively to bring about improved well-being for people and places across Southwark.	Good level of development at age 5[1]
	GCSE achieved 5 A* to C inc. English and Maths[1]
	Adults in employment[2]
	Gross weekly pay among full time workers[2]
	Young people not in education, employment or training[1]
	Recorded violent crime against the person[1]
	People killed or injured on the roads[1]
	Households in temporary accommodation[1]
	Use of outdoor space for exercise / health reasons[1]
III. Wellbeing as a primary outcome of all our work.	To what extent do you agree or disagree that this local area is a place where people from different ethnic backgrounds get on well together?[3]

These exemplar, draft indicators build upon the three objectives of our approach to social regeneration in Southwark. When finalised, they will enable us to track progress and evaluate impact of regeneration across the borough and within areas specifically targeted for redevelopment. It is important that the outcomes reflect the role and contribution that the different assets and partners across the borough (including our residents) have in making social regeneration a success.

Sources:
[1] Public Health Outcomes Framework. Public Health England. Accessed August 2017. www.phoutcomes.info
[2] Annual population survey. Office for National Statistics. April 2016 - March 2017.
[3] Southwark Residents Survey. London Borough of Southwark. June 2017.

Item No. 7.	Classification: Open	Date: 30 November 2017	Meeting Name: Health and Wellbeing Board
Report title:		Public Health Innovative Planning, Southwark and Lambeth project update	
Ward(s) or groups affected:		All (Southwark and Lambeth)	
From:		Director of Planning and Director of Health and Wellbeing	

RECOMMENDATIONS

1. That the Health and Wellbeing Board notes the progress made on the Public Health Innovative Planning project by Southwark and Lambeth councils and funded by Guys and St Thomas's Charity (GSTC).

2. That the Health and Wellbeing Board support the proposal for a Plan for a Healthy Old Kent Road.

3. That the Health and Wellbeing Board note 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.

BACKGROUND INFORMATION

4. In 2016 Southwark and Lambeth councils secured a grant from the GSTC Health Innovation Fund for the Public Health Innovative Planning project to explore interventions in the built environment on the health themes of social isolation, obesity and access to health services in the Old Kent Road and Oval and Kennington areas.

5. Building on existing evidence of links between the built environment and health, the aim of the project is to use intensive quantitative and qualitative social research to generate robust, location-specific findings across three key health themes - social interaction and isolation, obesity and inactivity, health service provision/access - to inform the development of new planning policies and regeneration strategies that more explicitly and systematically address key impacts of the local built environment on health outcomes and health inequality. The idea is to go beyond the standard planning policy consultation approach, using focused social research to gather better data on how communities in or near regeneration areas live and what they need to live happy, healthy lives. This information would then be used to inform better policy.

6. In partnership with the Mayor of London the council has consulted with our residents to transform the Old Kent Road with 20,000 new homes, 5,000 new jobs, new community facilities, public spaces and parks to be enabled by the extension of the Bakerloo Line. Once adopted, the Old Kent Road Area Action plan will form part of Southwark's Local Plan and be used alongside the New Southwark Plan to determine planning applications and focus investment. It will also be endorsed by

the Mayor of London as an Opportunity Area Planning Framework.

KEY ISSUES FOR CONSIDERATION

Public Health Innovative Planning project progress

7. The project commenced in August 2016, is due to run until January 2018 and has consisted of a research phase, policy phase and monitoring and evaluation phase. The research phase included an academic literature review and intensive social research comprising a large-scale survey and qualitative research, which have been completed. The policy phase involved a review of existing planning and regeneration frameworks and identification of amendments. The monitoring and evaluation phase is focused on developing and implementing enhanced approaches to monitoring and evaluation.

8. The Building Research Establishment (BRE) was appointed to carry out the academic literature review to investigate built environment interventions and associated planning policy and regeneration examples that have been shown to impact social interaction and isolation, obesity and inactivity and health service access. The review also covered social research methods that have been used to investigate these topics in other regeneration projects. A summary version of the report has been published on the BRE website so that others involved in healthy planning and regeneration can make use of best practice knowledge: http://brebuzz.net/2017/08/22/healthy-planning-and-regeneration-innovations/ The full review is attached at appendix 1 and the findings are summarised below:

Social interaction

9. The built environment features that affect social isolation and engagement include: residential density; mixed land use; street layout and design; transition between public/private space; environmental cues for crime and safety; green space; public transport; and local facilities for leisure and recreation (including cafés, pubs, religious facilities, etc.). Older residents and young mothers may be more socially isolated than other groups. Special efforts may be required to include these groups in consultation activities. Community asset mapping is a useful method for understanding the places and spaces that are important for social engagement.

Physical activity

10. The factors influencing physical inactivity are very similar to those which impact social isolation. There is a positive association between physical activity and net residential density, intersection density, public transport density, and the number of parks for adults. Increased urban sprawl and decreased land use mix are positively associated with obesity in some environments. Street design, street lighting, green infrastructure and environmental cues of crime/safety impact physical activity in adults and children. Access to recreational facilities and schools is important for physical activity in children. Traffic density and speed negatively impact physical activity (especially for children) and lead to greater injuries and fatalities.

Diet

11. Local food habits are influenced by a complex system of social, economic and environmental factors. Children's diets may be more affected by local convenience stores and fast food outlets than adults' diets. People living in deprived communities may have a greater number of fast food outlets than more affluent

neighbours. Simply providing healthy foods (through grocery stores, farmers' markets or greengrocers) may not change behaviours. Strong engagement with the local community to understand current attitudes and requirements can help make any investments in healthy food access more successful.

Health services

12. Combining health services and social care services is referred to as 'integrated care' and sometimes this involves the co-location of multiple services on the same site. A systematic review found multiple benefits to integrated care including reductions in: non-emergency cases using A&E, average hospital stays, and costs per patient per site visit. A Big Lottery Fund evaluation of Healthy Living Centres found that these facilities had a range of positive benefits in the community including improved health outcomes and attracting target communities.

13. Ipsos MORI was appointed to carry out primary research in the Old Kent Road and Oval and Kennington areas. The social research included a face-to-face, in-home, survey of 352 residents aged 16+ of the Old Kent Road Opportunity Area and 101 residents aged 16+ of the Oval and Kennington Development Area. It also involved 2 workshops with residents, 8 focus groups with mothers, school children and health service users and 5 depth interviews with primary healthcare professionals (from local GP practices and NHS Southwark Clinical Commissioning Group). Researchers discussed results with Southwark and Lambeth officers in a final workshop before finishing their report. The full research findings are attached at appendix 2 and are summarised below:

Social interaction

14. Though levels of social interaction in the two areas are reasonably high, residents identified a number of issues including a lack of affordable places to go, not enough time to get out as much as they would like, not knowing many people in the local area, and a declining sense of community cohesion. Residents want an inclusive place for people to congregate, and meet new people. For example, residents in both areas felt that they currently lacked a high street with access to shops, cafes and restaurants all in one place. Residents of both areas also wanted places to go where adults can socialise and children can play. The parks around Oval and the Old Kent Road are seen to be assets of the local area, but residents felt that open spaces are often overcrowded and less useful for socialising in the wintertime. They would like to see more allotments and community gardens to bring the community together and promote healthy living. The research also identified a small group of people who do not see or speak to anyone on a local basis. While this group is quite diverse they have typically lived in their area for a long time and suffer from a long-term illness, disability or infirmity.

Physical activity and diet

15. Residents agreed that there is a high prevalence of fast food shops, and easy access to unhealthy food in the two areas. This was a particular concern around schools, and the focus groups with school children suggest that many are accessing unhealthy takeaways easily in the local area. Children themselves would like to see better access to cheap healthy food in the area. As discussed above, residents also wanted to have better access to leisure facilities. Residents want leisure facilities to be affordable – and importantly have crèches or soft play areas to allow mothers with children to access the facilities too. Some small changes might encourage residents to walk more often. This includes better-lit or safer

feeling routes at night, better crossings and safer junctions for pedestrians, helping pedestrians feel safer from cyclists, and helping them navigate roadworks on the pavement, and reducing the amount of uneven pavements and litter.

Health services

16. Though residents are relatively satisfied with health services, there was strong support for the integrated health facility models presented in the research from both the health professionals and residents alike and a community hub was appealing to residents. Residents and health professionals felt that having services co-located would make using them more convenient, and might promote users to use some of the services more. If one were to be built in the Old Kent Road, residents would like to see more health services that would relieve pressure from existing services, and a focus on prevention, with services that are designed to promote healthy eating and exercise. Residents in both areas also described a need to have more leisure facilities in the area. Health professionals working in the West Norwood Centre (who were interviewed as the centre is an example of co-located health and leisure facilities) suggested that a central reception area would be helpful to visually link the services together. Health professionals also wanted any facility to be designed closely with the community on board from the start, and with the needs of the local population in mind.

17. Following the social research phase of the project planning policy and public health officers at Southwark carried out a review of draft policies and monitoring proposals in the Old Kent Road Area Action Plan (AAP) and the New Southwark Plan in light of the research findings. The review has fed in to re-drafting of the New Southwark Plan and the Old Kent Road AAP and a proposal for a Plan for a Healthy Old Kent Road that will sit alongside the AAP. The monitoring and evaluation phase has also fed into work on this new health plan.

The Plan for a Healthy Old Kent Road

18. The final output of the Public Health Innovative Planning project will be the Plan for a Healthy Old Kent Road. This plan will draw together the social research findings and the wider planning and public health evidence base to explain the impacts of the urban environment on health and wellbeing in the area. It will set out how regeneration will respond to these challenges to achieve better health outcomes and how success will be measured. The plan will build on international best practice, for example Los Angeles' 'Plan for a Healthy Los Angeles' and New York's 'Take Care New York 2020'.

19. The plan is being developed through joint working between planning and public health to connect the regeneration programme for the Old Kent Road with other initiatives of the council and its partners. It will be an action plan, with a programme of interventions set out under 7 tangible goals under a strategic goal:

Strategic goal: Current residents in and near Old Kent Road consider that they have benefited from the regeneration and that the quality of their lives has improved.

Goal 1: Current residents in and near Old Kent Road benefit from the new affordable housing and improved conditions in existing properties provided by the regeneration of the area.

Goal 2: Residents of all ages and abilities feel that walking and cycling are a safe, convenient and pleasurable activity for commuting, leisure and daily travel needs

and active design principles are applied to all new developments.

Goal 3: The design and management of new buildings in the Old Kent Road minimise residents' exposure to harmful air pollutants indoors and outdoors.

Goal 4: Residents feel that there is sufficient access to healthy affordable food in the area and that the healthier choice is the easier choice.

Goal 5: Residents of all ages feel that there are affordable places to meet throughout the seasons.

Goal 6: New health facilities are integrated with other community services.

Goal 7: Residents' mental health and wellbeing are improved by access to more and better green spaces.

20. A key aim of the project has been to develop innovative approaches to monitor the impact of regeneration on public health. This has been explored in the preparation of the draft Plan for a Healthy Old Kent Road. It is the intention that each of the 7 goals will have a headline indicator to allow progress to be measured over time.

Future work with Guy's and St Thomas' Charity

21. The Public Health Innovative Planning project has demonstrated that joint working between planning and public health teams can help to address priority health challenges in Lambeth and Southwark. For the Old Kent Road area, the GSTC funded research has resulted in a framework of action for regeneration. This programme presents the opportunity for further work with the charity, aligned with their aims to improve the health of local people.

22. The charity's priorities include people living with multiple long-term conditions and childhood obesity. The former is strongly associated with severe social isolation in the Old Kent Road social research. This project also identifies the potential for childhood obesity to be a significant issue. The charity fund a large range of activities in Southwark including: research, grants to social enterprises, grants to statutory organisations, purchasing equipment, innovation in health, and other activities.

23. Funding or part-funding could be sought to develop innovative means to ensure that the goals are met through place-making opportunities for health identified in the Plan for a Healthy Old Kent Road are maximised. For instance, the need to create safer walking routes could be addressed by trialling detailed studies of how the existing environment is experienced when walking to identify opportunities for improvement. The studies would be carried out at small geographies, in defined locations where redevelopment is planned. Another opportunity might be to explore how affordable and healthy places for people to socialise can be created to overcome perceptions of gentrification and ensure existing residents benefit from the new town centre. These could be delivered as discrete projects on modest budgets.

24. Funding could also be sought for a longitudinal study to complement the indicators in the Plan for a Healthy Old Kent Road by tracking the impact of regeneration on individuals. Such a prospective cohort study would require significant resources to be available over a long period of time and would likely need to be co-funded from multiple sources. The advantage of the study would be to measure and understand, in far more detail, the impact of regeneration on established and new communities over time. The project could start with a pilot study to establish the

baseline data for the households.

25. The council could also work with GSTC to assist them in better coordinating their wider funding portfolio in the Old Kent Road area. The scale of regeneration would make the area a suitable focus for a more joined up approach to the part-funding of local activities and projects with a variety of partners, such as community groups. The goals in the Plan for a Healthy Old Kent Road could provide the strategic framework to better target small grant funding.

Policy implications

26. The project is intended to shape planning policy and inform regeneration programmes in the two boroughs. In Southwark it has informed the New Southwark Plan and the Old Kent Road Area Action Plan currently being prepared. It has led to better coordination between planning, regeneration and public health policy.

Community impact statement

27. The purpose of planning policy is to facilitate regeneration and beneficial development ensuring that community impacts are taken into account. Plans such as the New Southwark Plan and the Old Kent Road Area Action Plan require equalities analysis to be carried out. The project has assisted in carrying out these analyses and helped to ensure that the plans have a positive impact on different groups.

Resource implications

28. The project has contributed to the resources available for the preparation of planning and regeneration policy in the two boroughs.

Legal implications

29. There are no specific legal implications arising from this report.

Financial implications

30. Funding for the project was secured from the GSTC Health Innovation Fund.

Consultation

31. The project has facilitated enhanced public involvement and consultation in the preparation of planning and regeneration policy.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None	N/A	N/A

APPENDICES

No.	Title
Appendix 1	Southwark & Lambeth Healthy Planning Project – Academic Literature Review (Circulated separately)
Appendix 2	The Impact of Planning Policy on Health Outcomes and Health Inequalities in Southwark and Lambeth - Findings from quantitative and qualitative research with local people (Circulated separately)

AUDIT TRAIL

Lead Officer	Simon Bevan – Director of Planning Professor Kevin Fenton – Director, Health and Wellbeing	
Report Author	Andy Ruck – Planning Policy Officer	
Version	Final	
Dated	20 November 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		20 November 2017

Agenda Item 8

Item No. 8.	Classification: Open	Date: 30 November 2017	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Sexual Health progress report	
Wards or groups affected:		All	
From:		Kirsten Watters, Consultant in Public Health	

RECOMMENDATIONS

1. The board is requested:

   a) To note the update on performance and activity for sexual and reproductive health.

   b) To note the changes in relation to the e-service provider and young people's sexual health service.

EXECUTIVE SUMMARY

2. The Health and Wellbeing Board receives thematic updates on performance and activity in relation to its priority areas. This update is on sexual and reproductive health.

BACKGROUND INFORMATION

3. Southwark has some of the highest rates of diagnosed sexually transmitted infections and HIV in the country. This is a result of the borough's diversity of the area with high proportions of black and minority ethnic groups, young people and men who have sex with men (MSM) and population mobility. Sexual health clinics in LSL are large, modern and popular thus levels of attendances and diagnoses are higher compared to London rates.

Sexual health transformation

4. All councils have been required to make significant savings within their sexual health budgets. These savings requirements are within a context of high levels of diverse need, at capacity GUM services and risks to population health if access to STI testing and treatment is not maintained. In recognition of the open access requirements for sexual health services and considerable cross borough activity Southwark works in partnership with the borough's of Lambeth and Lewisham through the Lambeth Southwark and Lewisham Sexual Health Transformation Programme. Over the past three years the programme has focused on implementing a sustainable model for integrated sexual health services across the three boroughs. It is aligned with the London Sexual Health Transformation programme (LSHTP) to ensure risks of cost-pressures from patient flow to services outside of LSL are managed in an appropriate and cost efficient way.

5. The programme has two key aims:

    1. Refocus activity out of clinics towards home sampling, online services, and pharmacy to:

        - Better meet complex sexual health need by increasing capacity within clinics to deliver more complex work.
        - Better meet contraceptive need within key groups to further reduce teenage pregnancy, abortion and repeat abortions.
        - Reduce costs and produce cashable savings.
        - Improve access to testing and treatment.
        - Deliver services closer to home.

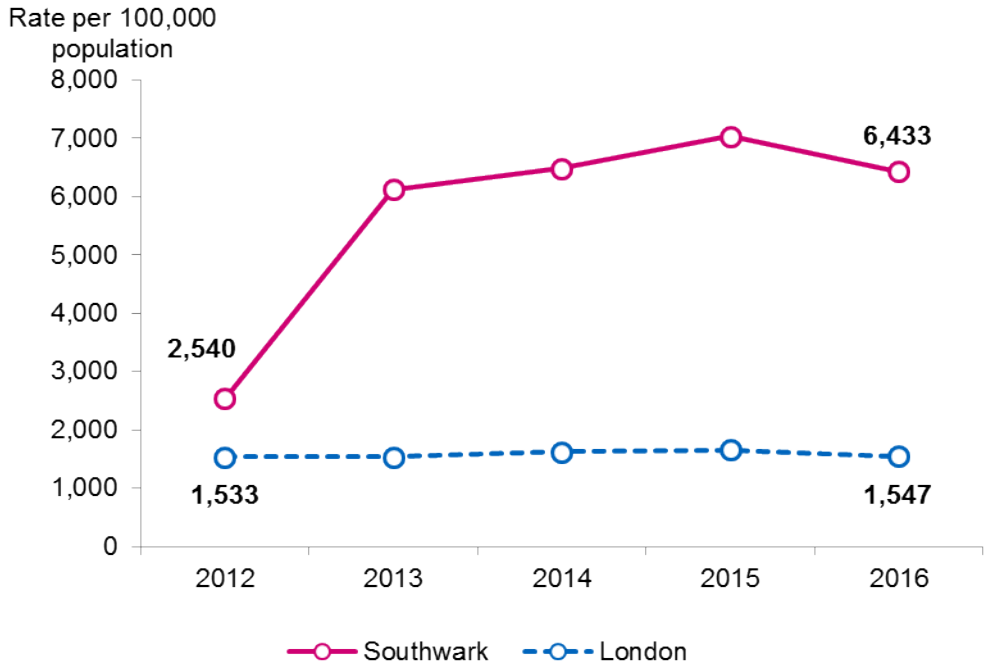
    2. Implement a new Sexual Health Integrated Tariff.

        - It is recognised the current system for paying for sexual and reproductive health services is flawed: the current GUM first and follow up tariff is blunt pricing instrument whereby local authorities pay the same price for very different interventions and block contracting for RSH prevents cross charging and disincentives providers to record activity.
        - The new integrated sexual health tariff is a more sensitive payment mechanism (i.e. will better differentiate interventions and charge accordingly) and is estimated to bring significant financial benefits to most local authorities. This is because the current GUM tariff is expensive for what is being provided in clinic.
        - The ISHT has been developed with extensive clinical input and includes the total and marginal costs of all care activities across GUM and RSH services. The methodical model used is endorsed by Price Waterhouse Coopers and NHS Improvement as best practice in developing new healthcare tariffs. Local clinicians have been consulted and involved in its development.

Sexual and Reproductive Health Update

6. Sexually transmitted infections within the borough are declining for the first time since 2013. New STIs (excluding chlamydia in 15-24 year olds) reduced by 8.6% between 2015 and 2016 and gonorrhea reduced by 21%.

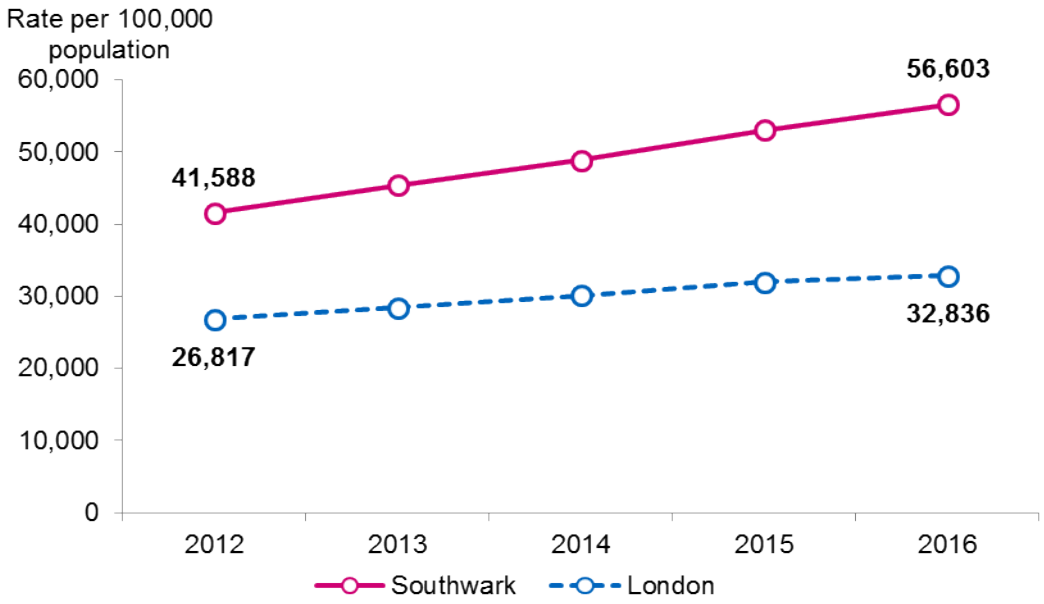
New sexually transmitted infection (STI) diagnoses (excluding chlamydia in under 25 year olds)



	2016 London rate	2015 Southwark rate per 100,000	2016 Southwark rate per 100,000	% reduction 2015-6
New STIs (excl. those with Chlamydia aged 15-24)	795	3,062	2,799	8.6%
Gonorrhoea	186	630	497.9	21%
Syphilis	33.6	97.4	79.3	18.5%

7. Testing capacity within Southwark has increased. This is in the context of a significant savings programme of GUM services. The transformation programme approach has enabled these savings to be realised within impacting on testing capacity.

Sexually transmitted infection (STI) testing rate (excluding chlamydia in under 25 year olds)

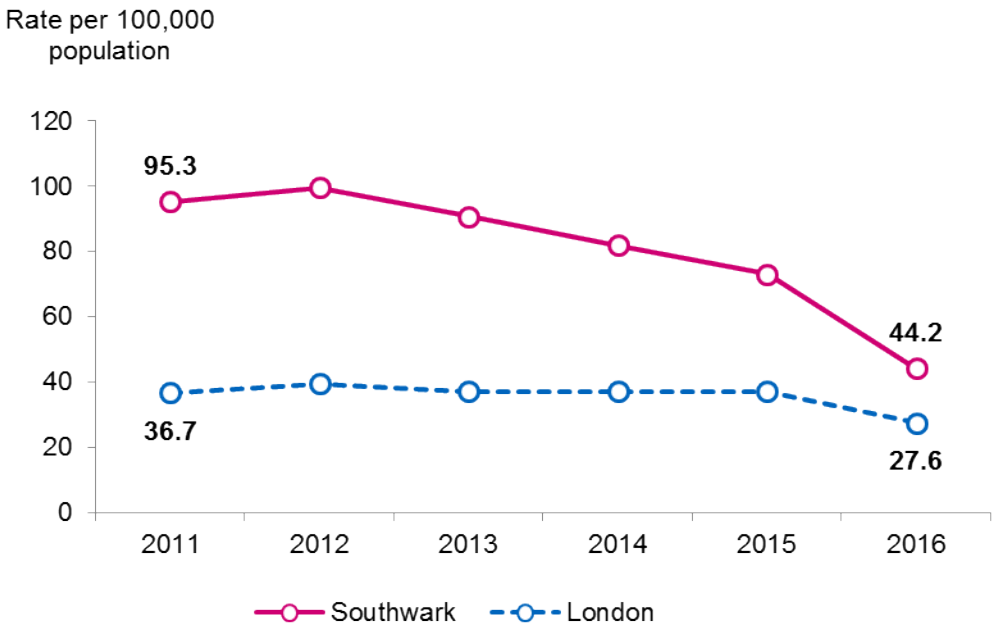


HIV

8. New diagnoses of HIV continue to reduce as does the proportion of people diagnosed late. Nationally intensified testing of high-risk populations, combined with immediately received anti-retroviral therapy and a pre-exposure prophylaxis (PrEP) programme, have resulted in significant reductions in new HIV infections amongst MSM.

	London	Southwark
New HIV diagnosis per 100,000 (2015)	27.6	44.2
% of late diagnosis 2013-15	33.5%	36.5%

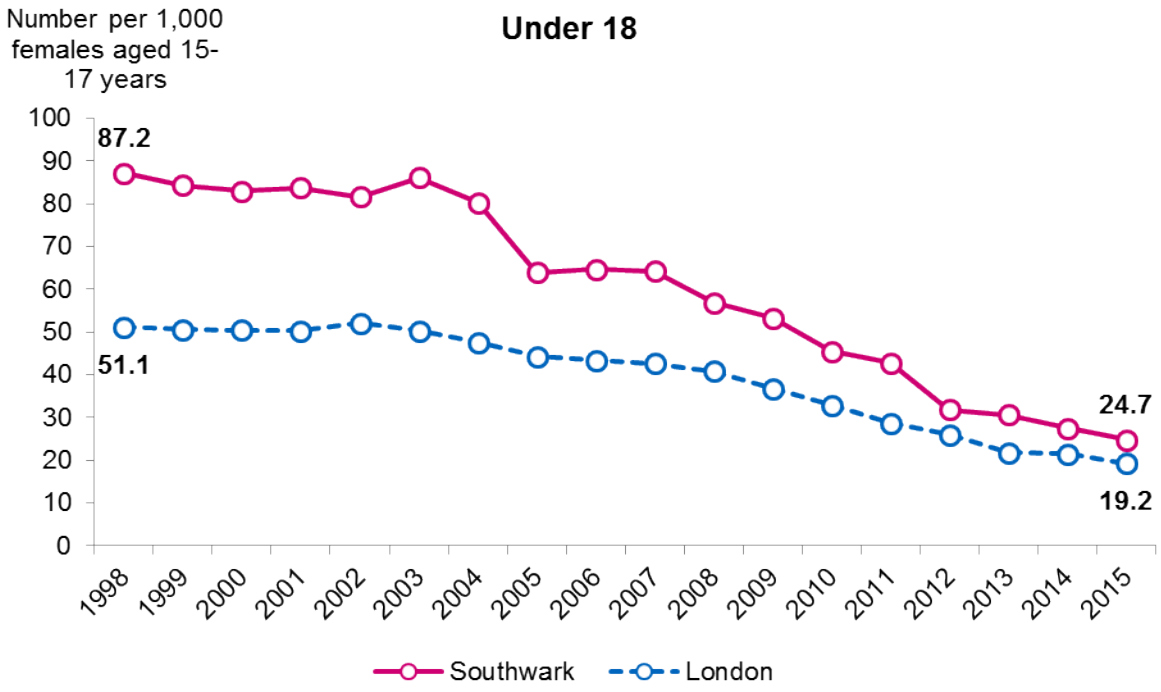
Rate of new HIV diagnosis per 100,000 population among people aged 15 and over

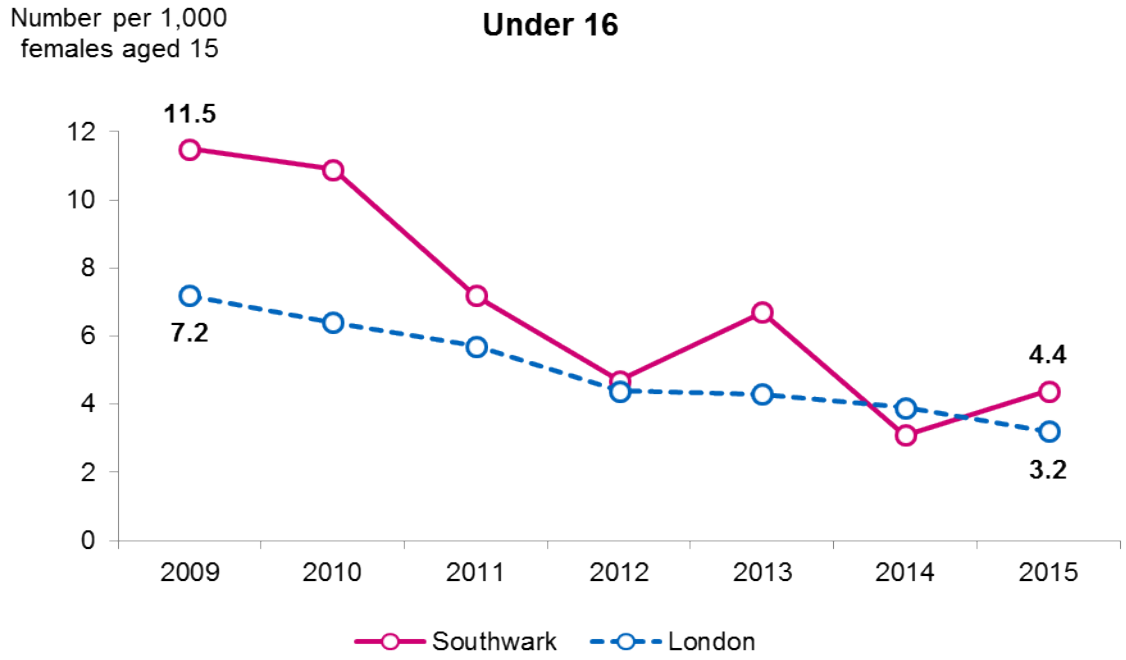


Teenage Conceptions

9. Southwark has experience one of the largest reductions in teenage pregnancy in London and its rate has reduced by 72% since 1998. Southwark now has a conception rate which is not statistically different to that of London.

Under 18 and Under 16 Teenage Conception Rates





Update on Services

Pan London e-service

10. Southwark and Lambeth led the way with sexual health e-services through SH:24, which has been operating in the boroughs since 2015. This has allowed us to more faster and further with our transformation of services and our local

acute providers (Guy's and St Thomas' Trust and Kings College London) have been the first in London to channel shift asymptomatic patients online. This has enabled clinics to focus on high risk and symptomatic patients.

11. Southwark elected to join the London e-Service and the local offer will transfer to the new London provider by 1st October 2018. There are significant variations in access and activity across London boroughs, with high numbers of residents from across London using services in central London. Due to London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together and the e-service offer is a key component of this.

GUM Contracts with Kings College Hospital and Guy's and St Thomas' Trust

12. New contracts have been signed with Kings College Hospital and Guy's and St Thomas' Trust based on the integrated sexual health tariff. These contracts ensure high quality and financially sustainable sexual health services.

Young people's sexual health service

13. A new young people's wellbeing service has been commissioned which will offer a specialist integrated sexual health and substance misuse service, with a pilot of primary care in reach and a mental health offer. This new model of service delivery reflects the relationship between poor sexual health and substance misuse and other risky behaviours in adolescents. This service will start on 1 December 2017.

HIV testing programme with the Elton John Aids Foundation

14. An innovative partnership between Lambeth. Lewisham and Southwark councils, Lambeth, Lewisham and Southwark CCGs, NHS England, the Big Lottery Fund and the Elton John AIDS Foundation (EJAF) has been formed to implement a new HIV testing programme. The programme, to launch in December will pilot a social investment partnership (SIP) approach to improving HIV testing, reducing late diagnosis and supporting retention in HIV care services. This builds on the work by Southwark CCG to support primary care testing and the work of the Southwark GP HIV champion.

New Sexual Health Strategy

15. A new sexual health strategy is being developed will be launched across Lambeth, Southwark and Lewisham in 2018. The strategy which is in early stages of development will focus on four themes:

    1. Safe and healthy Relationships
    2. Good reproductive health across the life course
    3. High quality sexual transmitted testing and treatment services
    4. Living well with HIV

16. Consultation events will be held in early 2018 with a provisional strategy launch date of March 2018.

Financial implications

17. London Councils have projected that, without system transformation, 100% of local authorities' public health grants would be spent on sexual health in under five years. Within Southwark the sexual health budget is over spent. This has occurred from rising demand for services, demographic growth and the requirement for services to be open access. New acute trust contracts based on integrated tariff and e-services have enable the council to deliver the high volumes of population testing required to reduce sexually transmitted infections and have secured high quality financially sustainable services for the future.

BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Sexual Health Strategy		Public Health 020 7525 0280
Link: (Copy and paste into browser) http://moderngov.southwark.gov.uk/documents/s47068/LSL%20Sexual%20Health%20Strategy%20Consultation.pdf		

APPENDICES

No.	Title
	None

AUDIT TRAIL

Cabinet Member	Councillor Maisie Anderson, Public Health and Social Regeneration
Lead officer	Kevin Fenton, Director of Health and Wellbeing
Report Authors	Kirsten Watters, Consultant in Public Health
Version	Final
Dated	20 November 2017
Key decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		20 November 2017

Agenda Item 9

Item No. 9.	Classification: Open	Date: 30 November 2017	Meeting Name: Health and Wellbeing Board
Report title:		Thrive LDN - Programme update	
Ward(s) or groups affected:		All wards	
From:		Professor Kevin Fenton, Director of Health and Wellbeing; Richard Pinder, Consultant in Public Health; Javina Sehgal, Programme Director Thrive LDN	

RECOMMENDATION

1. The Health and Wellbeing Board are invited to:

   - Note the progress report from Thrive LDN.
   - Identify opportunities with organisations to promote Thrive LDN website and resources.

BACKGROUND INFORMATION

2. Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London, Sadiq Khan, and led by the London Health Board. Our work is delivered in partnership with Greater London Authority, Healthy London Partnership, NHS England (London Region), Public Health England (London Region) and London Councils.

KEY PROGRESS

3. On 4 July we launched the Thrive LDN: towards happier, healthier lives publication, which outlines six aspirations for London:

   - A city where individuals and communities take the lead
   - A city free from mental health stigma and discrimination
   - A city that maximises the potential of children and young people
   - A city with a happy, healthy and productive workforce
   - A city with services that are there when and where needed
   - A zero suicide city

4. In conjunction with the launch of the publication, we also launched the 'Are we OK London?' campaign. So far, the campaign has generated over 60,000 interactions and established a reach of over 13 million. At the end of October, we will publish a report detailing initial findings from the campaign. An independent impact evaluation of the reach of the campaign will follow in February 2018.

5. Thrive LDN is growing organically across London. The vision is for communities and individuals to take a leading role in helping to improve mental health and wellbeing across the capital. The Thrive LDN team has been working with charities, health and social care professionals, representatives from local councils, the education and policing sectors, people with lived experience of

mental health problems and a whole host of other organisations and individuals to develop methods and opportunities to improve mental health. A key ambition is to improve resilience and empower individuals and communities to ensure we tackle poor mental health. Through the campaign's momentum, we have seen an increase in offers from existing partners and new organisations, many of which match the aspirations and actions listed in our publication. In return, our team has mobilised a plan with partners consisting of 40 projects that will be delivered across London by 30 March 2018.

6. Some projects have already commenced. For example, to celebrate World Mental Health Day on the 10th October 2017, Thrive LDN worked in collaboration with GoodGym to deliver 22 local happenings with 500 GoodGym members. The partnership aimed to promote how exercising and volunteering for a local community project can help improve Londoners' mental health and wellbeing. Upcoming projects include:

   - Thrive LDN and Team London, in partnership with v.inspired, will launch a new London-wide, youth-focused social action and volunteering programme for children and young people disproportionately at risk of developing mental health problems.

   - We have commissioned research into the effects of intersectional discrimination. The research will work directly with Londoners affected by multiple forms of discrimination, including mental health stigma and discrimination, to understand more about the effects and develop ideas to improve their mental health and wellbeing.

   - MyCognition, is a part of London Ventures, an innovation programme for London's public services. MyCognition is a digitally-led insight, assessment and training platform designed to improve a person's cognitive fitness. Poor cognitive fitness is a major component of, and a major risk factor in mental illnesses. The product can be applied across a wide range of settings, from businesses to education establishments and to a wide cohort of people. This programme which is being delivered in partnership between London Councils and EY, has engaged in discussions with both ourselves and the Good Thinking digital service to see how our offers can help to tackle mental health issues in London.

7. Problem Solving Booths (PSB) are the hyper-local arm to Thrive LDN. PSBs consist of two chairs, one for the 'helped' who may have a problem or need advice, and one for the 'helper' who assists them. People are then often asked if they wish to swap roles. The aims of PSBs are to reduce stigma and discrimination around mental health and to recognise that it is not necessary to reach crisis point before asking for help.

8. Throughout summer and autumn, we have hosted PSBs in Ealing, Hounslow, Westminster, Camden, Tower Hamlets, Croydon, Lewisham, Lambeth, Southwark, Wandsworth, Richmond, and Kingston. These have enabled interactions with over 50 people at each location and helped to encourage people to start thinking and talking about their own and other people's mental health.

9. Our community workshops are a part of our standard offer to London boroughs and help to enhance local work and initiatives. Our workshops are hosted in partnership with Mental Health Foundation and local partner, including local

authorities. So far, we have delivered workshops in the seven London boroughs with the highest prevalence of poor mental health. By the end of March 2018, we will have hosted community workshops in two thirds of London boroughs.

10. The community workshops intend to encourage and support residents and services to establish local Thrive LDN hubs and we have several early adopters including Thrive Harrow, Thrive Greenwich, Thrive Kingston and Black Thrive (Lambeth).

11. Thrive LDN Champions are a growing network of people across London, who form part of the citywide movement to improve the mental health and wellbeing of all Londoners.

12. Currently we are working across three groups: Cllr Mental Health Champions, Lived Experience Champions and Children & Young People's Champions.

13. They have a passion to improve mental health and wellbeing in their local area, and want to make a change in the way Londoners think, talk and act about mental health. Champions are encouraged to get involved in Thrive LDN's activities and supported to develop activities in local areas.

14. We support the Mental Health Challenge which is a jointly-led initiative by Centre for Mental Health, Mental Health Foundation, Mental Health Providers Forum, Mind, Rethink Mental Illness, The Royal College of Psychiatrists, and YoungMinds.

15. The Mental Health Challenge was launched in September 2013, and so far 22 councils across London have appointed Champions for Mental Health. The aim of the Mental Health Challenge is to encourage and support local leadership for mental health and wellbeing through local authority elected members. The Challenge asks councils to appoint a 'Champion' for mental health. In return, we offer champions and their local council advice, information, resources and shared learning, as well as a network of peers in similar roles to exchange ideas and best practice.

16. The Challenge has already shown that Councillor Mental Health Champions have the potential to raise the profile of mental health and wellbeing in local communities, to enable councils to integrate mental health into the full range of their policies and responsibilities, and to link up with other local leaders to foster partnerships and encourage action to promote mental health.

17. Thrive LDN and London Councils are now working together to encourage other councils to take up the challenge and appoint a Cllr Mental Health Champion and help make mental health a priority. This is being done through putting together a motion to discuss mental health at their local full council meeting.

NEXT STEPS

18. Note the work in progress to develop a local Thrive LDN Southwark hub which will have a time to change element to it.

19. Note and support the various opportunities for local, sub-regional and regional benefits and learning to Southwark from the wider work of Thrive LDN.

20. Consider a £10k investment from Southwark, as part of the London local authorities contributions to match fund contributions already committed to the Thrive LDN programme. This will help support two core components – a Citywide awareness and anti-stigma campaign as well as a programme of support to borough efforts to deliver lasting improvements to mental health and wellbeing at the local level, In order to build on the momentum and continue to grow and develop, the Thrive LDN Programme Team needs to be resourced.

Resource implications

21. None

Legal implications

22. None

Financial implications

23. None

APPENDICES

No.	Title
Appendix 1	Thrive Southwark – Facilitator Notes

AUDIT TRAIL

Cabinet Member	Councillor Richard Livingstone, Adult Care and Financial Inclusion	
Lead Officer	Professor Kevin Fenton, Director of Health and Wellbeing	
Report Author	Richard Pinder, Consultant in Public Health	
Version	Final	
Dated	1 November 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		20 November 2017

APPENDIX 1

Southwark Thrive - 18 July 2017 – table workshop feedback

About 60 people, including residents, service users, carers, councillors, council officers, NHS providers and commissioners, gathered to share ideas on how to take the six Thrive LDN objectives forward in Southwark.

Facilitators recorded the discussions - these are the main points they captured.

1) **Thrive LDN objective: A city where individuals and communities take the lead**

Breaking down barriers

A need was identified to first breakdown stigma in the community. This provides a safe environment for individuals to disclose and seek help:

- 'Community should be involved in educating (e.g. mental health libraries with literature available to take away)'
- 'There should be diverse champions within the community, they need to be relatable to improve engagement'
- 'Use churches to bridge divides, more support for faith groups'

Loss of community spaces and support

People felt that activities and 'safe spaces' for communities had been reduced due to cuts in funding. Comments were also made on shifting the balance from traditional/institutional care to community support:

- 'Alternative/community funding (can target local businesses, ask for donations to buy equipment, Kickstarter etc.)'
- 'Increase community spaces for dialogue and integration such as cafes and pubs (e.g. Dragon Café). More support for open community events such as a poet's corner, street parties etc.'

- ‘Initiatives that work such as peer support should be expanded. There is also a need for peer support in clack and minority ethnic (BME) communities’
- ‘Peer mentors with lived experience of mental health’
- ‘Using technology such as closed social media groups to build online communities that can organise face to face meetings and events’

Voices being heard and improving engagement

To improve engagement individuals and communities need to want to get involved. People felt that it was difficult to find out about events or where to get support. They wanted more community involvement in decision-making, with funding provided for community groups and service users to be part of commissioning teams.

- ‘As an individual being able to choose the type of support and how it’s delivered’
- ‘Enabling people to design and create their own activities’
- ‘There need to be forums for public involvement’
- ‘People from council to get out and about’
- ‘For example: New care leavers partnership – Catch22 + Southwark council is going to be co-designed with care leavers’

‘Regeneration is taking over and pushing people out’

Many people had strong words to say on regeneration in Southwark – they felt that activities provided in the area were “not for them” (e.g. Southbank Festival). They also felt that the building of luxury flats/shops was negatively impacting some communities.

- ‘Reserving community spaces for people, not businesses (e.g. Tescos)’
- ‘Free up spaces by not having supermarket metros or express shops at the ground floor of new blocks of flats’
- ‘Local people should be taken into account when estates are knocked down then rebuilt to make money’
- Concern that if the focus is on the community providing support to friends and neighbours this will mean services will be removed
- Need to find ways to reach those who don’t come to groups but are more disparate / transient

2) **Thrive LDN objective: A city free from mental health stigma and discrimination**

Culture and Language

- Change the language used to describe mental health and mental illness to use phrases such as ‘emotional wellbeing’ as the word ‘mental’ is often used derogatorily.
- Educate all about language as the terms like ‘mental’ or ‘crazy’ are often used which could be triggering for people with mental ill health.
- Move the language used around mental health away from clinical terminology to make it accessible to everyone and simpler.
- Normalise conversations about mental health and highlight the importance of share both when you’re feeling good and bad.
- Keep the conversation going constantly and consistently and keep it open to hear all sides.
- Help to build connections that foster open communication – sharing is based on trust so people must know each other to feel comfortable sharing.
- Learn how to challenge other people’s stigma and help them understand
- Get the conversation going in the workplace through workshops and management training.
- Make it known that everyone is responsible for good mental health
- Tackle online bullying, not just in-person bullying

Services

- Educate businesses on what mental health is. Some people said that before getting into their position in the mental health field they themselves didn’t know what it was!
- Train the employer to understand mental health and be of assistance to employees who may have mental ill health.
- Education around mental health should start at the earliest level – schools should teach mental health awareness from primary level.
- Foster positive role models for children (e.g. teachers, firefighters, policemen, soldiers) who can teach them about mental health and wellbeing.

- Fund activities and programmes, in or outside of the classroom, which cater to educating children about mental health in a fun and interactive way
- Train teachers to have these mental health discussions, be a support for the children, and challenge constructively mental health discussions in order to eliminate stigma at an early age.
- Look at the Youth in Europe Study and implement it in Southwark
- Educate about stigma, e.g. through an online presence
- Education of mental illness should be based on professional knowledge and research – is it treatable? Teaching people that you can learn how to live with it
- Demedicalise mental illness – fighting the preconceived ideas (e.g. people with a mental illness are not violent and are actually more likely to be victims of violence, stop over-medicating…)
- Laws have to change to fight institutionalised discrimination – in some countries people suffering from a mental illness have their human rights violated, although I'm unsure if that is the case in London.

Community

- Foster peer support amongst the community, building connections so people are willing to share struggles
- Organise cheerful events (e.g. arts festival) which encourage people to come out, build connections (real contact) and learn about mental health in a fun way
- Market these events for maximum attendance and get people from different backgrounds (i.e. not just mental health professionals) – e.g. many people had not heard about the Mental Health Awareness Week.
- Make use of TV to diffuse information about mental health although do not rely on it solely as this can create another barrier.
- Foster mental health champions and empower community leaders to combat stigma. Politicians, public figures and celebrities who have had experience with mental ill health can do this effectively (Royal Family, Stormzy and Rio Ferdinand).
- Find ways to reach to young carers or set up carer support groups.

- Cater to the local community by training community leaders to become peer mentors (e.g. church, barber shop, peers that people may feel more comfortable sharing their experience with).
- Parenting skills workshops for parents to encourage children to communicate their feelings and break the stigma at home.

3) **Thrive LDN objective: A city that maximises the potential of children and young people**

Culture and Language

- All tables suggested that young people must be involved in any intervention so it can be designed around and for them. Possible ways of doing this included the youth council, a steering group or in schools
- Young people should lead any intervention with a peer-to-peer focus rather than led by an adult.
- There needs to be a focus on good parenting and supportive home environments – one option could be parenting classes.
- Young people need to be able to report cyber bullying and be given strategies to ensure it doesn't have an adverse effect on their mental health.
- Social media can be a positive with celebrities such as Stormzy, Jamelia and Rio Ferdinand raising awareness by talking about their own periods of mental ill-health.
- Get rid of the stigma around children and young people's mental health – children do have problems and they do not need to be infantilised.
- Address hyper-masculinity and the damage gender roles can do on young children in order to limit problems this causes.
- Take away the stigma around alternative qualifications such as BTECs

Services

- Mental Health First Aid training should be delivered more broadly with a focus on issues facing young people. This could be given to

schools, youth groups, scouts, girl guides and young people themselves.

- Mental health should be taught in schools so children and young people (CYP) are trained in maintaining their own mental health and wellbeing and in how to support each other in doing so.
- Young people should be used as a bridge to children and adolescent mental health services (CAMHS) for other young people in a peer mentoring system, to make the process less intimidating.
- Looked after children are high risk so they must be considered in any strategy. The care leavers' service must also be redesigned with mental health in mind.
- The dots must be joined in the council as CYP are served by many different aspects so a coherent strategy on CYP mental health is essential.
- Young carers can have no one to go to – they need to be identified as at risk and supported because of this.
- CBT should be 'Cognitive Behaviour Training' rather than 'Therapy' and taught in schools. The techniques CBT gives are more useful before crisis point and would help CYP to Thrive.

Community

- There is so much pressure on young people, perhaps work on developing communities as a whole so there is a better support network in place.
- Implement support networks in schools and local communities to ensure that the 'quiet ones' don't slip through the net. These groups must also be alert to neglect or bereavement at home in order to act to support CYP.
- Give place for 'kids to be kids' in the borough such as parks, playgrounds and youth clubs as well as greater investment in afterschool programmes for CYP.

4) **Thrive LDN objective: Developing a healthy, happy and productive workforce**

Culture and Language

- Work hard to reduce the stigma around mental health in the workplace
- Trust needs to be boosted to develop a workplace where people can be honest about their triggers and feel comfortable 'disclosing' mental ill-health.
- Employers should be encouraged to develop willingness to engage with improving mental health, to become mental health 'literate' – this may need to be led from top of the organisation
- We need workplaces to normalise conversation about mental health
- 'Command and control culture' should be discouraged and there should be more shared leadership and empowered workers
- Better recognition of the value of voluntary work and peer support – it is not free labour
- Understand the economic and social value added by people with mental health challenges - often very creative
- Consider the mental health needs of those who undertake voluntary roles
- Do not stigmatise staff who need to take time off for mental health - asking when they will be back only adds to stress
- Open, two-way communication between staff and employer; other staff who listen
- Less competitive working environment (dog eat dog – not healthy)
- No discrimination
- No blame culture
- Positive culture to facilitate open discussions regarding mental health
- Reduce the pressure to go to work (benefits sanctions)
- Treat carers properly
- Following London Bridge attacks, looking for 'legacy' for businesses/people affected by MH issues
- Stonewall as a model – normalising an issue/engaging well with employers

Services

- Ensure workforce know where to go at the beginning of an MH problem, if you start to feel you need support/help
- Allow individuals to get themselves trained – pride in themselves and also value to employer
- Implement laws to protect from workplace abuse; policies that don't penalise staff
- Business Improvement Districts could play role for smaller employers who don't have EAPs/appropriate resources
- Skills development/MH learning as a student to take into workplace
- Role of Employee Assistance Programmes

Workplace Community

- Encourage a better work/life balance or flexible working hours
- Give job security/no zero hours contracts/living wage (mentioned several times)
- Give workshops on wellbeing and seminars on mental health awareness
- Recognise and talk about issues, e.g. bullying
- Regular appraisals to help self-esteem
- Regular check-ins with line manager; part of regular catch-ups; although this is dependent on manager's skills/employee's relationship with manager
- Ongoing training for managers and information available/signposting (mentioned several times); empowering managers to be able to have these conversations
- Information/signposting available to all staff
- Exercise/gym membership (mentioned a couple of times)
- Mentor people
- Workplace strategy to get the best out of people with MH issues
- Stated wellbeing policy; wellbeing action plans (MIND has these?)
- Regular days when staff discuss whole workforce wellbeing
- Regular (?Friday) wellbeing talks
- Nominated person in the office who is equipped to deal with crisis
- Staff MH as part of safeguarding policy
- External person/facilitator to enable MH conversations/pastoral support

- Reflective session/forums for openness

5) **Thrive LDN objective: A city with services that are there when and where needed**

Culture and Language

- Ensure services are young people friendly by removing the fear factor preventing access
- Social isolation is a key problem. Could give peer-mentoring for individuals who are isolated in order to reach them.
- Understand how people with substance abuse disorders can also access mental health services. A range of options + community counselling should be available.
- Political aspect needs to be considered. Also need to consider how funding and commissioning translate into a reality as there is often a massive gap.
- Consider how the council can be mental health friendly such as through liaison officers.
- There is a struggle with resources and funding so support strong community based voluntary and community sector organisations (VCOs).
- Everyone should get involved: Not just NHS services, but social care, community support, community-based activities, businesses, commerce (places where mental health might not always be very well accepted)
- Educate the larger news and media services around the availability of services so accurate information can be provided.

Services

- A shared vision to join commissioning of all services across the borough was mentioned to develop a positive mental health ethos. Services need to communicate more.
- The threshold for CAMHS is difficult to navigate. An alternative counselling organisation that faces/focus/train people to support

young people could be developed or each school could have a counsellor who will tackle emerging problems.
- Easier access to services (big barrier)
- Out of home holistic services could be developed that are open to what person's needs are (Addere Community Service)
- Bootcamps 5:30am-6:30am in the morning to keep people active
- Need better commissioning of services: they need to close the gap in inequalities, not to think of just commissioning services but rather cater to what people need.
- Commissioning is disjointed as all specifications should have Mental Health featured.
- Services should be easier to navigate as they can be difficult for people to understand
- Follow the benchmark of good services while learning from bad services. Evidenced-based projects around the world should be considered for replication here.

Community

- Get religious communities involved as they give the opportunity to socialise and reach more individuals
- Provide spaces that enable people to come together such as community gardens and green spaces
- Support families and carers who help the struggling services and empowerment for those who volunteer to provide or be involved in services.
- Certain communities fare very badly within traditional MH services (not a safe space) so it's important to cater to them and find other activities that would benefit them.
- Recovery Cafes like the Dragon Café are a very good model that should be expanded as they give co-dependency groups every day.

6) **Thrive LDN objective: A zero suicide city**

Language and culture

- Normalise discussions about suicide so that we have more honest conversations when see signs and that people outside the mental

health sector are comfortable talking about suicide: ‘feelings of suicide are normal, acting on these feelings is not’.

- Introduce suicide awareness at early age – this came up several times.
- Change focus to ‘working towards a zero suicide city’ or ‘reducing suicide’ –‘zero suicide’ is unrealistic and stigmatising.
- Increase awareness of how to recognise signs of someone in crisis for example someone saying: ‘you will be sorry when I am not here’.
- Identify where suicide is taking place and in what communities so can focus attention on these
- Engage people to get involved in activities perhaps wouldn’t normally do for example sports
- Can’t focus on suicide on its own - it needs to be part of a focus on all the six thrive objectives. We will know that doing well with these when the number of suicides fall.
- Identify where people have conversations naturally each day, like barbers and hairdressers, and provide simple toolkit of questions that could enable signs of distress to be recognised.
- Increase awareness of how to recognise signs of someone in crisis i.e. ‘you will be sorry when I am not
- Set up groups where people can meet their peers for a chat i.e. young mums, faith groups, sporting groups - pay people to lead these groups, shows its importance and that of peer support.
- What can we learn from boroughs, cities, countries where suicide is lower?
- Challenge cultural beliefs about suicide i.e. go to hell
- Better understand and communicate the relationship between self-harm and suicide. More research into understanding what leads someone to commit suicide
- Promote importance of family, that doing activities together, sitting down to a meal together is good for mh
- Reach out to men through traditional sports such as football, cricket to encourage conversations about suicide. This could be online where feel safe to have this conversation.

Services

- Bring together to work together different service providers ie GP's, Samaritans, police, ambulance, community leaders for a collaborative approach
- Drs should look for the signs that someone is showing signs that could trigger suicide attempt
- Need to look at how services can be provided 24 hours a day – emergency mental health counsellors situated at emergency departments.
- Identify key places in the community where suicides take place like multi storey carparks, railway platforms, and have signs and trained staff available to help.

Agenda Item 10

Item No.	Classification:	Date:	Meeting Name:
10.	Open	30 November 2017	Health and Wellbeing Board
Report title:		Suicide Prevention Strategy and Action Plan, 2017-2022	
Ward(s) or groups affected:		All wards	
From:		Professor Kevin Fenton, Director of Health and Wellbeing; Richard Pinder, Consultant in Public Health Carolyn Sharpe, Public Health Policy Officer	

RECOMMENDATION(S)

1. The Health and Wellbeing Board are invited to:

   - Note the Suicide Prevention Strategy and Action Plan
   - Recommend approval of the Strategy to Cabinet

BACKGROUND INFORMATION

2. Southwark Public Health Directorate has spent the last year bringing partners together around suicide prevention. 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 suicide prevention strategy and action plan. The previous strategy was written in 2005.

KEY ISSUES FOR CONSIDERATION

3. Southwark's Suicide Prevention Steering Group met for the first time on 7 February 2017 and, in-line with national guidance, committed to developing a new strategy and action plan.

4. To inform the strategy Southwark's Public Health Team completed a health needs assessment on suicide and self-harm in Southwark as part of the 2016/17 Joint Strategic Needs Assessment (JSNA).

5. The strategy identifies seven priority areas for action that have been built around the recommendations outlined in the National Suicide Prevention Strategy and tailored to local needs:

   - Reduce the risk of suicide in high risk groups
   - Tailoring approaches to improve mental health across all communities
   - Prevention of suicide in high risk locations and reducing access to the means of suicide
   - Providing better information and support to those bereaved or affected by suicide
   - Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
   - Reducing rated of self-harm as a key indicator of suicide risk

- Supporting research, data collection, monitoring and information sharing

6. The strategy vision draws on guidance published in the Five Year Forward View for Mental Health by the independent Mental Health Taskforce which sets a national ambition to reduce the suicide rate in England by 10 per cent by 2020/21. Southwark has therefore set an ambition to reduce the number of suicides across the borough by at least 10% over the five years of the strategy as well as reduce the incidence of self-harm and attempted suicide.

7. In order to realise the above vision, Soutwhark's Suicide Prevention Steering Group and partners have committed to implementing over 30 actions over the first two years of the strategy.

8. At the 18-month point of the strategy, the Steering Group will look to revise the action plan and again, seek approval from the Health and Wellbeing Board.

9. In order to monitor progress against the actions that partners have committed to undertaking, a monitoring an evaluation framework has been proposed. The framework focuses on near-real time monitoring of suspected suicide, attempted suicide and self-harm as well as local published rates of suicide attempted suicide and self-harm.

10. Due to the registration delay in reporting suicides - the median registration delay for suicides in London in 2015 was 192 days - and the relatively low number of local cases annually, suicides are reported over a three-year period. Therefore, we recognise that we will not be able to measure the number of suicides in Southwark five years from now, in 2022, until 2025. Therefore, in order to determine success we will look to assess the trajectory in suicide rate at the end of the strategy period, using data for 2018-20.

Policy implications

11. Public Health England and the Independent Mental Health Taskforce have published guidance for local suicide planning and highlighted three main recommendations for local authorities:

    - Establish a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations
    - Explore opportunities to work with the local coroner court to complete a suicide audit
    - Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data

12. With the new strategy and action plan Southwark will meet two of three above points.

13. We have committed to exploring opportunities to work with HM Coroner to carry out a suicide audit as part of the action plan.

Community impact statement

14. None

Resource implications

15. The on-going coordination of Southwark's Suicide Prevention 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. A public consultation event, led by Cllr Richard Livingston and Dr Richard Pinder, was held on 1 November 2017. Key areas of feedback from the event have been incorporated into the strategy and action plan and we will continue to engage with partners over the lifetime of the action plan.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
JSNA_Suicide&SelfHarm 20170810	Southwark Public Health Directorate	Richard Pinder 07825 693 831
Link: (Copy and paste into browser) \\lbsth-lbfp01\LSPHData\SWKPH\Management\Meetings\HWB Board\20171130 Final Papers Package\Suicide and Thrive\ 20170810 Suicide&SelfHarm.pptx		

APPENDICES

No.	Title
Appendix 1	Suicide Prevention Strategy & Action Plan

AUDIT TRAIL

Cabinet Member	Councillor Richard Livingstone, Adult Care and Financial Inclusion	
Lead Officer	Professor Kevin Fenton, Director of Health and Wellbeing	
Report Author	Richard Pinder, Consultant in Public Health	
Version	Final	
Dated	1 November 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		20 November 2017

APPENDIX 1

Preventing Suicides in Southwark

Our Strategy and Action Plan, 2017-2022

Draft 0.5

Southwark's Suicide Prevention Steering Group

7 November 2017

EXECUTIVE SUMMARY

Our ambition in Southwark is to reduce the number of suicides as well as the incidence of self-harm and attempted suicide by as much as we possibly can over the five years of this strategy.
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 five years of this strategy.

AREAS FOR ACTION

In order to achieve this vision, we have identified seven priority areas for action that have been built around the recommendations outlined in the National Suicide Prevention Strategy and tailored to local needs:

1. Reduce the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health across all communities
3. Prevention of suicide in high risk locations and reducing access to the means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Reducing rated of self-harm as a key indicator of suicide risk
7. Supporting research, data collection, monitoring and information sharing

A PARTNERSHIP APPROACH

No single organisation has the ability to deliver effective suicide prevention in isolation. It is the combined knowledge, expertise and resources of organisations across the public, private and voluntary sectors that are essential to achieving Southwark's vision. We intend to establish a network for suicide prevention across Southwark consisting of the following partners:

FOREWORD

To be provided by Professor Kevin Fenton and Councillor Livingstone.

CONTENTS

1. INTRODUCTION

With approximately 13 people taking their life every day in England (1) suicide and self-harm are a major public health and social concern. The national suicide rate has been increasing year on year since 2006-8[2] and it is now the leading cause of death among men below the age of 50. (1)

Between 2014 and 2015, the number of suicides in London increased by 33 per cent from 552 to 735 incidents; the highest number recorded by the Office of National Statistics since 2002. (2) Although London's suicide rate is the lowest in England, it varies significantly across the capital. Specific groups of people in London are at a higher risk of suicide. These include young people who have been in care or have suffered abuse, people living in the most deprived areas and individuals from the LGBTQ+ community. (3)

Southwark is one of five London boroughs to report a higher suicide rate than the national average over the period 2013-15 and there has been a general upward trend in the number of suicides since 2007-8. In this strategy we also consider self-harm as there is a very strong association between those who self-harm and go on to attempt suicide or take their own life.

The effect of suicide is devastating: for family and friends not only are their relationships and ability work impacted, but they become up to three times more likely to take their own lives. Alongside the emotional burden, financially it is estimated that each suicide among working adults marks a loss to the economy of approximately £1.67 million. (4) Suicide is seen as a proxy of underlying rates of mental ill-health. However, not all suicides occur among those with mental illness. Other factors such as bereavement, social isolation and abuse significantly contribute towards the risk of an individual taking their own life. (5)

In Southwark we know that many suicides are preventable. Therefore we are committed to reducing the number of deaths across the borough. It is essential that key stakeholders including the council, National Health Service (NHS) partners, the voluntary and community sector, Her Majesty's Coroner, and emergency services share this commitment and work together to achieve it.

2. DEFINITIONS

Suicidal act: Refers to all suicides and suicidal attempts

Suicide: In the UK, suicide is defined as deaths given an underlying cause of intentional self-harm or injury/ poisoning of undetermined intent

Attempted suicide: Act of self-poisoning or self-injury with suicidal intent, that is not fatal

Suicidal ideation: Recurring thoughts or preoccupation with suicide

Self-harm: Self-harm is defined as an intentional act of self-poisoning or self-injury, self-harm does not include attempted suicide

3. OUR VISION

In Southwark we know that many suicides are preventable. Therefore partners across the borough who are committed to reducing our local suicide rate have set an ambition for Southwark: to focus on preventable suicides and reduce their occurrence by as much as we possibly can.

It is our ambition in Southwark to reduce the local suicide rate as well as the incidence of self-harm and attempted suicide by as much as we possibly can over the five years of this strategy.

We also know that the reasons why an individual may choose to take their own life are extremely complex and that the risk factors for suicide are many. Therefore, we acknowledge that avoiding all preventable suicides in Southwark will be extremely challenging and it may take a number of years to achieve our ambition. This strategy and action plan represents the first steps towards this challenge.

A national ambition to reduce the suicide rate by 10 per cent by 2020/21 has been set by the Independent Mental Health Taskforce in the Five Year Forward View for Mental Health. (6) In Southwark we have set a target to meet and exceed this.

We have set a local target: to reduce the number of suicides across Southwark by at least 10% over the five years of this strategy as well as reduce the incidence of self-harm and attempted suicide.

In order to realise our vision Southwark's Public Health Directorate have developed this strategy and action plan in partnership with partners across the council, Southwark NHS Clinical Commissioning Group, providers and the voluntary and community sector, to better understand our local population and their needs. We have identified the key priority areas that we need to focus over the next five years and developed an action plan which outlines how this vision will be achieved.

4. SIX MYTHS ABOUT SUICIDE

There are a number of common misconceptions around suicide and suicidal ideation. It is important that the facts around suicide are widely understood to allow the appropriate support to be provided when someone is in need.

1. **MYTH:** People who talk about suicide do not intend to do it.

   FACT: People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.

2. **MYTH:** Most suicides happen suddenly without warning.

   FACT: The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and how to look out for them.

3. **MYTH:** Someone who is suicidal is determined to die.

   FACT: On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.

4. **MYTH:** Once someone is suicidal, he or she will always remain suicidal.

   FACT: Heightened suicide risk is often short-term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.

5. **MYTH:** Only people with mental disorders are suicidal.

   FACT: Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.

6. **MYTH:** Talking about suicide is a bad idea and can be interpreted as encouragement.

   FACT: Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.

Source: World Health Organization, Preventing suicide: A global imperative. (17)

5. POLICY CONTEXT

5.1. National Policy Context

England's overarching mental health strategy 'No health without mental health' references suicide throughout as a key indicator of mental ill-health and states that suicide prevention can only be achieved by improving mental health across the whole population. (7)

In September 2012, HM Government published a strategy for the prevention of suicide in England, focusing on six key action areas. (8) In January 2017 the scope was extended to include self-harm: (4)

1. Reducing the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

In the Five Year Forward View for Mental Health the Independent Mental Health Taskforce set a national ambition to reduce the suicide rate in England by 10 per cent by 2020/21. (6) Recommendations were made for local government to contribute to the above ambition by putting in place a multi-agency suicide prevention plan by 2017. The plan should set out targeted actions in line with the National Strategy and demonstrate how evidence based interventions that target high-risk locations and high-risk groups can be implemented, drawing on localised, real-time data.

In partnership with the National Suicide Prevention Alliance, Public Health England published a guidance and support manual for local suicide prevention planning in October 2016.[1] The guidance focuses on three main recommendations that were first highlighted by the All-Party Parliamentary Group on Suicide and Self-harm Prevention as essential to successful local implementation of the national strategy:

1. Establish a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations
2. Complete a suicide audit
3. Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data

5.2. Regional Policy Context

The NHS and local councils have come together in 44 areas across England to develop Sustainability and Transformation Partnerships (STPs) that aim to integrate and improve health and care in their areas. Southwark is part of the South East London STP. South East London aims to deliver the full implementation plan of the Mental Health Five Year Forward View including the commitment to reduce suicide rates by 10% against the 2017/18 baseline. (9)

Thrive London is a new initiative towards the improvement of mental health and wellbeing across the capital and is supported by the Mayor of London and the London Health Board. Launched in December 2016, Thrive London aims to bring together multiple city agencies and providers as well as voluntary, business and community partners to enable every Londoner to live happier healthier lives. Suicide prevention has been announced as one of six specific areas of focus for the initiative. (10)

5.3. Local Policy Context

Southwark is in the process of developing a new joint mental health and wellbeing strategy between NHS Southwark Clinical Commissioning Group (CCG) and Southwark Council. The strategy aims to improve the mental health and wellbeing of our whole population, narrowing the gap in life expectancy, and ensuring parity of esteem with physical health. (11)

In 2005, Southwark Primary Care Trust completed a suicide audit and developed a strategy and action plan for suicide prevention. (12) This was the last time a suicide audit was carried out and a strategy and action plan developed. The audit used data from Public Health Mortality Files (PHMFs), GP records, coroner inquest files, mental health service records and Emergency Department records. Analysis of the above data produced a number of key findings and trends including; high risk age groups and ethnicities, common methods of suicide, previous contact with services and common risk factors.

Our strategy and action plan builds on these existing national, regional and local strategies and aims to provide a holistic approach to improving suicide prevention and reducing its impact on our communities.

6. UNDERSTANDING SUICIDE PATTERNS ANR TRENDS

Suicide has been defined by the Office for National Statistics as a death with an underlying cause of intentional self-harm or an injury or poisoning of undetermined intent.[4] In England and Wales all suspected suicides are subject to a coroner inquest, which seeks to ascertain the cause of death. The death cannot be registered until the inquest is completed, which can take months and sometimes years. The median registration delay for suicides in London in 2015 was 192 days. (13) A coroner records a verdict of suicide when they have decided that there is evidence, beyond reasonable doubt, that the injury was self-inflicted and the deceased intended to take their own life. Open verdicts are given to cases where there is insufficient evidence to conclude that the death was a suicide or an accident. Given the time lag between the occurrence of a suicide and its registration as a death, figures present deaths registered within a particular year, rather than deaths which occurred in that year. (14)

It is commonly acknowledged that official statistics under-report the actual number, and therefore rate, of suicide in most countries including the UK. Misclassification of deaths is a key reason for this problem. In England and Wales the common use of narrative verdicts by coroners eliminates the issue of trying to restrict a verdict to one single cause (or code). Therefore the death may often be coded as ‘accidental’ rather than ‘suicide’ or ‘undetermined intent’ by the ONS.

6.1. The national picture

Every day in England approximately 13 people will take their own life. (1) As such, suicide is, and will increasingly be, a significant social and public health problem. In 2007 England recorded its lowest ever suicide rate, however since then the national suicide rate has been rising (Figure 1). There were 4,410 deaths due to suicide and undetermined injury in England in 2015, equivalent to a rate of 10.1 per 100,000 people (of all ages). (13) Suicide rates vary significantly across England (Figure 2); rates are highest in the north and south west of the country and London’s suicide rate is among the lowest nationally. (2) In England and on average, men are at least three times more at risk of taking their own life than women.

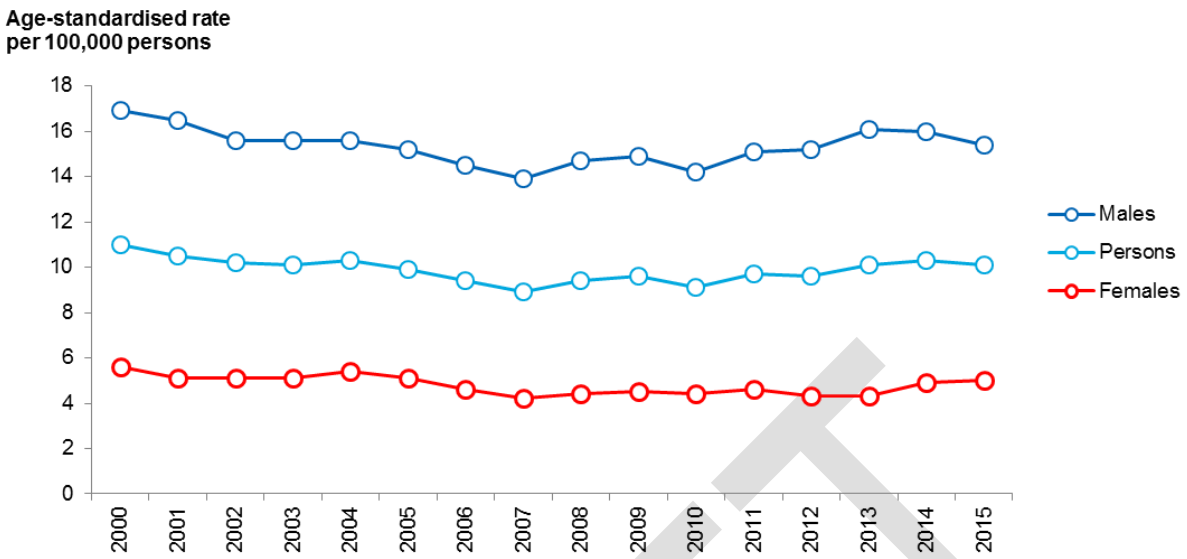


Figure 1: Directly age-standardised mortality rates from suicide and undetermined injury in England

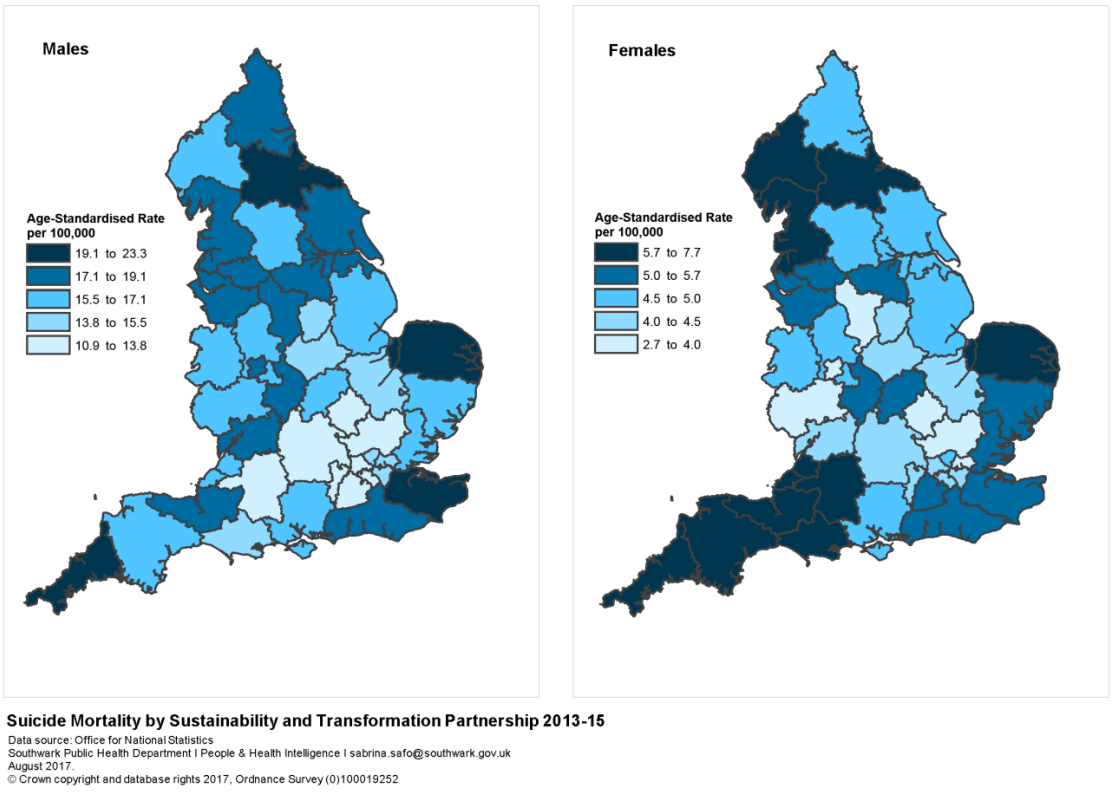


Figure 2: Directly age-standardised mortality rates from suicide and undetermined injury by Sustainability and Transformation Partnership 2013-15 (2)

National data show that the suicide rate increases with age among both males and females. The highest suicide rates in men are among those aged 45-49, with the female rate peaking slightly later between the ages of 50 and 54 (Figure 3). (13)

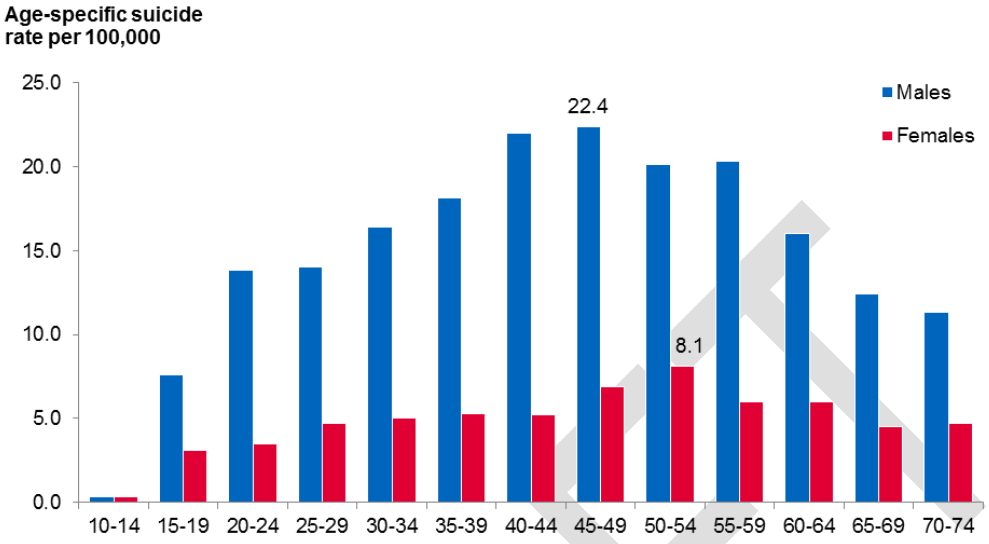


Figure 3: Age specific suicide rates in England, 2015

Hanging was the most common method of suicide in the UK in 2015 amongst both males and females (Figure 4). (13) The proportion of suicides from hanging has increased in recent years. This increase has been seen in particular among females and may be related to restrictions on the availability of other method, for example, drugs used in overdose and to a misconception that hanging is a quick and painless way to die. Poisoning as a method of suicide is significantly more common among females that males. (13) (15)

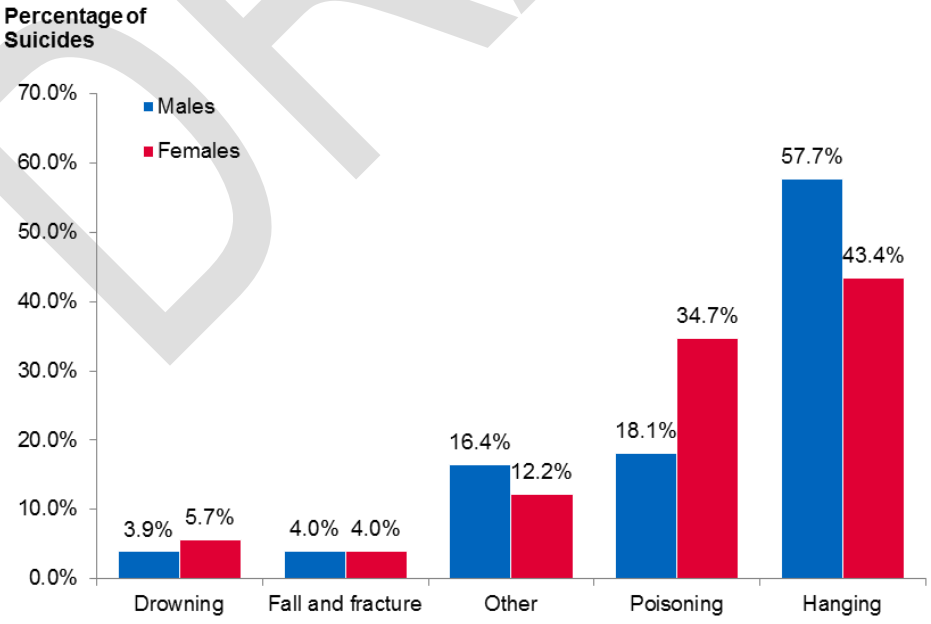


Figure 4: Suicides in the UK by method and sex, 2015

6.2. The local picture

In 2013-15 the suicide rate in Southwark was 11.0 per 100,000 persons and was slightly above the regional and national level (Figure 5). (16) A three year reported period is used because of the relatively small numbers involved. In that three year period (2013-15) there were 78 cases of suicide within the borough. Despite a recent increase, local suicide rates are relatively stable, with an average of 26 deaths per year in Southwark. While local figures fluctuate each year due to the small number of cases, there has been a general increasing trend in the number of suicides in Southwark since 2007-9, reflecting the national picture.

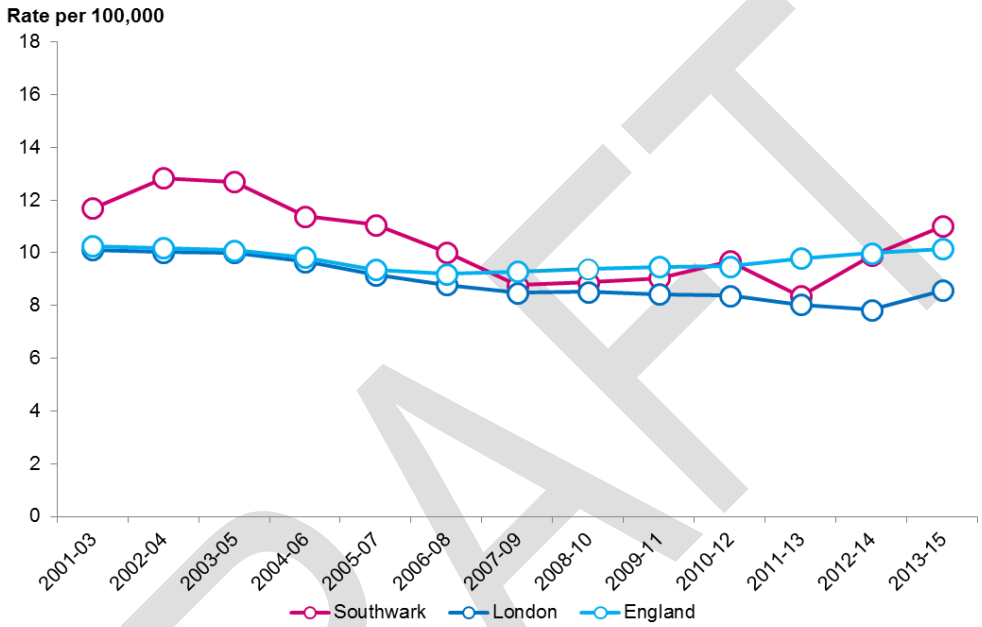


Figure 5: Directly age-standardised mortality rates from suicide and undetermined injury in Southwark, London and England

Southwark is one of five London boroughs to report higher suicide rates than the national average in 2013/15 and has the fourth highest suicide rate of the London boroughs (Figure 6). Looking at the suicide rates within neighbouring boroughs, Lambeth is ranked sixth, while Lewisham is ranked much lower at 24th. In spite of this, Southwark's suicide rate is not significantly different to the London or England averages, or to either rates for Lambeth or Lewisham. (16)

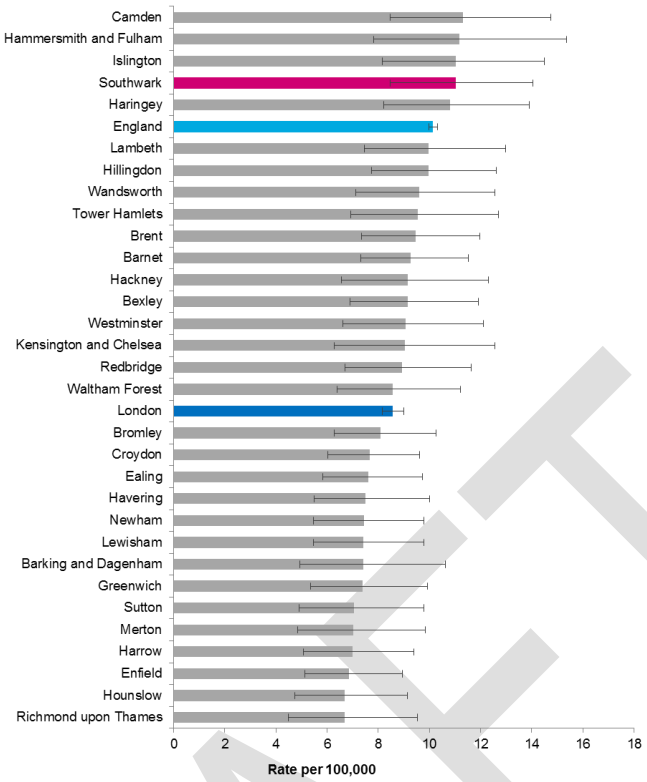


Figure 6: Directly age-standardised mortality rates from suicide and undetermined injury across London, 2013-15

The overwhelming majority of suicides in Southwark occur among men, mirroring the national picture. In 2013-15, just over four out of five local suicides were among men. This pattern has remained relatively stable over time. In Southwark the rate of suicide is highest among those in middle age, mirroring the national pattern. Deaths among those aged between 40 and 59 in Southwark account for approximately half of all suicides in the borough (Figure 7). (16)

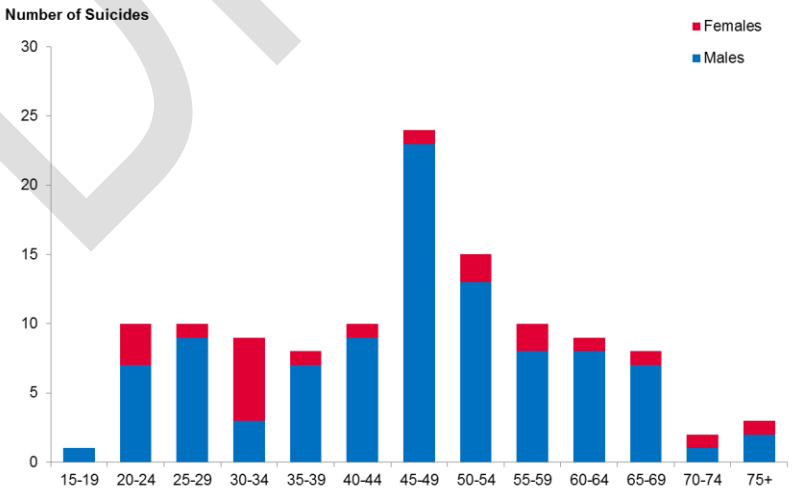


Figure 7: Number of suicides in Southwark by age, 2013-15

Hanging is the most common method of suicide in Southwark, accounting for half of all cases. Poisoning is the second most common method of suicide in the borough, accounting for around one in seven cases (Figure 8). (16)

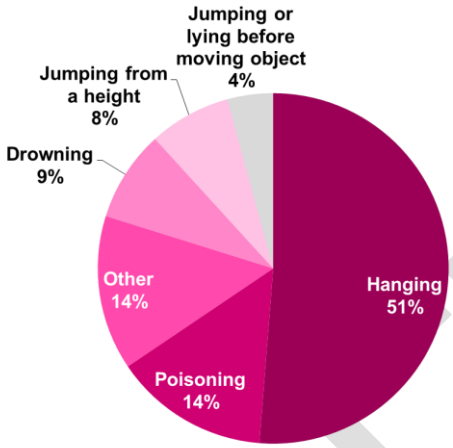


Figure 8: Suicides in Southwark by method, 2011-15

7. WHY DO PEOPLE TAKE THEIR OWN LIVES?

7.1. Key risk factors for suicide:

People who take their own life often do so for a wide range of reasons. As such, risk factors for suicide are many (Figure 9). Often, no single cause explains a suicidal act and usually several risk factors cumulatively increase an individual's risk of taking their own life. At the same time, the presence of risk factors does not necessarily lead to suicidal behaviour. (17) For example, it is estimated that 90% of people who attempt suicide have one or more mental health conditions, most commonly depression. (18) However, not all those with depression will attempt suicide.

The national suicide prevention strategy has identified a number of population groups that require a tailored approach to their mental health so to reduce their suicide risk. A number of these specific risk groups are particularly relevant to Southwark including; people who are especially vulnerable due to social and economic circumstances; Black, Asian and minority ethnic groups and migrants; lesbian, gay, bisexual and transgender people; and people who misuse drugs or alcohol.

- Southwark is the 40th most deprived out of 326 England local authorities and ninth most deprived out of 33 London local authorities. Almost 40% of Southwark residents live in areas which are considered among the most deprived nationally. (19)
- Southwark has an ethnically diverse population and the number of residents who identify as Black, Asian and from other minority ethnic groups is predicted to increase substantially over the next ten years. (19)
- According to sexual identity estimates developed by the Office of National Statistics in 2017, of the 98 Local Authorities surveyed, Southwark has the second largest proportion of individuals who identify as part of the LGBTQ+ community. The survey revealed that 6.7% of Southwark's population identify as gay, lesbian, bisexual or 'other'. (20)
- Southwark's admission rates for alcohol-related conditions are significantly higher than the London Average and Southwark ranked sixth among the 32 London boroughs for hospital admission episodes in 2014/15. (21)

To further develop our understanding of the population groups most at risk of taking their own life in Southwark, we intend to analyse data from the local Coroner Court and possibly complete a suicide audit.

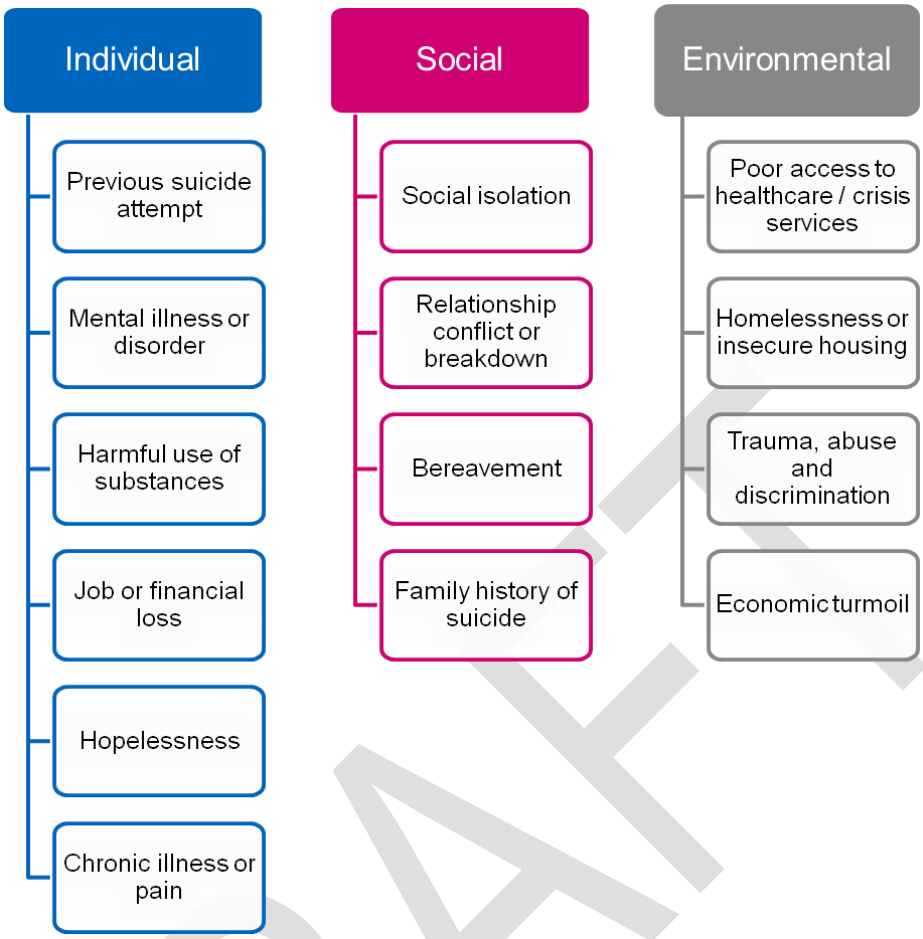


Figure 9: Key suicide risk factors, adapted from World Health Organisation, Preventing Suicide: A global imperative (17)

7.2. Protective Factors

While it is important to focus on reducing risk factors associated with suicide, there are a number of protective factors that develop resilience to its risk. While those with mental ill health are at a higher risk of suicide, it is estimated that 50%-70% of those who die by suicide are not in contact with mental health services. Therefore, suicide needs to be understood as a culmination of a series of factors, many of which are social. Individual resilience helps people cope with life's stressors and the development of such resilience should begin in pregnancy and span the life course. (22)

In order to develop the protective determinants of suicide, we need to focus on improving population health and wellbeing. In doing so we can enable our residents to better contribute to their community, develop meaningful social networks and relationships, and reach their full potential. Social connectedness, positive personal relationships and feelings of belonging are known to be strong protective factors, along with healthy lifestyle choices, good physical health, employment and positive educational experiences. Southwark's Joint Mental Health and Wellbeing Strategy 2017-20 outlines the council's commitment to improve mental health and wellbeing outcomes of all residents

Within Southwark there exist a number of core assets which form the foundation of a strong Suicide Prevention Strategy and Action Plan. Southwark has a strong and vibrant voluntary and community sector, the role of which is vital for delivering preventative solutions for people at risk of suicide, providing an essential link between statutory and primary services and developing community cohesion. Southwark Council partners including housing, education, and Children and Adult's Social Care are working closely and collaboratively with each other and the CCG to ensure a cross-cutting approach to suicide prevention. Southwark's children and adolescent mental health services (CAMHS) have channelled additional resources into early intervention and preventative work and the council continues to support the development and expansion of talking therapies, including online options, and ensure that these services are accessible to all Southwark citizens.

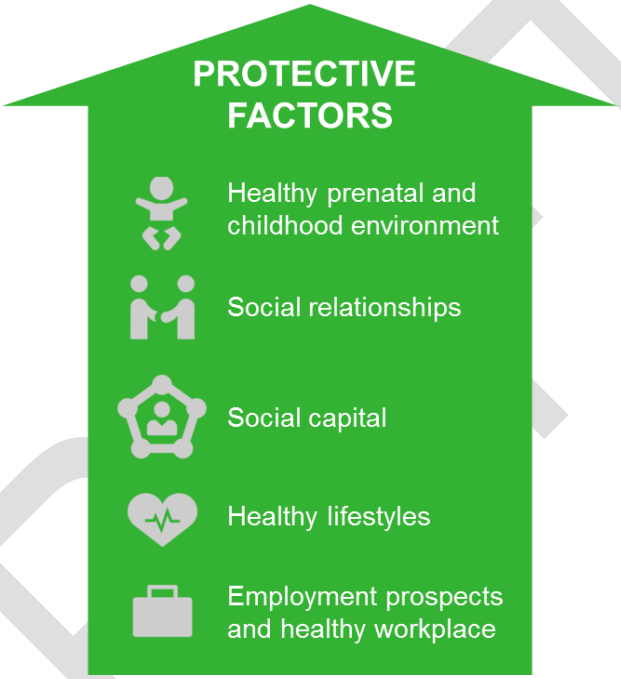


Figure 10: Protective factors for positive mental health and wellbeing

8. AREAS FOR ACTION

Southwark's priority areas for action have been built around the recommendations outlined in the National Suicide Prevention Strategy and tailored to local needs. (4) The following section describes these priority areas in more detail. Each of the priorities are underpinned by a detailed action plan (see section 12) that outline how we intend to achieve our vision; to reduce the number of suicides across Southwark by at least 10% over the five years as well as reduce the instances of self-harm and attempted suicide.

8.1. Reducing the risk of suicide in high risk groups

A number of population groups have been identified to be at a statistically significant higher risk of suicide compared to the general population.

- Young and middle aged men

  Suicide was the biggest killer in men aged under 50. (1) *Men in Southwark are at least three times more likely to take their own life than women, mirroring the national picture. Middle aged men; those aged between 40 and 59 are at a particularly high risk.*[14] *Factors commonly associated with suicide among men include; economic issues such as debt, social isolation, drug and alcohol misuse, family and relationship problems, and depression, particularly if it remains untreated.* (1)

- People with a history of self-harm

  Self-harm and attempted suicide has been identified as the greatest determinant of future suicide risk (4)*. It is thought that up to 1 in 14 adults in London report self-harming at some point in their lives. This equates to approximately 17,000 adults in Southwark. Young people are at greatest risk of self-harm, in particular young women. They are more than twice as likely to report having self-harmed as their male counterparts, with one in five females aged 16 to 24 reporting having self-harmed at some point in their life.* (23)

- People in the care of mental health services

  Evidence shows that around a third of all suicides were among those who had contact with mental health services in the past 12 months. (1) *In 2005, Southwark Primary Care Trust conducted an audit of all suicide cases in 2002/3 and found one in five suicides were in contact with mental health services at the time of death. Additionally, national evidence shows that post-discharge is a time of increased risk, with the greatest risk in the first week.* (12)

- People in contact with the criminal justice system

  Suicide risk is highest at times of transition - when people move into, within and out of the criminal justice system. It is important to be mindful of the impact of custody and trial on an individual's mental health, in particular for young people and those with pre-existing mental health issues.

- Those who are unemployed or working in specific occupational groups including doctors, nurses and veterinary workers

  Risk of suicide and self-harm is higher among those who are unemployed. However, evidence indicates that certain occupational groups including doctors, nurses, veterinary and agricultural workers are at a higher risk of suicide. (4) *According to evidence gathered by the Office of National Statistics, a common explanation is ease of access to the means of suicide e.g. health professionals can easily access lethal drugs and farmers are more likely to possess a firearm. High risk of suicide among health professionals could also be due to their relevant knowledge of suicidal methods and their effectiveness.* (24)

What works?

- **For men:** Deliver information and support through trusted sources e.g. through peers and undertake outreach work in community rather than formal health settings.
- **For people in the care of mental health services:** Ensuring access to specialist community teams, providing 24 hour crisis care and developing local policies on dual diagnosis patients.
- **For people in contact with the criminal justice system:** Provide suicide awareness training for those who work in prisons, probation services and the courts and focus interventions on transition times.
- **For specific occupational groups:** Encourage employers to promote mental health in the workplace and reduce stigma to increase help seeking behaviour. Work with local occupational health services to strengthen the support available to employees and regularly signpost staff to national and local support services.

Source: Local suicide prevention planning, Public Health England (1)

8.2. Tailoring approaches to improve mental health across all communities

In its Five Year Forward View for Mental Health the independent Mental Health Taskforce highlighted the importance of improving the mental health of the population as a whole. (6) Therefore, as well as targeting high-risk groups, efforts to improve population mental health should be targeted towards groups of people with particular vulnerabilities or problems with access to services. People within such population groups are more likely to suffer from mental health problems. It is likely that individuals will fall into more than one group. (4)

- Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the Youth Justice System (YJS);
- Survivors of abuse or violence, including sexual abuse;
- Veterans;
- People living with long-term physical health conditions;
- People with untreated depression;
- People who are especially vulnerable due to social and economic circumstances;
- People who misuse drugs or alcohol;
- Lesbian, gay, bisexual and transgender people; and
- Black, Asian and minority ethnic groups and migrants.

The 2002/3 suicide audit conducted by Southwark PCT evaluated the risk of suicide in some of the high risk groups outlined above. (12) Findings from the audit revealed:

- Half of all suicides in Southwark struggled with some sort of substance abuse (including alcohol), as noted in GP files or mentioned at the Coroner's inquest
- Almost 70% of suicides in Southwark (2002/3) had a psychiatric illness; over half of these were mood disorders, largely depression.
- Just under a third of all suicides in Southwark in 2002/3 suffered from a long-term condition
- Four in five suicides were among people that were unemployed
- The largest category (36%) were those unemployed and in receipt of sickness benefit, 20% of cases were unemployed and just under 4% were students

What works?

- Education of primary care doctors targeting depression recognition and treatment
- Community based awareness campaigns to reduce stigma and discrimination and increase help seeking behaviour
- Provide suicide prevention training to specific groups of people who have the greatest opportunity to identify people at risk of suicide e.g. GPs, mental health staff, faith leaders, teachers, community members
- Provide financial and debt counselling support to vulnerable individuals
- Develop school based awareness programmes targeted at specific times in the curriculum e.g. exams and transitions

Source: Local suicide prevention planning, Public Health England (1)

8.3. Prevention of suicide in high risk locations and reducing access to means of suicide

Evidence suggests that people sometimes attempt suicide on impulse, and if the means are not easily available or they survive an attempt at suicide, the impulse can pass. Therefore, reducing access to means of suicide can be an effective way to prevent individuals from taking their own lives. (4)

The suicide methods most amenable to intervention are; hanging in psychiatric inpatient and criminal justice settings, self-poisoning, those at high risk locations and those on rail and underground networks. (13)

What works?

- Use local data gathered from suicide audits to identify high risk locations and consider implementing physical barriers, delivering suicide prevention training to staff (if appropriate) and fit Samaritans material such as signs and posters to increase help seeking behaviour

Source: Local suicide prevention planning, Public Health England (1)

8.4. Providing better information and support to those bereaved or affected by suicide

Family and friends bereaved by a suicide have an increased risk of mental health problems and may be at a higher risk of suicide themselves. In their guidance for local prevention planning, Public Health England recommends all local authorities establish a postvention component to their suicide prevention strategy. The term postvention describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation. (1)

What works?

- Distribute the *Help is at Hand* booklet to first responders, Coroner's offices, local funeral directors, bereavement support agencies and other voluntary organisations
- Ensure individual approaches for anyone identified as being at risk of contagion, including rapid referral for community mental health support where needed

Source: Local suicide prevention planning, Public Health England (1)

8.5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour among vulnerable groups, particularly young people. The Samaritans have published guidance on responsible media reporting (25) and it is critical that all local media agencies are made aware of the following principles:

- To not provide details about the method of suicide used or state that a particular method is quick or easy
- To not sensationalise and / or romanticise suicide
- To avoid prominent or repetitive reporting; e.g. high frequency areas
- To avoid reporting an individual's life circumstances e.g. a debt problem, as this may risk vulnerable individuals identifying with the person who took their life

What works?

- Ensure local media are aware of Samaritans' guidance on responsible media reporting
- Encourage local media to provide information about sources of support and contact details of helplines when reporting mental health and suicides

Source: Local suicide prevention planning, Public Health England (1)

8.6. Reducing rates of self-harm and attempted suicide as a key indicator of suicide risk

In its third progress report of the cross-government strategy to save lives, Department of Health identified self-harm and attempted suicide, as the greatest determinant of future suicide risk. (4) We have defined self-harm as separate to attempted suicide. Self-harm is an intentional act of self-poisoning or self-injury without suicidal intent. Attempted suicide is an act of self-poisoning or self-injury with suicidal intent.

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. Individuals who start to self-harm when young might adopt the behaviour as a long-term strategy for coping; there is a risk that the behaviour will spread to others; and also that greater engagement with the behaviour may lead in time to a higher suicide rate.

It is thought that up to 1 in 14 adults in London report self-harming at some point in their lives. This equates to approximately 17,000 adults in Southwark. Young people are at greatest risk of self-harm, in particular young women. They are more than twice as likely to report having self-harmed as their male counterparts, with one in five young women (those aged 16 to 24) reporting having self-harmed at some point in their life. (23)

Findings from the 2002/3 suicide audit conducted by Southwark Primary Care Trust showed that self-harm was recorded as a risk factor in almost a third of all local suicides. It was also revealed that over half of all suicides in Southwark had tried to take their life at least once before. Most commonly this information was mentioned at the Coroner's inquest and not in the GP files, indicating that GPs are often unaware of previous attempts. (12)

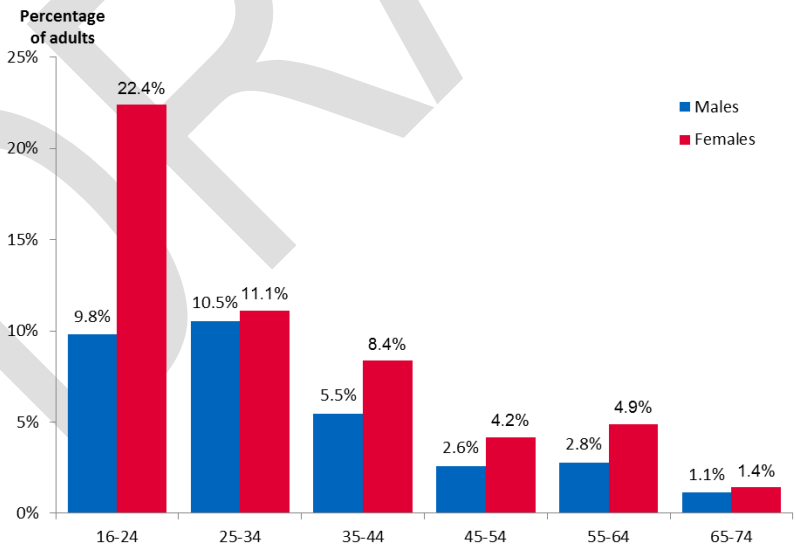


Figure 11: Self-harm and attempted suicide by age group and sex in England, 2014

What works?

- Ensure the implementation of the NICE standards and pathways CG16 and CG133 for managing patients who self-harm

Source: Local suicide prevention planning, Public Health England (1)

8.7. Supporting research, data collection, monitoring and information sharing

In order to best target and allocate resources efficiently, a comprehensive local understanding of the risk factors and high risk groups is required. Given that more than a decade has elapsed since the last strategy and action plan, more up to date information and intelligence is needed.

What works?

- National guidance for local suicide prevention planning encourages working with the Coroner Court to agree a data disclosure protocol and, if possible, carry out a suicide audit.

Source: Local suicide prevention planning, Public Health England (1)

9. BUILDING A PARTNERSHIP APPROACH

Most suicides are the result of a wide and complex range reasons and often, no single cause explains a suicidal act. Usually several factors cumulatively increase an individual's risk of taking their own life. As such, no single organisation has the ability to influence all factors and deliver effective suicide prevention in isolation. It is the combined knowledge, expertise and resources of organisations across the public, private and voluntary sectors that are essential to achieving Southwark's vision of lower rates of suicide and self-harm.

Southwark has established a multi-stakeholder Suicide Prevention Steering Group which meets on a six-monthly basis. The group represents a shared commitment across the council, Southwark NHS Clinical Commissioning Group, the voluntary and community sector and local service providers to prevent suicides locally. Southwark's Suicide Prevention Steering Group has committed to developing this preventative strategy as well as oversee the implementation of the proposed action plan (see section 10). In doing so we hope to establish a network for suicide prevention across Southwark consisting of the following partners;

Figure 12: Southwark's Suicide Prevention Network

10. WHAT WE PLAN TO DO

This strategy represents Southwark's commitment towards achieving a reduction in the local suicide rate. However, we need to do more in order to demonstrate how this strategy will be implemented. Southwark's multi-stakeholder Suicide Prevention Steering Group will work together to develop and implement a local Suicide Prevention Action Plan, reflecting the national and local policy context and our local priorities.

The action plan corresponding to the first two years of the strategy is included within this document. At the 18-month point of the strategy, the Steering Group will look to revise the action plan and seek approval from the Health and Wellbeing Board.

Objective	Actions	Owner	Deadline
1. Reduce the risk of suicide in high risk groups	**Improve help-seeking behaviour among men**		
	1.1. Explore opportunities to establish a peer support / communication network and use peer communicators to provide support and information around mental health and suicide to men in high risk population / occupation groups	**CCG**, VCS, Public Health	January 2019
	1.2. Explore opportunities for the development of an outreach programme that delivers information and advice to targeted community and occupational groups (outside formal health settings)	**CCG**, VCS, Public Health (including workplace), Leisure and Communications	January 2019
	1.3. Deliver training to front line primary care staff to improve recognition of risk factors and assessment	**CCG**, GP federations	June 2018
	1.4. Develop pathways that enable referral into wellbeing and other support services	**CCG**, GP federations, VCS	June 2019
	1.5. Improve signposting to practical support for those affected by environmental risk factors such as sudden loss of job, housing or financial turmoil	**Primary care**, Local job centres and benefit advisors, Housing, Primary care, VCS	December 2018
	People in contact with the criminal justice system		
	1.6. Improve the availability and timeliness of health records and data sharing between MH services, primary care and the police.	**CCG,** SLAM, Metropolitan Police,	October 2019

	Improve understanding of information governance and awareness of what data can be shared between stakeholders.	GPs	
	1.7. Map Southwark's bail houses / hostels, engage local hostels and provide links and information on local support services e.g. the Wellbeing Hub	**Public Health**, VCS, Samaritans	April 2018
	1.8. Provide a training workshop to staff at local bail hostels to increase awareness of suicide and how to identify those who are at risk	**Samaritans**	December 2018
	Specific occupational groups		
	1.9. Lobby for suicide prevention to be included in the Healthy Workplace Charter; currently the charter covers mental health awareness, tackling stigma, and preventing work-related stress but does not mention suicide prevention	**Public Health**	December 2018
2. Tailoring approaches to improve mental health across all communities	2.1. Improve engagement with local schools and explore opportunities to develop a programme of work around emotional health and wellbeing among young people, recognising that self-harm is prevalent	**Public Health**, Education	April 2018
	2.2. Leverage the Big White Wall online community to deliver messages around suicide to targeted population groups via social media e.g. the June campaign focused on male mental health	**CCG**, Public Health	June 2018
	2.3. Deliver training to front line primary care staff to improve	**CCG**, GP federations	June 2018

	recognition of risk factors and assessment 2.4. Offer suicide awareness and prevention training for clinicians with specific focus on: complex patients with concurrent physical and mental health needs; patients with substance misuse; urgent referral and seamless transitions of care. 2.5. Work with and support Thrive LDN around the various opportunities for local, sub-regional and regional benefits and learning to Southwark Further actions are to be identified following analysis of data from the Coroner Court and possible completion of a suicide audit.	**CCG**, GP federations, Public Health **Public Health and Thrive LDN** **Public Health**	December 2019 December 2018 April 2018
3. Prevention of suicide in high risk locations and reducing access to the means of suicide	3.1. Expand GP learning to include safe prescribing to reduce the number of poisoning cases 3.2. Identify and assess risk area stations and consider implementing physical barriers (fitment is not always possible due to design restrictions, platform designs and size and other factors such as available budget but they can be considered as part of a layered approach to mitigations) 3.3. Establish a programme of regular training courses for Network Rail and Train Operator Staff; Samaritans Managing Suicidal Contacts (MSC) and promoting the use of the Learning Tool	**CCG**, GP federations **Network Rail**, Train Operating Companies **Network Rail**, Train Operating Companies Samaritans	June 2018 Ongoing Ongoing

	3.4. Increase signposting to help and support services for individuals who have suicidal ideation e.g. Samaritans material such as signs and posters can be fitted at identified stations	**Network Rail**, Train Operating Companies, Samaritans	Ongoing
4. Providing better information and support to those bereaved or affected by suicide	4.1. Ensure all first responders and those in contact with bereaved families have supplies of, and distribute, the Help is at Hand z-card. Relevant local stakeholders would be the police, the Coroner's office, local funeral directors and voluntary services 4.2. Provide Help is at Hand in community settings such as libraries, primary care and through bereavement support organisations 4.3. Engage members of the local community who have been bereaved to sit on the Suicide Prevention Steering Group to inform local planning and commissioning 4.4. Improve signposting for patients and families/carers affected by suicide to additional support 4.5. Conduct a needs assessment focusing on the support for individuals in Southwark who have been bereaved or affected by suicide with special consideration for vulnerable population groups. For example; carers, individuals from BAME backgrounds, refugees, individuals with a learning disability	**Public** Health, Police, LAS, Coroner Office, Emergency Departments **Public Health,** Primary Care **Public Health** **Public Health**, VCS, GP federations, CCG **Public Health**, VCS	December 2018 December 2018 December 2017 December 2018 March 2019
5. Supporting the media in delivering sensitive	5.1. Ensure local media are aware of , the guidance published by the Samaritans on responsible media reporting of suicide 5.2. Provide local media with access to a single point of contact either	**Samaritans,** communications **Samaritans**	April 2018 December

approaches to suicide and suicidal behaviour	within the council or the Samaritans to discuss a story before it is run		2017
	5.3. Encourage local media to provide information about sources of support and contact details of help lines when reporting a mental health / suicide story	**Samaritans**, VCS	April 2018
6. Reducing rates of self-harm as a key indicator of suicide risk	6.1. Complete a rapid health needs assessment on self-harm, as part of Southwark's JSNA process, and use learning to develop key recommendations	**Public Health**	June 2017
	6.2. Work with local Emergency Departments to conduct a case note review of potential cases of self-harm and attempted suicide	**Public Health**	December 2018
	6.3. Explore other sources of intelligence relating to self-harm focusing specifically on young people in Southwark	**Public Health**	December 2019
	6.4. Implement active follow up with appropriate safeguards post-treatment. Learning and process details from the successful BTP model should be shared to inform this	**SLAM and GPs**, BTP	June 2019
	6.5. Develop an appropriate out of hours pathway for individuals in distress / at crisis point, alternative to A&E	**CCG**, Public Health, SLAM, Acute Care	December 2019
7. Supporting research, data collection, monitoring and information	7.1. Work with HM Coroner to agree a data disclosure agreement with the coroner court in order to develop a more detailed understanding of local suicide patterns and trends	**Public Health**	April 2018
	7.2. Explore opportunities to work with the HM Coroner to conduct a	**Public Health**	December

sharing	suicide audit, adopting an appropriate sampling method		2019
	7.3. Explore opportunities for more real time data reporting of suicide, attempted suicide and self-harm:		
	▪ Serious untoward incidents reports to the CCG from NHS trusts	**CCG**, Public Health, SLAM	December 2017
	▪ The Rail Industry in conjunction with BTP will provide information on numbers of incidents at stations	**BTP**, Network Rail, Public Health	October 2017
	▪ Network Rail will inform Local Authorities where three or more suicides/attempts have taken place in a rolling 12 month period on its infrastructure. It will then seek to work with them to make the community in and around the area less vulnerable to suicide	**Network Rail,** Train Operating Companies, BTP, Samaritans	October 2017
	▪ Explore opportunities to use local Metropolitan Police Service data to enable better real-time reporting of suspected suicide, suicide attempts and self-harm	**Public Health**, MPS	June 2018
	7.4. Explore data sharing and learning opportunities between stakeholders e.g.:	**Public Health** (facilitating), All	December 2018
	▪ BTP to share details of their process for dealing with and mitigating the impact of suicide on the rail network as an example of best local practice	BTP	
	▪ BTP to share learning from 'clusters' review of suicide cases in the local area	BTP	

	7.5. Promote serious incident reviews by primary care teams and if possible, involve other professionals as indicated	**CCG**, GPs	June 2018

11. MONITORING AND EVALUATION

With this strategy Southwark has set a target to reduce the number of suicides across Southwark by at least 10% over the next five years as well as reduce the instances of self-harm and attempted suicide.

Due to the registration delay in reporting suicides (see section 6) and the relatively low number of local cases annually, suicides are reported over a three-year period. Therefore, we recognise that we will not be able to measure the number of suicides in Southwark five years from now, in 2022, until 2025. Therefore, in order to determine success we will look to assess the trajectory in suicide rate at the end of the strategy period, using data for 2018-20.

In order to realise this vision we need to monitor 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 Suicide Prevention Strategy and Action Plan:

Monitoring metric	Information source	Time Period
Near real-time reporting of suspected suicide, attempted suicide and self-harm from SLAM	Serious incidents reports to CCG	▪ Baseline Q3 2017/18 ▪ Quarterly
Near real-time reporting of suspected suicide fatalities and injuries as well as 'interventions' on the local rail network	BTP, Network Rail and Train Operating companies	▪ Six-monthly
Near real-time reporting of suspected suicide, attempted suicide and self-harm from the MPS analytical team	MPS data shared through the MPS analytical team	▪ TBC
Evaluation Metric	**Information source**	**Time period**
Local rates of: ▪ Suicide ▪ Attempted suicide ▪ Self-harm With a particular focus on rates among high risk and vulnerable groups	▪ NHS Digital, Primary Care Mortality Database ▪ Hospital Episode Statistics ▪ Data from the local Coroner Court	▪ Baseline year 2016/7 ▪ Final year 2021/22

12. GOVERNANCE AND OVERSIGHT

Local partners committed to reducing the rates of suicide and self-harm across the borough have come together as a Suicide Prevention Steering Group. The group was formed in February 2017 and meets every six months. Southwark's Suicide Prevention Steering Group comprises the following partners; Public Health and Southwark Council partners, NHS Southwark Clinical Commissioning Group, South London and Maudsley NHS Foundation Trust, the Metropolitan Police, Network Rail, British Transport Police, London Ambulance Service, general practice, voluntary and community sector partners. The group has committed to oversee the development and implementation of this strategy and action plan, monitor progress and ensure the delivery of agreed actions. The Suicide Prevention Steering Group is accountable to Southwark's Health and Wellbeing Board.

The action plan will be reviewed and revised ahead at the two-year point.

13. COMMUNCATION AND DISSEMINATION

In order to monitor progress against this action plan, an annual evaluation will be carried out by Public Health. The report will be disseminated to all stakeholders and the Health and Wellbeing Board and will communicate key updates and results over the five years of the strategy and action plan.

14. CONCLUSION

This strategy and action plan has set out our vision and commitments for preventing suicide and reducing the incidence of attempted suicide and self-harm in Southwark. We will achieve this vision by working in partnership, as a suicide prevention network, to oversee the implementation of the commitments outlined in this document.

BIBLIOGRAPHY

1. *Local suicide prevention planning: A practical resource.* s.l. : Public Health England, 2016.

2. **Office for National Statistics.** *Suicides in England and Wales by local authority.* s.l. : https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority, 2016.

3. **Thrive LDN.** *Thrive LDN: Towards happier, healthier lives.* s.l. : http://thriveldn.co.uk/resources/, 2017.

4. **Department of Health.** *Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives.* s.l. : HM Government, 2017.

5. **Statistics, Office for National.** *Statistical Update on Suicide.* s.l. : Department of Health, 2015.

6. **Independent Mental Health Taskforce.** *Five Year Forward View for Mental Health.* s.l. : NHS England, 2016.

7. *No Health without Mental Health: a cross-governemnet mental health outcomes strategy for people of all ages.* s.l. : HM Government, 2011.

8. *Preventing Suicides in England: a cross-government outcomes strategy to save lives.* s.l. : HM Governemnt, 2012.

9. **Plan, South East London: Sustainability and Transformation.** *Our Healthier South East London.* s.l. : NHS, 2016.

10. **LDN, Thrive.** *Improving Londoner's mental health and wellbeing.* s.l. : london.gov.uk, accesses May 2017.

11. **Southwark Council and Southwark NHS Clinical Commissioning Group.** *Joint Mental Health and Wellbeing Strategy.* publication due in 2017.

12. *Suicide in Southwark – a strategy for prevention.* s.l. : Southwark Primary Care Trust, 2005.

13. *Suicides in the United Kingdom: 2015 registrations.* s.l. : Office for national Statistics, 2016.

14. **Samaritans.** *Suicide Statistics Report.* s.l. : Samaritans website, 2016.

15. **Biddle et al,.** *Factors influencing the decision to use hanging as a method of suicde: qualitative study.* s.l. : The British Journal of Psychiatry, 2010.

16. *Primary Care Mortality Database .* s.l. : NHS Digital, 2011-15.

17. **World Health Organisation.** *Preventing Suicide: A global imperative.* 2014.

18. *Why people attempt suicide.* s.l. : NHS Choices Website, accessed May 2014.

19. *Annual report of the Director of Public Health 2016 statistical bulletin.* s.l. : Southwark Council: London, 2017.

20. *Subnational sexual identity estimates, UK: 2013 to 2015.* s.l. : Office for National Statistics, 2017.

21. **Public Health England.** *Local Alcohol Profiles for England.* s.l. : www.fingertips.phe.org.uk, Accessed: 16/01/2017.

22. **Faculty of Public Health.** *UK Faculty of Public Health response to the Health committee inquiry into the action which is necessary to improve suicide prevention in England.* s.l. : www.fph.org, 2016.

23. *Adult Psychiatric Morbidity Survey.* s.l. : NHS Digital, 2014.

24. *Suicide by occupation, England: 2011 to 2015.* s.l. : Office for National Statistics, 2017.

25. **Samaritans.** *Media guidelines for the reporting of suicide.* s.l. : Samaritans Website, Accessed: May 2017.

Agenda Item 11

Item No. 11.	Classification: Open	Date: 30 November 2017	Meeting Name: Health and Wellbeing Board
Report title:		Consultation draft PNA for Health and Wellbeing Board	
Ward(s) or groups affected:		All Southwark wards and all population groups	
From:		Director of Health and Wellbeing Southwark Council	

RECOMMENDATIONS

Southwark Public Health invites the Health and Wellbeing Board to:

- Note the progress made on the Pharmaceutical Needs Assessment (PNA) and approve this as a first draft for consultation purposes;
- Instruct the Director of Health & Wellbeing to undertake the statutory 60 day consultation period from 1 December 2017;
- Review the results of the consultation and amended draft at the next meeting of the Board on 26 March 2018 for publication on or before 31 March 2018.

BACKGROUND INFORMATION

1. Southwark's Health and Wellbeing Board is required by law[1] to undertake and publish a pharmaceutical needs assessment that sets out the existing provision of pharmaceutical services available to local residents, and assess current and future needs.

2. The PNA is used by:

   - NHS England, as the basis for determining market entry to a pharmaceutical list: whether a new pharmacy should open or an existing pharmacy relocate; and, for commissioning services; and
   - Southwark Council, NHS Southwark Clinical Commissioning Group (CCG) and other organisations to inform current and future commissioning decisions.

   The most recent PNA was undertaken three years ago in Southwark. There is a duty for the Health and Wellbeing Board to ensure that a revised PNA is published before the start of April 2018.

KEY ISSUES FOR CONSIDERATION

[1] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: (No.349; Part 2 - Regulation 6). Available online at: http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made

3. The aim of the PNA process is to enable commissioners and providers to better meet current need within Southwark and take steps to ensure that needs continue to be met in the future.

Southwark's PNA 2018 examines the following key areas:

- Health needs profile for Southwark. This section will examine the Southwark population profile; life expectancy and healthy life expectancy; main causes of mortality and morbidity including trends over time as well as leading lifestyle risk factors; and,

- Assessment of current pharmaceutical services. This section identifies and maps the current provision of pharmacy services across the borough and highlight any gaps to the following services:

  - Essential services (distribution of pharmacies / opening hours and access / dispensing)
  - Premises (consultation areas / access for those with a disability)
  - Advanced services (Medicines Use Reviews / New Medicines Service / Appliance Use Reviews / Flu vaccination /Stoma appliance Customisation service and /NHS Urgent Medicine Supply)
  - Enhanced services (Minor ailments scheme)
  - Locally commissioned services (Stop smoking / Sexual health (SH Level 1 & 2 and Oral contraception)/ Supervised consumption / Needle and syringe exchange service/ NHS Health Checks / Vitamin D supplementation)

4. Southwark Public Health convened a steering group in early 2017 taking input from NHS Southwark CCG , the Lambeth Southwark and Lewisham Local Pharmaceutical Committee (LPC) and other interested parties. Colleagues from adjacent boroughs, NHS England and Healthwatch Southwark have also been kept appraised of progress. The steering group has overseen the production of a draft PNA (included with this item).

5. The board is invited to direct the Director of Health and Wellbeing to commence public consultation on the document for the statutory 60 day period, make subsequent amendments accordingly and present a final draft to the board before the end of March 2018.

Legal implications

6. The publication of this document in March 2018 will fulfil the statutory duty of this Board.

Financial implications

7. None

Consultation

8. It is proposed to commence the 60-day public consultation period on 1 December 2017. The draft PNA document along with structured questions will be placed on the Southwark Council Consultation Hub. Southwark Council, with NHS Southwark CCG and other partners will advertise the consultation to residents, contractors and other interested parties.

9. On the basis of the feedback received, and with input from the PNA Steering Group, Southwark Public Health will amend the draft and compile a formal response in order to ensure that the final draft can be reviewed by the board at their meeting of 26 March 2018, ahead of the 31 March 2018 deadline for publication.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Pharmaceutical Needs Assesment 2015	Public Health Department 160 Tooley Street	Dr Leidon Shapo Tel: 020 7525 7705
Link: (copy and paste into browser) http://www.2.southwark.gov.uk/downloads/download/3757/southwark_pharmaceutical_needs_assessment		

APPENDICES

No.	Title
Appendix 1	Southwark Pharmaceutical Needs Assessment 2018-2021; Draft 0.1, pre-consultation version (Circulated Separately)

AUDIT TRAIL

Lead Officer	Professor Kevin Fenton, Director of Health and Wellbeing
Report Author	Dr Leidon Shapo, Consultant in Public Health
Version	Final
Dated	20 November 2017
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		20 November 2017

Agenda Item 12

Item No. 12.	Classification: Open	Date: 30th November 2017	Meeting Name: Health and Wellbeing Board
Report title:		Update on Better Care Fund/Improved Better Care Fund (iBCF)	
Ward(s) or groups affected:		All	
From:		Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	

RECOMMENDATION

1. To note the update and next steps on the BCF/IBCF plan and the Q2 performance reporting.

BACKGROUND INFORMATION

2. The purpose of this report is to provide an update on the BCF/IBCF assurance process and to note the progress in respect of the key performance indicators for quarter 2.

3. The Board approved the BCF/IBCF plan for 2017-19 for submission to the national assurance process at NHSE on the 11th September 2017. Since that date, on 30th October the assurance letter was received from NHSEngland (NHSE)/Department of Health (DoH) and the plan was assured with no conditions (Appendix 1).

4. Southwark's BCF plan has been assured each year since the first plan was submitted in 2015/16, and is one of the few boroughs to have had assurance without conditions each year.

5. The plan set out arrangements for a two year period 2017-2019, it was agreed to roll forward arrangements for 2017/18 – given late receipt of the guidance, expected in November 2016 and arrived in July 2017. It was agreed that plans for 2018/19 would be evaluated against strategic priorities and the High Impact Changes Plan (HICP) later in the year and any changes reported back to the Board.

PERFORMANCE MANAGEMENT AND MONITORING OF THE PLANS

6. Quarterly returns are required against the BCF/iBCF plan. Quarter 2 (Q2) returns have been submitted (please see Appendix 2 for attached Q2 returns for NHSE and DoH). These returns are currently separate, the NHSE return has focus on the performance against key targets, the DoH return has a focus on progress against the use of the iBCF. In Q3 these returns will be amalgamated.

7. The plan is monitored against key targets on the following metrics and progress against the High Impact Changes Plan.

- Reduction in non elective admissions.
- Rate of permanent admissions to residential care per 100,000 population (65+).
- Delayed transfers of care.

Reduction in non elective admissions

8. At month 5 the CCG is running at 3.02% over target. However there are unresolved data issues associated with this growth which need to be clarified. There has been a national data rebasing exercise to both plan and actuals taking into account changes for national activity recording changes as well as changes in responsible commissioner rules between CCG and NHS England. This correlates with a step increase against plan from June, and this is a common feature across all CCGs. The reasons for this are being investigated. The challenging QIPP target set for this year as well as the potential increased impact of winter will be further risks for this target.

Rates of permanent admissions

9. Q1 and Q2 were marginally over target by around 10%, but on a low baseline number. The lack of step down & intermediate care accommodation combined with the pressure on avoiding delayed transfers is a challenge that is being actively addressed through a joint commissioning intermediate care project and winter funding for step down services. The increase in placements will put further long term pressure on Social Care budgets as these clients incur long term costs.

10. The small increase in placements is to be considered against the strong performance on DToC. Admissions rates still remain substantially below previous levels prior to the BCF.

Delayed transfers of Care

11. Performance has been strong to date despite several system wide challenges, including shortage of nursing care home places and step down options. It is anticipated that the level of challenge will increase over the winter and this is considered a risk. Mental health delays linked to accommodation options continue to cause delays. In Southwark targets against DTOC to date have been met and exceeded. The target for health and social care was agreed in July of this year and performance is measured on a combined social care and CCG target. The monthly target changes and is a combined average of 454.

12. Since that date Southwark has met and exceeded its targets, in September the last date for which there are figures – there were 254 delays against a monthly target of 450. Reasons for delays include lack of suitable and affordable nursing placements, patient choice and awaiting assessments. Winter will place additional pressure on the system and it is the predicted there will be pressure on nursing home capacity across South East London. Winter plans are in place.

13. The trajectory for Southwark is improving against target, and BCF schemes and services in place for effective hospital discharge continue to keep the DTOC

figures down.

14. There are a number of schemes across health and social care which support safe and effective hospital discharge including BCF schemes, Discharge to Assess, intermediate step down and nursing care, the High Impact Changes plan and winter planning.

Summary of next steps

15. An evaluation of the BCF/IBCF will take place through December, the evaluation will consider how the BCF/IBCF is performing against targets and the contribution of the schemes towards achieving those targets. In addition consideration will be given to ensuring best value is being achieved through schemes and whether there are further opportunities for integrating schemes where it makes sense to do so. Any changes or revisions to the plan for 2018/19 will be reported to the Board in February.

Background Papers	Held At	Contact
Better Care Fund documentation	160 Tooley Street SE1 2QH	Adrian Ward Programme Manager Partnership Commissioning Team 020 7525 3345

APPENDICES

No.	Title
Appendix 1	Assurance Letter
Appendix 2	Q2 return for DoH and NHSE

AUDIT TRAIL

Lead Officers	Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	
Report Author	Gillian Branford, Assistant Director Partnership Commissioning	
Version	Final	
Dated	20 November 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		20 November 2017

APPENDIX 1

NHS England

NHS England
Skipton House
80 London Road
London
SE1 6LH

30 October 2017

To: *(by email)*

Councillor Peter John	Leader, Southwark Council, and Chair, Southwark Health and Wellbeing Board
Eleanor Kelly	Chief Executive, Southwark Council
Andrew Bland	Chief Officer, NHS Southwark CCG
Caroline Gilmartin	Director of Integrated Commissioning, NHS Southwark CCG

Dear Colleagues

BETTER CARE FUND 2017-19

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your agreed plan. The Better Care Fund is the only mandatory policy to facilitate integration of health and social care and the continuation of the BCF itself. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017. For the first time, this policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

Your plan has been assessed in accordance with the process set out in the *Better Care Fund 2017-19: Guide to Assurance of Plans.*

In determining and exercising further powers in connection with your application, NHS England has had regard to the extent to which there is a need for the provision of health services; health-related services (within the meaning given in section 14Z1 of the NHS Act 2006); and social care services.

I am delighted to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. In summary, the assurance team recognises your plan has been agreed by all parties (local authority, Clinical Commissioning Group and your Health and Wellbeing Board), and the plan submitted meets all requirements and the focus should now be on delivery.

Your BCF funding can therefore now be released subject to the funding being used in accordance with your final approved plan, and the funding being

transferred into pooled funds under a section 75 agreement.

These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

Amounts payable to the CCG in respect of the BCF are subject to the following conditions under section 223GA of the NHS Act 2006:

1. That the CCG will meet the performance objectives specified in its BCF plan; and
2. That the CCG will meet any additional performance objectives specified by NHS England from time to time.

If the CCG fails to meet those objectives, NHS England may withhold the funds (in so far as they have not already been paid to the CCG) or recover payments already made; and may direct the CCG as to the use of the amounts payable in respect of the BCF.

In addition to the BCF funding, the Spring Budget 2017 increased funding via the Improved Better Care Fund (IBCF) for adult social care in 2017-19. This has been pooled into the local BCF. The new IBCF grant (and as previously the Disabled Facilities Grant) will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. The Government has attached a set of conditions to the Section 31 grant, to ensure it is included in the BCF at local level and will be spent on adult social care.

You should now progress with your plans for implementation. Ongoing support and oversight with your BCF plan will be led by your local better care manager.

Once again, thank you for your work and best wishes with implementation and delivery.

Yours faithfully,

Simon Weldon
Director of NHS Operations and Delivery and SRO for the Better Care Fund
NHS England

Copy (by email) to:

David Quirke-Thornton	Director of Adult Social Services, Southwak Council
Gillian Branford	Assistant Director Partnership Commissioning, Southwak Council
Genette Laws	Director of Commissioning Children's and Adults Services, Southwak Council
Jo Farrar	Director General, Department for Communities & Local Government
Jonathan Marron	Director General, Department of Health
Sarah Pickup	Deputy Chief Executive, Local Government Association
NHS England London	
Professor Jane Cummings	Regional Director
Iain Eaves	Director of Transformation and Delivery South London
Jane Hannon	Regional Lead/Better Care Manager
Nicole Valenzuela-Sotomayor	Better Care Manager
Better Care Support team	
Anthony Kealy	Head of Integration Delivery
Rosie Seymour	Deputy Director

APPENDIX 2

Better Care Fund Template Q2 2017/18

1. Cover

Version 1

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Southwark
Completed by:	Adrian Ward
E-mail:	adrian.ward3@nhs.net
Contact number:	020 7525 3345
Who signed off the report on behalf of the Health and Wellbeing Board:	tbc

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Better Care Fund Template Q2 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Southwark

Confirmation of National Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	No	NHSE assurance process not complete until Oct 30 so S75 agreement could not be signed.	30/11/17

Better Care Fund Template Q2 2017/18

3. Metrics

Selected Health and Well Being Board: Southwark

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	At month 5 the CCG is running at 3.02% over target. However there are unresolved data issues associated with this growth which need to be clarified. There has been a national data rebasing exercise to both plan and actuals taking into account changes for national activity recording changes as well as changes in responsible commissioner rules between CCG and NHS England. This correlates with a step increase against plan from June, and this is a common feature across all CCGs. The reasons for this are being investigated. The challenging QIPP target set for this year as well as the potential increased impact of winter will be further risks for this target.	Although SUS suggests over performance we can see in local reporting a relatively static trend which demonstrates good work by both the CCG and local Trusts in managing growth and implementing QIPP despite increased demographic demand. Our admissions avoidance services funded through the BCF have succeeded in supporting more referrals in the year to date.	There a need to understand the disparity between the national and local view of actuals against operating plan, which is being picked up as part of the regional monthly activity performance process. Addressing this may lead to a greater understanding of whether the current level of over performance being reported is real or a result of a data/planning issue.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Q1 and Q2 were marginally over target by around 10%, but on a low baseline number. The lack of step down & intermediate care accommodation combined with the pressure on avoiding dealyed transfers is a challenge that is being actively addressed through a joint commissioning intermediate care project and winter funding for step down flats. The increase in placements will put further long term pressure on Social Care budgets as these cleints incur long term costs.	The small increase in placements is to be considered against the strong performance on DToC. Admissions rates still remain substantially below previous levels prior to the BCF.	n/a
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Q2 was marginally below the target of 88.8% with 85% still at home after 91 days. However this is an improvement on 2016/17. There is a need to review the pathway for people who require palliative care and therapy input, as we are working with increasing numbers of people with this level of need which has impacted on performance.	Urgent Response project - implementing a unified re-ablement / enhanced rapid response social care/community health model scheduled to go live as a integrated service in November. This will be a phased approach, initially picking up all problematic discharges within 72 Hours of discharge. This will be in addition to the existing work of the Existing Enhanced Raid Response team. We are also testing trusted assessment with the Trust employed Social workers in A&E at Kings- which will link with Urgent Response offer. This is currently waiting for KCH Trust to sign off the Honorary contract Southwark ASC have provided.	n/a
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target	Performance has been strong to date despite several system wide challenges, including shortage of nursing care home places and step down options. It is anticipated that the level of challenge will increase over the winter and this is considered a risk. Mental health delays linked to accommodation options continue to cause delays.	The key DTOC targets up to September have been acheived, with just 254 bed days lost against traget of 445 in September and all sub targets met. Notably low levels of delays relating to social care. Low levels of delays overall at KCH for whom Southwark CCG are the lead commissioner (just 1 day in August) . This reflects well on the strength of discharge services and minimisation of delays across the high impact change areas.	A system of central support that enables the HWB to challenge delays data where an out of area trust attributes delays to Southwark but the delay has not been notified or agreed with Southwark in line with correct proecdures.

** Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template*

Better Care Fund Template Q2 2017/18

4. High Impact Change Model

Selected Health and Well Being Board: Southwark

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Plans in place	Plans in place	Established		challenges in respect of flucutations in demand and impact of winter pressures	99% compliance with 48 hour standard at GSTT, further work being rolled out in Kings to improve compliance. Clinical Utilisation review under with milestone of March 2018	no support needs identified at this time
Chg 2	**Systems to monitor patient flow**	Not yet established	Not yet established	Not yet established		Whilst individual services undertake demand and capacity modelling, this is not yet done as a whole system. Complexity of systems means unlikely to be in place in the current year	no specific milestones in place	no support needs identified at this time
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Established		ensuring representation systematically for the voluntary sector	Single universal assessment and referral form to be piloted	no support needs identified at this time
Chg 4	**Home first/discharge to assess**	Plans in place	Established	Established		Reinforcing clinical engagement in an acute setting to meeting challenging ongoing targets	Programme established in March 2017, meeting and exceeding September and October targets Sept target 55% achieved 53% Oct target 45% achieved 43%	no support needs identified at this time
Chg 5	**Seven-day service**	Established	Established	Established		ensuring all teams operate on a 7 day basis	Core services working 7 days per week. Review contracts with providers to move to 7 days working	no support needs identified at this time
Chg 6	**Trusted assessors**	Established	Established	Established		none specific	In place for @home teams. Need to be further extended across SEL footprint. Trusted Assessor protocols for SE London aim to be piloted by October 2017.	no support needs identified at this time
Chg 7	**Focus on choice**	Established	Plans in place	Established		none specific	Choice protocol in place to some level established but plans in place to: Review of discharge materials in Q2 17/18. Choice protocol review in Summer 2017	no support needs identified at this time
Chg 8	**Enhancing health in care homes**	Plans in place	Plans in place	Plans in place		none specific	Pilot in place, will be scaled up across the Borough, procurement started, market engagement taken place. New contract in place 2018	no support needs identified at this time

Hospital Transfer Protocol (or the Red Bag Scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.								
		Q2 17/18 (Current)	**Q3 17/18 (Planned)**	**Q4 17/18 (Planned)**	**If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.**	**Challenges**	**Achievements / Impact**	**Support needs**
UEC	**Red Bag scheme**	Plans in place	Plans in place	Established		Awaiting outcome of pilot scheme before full introduction. Although will monitor outcomes on a regular basis,	Awaiting outcome of pilot scheme before full introduction.	Awaiting outcome of pilot scheme before full introduction.

Better Care Fund Template Q2 2017/18

5. Narrative

Selected Health and Wellbeing Board: Southwark

Remaining Characters:	19,883

Progress against local plan for integration of health and social care

The investment in services funded from the BCF is proceeding in line with the agreed BCF plan submitted in September.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:	18,746

Integration success story highlight over the past quarter

During Q1 and Q2 of 2017/18 the Partnership Commissioning Team became fully operational with all posts recruited to across the older people and compelx adults, mental health and children's teams, headed by an assistant director reporting to both the Directors of Commissioning of the council and the CCG. With this team, supported by the joint Commissioning Development Groups, including extensive input from Public Health, progress was made towards the goals set out in the Southwark Five Year Forward View. In particular agreement has been reached following a number of workshops on a new approach to population based commissioning, adapting the population segmentation approach in the Bridges to Health and Wellbeing Model. Key population segments have been identfied and defined, with an analysis of full population needs, outcomes, services, gaps and expenditure underway. This work has been agreed in a joint Project Initiation Document. The intial work will help identify some priority areas where we believe there are opportunities for improved outcomes and efficiencies by taking a more aligned approach to commissioning including pooled budgets and new provider approaches. This will be subject to a detailed programme of change over 2018/19.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Agenda Item 13

Item No.	Classification:	Date:	Meeting Name:
13.	Open	30 November 2017	Health and Wellbeing Board
Report title:		South East London Sustainability and Transformation Plan (STP)	
Ward(s) or groups affected:		All wards and groups	
From:		Andrew Bland, CCG Chief Officer	

RECOMMENDATIONS

1. The Board is asked to note that the attached paper gives an update on the south east London STP in a standard form for all boards and governing bodies in south east London.

2. The Health and Wellbeing Board is invited to note 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.

BACKGROUND INFORMATION

3. *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21* was published on 22 December 2015 which set out the requirement for the NHS to produce five year sustainability and transformation plans. These are place based, whole system plans driving the Five Year Forward View.

4. The STP:

   - It takes a whole system approach.
   - It requires systems to work together to produce a sustainable plan that both meets quality and performance standards and ensures financial sustainability.
   - Requires commissioner and provider plans to align activity and finance and achieve the national standards on quality and performance.
   - The STP is the single application and approval process for transformation funding for 2017/18 and thereafter. Sustainability and Transformation funding is expected to amount to £134m by 2020/21.

5. A report was last made to the Health and Well Being Board in June 2017.

KEY ISSUES FOR CONSIDERATION

Discussions with Regulators Regarding Finance, Performance and STP Development.

6. The STP leadership has bi-monthly meetings with NHSE and NHSI to discuss progress with STP issues. A brief update is given here.

Deep dive on urgent and emergency care

7. We took regulators through our plans for ensuring the performance of the emergency care system over the winter and our plans to ensure arrangements in south east London meet national best practice. We also covered our collaborative programme to improve access to emergency care through 111 online, urgent treatment centres and more ambulatory emergency care. Although we have challenges in a number of areas, we were able to give assurance on the programme of work underway.

Finance

8. South east London is one of the STP footprints that have not so far been able to submit plans which confirm that all organisations will meet their financial targets this year. As a result, regulators have requested OHSEL to provide a consolidated financial forecast up to 2020/21 (including specialised commissioning). We are working with each of the organisations to develop their own forecasts to ensure that there is a consistent approach taken across the system. This exercise will allow OHSEL to demonstrate the normalised financial position of the south east London footprint up to and including 2020/21.

STP Organisational Development

9. We took regulators through the management changes taking place at the CCGs and how that will support STP and borough working arrangements. We described the development of the provider federation and the qwork we are doing on ACSs.

10. Our next regulator meeting is at the end of November when there will be a deep dive on mental health.

STP Events

11. We have two STP events in November:

    - 7 November: an event for non-executive directors, governors and lay members to hear an update on STP and ACS development.
    - 10 November: an event for executive and clinical leaders to hear from STP leaders with workshops on digital, ACS development and community-based care development.

12. The purpose of the events is to update on the STP, exploring development of leadership for effective implementation of the STP, and re-energise our focus on improving outcomes for people using south east London health services.

Development of Integrated Care

13. The STP has commissioned some external support to assess the potential benefits and options for implementing integrated care (NHSE uses the term “accountable care”).

14. Much work on integrated care has already taken place in south east London. This phase is intended to ensure that capture the complexity of the south east London system, where there are numerous over lapping providers of care, and

populations that flow between organisations, and also to take into account the need to recognise to work at multiple spatial levels to create a "system of systems".

15. The consultants will be reporting their findings to the STP Executive on 17 November when consideration will be given to how this is taken forward with stakeholders.

Communications and Engagement

16. A series of 'civic engagement' events on the STP took place over the summer. The event in Southwark took place on Tuesday 11 July, at Walworth Methodist Church, Camberwell Road, and was well attended and useful.

17. We published the feedback from our six public events held over the summer on our website via the link bellow:

http://www.ourhealthiersel.nhs.uk/OHSEL%20summer%202017%20public%20events%20feedback%20report%20final.pdf

Community impact statement

18. The STP draws on equality impact assessments undertaken in 2014 and 2015 and the orthopaedic proposals have gone through the first stage of a three stage process. Our intention is always to reduce inequalities and ensure we plan to mitigate the impact on protected groups.

APPENDICES

No.	Title
Appendix 1	South East London Sustainability & Transformation Plan Briefing Pack –September-October 2017

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG
Report Author	Mark Easton, Programme Director, *Our Healthier South East London*
Version	Final report
Dated	10 November 2017
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	N/a	
Strategic Director of Finance and Governance	N/a	
Cabinet Member	N/a	
Date final report sent to Constitutional Team		10 November 2017

APPENDIX 1

Our Healthier South East London
Sustainability and Transformation Partnership

Our Healthier South East London partnership update – September/October 2017

1. Introduction

This is our sixth regular update to boards, governing bodies and other key partners and stakeholders. It gives an update on Our Healthier South East London (OHSEL) – the sustainability and transformation partnership (STP) - in a way that can be shared at meetings held in public.

2. At a glance

- We had a meeting with regulators – NHS England and NHS Improvement - in October to discuss our progress in urgent and emergency care, the development of the STP and Accountable Care System (ACS) arrangements, and the south east London financial position.
- At the October STP Executive meeting we heard the outcome of the stage one work on the potential development of accountable care arrangements in south east London.
- Our Clinical Programme Board met on 11 October and approved the establishment of the orthopaedic clinical network and the recruitment of the clinical lead.
- Our Productivity Programme Board meet on 13 October to discuss the pathology programme amongst other issues – covered in more detail below.
- We held the first meeting of our Provider Federation which will be focusing on progressing those areas we can offer better, more cost effective care when we work together. There is a Memorandum of Understanding in place between the providers to cover this work.
- Funding was secured to run advanced communication skills and psychological support training to address skills gaps across the south east London cancer services workforce.
- We published the feedback report from our six public events held over the summer.

Looking forward:

- We have two STP events in November:
  - 7 November: an event for non-executive directors, governors and lay members to hear an update on STP and ACS development.
  - 10 November: an event for executive and clinical leaders to hear from STP leaders with workshops on digital, ACS development and community-based care development.

The purpose of the events is to update on the STP, exploring development of leadership for effective implementation of the STP, and re-energise our focus on improving outcomes for people using south east London health services.

3. Key current issues

3.1 Regulator Meeting

The meeting covered four key areas:

- **Deep dive on urgent and emergency care**
  We took regulators through our plans for ensuring the performance of the emergency care system over the winter and our plans to ensure arrangements in south east London meet national best practice. We also covered our collaborative programme to improve access to emergency care through 111 online, urgent treatment centres and more ambulatory emergency care. Although we have challenges in a number of areas, we were able to give assurance on the programme of work underway.

- **STP and ACS development**
  We described the progress being made with management changes in the CCGs which are aimed at maintaining the sovereignty and effectiveness of borough based CCG governing bodies, whilst consolidating some management resources at south east London level. We described the development of the provider federation as a means of helping our providers work together more effectively. We also described our work on the development of accountable care, and how local arrangements could align with broader systems to ensure a coherent approach.

- **Financial strategy**
  South east London is one of the STP footprints that have not so far been able to submit plans which confirm that all organisations will meet their financial targets this year. As a result, regulators have requested OHSEL to provide a consolidated financial forecast up to 2020/21 (including specialised commissioning). We are working with each of the organisations to develop their own forecasts to ensure that there is a consistent approach taken across the system. This exercise will allow OHSEL to demonstrate the normalised financial position of the south east London footprint up to and including 2020/21.

A further regulator meeting is planned at the end of November, when there will be a deep dive on mental health.

4. Update from programme groups

4.1 Productivity

Pathology

At the moment Guy's and St Thomas' and King's College Hospital trusts are part of joint venture that delivers pathology services. This arrangement expires in the next 18 months and will need to be retendered. In line with NHS Improvement and Carter guidance for trusts to adopt hub and spoke models for back office pathology services across larger footprints, we are developing a tender specification that will include all of south east London (and potentially some neighbouring areas).

We have started a process of engagement with staff who either work in pathology or use pathology services as part of their job so we can design a common approach to pathology across south east London.

Estates

We have received around £20 million, through the Estates and Technology Transformation Fund, to support ten new estates projects across south east London. All of these projects are expected to be completed by 2019/2020 – the majority are in primary care. In addition, there is around £3.5 million being invested in improving GP premises across south east London in 2017/18. One of the first schemes to be completed is a brand new GP practice in Bexley – which is expected to open in December 2017.

We are also looking at how we can increase the use of clinical space in our existing buildings. Currently some buildings are significantly under used, we want to increase this to 90% occupancy.

4.2 Maternity

We held a successful workshop with representatives from all our maternity voices partnerships (MVP), to agree how they work with the Local Maternity System to take forward the recommendations set out in Better Births – the national vision for maternity services.

We heard from local mothers about their experiences of maternity services and agreed to gather more feedback from their networks to inform our south east London Better Births implementation plan – which will be submitted to NHS England.

A representative from each MVP agreed to review a chapter of the draft local Better Births implementation plan - covering choice, personalization, continuity of carer, prevention, serious incidents, perinatal mental health, co-production – and their feedback will be used to help shape our final plan.

4.3 Cancer

Funding has been secured to run advanced communication skills and psychological support training to address skills gaps across the south east London cancer services workforce. Cancer nurse specialists are helping to identify staff who need to complete training, and roll out is expected to start before Christmas.

Amanda Shewbridge, Macmillan Nurse Programme Manager for Living With and Beyond Cancer has set up a group involving lead cancer nurses from the three Trusts, members of psychological support services, allied health professionals, Macmillan GPs, and representatives from commissioning, primary care and Transforming Cancer Services for London. Together they are starting work to address gaps and spread best practice in key elements of recovery including – standardising data collection, holistic needs assessments, cancer care reviews, and pan London reporting.

4.4 Workforce

Developing a sustainable workforce in primary care

Many health and social care systems worldwide have been developing a variety of navigator and signposting roles to help patients negotiate care through increasingly complex systems and multiple provider agencies. OHSEL has pioneered a project to look at developing and implementing a career pathway for non-clinical staff.

Initially, through a combination of job description review and stakeholder workshops, we explored the common competencies and features of modern healthcare administrator roles. The competencies have now formed the basis of a career pathway project, supported by portfolio-based educational programmes being tested across five Community Education Provider Networks in south London; approximately fifty staff from general practices, a mental health trust, a community trust, a hospice, care homes and HMP are participating.

The purpose of the project is to improve healthcare delivery and develop the evidence base about how this approach can drive quality improvement. Ultimately we want our health administrators to be able to manage complex administrative tasks, to release clinicians from administrative burden and to work effectively across traditional boundaries.

Evaluation partners have been appointed and are due to produce a final report on the project by June 2018.

Mental health training

We are also working in partnership with Rethink Mental Illness and Healthy London Partnership to deliver priority training to 150 primary care staff from Bexley, Southwark and Bromley GP Federations. A series of 8, one day courses will be delivered, free of charge, before the end of December.

Their training offers senior receptionists, managers and non- clinical leaders knowledge, skills and tools to increase confidence in managing mental health in the workplace, and supports them to enhance their own mental and emotional well-being.

Participants will gain knowledge of a range of common conditions and gain confidence in recognising mental illness emerging in day to day work interactions. Through developing skills in communicating with staff who may be affected by a mental health problem and through their expanded knowledge of information and support routes, the benefits will extend from individual participants, to additional colleagues and the wider workplace team.

The training also provides an opportunity for participants to explore resilience strategies and further methods to managing stress to enable positive mental well-being. This will mean clinical staff are more equipped to manage themselves, and skilled and experienced to signpost patients and colleagues experiencing challenges.

4.5 Mental health

Following successful community launch events in Southwark and Lambeth, Thrive LDN are planning a series of community events in the other south east London boroughs. The events

are aimed at patients and the public and seek to encourage people to work together to improve health and happiness in their borough. Thrive LDN is focused on six priority areas – including making London a 'Zero Suicide' city, raising awareness of mental health and challenging stigma and discrimination. Outputs from community events and the six priority areas will feed into the STP mental health agenda and support areas such as suicide prevention.

4.6 Digital

All of our projects on real-time sharing of information, developing an information governance framework for south east London and local online consultation are progressing well. Some highlights include:

- Sharing of Bromley Healthcare information into the Local Care Record. This adds to the plan to expand the number of care providers both viewing and sharing real-time information.
- Bexley CCG have just completed their project on information sharing between health and care homes with the adoption of tablets and video consultations.

A major focus for all partners has been progressing the launch of NHS 111 online for south east London and we are due to go-live from mid November 2017, a month earlier than expected. Patients will be able to use this service as an alternative to calling 111.

All of our CCGs have either rolled-out or are on track for deploying WiFi across GP practices - providing free and secure access for patients, staff and the public. The next stage is for WiFi roll-out across providers (SLaM is our exemplar). A working group is being set-up to oversee this work, the procurement / introduction of the Health and Social Care Network (HSCN) and other projects that align to partnership working.

We are hoping to secure an additional £1m to contribute to the paper-free at point of care agenda. If confirmed (early December) we will have up to 24 practices working to digitalise their patient paper records (go paper-free) with freed up space being allocated for clinical use.

5 Communications and engagement

We have just completed a recruitment drive for Patient and Public Voices and are set to welcome a number new volunteers to join the South East London Cancer Alliance in November. They will be working with clinicians, commissioners, providers and leading cancer charities to look at how we can work together to improve cancer care.

Our website has been updated to describe our aims for improving mental health, cancer, maternity, community based care, planned care and children and young people's services through a range of patient case studies.

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

Health Help Now (HHN)

The six south east London CCGs have formally given notice to terminate its contract for Health Help Now – the free app for patients which lists common symptoms and offers suggestions for treatment, based on your location and the time of day - from 30 November so that SEL can move to a pan London system.

We will be communicating with south east London residents to let them know details of how to access the new service after 30 November.

Equalities Steering Group

In our September meeting the group heard an update on the development of our plans for children and young people's services. The group was informed that the environment we are working in has a child poverty rate where 27.8% of children in south east London are living in poverty, compared with a national average of 17%. The group agreed that the causes are multi factorial and demonstrate the importance of working across different agencies and organisations

Initiatives the children and young people team is working on with partners include primary prevention/wellness, integrated community teams, extending GP hours for child specific appointments, short stay specialist paediatric units and planned care pathways.

END

This page is intentionally blank

HEALTH AND WELLBEING BOARD AGENDA DISTRIBUTION LIST (OPEN)
MUNICIPAL YEAR 2017/18

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

Name	No of copies	Name	No of copies
Health and Wellbeing Board Members		**Officers**	
Councillor Maisie Anderson	1	Sarah Feasey	1
Andrew Bland	1		
Sally Causer	1		
Kevin Fenton	1	**Others**	
Aarti Gandesha	1		
Dr Jonty Heaversedge	1	Everton Roberts, Constitutional Team	8
Councillor Peter John	1		
Eleanor Kelly	1		
Councillor Richard Livingstone	1		
Gordon McCullough	1		
Councillor Victoria Mills	1	**Total:**	27
Nick Moberly	1		
Councillor David Noakes	1		
Dr Matthew Patrick	1		
Carole Pellicci	1		
David Quirke-Thornton	1		
Dr Yvonneke Roe	1		
Councillor Rebecca Lury	1		

Dated: 1 September 2017