

# **Building a healthier future together**

## **Southwark's Joint Health and Wellbeing Strategy 2013-14**

July 2013

## Foreword by Peter John, chair of the board

I am delighted to introduce Southwark's first health and wellbeing strategy. It has been developed by the borough's new health and wellbeing board, which brings together the local public organisations that matter to residents and their health and wellbeing.

We created the board and developed this strategy because we share a deep commitment to improving our residents' health and wellbeing and building a fairer future for all. We know that we are stronger together, and that only through partnership can we make our vision and ambitions a reality, and overcome the biggest challenges facing our communities. We have made a good start tackling the borough's most intractable problems through the board's work in its shadow preparatory year, for example, investing in better identification and treatment for alcohol misuse, expanding community provision to promote mental wellbeing, and investing in healthy school meals, and local sports and leisure facilities.

Our vision is far-reaching – we recognise the high levels of need across our diverse communities, and are determined to eliminate the inequalities we see in their life chances. We believe the vulnerable must be protected and cherished, and the impact of deprivation and intergenerational disadvantage overcome. Only by working together can we create a borough where everyone can realise their potential and have the best life chances they can. This means ensuring everyone can equally access the support they need, as well as empowering communities to take responsibility for their own health. It also means tackling together the big challenges facing us, from high rates of alcohol misuse, smoking or teenage conceptions to chronic conditions such as hypertension and causes of early death.

Our communities deserve to receive the best services, ones which give them a better quality of life as well as a positive experience. We believe this is best achieved by putting people at the heart of our work and building services from their perspective, so that they are joined up where they need them to be, and provided in a way we would wish our own family to be treated. And so the commitments in this strategy set out how we plan to do this. It will mean making sure that more people feel more in control of their lives, and that services are tailored around what they want and need, provided at a time they need them, and developed with them. We also know that people want to be independent and healthy for as long as they can, to live freely in their own communities, connected to friends, family and neighbours.

Reforming how we deliver services in this way will also help us address the rising burden of an ageing population, as well as continuing widespread budget reductions and changes to how services are funded and organised. This redoubles our resolve to ensuring that we get maximum value and impact from every penny of public money. We know we can succeed only when all parts of the system work towards improving the same shared outcomes, and so commit to aligning all spending in pursuit of the commitments in this strategy. This includes significant investment programmes, such as in local housing, as well as joint action to expand education and employment opportunities, reduce crime, develop cultural and leisure activity and regenerate local communities. It also means shifting resources to more preventative action, based in our communities.

We intend to now make these ambitions a reality, and will use this year to develop more detailed steps to achieve our shared priorities as well as bold targets and milestones to measure our progress. I call on everyone across the borough to join us in making this borough a place everyone can thrive and be proud of.

Cllr Peter John  
Leader, Southwark Council  
Chair, Southwark Health and Wellbeing Board

## Introduction

The health and wellbeing board brings together the borough's key agencies – the council, the clinical commissioning group, the police, voluntary sector, and Healthwatch, which represents the voice of local people. The health and wellbeing board operated in shadow form for a year before being established as a committee of the local authority in April 2013.

This strategy is the board's first statement about what health and wellbeing means in Southwark and how it impacts the lives of our residents. It provides the basis for all partners, stakeholders and communities to work together to improve residents' health and wellbeing and reduce health inequalities in the borough.

This strategy covers 2013/14, and brings together existing knowledge, priorities and commitments. It does not seek to cover every issue or action relating to residents' wellbeing, neither does it replace nor duplicate existing strategies, governance and accountabilities held by other bodies and agencies.

Instead, it focuses on how partners can work creatively together to build on collective and individual partner's strengths and tackling the biggest health and wellbeing challenges facing our communities. This will include how we can use our limited resources to maximum impact, and make shared decisions in line with a common vision, and set of values, principles and priorities.

This strategy builds on the work the board undertook during its shadow year. Four priority areas were investigated to explore how they could make the biggest difference to the health and wellbeing of local residents. Some of the key achievements and learning from this work are summarised later in this strategy.

It is intended that over the course of 2013/14 the board will work with stakeholders and communities to translate the commitments in this plan into action on the ground as well as to develop longer-term strategic ambitions and priorities. This will include widespread consultation to better understand what local people think is working well within the strategy's identified priority areas, and what needs to change.

The resulting plan, to be implemented from April 2014, will be co-produced with communities and stakeholders. There will be targeted investigations of local data and intelligence to better understand the journeys, experiences and perceptions of our residents.

At the back of this strategy, there is an outline performance management framework, which is based on public health analysis of performance trends and cost burdens, known as the 'red box'. As part of the board's work programme over the coming year, there will be further work to develop bespoke performance measures for the strategy as well as align existing agency and partnership plans and governance arrangements.

## Our vision, values and principles

An outcome of the past year's work as a shadow board included developing shared values and common principles to how partners want to work individually and collectively. As partners, we are committed to the following vision for our local health and wellbeing system:

"Every child, family and adult has improved health and wellbeing, and accesses a choice of high-quality local integrated services that meet their needs. Together we will invest to make a difference earlier in the lives of local residents, building resilience and giving everyone the best and fairer start. Working together to build a healthier future, we will tackle the root causes of ill health and inequality. We will equip the most vulnerable in our communities to access bespoke and personalised services, and better overcome the impact of disadvantage."

We are committed to working together to promote integration, improve outcomes and reduce health inequalities by:

- Giving every child and young person the best start in life
- Building healthier and more resilient communities and tackling the root causes of ill health
- Improving the experience and outcomes of care for our most vulnerable residents and enabling them to live more independent lives

As partners, we commit to the following values underpinning how we work together. We will:

- Engage and empower individuals and communities to reduce inequalities and disadvantage, and help them be responsible for their own health and wellbeing
- Promote fairness and consider the individual in all that we do, and ensure their voice shapes the services and journey they experience
- Shift the balance towards prevention and earlier intervention where it improves people's outcomes and reduces inequalities
- Equip the workforce and communities to improve residents' health and wellbeing, ensuring services are needs-led, better use technology and share information, knowledge and resources
- Commit resources according to what works, where it will make the biggest difference and when it maximises value for money

In order to achieve our priorities, we commit to the following principles guiding our actions. We will:

- Ensure services are commissioned around people's life course and improve experiences, and support greater independence, resilience and physical and mental wellbeing
- Protect the vulnerable and reduce inequalities through integrated or joint working where it can make a difference to outcomes
- Ensure short-term actions are focused, deliverable and support our ambitions to make Southwark a place where people thrive and are proud of
- Be innovative and inclusive, ensuring services are tailored to our communities' needs, make the most of every contact and are underpinned by fairness and reducing disadvantage
- Make sure services are simplified, transparent and easily accessible
- Hold each other and the wider system to account, ensuring continuous improvement through benchmarking, and learning from peers and best practice leaders

## Shadow year

During the board's shadow year, four priority areas were identified as workstreams based on areas of common interest and high local need. These workstreams provided a basis to test and develop new relationships and ways of working. The learning from this work has shaped our priorities going forward.

The four areas, alongside a summary of key achievements during the shadow year, were:

### Prevention and reduction of alcohol-related misuse

Supported by the development of a borough-wide alcohol strategy, key resulting activity included the expansion of NHS checks at GPs, the roll-out of training on 'identification and brief advice', and action to improve compliance with licensing laws. Rates for hospital stays for alcohol-related harm for adults and under-18s are both better than the national average. Key learning from the year includes a recognition of the value of taking a multi-faceted approach to key issues, from engagement and education across the whole population, to targeted interventions to support dependent or high-risk drinkers as well as to tackle the effects of alcohol misuse, such as domestic abuse and anti-social behaviour.

### Coping skills, mental health and wellbeing

This strand involved establishing a multi-agency steering group, which developed a comprehensive cross-cutting strategy, underpinned by '10 best buys' which partners are working to implement. Key achievements include community activities and programmes such as an art and sculpture project with Art in the Park, a relaunch of Books on Prescription and launching the Lambeth and Southwark Wellbeing Network to promote mental health wellbeing messages across local agencies and communities. Key learning from the year includes the need to ensure mental health concerns are considered holistically alongside physical needs, particularly given the high prevalence of mental health problems locally.

### Early intervention and families

This strand was taken forward through the local children's trust and its Children and Young People's Plan development, particularly that strategy's 'Best Start' transformation priority. Highlights of the year include launching the early help locality teams, expanding multi-agency support from children centres, and influencing the health visiting and school nursing reviews. Attainment and standards across all ages remain above benchmarks, more young people are taking up training or employment, and a range of child health outcomes are improving. Learning from this strand reinforces the need to continue to shift the balance towards more preventative action, including closer working between health and other services, particularly at the first signs of difficulty in a child or adult's life.

### Healthy weight and exercise

Key activity in this strand focused on implementing actions from the refresh of the healthy weight strategy last year, including developing whole-school health promotion alongside the roll-out of free healthy school meals. In addition, partners have invested in Change 4 Life Clubs, as well as sports and exercise in the borough's parks and outdoor spaces. An expansion of healthy eating and physical activity programmes in children's centres and early years has also taken place. Although still high, obesity rates in reception-aged pupils have fallen over recent years from 14.7% in 2009/10 to 12.1% in 2011/12; rates for year 6 remain below national benchmarks. Key learning from the year includes the need to harness and align resources and action from across agencies in order to impact on the borough's most intractable challenges.

## What is health and wellbeing?

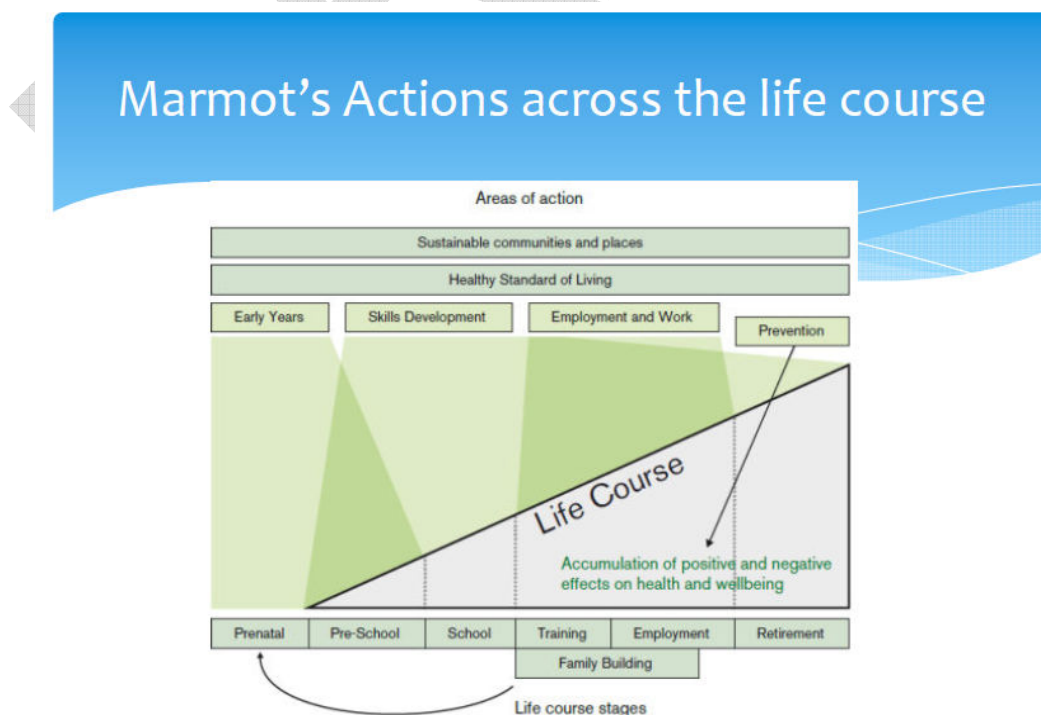
Through the work of the board's shadow year, a range of definitions of health and wellbeing were identified, along with many approaches to improving it. The board, in developing and refining its joint strategy over the coming year, intends to more fully explore these definitions and approaches to test and develop a local position. As a starting point, we take the World Health Organisation definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

We firmly believe that residents cannot have good health without both mental and physical health. Health is influenced by socio, economic, environmental and cultural factors, and we believe that all must be considered and addressed. Wellbeing encompasses broader feelings of hope, confidence and happiness, for example in feeling positive about today. The New Economics Foundation developed 'five ways to wellbeing', which has underpinned the board's workstream in this area. These messages remind us all to: connect, be active, take notice, keep learning, and give.

Reducing health inequalities and protecting our most vulnerable residents are also central to the board's vision. Our approach is underpinned by the evidence and recommendations of the Marmot Review. This set out the range of factors influencing health and wellbeing and made six recommendations to improve health and reduce health inequality:

- Give every child the best start in life
- Enable everyone to maximise their capabilities and have control over their lives
- Create fair employment for all
- Ensure healthy living standards for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

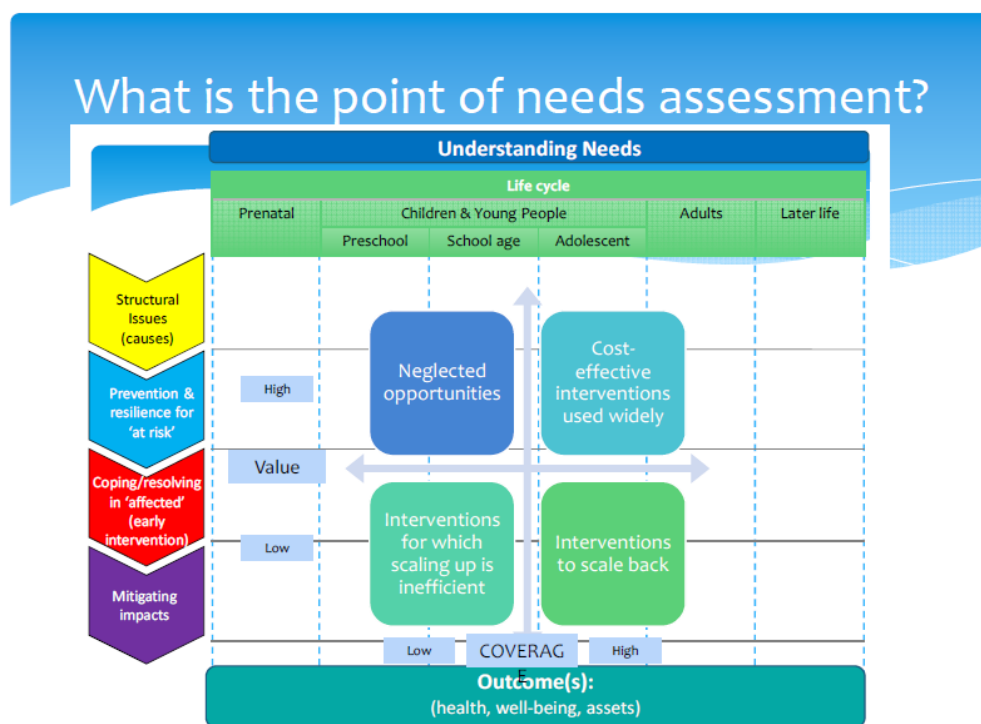
The diagram below sets out Marmot's argument that we accumulate positive and negative impacts on our health and wellbeing during our journey through life. This underpins partners' commitment in this strategy to work with our stakeholders and communities to create the conditions throughout people's lives that enable them to be and stay healthy and well.



## Health and wellbeing in Southwark

This strategy was developed with input from our communities and stakeholders, and is underpinned by a robust understanding of our communities' needs. Below is a summary of these needs; more detailed information can be found at [www.southwarkjsna.com](http://www.southwarkjsna.com)

This needs assessment is part of a planning cycle to better understand our communities in order to inform commissioning and service delivery choices. As outlined in the table below, it supports commissioners, including partners on the health and wellbeing board, in identifying how to maximise the impact and value from our limited resources.



### What does the assessment tell us about local residents' health?

Southwark is the second-largest inner-London borough by population, with around 285,000 residents. The population has increased over the past ten years by some 37,700, and is anticipated to grow by around the same again in the decade to 2020. Southwark is also relatively young, with above national average proportions of adults under 45, as well as a rising birth rate over recent years which is leading to increasing numbers of under-fives.

### A borough of contrasting poverty and wealth

In general, health and wellbeing outcomes are improving for local residents, although significant inequalities remain. Southwark's population is ethnically diverse and highly mobile, and has high levels of deprivation, such as above-London-average proportions of long-term unemployed, benefits claimants and overcrowding.

As the 12th most deprived borough in the capital, Southwark has London's highest rate for health-related out-of-work claims, a higher rate of child poverty than nationally, and more than double the proportion of pupils claiming a free school meal than national peers. Half the borough's residents live in rented accommodation, which is more double the London average, and the homeless rate is also more than double the national average.

There are significant contrasts of poverty and wealth, with deprivation concentrated in the areas between the more affluent strip close to the river and Dulwich in the south. The majority of wards in Southwark, for example, appear in the bottom quarter in England for wellbeing scores, with only three ranking better than the national average for wellbeing. Major health indicators such as mortality and life expectancy have improved, although significant inequalities are evident across the population, with educational achievement, access to employment and housing quality varying across council wards, gender and socio-economic status. The difference in life expectancy, for example, between the worst off and best off is 9.5 years for men and 6.9 years for women.

### **Fewer people dying early but inequalities persist**

The number of deaths every year is falling, with the borough's rate now broadly in line with London's average. About a third of these deaths are 'early' – that is, under the age of 75. Deaths from cancer have fallen markedly over recent years, but it still accounts for around a third of early deaths, with circulatory disease accounting for a further quarter.

Despite overall numbers falling, deaths from lung cancer are rising, and the incidence and mortality for cervical cancer, although improving, remains worse than the national average. In addition, the death rate for cardiovascular disease is 10% higher than the national average, Southwark has the sixth-highest death rate from chronic liver disease in London, and mortality rates from chronic obstructive pulmonary disease are high compared to nationally.

Major risk factors in early deaths include smoking, obesity, sedentary lifestyles and poor management of long term conditions such as hypertension or diabetes, all of which are impacted by ethnic and socio-economic factors. Southwark has significantly higher numbers of smoking attributable deaths, and the number of hospital admissions relating to alcohol misuse has doubled over the past decade in line with national experiences. Environmental factors too, including the quality of housing, transport and green spaces, impact on people's wellbeing. Southwark continues to invest in making more homes safe, warm and dry, alongside investment in leisure, neighbourhood and outdoor facilities. Employment opportunities also provide powerful positive health benefits, and locally more adults are taking up work or basic skills training.

Nearly half of local adults, however, say they do no sport or active recreational pursuits, and these increasingly sedentary lifestyles are contributing to growing numbers of people with diabetes – there are estimated to be around 19,500 people with diabetes locally. In addition, the rates of obesity in childhood remain among the worst in London, although concerted actions by partners has improved the rates for adults.

Around one in ten adults has hypertension, which is less than half the expected number, and so points to under-detection, particularly in key groups at higher risk, such as populations of African origin. There is considerable variation, too, in recorded and expected prevalence for long term conditions, such as cardiovascular disease, stroke and diabetes, which has implications for timely identification and treatment. In addition, although breast and cervical cancer screening rates have improved, they are still low compared to the rest of the country.

Rates of HIV and sexually transmitted diseases are high, and remain significantly below benchmarks. The HIV cases in Lambeth and Southwark, for example, account for about a quarter of all cases in England. In addition, in Southwark, on average half of new cases are diagnosed late.

Poor mental health also has a significant impact on physical health. There is a greater concentration of mental health need in the centre of the borough than in the north or the south, corresponding both to higher levels of deprivation, and lower levels of employment. In addition psychiatric admissions are over three times higher for black populations in Southwark compared to the rest of the country.



## **Health challenges in childhood**

Southwark's children and young people are in the main in good health. There are, however, high levels of child poverty, Southwark scores poorly on the index of wellbeing for children, and infant and child mortality are worse than the national average. In addition, although rates for key immunisations, such as diphtheria, tetanus, MMR and whooping cough, have improved in Southwark, they are still lower than for the rest of the country.

Rates of breastfeeding initiation are better than the national average, many parents welcome the support to be a better parent available locally, and primary pupils are benefitting from a healthy school meal. Standards across children's centres and early years providers are good and improving, but around half of two-year-olds do not receive their health visitor check-up and the number of three and four year olds taking up their free early education entitlement is below the London average.

School children are achieving better too, with more pupils reaching expected levels of education at the end of primary and secondary school than national peers. For older young people, the proportion of 16-18 year olds who are not in education, employment or training is better than central London averages, with more supported through apprenticeships and the Youth Fund. Challenges remain however, with rates of youth offending and teenage conceptions, although improving, worse than national benchmarks.

There are also high numbers of children on child in need or child protection plans, especially for extended periods, or being looked after by the local authority. On average, around half of open child protection plans are for the category of 'neglect'. Services for vulnerable children and families continue to provide quality statutory support, as judged by external inspection and benchmarks.

## **An ageing population**

Southwark has fewer numbers of older people than the rest of London, although this is predicted to rise – with an extra 900 people aged 85 or over expected by 2020, which is an increase of nearly 30% on current levels. The number of people with disabilities and learning difficulties is also rising steadily, with those under 65 years predicted to increase to around 20,000 by 2025. There are high levels of deprivation, with almost half of over-65s claiming pension credits, which is higher than the London average. Around 11% of older people live in homes hazardous to health, and a further 12% live in non-decent homes.

An ageing population brings health challenges, with the estimated 12,500 over-65s in Southwark living with a long term illness rising to over 17,000 by 2025. The borough has a higher prevalence of long term conditions for older people than national or London figures, which may reflect ethnic diversity and higher levels of deprivation. In addition, there are estimated to be around 1,800 people living with dementia, a figure that is predicted to rise by around 300 by 2020.

More elderly and vulnerable adults are being supported to live in their own home, while local reablement support has doubled over the past year and more than 90% of eligible adult users have a personal budget. Emergency admission rates for the over 75s, however, are among the worst in the country, and overall satisfaction levels with social care support services are below national benchmarks.

## **Our priorities and the results we want**

Building on the learning and achievements from the shadow year, findings from the needs assessment and what communities and partners have told us already, we have identified the following three strategic priority objectives. These will form the starting point for further consultation and analysis over the coming months to deliver a health and wellbeing strategy coproduced with our communities and stakeholders for implementation from April 2014.

### **Priority 1: Giving every child and young person the best start in life**

Strengths and opportunities we can build on:

- Improving maternal and infant health outcomes, with good levels of breastfeeding although more to do to improve take-up of key immunisations
- More children in school and achieving well, with above national average rates of attainment and improving quality in early years provision
- Above central London average rates of young people in education or employment, supported by apprenticeships and the Youth Fund
- More being healthier with strong sports and Olympic legacy and year on year more school children having a healthy school meal
- Rates of youth crime and teenage conceptions falling but still too high

Our work so far has therefore told us we need to do more to:

1. Provide high-quality advice and support services in the early years, and tackle inequalities in life chances for mothers, babies and toddlers
2. Help parents to raise their children successfully, particularly in troubled and neglectful families, and continue to keep children and young people safe and in stable homes
3. Keep more children physically and mentally healthy, a healthy weight and doing well in school
4. Support more young people to succeed into adulthood and education or employment
5. Identify and divert more vulnerable adolescents from risky behaviours or unhealthy choices, including unsafe sex or relationships, and involvement in crime

### **Priority 2: Building healthier and more resilient communities and tackling the root causes of ill health**

Strengths and opportunities we can build on:

- Fewer people dying prematurely, with the local death rate now in line with the London average
- World-leading cancer services, including the integrated cancer centre, supporting improved care and outcomes for patients
- More people making healthier choices, including falling adult obesity rates, and having better mental and emotional wellbeing
- More homes warm, safe and dry, more repairs right first time, and more adults taking up employment and training opportunities
- Improving screening and detection rates across key diseases although prevalence rates still below expectations

Our work so far has therefore told us we need to do more to:

1. Reduce the number of people dying early, particularly from the most common killers and long term conditions
2. Improve the quality and availability of advice and education to promote healthier lifestyles and mental wellbeing in communities and workplaces

3. Spot and act earlier on the signs of ill health, including more diseases being detected early, and less variation in care between GPs
4. Help people to change unhealthy behaviours such as smoking, and to better manage long term conditions
5. Improve the quality of local housing and neighbourhoods, increase employment opportunities and help communities flourish

### **Priority 3: Improving the experience and outcomes for our most vulnerable residents and enabling them to live more independent lives**

Strengths and opportunities we can build on:

- Safeguarding and looked after children services rated good with outstanding features in last year's Ofsted inspection
- High rates of emergency readmission to hospital, and too many people being admitted to residential and nursing care homes, although older people's programme supporting earlier identification and provision of support in community
- More elderly and vulnerable adults accessing reablement support and personal budgets, alongside revamp of day services
- More streamlined pathways and investment in earlier identification and support for dementia care helping more people live more independently for longer, alongside world class clinical and academic research and development
- Children and young people with a special educational need or a disability achieving well, but insufficient numbers accessing integrated support or a personal budget

Our work so far has therefore told us we need to do more to:

1. Continue to safeguard vulnerable children and adults, ensuring they have a safe and stable home close to their communities, including more children adopted
2. Provide more services in community settings, reducing the need for specialist or acute support across a range of needs and areas
3. Enable more residents to lead independent and fulfilling lives for longer and enjoy good mental wellbeing
4. Give users and carers a seamless, personalised experience, enabling them to have more choice and control over their life, death and support services
5. Improve people's wellbeing, resilience and satisfaction with the services they receive

**Measuring progress**

Outcomes of red box analysis to come on Friday 19 July, which will provide initial list of indicators as basis for board scorecard.

