

Health and Wellbeing Board

Monday 30 July 2018
11.00 am

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

Membership

Councillor Peter John OBE (Chair)
Councillor Evelyn Akoto
Councillor Jasmine Ali
Andrew Bland
Cassie Buchanan
Sally Causer
Kevin Fenton
Ross Graves
Dr Jonty Heaversedge
Eleanor Kelly
Gordon McCullough
Catherine Negus
Councillor David Noakes
Dr Matthew Patrick
David Quirke-Thornton
Dr Yvonneke Roe

Ian Smith

Leader of the Council
Cabinet Member, Community Safety and Public Health
Cabinet Member for Children, Schools and Adult Care
Accountable Officer, NHS Southwark, CCG
Southwark Headteachers Representative
Executive Director, Southwark Law Centre
Director of Health and Wellbeing
Managing Director, NHS Southwark, CCG
Chair, NHS Southwark, CCG
Chief Executive, Southwark Council
Chief Executive, Community Southwark
Healthwatch Southwark
Opposition Spokesperson for Health
Chief Executive, SLAM NHS Foundation Trust
Strategic Director of Children's and Adults' Services
Clinical Lead for Prevention and Early Action, NHS
Southwark, CCG
Chair, King's College Hospital NHS Foundation Trust

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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 July 2018



Health and Wellbeing Board

Monday 30 July 2018
11.00 am

Ground Floor Meeting Room G02C - 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.	ELECTION OF VICE-CHAIR	
	To elect a vice-chair for the 2018/19 municipal year.	
4.	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.	
5.	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.	
6.	MINUTES	1 - 13
	To agree as correct records, the open minutes of the meetings held on 29 January and 26 March 2018.	

Item No.	Title	Page No.
THEME - HEALTH AND WELLBEING BOARD - PAST PRESENT AND FUTURE		
Presentation from a community perspective on Health and Wellbeing in Southwark.		
Presentation - to be led by Gordon McCullough, chief executive of Community Southwark 'Perspectives on the voluntary and community sector in Southwark'	14 - 17	
Followed by 3 community speakers to present on challenges among young, older people and BAME/Diversity in the borough in relation to health and wellbeing.		
Guest speakers:		
<ul style="list-style-type: none"> • Tracey Franklin, CEO, Inspire at St Peters (young people) • Jacky Bourke-White, CEO, Age UK Lewisham and Southwark (older people) • Third speaker to be confirmed.(BAME / Diversity) 		
Discussion - Q&A with the Board on community engagement and empowerment in improving health and wellbeing outcomes in Southwark.		
CORE BUSINESS		
7. COUNCIL PLAN 2018-19 - 2021-22	18 - 44	
To note the Council Plan 2018-19 – 2021-22 agreed for consultation by the Cabinet on 26 June 2018.		
8. OVERVIEW OF SOUTHWARK HEALTH AND WELLBEING STRATEGY AND PROGRESS TO DATE	45 - 69	
To note the overview of the Southwark Health and Wellbeing Strategy, progress and actions to date.		
To note the annual performance report.		
9. CLINICAL COMMISSIONING GROUP REPORT ON PROGRESS AND PRIORITIES	70 - 81	
To note the update on major developments in the local health system and within the CCG's commissioning portfolio.		
10. UPDATE ON INTEGRATED COMMISSIONING	82 - 86	
To note the update on integrated commissioning.		

Item No.	Title	Page No.
11.	SEXUAL HEALTH UPDATE	87 - 95
	To note the sexual health programme update, including progress and recent media interest.	
12.	CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) - AN UPDATE ON THE REVIEW OF SERVICES	96 - 99
	To note the progress in conducting a review of CAMHS services.	
13.	HEALTH AND WELLBEING BOARD WORK PLAN 2018-2020	100 - 106
	To consider and approve the proposed work plan for 2018-2020 subject to any amendments.	
14.	HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW	To follow
	To note the proposed review of the health and wellbeing board structure and governance as part of continuous improvement. Opportunity to reflect on how the board is functioning and whether it can be better utilized to oversee strategic direction.	
15.	PRIMARY CARE COMMISSIONING COMMITTEE - HEALTH AND WELLBEING BOARD OBSERVER	To follow
	To nominate a board member to sit on the Primary Care Commission Committee as an observer.	

Date: 22 July 2018



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Monday 29 January 2018 at 10.00 am at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
 Dr Jonty Heaversedge
 Councillor Maisie Anderson
 Kevin Fenton
 Eleanor Kelly
 Councillor Richard Livingstone
 Gordon McCullough
 Councillor Victoria Mills
 Councillor David Noakes
 David Quirke-Thornton

ALSO PRESENT Ross Graves, (Observer)
 Ms Zoe Reed, South London and Maudsley

OFFICER SUPPORT: Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Andrew Bland, Sally Causer, Nick Moberly, Dr Matthew Patrick, Carole Pellicci and Dr Yvonneke Roe.

2. CONFORMATION 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

There were no late items.

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 30 November 2017 be agreed as a correct record and signed by the chair.

PRESENTATION FROM INVITED SPEAKER

The board received a presentation from Zoe Reed, Director of Organisation and Community & Freedom to Speak Up Guardian, South London and Maudsley NHS Foundation Trust.

Ms Reed has been leading on South London and Maudsley's work with local black and minority ethnic communities, including engagement with Black Thrive in Lambeth and in the extension of that model to the other boroughs SLAM serves.

Ms Reed's presentation was on promoting equality in Mental Health. She acknowledged that promoting equality in mental health was a broad agenda but she particularly wanted to focus on equality for black and minority ethnic people.

Ms Reed's presentation is viewable on the council website alongside the published agenda.

6. **SOUTHWARK JOINT MENTAL HEALTH AND WELLBEING STRATEGY 2018 - 2021 (CABINET REPORT OF 23 JANUARY 2018)**

Councillor Richard Livingstone, cabinet member for adult care and financial inclusion introduced the report. He informed the board that the cabinet had made a few corrections/ amendments to the report strategy document. Amendments set out below:

- Page 11 of the report document Financial Landscape table (correction) – there was an asterisk missing which needed to be inserted next to the total figure [*£5,539,000] relating to the Child and Adolescent Mental Health Services (CAMHS) – this explained the split of the total mental health spend from the CCG and the council.
- Under 'Community-based support for people with complex needs' The following was added to the end of the last paragraph (page 31 of the report document) 'As part of developing our action plan, mental health services will improve partnership working with SASBU (Southwark anti-Social Behaviour Unit) to support communities to be safe and well.'
- The following was added at the end of first paragraph (page 32 of the report document) 'The strategy action plan will further focus on activities to support

Southwark schools in eliminating any stigma associated with mental health amongst pupils. This will put in place a framework for managing and supporting young people with mental health conditions at the earliest stage possible recognising the life journey of Southwark residents.

Councillor Livingstone stressed that a lot of hard work had taken place to get to this point. The strategy set out a very clear way forward in relation to the 5 strategic priorities and areas of action identified.

Professor Fenton reported that the council and the CCG had worked collaboratively on this strategy. It was cutting edge in its ability to think about integrating prevention, early intervention and high quality care for individuals dealing with mental health and mental ill health issues but also the antecedent factors which may be driving those issues. The strategy had been developed through considerable consultation with the community, people with lived experiences as well as providers across Southwark.

Professor Fenton stressed that there were some major challenges across Southwark, not only with increasing prevalence incidents and burden of mental ill-health within the local population, but also that these burdens were not randomly distributed. There were sub sectors of the local communities which were disproportionately affected. Therefore when considering the mental health and wellbeing strategy it was important to think about approaches across the board for all residents, and to be clear about ways in which those disproportionately affected could be targeted.

Professor Fenton also stressed that it was really important to look at organisational competence for the delivery of the strategy and was pleased to see that the strategy was very strong in its governance that had been and would be established to ensure the implementation of the strategy.

A number of points were made by the members of the board:

- How can more be done in the workplace in relation to health, for which a large proportion of local residents work.
- Work carried out by Healthwatch found that young people want increased support around mental health issues, but from professionals, rather than teachers.
- Healthwatch interested in being involved with review of the strategy process particularly around crisis care.
- Secondary schools have fragmentation of wellbeing support available to young people in the borough – need schools commitment of whole systems support to enable young people to get swift access to professional support. Challenge is to get the funding allocated to secondary schools for emotional health and wellbeing invested in a whole system that supports young people in secondary schools and their families.
- Most recent version of population segmentation model to be circulated

RESOLVED:

That the Southwark joint mental health and wellbeing strategy (2018 – 2021) be noted.

7. PLEDGING SUPPORT FOR THE LONDON MAYOR'S HEALTH INEQUALITIES STRATEGY

Councillor Maisie Anderson, Cabinet Member for Public Health and Social Regeneration introduced the report. The board also heard from Professor Kevin Fenton, Director of Health and Wellbeing.

Councillor Anderson reported that the Strategy had been published in draft form in August 2017 for consultation. The council responded in November 2017 with views and examples of what the council considered to be good practice in Southwark and also how the council as a local authority could help the mayor to achieve more in this area.

Councillor Anderson highlighted that the Mayors draft strategy really emphasised a 'health in all policies' approach which she felt very much reflected what is done in Southwark, both in terms of the council's public health work and in the new work on social regeneration. She advised that the strategy focuses on 5 key areas, healthy children, health minds, healthy places, healthy communities and healthy habits which she felt was a very forward looking approach and very helpful. The next step with the strategy development was that the mayor was looking for pledges from partners. Councillor Anderson explained the rationale behind each pledge.

Professor Fenton stressed that he wanted the Southwark pledges to lead across London. He felt that the proposed pledges did address the wider determinants of inequalities but that he wanted to hear from members of the board.

A number of points were made by the members of the board:

- Long term study on regeneration and impact on existing communities should be carried out.
- Should be specific pledge around young people as there are so many inequalities that can be experienced at such an early age.
- Mental health first aid training and the broader first aid training really important and should be extended to the communities, not just be made responsibility of employers. Possibly some work for the voluntary sector.

RESOLVED:

1. That the Council's response to the London Mayor's Health Inequalities Strategy be noted.
2. That the pledges contained in paragraph 9 of the report and set below be made in support of the London Mayor's Health Inequalities Strategy:
 - i. **We will create healthy places, ensuring regeneration works for everyone, to improve health and wellbeing** – Southwark Council is committed to ensuring that regeneration works for everyone in Southwark and will develop a social regeneration framework together with NHS, local business and the VCS to make this happen.
 - ii. **We will promote and ensure equitable access to physical activity in our free swim and gym programme** – Southwark Council will continue to support Free Swim and Gym in the borough and NHS and VCS partners will signpost

residents to the service.

- iii. **We will maximise opportunities to promote mental health and resilience to our staff and communities** – Southwark Council and CCG will work together to provide the opportunity of mental health promotion training to front line staff across the partnership system.
 - iv. **We will tackle the devastating physical and mental health inequalities caused by diabetes** – Southwark CCG, Council and local partners have committed to reducing the incidence, prevalence and complications of type 2 diabetes - a common long term condition estimated to affect up to 10% of Southwark residents, but especially the most disadvantaged, and ethnic minorities. The CCG pledges to continue to invest in the diabetes prevention programme.
 - v. **We will strengthen the measurement, tracking and reporting of the impact of our actions to reduce inequalities** – Community Southwark will work with Southwark Council and the VCS Sector to develop and agree indicators that impact positively on reducing health inequalities.
3. That the wording of the pledges be strengthened.
 4. That an additional pledge be made specific to Children and Young People.

8. FIVE YEAR FORWARD VIEW

Councillor Richard Livingstone, Cabinet Member for Adult Care and Financial Inclusion gave a verbal update on the progress of the 5 year forward view.

Councillor Livingstone reported that a lot of work on integration and the forward view had been undertaken over the last year, and that it was now time to consider whether that forward view describes how we get the best value for every pound spent in Southwark on health and social care, whether there needed to be greater emphasis on practical changes to better enable joint commissioning and whether it will better enable Southwark people to engage in a conversation about what this means for them, their families and communities.

Councillor Livingstone reported on progress made on the Integration and Planning Delivery Group (IPDG), formed in March last year, established to look at how the council and the CCG could work better together around integrating health and social care. Its vision was about setting out a clear framework for improving the every day experience of life and the outcome of Southwark residents, particularly focussing on doing things differently, addressing complex and long standing issues, putting in place plans of support that support change so that local people receive a more co-ordinated care and experience better outcomes. The forward view was a starting point for this.

Councillor Livingstone advised that the IPDG had been meeting monthly and was alternately chaired by him and Richard Gibbs, vice chair of the Clinical Commissioning Group board. The group had been very productive in taking issues forward. The main piece of work that they reached a conclusion on was about how we can have a shared vision, who the people are in terms of the population of Southwark and how the local authority can interact with them. An example of this was contained in the joint mental health and wellbeing strategy (page 57) which sets out the work done on population

segmentation and understanding the communities and building on this to work more effectively.

Councillor Livingstone reported that he and officers had visited and had conversations with a number of local authorities exploring good practice. Officers went to Stockport in October and in November went to visit East Sussex. Conversations had also been had with Torbay and North East Lincolnshire Councils about their experiences as well.

The aim was to get to a point at least in some areas to have joint budgeting between the council and the CCG and probably looking towards having this in place in the 2019/20 financial year and using the 2018/19 year as a shadow working year. Consideration was also being given to the governance structure for the joint arrangements.

The final workshop was taking place in February.

9. IMMUNISATION PROGRAMMES IN SOUTHWARK - ANNUAL REPORT 2016/17

Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Sarah Robertson, Head of Programmes, Health Protection.

RESOLVED:

1. That the report be noted.
2. That an update report be brought back to the health and wellbeing board once the strategy is in place.

10. TACKLING UNHEALTHY WEIGHT IN SOUTHWARK - UPDATE

Councillor Maisie Anderson, Cabinet member for Public Health and Social Regeneration introduced the report.

RESOLVED:

1. That the update and progress report on the delivery of the Southwark Healthy Weight Strategy 'Everybody's Business' be noted.
2. That the actions, including the enhanced offer for schools and for geographical parts of the borough with higher obesity rates (paragraph 20 – 28 of the report) be noted and agreed.
3. That the offer of healthy weight training as part of a Making Every Contact Count approach that will be introduced in April be noted and a commitment be made ensuring that the relevant front line staff will undergo the training.
4. That it be noted that an Expert Challenge Panel will be held in Autumn and that a report of the findings will be made back to the health and wellbeing board.

11. ALCOHOL ACTION PLAN 2017 - 2020

Councillor Maisie Anderson, Cabinet Member for Public Health and Social Regeneration introduced the report.

RESOLVED:

That the Southwark Alcohol Action Plan 2017 -20 be noted and approved.

12. HEALTH AND WELLBEING BOARD - THEMES AND ITEMS FOR FUTURE BOARD MEETINGS

Professor Kevin Fenton, Director of Health and Wellbeing introduced the item.

Professor Fenton explained that the different format for the meeting, built upon work undertaken over the last 3 months, looking at the health and wellbeing board and its effectiveness. The first action was to look at how the board was structured to ensure that there was time to hear from key strategic partners working in Southwark to highlight some of the big challenges that are being faced as a borough and to use that as a fulcrum to discuss some of the work that is being done both in the CCG and the council.

Second key development was the need to review the governance for the health and wellbeing board which was being lead in partnership by Stephen Gaskell, Head of the Chief Executive's Office and Doreen Forrester Brown, Director of Law and Democracy, the idea here was to ensure that 4 – 5 years after the creation of the health and wellbeing board and given the other governance structures which exist between the council and the CCG that it was clear what the board was supposed to be doing, how it relates to those other governance groups and how the board can maximise its effectiveness.

A third element was reviewing the membership of the board, to look at who else should be around the table, and to ensure that the board is rich, diverse and as focussed on improving the health and wellbeing over the local communities as it needs to be.

Professor Fenton advised that for the March meeting of the board, the theme would be on 'shaping place for health' and would provide an opportunity to reflect on some of the social regeneration work, the Southwark Conversation which had just been completed and his first Annual Public Health report which was on shaping place for health.

OTHER BUSINESS

Sexual Transmitted Infections and Access to Services

Councillor David Noakes, opposition spokesperson for health raised an issue in relation to sexual transmitted infections and access to services.

He reminded the board that end of last year the health and wellbeing board received a comprehensive report on sexually health which had been a positive report, particularly in relation to HIV figures and teenage pregnancies, but at the time he had expressed some

concern about the situation with other sexually transmitted infections. He report that he has since come across some more up to date information which went to GSTT board which shows that over last 6 months (April to September 2017) that, chlamydia, gonorrhoea and syphilis are all on the rise. He raised concern about closure of some of the clinics across London, and reported that in Southwark alone almost 12,000 patients were unable to access services on their day of attendance over the last 6 months. He requested that a report come back to the board in the next 6 months on STI figures and access. He stressed that there was a danger in relation to people struggling to be able to get access to services and this was even with the availability of home testing kits.

It was agreed that a report be brought back to the health and wellbeing board.

The meeting ended at 12.00 pm

CHAIR:

DATED:



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Monday 26 March 2018 at 10.00 am at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

PRESENT:

Dr Jonty Heaversedge (In the Chair)
 Councillor Maisie Anderson
 Andrew Bland
 Kevin Fenton
 Councillor Richard Livingstone
 Gordon McCullough
 Councillor Victoria Mills
 Councillor David Noakes
 Catherine Negus
 Dr Yvonneke Roe

OFFICER SUPPORT:

Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Councillor Peter John, Sally Causer, Eleanor Kelly, Nick Moberly, Dr Matthew Patrick, Carole Pellicci and David Quirke-Thornton.

2. CONFIRMATION OF VOTING MEMBERS

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

The chair reported that Nick Moberly was no longer the Chief Executive of King's College Hospital NHS Foundation Trust and expressed thanks on behalf of the board, for the work that Mr Moberly had done over the last 3 years as chief executive of the Trust.

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

The following late items were considered at the meeting:

- Item 08 – Update from the CCG on their approach to Health and Place
- Item 12 – Voluntary & Community Sector Strategy Progress Report and Action Plan 2017/18

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Andrew Bland, Chief Officer, NHS Southwark reported that he was also the designated chief officer for Lewisham and Bromley CCGs and from 1 April he would also be the accountable officer for Bexley and Greenwich CCGs.

5. MINUTES

The minutes were tabled at the meeting. It was agreed that the minutes be submitted to the next meeting for approval.

6. FEEDBACK FROM SOUTHWARK CONVERSATION

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report.

RESOLVED:

1. That the initial findings from the Southwark Conversation, as set out in the report at Appendix 1 be noted.
2. That it be noted that the outcomes from analysis will help to further shape the social regeneration policy framework.

7. ANNUAL PUBLIC HEALTH REPORT 2017

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also watch a video presentation on Health People in Health Places.

RESOLVED:

That the Annual Public Health Report 2017 be noted.

8. UPDATE FROM THE CCG ON THEIR APPROACH TO HEALTH AND PLACE

Ross Graves, Managing Director, NHS Southwark Clinical Commissioning Group introduced the report.

RESOLVED:

1. That the partnership work with local people in Walworth which culminates in a specific development concept along the Walworth Road be noted.
2. That the general partnership approach which links CCG plans with the wider social regeneration agenda of the Council be endorsed.
3. That relevant leads be nominated to work with the CCG to establish the process to link the CCG's estates strategy refresh with the ongoing work on social regeneration.

Action points

- Report to come back to the board on practical ways of working which demonstrate partnership approach on development of a shared estate strategy. Should not be a parallel process. Should all be able to equally articulate what's going to be necessary in the borough to support health services. Shared clarity.
- Specific answer to be provided to cabinet member for children and schools about Dulwich Hospital middle site / school site issue.

9. FIVE YEAR FORWARD VIEW - INTEGRATED PLANNING AND DELIVERY GROUP PROGRESS AND NEXT STEPS

Councillor Richard Livingstone, Cabinet Member for Adult Care and Financial Inclusion introduced the report.

RESOLVED:

1. That the progress from the integrated planning and delivery group (IPDG) be noted, and it also be noted that that work will continue to develop a framework for further progressing integration across health and care in Southwark, with a report back in summer 2018.
2. That in light of the IPDG work, a review of the terms of reference for the health and wellbeing board commence to ensure continued fitness for purpose, with review outcomes reported to the health and wellbeing board in summer 2018.

Action point

Paragraph 14, priority 'segments'. Board asked to note that adult community based care is a set of services rather than a segment - in the intended report back the segments for this will be set out.

10. FINAL DRAFT PHARMACEUTICAL NEEDS ASSESSMENT FOR HEALTH AND WELLBEING BOARD APPROVAL

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Leidon Shapo, Head of Programmes for Health and Social Care, Public Health.

RESOLVED:

1. That the progress made on the Pharmaceutical Needs Assessment (PNA) by reviewing the results of the consultation (Appendices section) and amended draft PNA be noted.
2. That this version of the PNA be approved as the final version for publication on or before 31 March 2018.

11. JOINT STRATEGIC NEEDS ASSESSMENT 2017-18 UPDATE AND WORK PROGRAMME 2018-19

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Chris Williamson, Head of Public Health Intelligence.

RESOLVED:

1. That the programme of work completed during 2017-18 be noted.
2. That the proposed governance structure for the Joint Strategic Needs Assessment (JSNA) in Southwark be noted.
3. That the proposed JSNA work programme for 2018-19 be agreed.

12. VOLUNTARY & COMMUNITY SECTOR STRATEGY PROGRESS REPORT & ACTION PLAN 2017/18

Gordon McCullough, Chief Executive of Community Southwark introduced the report.

RESOLVED:

That the progress of the implementation of the Southwark Voluntary and Community Sector Strategy and the Strategy Action Plan for 2017/18, Appendix 1 of the report be noted.

Meeting ended at 12.07pm

CHAIR:

DATED:

Item No. -	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		Perspectives on the voluntary and community sector in Southwark	
Ward(s) or groups affected:		All wards and groups	
From:		Gordon McCullough, CEO, Community Southwark	

RECOMMENDATION

1. That the Board note the current health and wellbeing challenges and opportunities from the voluntary and community sector's perspective

BACKGROUND INFORMATION

2. The local voluntary and community sector (VCS) is not a single, easily defined entity. It is extremely diverse and in all its forms makes up a vital part of the social fabric of Southwark.
3. There are an estimated 1,200 registered charities in Southwark; 81% have an annual income of less than £500,000. There are an estimated 3,000 'below the radar' grassroots community groups in addition to the more formal, regulated sector. The models and ways of operating within the VCS are as diverse as the scale of the sector itself.
4. Grassroots organisations run on a voluntary basis make up a large section of the sector, they contribute vitally to communities being empowered, supported, connected and healthy, but often, as volunteer run, work in a very different way to the more formal sector.

KEY ISSUES FOR CONSIDERATION

5. The VCS both builds and draws on the capacity of communities to support themselves and the most vulnerable. It enriches lives and makes Southwark a healthier, safer place. Just under a fifth of people (18%) had been involved in social action once in the last year (2015). 36% of people were aware of people in their areas getting together to support a community project but were not involved in it.
6. Community Southwark support local people to feel more engaged and connected in their local community. As a result of our work on social action 42% of residents who have engaged with us (either Community Action Network meetings, outreach events or online) reported an increase in the opportunities to share views on their local community over the last 12 months. 45% reported an increased in the opportunities to make connections in their local community over the last 12 months.
7. The VCS supports local economic wellbeing. Like the public and private sectors, the VCS spends money locally, contributing to the local economy. It provides

paid employment so that people can support themselves (as well as inspire others into employment through social enterprises). The VCS also develops the skills of volunteers as well as service users, contributing to better job prospects, personal wellbeing, and a diverse economy. Almost six in ten Southwark residents aged over 16 have volunteered in the last twelve months (56%). This equates to an estimated 131,544 people. Volunteers contribute over 5 million hours each year in Southwark. If they were all paid the London Living Wage it would cost in excess of £47 million per year.

8. Community Southwark's volunteering advice service helped over 500 people last year to find volunteering opportunities in the borough. A month after visiting the service, 46% were volunteering with a local organisation.
9. The wider impact of volunteering on the individuals has been very encouraging. For example, 20% of individuals attending VAS (and who then went onto volunteer) experienced greatly improved well-being; 24% reported greatly improved mental health; 23% said they felt increasing confident to speak to new people. In relation to isolation and social connections, after volunteering 95% said they had meet new people.
10. VCS makes resources go further. Funds contributed by public bodies lever in other money from trusts, businesses and individuals, and many voluntary organisations also generate their own funds. The VCS benefits from donations in kind from other organisations and the value of volunteering has no parallel in any other sector. Distinct from the private sector, the VCS uses all of its resources (directly or indirectly) for the public benefit rather than to make profit for shareholders. For every £1 invested by Southwark Council in the VCS locally, a further £5.72 is generated from other sources.
11. In 2017/18 Southwark Council distributed a total of £4.5 million in grants and £12.9 million in contracts to the voluntary and community sector. The VCS has other distinctive characteristics which bring extra value to its work. For example, community organisations are often run by local people who volunteer their time. They have a personal knowledge of specific needs, they may be trusted by hard-to-reach groups who find it difficult to engage with the public sector, and they could act as a 'critical friend' to policymakers across the public sector. They help people to help themselves as well as providing community focused activities. Importantly, VCS organisations not only help deliver public services, but also go beyond the minimum of what must be provided by law.
12. The Voluntary and Community Sector Strategy (*Common Purpose, Common Cause*) expressed an ambition to have services built around the needs of the local community. Services should be designed and commissioned with an emphasis on the value and impact of locally delivered services with local provision being the default position.
13. As well as providing support to those in crisis who don't know where to turn, they often work in a preventative way, avoiding additional costs to the public sector in the future. 61% of the VCS is working with the general population and/or specific groups of people at risk to prevent problems from arising. One in three organisations are also working with those who have serious difficulties or face crisis.

14. In 2017, just under one quarter of Community Southwark members reported that they were thriving and feeling optimistic about the future (23%); a 34% increase since 2013. However, almost one in five organisations reported that they did not feel they would exist in 12 months' time; an increase of 74% since 2013.
15. Against this background there are several challenges and issues that the voluntary and community sector (in all its shapes and sizes) need to consider.
16. Planning ahead is the critical factor in enabling VCS organisations experiencing financial difficulty to recover. Regularly taking stock with staff and trustees, and seeking help if needed and clarification from funders and commissioners, will give charities the best chance of surviving and thriving. Too often organisations leave it too late and find their options diminished.
17. In times of change and greater external pressures VCS organisations need to understand what sustainability means, in light of their mission. This means asking a broad question: how can we achieve the biggest impact for our clients/cause, given where we are now and the outlook ahead? There is no doubt that these are difficult questions. The answer may point towards a different way of working, collaboration, or even closure if resources could be better used elsewhere.
18. Identifying different options for funding work is critical. Some types of funding, namely local government grants and contracts, are in short supply while others, such as social investment, are less well suited to smaller charities. Different charities will have different strengths that each lend themselves to different funding options. There is no one size fits all approach. Some charities may own buildings or assets while others may have a supporter base, good partnerships or networks they can leverage. Effective and regular communication with existing and new audiences, emphasising the role, value and distinctiveness of what that charity offers will be key to realising new income opportunities.
19. In many cases, charities will need to collaborate to achieve their mission. Collaborating by choice is preferable to collaborating under pressure from funders or commissioners, as is collaboration around values, rather than a pot of money. Voluntary and community organisations need to seek out appropriate partners but work hard to ensure they meet everyone's needs and not be afraid to walk away if the risks and disadvantages are too high.
20. Digital development might make collaboration easier and is just one way in which technological development could make smaller charities more effective and efficient. But taking advantage of this will require investment in digital capabilities which are too often overlooked.
21. Finally, every charity's sustainability will depend on the wellbeing of the people who lead and work with it. In tough times, staff often find themselves over-stretched and at risk of burnout which presents significant risks to charities. Trustees need to be proactive about considering the wellbeing of staff and volunteers and use available resources to help them.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Common Purpose Common Cause VCS Strategy		
Link: (copy and paste into browser) https://communitysouthwark.org/sites/default/files/images/VCS_Strategy_FINAL%20%281%29_3.pdf		
Southwark and Lambeth Early Action Commission		
Link: (copy and paste into browser) https://b.3cdn.net/nefoundation/a5845188d1801a18bc_3nm6bkn3b.pdf		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	N/a	
Report Author	Gordon McCullough, CEO Community Southwark	
Version	Final	
Dated	19 July 2018	
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		19 July 2018

Item No. 8.	Classification: Open	Date: 26 June 2018	Meeting Name: Cabinet
Report title:		Council Plan 2018-19 – 2021-22	
Ward(s) or groups affected:		All	
From:		Councillor Peter John, Leader of the Council	

FOREWORD - COUNCILLOR PETER JOHN, LEADER OF THE COUNCIL

Eight years ago we set out our vision to create a fairer future for all in Southwark.

Since 2010 we have delivered on our commitments to residents to make Southwark clean, green and safe, and given young people in the borough the best start in life. Now over 95% of our homes are decent, school standards are rising and we are building more quality affordable homes. Southwark has the largest council house building programme in the country and we are making it easier to lead healthy and active lives.

Southwark is leading the way not just in London, but across the country. Over the last four years the council has helped residents to be healthy by introducing free swim and gyms; with nearly half a million visits to our leisure centres since 2016. We have supported over 5,000 local people into jobs and created 2,000 apprenticeships, changing lives for the better. We are ensuring that more residents benefit from the opportunities that regeneration creates, building more homes of every kind and investing in libraries, leisure centres and parks. We have driven up the quality of homecare and supported carers through our Ethical Care Charter and we have encouraged more businesses in Southwark to pay the London Living Wage. Our schools are now amongst the best in the country, with over 90% rated 'good' or 'outstanding', and we've made Southwark an age friendly borough, so whatever your age you can get the best from life.

We are proud of our record and all that we have achieved, particularly as we have delivered these commitments at a time of huge financial pressure. We know that the challenges of 2010 and 2014 are not the same as the challenges of 2018 and so the solutions we offer now have to reflect these changing times. This Council Plan builds on our record of delivery over the last eight years, but offers a fresh approach, fit for the future, to move Southwark forward and make our borough fairer.

We will never stop being ambitious for the future. Southwark is an amazing place and this plan sets out how we will ensure everyone can benefit from all that the borough has to offer. I'm proud that I will be supported by an excellent new Cabinet who reflect the diversity and talent of the borough and a team of council officers who represent the best that local government has to offer. Together we will deliver on our commitments set out in this plan. The council can only deliver on our ambitions for Southwark with the work, help and support of the many people and organisations across the borough who contribute so much to making Southwark what it is. I would like to thank all of our partners, faith groups, volunteers, community leaders, sports clubs, businesses and all organisations who give time, energy and talents to making Southwark the great

borough that it is. We look forward to working with many of you to achieve our ambitions as we continue to deliver a fairer future for all in Southwark.

RECOMMENDATIONS

That cabinet:

1. Agrees to the proposed Council Plan 2018-19 – 2021-22.
2. Agrees that the Leader, in consultation with Cabinet, approves the final format of the Council Plan 2018-19 – 2021-22 for agreement by Council Assembly on 28 November 2018, following a period of consultation.
3. Instruct officers to work with Cabinet members to develop detailed performance schedules for the Council Plan based on eight priority themes.
4. Agrees to the proposed arrangements for monitoring and reporting on progress against the Council Plan 2018-19 – 2021-22, as noted in paragraphs 14 to 16.

BACKGROUND INFORMATION

5. The Council Plan is Southwark Council's (the council's) overarching business plan setting out the programme of work that the council will achieve over the period 2018-19 to 2021-22. It is a clear statement to the residents, businesses, local voluntary/community sector organisations and other stakeholders of that programme and how the council will continue to deliver a fairer future for all in Southwark.
6. This Council Plan covering the period from 2018-19 – 2021-22 builds on the achievements of the organisation's previous Council Plan, which included key commitments such as delivering free swim and gym, delivering new affordable homes, making council homes warm, dry and safe and supporting over 5,000 residents into employment.
7. Our continued vision is for a fairer future for all in Southwark. This is expressed through a set of seven "vision statements" that are at the heart of what we want to achieve for Southwark over the next four years.
8. This Council Plan has been developed in the context of further substantial reductions in funding from central government. This funding, along with council tax and other income, makes up the resources to fund the services that we deliver to residents and businesses of Southwark. Despite these funding reductions from central government the council will continue to prioritise how it spends its money, keep council tax low and ensure we provide value for money, quality services.
9. Since May 2010, in light of unprecedented reductions in resources from government, the council has had to make very tough decisions about the allocation of our spending, whilst still being committed to delivery of the fairer future programme of business. The council will continue to listen to the community to protect valued frontline services and to innovate and modernise the way the council works, retaining the focus on being more efficient and a more effective partner with other organisations to ensure a fairer future for all.

KEY ISSUES FOR CONSIDERATION

The Council Plan

10. The Council Plan 2018-19 – 2021-22 includes:
- A vision for a fairer future for all in Southwark, including the seven key principles that underpin that vision;
 - A set of fairer future themes and commitments around which future delivery will be based;
 - An outline of the financial context in which the plan will be delivered.
11. The Council Plan is structured around eight priority themes. These reflect the things that the people of Southwark said were most important to them. These priority themes are:
- A place to call home
 - A place to belong
 - A greener borough
 - A full employment borough
 - A healthier life
 - A great start in life
 - A safer community
 - A vibrant Southwark
12. These themes will guide our future budget planning and how we organise the way we monitor and report on the progress of the plan. Each theme will include a set of commitments underpinned by a series of “measures” and “milestones” that show in a clear and transparent way, how our performance will be judged. These measures and milestones will be developed in conjunction with the budget setting process.

Our Vision for a Fairer Future

13. The council kept the ten promises it made to the residents and businesses of Southwark in 2014. This plan now sets out seven new vision statements to ensure a fairer future for all:
- The best start in life: clean air, great schools and an opportunity to thrive.
 - The quality homes that you and your family need.
 - Fighting for you, on your side in challenging and uncertain times.
 - A great place to live with clean, green and safe communities.
 - A healthy borough where your background doesn't determine your life chances.
 - Full employment, where everyone has the skills to play a full part in our economy.
 - A modern efficient council: working with the community, listening to residents and open to you.

Monitoring, reporting and communicating on progress

14. The Council Plan contains a range of promises and commitments which the council will work towards over the coming four years. More detailed

performance schedules will be developed for each Council Plan theme with responsibility for each commitment apportioned across the cabinet portfolios.

15. Starting with cabinet and working through to individual members of staff, we will ensure that the whole organisation is working towards delivering our Council Plan. We will identify a lead cabinet member and chief officer for each commitment set out in the plan for transparency and accountability purposes.
16. To ensure that this plan has real impact, the measures and milestones that will underpin it will be monitored every three months to assess progress. The cabinet will receive quarterly monitoring reports on progress against the measures and milestones that will be set out in a performance schedule for each Council Plan theme. The Leader will present an annual performance report on progress to council assembly in July each year. The council's website will be the primary channel of communication, with updates also provided through our Southwark Life magazine.

Consultation

17. The Southwark Conversation, running from 19 October to 24 December 2017, was a conversation with communities about wellbeing and the future of the borough. The conversation drew on a range of engagement methods to generate 2,923 individual responses, representing the largest borough wide response of its type. Initial findings were presented to Cabinet in March 2018 and further, more detailed analysis is being undertaken which has fed into the development of the new Council Plan, meaning the feedback from the Southwark Conversation has directly shaped priorities.
18. In accordance with the council's constitution, upon the recommendations in the attached Council Plan 2018-19 – 2021-22 being agreed, these proposals will be subject to a period of consultation.
19. It will include engagement with the chairs of the overview and scrutiny committee and its sub committees and engagement with other stakeholders as appropriate. If the consultation leads to any significant changes to the Council Plan, the revised plan will be brought to cabinet on 30 October 2018 for consideration. The final format of the Council Plan will be presented to council assembly in November 2018, having given regard to the outcomes of the consultation.

Community impact statement

20. The council has a vision to create a fairer future for all by promoting social and economic equality in an economically vibrant borough. The Council Plan describes how we'll deliver our fairer future vision through the commitments made to the people of Southwark. The council's commitment to equality and fairness runs throughout this plan, in line with our equality and diversity policies.
21. The proposed commitments may have an impact on different sections of the community and particularly on residents who possess one or more of the protected characteristics. In line with the council's approach to equality, as the performance schedules are developed over 2018-19, more detailed equality analysis will be undertaken.
22. The Forum for Equalities and Human Rights in Southwark (FEHRS) will be

consulted, including on the development of the equality analysis that will support the Council Plan 2018-19 – 2021-22.

23. We will give due consideration to the Public Sector Equality Duty (PSED) as a positive duty to consider the promotion of equality throughout the work of the Council Plan and implementation process. We will also publish information on our website to show how we implement the PSED in our work and performance.

Policy implications

24. The Council Plan is Southwark Council's (the council's) overarching business plan setting the overall policy direction for the period 2018-19 – 2021-22. The plan will guide the development and delivery of, and align with, other key council strategies and plans, over that period.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

25. It was previously a requirement for local authorities to publish a best value performance plan. The Local Government and Public Involvement in Health Act 2007 removed the powers of the Secretary of State to specify performance indicators and standards for local authorities, the duty on authorities to meet such standards and to publish best value performance plans. However, a local authority is still required by the Local Government Act 1999 to achieve "best value", in other words, to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness". The Council Plan is one of the ways the council can demonstrate that it is achieving this requirement.
26. In deciding how to fulfil the best value duty, the council consults representatives from a wide range of local people, including representatives of council tax payers, those who use or are likely to use services provided by the authority, and those appearing to the authority to have an interest in the local area. Consultation should also include local voluntary and community organisations and small businesses.
27. The report refers to consultation already undertaken as part of the "Southwark Conversation", and that the new proposed plan will be subject to a further period of consultation. In order to ensure any consultation is fair, the following fundamental principles of sound consultation should be followed: consultation should happen when the proposals are still at a formative stage; sufficient information should be given to enable the proposal to be intelligently considered; adequate time for responses should be given; and decision makers must conscientiously take into account responses to a consultation before finalising any proposal (see the Supreme Court decision in *R (Moseley) v Haringey London Borough Council* (2014)).
28. The report recognizes the possibility that there will be an impact on residents who possess one or more of the protected characteristics as defined by the Equality Act 2010, and notes that further equalities analysis will be undertaken. Cabinet is reminded that the council, in the exercise of all its functions, must have due regard (section 149 Equality Act 2010) to the need to (a) eliminate discrimination, harassment, victimisation or other prohibited conduct, (b) to advance equality of opportunity and (c) foster good relations between persons

who share a relevant protected characteristic and those who do not share it. Any future equalities analysis will need to be considered in consideration of this duty.

Strategic Director of Finance and Governance

29. This report seeks cabinet agreement to the proposed Council Plan 2018-19 – 2021-22 and to agree a period of consultation prior to final agreement by Council Assembly on 28 November 2018.
30. The strategic director of finance and governance notes that there are no new immediate financial implications arising from this report.
31. Staffing and any other costs connected with any consultation on the proposed plan are to be contained within existing departmental revenue budgets.
32. The strategic director of finance and governance expects that financial appraisals will be carried out as any new plans are developed and will be subject to future reports, including identifying the revenue or capital resources for any new commitments.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Council Plan Interim Performance Report 2014-15 – 2017-18	160 Tooley Street PO Box 64529 London SE1P 5LX	Matthew.little@southwark.gov.uk
Link: http://www.southwark.gov.uk/council-and-democracy/fairer-future/council-plan		
Council Plan 2014-15 -2– 2017-18 (Refreshed version)	160 Tooley Street PO Box 64529 London SE1P 5LX	Matthew.little@southwark.gov.uk
Link: http://www.southwark.gov.uk/council-and-democracy/fairer-future/council-plan		

APPENDICES

No.	Title
Appendix 1	Council Plan 2018-19 – 2021-22

AUDIT TRAIL

Lead Officer	Eleanor Kelly, Chief Executive	
Report Author	Matthew Little, Principal Strategy Officer Aine Gallagher, Principal Policy and Public Affairs Officer	
Version	Final	
Dated	15 June 2018	
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		15 June 2018

Council Plan

2018-19 – 2021-22

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○ A place to belong	
○ A greener borough	
○ A full employment borough	
○ A healthier life	
○ A great start in life	
○ A safer community	
○ A vibrant Southwark	

Leader's Foreword

Eight years ago we set out our vision to create a fairer future for all in Southwark.

Since 2010 we have delivered on our commitments to residents to make Southwark clean, green and safe, and given young people in the borough the best start in life. Now over 95% of our homes are decent, school standards are rising and we are building more quality affordable homes. Southwark has the largest council house building programme in the country and we are making it easier to lead healthy and active lives.

Southwark is leading the way not just in London, but across the country. Over the last four years the council has helped residents to be healthy by introducing free swim and gyms; with nearly half a million visits to our leisure centres since 2016. We have supported over 5,000 local people into jobs and created 2,000 apprenticeships, changing lives for the better. We are ensuring that more residents benefit from the opportunities that regeneration creates, building more homes of every kind and investing in libraries, leisure centres and parks. We have driven up the quality of homecare and supported carers through our Ethical Care Charter and we have encouraged more businesses in Southwark to pay the London Living Wage. Our schools are now amongst the best in the country, with over 90% rated 'good' or 'outstanding', and we've made Southwark an age friendly borough, so whatever your age you can get the best from life.

We are proud of our record and all that we have achieved, particularly as we have delivered these commitments at a time of huge financial pressure. We know that the challenges of 2010 and 2014 are not the same as the challenges of 2018 and so the solutions we offer now have to reflect these changing times. This Council Plan builds on our record of delivery over the last eight years, but offers a fresh approach, fit for the future, to move Southwark forward and make our borough fairer.

We will never stop being ambitious for the future. Southwark is an amazing place and this plan sets out how we will ensure everyone can benefit from all that the borough has to offer. I'm proud that I will be supported by an excellent new Cabinet who reflect the diversity and talent of the borough and a team of council officers who represent the best that local government has to offer. Together we will deliver on our commitments set out in this plan. The council can only deliver on our ambitions for Southwark with the work, help and support of the many people and organisations across the borough who contribute so much to making Southwark what it is. I would like to thank all of our partners, faith groups, volunteers, community leaders, sports clubs, businesses and all organisations who give time, energy and talents to making Southwark the great borough that it is. We look forward to working with you to achieve our ambitions as we continue to deliver a fairer future for all in Southwark.

Cllr Peter John OBE
Leader of Southwark Council

The Cabinet

The Leader of the Council is elected by councillors to lead the council for a four year term. Cllr Peter John OBE has been Leader since 2010. The Leader has appointed a cabinet to lead the council's work for the coming year.

- **Leader of the Council**
Cllr Peter John OBE
- **Deputy Leader and Cabinet Member for Culture, Leisure, Equalities and Communities**
Cllr Rebecca Lury
- **Cabinet Member for Community Safety and Public Health**
Cllr Evelyn Akoto
- **Cabinet Member for Children, Schools and Adult Care**
Cllr Jasmine Ali
- **Cabinet Member for Housing Management and Modernisation**
Cllr Stephanie Cryan
- **Cabinet Member for Environment, Transport Management and Air Quality**
Cllr Richard Livingstone
- **Cabinet Member for Finance, Performance and Brexit**
Cllr Victoria Mills
- **Cabinet Member for Social Regeneration, Great Estates and New Council Homes**
Cllr Leo Pollak
- **Cabinet Member for Growth, Development and Planning**
Cllr Johnson Situ
- **Cabinet Member for Jobs, Skills and Innovation**
Cllr Kieron Williams

Alongside cabinet, the Leader appoints up to four deputy cabinet members, focused on specific projects to help deliver the Council's priorities as set out in this plan.

For further information see <http://www.southwark.gov.uk/council-and-democracy/councillors-and-mps/leader-of-the-council-and-cabinet-members>

About the Council Plan

Southwark's Council Plan describes our vision for the borough. It sets out our priorities for the next four years, and the commitments that we have made to the people of Southwark. This 2018-22 plan builds on our proud record to deliver a fairer future for all.

The Council Plan is more than just a set of promises, it explains the type of borough we want to be and the values that will guide us to get there. It is the action plan for the council and will shape what every team and member of staff does and how we can work together as one council to achieve our shared ambition of a fairer future for all.

We have been talking to you and listening to you, most recently through the Southwark Conversation – our largest ever public consultation. The feedback we had from residents helped shape this plan and the key issues raised throughout the Southwark Conversation, for example the importance of community, affordable housing, transport, green spaces and air quality, are reflected in the commitments set out in this plan.

Southwark is a diverse and dynamic borough in the heart of London and this offers incredible opportunities, but we also face particular challenges as an inner London borough. In everything we do as a council, we will seek to promote equality. Our commitment to equality and fairness runs throughout this plan, both in the commitments we make to the people of Southwark, and the way we deliver services every day.

We have made this plan as clear and straightforward as we can, so that we are absolutely transparent and accountable for what we are doing. The cabinet and the council's senior management teams will be regularly monitoring our targets and reporting back on their progress. The cabinet will also receive an annual performance report each year covering the previous year's performance. All of this will be published so that you can see how we are doing and hold us to account.

Through the next four years we will engage with you – listening to your ideas and your concerns, working with you to find solutions to improve our borough. This plan tells you what we want to do, but we know we can only achieve it by working with you, together, to deliver a fairer future for all.

Our vision

What does a fairer future for all mean? We have identified the five areas where we believe we can make a real difference to improve the lives of our residents, and transform our borough to be the very best it can be.

In Southwark a fairer future for all is:

- The best start in life: clean air, great schools and opportunities to thrive;
- The quality homes that you and your family need;
- A great place to live with clean, green and safe communities;
- A healthy borough where your background doesn't determine your life chances;
- Full employment, where everyone has the skills to play a full part in our economy.

We have moved a long way towards achieving this in the last eight years, and this Council Plan sets out the next steps and the direction we will take in the future. But we know that to achieve this we must be a council that works alongside you, listening to you and fighting for you. So, to do this our vision is also to be council that is:

- Fighting for you, on your side in tough and challenging times;
- A modern and efficient council: working with the community, listening to residents and open to you.

Our values

Everything that we do as a council is to achieve our vision of a fairer future for all in Southwark. Our values inform how we will do this, the principles that will guide our decisions and determine how we deliver on the commitments that we have made.

In 2010 we embarked on our fairer future for all programme. Eight years on, some of the challenges have changed and some of the solutions have too, but our values remain the same. Our residents are still at the heart of everything we do and they have helped us form the values that underpin the work of the council. Our values will continue to inform all the work we do across the council and what you can expect from us.

We will:

- Treat residents as if they were a valued member of our own family;
- Be open, honest and accountable;
- Spend money as if it were from our own pocket;
- Work for everyone to realise their own potential;
- Make Southwark a place to be proud of.

Southwark's Context

Southwark is an exciting and vibrant borough in the heart of London. We have a hugely diverse and talented population living, working and enjoying the borough from Rotherhithe and Bermondsey in the north, through Walworth, Camberwell and Peckham to Dulwich in the south. The council is proudly ambitious, wanting the borough to be the best it can be and for the opportunities we enjoy to be available for all. The world around us helps shape how we can deliver this ambition. The Government, the economy and policies like Brexit all impact on what we do and how we do it. We also recognise that we are in a world where people are increasingly distrustful of government and politics and we have to respond to that making sure we are open, honest and transparent with everyone we work with.

Financial challenge

Southwark faces a huge financial challenge. The Government has been cutting spending and local government has been particularly hard hit, making it more and more difficult for councils to deliver services. There have been reductions in spending across the country, but Southwark has faced some of the severest cuts. Since 2010 we have been forced to find savings of £227million – meaning we have lost nearly half the budget we had only eight years ago.

That is why we have been careful with our budgets and have been treating every penny wisely, as if it is coming from our own pockets. We have listened to what our residents say is important to them and done all we can to protect frontline services, while keeping council tax low. Our priority has been to protect our most vulnerable residents, which is why we have maintained spending on frontline services like children's care while doing everything we can to make efficiency savings in other areas. Ongoing budget pressures mean we know we will have to make difficult decisions. We will continue to manage budgets carefully and keep council tax low, only raising it to protect the most vulnerable.

National challenges

Southwark faces new challenges. National government decisions have a huge impact on our ability to deliver for residents locally. Legislation such as the Housing and Planning Act and the introduction of Universal Credit impact on residents and have put more pressure on the council. The council will stand up for residents and challenge issues that have a negative impact on our ability to deliver for local people.

We also face challenges from the uncertainty of Brexit. Residents in Southwark voted overwhelmingly in favour of remaining in the European Union, but across the country the referendum result means that the UK will be leaving the EU. We do not yet know what this will mean for EU residents in the borough, for businesses that trade with or rely on the EU or the impact that the Government's decisions will have on our economy or on London as a dynamic modern international city. Even with uncertainty from the Government, we will always stand up for EU residents in our borough, and will work hard to prepare for Brexit and the long term effects of this on our borough and our city.

The ongoing financial pressures, challenges from national government and the UK's imminent departure from the European Union mean there has never been a more uncertain or challenging time for local government. It is more important than ever that the council is standing up for residents and prepared to take the difficult decisions to deliver a fairer future.

Partnership working

The changing face of the public sector means we will have to look at new ways of delivering services, including continuing to modernise the way we work and looking for opportunities to work in partnership with other organisations across the borough.

We know we can only achieve our ambitions by working closely with our residents and partners, including local businesses and employers, charities and community organisations, local NHS trusts and others. We will work with our partners to support the good work they are doing and to look for opportunities where partner organisations can help us to deliver services in new and different ways. Many of the issues we deal with as a council stretch beyond our borough boundaries, so we will continue to work with neighbouring boroughs, London Councils and the Mayor of London to achieve our aims and to deliver for residents.

This plan sets out the council's continued commitment to making Southwark a great place to live, work, learn and visit. We want Southwark to be a healthy, clean, green and safe borough, where everyone has a great place to live, with outstanding schools, parks and community facilities; where everyone has the opportunity to play a full part in the economy, to thrive and meet their potential; and where a person's background does not determine their life chances.

A Modern Council

To deliver our plan, the council must be fit for the future; with a modern workforce, backed by good governance and sound resource planning.

Our residents are at the heart of everything we do, so we will ensure that everyone who lives in Southwark experiences a modern and efficient council where our residents and their needs drive our policies and our delivery. We want everyone who lives or works in Southwark, and those who visit or study, to experience the very best that Southwark has to offer. As a council we will be on the side of our residents, fighting for them in challenging times.

In order to deliver on our ambitions, we need to have responsive, digitally enabled services that adapt well to change. Digital improvements have the potential to transform individuals and communities. We want to ensure that everyone can access and make the most of these new opportunities, and that no one is left behind in a fast changing world.

We will continue to adapt our services to ensure they are cost-effective, reliable and responsive, and can be accessed at a time convenient to residents and businesses. We will also continue to develop new ways of working and to modernise our operations and staff accommodation.

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

We cannot escape the impact on council services of significant budget cuts. This means we will have to continue to look at new ways of doing more with less, including charging for some services, working with new and different partners outside the council, and delivering value for money.

Commitments

Guided by our values, and shaped by our context this Council Plan presents a set of commitments which will help us achieve our vision of a fairer future for all. The Council Plan sets out these commitments across eight themes:

- A place to call home
- A place to belong
- A greener borough
- A full employment borough
- A healthier life
- A great start in life
- A safer community
- A vibrant Southwark

Alongside this ambition, we will make sure that we get the basics right, so that you can be confident that the day to day services that the council provides are excellent and deliver what you and your family need. We will also continue to build on our progress by delivering on the long-term strategies that we have set out over the last eight years.

In housing, we will make sure repairs are done well and on time. We will maintain your estates, keep investing in improvements and treat you and your family fairly and with respect. We will make sure that our full range of services from housing allocation to rent management is efficient, transparent and delivering for our tenants.

We are investing in regeneration to make Southwark an even better place for you to live. We will make sure that we are actively listening to and engaging with those affected by changes in the borough, that there is good, clear information and that we are reaching all parts of our community – not just those that speak the loudest. We have started this with the Southwark Conversation, and we want to hear and talk more in the years ahead.

Our businesses drive our local economy, and so we need to make sure the services we offer are fit for purpose. From clean streets and commercial waste management, to effective collection of business rates and licensing we want the services that support businesses to be the best they can be.

Across education, we will make sure schools allocation is fair and efficient and will work in partnership with education providers to make sure all our children are getting the best start with the skills they need to get on in life. We will continue to prioritise vulnerable children and those in the care system making sure that referrals are dealt with quickly and efficiently and that they are treated as individuals throughout the system.

Protecting our local environment is essential. We will keep the streets clean and tidy, manage waste effectively, and crack down on things that blight our neighbourhoods like fly-tipping and dog fouling. We will carry on maintaining our public spaces, roads and pavements so we can enjoy them, feel safe and get the most out of our borough.

In the community too, we should all feel safe. We will tackle noise and anti social behaviour, and carry out repairs like street lighting to help keep our streets safe. We will work with the police to tackle crime and keep our borough safe.

We will only achieve a fairer future for all with better health and wellbeing – tackling the health inequalities which too often exist in our borough. We will work with health partners across a range of preventative services and improve education and advice on how to live well and improve wellbeing.

Southwark is a vibrant borough. We will keep investing in our parks, our leisure centres and libraries. We will work to make sure that they are clean and accessible and that the whole community can use and enjoy them.

Across all of this work, we will focus on improving satisfaction from residents and raising standards.

A fairer future – A place to call home

Everyone should have a place that they are proud to call home. Southwark Council is the biggest social landlord in London and we are committed to delivering good quality affordable homes for all our residents, which is why we are improving council homes, building new ones and building more affordable homes across the borough. We have invested over £300m of improvements in council homes and we'll continue making sure all our housing estates are clean, safe and cared for. We know that improvements on estates like security doors can be blocked by absent landlords, so we will make changes to ensure that people who actually live on estates get the biggest say in improvements to their homes.

More people in Southwark than ever before are living in private rented homes, so we will also drive up standards in the private rented sector and crack down on rogue private landlords. We believe everyone should have a good quality home no matter who their landlord is, so we will give private renters more powers to hold landlords to account and introduce a Gold Standard for rented homes. The housing crisis is made worse when Right to Buy properties end up with private companies charging high rents, so we will explore options for ensuring that homes bought through Right to Buy are let at affordable rents.

We want people in the borough to take pride in their homes and their local area, so we will empower residents to make improvements on their own estates. We will continue to improve our own housing service, making it easier to access services online and bringing empty homes back into use more quickly to allow new families to move in. Our award winning homelessness work is helping more people to get the secure home they need and we will continue to support vulnerable residents, including domestic abuse survivors, to meet their housing needs.

We will...

- Introduce a Southwark Renters Union;
- Secure the future of the Ledbury Estate with no reduction in the number of council homes;
- Launch a Great Estates Guarantee so that every estate is clean, safe and cared for;
- Give residents the tools to garden and improve their estate;
- Make it easier to request repairs online and see maintenance schedules;
- Seek to introduce provisions so that absent leaseholders must let at affordable rents;
- Turn around council voids within 28 days;
- Prioritise domestic abuse survivors over their abuser so they can stay in their own home;
- Change the rules on estate improvements like security doors so that those who live on estates get the biggest say;
- Work with tenants, residents and homeowner groups to find new ways to engage so that more people can have their say;
- Deliver a Southwark Gold Standard for private rental properties;
- Bring repairs service in-house so more jobs are done right first time;
- Only increase council tax to protect services for the most vulnerable.

A fairer future – A place to belong

Southwark is a vibrant and exciting place to live, with some of the most ambitious regeneration programmes in the country being delivered across the borough. We want Southwark residents to be able to make the most of the opportunities being created right on their doorstep, so we will ensure that regeneration continues to deliver employment and better health opportunities as well as schools, parks, libraries, leisure centres to serve local communities.

We want regeneration to work for everyone, to reduce health inequality, create jobs and opportunities and build council homes that are as good as, or better than, private homes. The housing crisis means that Southwark needs more homes that local people can afford, so we will continue to build more homes of every kind including new council homes and secure homes at London Living Rent. We will continue our long-term homebuilding programme, delivering on our commitment to build 11,000 new council homes by 2043. We will keep fighting to get the best deal from developers, but we will also press for changes in the system, so councils can be less reliant on private developers. We will establish a Construction Company and continue making the case nationally for the powers and resources to allow us to build the homes our residents need.

Southwark is a borough that is continuing to grow and change for the future and we will continue to work with our local communities to make sure that no one is left behind and that all those who live, work and visit our borough benefit from change.

We will...

- Establish a Southwark Construction Company to build the homes and develop the skills our borough needs;
- Continue to ensure that every new development has enough GPs, school places and parks to support residents;
- Guarantee developments on council housing land have at least 50% council rented homes and ensure a right to return for council tenants and resident leaseholders so local people can stay in the borough they call home;
- If estates need to be redeveloped, increase the number of council homes and build to the highest standards;
- Introduce ballots on any new estate regeneration and a Consultation Charter to ensure local residents can hold private sector developers to account;
- Guarantee that all building contractors advertise jobs to local people first;
- Build at least 1,000 more council homes and secure 1,000 new homes at London Living Rent by 2022;
- Build a new library and GP Health Centre on the Aylesbury Estate and secure funding to support residents through the regeneration;
- Campaign for three new tube stations on the Old Kent Road including one at Bricklayers Arms.

A fairer future – A greener borough

Southwark is greener than ever – spending over £26million on parks and green spaces since 2010, we now have more green flag parks than ever before and the highest in central London. We have invested in play areas so children can enjoy being active and outside and we are helping people to cycle more, cutting air pollution and improving health.

But in everything we do we must make sure we are being greener and tackling problems like air quality and climate change. We have already cut council carbon emissions by 25% and we will halve them in the next four years. Dangerous nitrous oxide and particulate matter levels have been coming down but we will do more, like supporting electric vehicles, campaigning to save much used local bus services and supporting new infrastructure like the walking and cycling bridge.

We already have the best recycling rate in inner London with less than 1% of waste ending up in landfill, but we will do more to tackle fly-tipping and we will clean up our highstreets by banning commercial waste bins and introducing timed collections.

Our commitment to a greener Southwark starts on our doorstep, but it is about improving our communities, our city and our planet. In everything we do, we will make sure we limit the environmental impact so that future generations can live in a cleaner, greener Southwark.

We will...

- Make Southwark carbon neutral by 2050;
- Continue the work we began in 2010 to halve council emissions by 2022;
- Divest council investments away from fossil fuels and into sustainable alternatives;
- Vary parking charges in areas with poor air standards to encourage cleaner vehicles;
- Adapt lamp posts to charge electric cars so everyone is in walking distance of a charging point;
- Have zero tolerance on fly tipping and double the number of people we catch and enforce against who illegally dump in the borough;
- Support the creation of community led sustainable energy projects on estates to help residents reduce their energy bills;
- Improve our high streets with timed waste collection;
- Reduce the use of commercial bins and stop rubbish sitting out for longer than it needs to be;
- Protect Southwark's biodiversity and make nature accessible for all;
- End single use plastic in the council and halve single use plastic in the borough;
- Introduce water fountains throughout Southwark to reduce plastic bottles;
- Campaign to reinstate the frequency of the RV1 bus service;
- Work with the Mayor of London to build a new pedestrian and cycling bridge from Canada Water to Canary Wharf;
- Restore the historic Nunhead Cemetery East Lodge and boundary wall.

A fairer future – A full employment borough

Southwark thrives when people have quality well paid jobs and can play their part in our economy. Having a strong local economy benefits everyone who lives, works and visits the borough. We will continue to grow the economy by supporting local businesses, investing in those setting up new businesses and tackling low pay and inequalities. We want to make sure that all Southwark residents have the opportunity to achieve their potential and that low income or lack of qualifications does not hold people back from securing good work. We will continue to invest in skills and employability, to ensure residents are equipped with the tools they need to find employment and to progress to better paid work.

Southwark Council has achieved remarkable success in growing the local economy, with more people now in work in the borough than ever before. Over the last four years the council has changed 5,000 local people's lives by supporting them into jobs, created 2,000 new apprenticeships and halved the number of young people not in education, employment or training. We are making sure that regeneration taking place across the borough benefits local people, such as the 2,600 residents who have benefitted from skills training through the Construction Skills Centre.

Now the council is committed to going even further with a full employment borough, where we tackle the barriers that hold people back from work or volunteering, so that everyone has the opportunity to play a full part in our economy.

We will...

- Make Southwark a full employment borough;
- Help 5,000 more people into work and create 2,500 new apprenticeships;
- Double the number of employers who pay the London Living Wage and make Old Kent Road and Canada Water London Living Wage Zones;
- Make Southwark the first Equal Pay Borough so all our contractors must publish their gender pay gap and plans to reduce it;
- Introduce a Southwark Good Work Standard and only work with companies that will recognise trade unions, pay the London Living Wage and do not use harmful zero hours contracts;
- Establish an Innovation Fund to invest in the Southwark's entrepreneurs of the future;
- Make sure everyone has a basic qualification in English and maths and that residents have the digital skills to get the jobs of the future;
- Provide one to one support for low paid workers to help them get better paid jobs and improve access to financial support to those who need additional funding for courses;
- Deliver at least 500 new affordable business spaces;
- Make sure that 500 young people from low income backgrounds get paid internships with London's best employers;
- Establish a Creative Enterprise Zone in Camberwell and Peckham to support artists, producers and other creative small businesses.

A fairer future – A healthier life

The council wants to reduce health inequality so that whatever your background you can live a healthy life. That's why we have already introduced free healthy school meals and fruit for all our primary school children, and made swimming and gyms free for all our residents. With new leisure facilities we are making it easier than ever to keep fit, but the gap between the least healthy and the healthiest is still too big. We want to make cycling and walking easier, so more people choose these ways to get around and people who would never currently think about getting on a bike, feel that they too can enjoy cycling in and around our borough.

We are London's first age friendly borough so people can get the most from Southwark whatever their age. We have improved home care and will now do the same for residential care so that older people have the dignity and care they need and deserve. Good mental health is as important as good physical health and in Southwark we will give it the attention that it deserves.

We want to break down barriers that prevent people from thriving in Southwark. That's why we will keep investing in mental health services and look for a new approach to tackle loneliness for people of all ages. Similarly barriers of stigma and fear can prevent people getting tested for HIV or seeking other health treatments. The council wants to make these things easier so that people of all ages and of all backgrounds can get the most out of their life.

We will...

- Make walking fun, safe and accessible by developing a green walking network;
- Protect adult mental health services;
- Deliver a loneliness strategy;
- Train mental health first aiders;
- Create a network of accessible toilets and baby changing facilities;
- Open two nursing homes;
- Build extra care housing;
- Raise standards with a Residential Care Charter;
- Tackle HIV stigma and increase testing;
- Set up an innovation fund for projects that tackle sexually transmitted infections
- Stop new gambling, loan shops and fast food premises opening in council owned buildings;
- Boost access to cycle hire;
- Increase cycle hangers where people want them;
- Make cycling accessible for all;
- Double the proportion of journeys in Southwark done by bike;
- Make free swim and gym more flexible with more choice about when you go;
- Make swimming lessons free for all residents;
- Open a new, modern leisure centre at Canada Water.

A fairer future – A great start in life

Every child deserves the best start in life. We want all children and young people in the borough to grow up in a safe, healthy and happy environment where they have the opportunity to reach their potential.

Southwark schools have improved significantly in recently years and we have been meeting high demand for school places by refurbishing and expanding popular schools and working with local parents to support new schools. We believe every child has the right to a good education, which is why we have campaigned alongside local parents for fair funding and worked with schools to drive up standards. 9 out of 10 schools in Southwark are rated by Ofsted as “Good” or “Outstanding”; we will make sure all schools reach this level and drive up standards so every school in the borough is exceeding London averages.

We want all children in the borough to lead healthy and active lives, so we will extend Free Healthy School Meals to nurseries and make it easier for more children to walk and cycle to school to improve health and tackle poor air quality. We will continue to support vulnerable and looked-after children, improving mental health services and investing in early intervention.

We will deliver for young people and do this with young people. We will put young people’s voices at the heart of our policies, shaping what we do and how we do it.

We will:

- Close roads around schools at drop off and collection time and get more children walking and cycling to school;
- Extend Free Healthy School Meals to school nurseries;
- Make sure all schools in Southwark are Good or Outstanding;
- Drive up standards so that every school exceeds London averages at every stage;
- Protect funding for mental health services for children and young people and find ways to change and improve services so that more children get the support they need when they need it;
- Continue to invest in early intervention and keep children and families' centres open;
- Guarantee education, employment or training for every care leaver;
- Open a new secondary school at Borough by 2019;
- Increase activity by introducing a 'daily mile' in all primary schools.

A fairer future – A safer community

Everyone has the right to feel safe and be safe. Southwark is a welcoming and inclusive borough and we are proud that so many people want to make it their home. That is why we have zero tolerance of hate crime, so that whoever you are, of any race, religion, gender, sex, sexuality, age or ability – you can feel safe. We will join up the work we are doing to tackle gender based violence and will also tackle extremism wherever it exists, working alongside our communities to help them counter extremism and radicalisation.

We want to empower people, particularly young people, with the opportunities that they need to make positive choices and to stay away from crime and violence. We will invest in our young people and want to find new and innovative ways to support their futures, providing opportunities and investing in the groups that give young people inspiration and a better future.

In Southwark, you should be safe in your home as well as out in the community. We have already made huge progress in improving fire safety in council owned homes, but will go further to make sure that housing associations and private landlords are publishing their fire risk assessments.

We will...

- Campaign for TfL to make all roads in the borough 20mph and support Vision Zero to end road deaths in Southwark;
- Work with communities to find local solutions that help young people stay away from knives;
- Have zero-tolerance of hate crime;
- Work with housing associations and private landlords to get them to publish fire risk assessments online;
- Tackle extremism, support people at risk and work with our communities to prevent radicalisation;
- Develop a Violence Against Women and Girls strategy to tackle all forms of gender based violence;
- Tackle problems like moped crime by working with the police and increasing moped anchors to secure bike safety;
- Re-open the Blue Youth Club and Community Centre in Bermondsey;
- Deliver new safe pedestrian crossings including at the junction of Lordship Lane and Dulwich Common;
- Launch a positive Futures Fund to support groups which provide inspiring opportunities for young people.

A fairer future – A vibrant Southwark

Southwark is an exciting and diverse borough. It is London's most historic borough, rich in history and heritage, proud of its past but looking to the future. It is a borough where families who have lived here for generations are neighbours with people from every corner of the world all choosing to make this their home. It is a borough which is vibrant and full of energy, rich in culture and showing off its artistic talents to the millions who visit every year.

But just like our visitors, we want to make sure that our residents experience all that Southwark has to offer. We want to make sure that it is accessible for all and open to all.

As the borough grows and changes we want to make sure that we enhance what makes Southwark special. That's why we want to celebrate the different communities in the borough, their cultures, their foods and so much more too. We want Southwark to be a home in the heart of London looking out to the world. A borough where the talents, creativity and ambition of all our residents is celebrated and helps make Southwark our home of which we can all be proud.

We will...

- Campaign to re-open Camberwell train station;
- Support plans to create the Coal Line Greenlink in Peckham;
- Do all we can to secure the future of Dulwich Hamlet FC on its current Champion Hill site;
- Build a new library on the Walworth Road;
- Support independent food businesses which reflect the diversity of our community;
- Protect all local residents from the effects of Brexit;
- Promote Southwark's diversity and cultural richness;
- Ensure all residents benefit from opportunities to take advantage of the digital revolution;
- Improve high speed internet access across the borough;
- Put free, ultra fast broadband in every community hall;
- Support a range of cultural celebrations across the borough;
- Continue to make culture in Southwark accessible and work with cultural organisations in the borough to offer opportunities to Southwark residents;
- Open a new library at Grove Vale in East Dulwich;
- Ensure Kingswood House remains an asset for the local community and improve facilities on the Kingswood Estate;
- Keep libraries open, keep investing and ensure they are open when people need them;
- Ensure that every primary child gets a free visit to the theatre every year;
- Secure the future of Walworth Town Hall and make it a publicly accessible cultural hub.

Let's talk

This is our plan for Southwark.

Over the next four years, we will keep listening to and talking with you because we know that we can only achieve this ambition with the energy and talents of everyone who lives, works and has fun in our borough.

So please keep in touch as we get to work on delivering our ambition of a fairer future for all in Southwark.



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Item No. 8.	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		Overview of Southwark Health and Wellbeing Strategy and progress to date	
Wards or groups affected:		All	
From:		Kevin Fenton, Director of Health and Wellbeing	

RECOMMENDATIONS

1. The health and wellbeing board:
 - a) Notes the overview of the Southwark Health and Wellbeing Strategy, progress and actions to date.
 - b) Notes and agrees the annual performance report in Appendix 1.
 - c) Requests to receive regular reports on the health and wellbeing of child and young people, the wider determinants of health and social regeneration, and long term conditions.

BACKGROUND INFORMATION

2. The Southwark Health and Wellbeing (HWB) Strategy was adopted by the Health and Wellbeing Board in 2015 and sets out the partnership vision to improve health and reduce health inequalities. The HWB strategy has provided the overarching framework for shaping major policies and actions in Southwark. The six key objectives in Southwark's HWB Strategy are:
 - Giving every child and young person the best start in life;
 - Addressing the wider socio economic and environmental determinants of health: maximising opportunities for economic wellbeing, creating jobs & apprenticeships, making homes warm, dry and safe and creating a healthier places;
 - Preventing ill health by promoting and supporting positive lifestyle changes & responsibility for own health and improving people's wellbeing, resilience & connectedness;
 - Helping people with existing long term health conditions to remain healthier and live longer lives by improving detection & management of health conditions including self management & support;
 - Tackling neglect & vulnerabilities by supporting vulnerable children and young people and ensuring positive transition, ensuring choice and control for people with disabilities and supporting independent living for older people in an age friendly borough;

- Supporting integration for better health & wellbeing outcomes by integrating health and social care that is personalised & coordinated in collaboration with individuals, carers & families and by shifting away from over reliance on acute care towards primary care & self care.
3. The Health and Wellbeing Board receives regular thematic updates through its core business reports and thematic reports on the implementation of the HWB strategy. The focus of the reporting has been on the 'wicked issues' of obesity, sexual health, tobacco and smoking, alcohol and mental health and wellbeing; and on strategic developments and implementation of the integrated approaches to health and social care commissioning and service improvement. Over the last 24 months, the Health and Wellbeing Board has received and considered strategy and action plan updates on healthy weight, sexual health, mental health and wellbeing, tobacco and alcohol. It also receives an annual performance report (Appendix 1) and ongoing progress reports on integration as part of the Five Year Forward View and Better Care Fund.

Priorities and targets

4. Key priority actions have been agreed for each of the focus areas. Progress and actions have been reported back in more detail previously. To summarise, progress and key actions include:

Healthy weight

5. The Health and Wellbeing Strategy is underpinned by the Health Weight Strategy *Everybody's Business*. Progress and key actions include:
- To strengthen work with maternity and infants
 - Increasing school based support
 - Re-commissioning a Tier 2 weight management for families and children and improving referrals
 - The development of a Tier 2 adult weight management service (NHS CCG / GSTT)
 - Promotion of obesity as a criteria in the Exercise on referral programme
 - Developing training on providing brief advice and brief interventions for health and non-health professionals so that healthy weight is 'everybody's business'.
 - To develop enhanced work in geographical areas with higher obesity rates together with Guys and St Thomas Charity Trust: home, school and street and additional support to the Top 10 Schools
 - Developing a comprehensive 'place' programme – tackling the obesogenic environment through promoting a healthier food environment (restrictions of hot food takeaway and healthier catering commitments) and creating an environment that promotes physical activity through active design and active travel.
 - Developing innovative planning policy approaches such as a Health Plan for Old Kent Road which will provide a high level strategy to incorporate healthy approaches into regeneration.

Tobacco control and smoking

6. The Health and Wellbeing Strategy is underpinned by the Tobacco and Smoking Strategy *Breaking the Chain*. Progress and key actions include:
- To work with children and young people on prevention including peer to peer work in school and community settings and piloting new approaches such as film making
 - To tackle illegal sales and contraband
 - To promote risk reduction approaches
 - To implement new evidence and recommendations on E cigarettes
 - To strengthen local workplace approaches to tobacco control and staff smoking cessation support
 - To recommission the smoking cessation service to focus on higher risk populations: pregnant smokers and families; people with long term conditions and people experiencing higher deprivation.
 - To support the development of a Telephone and Online smoking cessation advice and support programme to make services more easily accessible.

Alcohol

7. The Health and Wellbeing Board approved the implementation of the [Alcohol Action Plan](#) in January 2018.
- The aims of the plan are two-fold: to reduce the burden of alcohol-related harm on individuals and communities; and to reduce the health and wellbeing burden associated with alcohol use and misuse across the borough.
 - Highlights of the work undertaken by public health are detailed below.
 - We will continue to coordinate and chair Southwark's Alcohol Prevention Group – a multi-agency steering group that meets three times per year and brings together many teams and organisations to share intelligence and best practice.
 - We will lead the Alcohol Action Plan, and in so doing, deliver the Home Office's Local Alcohol Action Area programme of work that takes intelligence-based approaches to inform the licensing process.
 - Working with the Drug and Alcohol Action Team, we will work to improve the treatment services offered to residents affected by substance misuse (including alcohol) in the borough.

Mental health and wellbeing

8. Earlier this year Southwark Council and NHS Southwark CCG published their [Joint Mental Health and Wellbeing Strategy](#) that sets out their shared ambition for residents. The associated Action Plan is being drawn up at present.
9. Also this year, Southwark Council published its [Suicide Prevention Strategy and Action Plan](#) that draws on resources across the statutory and voluntary sectors.
- We are working with partners at London-level through the Thrive LDN initiative to promote positive mental health and reduce stigma.
 - The council and CCG are working together to improve the quality of mental health services in the borough

and ensure that mental health and wellbeing is firmly embedded into the Southwark Bridges to Health and Wellbeing project that will see more integrated care delivered to local residents.

- We are working to understand, prevent and mitigate self-harm among young people, working with partners in education and the health service.
- We are establishing stronger working relationships with HM Coroner so that we can better understand and prevent suicide; we continue to provide suicide prevention training.

Integration of health and social care

10. The Southwark Five Year Forward View, published in 2016, challenged and committed the council and NHS Southwark Clinical Commissioning Group to work differently to improve population health outcomes, drive-up system value and provide more personalised care. Over the last year the implementation of the Five Year Forward View has resulted in the agreement of a new approach to commissioning termed 'Southwark Bridges to Health and Wellbeing'.

- This new approach identifies priority population groups with whom ambitious health outcomes will be co-developed and set. In agreeing this new programme, we seek to achieve a more integrated and collaborative approach that will harness patient involvement, and provide more-seamless, high-quality care. The first phase of implementation will begin in autumn 2018 with patient engagement and partnership activities beginning.

Annual performance update

11. The Health and Wellbeing Board receives an annual performance report (Appendix 1). This report covers obesity, smoking, HIV and sexual health and alcohol. The key issues to note in the annual performance report are:

- Although over the last 5 years, childhood obesity rates have showed a relatively small decline, the recent data still ranks the borough as having amongst the highest rates in London and nationally. Some parts of the borough, such as Camberwell Green has higher than average rates compared to the rest of the borough and nationally.
- Smoking prevalence continues to decline in the borough but modelled estimates suggests that smoking rates remains high amongst routine and manual groups. Working with pregnant women and people with long term conditions to stop smoking continue to be important priorities.
- Late HIV detection continues to fall and HIV transmission is levelling off. The data however also shows that STI have risen.

12. It is proposed that the performance report format and content are reviewed in the coming year to reflect the recently adopted alcohol and mental health and wellbeing strategies and other priority areas.

13. The health and wellbeing strategy provides a high level strategic framework. It is underpinned by the detailed strategies for each of the priority areas. It is proposed that the health and wellbeing board, as part of its reporting governance, also receives strategies, actions plans and reports on:

- The health and wellbeing of children and young people – this fits with the newly refreshed strategy (in development) on children and young people

and also with the emerging 'vital five' prevention priorities which will require a partnership approach (eg child poverty, feeling safe on the streets, food insecurity, bullying)

- The wider determinants of health such as good employment, housing and the physical environment. Many of these issues are important aspects of the social regeneration approach adopted in Southwark. Building health and wellbeing into our social regeneration approach is of vital importance to ensure that we shift some of the wider determinants that underpin health inequalities in the borough.
- With advances in new medicines and digital technology and the improved management of long term conditions, and as people live longer with multiple conditions, it is vital that we improve the detection of common conditions as well as ensure that good management is received by all. The NHS and social care play an important shared role in this priority. Wider partners and the rest of the Council also play a part in supporting detection and in secondary prevention, that is supporting people with chronic health conditions to live longer and stay healthy.

Policy implications

14. Southwark Council and the Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and well being strategy for Southwark. The health and wellbeing board leads the production of the strategy. Local health and wellbeing commissioning and service plans have to pay due regard to the health and wellbeing strategy.

Community impact statement

15. The health and wellbeing strategy seeks to improve the health of the population and to reduce health inequalities. It is acknowledged that some communities and individuals are less likely to access or make use of the services offered and targeted support or initiatives are expected to address this.

Legal implications

16. The board is required to produce and publish a joint health and wellbeing strategy on behalf of the local authority and clinical commissioning group. The proposals and actions outlined in this report will assist the board in fulfilling this requirement and will support the strategy's implementation.

Financial implications

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

BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Health & Wellbeing Strategy 2015/20	Southwark Council Website	Public Health 020 7525 0280
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MIId=5000&Ver=4		
Healthy weight strategy Everybody's business	Southwark Council Website	Public Health 020 7525 0280
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MIId=5507&Ver=4		
Tobacco strategy Breaking the Chain	Southwark Council Website	Public Health 020 7525 0280
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MIId=5508&Ver=4		
Alcohol action plan	Southwark Council Website	Public Health 020 7525 0280
Link: (Copy and paste link into browser) https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/lifestyle-risk-factors?chapter=2		
Mental health and wellbeing strategy	Southwark Council Website	Public Health 020 7525 0280
Link: (Copy and paste link into browser) https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/lifestyle-risk-factors?chapter=2		
Suicide strategy	Southwark Council Website	Public Health 020 7525 0280
Link: (Copy and paste link into browser) http://moderngov.southwark.gov.uk/documents/s72383/Appendix%201%20Suicide%20Prevention%20Strategy%20and%20Action%20Plan.pdf		
Five Year Forward view	Southwark Council Website	Southwark CCG / Social Care 020 7525 7888
Link: (Copy and paste link into browser) http://www.southwarkccg.nhs.uk/news-and-publications/publications/policies-strategies-registers/Documents/Southwark%20Five%20Year%20Foward%20View.pdf		

APPENDICES

No.	Title
Appendix 1	Annual performance report

AUDIT TRAIL

Lead Officer	Kevin Fenton, Director of Health and Wellbeing	
Report Author	Jin Lim, Consultant in Public Health	
Version	Final	
Dated	18 July 2018	
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	18 July 2018	

PERFORMANCE & IMPROVEMENT PLAN

- 1. Obesity
- 2. Tobacco
- 3. Alcohol and drugs
- 4. Sexual health & HIV

Health and Wellbeing Board		June 2018	
1. Child obesity – National Childhood Measurement Programme Yr R			
Definition	<p>Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95th centile of the population</p> <p>Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85th centile of the population</p>	How this indicator works	<p>Reception and Year 6 pupils have their height and weight measured to inform local planning and delivery of services for children and to provide population level surveillance data to analyse trends in growth patterns and obesity.</p> <p>The NCMP is an important source of data to support national and local work to address child hood obesity.</p>
What good looks like	<p><u>Reception Year Children</u></p> <ul style="list-style-type: none"> • Reduce the obesity prevalence to 11.3% by 2019/20 • Reduce the excess weight prevalence to 23.6% by 2019/20 	Why this indicator is important	<p>Southwark has some of the highest rates of overweight and obesity in the country, with 56% of adults and 43% of children (year 6) classified as obese or overweight. Our most vulnerable populations are at increased risk of becoming overweight and obese.</p>
History with this indicator	<p>Statistics are published on an annual basis by Public Health England.</p>		

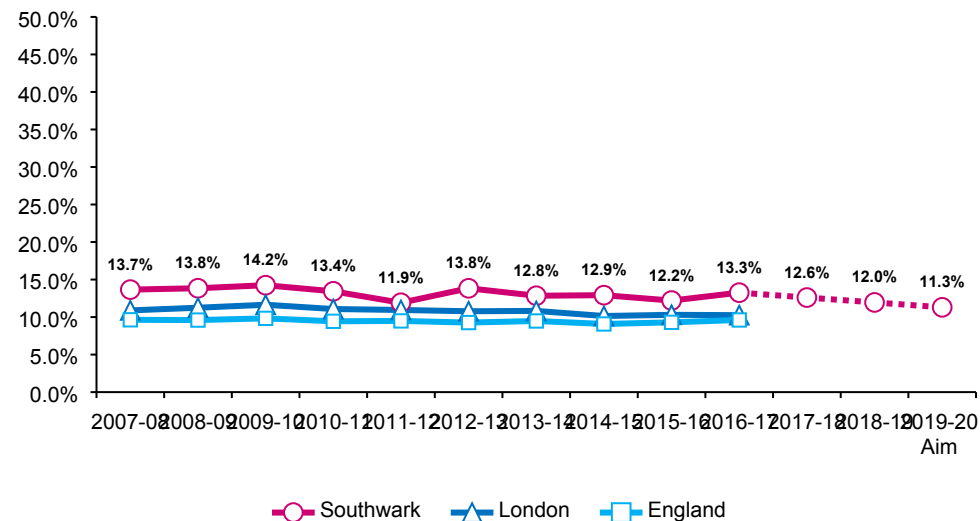
Reception Year (Obesity And Excess Weight)

Prevalence of Obesity in Reception Year (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	13.8	12.8	12.9	12.2
London (%)	10.8	10.8	10.1	10.3
England (%)	9.3	9.5	9.1	9.3
Period	2016/17	2017/18*	2018/19*	2019/20*
Southwark (%)	13.3	12.6	12.0	11.3
London (%)	10.3			
England (%)	9.6			

* Target trajectory

Reception Year Obesity Trajectories

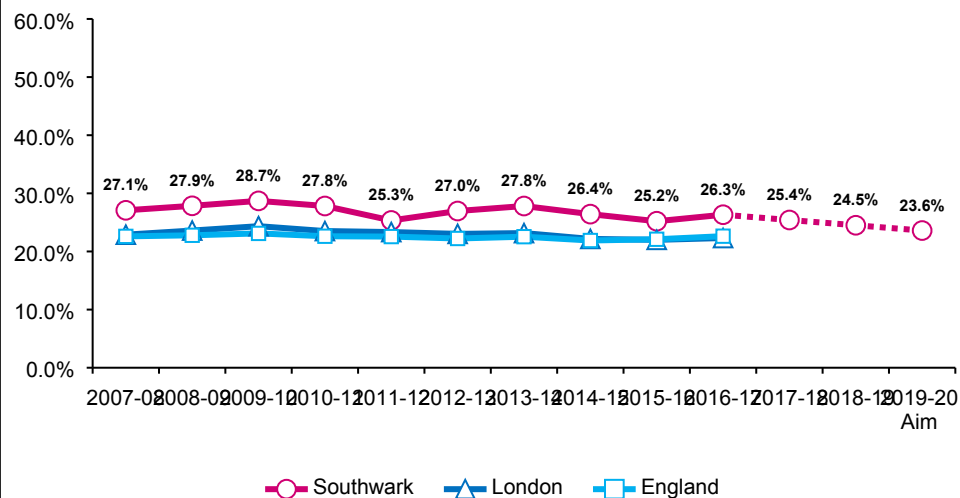


Prevalence of Excess Weight in Reception Year (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	27.0	27.8	26.4	25.2
London (%)	23.0	23.1	22.2	22.0
England (%)	22.2	22.5	21.9	22.1
Period	2016/17	2017/18*	2018/19*	2019/20*
Southwark (%)	26.3	25.4	24.5	23.6
London (%)	22.3			
England (%)	22.6			

* Target trajectory

Reception Year Excess Weight Trajectories



Health and Wellbeing Board		June 2018	
1. Child obesity – National Childhood Measurement Programme Yr 6			
Definition	<p>Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95th centile of the population</p> <p>Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85th centile of the population</p>	How this indicator works	<p>Reception and Year 6 pupils have their height and weight measured to inform local planning and delivery of services for children and to provide population level surveillance data to analyse trends in growth patterns and obesity.</p> <p>The NCMP is an important source of data to support national and local work to address child hood obesity.</p>
What good looks like	<p><u>Year 6 Children</u></p> <ul style="list-style-type: none"> • Reduce the obesity prevalence to 24.9% by 2019/20. • Reduce the excess weight prevalence to 38.9% by 2019/20. 	Why this indicator is important	<p>Southwark has some of the highest rates of overweight and obesity in the country, with 56% of adults and 43% of children (year 6) classified as obese or overweight. Our most vulnerable populations are at increased risk of becoming overweight and obese.</p>
History with this indicator	<p>Statistics are published on an annual basis by Public Health England.</p>		

Year 6 (Obesity And Excess Weight)

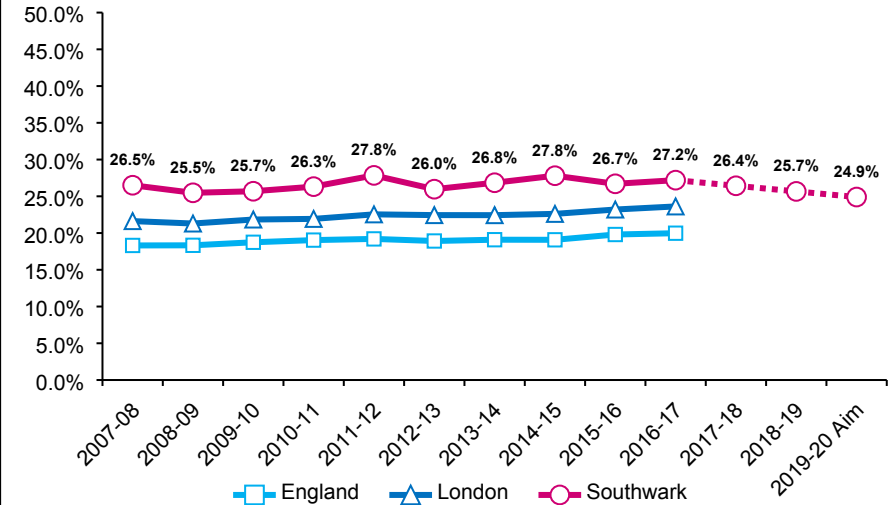
Prevalence of Obesity in Year 6 (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	26.0	26.8	27.8	26.7
London (%)	22.4	22.4	22.6	23.2
England (%)	18.9	19.1	19.1	19.8

Period	2016/17	2017/18*	2018/19*	2019/20*
Southwark (%)	27.2	26.4	25.7	24.9
London (%)	23.6			
England (%)	20.0			

* Target trajectory

Year 6 Obesity Prevalence Trajectories



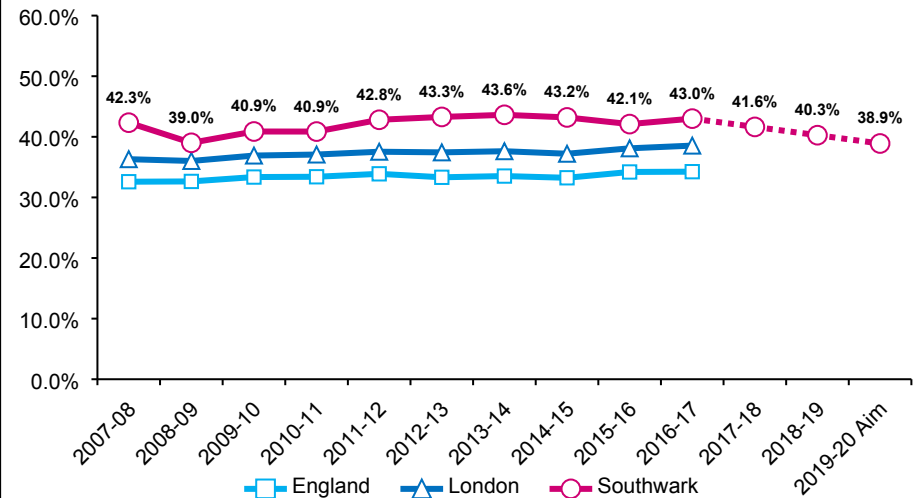
Prevalence of Excess Weight in Year 6 (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	43.3	43.6	43.2	42.1
London (%)	37.4	37.6	37.2	38.1
England (%)	33.3	33.5	33.2	34.2

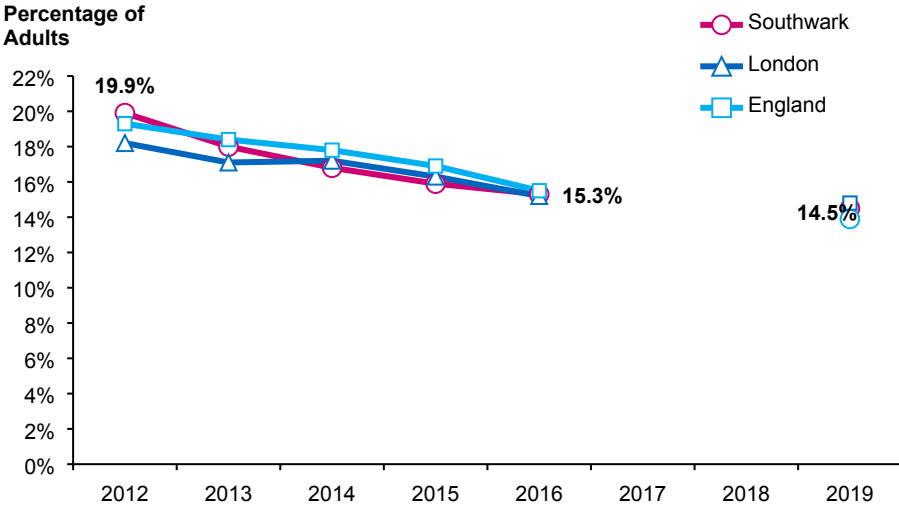
Period	2016/17	2017/18*	2018/19*	2019/20*
Southwark (%)	43.0	41.6	40.3	38.9
London (%)	38.5			
England (%)	34.2			

*Target trajectory

Year 6 Excess Weight Trajectories



Performance Overview			RAG rating	Amber
Benchmarking	Reception – London Average Obesity: 10.3% Excess Weight: 22.3%	Year 6 – London Average Obesity: 23.6% Excess Weight: 38.5%		
Actions to sustain or improve performance			By when	Partner agency
Develop comprehensive healthy weight strategy			Completed – July 2016	All partners
Continue engagement with stakeholders (including voluntary sector) and general public including Southwark Healthy Weight Network event with key stakeholders.			Stakeholder event held 28 March. General engagement – ongoing. Network to meet semi-annually. GDPR-compliant Healthy Weight Network mailing list established May 2018	Southwark Council
Implementation of the Baby Friendly Initiative			Achievement of Stage 1 completed – July 2017 Stage 2 planned for May 2019	Southwark Council, CCG and GSTT
Work to continue successful implementation of the NCMP programme to identify children of excess weight and support into healthy weight care and referral pathways.			Ongoing	Southwark Council, GSTT, schools
Commission training to support frontline staff in communicating and delivering brief interventions around healthy weight.			Training commissioned January 2018. Courses to be launched July 2018.	Southwark Council, College of Contemporary Health
Review and recommission tier 2 weight management service for unhealthy weight children			Completed - May 2017	Southwark Council, Everyone Health
Commission adult healthy weight pathway (tiers 2 and 3)			Completed – May 2017.	Southwark CCG, Southwark Council, GSTT
Support schools to promote healthy eating, physical activity and health and wellbeing through the London Healthy Schools Programme Award			Ongoing	Southwark Council & schools
Continue engagement with Guy's and St. Thomas's Trust charity's Childhood Obesity programme to identify opportunities for further support			Ongoing	Southwark Council, GSTC

Health and Wellbeing Board		June 2018																																									
2. Tobacco																																											
Definition	Prevalence: % of smoking among persons aged 18 and over	How this indicator works	Annual Population Survey - analysed by PHE; 2019 values projected using smoking prevalence data between 2010 and 2014																																								
What good looks like	Smoking Prevalence of 14.5% by 2019/20	Why this indicator is important	Smoking is the single biggest preventable cause of ill health, health inequalities and premature mortality in the borough																																								
History with this indicator	Statistics are published on an annual basis by Public Health England.																																										
Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for the Adult Population <table border="1" data-bbox="190 673 945 810"> <thead> <tr> <th>Period</th> <th>2012</th> <th>2013</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>Southwark (%)</td> <td>19.9</td> <td>18.0</td> <td>16.8</td> <td>15.9</td> </tr> <tr> <td>London (%)</td> <td>18.2</td> <td>17.1</td> <td>17.2</td> <td>16.3</td> </tr> <tr> <td>England (%)</td> <td>19.3</td> <td>18.4</td> <td>17.8</td> <td>16.9</td> </tr> </tbody> </table> <table border="1" data-bbox="190 847 945 984"> <thead> <tr> <th>Period</th> <th>2016</th> <th>2017*</th> <th>2018*</th> <th>2019*</th> </tr> </thead> <tbody> <tr> <td>Southwark (%)</td> <td>15.3</td> <td>15.2</td> <td>14.8</td> <td>14.5</td> </tr> <tr> <td>London (%)</td> <td>15.2</td> <td>15.0</td> <td>14.5</td> <td>13.9</td> </tr> <tr> <td>England (%)</td> <td>15.5</td> <td>16.0</td> <td>15.4</td> <td>14.8</td> </tr> </tbody> </table> <p>*Projected figures</p>		Period	2012	2013	2014	2015	Southwark (%)	19.9	18.0	16.8	15.9	London (%)	18.2	17.1	17.2	16.3	England (%)	19.3	18.4	17.8	16.9	Period	2016	2017*	2018*	2019*	Southwark (%)	15.3	15.2	14.8	14.5	London (%)	15.2	15.0	14.5	13.9	England (%)	15.5	16.0	15.4	14.8	Trajectories showing historical Smoking Prevalence (2010 – 2016) and Projected Prevalence (2016 - 2019) for Southwark, London and England 	
Period	2012	2013	2014	2015																																							
Southwark (%)	19.9	18.0	16.8	15.9																																							
London (%)	18.2	17.1	17.2	16.3																																							
England (%)	19.3	18.4	17.8	16.9																																							
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England (%)	15.5	16.0	15.4	14.8																																							

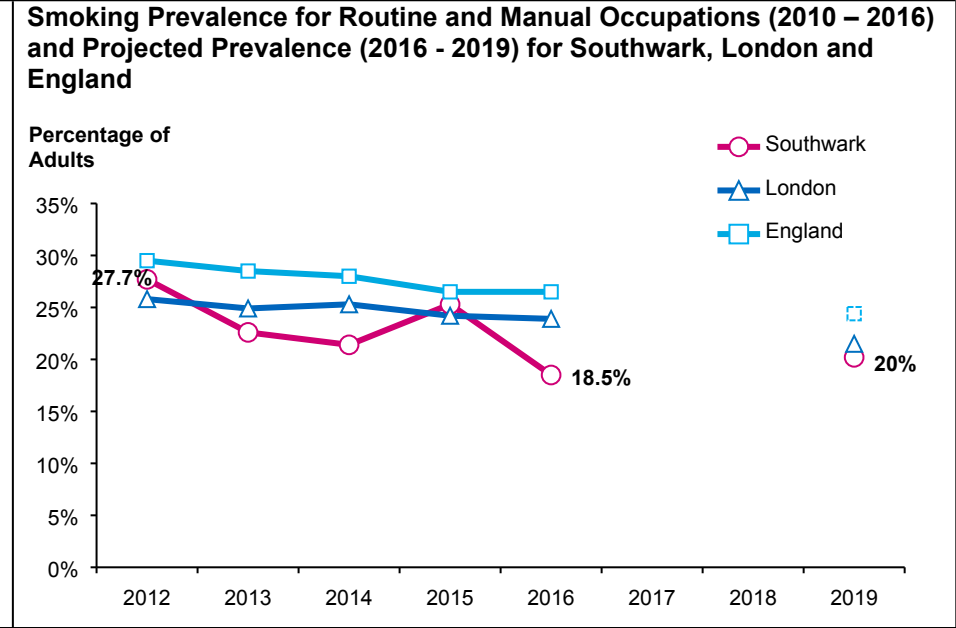
Definition	Prevalence: % of smoking among persons aged 18 and over – routine and manual occupations	How this indicator works	Annual Population Survey - analysed by PHE; 2019 values projected using smoking prevalence data between 2010 and 2014
What good looks like	Smoking Prevalence of 20.2% by 2019/20	Why this indicator is important	Smoking is the single biggest preventable cause of ill health, health inequalities and premature mortality in the borough
History with this indicator	Statistics are published on an annual basis by Public Health England.		

Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for Routine and Manual Occupations

Period	2012	2013	2014	2015
Southwark (%)	27.7	22.6	21.4	25.3
London (%)	25.8	24.9	25.3	24.2
England (%)	29.5	28.5	28.0	26.5

Period	2016	2017*	2018*	2019*
Southwark (%)	18.5	22.7	21.4	20.2
London (%)	23.9	22.9	22.2	21.5
England (%)	26.5	25.5	25.0	24.4

*Projected figures

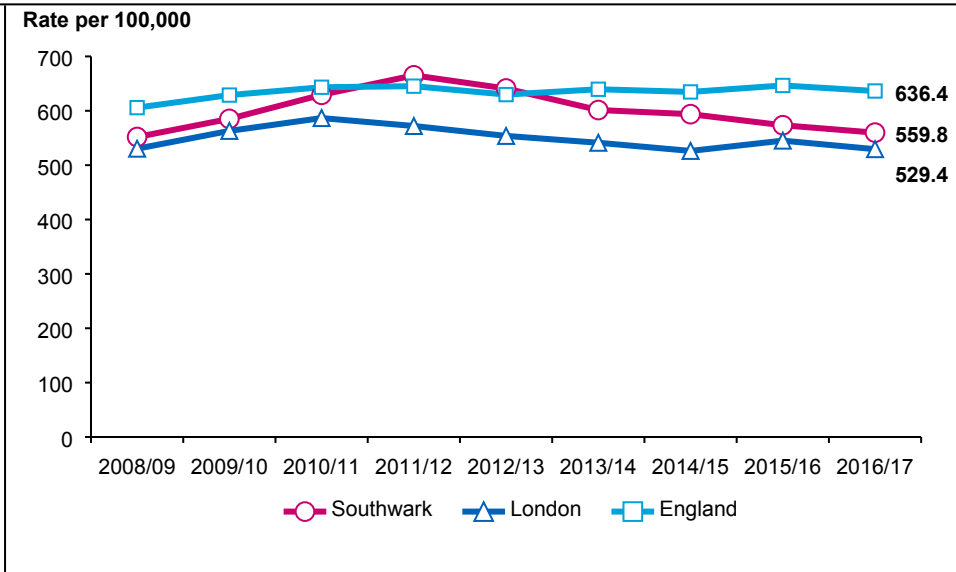


Performance Overview		RAG rating	GREEN
Benchmarking	London Smoking prevalence – adults (2016): 15.2% London Smoking prevalence - adults – routine and manual (2016): 23.9%		
Actions to sustain or improve performance		By when	Partner agency
Tobacco Control Review		Completed	Southwark Council and Southwark CCG
New tobacco control strategy developed and agreed		Completed - October 2016	Southwark Council
Regulation of tobacco sales including test purchasing for under age sales		Ongoing	Southwark Council
Pilot the Stop Smoking London Telephone Service		May 2017-March 2019	Southwark Council and Association of Directors of Public Health (ADPH)
Review and update training and referral mechanisms for pregnant smokers.		July 2017	Southwark Council, KCH and GSTT
Re-commission stop smoking service to provide targeted support to identified key groups.		July 2017	Southwark Council and Southwark CCG
Monitoring of compliance with plain packaging legislation		May 2018 onwards	Southwark Council
Participate in the annual London Illegal Tobacco Campaign		July 2017, July 2018	Southwark Council, London Council, London Trading Standards, Public Health England London, ADPH London
Harm reduction protocol agreed within the specialist stop smoking service		May 2018	Southwark Council with Southwark Stop Smoking Team
Peer education programme delivered in 4 secondary schools each year on tobacco, drugs and alcohol		Ongoing	Southwark Council and Participating People
Films produced by young people from various schools and youth clubs on second hand smoke		May 2018	Southwark Council and Cut Films

Definition	Admission episodes for alcohol-related conditions (narrow definition); directly standardised admission rate per 100,000 population.	How this indicator works	This indicator comprises the estimated number of admissions among Southwark’s population that can be attributed to alcohol, and is calculated on the basis of actual hospital admission data.
What good looks like	Statistically lower than London average. <i>London as a comparator is a more stretching target than England as mean alcohol consumption per head is lower in London than nationally. Moreover, Southwark is an inner London borough and call-outs are generally higher within inner-London boroughs.</i>	Why this indicator is important	This metric quantifies the impact of alcohol across a number of different conditions.
History with this indicator	Statistics are published on an annual basis by Public Health England.		

Admission episodes for alcohol-related conditions (Narrow definition)
 Rate of admissions per 100,000 population

Period	2008/09	2009/10	2010/11	2011/12	2012/13
Southwark	551.7	585.1	629.4	665.2	641.0
London	530.4	563.0	586.6	572.0	553.8
England	605.8	628.9	643.3	645.3	629.8
Period	2013/14	2014/15	2015/16	2016/17	2018/19
Southwark	601.4	593.8	573.4	559.8	
London	541.2	526.2	545.1	529.4	
England	639.6	634.7	646.6	636.4	



Performance Overview	Southwark has a downward trend (since 2011/12). Although, the Southwark rate is higher than London, the gap is narrowing. The rate is statistically lower than the national average.	RAG rating	AMBER
Actions to sustain or improve performance		By when	Partner agency
Increase commitment and resource to Identification and Brief Advice (IBA) through general practice or broader 'Make Every Contact Count' (MECC) work in hospitals and elsewhere; introduced into Southwark CCG's commissioning intentions for primary care in September 2016.		On-going	CCG and Acute Trusts
On-going active involvement and leadership in licensing and other regulatory activity. <i>Evaluation of the impact of licensed premises on alcohol-related violence in Southwark completed August 2017 and is awaiting publication.</i> <i>Public Health to input into the renewal of Southwark's Statement of Licensing Policy, due in 2019.</i>		On-going <i>SoLP renewal due in 2019.</i>	Southwark Council and partner Responsible Authorities
Southwark's Alcohol Prevention Group agreed to refresh Southwark's Alcohol Strategy 2013-16 into an alcohol action plan; process agreed in July 2016. Southwark's Alcohol Action Plan 2017-2020 is complete. The document has been approved by the Health and Wellbeing board and published on the public health webpages of the Southwark Council Website. <i>The Alcohol Prevention Group is accountable for the implementation of the action plan. A 12 month review of the action plan will be undertaken.</i>		On-going until 2020 <i>12 month review of action plan January 2019.</i>	Southwark Council, CCG and partners
Southwark's bid to participate in the Home Office's Local Alcohol Action Areas program was successful. The two year programme began in January 2017. Southwark's proposal focuses on systematically improving the use of intelligence to build a holistic picture of alcohol-related harm across the borough. We are in the processes of developing and alcohol licensing dashboard to help Public Health and the other Responsible Authorities better substantiate licensing decisions and underpin local policy making.		January 2019	Southwark Council Public Health and partners
Conduct an alcohol health needs assessment (HNA); this will form part of the Joint Strategic Needs Assessment (JSNA).		Complete	Southwark Council Public Health

Health and Wellbeing Board		June 2018																	
3. Drugs																			
Definition	Proportion of successful completions of treatment for i. opiate clients and ii. non-opiate clients <u>and</u> who do not go on to re-present to services within 6 months. <i>Data source: Public Health England, for period 2014 last updated September 2016.</i>	How this indicator works	This indicator tracks the proportion of clients who complete the drug treatment programme for different classes of drug misuse. It is a measure of the retention of clients in the programme, with the assumption that as more people complete treatment, fewer will go on to have continued drug dependency or relapse. It is used nationally as a quality indicator for drug treatment services.																
What good looks like	Achieving comparable levels of treatment with London (giving amber), leading to placement in the top quartile of national performance (giving green).	Why this indicator is important	This indicator assesses the outcomes of the drug treatment service commissioned by Southwark Council. It is however focused on those at the more severe end of the spectrum – typically already dependent.																
History with this indicator	While this indicator is provided in a restricted format by Public Health England on a quarterly basis, the statistics are only available publically on an annual basis, and with an approximate 12 month lag. Public health and the drugs and alcohol commissioning team have discussed what alternatives, but have concluded that the nationally available data are the most robust data presently available for a public reporting.																		
	<p>Successful completions of treatment for:</p> <table border="1"> <thead> <tr> <th></th> <th>Southwark</th> <th>Top Quartile Target</th> <th>London</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>Opiate Users</td> <td>5.1% (N = 50)</td> <td>>7.6%</td> <td>7.2%</td> <td>6.7%</td> </tr> <tr> <td>Non-Opiate Users</td> <td>28.5% (N = 98)</td> <td>>50.7%</td> <td>38.7%</td> <td>37.1%</td> </tr> </tbody> </table> <p><i>Top quartile target for completion statistics set in Q1 2017/18. Latest Period: Completion period: 01/01/2017 to 31/12/2017, Re-presentations up to: 30/06/2017</i></p>					Southwark	Top Quartile Target	London	England	Opiate Users	5.1% (N = 50)	>7.6%	7.2%	6.7%	Non-Opiate Users	28.5% (N = 98)	>50.7%	38.7%	37.1%
	Southwark	Top Quartile Target	London	England															
Opiate Users	5.1% (N = 50)	>7.6%	7.2%	6.7%															
Non-Opiate Users	28.5% (N = 98)	>50.7%	38.7%	37.1%															

Performance Overview	Performance data throughout 2016 illustrates a reduction of outcomes when compared to regional and national averages. However, it must be acknowledged that this was the first year of treatment delivery for the single integrated treatment model. Whilst a new provider and model stabilises, priority of outcomes shift from successful completions to keeping people safely engaged with treatment.	RAG rating	AMBER
Benchmarking	Benchmarked against comparator boroughs.		
Actions to sustain or improve performance		By when	Partner agency
A Drug Related Review Panel is now hosted quarterly by the DAAT. This multidisciplinary meeting has reviewed any deaths of service users known to CGL Southwark. Learning opportunities and recommendations are discussed and reviewed for each case. Recently released guidance and evidence base focussing on reducing drug related deaths is also reviewed and discussed, as required.		On-going	DAAT, Public Health, CGL, CCG
Southwark's Public Health team are working with the local coroner so it is possible to review any drug related deaths of Southwark residents not engaged with the treatment system. This work is ongoing.		On-going	Public Health, DAAT
The DAAT (commissioning) service meets regularly with the provider to monitor and improve services. The service has recently introduced a specialist opiate pathway to reduce waiting times into treatment (including access to OST), and provide a holistic health care model to meet the needs presented by this cohort. This is expected to reduce early drop outs from treatment, and increase successful completions for this group.		On-going	DAAT, CGL

4. Reduce the numbers of people contracting HIV and other sexually transmitted infections

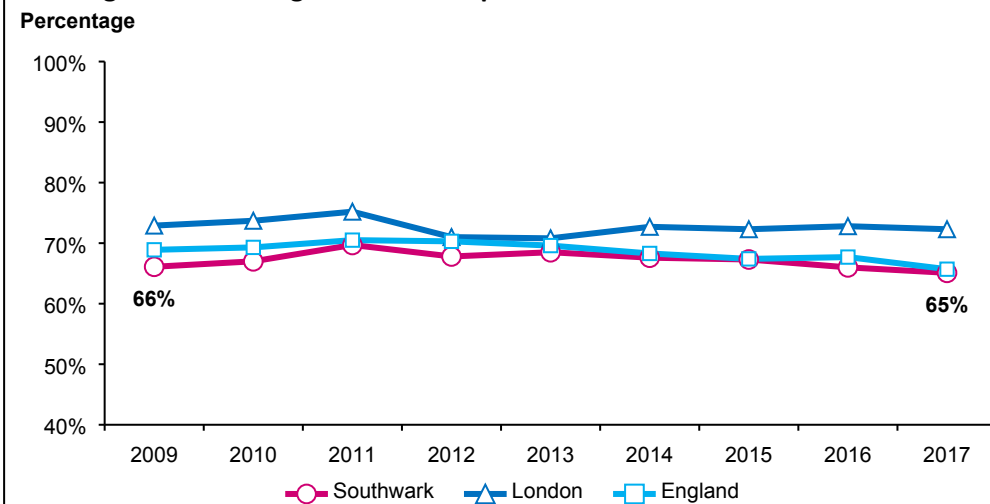
Definition	The proportion of ‘Eligible new attendees’ in whom a HIV test was accepted.	How this indicator works	HIV test coverage data represent the number of persons tested for HIV and not the number of tests reported. ‘Eligible new attendee’ is defined as a patient attending a specialist SHS clinic at least once during a calendar year. Patients known to be HIV positive, or for whom a HIV test was not appropriate, or for whom the attendance was related to Sexual and Reproductive Health (SRH) care only are excluded.
What good looks like	An increase in the proportion of eligible people that accepted an HIV test	Why this indicator is important	HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of transmission.
History with this indicator	Statistics are published on an annual basis by Public Health England.		

Coverage of HIV testing measured in specialist sexual health services

Period	2009	2010	2011	2012	2013
Southwark	66.1%	67.0%	69.7%	67.8%	68.5%
London	72.9%	73.7%	75.2%	71.0%	70.8%
England	68.9%	69.3%	70.5%	70.3%	69.6%
Period	2014	2015	2016	2017	
Southwark	67.6%	67.3%	66.0%	65.1%	
London	72.7%	72.3%	72.8%	72.3%	
England	68.3%	67.4%	67.7%	65.7%	

Coverage has been broadly stable, but slightly lower than the England average. Note that this measure only counts attendances at specialist sexual health services and online services, not GP nor community-based testing.

Coverage of HIV testing measured in specialist sexual health services



Performance Overview	The proportion of eligible attendees who accepted an HIV test is 65.1%, with coverage in Southwark significantly below both London and England.	RAG rating	AMBER
Actions to sustain or improve performance		By when	Partner agency
Establish why Southwark has a low coverage of HIV testing in residents attending sexual health clinics		June 2019	GSTT, KCH, Lambeth Council
Focused prevention and HIV testing awareness amongst black African groups and women through the RISE partnership and working with the new Elton John AIDS Foundation fund		Ongoing	RISE Partnership
Focused prevention and HIV testing for MSM through the pan-London HIV Prevention Programme		Ongoing	Do It London, Rise Partnership

	2016/17 Target	2017/18 Target	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Proportion of eligible SH24 service users who have taken up an HIV test	75%	75%	88.1%	86.1%	74.0%	68.0%
Proportion of SH24 service users who have not been to an STI clinic previously	n/a – establishing baseline	20%	20.2%	18.7%	20.1%	20.4%
Total number of tests returned by SH24 service users (individual tests - Chlamydia, Gonorrhoea, Syphilis & HIV)	N/A	N/A	10,218	9,241	11,916	11,440
<p>SH:24 provides people in Lambeth and Southwark free and confidential sexual health service online which can be accessed 24 hours a day. Data reported is for Southwark residents only. SH:24 works in partnership with Kings College Hospital and Guys and St Thomas' Hospital to move more asymptomatic testing out of clinics and on-line.</p> <p>Southwark and Lambeth will be joining a new pan-London e-service ('Sexual Health London') in July 2018, which will replace the local e-service and provide better value for money. The London service is commissioned by the City of London on behalf of 28 London boroughs. It is unclear whether the exact same information reported above will continue to be available from the new London service.</p>						

4. Sustain the reduction in teenage pregnancy

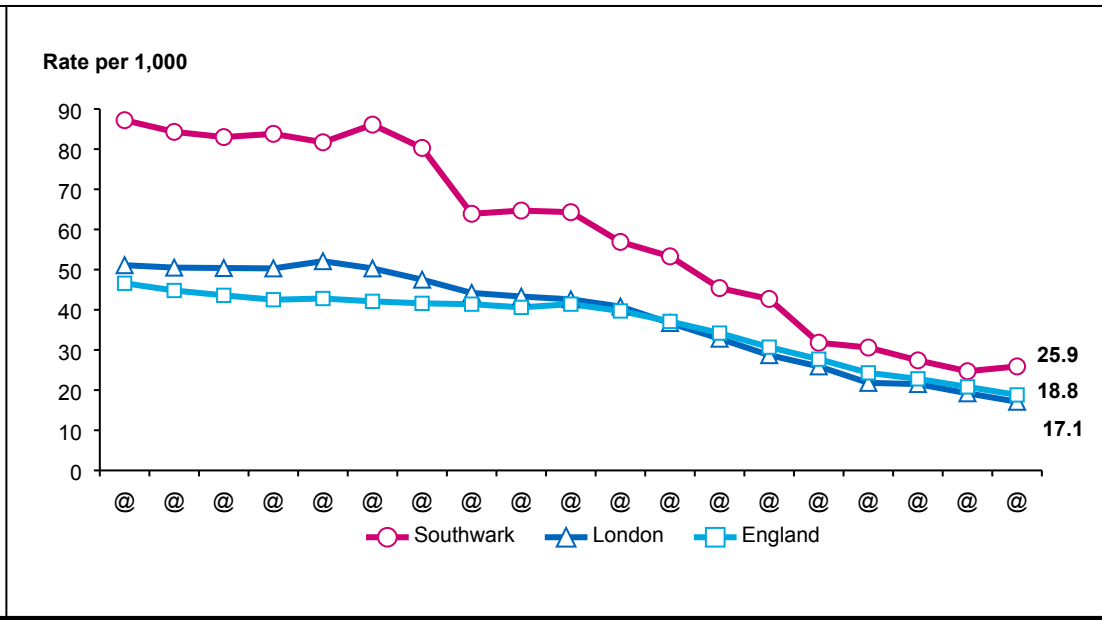
Definition	Under 18 conception rate (reduction trend).	How this indicator works	This indicator shows number of conceptions to women aged 15-17 per 100 women of that age.
What good looks like	No yearly increase in the conception rate amongst women aged 15-17.	Why this indicator is important	Teenage pregnancy is associated with poorer outcomes for young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

History with this indicator Statistics are published on an annual basis by the Office for National Statistics.

The latest full-year rate is for the 12 months ending 31 December 2016. For this period, Southwark’s rate was 25.9 conceptions per 1,000 young women aged 15-17 years.

Whilst we rely on rates to show a reducing trend in teenage conception, the actual number of conceptions has also declined. The provisional figures show a continuous downward trend: in Southwark there were 101 conceptions in 2016 compared to 318 in 1998. Around three-quarters of conceptions to teenagers result in termination.

The 1998 to 2016 trend is shown opposite. Southwark remains slightly above the national and London rates, however, the gap has become considerably smaller as we maintain the continual reduction in teenage conception since 1998. More recent quarterly data show a further reduction compared to the chart at right.



Performance Overview		RAG rating	GREEN
Benchmarking	London: 17.1 per 1,000		
Actions to sustain or improve performance	By when	Partner agency	
Review school-based health provision and develop new school health offer to ensure young people are receiving services appropriate to need.	October 2018	Education, Schools	
Condom scheme – increase the number of venues distributing condoms and health promotion contacts with young people	March 2019	Brook, pharmacies	
Contraception – improve the pathway to help women seeking emergency contraception to take up ongoing, planned contraception to prevent the need for emergency contraception and unplanned pregnancy	March 2019	Pharmacy, LPC, Lambeth and Lewisham councils	

Item No. 9.	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		CCG report on progress and priorities	
Ward(s) or groups affected:		All wards and groups	
From:		Ross Graves, Managing Director, NHS Southwark, Clinical Commissioning Group	

RECOMMENDATION

1. That the Health and Wellbeing Board note the content of the report, in particular the progress being made by the CCG and partners in the following key programmes and priorities:
 - The 2017/18 CCG assessment for Southwark CCG was “Outstanding”
 - Southwark Bridges to Health and Wellbeing
 - Southwark Community Based Care Programme
 - Our Healthier South East London
 - System Resilience and delivery of constitution standards
 - Launch of joint mental health and wellbeing strategy in Southwark
 - Multi Agency Discharge Event (MADE)
 - Primary Care, including CQC inspections, GP Forward View Resilience Funding, key procurements and relocation of Silverlock medical centre
 - The NHS funding settlement for 2019-24

BACKGROUND INFORMATION

2. This report provides the Health and Wellbeing Board with an update on major developments in the local health system and within the CCG’s commissioning portfolio.
3. Each area of the report has been the overseen by the relevant committee of the CCG Governing Body including the Senior Management Team of the CCG. Clinical lead portfolio holders have been involved in each area.

KEY ISSUES FOR CONSIDERATION

Discussion points

4. Areas of the CCG’s report which directly relate to the Health and Wellbeing Board’s priorities and work programme are:

- Southwark Bridges to Health and Wellbeing
 - Southwark Community Based Care Programme
 - Launch of joint mental health and wellbeing strategy in Southwark
5. In reviewing the report the Health and Wellbeing Board are asked to consider the level of partnership consistent through work programmes and priorities highlighted. In particular, this is evident in the achievement of an “Outstanding” CCG assessment for 2017/18.

APPENDICES

No.	Title
Appendix 1	CCG Update: Progress and Priorities, July 2018

AUDIT TRAIL

Lead Officer	Ross Graves, Managing Director, NHS Southwark CCG	
Report Author	Ross Graves, Managing Director, NHS Southwark CCG	
Version	Final	
Dated	19 July 2018	
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		19 July 2018

CCG Update: Progress and Priorities

16 July 2018

1. 2017-18 CCG Assessment: Outstanding

I am very pleased to report that for 2017/18 Southwark CCG received an overall rating of 'Outstanding'. This marks an improvement on the previous two years' results when Southwark received a rating of "Good" and places Southwark as one of only three CCGs in London and twenty of over 200 CCGs nationally to receive the highest possible rating.

These ratings cover the financial year 2017-18. CCG assessment ratings are derived from CCGs' financial performance, an assessment of the quality of CCG leadership and a CCG's performance against 48 IAF indicators related to the NHS Constitution; other core performance, health outcome and transform objectives

This is a great achievement and a clear reflection of the excellent work of our staff, members and partners to improve services for Southwark people.

2. Taking forward system-wide transformation in Southwark

2.1. Southwark Bridges to Health and Wellbeing

The CCG and Southwark Council have been developing an integrated approach to outcome-based-commissioning, adapting the "Bridges to Health and Wellbeing" population segmentation model (which has been operating in 'trailblazer' areas for integration such as Stockport) to reflect the unique demographics of Southwark – and ensuring that the model is an holistic rather than clinical model, in a way that factors in the wider determinants of health and wellbeing. The key features of the approach are that it:

- Is focussed on delivering agreed outcomes for the people of Southwark by meeting the "whole needs" of key population segments, rather than separate agencies trying to meet different needs in an often uncoordinated way
- Has a particular focus on improving outcomes for those with the worst outcomes whom traditional service approaches have had insufficient impact
- Combines commissioning resources and incentivises different providers who are working with the same population segments to collaborate and shift the focus towards prevention, early intervention and better integrated community based care
- Improves impact, quality, value for money and whole system sustainability by spending the "Southwark pound" in a co-ordinated way between different agencies
- Improves people's experience as different services are more user focused and better co-ordinated to meet people's needs and deliver their outcomes.

After careful development of the agreed model we are now moving to implementation. The model is a whole population approach, but we have selected two key population segments to test the methodology in phase 1:

- Frailty, Dementia and End of Life
- Maternity (including children up to two years), children with universal needs (two to five years) with focus on keeping families together and prevention of the need for children to be looked after.

Over Quarter Two we will be bringing together providers, member practices, service users and other stakeholders associated with these populations into the discussion to give key stakeholders the opportunity to shape and inform the implementation phase.

2.2 Southwark Community Based Care Programme

From June, we have mobilised new arrangements for how we work together with partners to transform how community based care is delivered in Southwark. This is in recognition of a need for broadened scope and scale for our Local Care Networks, more formalised collaborative arrangements between providers and commissioners, and the move to commissioning based on populations and outcomes.

The Southwark Community Based Care Programme will bring together:

- **‘Commissioning development’** workstreams that support Council and CCG commissioners moving towards commissioning for populations and outcomes based on our Southwark Bridges to Health and Wellbeing segmentation model
- **‘System development’** workstreams to enable service re-design and delivery within effective provider partnerships and accountability arrangements.

Focus over the next quarter will be to coproduce a set of priorities that form the basis of new collaborative arrangements for community based care. These will be encapsulated in commissioning intentions shared with providers at the end of September 2018.

During Q3 and Q4 work will focus on detailed planning for these arrangements, and working with providers and system partners to ensure as a system are ready for these to go live from April 2019.

2.3 Our Healthier South East London

The overarching objective of south east London’s Sustainability and Transformation Partnership (STP) is to enable the six CCGs, five provider organisations and six local authorities can work together to make health and social care financially and clinically sustainable. This is being delivered through a series of Clinical Leadership Groups (CLGs), a provider productivity programme and a series of enabling workstreams (financial sustainability, workforce, digital and estates).

All clinical programmes in OHSEL have agreed priorities for 2018/19 building on 2017/18 activities and achievements and aligned with NHS planning guidance.

There has been significant recent progress in transforming cancer care across South East London:

- An out of hours helpline is now available to all cancer patients across the area;
- Following a successful pilot in Lambeth and Southwark, the Rapid Access Diagnostic Clinic based at Guy's Hospital has extended its service to patients from Bexley, Bromley, Greenwich and Lewisham.
- A training programme for GP surgeries in Southwark to increase the uptake of bowel cancer screening is being piloted.

Other recent highlights include:

- A year-long pilot to help people recovering from mental health illness and addictions back in to work has received funding for another year.
- The SEL Orthopaedic Clinical Network are talking to people who have had hip and knee replacements to ensure their views are captured and reflected as part of our understanding the current service at each site. This engagement is being taken forward with the OHSEL PPAG and with provider trust public engagement groups.
- OHSEL are the only STP to have been selected by the Mayor of London to take part in his Civic Innovation Challenge. The team is looking forward to working with a small business or start up to improve dementia treatment and support for people from black and minority ethnic communities.

3. System Resilience

3.1 Accident and Emergency Four Hour Standard

Performance for both GSTT and KCH - Denmark Hill have remained below the 95% national standard for patients being treated, admitted, transferred or discharged within 4 hours.

GSTT achieved 86.1% for May against the four hour performance target for all types which is a slight decline on April performance of 86.5%. The Trust reported that the day to day variation in performance is mainly driven by the volume of attendances where they have seen an increase of over 8%. The Trust also experienced some staffing gaps across medics and nurses largely due to sickness. High volume of mental health patients on a number of medical wards also impacted flow and staff availability. The Trust has now agreed their planned trajectory for 2018/19 with the Trust aiming to achieve 90% by September 2018 and 95% by March 2019. GSTT has revised and amended their Emergency Performance Improvement action plan, which now covers nine key areas including: ambulatory care, diagnostics, UCC performance, redirection out of hours, mental health pathway, staffing distribution, speciality pathways, flow and high intensity users.

KCH - Denmark Hill A&E performance for April was 78.9% for all types, which was an improvement on March performance of 71.9%. Improvements are still being seen compared to prior months with beds being available each morning on the Denmark Hill site. The Trust also held another Multi Agency Discharge Event the week after the last bank holiday to help create flow throughout the hospital. Despite the bed capacity, the Emergency Department continues to be challenged with high spikes of activity in the evenings that is hard for the Department to manage. As a result, the site is still seeing high numbers of breaches on a daily basis. Based on the new NHS England requirements, the UCC improvement team has developed a new plan to meet the target of zero UCC breaches. The Trust has also agreed their trajectory for 2018/19 with A&E performance planned to improve steadily during the course of the upcoming year. The Trust aims to achieve 90% by September 2018 and 95% by March 2019.

Besides weekly telephone conferences with KCH for weekend planning, senior management from the CCG continue to attend regular meetings at Denmark Hill to help escalate any issues quickly. The KCH Emergency Pathway Board continues to meet with regular attendance by the CCG, ICDDT, Transformation Nours and NHS Improvement to help facilitate improvements on site.

3.2 London Ambulance Service

As of the 01 November 2017, LAS implemented a new Ambulance Response Programme (ARP) which changed the categories and response times for all calls. Shortly after the launch, the Department of Health imposed a national embargo on performance data at the CCG level. The embargo was lifted in April 2018 and Southwark CCG is now receiving monthly reporting on LAS performance.

For both April 2018 and May 2018, LAS is meeting all ARP performance targets for all four categories in Southwark.

3.3 Integrated Urgent Care (previously NHS 111)

SEL CCGs published an Invitation to Tender for provision of the new SEL Integrated Urgent Care service in February 2018. Two bids were received for the new service and are still being evaluated. A meeting will be held the first week of July for final sign off by NHS England to award the contract. The new service is intended to be in place by the end of October 2018.

The new specification will move the current referral 111 service to a 'consult and complete' model. The service will have pharmacists, advanced nurse practitioners and GPs working in the service with the ability to prescribe and direct book primary care appointments in-hours and out-of-hours. The service will also link with mental health providers in South East London. The new service intends to increase calls closed with self-care advice from trusted

healthcare professionals, decrease callers referred to A&Es, refer patients to the most appropriate service for their needs and improve the patient experience.

3.4 Referral to Treatment (RTT) Standard

RTT performance for Southwark CCG did not meet the trajectory of 85.8% for April 2018, reaching 85.1%. However, this was an improvement from 84.1% in March 2018. The compliant specialties were General Medicine, Geriatric Medicine, Neurology, Thoracic Medicine and Rheumatology. All other specialties did not meet the 18 week standard.

RTT performance for Southwark CCG at KCH in April 2018 was 79.4%; the compliant specialties were Cardiology, General Medicine, Geriatric Medicine and Thoracic Medicine. This is an improvement from 79.1% in March 2018 and the overall performance for KCH at Southwark CCG has improved since April 2017. The Trust has implemented a new RTT governance structure with an RTT Delivery Group meeting weekly with each of the DH and PRUH teams. The Trust has also extended the contract with 18 Weeks support to provide additional outpatient and day case activity through in-sourcing mainly in Ophthalmology and Dermatology for 2018/19.

RTT performance for Southwark CCG at GSTT in April 2018 was 89.2%; this was an improvement in performance from 87.8% in March 2018. The specialties that were compliant were the same as those for Southwark CCG overall with the addition of Dermatology, Ophthalmology and Urology. Challenged specialties are revising their trajectories and now have recovery plans in place; and demand and capacity plans for each service have also been revised to focus on RTT recovery.

The number of patients waiting over 52 weeks for Southwark CCG in April 2018 was 73; this was an increase from 61 in March 2018. Specialties with the longest waits were General Surgery (22), Trauma & Orthopaedics (28) and Other (17); all breaches occurred in KCH.

To further support performance and reduce waiting times, we are pleased to announce that the CCG has launched VisualDx which is now available to all GPs. VisualDx is a diagnostic support tool for all clinical conditions and it includes a medical library of over 40,000 images and provides concise, actionable clinical information that spans 3,000 conditions. Due to the system's large library of images, it is particularly useful for specialties like Dermatology where an image can help the GP confirm a diagnosis. The tool was trialled at the end of 2017 and the majority of GPs reported that it supported them in their decision making; improved their confidence to diagnose conditions and helped them to assure patients about their diagnosis.

3.5 Cancer Waits

Southwark CCG met the national Two Week Wait standard and trajectory of 93.0% in April 2018, achieving 94.8% for all cancers. This was a slight decrease in performance compared to 96.8% in March 2018. Southwark CCG just missed the trajectory of 84.6% for Cancer 62

Day performance in April 2018, reaching 84.3%. This was a slight drop in performance compared to 88.7% in March 2018. The main performance drivers in the SEL system are: staff capacity issues across a range of staff groups; challenges with multidisciplinary meeting co-ordinators and tracking resource; diagnostics capacity - issues with a shortfall across CT/MRI and endoscopy; and increase in two-week wait referrals.

From 01 April 2018 the Transforming Cancer Services Team (TCST) in London is no longer able to access the free text patient level breach reasons, which the analysis of breaches has been based on. TCST is expected to access coded breach information in the new cancer waits system but this isn't expected until July 2018 activity. TCST will report on this as soon as it is available. SEL acute providers submitted revised Cancer Recovery Plans together with revised trajectories for 2018/19. The plans outline how the SEL sector will return to the 85% standard by November 2018.

As part of the SEL cancer delivery plan, additional funding was provided to support performance improvements. These include additional diagnostic capacity, implementation of Straight to Test, training radiographers in reporting and multidisciplinary team co-ordinators to track patients on the pathways. A new standard operating procedure for inter-Trust transfers has also been implemented across SEL. There is a current focus on improving median waits and ensuring that there are consistent straight to test models across the sector.

3.6 Electronic Referral System (e-RS)

Southwark CCG's e-RS utilisation in May 2018 was 66% - this ranks Southwark 14 out of the 32 CCGs in London.

GSTT and KCH have made good progress in their paper switch-off programmes, and both trusts are on track to meet the national deadline for all consultant-led first outpatient appointments to be made via e-RS from 1 October 2018. GSTT completed their paper switch-off programme on 1 April. The switch-off has been successful with few issues reported. KCH - Denmark Hill have completed phases 1 and 2 of their paper switch-off programme and are in the process of completing phase 3. Phase 4 will include 2 Week Wait services at KCH - Denmark Hill. The CCG will work closely with the trust to ensure the programme continues to deliver on time and ensure timely communications are shared with primary care colleagues.

In Primary Care, there are a number of GP IT Facilitators who are available to provide e-RS training to practices. Practice level information is being used to identify and target GP practices which may benefit from additional training. Resources for GPs (including training guides developed by the GP IT Facilitators) are available on the Members and Staff Zone and regular updates are provided in the Planned Care Newsletter.

4. Mental Health

4.1. Launch of joint mental health and wellbeing strategy in Southwark

I am pleased to report on work mobilise Southwark's Joint Mental Health and Wellbeing Strategy, following joint agreement by NHS Southwark CCG and Southwark Council during Q4 2017-18. This vision was shaped following engagement with, and feedback from, patients, carers, health care professionals, and special interest groups, during winter 2016 and autumn 2017.

The Strategy sets out how mental health services will be delivered in the borough in the coming years. It includes clear commitments to remove stigma surrounding mental illness and shift emphasis onto prevention, early help, and excellent care and support closer to home, and away from hospitals or other institutional environments.

Work is now underway to mobilise workstreams focusing on the following five priorities:

- Prevention of mental ill health and promotion of wellbeing
- Increased care and support in the local community
- Better clinical and care services
- Supporting recovery
- Improved outcomes for patients.

The full strategy will be published on the Council and the CCG websites. Initial delivery progress has included a joint CCG and Council review of local CAMHS services, due to conclude during July.

4.2. Multi Agency Discharge Event (MADE)

There is a national drive for Mental Health Trusts to undertake regular MADE events bringing together CCGs, Local Authorities, Housing Agencies, GPs and others, to make funding and discharge decisions. The MADE event runs over a number of days with the aim to break down discharge barriers and move patients through the system.

Southwark will be holding a Mental Health MADE event starting on 16 July 2018:

- **Day 1** will be a "go see" day which will introduce the MADE panel (including third party representatives) to discharge problems on a case by case basis and determine action plans for each discharge problem. The plan is to review all patients over 50 days LOS prior to the MADE event and present the MADE panel with issues in that cohort with the aim of producing an action plan for each patient.
- **Day 2** will be a decision day where the MADE panel will seek authority for each action plan and resolve as many barriers as possible (so funding for placements, primary care support, CMHT inputs, housing, deep cleaning, gas checks etc.).

This is a fantastic opportunity over two days to review our barriers to discharge and agree step down routes into the community across all partners. Both days of the event will be

attended by members of CCG and Council teams across placements, housing, CHC discharge, commissioning and primary care.

5. Primary Care

5.1 CQC Inspections

The CQC began inspecting GP practices in Southwark in April 2015. To date 38 GP practices have been inspected and 37 practices have had their reports published. Full reports are available on the CQC's website. Two practices in Southwark had CQC reports published in June 2018 following re-inspections.

- **Falmouth Road Group Practice** was rated a 'good' in all areas following an inspection in April 2018. The practice had previously been rated as inadequate and placed in special measures following inspections of the previous provider. The CQC found that the provider had addressed all of the concerns raised at previous inspections and in addition the practice continued to work to improve the standard of care and patient satisfaction after taking over operating the service from the previous provider in January 2017.
- **Acorn and Gaumont Surgery** in Peckham was also rated as 'good' overall following an inspection in April 2018. The CQC noted that the practice had made significant improvements in respect to clinical outcomes. There were some recommendations for the practice to implement following the inspection which the CCG will provide support to the practice to implement.

5.2 GP Forward View Resilience Funding

The GP Forward View (GPFV) made a commitment to support vulnerable practices through a national four-year resilience programme. 2018/19 is the third year of the programme. The CCG will work with the Local Medical Committee to prioritise practices for support. Resilience support can be offered in a variety of ways including, but not limited to, diagnostic services to quickly identify areas for improvement support, specialist advice and guidance and practice management capacity support.

In 2017/18 six practices in Southwark were prioritised for support. Outcomes of this support include two practices that were rated by the CQC as inadequate and placed in special measures were rated as 'good' following subsequent inspections after resilience funding had been provided to support the practices.

5.3 Update on Key Procurements

The CCG are currently undertaking a procurement for two GP APMS contracts, based at the Lister Health Centre and Falmouth Road Surgeries respectively. Decisions on the successful providers are expected later this month

NHS Southwark CCG recently re procured for the extended primary care services to care homes with nursing beds contracts. As part of the procurement the CCG extended the service offer to larger residential homes in Southwark recognising the complexities of residential and their increasing health needs.

The aim of the procurement was:

- To provide high quality care for residents of care homes with nursing beds through high quality care services supported by a multi-disciplinary team approach,
- To provide a proactive clinical leadership to support services both provided by and provided to the home;
- To review the needs of residents of CQC registered homes and the model of service provision required within identified resources.

A total of nine nursing and residential homes were included in the procurement. Following the procurement process, Quay Health Solutions (QHS), the north Southwark GP Federation was the successful bidder and will start providing the service to patients on 01 July 2018. This service will be set up as a new general practice in Southwark. The contract is for three years with an option to extend for two years. The full five year contract value is £1,805,000.

5.4 Silverlock Medical Centre Relocation

From 02 July 2018 Silverlock Medical Centre, previously located at Warndon Street, SE16 has relocated to the Health Centre at 2 Verney Way, SE16.

In November 2017, Southwark CCG's Primary Care Commissioning Committee approved the relocation to enable the practice to provide general practice services from purpose built premises. The practice's previous premises was not considered fit for purpose for the registered list size. Since the decision the CCG agreed a lease with the landlord of the of the Health Centre at Verney Way and secured national funding to complete premises works to refurbishment the Health Centre and add four new consultation rooms to allow the practice to have capacity for the its growing list size and to provider range of services. AT Medics, the provider has led patient engagement and all patients of the practice have been written to and informed of these changes. The practice will continue to be called Silverlock Medical Centre.

6. NHS Funding Settlement

In June 2018, the government announced an agreed average 3.4% annual funding growth for five years for the NHS. This only applies to the NHS England budget (rather than the entire health budget) and as such amounts to £4 to 4.5bn per year.

The increase is phased as follows:

- 3.6% in 2019-20 and 2020-21
- 3.1% in 2021-22 and 2022-23
- 3.4% in 2023-24.

If the Department for Health and Social Care non-NHS budgets rise in line with inflation, the new settlement would represent an average annual increase of around 3% to overall health funding. This is significantly higher than the average increase since 2010, which has been just above 1%, but still below the 3.7% average increase since the NHS was launched in 1948.

The funding is contingent on the NHS generating its own clinically led ten-year plan for spending this extra funding, plus any productivity and efficiency gains the NHS makes.

The CCG is awaiting specific guidance on how the additional funding growth will be made available.

Item No. 10.	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		Update on Integrated Commissioning	
Ward(s) or groups affected:		All	
From:		David Quirke-Thornton, Strategic Director Children and Adults, Southwark Council Jonty Heaversedge, Chair of Southwark Clinical Commissioning Group	

RECOMMENDATION

1. To note the update on Integrated Commissioning.

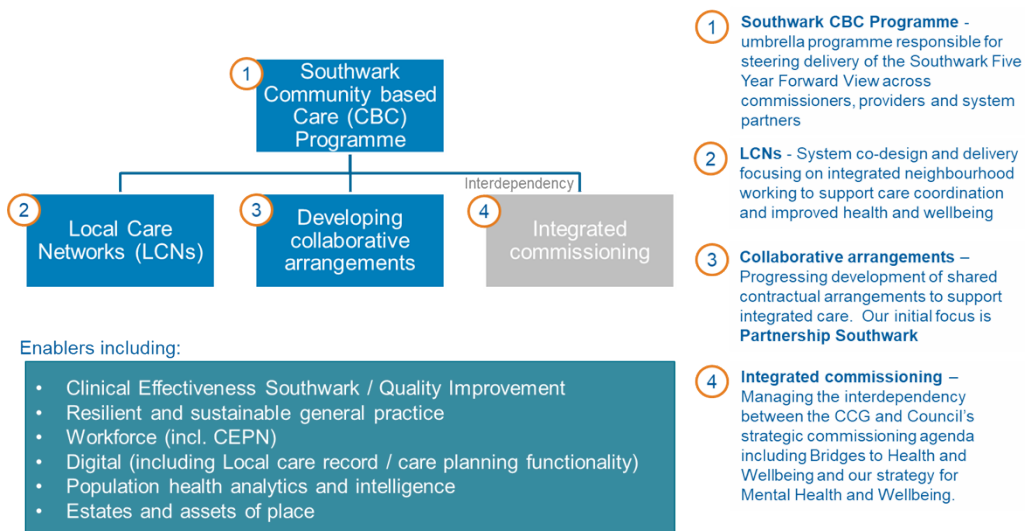
Population segmentation: "Bridges to Health and Wellbeing"

2. In 2016 the Council and CCG set out a shared "Southwark Five Year Forward View (FYFV)" for health and social care to 2020/21. This was a framework for improving the everyday experience and life outcomes of Southwark residents, which reflected the desire to do things differently: addressing complex and longstanding issues and enabling residents to receive more co-ordinated care and experience better outcomes. Subsequently a report was taken to the Health and Wellbeing Board in March 2018, and the Joint Commissioning Strategy Committee (the JCSC) approved the project initiation in November 2017.
3. To achieve the ambition in the FYFV, NHS Southwark CCG and Southwark Council have been working together to develop a new joined up approach to the commissioning of health and care services, using a *population segmentation* approach. This means instead of commissioning services around existing configurations of providers, services are commissioned on the basis of the needs of pre-defined groups within the population. This approach seeks to match care models to people's holistic needs rather than one size fits all, giving parity to mental, physical and social needs. It brings a focus on outcomes that matter to people (rather than providers of services) and should mean that providers work to common goals in partnership.
4. The Bridges to Health and Wellbeing model is the Southwark tool being used to implement this approach. A workshop was held in May 2018 that brought together commissioners across the Partnership to agree the priority population groups. The JCSC had requested that initially two areas only be chosen as priorities.
5. The two areas chosen from a number of different possible population segments are:
 - Adults: frailty, dementia and end of life; and

- Children & Young People (CYP): maternity, children with generic needs (aged 0 up to 5 years) and preventing the need for children to be looked after (Keeping Families Strong).
6. These are working titles at the moment and refinement is expected as the separate programmes are developed. In particular there is discussion at present about whether children with specialist and complex needs should be included in the second segment.
 7. There was much discussion at the workshop and at the JCSC about whether Mental Health and Wellbeing should be mobilised as a separate programme. However it was noted that there is a comprehensive Mental Health and Wellbeing Strategy in place which covers the whole life course (agreed by Health and Wellbeing Board in January 2018). With this in mind it was agreed that mental health at this point should be included within every population segment rather than being a segment in its own right. Furthermore Serious Mental Illness (SMI) is also a defined element within one of the Long Term Conditions segments.
 8. Other areas that are being worked up in parallel to follow as second and third phases include:
 - Care Leavers
 - Return to Employment for a (to be defined) sub-set of healthy, working age adults
 - Long Term Conditions (including SMI).
 9. Key to this approach is to reinforce the vital importance of getting the environment right by factoring in the wider (social) determinants of health and wellbeing including education, employment and housing with a focus on early intervention, prevention and self-management/ self-care across all segments and acknowledging the voluntary sector's role in this.

Link between Bridges to Health and Wellbeing and Southwark's Community-based Care (CBC) Programme

10. The diagram below sets out the relationship of the Bridges to Health and Wellbeing programme to Southwark Community Based Care (CBC). The CBC programme brings together the 'system development' work-streams in Southwark. Bridges to Health and Wellbeing is a key tool to deliver integrated commissioning.



11. There are clear interdependencies between the CBC programme: the Local Care Networks, Partnership Southwark, and the Bridges to Health and Wellbeing programmes, both in relation to delivery and governance. The overlaps and interdependencies will be mapped and aligned to support better system-wide integration. For example the first priority area chosen for the B2HW programme (Adults: frailty, dementia and end of life) will lead to the commissioning of integrated services at a local level which should correspond to the models of integrated care being developed through the Local Care Networks, utilising the collaborative provider-partnership, Partnership Southwark.

Commissioning Community

12. Key to the delivery of the commissioning part of the CBC programme is the commissioning capacity and capability within the whole system. With this in mind, an independent review was commissioned in April 2018, to look at the progress made within the Council and CCG on the development of integrated commissioning. One of the main recommendations within this review was that the Council and CCG work together to develop a “Commissioning Community” that brings together everyone who “commissions” within the two organisations. This is much wider than health and social care and would include commissioners of public health services, housing, employment, voluntary sector, community safety etc. This reflects the wide scope of the population segmentation approach described above on which Bridges to Health and Wellbeing is based.
13. Discussions are in train currently about how this should be progressed and the aims and objectives of this development. This will include defining who is in this “community”, and how the “community” might work.

Policy implications

14. In 2016, the CCG and Council agreed the Five Year Forward View for improving health and social care outcomes across Southwark. Over the same period, the Council refreshed its Council Plan to 2018 for a fairer future for all, including renewing specific commitments attached to helping people achieve healthy, active lives, revitalised neighbourhoods and providing the best start in life for young people across Southwark. These themes are reinforced in the recently

published Future Council Plan for 2018/19 -2021/22.

15. Taken together these provide the local policy framework in which the senior leadership of the CCG and Council has agreed, as per this report, to prioritise further integration and the opportunity for better alignment between the two organisations, whilst simultaneously achieving financial sustainability across the health and social care sector. Ultimately the key test of success is that residents achieve better health and social care outcomes through the changes driven forward by this work.

Community impact statement

16. The public sector equality duty requires public bodies to consider all individuals when carrying out their day to day work, in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.
17. This report provides an update on the work undertaken to progress integration across health and care in Southwark. The aim of this joint work is to further improve the everyday experience and life outcomes of Southwark residents, in particular focusing on doing things differently; addressing complex and longstanding issues; and putting in place plans that will support change to happen so local people receive more coordinated care and experience better outcomes. Overall this is about improving quality and value so that people in Southwark have access to the best quality health and social care within the resource envelope available for the borough.
18. As and when specific services change proposals arise from the programme these will be subject to community impact assessments.

Resource /Financial implications

19. Consideration is being given to the resourcing of programme management arrangements to ensure the work described above is properly supported. These will be dealt with through the usual governance arrangements of each partner.

Consultation

20. The Bridges to Health and Wellbeing programme and associated work streams will include a full engagement plan with stakeholders, in particular in relation to the outcomes to be achieved and any changes to the delivery of services that impacts on service users.

Legal implications

21. There are no legal implications as this stage. However, as the work progresses resultant commissioning and procurement will be dealt with through the usual governance arrangements of each partner.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Genette Laws, Director of Commissioning, Southwark Council Caroline Gilmartin, Director of Integrated Commissioning, Southwark CCG	
Report Author	Deborah Cohen, Assistant Director, Partnership Commissioning Team	
Version	Final	
Dated	17 July 2018	
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		19 July 2018

Item No. 11.	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		Sexual Health Update	
Ward(s) or groups affected:		All	
From:		Director of Health and Wellbeing	

RECOMMENDATIONS

1. The Health and Wellbeing Board notes the sexual health programme update, including progress and recent media interest.

BACKGROUND INFORMATION

2. The Health and Wellbeing Board receives regular thematic updates through its core business reports and thematic reports on the implementation of the health and wellbeing strategy. The focus of the reporting has been on the 'wicked issues' of obesity, sexual health, tobacco and smoking, alcohol and mental health and wellbeing; and on strategic developments and implementation of the integrated approaches to health and social care commissioning and service improvement. This report provides the annual update on sexual health.
3. Under their public health duties, local authorities are required by statute to provide open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, and free provision of contraception. Local authorities are responsible for providing:
 - comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP-provided contraception;
 - sexually transmitted infection (STI) testing and treatment, chlamydia testing, and HIV testing;
 - specialist services, including young people's sexual health, outreach, HIV prevention, sexual health promotion, and targeted services, e.g. in schools, college and pharmacies.
4. Across England, the majority of sexual and reproductive health services are delivered in clinical settings by NHS trusts.
5. Local authorities receive a ring-fenced Public Health Grant to fund these services. This grant has reduced year-on-year since 2015/16.
6. Lambeth, Southwark and Lewisham (LSL) Councils work collaboratively in sexual health commissioning. There is a shared LSL Sexual Health Commissioning Team hosted by Lambeth Council that commissions all sexual health services on behalf of Southwark Council, with the exception of primary care (GP and pharmacy) services, and specialist young people's services, which are commissioned by Southwark Council.
7. The term sexual health encompasses both sexual and reproductive health, i.e.

needs and the care surrounding sexually transmitted infections and contraception.

KEY ISSUES FOR CONSIDERATION

Recent data

Sexually transmitted infections (STIs)

8. Southwark's significant sexual health needs are due to our young, mobile, and diverse population, and that our local sexual health services (run by King's College Hospital NHS Foundation Trust (KCH) and Guy's and St Thomas' NHS Foundation Trust (GSTT)) are high quality, modern and popular. Young people, men who have sex with men (MSM) and black communities are most at risk of poor sexual health.
9. New data on sexually transmitted infections (STIs) were released on 5 June 2018. These showed a slight decrease in the number and rate of overall STIs diagnosed in Southwark between 2016 and 2017 (fig. 1), but a significant increase in both syphilis (fig. 2) and gonorrhoea (fig. 3). Between 2016 and 2017, syphilis diagnoses increased in Southwark by nearly 42% (higher than England, 20%) and gonorrhoea diagnoses by 14% (lower than England, 22%). Prevention of condomless sex and understanding in detail the populations most at risk of infection will be key strategies to overcome this, across London.

Figure 1: Rate of all new STI diagnoses (per 100,000 population)

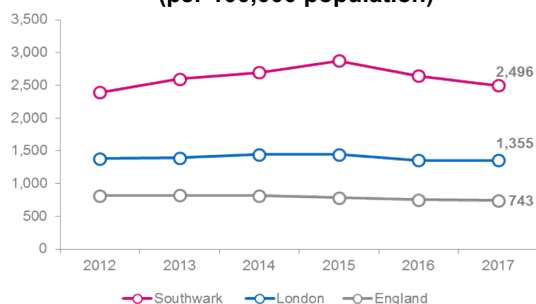


Figure 2: Rate of new syphilis diagnoses (per 100,000 population)

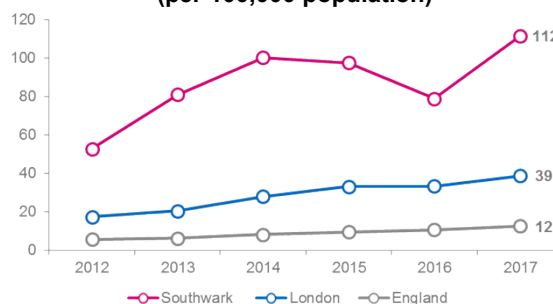


Figure 3: Rate of new gonorrhoea diagnoses (per 100,000 population)

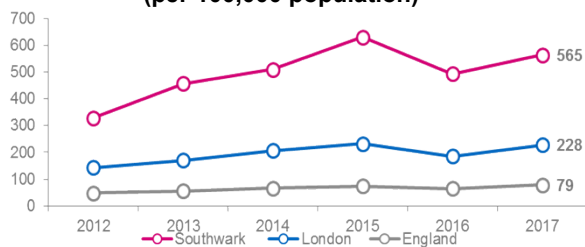
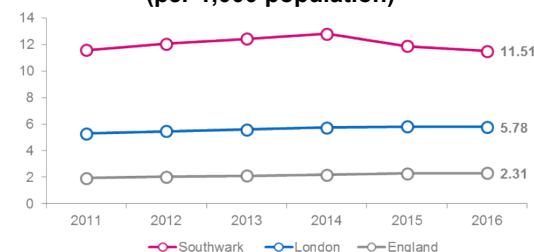


Figure 4: Rate of HIV prevalence (per 1,000 population)



10. Southwark now has the third highest rate of new diagnoses of STIs (down from second highest), and the second highest rate of diagnosed HIV, in the country. In 2017, there were 7,778 new STIs diagnosed in residents of Southwark, a rate of 2,496 per 100,000 residents (compared to 743 per 100,000 in England). In 2016 (most recent data), 11.5 residents per 1,000 were known to be living with HIV (compared to 2.3 per 1,000 in England).

11. Our HIV prevalence (the proportion of people living with HIV) continues to decline (fig. 4) in line with reductions in new diagnoses of HIV since 2012, and a growing population. In 2016, 65.1% of Southwark residents attending sexual health clinics or using online services elected to have an HIV test (fig. 5). This is lower than most of London, and coverage is lowest in women. We will be exploring this as part of our new strategy.

Figure 5: Proportion of residents attending sexual health clinics that took an HIV test

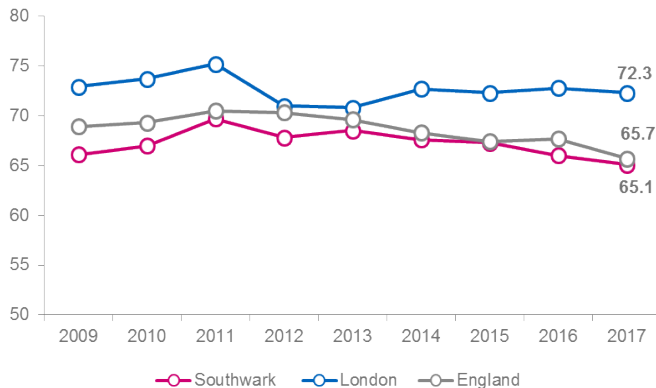
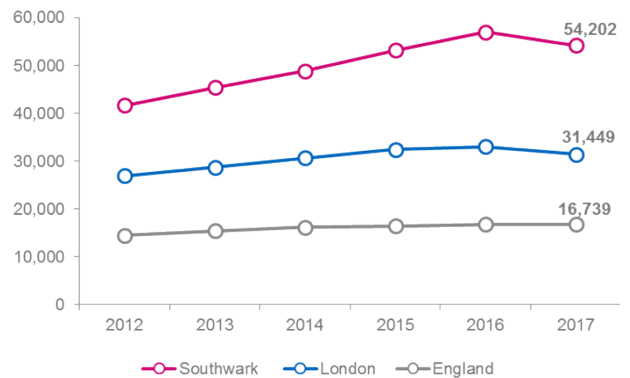


Figure 6: STI testing rate (excl. chlamydia in u25s) (per 100,000 population)



12. There were 125,359 STI tests in Southwark residents in 2017. Unfortunately, this represents a slight decrease of just under 5% compared to 2016. This is despite increasing capacity through online services (which saw an increase in the number and rate of tests from 2015). This may be explained by system-wide (national and London) issues in sexual health service capacity caused by reductions in the Public Health Grant given to local authorities. Especially in London, the closure of a popular clinic outside our borough (or change to its opening hours) does affect our residents, as demonstrated in Southwark and London testing rates (fig. 6).

Reproductive health

13. Unplanned pregnancy is an indicator of poor reproductive health. While rates of teenage pregnancy have been declining since 1998, Southwark still has the third-highest rate in London (though more recent quarterly data shows this trend is improving).
14. Rates of contraception provided to Southwark women by their GP have declined significantly in recent years, and women in Southwark are also more likely to request emergency contraception from sexual health – more than our neighbouring boroughs, London, and England.
15. Just under 30% of Southwark women aged under 25 years who had an abortion in 2016 had also had a previous abortion, indicating ongoing unmet reproductive health needs.
16. 2017 data have not yet been released for key reproductive health indicators; an update will be provided to the HWB with the sexual health strategy.

Inequalities

17. Young people, black communities, and men who have sex with men (MSM) are at greatest risk of STIs and poor sexual health. In terms of ethnicity specifically, the greatest burden of all STIs diagnosed in 2016 in Southwark (all ages) were in both

white and black heterosexual women, black and mixed ethnicity heterosexual men, and white MSM. This varies by STI, which will be presented in detail in our strategy.

18. Young people aged 15-24 years in Southwark accounted for 34% of all new STI diagnoses in 2016 (2017 data not yet available). Young people are also more likely to be re-infected with an STI, which points to a lack of skills and confidence to negotiate safer sex. This is backed up by findings from a survey with secondary-aged pupils in Southwark in 2016 which showed that only two-thirds of year 10 pupils knew where to obtain free condoms.
19. Chlamydia is the most common STI amongst young people. The proportion of Southwark residents aged 15-24 years who were screened for chlamydia in 2017 declined (from 45% in 2016 to 37% - the same as England). We will investigate the causes for this but the introduction of sexual health e-services for asymptomatic people may be a factor (i.e. the people attending sexual health clinics may be more likely to be there for contraception, and so may not necessarily accept a STI/chlamydia test), as well as general difficulties in accessing sexual health services due to system-wide pressures. Our rate of chlamydia detection also decreased in the same time period, as might be expected, although we are still performing in the top 3 local authorities nationally.
20. New diagnoses of HIV declined between 2015 and 2016 (mainly a reduction amongst MSM), although there are significant inequalities in testing rates, with Black communities and heterosexual women less likely to accept an HIV test, and are more likely to be diagnosed late. Rates of HIV in Southwark are above a threshold where universal testing is recommended, and we need to do more work to increase uptake in under-testing groups.
21. Across LSL, young black women are the highly represented amongst women seeking abortions and repeat abortions. Action to improve reproductive health - especially for those most affected - will be a cornerstone of our new sexual health strategy.

London Sexual Health Transformation Programme

22. The London Sexual Health Transformation Programme focused on developing long term, financially and clinically sustainable, open access sexual health services across the capital, based on shared standards and outcomes. Over several years, 32 boroughs collaboratively agreed a new model for sexual health services, including:
 - Introduction of a shared tariff Integrated Sexual Health Tariff (ISHT) that matches payments to the cost of delivering services; and
 - A shared online STI self-testing service across London to complement traditional sexual health clinics by enabling appropriate low risk (asymptomatic) individuals to self-test via an online portal.

Implementation of the Integrated Sexual Health Tariff (ISHT)

23. The introduction of ISHT-based contracts for sexual health services in London is the result of a decade-long process which moved commissioning away from expensive, fixed cost 'first appointment' and 'follow-up appointment' tariffs (no matter the service provided), to a fully itemised tariff which matches payment to the specific costs of an appointment (including staff time, any tests and medicine, even a proportion of heating/lighting the clinic). This ensures commissioners will only pay what an individual appointment costs. The tariff was developed in partnership with

clinicians and other stakeholders.

24. ISHT contracts were introduced with KCH and GSTT in October 2017, following significant negotiations. Despite now meeting the exact costs of delivering sexual health services, the new ISHT contracts deliver a significant drop in income for both KCH and GSTT. We, along with our commissioners at Lambeth Council, have been working closely with them on the changes that may be needed to staffing mix and staffing levels, hours of operation, site strategies and links with e-services.

Implementation of e-services

25. Lambeth and Southwark Councils have commissioned a local sexual health e-service, SH:24, since 2016. This has helped to deliver considerable cost reductions in sexual health services at KCH and GSTT as the clinics have been able to offer asymptomatic patients attending these services the option of self-testing using an online portal. Online services have been shown as an important way to meet demand for sexual health services. Between 2015 and 2016, the rate of newly diagnosed STIs in Southwark declined, while the rate of testing went up (explained by the use of the e-service).
26. In 2016/17, the Transformation Programme, led by Camden Council at the time, procured a new London-wide sexual health e-service which would deliver a service of comparable quality to the local service, at a lower price (due to the volume and collective buying power of London boroughs). Boroughs would further benefit in that asymptomatic residents that attend clinics outside their borough would be 'channel shifted' to the new London e-service, thereby delivering lower costs across the capital (not just in local clinics, as we have now).
27. Due to these benefits, the council took the decision in 2017 to join the new London e-service, effective from July 2018. This will mean that in July, our local sexual health e-service will cease being provided by SH:24 and we will join the rest of London in having a single sexual health e-service, called 'Sexual Health London'.
28. We will continue to work with SH:24 in the development of a local online contraception service to improve women's access to the range of contraceptive choices, and reduce unplanned pregnancies and repeat abortions.

Demand for local services

Changes to services

29. GSTT elected to close three of their six sexual health clinics in 2016/17 (prior to the introduction of the ISHT), following a consultation with commissioners and other stakeholders.
30. In May 2018, KCH amended their opening times to allow for better use of their staff and site (but will not be closing clinics). This has meant shorter opening times but greater capacity during those times, due to more staff working at any one time. Early findings indicate that there has been a 22% increase in activity; although the Trust reduced the total opening hours they increased the total walk in hours and have considerably increased the number of appointments available, reducing waiting times for LARC from 4 weeks to a few days.
31. In June 2018, GSTT are trialling shorter opening times for one month, similar to the KCH strategy – i.e. greater use of all available clinic space and staffing – to test

whether this approach also increases their capacity. It is expected that this will.

Media interest

32. The changes to sexual health services are complex, the detail of which is not well-captured (nor understood) by the news media. Sexual health clinicians and associated stakeholders are expert at engaging the media, and we have worked with our lead clinicians at KCH and GSTT to ensure accurate messages have been released to the media, wherever possible. Most articles have taken the line that the central government cuts to the Public Health Grant have been passed onto sexual health services (as the largest area of grant spend nationally), but it is more complex than that, as detailed above.
33. There have been a number of FOI requests and news stories on the reducing funding available for sexual health services, closures of a number of clinics, and the associated unmet demand (e.g. patients being turned away from clinics) since 2017. There were print and television stories from a number of news outlets on clinic access nationally in June 2018, which quoted clinical leads from GSTT (BBC News online) and KCH (BBC News on television).
34. We do not anticipate any imminent media interest.

Understanding demand for local sexual health services

35. In order to understand unmet demand in our area, we collaborated with Lambeth and Lewisham Councils and all eight sexual health clinics across the inner south east London area on a snapshot survey in November 2017. This had the aim of understanding the number of people who walked into sexual health clinics and were turned away due to capacity, and whether they had been turned away previously. During the month of November 2017, there were 8,859 attendances at these clinics, and a further 1,094 attendances (not individuals) were turned away due to capacity. Of those turned away:
 - 73% were from Lambeth, Southwark or Lewisham
 - 54% of people turned away reported having symptoms of an STI infection
 - 25% had previously been turned away from other services, of which 44% had previously tried to access their GP for these services.
36. This survey was the first of its kind in England, and findings therefore generated some interest on social media when presented at a conference in April 2018. However, the findings were clear on the limitations of the survey, including a lack of objective measure of 'symptomatic', respondents that were 'turned away' may have been offered another appointment that day or within 48 hours (national target), and that the survey cannot draw conclusions on capacity within sexual health services alone, as demand is driven by a number of factors within the wider system (including increasingly difficult access to GP services).
37. A second survey took place in April 2018 to further understand capacity and address some of these limitations, which is currently being analysed and will inform local and London-wide actions to mitigate high levels of demand on clinic based services and improve timely access to services.
38. We are operating within the constraints of an ever-reducing Public Health Grant and continue to monitor demand in various settings. We are also boosting capacity in online services through joining the new pan-London e-service and developing capacity in general practice and local pharmacies, which will form part of a new

Lambeth, Southwark, and Lewisham Sexual Health Strategy 2018-23. However, national reductions to the funding available for sexual health are not expected to end soon.

Sexual Health Strategy

39. We are leading the development of the Lambeth, Southwark, and Lewisham Sexual and Reproductive Health Strategy 2018-22, in partnership with public health and commissioning colleagues from both Lambeth and Lewisham. Collectively, we have the highest sexual health needs in the country, and this will take account of the achievements in service improvement and reductions in new diagnoses of HIV and some STIs in recent years, and focus on improving access to services for those most at risk of poor sexual health (reducing inequalities), and improving contraceptive choice and access for local women. It is expected that consultation on the draft strategy will take place over the late summer across the boroughs, with the final version being presented to the Health and Wellbeing Board and signed off by Cabinet in the Autumn.
40. The strategy will focus on achieving the vision set out below:
- People have healthy and fulfilling sexual relationships
 - People effectively manage their reproductive health, understand what impacts on it, and have knowledge of and access to contraception
 - The burden of STIs is reduced, especially in disproportionately affected groups
 - There is zero HIV stigma, zero transmission, and zero deaths

Policy implications

41. Southwark Council has a statutory responsibility to commission a range of sexual and reproductive health services, as set by in the Health and Social Care Act 2012.
42. All Southwark residents can, by statute, access sexual health clinics anywhere in the country, with the council where the person is resident being liable for the cost. Despite commissioners exerting downward pressure on clinic tariffs in recent years, the increasing need/demand for services saw spend in Southwark increase year on year to 2016. Sexual health services continue to require approximately one-third of the annual Public Health Grant spend. The high costs remain unsustainable, especially given the central government cuts to Public Health grant. Through partnership working in south east London, across London, and with our providers, we have been able to deliver cost-effective transformation of services, and are starting to see costs come down, though demand remains high.
43. The Southwark Health and Wellbeing Strategy 2015-20 sets out that improving sexual health, particularly for those groups disproportionately affected by poor sexual health, is a key issue for the council. Additionally, one of the strategy's key priorities is to promote increased self-care over a reliance on acute care. Changes to services in recent years are aligned to this priority.

Community impact statement

44. The work undertaken to improve sexual and reproductive health in Southwark is underpinned by an understanding that sexual ill-health is not equally distributed in the population. Black communities, young people, and men that have sex with men are most at risk of poor sexual health. We know that young black women suffer the poorest reproductive health in LSL, with high rates of emergency

contraception use and abortion.

45. Not all services work for all people, so a range of responsive universal and targeted services are needed. In developing new and improving reproductive health services, and following on from recent focus groups with local women, we will be working alongside young, black women in LSL in particular to understand their specific needs and co-design services and programmes.

Resource implications

46. There are no specific resource implications attached to this annual update. Resource implementations arising from the implementation of the new strategy will be considered at the time these are brought forward.

Legal implications

47. Local authorities are required by statute to improve and protect the public's health, and specifically mandated to commission and provide specific sexual health services defined in Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. This report provides an update on some of the key measures of those services.

Financial implications

48. There are no specific financial implications attached to this annual update. Financial implications arising from the implementation of the new strategy will be considered at the time these are brought forward.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Business Case – Cabinet Approval	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758
Link: http://moderngov.southwark.gov.uk/mgChooseDocPack.aspx?ID=5142		
Gateway 2 - Access to London e-service for online sexual health testing	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6295		
Gateway 2 - Contract Award Approval - Award of Contracts for the Provision of Sexual Health Services	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6272		
Lambeth, Southwark and Lewisham Sexual Health Strategy 2014-17	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758

Link: (Copy and paste into browser)
<http://moderngov.southwark.gov.uk/documents/s51569/Appendix%20%20Lambeth%20Southwark%20and%20Lewisham%20Sexual%20Health%20Strategy%202014-%202017.pdf>

AUDIT TRAIL

Lead Officer	Kevin Fenton, Director of Health and Wellbeing	
Report Author	Kirsten Watters, Consultant in Public Health; Sigrid Blackman, Head of Programmes (Sexual Health, Children and Young People)	
Version	Final	
Dated	16 July 2018	
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	No
Date final report sent to Constitutional Team		18 July 2018

Item No. 12.	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		Child and Adolescent Mental Health Services (CAMHS) – an update on the Review of services	
Ward(s) or groups affected:		All	
From:		David Quirke-Thornton, Strategic Director Children and Adults, Southwark Council Jonty Heaversedge, Chair of Southwark Clinical Commissioning Group	

RECOMMENDATION

1. To note the progress in conducting this Review and that a full report including findings and recommendations will come to the next meeting of the Board in the Autumn 2018.

BACKGROUND INFORMATION

2. This review was requested by Partners following the completion of the Joint Mental Health and Wellbeing Strategy 2018-2022, agreed by the Board in January 2018. The Strategy covers prevention and wellbeing in all age groups including children and young people. As 50% of mental health problems are established by age 14 and 75% by age 24, appropriate support and access to services for children and young people is crucial if problems in adulthood, impacting in turn on parenting the next generation, are to be reduced.
3. The objectives of the review were as follows:
 - Review the current outcomes and the potential future outcomes
 - Ensure the changing needs of the population group who require support with their mental health and wellbeing can be met through the CAMHS (and wider system) offer
 - Design a financially sustainable service model
 - Design an accessible and inclusive service model for all children and young people to enable prevention
 - Ensure the redesigned offer can meet the required outcomes and performance measures, as well as have the capability to address any potential changes to national strategy and NICE guidelines

KEY ISSUES FOR CONSIDERATION

4. The review is now nearing completion. The review has been carried out with the help and involvement of a very wide range of stakeholders, including parents/carers, children and young people, and health, social care and education professionals.
5. The process has included a wide range of meetings and information gathering.

Thanks is expressed to the large number of people who have given of their time to contribute to this work.

6. Meetings with the users of services
 - Meetings with young people who are using CAMHS services
 - Meetings with Young Carers.
 - A meeting with parents of SEND children (facilitated by Contact, which is a Registered Charity). Attendance at the SEND Parents and Children and Young People's Consortium.
 - Email correspondence from people who wished to give personal views, including adoptive and foster-carers.
 - A stakeholder event attended by 72 people, including health, education, voluntary sector and social care representatives, carers and two young people.

7. Meetings with professionals:
 - One-to-one interviews, meetings, email exchanges, and telephone discussions with a range of NHS staff working with this client group including: SLAM managers and clinical staff, meetings attended by medical and paediatric staff from Guys and St Thomas's NHS Foundation Trust, Kings College Hospital NHS Foundation Trust (KCH).
 - Attendance at two locality GP meetings twice
 - Meetings with local authority children's services senior managers and with the Interim Head of the Clinical Practitioner Service
 - A meeting with local authority Principal Educational Psychologists.
 - A meeting with Head teachers and school Safeguarding leads
 - Meeting and/or discussion with neighbouring boroughs including Lambeth, Lewisham and Croydon.
 - Information obtained through discussion at Healthy London Partnership leadership events.

8. Surveys and data analyses:
 - An electronic survey, sent to GPs, other health professionals including hospital staff and school nurses, social workers, Early Help and YOS staff, and others who may make CAMHS referrals (129 responses received).
 - Benchmarking data against national/ London datasets including boroughs provided for by SLAM.
 - An audit of referrals to specialist CAMHS, with outcomes of referral

9. An independent CAMHS senior manager who was previously a regional Children's CAMHS Improvement Lead for the South-West England Strategic Health Authority, and a member of the national CAMHS Improvement Team was consulted as the Review progressed to check out the direction of travel.

10. The Review has been overseen by a steering group chaired by Southwark CCG and Southwark Council commissioning directors. This group includes the following representation:
 - Southwark CCG including commissioners and senior quality/safeguarding representation

- Southwark Council including senior social work and safeguarding, education and public health representation
 - Resident and service user representation, including Healthwatch
 - South London and Maudsley NHS Foundation Trust
 - Kings College Hospital NHS Foundation Trust
 - Guys and St Thomas' NHS Foundation Trust
 - General Practice
 - Other senior Council/CCG representatives
11. The report will be ready for presentation to the next Health and Wellbeing Board in the Autumn.

Policy implications

12. In 2016, the CCG and Council agreed the Five Year Forward View for improving health and social care outcomes across Southwark. Over the same period, the Council refreshed its Council Plan to 2018 for a fairer future for all, including renewing specific commitments attached to helping people achieve healthy, active lives, revitalised neighbourhoods and providing the best start in life for young people across Southwark. These themes were reinforced in the recently published (Cabinet June 2018) Future Council Plan for 2018/19 -2021/22, which includes the pledge to *“protect funding for mental health services for children and young people and find ways to change and improve services so that more children get the support they need when they need it”*.
13. Taken together these provide the local policy framework in which the senior leadership of the CCG and Council has agreed, as per this report, to prioritise further integration and the opportunity for better alignment between the two organisations, whilst simultaneously achieving financial sustainability across the health and social care sector. Ultimately the key test of success is that residents achieve better health and social care outcomes through the changes driven forward by this work.

Community impact statement

14. The CAMHs review has taken account of the needs of local communities including young people and their families/carers identified as possessing protected characteristics. No adverse equalities impacts have been identified at this stage.
15. An Equality Impact Assessment (EIA) will be completed for the delivery plan and any subsequent commissioning intentions required to achieve the objectives identified in the Review.

Resource implications

16. There are no resource implications beyond the issues referred to above relating to the changes in funding sources. Commissioners within the Partnership Commissioning Team will be responsible for implementation of the Review. As the delivery plan is developed any actions arising which have an impact on resources will be subject to separate decision-making process.

Legal/Financial implications

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

Consultation

18. The Review has been extensively co-produced with large number of local people and stakeholders through a wide range of engagement activities as described in this report.
19. As the Review moves into implementation stage a co-production approach will continue to ensure that the users of services and their families and carers are able to input fully into the design of new services and ways of working in Southwark.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
The Council Plan 2018-19 to 2021-21	Council Website	
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&Mid=6124&Ver=4 (see Item 8)		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Genette Laws, Director of Commissioning, Southwark Council Caroline Gilmartin, Director of Integrated Commissioning, Southwark CCG	
Report Author	Deborah Cohen, Assistant Director, Partnership Commissioning Team	
Version	Final	
Dated	17 July 2018	
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
List other officers here	-	-
Cabinet Member	No	No
Date final report sent to Constitutional Team	19 July 2018	

Item No. 13.	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		Health and Wellbeing Board Work Plan 2018-20	
Ward(s) or groups affected:		All	
From:		Director of Health and Wellbeing	

RECOMMENDATIONS

1. That the health and wellbeing board consider and approve the proposed work plan for 2018-2020 (Appendix 1) subject to any amendments.

BACKGROUND INFORMATION

2. This is the first meeting of the Health and Wellbeing Board of the new municipal year and the first opportunity to consider a forward work plan for the period 2018-2020. The forward work plan will enable the board and officers to have strategic oversight of matters pertaining to the future work of the board and to keep track of issues arising following consideration of items.

KEY ISSUES FOR CONSIDERATION

3. Attached at Appendix 1 is a draft work plan for the Health and Wellbeing Board for 2018-20. The work plan is to be driven by the priorities agreed by the Board and underpinned by the Health and Wellbeing Strategy.
4. The work plan will also be informed by the proposed Council Plan 2018-19 – 2021-22 agreed for consultation by cabinet in June 2018. The Council Plan is structured around eight priority themes, identified through the ‘Southwark Conversation’ with communities about wellbeing and the future of the borough. The themes (A place to call home; A place to belong; A greener borough; A full employment borough; A healthier life; A great start in life; A safer community; A vibrant Southwark) all contribute towards the health and wellbeing of Southwark residents.
5. The work plan will be submitted to each meeting to enable the board to note / consider any necessary changes as appropriate.

Policy implications

6. This report is not considered to have direct policy implications. Relevant policy implications will be set out in the individual items when considered by the board.

Community impact statement

7. Community impact will be addressed when considering the individual items.

Resource implications

8. There are no direct resource implications in this report.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

9. None.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Previous health and wellbeing board agendas and minutes	Southwark Council Website	
Link: http://moderngov.southwark.gov.uk/ieListMeetings.aspx?Committeed=365		

APPENDICES

No.	Title
Appendix 1	Proposed work plan 2018-2020

AUDIT TRAIL

Lead Officer	Kevin Fenton, Director of Health and Wellbeing	
Report Author	Everton Roberts, Principal Constitutional Officer	
Version	Final	
Dated	19 July 2018	
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		19 July 2018

APPENDIX 1

Draft Work Programme for 2018-19 and 2019-20

Item	Meeting date							Commentary
	30 July 2018	Oct 2018	Feb 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Proposed Themes								
Health and Wellbeing Board – Past Present and Future	✓							<p>The purpose of this theme is to enable the board to acknowledge accomplishments to date, to consider where the board is at currently and how it seeks to go forward to manage health and wellbeing in the future.</p> <p>Previous themes:</p> <ul style="list-style-type: none"> • Mental Health and Inequalities (January 2018) • Place and Health (March 2018)
Giving Every Child Best Start in Life								
Community Safety – Knife Crime, public health approach								
Health Inequalities								

Item	Meeting date							Commentary
	30 July 2018	Oct 2018	Feb 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Dementia								
Bridges to Health and Wellbeing								
Council Business								
Overview of Southwark Health and Wellbeing Strategy and progress to date	✓							
Council Plan 2018 – 2021-22	✓							
Sexual Health Update	✓							Requested at January 2018 board meeting.
Southwark Healthy Weight Strategy ' <i>Everybody's Business</i> '								Findings of Expert Challenge Panel scheduled to meet in Autumn 2018.
Annual Performance report covering obesity, smoking, HIV and sexual health	✓							
Joint Strategic Needs Assessment								
Pharmaceutical Needs Assessment								

Item	Meeting date							Commentary
	30 July 2018	Oct 2018	Feb 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Director of Public Health Annual Report				✓			✓	
Immunisation programmes in Southwark – Update								Report to be brought back once strategy is in place. Originally considered at January 2018 board meeting.
Enhancing the impact of planning policy on health outcomes and inequalities in Southwark and Lambeth (Health Innovation Fund)								Update on progress of the project. Originally considered at January 2016 board meeting.
Domestic Violence Strategy – Update								
Primary Care Commissioning Committee – Health and Wellbeing Board observer	✓							
Policy and Resources Revenue Budget 2019-20			✓					
Clinical Commissioning Group business								
South East London Sustainability and Transformation Plan								

Item	Meeting date							Commentary
	30 July 2018	Oct 2018	Feb 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Our Healthier South East London								
Joint Council and CCG Business								
BCF and iBCF								
Integrated Commissioning Update	✓							
Southwark Five Year Forward View								
Health and Wellbeing Board Structure and Governance Review	✓							
London Mayor's Health Inequalities Strategy Pledges								Update arising from pledges agreed at board meeting of January 2018.
Building healthy communities – social regeneration and strategic estate planning		✓						Requested at March 2018 board meeting under the guise of Development of a Shared Estate Strategy.
CAMHS – Whole System Approach	✓							

Item	Meeting date							Commentary
	30 July 2018	Oct 2018	Feb 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Other								
Voluntary & Community Sector Strategy Action Plan – Update								Last considered at March 2018 board meeting.
Health and Wellbeing Board Workplan 2018-2020 – Updates	✓	✓	✓	✓	✓	✓	✓	Opportunity to review at each meeting.

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MUNICIPAL YEAR 2018/19**

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

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