

Overview & Scrutiny Committee

Wednesday 22 July 2020
6.00 pm

Online/Virtual. Members of the public are welcome to attend the meeting. Please contact FitzroyAntonio.Williams@southwark.gov.uk for a link to the online meeting.

Membership

Councillor Ian Wingfield (Chair)
Councillor Jane Salmon (Vice-Chair)
Councillor Humaira Ali
Councillor Peter Babudu
Councillor Victor Chamberlain
Councillor Helen Dennis
Councillor Gavin Edwards
Councillor Alice Macdonald
Councillor Jason Ochere
Councillor Victoria Olisa
Councillor Leanne Werner
Martin Brecknell
Lynette Murphy-O'Dwyer

Reserves

Councillor Anood Al-Samerai
Councillor Jack Buck
Councillor Tom Flynn
Councillor Jon Hartley
Councillor Eleanor Kerslake
Councillor Sunny Lambe
Councillor David Noakes
Councillor Michael Situ
Councillor Cleo Soanes

INFORMATION FOR MEMBERS OF THE PUBLIC

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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: 14 July 2020



Overview & Scrutiny Committee

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6.00 pm

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Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	
	To approve as a correct records the Minutes of the meetings held on 7 and 12 May and 2 June 2020.	To follow

Item No.	Title	Page No.
5.	STRONG IN SOUTHWARK (SOUTHWARK LGBTQ+ COMMUNITY CONSULTATION 2018-19)	1 - 59
	<p>To receive a presentation from the Southwark LGBT Network and Healthwatch Southwark, on their joint report 'Strong in Southwark' which explores the needs and experiences of Southwark's LGBT communities which has been developed with input from a variety of stakeholders. The Network and Healthwatch wish to:</p> <ul style="list-style-type: none"> • Highlight areas of concern, and the report recommendations • Improve community understanding of avenues to create change in Southwark • Explore opportunities for co-production. 	
6.	INTERVIEW WITH THE POLICE BOROUGH COMMANDER, COLIN WINGROVE	
	<p>To hear from Police Borough Commander, Colin Wingrove on his priorities for the borough.</p>	
7.	LEISURE MANAGEMENT CONTRACT - POST COVID - REVIEW AND MANAGEMENT ARRANGEMENTS [REFERRAL FROM CABINET]	60 - 75
	<p>To undertake scrutiny of issues relating to the Leisure Management Contract Arrangements ahead of further consideration of the Contract by Cabinet in September 2020. This matter was referred to overview and scrutiny committee by Cabinet at its meeting on 14 July 2020. Attached is the report considered and agreed by Cabinet. Further information will be circulated in advance of the overview and scrutiny committee meeting.</p>	
8.	WORK PROGRAMME 2020-21	76 - 80
	<p>To note the overview and scrutiny committee work programme as at 22 July 2020.</p> <p>A list of suggested additional items for the work programme will be circulated to members in advance of the meeting.</p>	
	INFORMATION ITEMS	
	<p>The following items have been included with the agenda for information only.</p>	

Item No.	Title	Page No.
9.	HEALTHWATCH SOUTHWARK ANNUAL REPORT 2019/20	81 - 120
	<p>To note the Healthwatch Southwark Annual Report 2019/20 which is required to be submitted to the council's overview and scrutiny committee.</p> <p>Any matters raised in the report for further consideration to be followed up by the relevant Scrutiny Commission.</p>	
10.	CABINET RESPONSE TO OSC RECOMMENDATIONS ON COVID 19	121 - 127
	<p>To note the Cabinet response to the overview and scrutiny recommendations in respect of the Councils response to Covid-19.</p>	
11.	CABINET RESPONSE TO OSC RECOMMENDATIONS ON BUDGET SETTING	128 - 140
	<p>To note the cabinet response to the overview and scrutiny recommendations on the budget setting process in February 2020.</p>	
	<p>DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.</p>	
	<p>PART B - CLOSED BUSINESS</p>	
	<p>DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.</p>	

Date: 14 July 2020



Southwark LGBTQ+ Community Consultation 2018-19

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Introduction

Background

Southwark is anecdotally known for having a significant LGBTQ+ population, both historically and currently. Office for National Statistics experimental research suggests that the borough is the local authority area with the second highest LGBTQ+ population in the UK, after Lambeth, at around 5% of the population.¹

The Southwark LGBT Network was set up in 2002 to enable LGBTQ+ people in Southwark to respond to the needs of their communities, preserve and protect health, relieve poverty and distress, and educate the wider community about how these issues affect LGBTQ+ people.

Healthwatch Southwark (www.healthwatchsouthwark.co.uk) exists to ensure local people have a voice in shaping health and social care services, so that they work as well as possible for everyone. We are a 'critical friend' to those who provide and fund care. We are based within an independent charity, Community Southwark, part of a network of local Healthwatches, and supported by a national body, Healthwatch England.

In July 2017, the Government Equalities Office launched a nationwide survey to understand the lived experiences of LGBTQ+ people in the UK. Whilst this provides a national perspective, the Network wanted to investigate issues at a local level. There are few community-led reports that explore the lived experience of being LGBTQ+ within a local authority area.

The Network partnered with Healthwatch Southwark to maximise opportunities to reach out to local residents and seldom-heard communities, and develop a better understanding of health and social care needs.

To develop a current understanding of the needs of the LGBTQ+ community in the borough, the Southwark LGBTQ+ Consultation was launched. The aims of this project were to:

- Develop better relationships with organisations that provide services for or support LGBT+ people,
- Highlight the impact/extent of known inequalities faced by LGBTQ+ people in Southwark,
- Gain intelligence on the health and social care needs of LGBTQ+ people in Southwark, and
- Include local residents in a project that could influence decision making around how mainstream and LGBTQ+ organisations deliver services.

¹ ONS, *Subnational sexual identity estimates, UK: 2013 to 2015*, <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/articles/subnationalsexualidentityestimates/uk2013to2015#introduction>

Methodology

The survey questions were community-led. The Southwark LGBT Network held two open meetings in January and March 2018, where local residents discussed which topics they felt the survey should address. Healthwatch Southwark consulted with a plethora of individuals from local government, universities and colleges, and the voluntary and community sector, to ensure that the topics, style and language were appropriate.

Early feedback suggested that the survey was restrictive in the questions asked, so a free-text section was added to the end of the survey.

The survey questions are included in **Appendix 2**.

Information was given at the beginning of the survey explaining that it was aimed at people who:

- self-identify as lesbian, gay, bisexual, queer, men who have sex with men (MSM), or of any sexual orientation other than heterosexual; Trans; or intersex,
- are aged 16 and over, and
- live, work, socialise or have another significant connection to Southwark.

Given the importance of considering diversity and intersecting personal identities within the LGBTQ+ community, further information on personal characteristics was also collected. Data on respondents and their demographic characteristics is presented in **Appendix 3**.

The consultation was hosted on Southwark Council's Consultation Hub website. It was promoted through social media and membership networks. Healthwatch Southwark and Community Southwark also took a paper version to community events which targeted people who would not necessarily engage with the Southwark LGBT Network, Community Southwark or Healthwatch Southwark.

An intergenerational engagement event was held with Opening Doors London and The Challenge in August 2018. Young people aged 16-18 asked five LGBTQ+ residents aged 50+ about their experiences, and assisted them in completing the paper survey.

The survey was launched in on 4 July 2018 and kept open until 31 October 2018. In total, 210 responses were received.

The data from the survey does not aim to provide a quantitatively representative sample of Southwark's LGBTQ+ residents, but rather a snapshot of the needs of the local community and detailed qualitative information about a range of people's personal experiences. This report is not a needs assessment, but it does note gaps in services as indicated by members of the public.

This report explores health and wellbeing, then the connected topics of the social experience of being LGBTQ+ in Southwark, community safety, and people's feelings and openness about their gender and sexuality.

Next steps

The findings of this survey will be presented to the public at an event at London South Bank University on 27 June 2019, involving representatives from the public sector, health and wellbeing organisations and Southwark-based LGBTQ+ community leaders.

An executive summary of the report's qualitative findings and overall themes will then be added to the summary of key statistics. This will take into consideration the discussions at the event and the topics and findings with which attendees most engage and which they find most poignant. The draft recommendations may also be further developed in light of these discussions.

The report will be widely shared among health and social care providers and commissioners, relevant Southwark Council departments, the police, Transport for London, the voluntary sector and voluntary sector funders.

Key findings

Who took part in the survey?

- 79% of the respondents identified as gay or lesbian, 11% as bisexual and 8% as 'queer', 'pansexual' or 'panromantic'.
- 90% of the respondents identified as cisgender, and 9% stated that their gender identity was different to the one assigned to them at birth.
- All respondents lived (89%), worked (30%), and/or socialised (40%) in Southwark.
- (See **Appendix 2** for further detail on the respondents' characteristics.)

Health and wellbeing

- 55% of respondents felt that their experience of healthcare could be improved.
- 26% of respondents felt that mainstream health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.
- 23% of respondents felt that sexual health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.
- 71% of respondents stated that there should be LGBTQ+ specific services.
- 82% were not aware of any LGBTQ+ specific healthcare services in Southwark.

Socialising

- 85% of respondents socialised in the borough at least some of the time.
- 32% of respondents felt that there were LGBTQ+ friendly venues in the borough.
- 74% of respondents had friends who also identified as LGBTQ+ living in their local area.
- 80% of respondents were either unsure, or felt that that was no sense of LGBTQ+ community in their local area.
- 76% of respondents socialised both inside and outside Southwark.

Community safety

- 64% of respondents felt safe in their local area and 51% in the borough as a whole.

Feelings and openness about sexuality and gender identity

- The large majority of respondents were open about their sexual orientation with their friends, with around four-fifths being open with each of family, colleagues and healthcare professionals.
- 72% of people were comfortable with people finding out about their sexual orientation or gender identity.
- 80% agreed that they would not change their sexual orientation if they could, but 7% actively disagreed.

Draft recommendations

Health and Social Care Providers

- Under the Equality Duty 2010, all health and social care providers must provide comprehensive training to staff on inclusive care. This training should include the prevention of homophobic, biphobic, and transphobic discrimination.
- There should be further collaborative work with LGBTQ+ patients to define what they understand to make a service LGBTQ+ friendly. This could be incorporated into staff training, potentially delivered in partnership with patients themselves.
- Services should continue to promote and publicise schemes such as the rainbow lanyard to identify staff who champion equality and respect for LGBTQ+ patients.
- Patient medical records should have a marker that highlights protected characteristics, which should be easily seen and reviewed before each consultation. This should include non-binary options for gender identity.
- Recording of patients' personal gender and sexuality characteristics should be consistent, and used to identify variance in patient experiences and treatment outcomes so that these may be addressed at all levels.
- Existing LGBT+ specific services are not well known and would benefit from greater promotion, particularly online and via social media, with input and support from the LGBTQ+ community. In particular, there should be increased promotion of Trans-specific services in the borough.

Southwark Police

- There should be monitoring of public spaces outside sexual health services to ensure that all users feel safe to enter without fear of harassment.
- Greater visibility and understanding of the role of Southwark's LGBT Liaison Officer may help people feel more comfortable to report incidents and hate crimes, or discuss concerns around fear of crime.

Southwark Council and NHS Southwark Clinical Commissioning Group

- Southwark Council should undertake a Joint Strategic Needs Assessment for the LGBTQ+ people of the borough. This should include the experiences of further minorities within the LGBTQ+ communities, including specific gender identities and sexualities, older, disabled and BAME people. Topics of social isolation and loneliness could also be considered.
- The Joint Strategic Needs Assessment should then form a point of reference for future service developments, including but not limited to:

- the implementation of the Lambeth, Southwark & Lewisham Sexual Health Strategy
 - the implementation of the Southwark Joint Mental Health and Wellbeing Strategy
 - the implementation of the Children and Young People's Mental Health and Wellbeing Transformation Plan
 - the development of social prescribing initiatives.
- The findings of this report should be considered as part of the new Southwark Loneliness Strategy and in assessments of the needs of carers.
 - Particularly for sexual health and mental health, and when responding to inequalities highlighted in improving service data, commissioners should be mindful of the fact that 71% of respondents to this survey felt there was a need for LGBTQ+ specific services.
 - Updates are sought around current provision of further/refresher training and guidance on good practice in topics such as gender transition, PReP, fertility options and rights, and LGBTQ+ specific sexual and mental health concerns.
 - Residents should be made aware of the role of Southwark Council's LGBT+ staff network, which, as well as supporting staff, aims to ensure that they act appropriately towards local residents, and explores where policies are discriminatory.
 - The Mayor of London's LGBT+ Venue Charter should be well promoted among local venues. This includes display of a rainbow flag symbol, appropriate marketing, disabled access, consideration of gender neutral toilets, welcoming staff and security personnel, and LGBT+ focused programming. Southwark Council could consider highlighting organisations which have signed up to the charter in local publications.
 - Southwark Council should investigate and address barriers to new LGBT+ venues or events in the borough, particularly in the context of regeneration programmes. Survey respondents highlighted a wish to allow events and ideas to be coproduced by the diverse LGBTQ+ community, and include daytime and alcohol-free activities.
 - Planning and licensing departments in Southwark Council should ensure that gender neutral toilet facilities are included in new public venues.

Voluntary and Community Organisations

- This report should be used to develop new priorities for the Southwark LGBT Network.
- Organisations providing support to the local LGBTQ+ community should collaborate to ensure that accurate information about their services is collated and promoted amongst health and social care providers and commissioners, particularly as social prescribing develops in the borough.

- To build on the suggested Council Joint Strategic Needs Assessment, LGBTQ+ organisations and funders should work together to commission pieces of work that explore:
 - The intersectionality of sexuality/gender identity with other identities, including age, faith and ethnicity, and how this may affect health and wellbeing
 - Disability and inclusion within the LGBTQ+ community
 - The needs of lesser heard people within the LGBTQ+ community, including Trans, non-binary, and Latin American people.

Health and wellbeing

On a national level, there are clear health inequalities facing LGBTQ+ people that mean their health outcomes are worse than those who are heterosexual and cisgender.² This report aims to provide a borough-level perspective on health and wellbeing. Respondents were asked questions on whether they had accessed the following services, their experiences and suggestions for improvement:

- Mainstream health services
- Sexual health services
- Mental health services
- LGBTQ+ health services.

Can services be improved?

More than half of respondents felt that their experience of healthcare in the borough could be improved.

Could your experience of healthcare in the borough be improved?	Number	% of 210
Yes	115	55%
No	27	13%
Unsure	60	29%
I prefer not to say/Not answered	8	4%

Sexual health services

Around half of respondents had accessed sexual health services within the past two years.

Have you accessed sexual health services within the past two years?	Number	% of 210
Yes	109	52%
No	98	47%
Unsure	1	Less than 1%
I prefer not to say	2	1%

Half of these respondents chose to use sexual health services outside of the borough. The most visited services within the borough were Burrell Street Sexual Health Clinic and Camberwell Sexual Health Clinic. Only 11% said they had accessed online sexual health services.

² Hudson-Sharp and Metcalf, *Inequality among lesbian gay bisexual and transgender groups in the UK: a review of evidence* (NIESR, 2016)

Sexual health services visited within the past two years	Number	% of 109 people who accessed sexual health services
Outside the borough	54	50%
Burrell Street Sexual Health Clinic	33	30%
Camberwell Sexual Health Clinic	20	18%
Online	12	11%
Lloyd Clinic - Guys Hospital	10	9%
Caldecot Centre	9	8%
Walworth Road Sexual Health Clinic	8	7%
Artesian Sexual Health Clinic	4	4%
The Lydia Clinic*	4	4%
Brook Southwark	1	1%
Other services	8	7%

*This clinic closed in 2013; it was included in error as it was familiar to those who helped compile the survey.

Other services attended in Southwark included:

- GP Surgery (for smear test)
- Haven (specialist sexual assault referral centres)
- The NAZ Project.

Services attended outside Southwark included:

- CliniQ (Central London)
- 56 Dean Street (Central London)
- Waldron Health Centre (New Cross).

Why did people access sexual health services outside the borough?

The most common reason given for accessing sexual health services outside the borough was that they were LGBTQ+ friendly, followed by the quality of service.

Reasons for accessing sexual health services outside the borough	Number	% of 54 people who used services outside the borough
They're LGBTQ+ friendly	32	59%
The quality of service is better	16	30%
They're close to work	8	15%
They're close to home	6	11%
It's more private	5	9%
Other	18	33%

Other reasons given for going outside the borough were:

Continuity of care

Several respondents had previously accessed a service before moving to live in Southwark, and were reluctant to start using a local sexual health service due to 'long time use prior to moving to Southwark' or because they didn't have a 'reason to change.' Others used services that were close or connected to another health

service. One remained a patient at their service as it was ‘connected to my HIV Care’, whilst another because it was where they were ‘first admitted for treatment.’

Availability of appointments

Several respondents highlighted difficulties in getting an appointment at a sexual health service.

One respondent was disappointed that despite showing symptoms of genital sores, ‘I could not be seen even though I had really painful symptoms/sores and they sent me away.’

The inability to get adequate appointments was a factor in some using services outside the borough. (It might also lead people to use online services - one person did this despite noting that he ‘would rather be able to go and discuss testing with a clinician rather than using the at-home service.’)

One respondent felt that it was ‘nearly impossible to get an appointment at Burrell Street’ and that ‘it used to be easier at the Lloyd Clinic before it shut down.’

Better or more specialist services

Some people went outside the borough for high-quality services specific to their identity or needs:

‘I really miss the lesbian sexual health clinic that was in Whitechapel - The Audre Lorde Clinic. It would be great if there was a resource like this in Southwark!’

‘I access CliniQ because they are Trans specific, and are aware of and trained in Trans sexual health.’

‘Better HIV services.’

Avoidance of harassment

One respondent chose to use services outside the borough due to harassment experienced outside Camberwell Sexual Health Centre, ‘There were no religious people screaming hatred at me, which I did get outside the one at Denmark Hill once.’

Are sexual health services inclusive and appropriate?

23% of respondents felt that sexual health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.

Do you feel that sexual health services in Southwark are inclusive and appropriate for the needs of the LGBTQ+ community?	Number	% of 210
Yes	49	23%
No	35	17%
Unsure	122	58%
I prefer not to say/Not answered	4	2%

Mental health Services

LGBTQ+ people are at a higher risk of experiencing mental health issues than their heterosexual and cisgender counterparts.³ This can be attributed to factors such as discrimination⁴ and marginalisation, which may also act as barrier to accessing services. Research from Stonewall suggests that around half (52%) of LGBT people in the UK have suffered from depression, and 61% had suffered from anxiety in the past year.

42% of our survey respondents had accessed mental health services within the last two years or were currently accessing a service.

Have you accessed mental health services?	Number	% of 210
No	120	57%
Yes, currently	38	18%
Yes, within the past two years	51	24%
Not Answered	1	Less than 1%

Where did people access mental health services?

Respondents were most likely to access their GP, South London & Maudsley or private counselling for mental health support.

None of the respondents reported using online services.

What services did people access for mental health treatment?	Number	% of 89 people who have accessed mental health services
A Southwark GP	41	46%
South London & Maudsley (SLaM)	25	28%
Private counselling	24	27%
Talking Therapies	20	22%
Outside the borough	19	21%
Voluntary organisations and charities	8	9%
A GP based outside Southwark	6	7%
Southwark Wellbeing Hub	5	6%
Southwark Mind	4	4%
Drug and alcohol services	2	2%
Time To Change	1	1%
Other	8	9%

³ Hudson-Sharp and Metcalf, *Inequality among lesbian gay bisexual and transgender groups in the UK: a review of evidence* (NIESR, 2016)

⁴ Chakraborty, A., McManus, S., Brugha, T., Bebbington, P., and King, M., 'Mental health of the non-heterosexual population of England', *Journal of Psychiatry*, 198 (2011), 143-148

Why did people access mental health services outside of the borough?

Service Gaps

For some, there was a perceived lack of specialised support in Southwark for LGBTQ+ mental health needs. One respondent felt that there were ‘no LGBTQI mental health support services within Southwark’ and chose to attend ‘the Metro in Greenwich mental health drop in for over 8 years.’ Two respondents accessed services outside the borough as they wanted an LGBTQ+ specific/friendly service. One explained that they were ‘looking for LGBT friendly therapy with cultural competence’ which they felt was ‘hard to find on NHS.’

Another respondent went outside the borough because ‘there are ‘no male rape/survivors’ services within borough.’

Another person said that they had ‘not been able to find proper counselling services.’

Other reasons

Privacy was noted by some (2) of the respondents as a reason for accessing mental health services outside the borough. A variety of other reasons were given:

- Staff attitudes, ‘They’re more welcoming. There is too much attitudes and prejudice.’
- They were signposted, ‘Recommendation of a counsellor by a friend.’
- Lack of knowledge of local services, ‘I would like to access a mental health service locally but not sure where would be appropriate, so maybe I’m not seeing the right info.’

Mainstream health services

Are mainstream services inclusive and appropriate for the needs of the LGBTQ+ community?

26% of respondents felt that mainstream health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.

Do you feel that mainstream health services provided in Southwark are inclusive of LGBTQ+ clients?	Number	% of 210
Yes	54	26%
No	44	21%
Unsure	108	51%
I prefer not to say/Not answered	4	2%

Experiences of inclusive services

People were asked to explain how services had been inclusive. Specific services where respondents had experienced ‘inclusive’ care included GPs, SLAM, and the dentist. Some of the responses highlighted particular inclusive GP surgeries (7):

‘I am a patient at Manor Place GP Group. I find the professionals there highly sensitive and responsive to LGBT client needs.’

'I have felt welcomed at Villa Street Health Clinic but cannot speak for all health services.'

'GPs have been supportive and understanding. One GP at my surgery in Nunhead is very informed about LGBT+ issues. The nurse who gives me my quarterly hormone injection is very lovely and has experience with other trans men at the surgery.'

Where respondents felt that mainstream services provided in Southwark were inclusive, some (4) cited a 'legal obligation to provide services without discrimination', that 'they have to be by law' and they 'are not allowed to discriminate.'

For some (2), being inclusive meant simply that they weren't 'excluded' or 'refused' by a service.

Some understood 'inclusiveness' as visibility, 'where staff members are LGBT themselves.' Others identified an inclusive service as being 'non-judgmental' or 'respectful' of their sexual orientation or gender identity - for example, 'My GP practice and my dentist... treat me well as I would expect them to treat everyone.' For one respondent, this meant having staff that were 'understanding of having a same sex partner':

'When I explain that I am bisexual [living with a long term female partner] I have experienced support and no prejudice.'

'When I've been hospitalised, the staff at Kings are always happy to greet and speak with my husband.'

Another respondent felt that services hadn't historically been so inclusive, 'The staff that I come into contact with are non-judgmental, efficient and respectful unlike many years ago which was most definitely not the case.'

Less positive experiences

One respondent who was unsure about whether services were inclusive explained, 'I think staff at your sexual health clinics would benefit from training about LGBT patients, so that I don't keep having to explain to nurses that there's absolutely no chance that I can be pregnant, but that STIs are still an issue for lesbians!'

Similarly, another person commented that 'Some health professionals assume that their patients are heterosexual and have the health needs of heterosexuals.'

Lack of specific LGBTQ+ support and provision of services were noted as factors in services not being inclusive, 'South London and Maudsley NHS Trust does not have specific provision for trans and non-binary people. Extra funding would help such provision to be developed. Presumably this is the same for other Trusts serving Southwark.'

Outside of the NHS, one respondent expressed discomfort in receiving support from a charity in a religious setting, 'My counsellor is very supportive but my current

bereavement counselling takes place in a church where there is nothing LGBTQ+ relevant or on show, so it wasn't something I was initially comfortable talking about.'

Is people's gender/sexuality taken into account by services?

17% of respondents stated that they had had an experience where their gender or sexual orientation wasn't taken into account by a service. 22% of these respondents were Trans.

Several lesbians raised that this meant they:

- Were assumed to be pregnant, 'Always the assumption that you might be pregnant when presenting with certain symptoms.'
- Were assumed to need contraception, 'Health professionals assuming I am heterosexual e.g. assuming I have a male partner and asking me about contraception.'
- Had their partner misidentified at appointments, 'The assumption my sexual partner was male/a man.'; 'Assumptions that I am my partner's friend or sister when at appointments.'

Explaining to healthcare professionals why they may not require particular services meant that some respondents (3) had to come out to their provider against their will. This was described as being an uncomfortable experience, 'It is because I haven't come out to my GP but it is an awkward conversation.'

One person was informed that they were unable to change their personal details on records, and therefore, 'Every single time I go to the doctors they force me to come out by asking if I use contraception. When I say no they ask me if I could be pregnant (no, because my partner is a woman). It is an awkward conversation and exhausting to repeat myself when I just want to focus on my healthcare. I have asked my doctors to put a note on my file to stop asking me this but they say they cannot.'

Another respondent felt that their GP's religious beliefs, 'as a strong Christian' made it 'difficult to appreciate the special needs of LGBTQ+ people.'

Intersectionality

10% of all respondents reported encountering difficulties in accessing services in Southwark if they identified as having two or more protected characteristics. Of these respondents, 55% were BAME, 55% were disabled and a third were both BAME and disabled.

Have you encountered difficulties in accessing services in Southwark if you identify as having two or more protected characteristics?	Number	% of 210
No	87	41%
Yes	21	10%
Unsure	22	10%
Not applicable	71	34%
I prefer not to say/Not answered	9	4%

LGBTQ+ specific health and wellbeing services

Most respondents were not aware of any LGBTQ+ specific healthcare services in Southwark.

Are you aware of any LGBTQ+ specific healthcare services in the borough?	Number	% of 210
No	173	82%
Yes	22	10%
Unsure	12	6%
I prefer not to say/Not answered	3	1%

When asked to identify LGBTQ+ specific healthcare services in the borough, only 9% (18/210) of respondents answered. Responses included:

- Mainstream sexual health clinics such as Camberwell (1), Burrell Street (4). The Lydia clinic (1) and the Lloyd Clinic (2) were noted and are now closed.
- The Rainbow Clinic, which is an evening sexual health clinic for men who have sex with men (MSM) at the Caldecott Centre, (4) and The Metro Charity, an equality and diversity charity that provides LGBTQ+ health specific support.
- LGB Talking Therapies Anxiety and Depression Groups (3) and private practice psychotherapists (1) who [‘see lots of LGBTQ clients.’](#)

The majority of respondents said that they do not use LGBTQ+ services (in general) in Southwark. The internet was the most popular means of finding services for those who did.

How do you find information about LGBTQ+ services in Southwark?	Number	% of 210
I don't use LGBTQ+ services in Southwark	111	53%
Internet	78	37%
Word of Mouth	60	29%
Social Media	55	26%
Newspapers	13	6%
Other*	12	6%

*Some of these people then specified that they had not been able to find information.

Other routes for finding LGBTQ+ specific services included:

- Community organisations such as The Albert Kennedy Trust, Opening Doors London, the LGBT Network/Forum
- Hospitals, GPs and the NHS
- The Women's Equality Party
- Social spaces.

Is there a need for LGBT+ specific services?

71% of respondents stated that there should be LGBTQ+ specific services.

Do you think there is a need for LGBTQ+ specific services in the borough?	Number	% of 210
Yes	149	71%
No	17	8%
Unsure	39	19%
I prefer not to say/Not answered	5	2%

Some (2) felt that specialist services were needed for accessibility, ‘People who need services should be aware of and able to access these. Especially so for those reluctant to use mainstream services.’

One reason given for feeling a need for specific services was that ‘It feels like we are a neglected community with specific needs.’ Some (4) said that quality of care in mainstream services necessitated LGBTQ+ specific services - concerns around staff attitudes, discrimination and a lack of awareness of health needs were noted, ‘Services that are not LGBT+ focused are not appropriate and staff members lack awareness and occasionally are homophobic.’

Southwark’s large and diverse LGBTQ+ population

Some (10) explained that they felt that the borough’s high LGBTQ+ population meant that there was a need for ‘particularly specialist/focused sexual and mental health services for the LGBTQ+ community.’ Others noted that there were ‘lots of gay men in Camberwell’ and that ‘Southwark has one of the highest proportions of LGBTQ residents of all the boroughs in London.’

One respondent gave an example of Dean Street Sexual Health Clinic, which is based in Soho, as an inclusive service that could be translated to Southwark and whilst ‘I don’t believe that it is exclusively LGBTQ+... it is very focused on sexual health services for this community and has, therefore, become a leader in tackling sexual health issues for LGBTQ+ people. Given the high proportion of LGBTQ+ people living in Southwark, it would be good for there to be a similar service locally.’

Another respondent raised the issue of diversity within the LGBTQ+ community, and felt that ‘with the LGBTQ+ community widening, inclusive of other marginalised groups in the LGBTQ+ community (trans, disability groups, black or other ethnic minorities), it’s best to have more LGBTQ+ services in the borough.’

Mental health needs

Mental health needs within in the LGBTQ+ community were also noted as a reason for specific services (17). Some respondents discussed general concerns that ‘access to mental health in the NHS is... difficult.’ Others mentioned issues such as depression and loneliness, with one saying, ‘As a community, we are far more likely to experience anxiety and depression; I feel this only goes acknowledged in the community once an individual reaches a critical point. It would have been

useful to me if there had been a service for LGBTQ+ people or other at-risk groups.'

Sexual health needs

Others (23) outlined the need for LGBTQ+ specific sexual health services in the borough. The use of apps such as Grindr and a perceived rise in chemsex parties were noted as issues around which gay men require specific support.

The ease of being able to 'speak to other LGBT people about your sexual life' was important when accessing services:

'With sexual health I think it can be useful to speak to people with a certain amount of knowledge about LGBTQ+ relationships; certainly I've found a difference when accessing general and LGBT sexual health services elsewhere in London.'

'I don't always feel comfortable describing my sexual practices with heterosexual health care staff at sexual health checks.'

Some (2) felt that mainstream services did not cater appropriately to the needs of lesbian and bisexual women. One respondent additionally felt unsure about being open about her sexuality as a Black woman within mainstream services, 'I really miss the lesbian sexual health clinic that was in Whitechapel - The Audre Lorde Clinic, it made accessing such services so much easier, there was no need to 'explain' why one wasn't engaging with penetrative sex with a penis! There was specific attention, and expertise around the particular sexual health issues that female-to-female sexual activity could result in. It would be great if there was a resource like this in Southwark! As a visibly Black woman, I sometimes choose not to introduce my sexuality to the care-giver if I'm unsure of them!'

Trans Support

Some respondents (5) felt that provision for Trans specific support was particularly important. One outlined the breadth of the holistic approach required, 'Sexual health and mental health services are great, but for trans residents that's not the only health service we need. There needs to be more information about medical transitioning, because too many people are self-medicating... with unsafe drugs because they're stuck on a 2 year waiting list and are desperate for treatment, so they buy dodgy online drugs.'

Another felt unsure where they would get appropriate support outside of existing specialist services, 'I don't know where I would go for sexual health services if Clinic Q closed.'

Another addressed a perceived lack of understanding of Trans health needs, 'I think there is a lack of education among medical practitioners around trans issues. Whilst this is changing, I think there is a need to improve services for trans people, and to make it easier to access.'

Fertility support

Appropriate fertility support for LGBTQ+ individuals was cited as a specific service gap, 'GPs generally assume I'm heterosexual and don't seem equipped to work with

LGBTQ individuals. There is specifically a need for LGBTIQ services that can provide information about fertility and making a family in same sex relationships.'

No need for specific services

Eight of the 17 people who did *not* feel a need for LGBTQ+ specific services explained that they felt mainstream services should be inclusive enough that specific services are not required. One felt that 'services should be universal, for all, not segregated by race/sexuality/gender.' Others felt that whilst mainstream services should be accessible for all in the borough, this did require staff to have sufficient training, 'so they are aware of inclusion.'

How can healthcare in the borough be improved?

GP services

Improvements to GP services were suggested by 23 respondents. The majority of these people found it difficult or even 'impossible' to get an appointment with their GP. Improvement in continuity of care was required by one respondent who found it difficult to see the same doctor regularly, and was mindful that 'GP provision in the borough is overstretched and not always good quality.' One person noted that this wasn't 'specifically due to [being] LGBTQ+.'

Other issues included:

- Staff training on medical transitioning, 'I am medically transitioning through the NHS. The waiting time is currently up to 2 ½ years for an appointment and I am constantly having to educate my GP on what she should be doing because she has no idea how to treat me. I don't know how to treat me either but unlike her, I've never been to medical school.'
- Medicines management at GP Surgeries, 'I go to the GP every three months for an injection. Every time I go there is always an issue or a mix up of some sort with the nurses/prescriptions etc.'

Whilst things can be improved, GP services were highlighted several times for both their support, and the way they work with LGBTQ+ specific services. One respondent said that they had 'a good GP and clinic' which had worked well with their Gender Identity Clinic (GIC).

Mental health services

16 people recommended improvements to mental health services in Southwark. Several mentioned concerns around a perceived lack of investment; this was often linked to the availability of appointments - 'investment in mental healthcare provision would mean less waiting time.' This connection was emphasised by one respondent who had been on a waiting list for Cognitive Behavioural Therapy (CBT) and counselling for two years, which they felt was due to shortages.

Several people mentioned long waiting times for talking therapies, with one seeking private counselling as a result. One described this and other frustrations, 'Accessing GP has been frustrating, accessing therapy has been more than 18 months, CMHT [Community Mental Health Team] have made errors in

communicating with me, sending post to the wrong address, discharging me without seeing me, not using a forwarding address when they moved recently.'

Another was frustrated that after waiting months to be seen, they found the Talking Therapies support unhelpful.

One respondent said that the experience of having his service provision cut due to funding issues discouraged him from seeking further help even though 'it may be needed.' Another said 'My therapy was stopped when I was nowhere near ready for it to stop.'

One suggestion was a drop-in mental health service, such as groups, for LGBTQ+ people.

Sexual health services

Two respondents recommended improvements to online sexual health services, one of them praising a previous provider: 'Bring back SH:24!'

Sexual health services were mentioned more generally as an area for improvement, particularly as some felt that current services required more resources. Clinics outside the borough such as Dean Street and the Kobler Clinic were given as examples of the service quality people would like to see locally.

Staff training

Several respondents (7) felt that staff training would improve services. The areas of focus included training for social care staff, GPs and reception staff.

One respondent noted a need for 'Training on PrEP' as 'most docs don't know it.' A Trans respondent said they didn't want to be treated like a 'walking trans encyclopedia'.

Another person noted the need for training to tackle discrimination, 'Better training about LGBTQ issues for all staff working in NHS. If staff have negative beliefs about minority sexual orientation or gender identity due to their religious beliefs, they may need extra training or supervision to ensure that they provide an equitable service. If staff voice homophobic, biphobic or transphobic attitudes other staff should address this with them and it should be addressed formally by their manager... It might help if each service had an LGBTQ rep that patients or staff could contact confidentially if needed.'

Other suggestions

Other suggestions for improvement included:

- Easier access to long-term care.
- Further inclusion of non-binary needs, 'I feel everywhere more can be done for our non-binary friends, starting from gender tick boxes in all forms.'
- Social prescribing, 'increased use of exercise/activities on prescription.'

Socialising

Opportunities to socialise within Southwark and develop good social networks were seen by members of the LGBT Network as key to health and wellbeing.

Social isolation and loneliness are two distinct concepts that do overlap. Concerns were raised about the isolating impact of feeling like ‘the only gay person in the area,’ and the effects of loneliness on health and wellbeing. Loneliness has been linked with an increased risk of health issues including stroke;⁵ depression; sleep problems;⁶ Alzheimer’s Disease;⁷ and social anxiety.⁸ Social isolation has increasingly become a public health concern, due to the effects it can have on physical and mental health.⁹

In 2017, the Mayor of London, with the Night Czar, announced the launch of the LGBT+ Venues Charter.¹⁰ This charter was developed as tool for developers, venues and pub companies to show they are LGBT+ friendly, accessible and safe, and committed to supporting the LGBT+ community. This charter was developed following research showing that the number of LGBT+ venues in London decreased by 58% between 2006 and 2017.¹¹ For Southwark, this meant a 67% decrease in the number of night venues available.¹²

Despite the growing number of pop-up venues and already established LGBTQ+ friendly venues in the borough, such as The Chateau, Prince of Peckham and The Ivy, feedback in the Network information gathering sessions suggested that:

- There were very few or no LGBTQ+ venues in the borough.
- There were very few LGBTQ+ friendly venues in the borough.
- There is a strong preference to go outside of the borough to socialise due to a lack of a sense of LGBTQ+ community in Southwark.

This section of the report explores:

- The areas and places where respondents tend to socialise, and why.
- Whether and where people felt there were LGBTQ+ friendly areas and venues in the borough.
- Whether people had local LGBTQ+ friends and/or felt there was a sense of LGBTQ+ community locally.
- Recommendations from respondents.

⁵ Valtorta et al., *Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies* (2017)

⁶ Steptoe, A. et al., *Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women* (2004)

⁷ Cacioppo, J. T., and Hawkey, L. C., ‘Perceived Social Isolation and Cognition’ in *Trends in Cognitive Sciences*, 13 (2009) 447-454

⁸ Hawkey, L., and Cacioppo, J., ‘Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms’ in *Annals of behavioral medicine: a publication of the Society of Behavioral Medicine*, 40 (2010), 218-227

⁹ Public Health England and UCL Institute of Health Equity, *Local action on health inequalities; reducing social isolation across the lifecourse* (2015)

¹⁰ <https://www.london.gov.uk/what-we-do/arts-and-culture/lgbt-nightlife-venues>

¹¹ Campkin and Marshall, *LGBTQJ Nightlife in London from 1986 to the present*

¹² Campkin and Marshall, *LGBTQJ Nightlife in London from 1986 to the present*

Where do people socialise?

76% of respondents socialised both inside and outside the borough.

Where do you tend to socialise? (Where do you prefer to socialise?)	Number	% of 210 (% of 160 who socialise inside and outside Southwark)
In Southwark	18	9%
Outside Southwark	29	14%
Both inside and outside Southwark	160	76%
Prefer to socialise in Southwark	52	(33%)
Does not prefer Southwark/no preference	40	(25%)
Unsure	64	(40%)
No response regarding preference	4	(3%)
Does not socialise	3	1%

When asked where they liked to socialise within the borough, some people specified areas and some identified specific venues - 47 respondents named pubs and bars and 20 mentioned restaurants. The most popular areas and venues for socialising were:

- Peckham (54); *Peckham Levels, Copeland Park, Bussey Building, Prince of Peckham*
- Camberwell (28); *The Chateau, FM Mangal Restaurant, Theo's Pizzeria*
- Borough (19); *Borough High Street, Borough Market, Mercato Metropolitan*
- Dulwich (16); *Dulwich Picture Gallery, Dulwich Library*
- Bermondsey (12); *Bermondsey Street*
- London Bridge (10); *Hay's Galleria*
- Walworth (7); *Mamuska Restaurant*.

Where respondents socialised outside the borough, the main areas that were noted were:

- Central London (28), specifically Soho (53) and the West End (16)
- Vauxhall (27)
- Shoreditch (13)
- Hackney (12)
- Dalston (9)
- Brixton (9).

Factors in people's decision on where to socialise

Proximity to home, work and friends

21 respondents said that 'being close to home' or 'close to work,' perhaps at walking distance, was a major consideration in their socialising habits.

Two respondents said they liked to stay in their own area because it was important 'to support local business' such as bars, restaurants and theatres. Another was

keen to build ‘connections within the local community and support local businesses’ and one said they ‘like interacting with the local community and meeting people who live within the area.’

Three respondents noted having friends within Southwark as a reason for socialising here. (In contrast, another had ‘friends that live all over London’ and socialised both inside and outside the borough.)

For others, the ability to get home safely from outside Southwark, particularly at night, was a concern.

Safety

Safety concerns, particularly on public transport, played a role in people’s choice of where to socialise. One said that ideally they would ‘avoid having to get on public transport to go home.’ Others said:

‘I prefer to socialise at home or near home because difficult transport makes it a pain to travel into Central London and back again ESPECIALLY late at night. Also public transport feels dangerous at night, especially buses.’

‘[I] prefer to be closer to home, feel safer at night knowing I am a walk or short bus ride away from where I live.’

‘I like being walking distance from my flat in case me and my partner get abuse and need to go home quickly.’

One respondent who socialised outside Southwark felt that the borough didn’t have a ‘very LGBT friendly community’ and preferred ‘going to safer places.’

Cost

The cost of socialising outside Southwark was noted by some. One respondent who was unsure on a preference for where they socialised felt that, ‘I love socialising around Soho because I feel safest expressing myself. However, it can be expensive.’

Others added that ‘travel is cheaper’ within Southwark, and that the borough overall is ‘cheaper than central London, friendlier and fun.’

Disability

Three respondents experienced anxiety around social interactions, and therefore preferred to stay in a familiar place. One felt ‘dizzy, disorientated and depressed on crowded public transport,’ and another didn’t want to leave their dorm room. Two respondents found it difficult to travel outside the borough or long distances due to disabilities.

Availability of LGBTQ+ events and spaces

Some respondents highlighted the local venues and options available to them in Southwark, as a ‘vibrant and evolving’ area, ‘Everything is on my doorstep now that we have bars and restaurants around Peckham arches, Bussey building and Peckham Plex/Franks Bar, etc.’

Conversely, limited choice of venues was given by others as a reason *not* to socialise within Southwark. Respondents commented that there were ‘no nice gay venues in Southwark’ or venues that feel ‘gay friendly or sociable.’ One felt that, ‘we don’t really have a choice but to socialise outside of the borough.’ Another highlighted other areas such as Lambeth, the West End and Soho as offering more, ‘There’s a greater variety of nights and things to do outside Southwark. That said, if there was a local gay club we would absolutely go there.’

Some, whilst preferring to socialise in Southwark, felt the experience could be improved if there were ‘more queer spaces’ and ‘more safe venues in Southwark.’ One respondent had noticed a decrease in LGBTQ+ spaces locally, ‘I want to socialise in my own borough where I know a lot of people. I have lived in Southwark for over 40 years and it has always had a poor amount of LGBT spaces compared to i.e Lambeth. In the last 20 years it’s far, far less.’

Three people lacked knowledge or were ‘not aware’ of safe spaces and events in the borough.

Lack of inclusive venues and events

Events and venues that cater for a diverse LGBTQ+ audience were seen by some as absent from the borough:

‘Southwark doesn’t have many openly black gay events.’

‘I would love to be able to socialise more in my borough but there aren’t any places for myself as a queer person of colour.’

‘I would say that it is often nicer to be closer to home when socialising but there is a lack of both venues and events catering for a QTIPOC [Queer, Transgender and Intersex People of Colour] audience in Southwark and South London.’

‘Southwark doesn’t provide me, as a trans person, any good places to socialise with others who also identify as trans. So any socialising I do in Southwark is confined to coffee shops, friends’ homes and my own home.’

The lack of ‘trans-friendly venues with gender neutral toilets’ was viewed by a respondent as a hindrance to socialising comfortably.

One person who socialised both in and outside the borough chose venues based on their social mix, ‘I like to socialise where there’s the greatest diversity of people: black, white, working class, middle class and all the varieties in between. I find that in these environments there is less judgement and more acceptance.’

Are there LGBTQ+ friendly venues in the borough?

32% of respondents felt that there were LGBTQ+ friendly venues in the borough.

Do you feel that there are LGBTQ+ friendly venues in the borough?	Number	% of 210
No	71	34%
Yes	68	32%
Unsure	68	32%
Not Answered	3	1%

Venues listed as LGBTQ+ friendly or specific

Defining the term ‘LGBTQ+ friendly’ was not easy. One definition given was ‘[a place] which hosts events specifically catering to this audience and demographic.’

Another respondent listed venues that ‘aren’t specifically LGBT-friendly’ but ‘just always very friendly and welcoming to me and my partner when we go.’

Venues described by individuals as LGBTQ+ friendly included:

Peckham Levels	Prince Albert pub	Montpellier
John The Unicorn	Melange	Victoria Inn
The Cock	Young Vic	Mr. Bao
Bussey Building	The Cut	Miss Tapas
The Chateau	The Lord Nelson	Taco Queen
Dulwich Village	Mad Hatter	Kudu
Wetherspoons (Elephant & Castle)	Petitou	The Horseshoe Inn
Prince of Peckham	Canada Water Theatre	The Tiger and Hermits Cave
Ivy House	Arch Climbing Gym	The Beehive
XXL	Cinema Museum	The Shortwave Café
Montague Arms	Omera	Tate Modern
Flapjack	The Rye	The Mayflower
Old Nun’s Head	The Nunhead	Social
Peckham Springs	Franks	

How could social opportunities for the LGBTQ+ community in Southwark be improved?

The most frequently mentioned solutions focused on:

- Increasing the number of LGBTQ+ events in Southwark
- Increasing the number of LGBTQ+ venues in the borough
- Better promotion of activities and events taking place.

Other suggestions included:

- ‘Community Organising’.
- Coproduction, ‘Allow us to voice our needs and coproduce venues and ideas.’

- Development support for LGBTQ+ groups, ‘Yes, give the funding to LGBTQ communities themselves to organise own opportunities.’
- Education for local venues, ‘Better education for non LGBTQ venues in how to make them feel like safer spaces.’

Suggestions around events and activities

Marginalisation within the LGBTQ+ community, and celebration of different cultures were highlighted as reasons for holding more events:

- ‘More events and socials (especially for Black residents whose voices are often ignored).’
- ‘More events and initiatives for LGBTQ+ people who are over 40, maybe around particular interests.’
- Southwark Pride.

The Queer Arts Weekend events in 2018 and 2019 were noted, with the feeling that there should be more of these.

Concern was raised that events and venues targeted at LGBTQ+ people assumed that alcohol would be consumed:

‘Develop more regular LGBTQ events or spaces that don’t revolve around alcohol or late nights... LGBTQ people have lives during the sober daytime too.’

‘Lots of people don’t drink nor are they interested in being in a drinking environment.’

‘More spaces that are less focused on night life, as this can sometimes be expensive or prohibitive to people who don’t like to drink or work night shifts.’

Individuals suggested ‘non-alcohol related events that focus on specific hobbies’ and that there could be ‘more LGBTQ themed spaces that bring people together but do not involve alcohol or drugs’ such as an ‘LGBT meditation or yoga class.’

Suggestions around venues

An increase in the number of LGBTQ+ venues in Southwark was suggested by 34% of respondents (72 people).

An increase in the number of bars as a solution was mentioned by 16 respondents. The types of bars suggested include ‘LGBTQ+ friendly,’ and ‘a lesbian bar in Dulwich.’ One respondent felt that despite the high LGBTQ+ population in the borough, they only knew ‘one possibly two LGBTQ bars in Southwark’ and expressed concern about the effect of redevelopment on LGBTQ+ communities in Southwark.

One person suggested specifically that ‘A local bar/cafe/friendly space for queer women (and Non Binary people) would be fantastic. Wouldn’t have to be ‘women only’ but could just be aimed at us.’

One person felt that it would be great to have a bar, but ‘Times are changing and younger LGBTQ people now seem less inclined to focus specifically on LGBTQ venues for socialising.’

Others felt that there were already plenty of places that were inclusive:

‘Loads of pubs are LGBT+ friendly.’

‘I feel like all of the pubs I go to in Camberwell are LGBTQ+ friendly and everywhere I go in Peckham.’

Another respondent disagreed, saying that there was still a ‘gap’, because ‘Friendly spaces are not the same as spaces that feel like ‘ours’.’

Support from the Council

Some people suggested a role for the Council in ensuring adequate LGBTQ+ friendly venues. One person pointed out ‘that in planning matters you have to be alert to hidden homophobia when people are objecting to, say, the hours of some bar or club.’

Licensing was also mentioned as a possible way to increase the number of LGBTQ+ specific venue in the borough, ‘There are no specific physical facilities/spaces for the LGBTQ+ communities in Southwark other than XXL. It would be interesting to designate a couple of places as specifically LGBTQ+ spaces in Southwark, e.g. as a licensing requirement.’

Another approach suggested was that ‘it would be nice if the Council were to have a program whereby bars, cafes, restaurants, clubs, shops, could declare themselves explicitly LGBTQ+ Friendly. Perhaps the council could maintain an online directory of these places, and they could be identified with signs.’

Increasing the number of gender neutral facilities in different settings was suggested, ‘Supporting more gender neutral toilets and changing rooms in businesses and council-run facilities like gyms/swimming pools.’

Visibility of LGBTQ+ friendly spaces and events

Whilst some felt that there should be ‘more LGBT friendly spaces,’ others felt that there should be ‘more visibility’ of spaces that are ‘welcoming to all, leaning out to all communities.’ One respondent felt that ‘Those places which are positive about LGBT customers need to proclaim it - theatres, cinemas, restaurants etc.’

Five respondents mentioned ways that LGBTQ+ friendly venues could improve their visibility. They included:

‘A nice rainbow and trans* flag on a venue's door is always a nice sign... It's a simple gesture but can make a difference.’

‘Support and reward venues and organisations that fly the rainbow flag.’

‘Well, more LGBT venues would be good, but failing that just encouraging venues to demonstrate they are gay friendly and welcome gay patrons by having rainbow stickers in their windows etc.’

Likewise, some felt that better promotion of events that might be happening was needed:

‘There isn't much going on, or if there is it's not promoted for the community.’

‘I have no idea what social opportunities exist in Southwark. Any attempt to increase awareness through better publicity would be welcome.’

It was hoped that improving promotion of social opportunities would ‘Promote equality, reduce barriers’ and help the LGBTQ+ community to ‘become inclusive rather than exclusive.’

Development Support

Five respondents outlined ways that organisations could be supported to improve social opportunities. Some of the points focused on resources, such as ‘bursaries for new LGBTQ spaces’ or ‘More spaces provided at affordable or subsidised rents, perhaps specifically promoted at people already organising for the LGBTQ+ community in Southwark.’

LGBTQ+ friends in the borough

Over 70% of respondents had friends who also identified as LGBTQ+ that lived in their local area.

Do you have any LGBTQ+ friends in your local area?	Number	% of 210
Yes	156	74%
No	46	22%
Unsure	4	2%
Not Answered	4	2%

Sense of community

Only 18% of respondents felt that that was a sense of LGBTQ+ community in their local area.

Do you think there is a sense of LGBTQ+ community in your local area?	Number	% of 210
No	122	58%
Yes	38	18%
Unsure	46	22%
Not Answered	4	2%

Community safety

During the consultation process with members of Southwark LGBT Network, hate crime was not raised as a specific issue to look at, despite being an important safety concern. Several reasons for this were that:

- The number of instances were considered to be low.
- Homophobic hate crimes have a low conviction rate.
- A majority of members fed back that whilst they hadn't suffered direct discrimination, this might be because they avoided public displays of affection or overt expressions of their sexual orientation/gender identity in particular areas of the borough.

A general theme of community safety was therefore created.

Indirect experiences of hate crime or hearing of hate crime may have similar impact to experiencing a crime directly; a person will be more likely to avoid particular areas and feel more anxious that hate crimes will happen.¹³

Metropolitan Police Service figures for Homophobic Incidents, Offences and Sanction Detections in Southwark

Month	Incidents reported to police	Offences (reported to police and involving criminality)	Solved (or otherwise actioned)
May 2018	11	11	0
June 2018	18	25	0
July 2018	16	18	0
August 2018	9	10	0
September 2018	6	6	3
October 2018	14	16	1
November 2018	13	14	1
December 2018	10	10	1
January 2019	13	15	1
February 2019	12	12	1
March 2019	8	8	0
April 2019	13	12	1
Totals	143	157	9

In differentiating between fear of abuse, and actual abuse, survey respondents outlined a number of shocking experiences in the borough where they had been a victim. Where experiences have been labelled as hate crime, this is where the respondents have directly indicated or felt that their gender identity or sexual orientation was a factor in the abuse received.

¹³ Paterson, Walters, Bron and Fearn, *The Sussex Hate Crime Project 2018* (Leverhulme Trust, 2018)

Do people feel safe in Southwark?

64% of respondents felt safe in their local area.

Do you feel safe in your local area?	Number	% of 210
Yes	134	64%
No	41	20%
Unsure	33	16%
Not Answered	2	1%

A lower proportion of respondents, 51%, felt safe in the borough as a whole than in their local area.

Do you feel safe in the borough as a whole?	Number	% of 210
Yes	108	51%
No	60	29%
Unsure	41	20%
Not Answered	1	Less than 1%

Specific areas in Southwark

In descending order of how many times they were mentioned, the following areas in Southwark were often noted as being safe:

- East Dulwich (14 mentions)
- Peckham (13)
- Camberwell (12)
- Borough(12)
- Dulwich(11).

In descending order of how often they were mentioned, the following areas within Southwark were described as unsafe:

- Peckham (39 mentions)
- Camberwell (21)
- Elephant & Castle (11)
- Bermondsey (10)
- Walworth (13)
- Southwark (5)
- Old Kent Road (5).

Two respondents also described Millwall as unsafe. Fear of harassment caused one to feel that they were ‘[unsure my presence as a Black person will be welcomed](#)’ and that their presence there would be ‘[attracting verbal sexual/racial harassment or pejorative comments.](#)’

Despite the previous questions on socialising and LGBTQ+ friendly venues having highlighted it as a popular area, **Peckham** was frequently described as somewhere survey respondents felt unsafe. Some of the factors related to sexual orientation

and gender identity. Two respondents noted being verbally assaulted in Peckham; one specified ‘Low level homophobia encountered on public transport at Peckham Rye.’

Several respondents noted specific areas within Peckham that they felt were unsafe, for example ‘some of the streets and areas off of Peckham high street, in and around the station and Queen’s Road Peckham station too.’

One person added that they felt unsafe in ‘parts of north Peckham’ at night, as this area was, ‘often dirty, poorly lit, hidden corners and passageways not to mention a history of violence and stabbing within the area (every other week it seems as though someone has been stabbed). Very rarely see police on the beat or evidence of security around.’

Another felt afraid to show public displays of affection with their partner due to a recent homophobic crime, ‘Although generally I feel safe within certain spaces in Peckham/Southwark, I am very aware that there are some spaces that are not safe. There was a bottling of an LGTBQ+ man in the Kentish Drovers and in this and some other spaces I feel extremely unsafe. I do not feel safe holding my partner’s hand in public anywhere in the borough other than in safe spaces.’

Walworth was noted as one of the ‘violent areas of crime.’ Alongside this, the threat of violence was frequently noted, rather than actual instances, ‘Groups of youths gathered can be intimidating especially when I’m with my boyfriend.’ Some people highlighted estates in particular for safety concerns, with one specifying ‘Comber estate, Wyndham Estate the Aylesbury Estate and Estates of John Ruskin Street.’

Some felt that **Elephant & Castle** ‘is a bit dodgy’ or unsafe ‘late at night.’

One respondent had experienced physical abuse in the **Old Kent Road** area, and also noted uncomfortable experiences with faith groups, ‘I had people try to convince me to join their churches while disrespecting my identity, I’ve been spat on, and of course I always have weird looks.’

Another reported an instance of homophobic verbal abuse, ‘Walking around Old Kent Road could be a bit dodgy if you were a bit drunk and not minding your own business, although I’ve been called ‘batty man’ in broad daylight whilst I was doing my shopping down there.’

Another had experienced the most abuse in **Camberwell**, ‘I’ve been called a faggot on the street in Camberwell more than anywhere else.’

Fear of crime or abuse was noted as a factor across the whole of Southwark. Issues such as knife violence and ‘a lot of violent crime in the area’ added to the fear of abuse, ‘a general sense of oppression’ and a ‘constant threat of violence in the air.’ One respondent noted that ‘You feel less safe in areas and streets you are not familiar with.’

The experience of **homophobic abuse** [hate crimes] or the fear of this was mentioned by 20 respondents:

‘Some places have had homophobic hate crimes occur so there is a pressing threat of physical violence. Beyond that, concerns that verbal or physical abuse may occur. Sometimes there’s just an awareness that there may be judgement or being talked about. I’ve overheard people talking and using slurs like ‘faggot’ and ‘batty man.’’

‘Have had bag stolen. Had homophobic comments.’

‘I have experienced homophobic abuse shouted from cars walking with my partner in these areas.’ (Peckham, South Bermondsey and Rotherhithe)

One respondent minimised a situation where they were physically assaulted:

‘Nothing much has happened to me, but I have been spat at when I was holding hands with my partner on the street.’

Overall, crime in the area, particularly violent crime, witnessing crime, or hearing second hand about crime, were significant contributors to anxiety expressed by the LGBTQ+ community in the survey.

Feelings and openness about sexuality and gender identity

Healthwatch Southwark is interested in understanding the barriers to accessing health and social care services for seldom heard communities. Amongst these are fear of stigma, discrimination and serious personal repercussions from being open about one's sexuality and gender identity.

Another factor may be internalised homophobia, also known as internalised sexual stigma. This can be seen as a 'gay person's direction of negative social actions towards the self'.¹⁴ It also refers to an individual's acceptance and affirmation of sexual stigma as a part of their value and personal belief system.¹⁵ Internalised homophobia is understood to be a factor in myriad health issues, including mental health issues such as eating disorders, depression or self-harm.¹⁶

We adapted some questions from the Internalised Homophobia Scale to look at this concept, and in order to consider the potential impact of fear and stigma on the LGBTQ+ community.¹⁷

The large majority of respondents were open about their sexual orientation with their friends, with around four-fifths being open with each of family, colleagues and healthcare professionals.

Who are you open about your sexual orientation with?	Number	% of 210
Friends	203	97%
Family	175	83%
Work colleagues	171	81%
Healthcare professionals	169	80%
I am not open	3	1%

85% of respondents were open with at least three of the aforementioned groups.

Number of different groups with whom respondents were open about their sexual orientation	Number	% of 210
4	143	68%
3	35	17%
2	14	7%
1	13	6%
0	5	2%

¹⁴ Meyer, I.H. and Dean, L., 'Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men', in *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals*, ed. Herek G.M. (Sage, 1998) 160-186

¹⁵ Herek, G. M., Gillis, J. R., and Cogan, J. C. 'Internalized stigma among sexual minority adults: Insights from a social psychological perspective' in *Journal of Counselling Psychology*, 56(1) (2009) 32-43

¹⁶ Williamson, I.R., 'Internalized homophobia and health issues affecting lesbians and gay men' in *Health Education Research*, 15(1) (2000) 97-107

¹⁷ Ross M.W. and Rosser, B.R., 'Measurement and correlates of internalized homophobia: a factor analytic study' in *Journal of Clinical Psychology*, 52 (1), (1996) 15-21

72% of respondents were comfortable with people finding out about their sexual orientation or gender identity, whereas 8% were not.

I am comfortable with people finding out about my sexual orientation and/or gender identity	Number	% of 210
Strongly Agree	61	29%
Agree	91	43%
Neither Agree nor Disagree	39	19%
Disagree	13	6%
Strongly Disagree	4	2%
Not Answered	2	1%

55% of respondents felt that it was important for them to control who knows about their sexual orientation and/or gender identity, whilst 27% disagreed.

It is important for me to control who knows about my sexual orientation and/or gender identity	Number	% of 210
Strongly Agree	39	19%
Agree	77	37%
Neither Agree nor Disagree	35	17%
Disagree	35	17%
Strongly Disagree	22	10%
Not Answered	2	1%

74% of respondents felt comfortable discussing homosexuality in a public situation, whereas 8% did not.

I am comfortable discussing homosexuality in a public situation	Number	% of 210
Strongly Agree	54	26%
Agree	100	48%
Neither Agree nor Disagree	36	17%
Disagree	14	7%
Strongly Disagree	3	1%
Not Answered	3	1%

80% of respondents would not change their sexual orientation if they had the chance to do so.

Even if I could change my sexual orientation I wouldn't	Number	% of 210
Strongly Agree	129	61%
Agree	40	19%
Neither Agree nor Disagree	23	11%
Disagree	7	3%
Strongly Disagree	8	4%
Not Answered	2	1%

Carers

5% (11) of the survey respondents said they were carers; one other respondent stated that they were previously a carer.

- All of the carers were 35+ years old, with all but one aged 45+.
- Five of the respondents cared for one or both of their parents. One of the carers cared for one of their parents and their partner. The others did not specify.
- 73% (8) identified as women.
- 73% (8) do not access any LGBTQ+ services in the borough.
- 64% (7) were currently accessing mental health services, or had done so within the past two years. Most did this through their GP (5) or Talking Therapies (4), but two through private counselling.

Challenges

Eight of the 11 carers highlighted some the challenges they experienced in this role.

Fears that coming out might cause problems with care agencies were expressed by two people, [‘I am worried to come out to my mum's carers in case they aren't receptive and that my mum gets unfair treatment.’](#)

Assumptions about sexuality were another concern for three of the carers. One felt that being labelled as other than heterosexual included the assumption that they were [‘engaged in promiscuous sexual activity.’](#) They later highlighted a perceived lack of inclusivity in current care services, specifically a [‘lack of understanding/awareness of particular needs of Black LGBTQ+ elders \(over 50's\).’](#)

Three people said that the people they cared for had age-related mental illnesses such as Alzheimer’s and dementia. One felt that [‘being outed inadvertently to other services by my mother can and does cause issues.’](#)

Two cared for a parent outside of London. One of them felt that distance caring [‘takes its toll physically and mentally’](#) and was particularly difficult because one parent was [‘very difficult and although accepting of me has not got a real interest or understanding of me.’](#)

One carer felt that overall, [‘Carers’ support is not LGBT+ focused.’](#)

Life experiences

Most survey questions explored themes that had been raised during consultation with local residents and organisations. A free-text 'life experiences' section was added to allow respondents to share information on themes that had not yet been explored.

Barriers to openness

Some respondents commented that they still experienced anxiety and fear of discrimination in connection with the process of coming out:

'I still have a lot of anxiety left over from being in the closet. This manifests itself anytime I have to 'come out' to someone new, e.g. a taxi driver, someone making small talk at the doctor's, a new colleague at work.'

'As an LGBTQ person with a chronic health condition I do think it adds a level of discrimination and I make conscious decisions in my interactions in the health care system of who I am out to.'

'Coming from a south Asian Muslim community, talking openly about my sexuality is not something I feel able to do with my family.'

Discrimination

Some of the respondents explained that their personal experiences and characteristics might have altered their experiences of discrimination:

'I have only had minor encounters with discrimination in my work at an art college in the past. I was later self-employed and did not encounter this. Generally, I do not feel I have suffered discrimination or had to hide in my adult life.'

'As a 30-something 'middle-class' white man I feel as though I have it easy compared to many others.'

'As I'm a white older male, I just assume that everyone will treat me the same and I've not been disappointed here. I've been together with my husband for 20 years and I don't go out to LGBTQ+ venues much these days as there's no need. I have straight and gay friends. My healthcare has been good, and I've always been open about the fact that I'm gay and have a husband.'

'I am 59 years old, BAME and have recently been affected by fibromyalgia. I have always felt more discriminated against because of my race than my sexuality.'

Another person felt that, 'Discrimination is still rife. Worse, as an older person I am sorry to observe that many younger ones, notably those aged 30-45, do not convey a clear impression of keeping an Open Mind. Accordingly, they are opinionated - and consequently prejudiced. In particular I have noticed this among medics, counsellors and therapists with whom I work!'

Diversity and intersectionality

Many respondents explored how their other personal characteristics interacted with their LGBTQ+ identity, and sometimes with their experiences of discrimination or exclusion.

BAME respondents

Some BAME respondents explored the ways in which they are perceived in Southwark, as well as how their ethnic identity overlaps with their gender:

‘As a Black woman I believe my ethnicity does, on occasion, affect interactions. It is difficult to pinpoint these as often they might go unchallenged for the sake of living an easy life.’

‘Being around people like myself (QTIPOCs [Queer, Transgender and Intersex People of Colour]) I feel comfortable and confident which is why I enjoy spaces like AZ Hub and BFF (a black femme film club). I don’t tend to socialise in spaces that have heterosexual men present.’

‘As a black lesbian with a disability I have experienced racism, prejudice, homophobia and just plain ignorance from my healthcare professionals as well as others in my community, both overtly and in a subtle manner, that unless you experience it, it is difficult to articulate.’

‘As a black queer able bodied woman this genuinely affects my daily life, the way I feel I am perceived, received, treated in social, business, and personal settings. My blackness and my queerness sometimes I feel are separated depending on my environment and how I am read, but my blackness never leaves me as my queerness is not always read.’

Disability

Responses on disability explored issues of accessibility:

‘I’m also disabled/chronically ill which makes socialising much more difficult, especially as LGBTQ socialising tends to gravitate around clubs and bars. More casual and less alcohol/partying focused settings are desperately needed. My dream is to run a LGBTQ community focused café and event space.’

Others discussed stereotypes about disabled people, including regarding sexuality or within the LGBTQ+ community:

‘There are too many preconceptions and wrong perceptions about disabled people in the wider community but also within the LGBTQ+ community itself.’

‘I think people generally have a perception about disabled people being asexual; not having sex; not being able to have sex; even finding the idea a little gross; simply cannot associate the two or are very uncomfortable to do so especially when the disabled individual is LGBTQ+. This makes it very challenging to feel included when in social situations and especially when it comes to dating. I also feel that most people look at disabled people with pity; they feel they will not be able to connect or have anything in common

with; it will be difficult to communicate because of their disability. I feel most people fail to see the strength and power that disabled people carry; the talent they have when it comes to employment; the creativity and beauty that disabled people have especially if part of the LGBTQ+ community.'

Age

Concerns were raised about ageism with the LGBTQ+ community, and ageing leading to social isolation:

'There is ageism in the LGBTQ+ community, which I am beginning to experience as a 40-something year old - but then again, that ageism is in place across wider society.'

'I am getting older and I find this has impacted negatively on my involvement in LGBQ lifestyle.'

'I am now over 50. I find it increasingly difficult to meet and make friends with LGBTQ+ people of my own age.'

Feeling invisible

Some respondents noted feeling 'invisible', perhaps within their own LGBTQ+ or other communities, or to services and the borough as a whole. For some, this was due to exclusion resulting from their different interacting characteristics, such as ethnicity or age:

'I'm both black and gay so the intersection of my identities are often up for debate or ignored completely... I experience racism from the LGBT community and homophobia from the black heterosexual community. My blackness is never valid because I am gay... I am invisible and people don't understand the adversity that having my identities brings. I'd love to see a multidimensional approach from Southwark council that makes me visible, gives me agency and makes me feel safe and comfortable to be me.'

'I miss the sense of community I used to feel when I was younger and there was more of a scene. I also sometimes feel invisible in groups of mainly younger LGBTQ+ people.'

'Being older means being invisible and especially in the LGBT+ community'

Faith

Some responses on faith focused on it having had a longstanding negative impact, and how this was overcome:

'The faith I was brought up in (Catholic) was deeply damaging.'

'Faith had a negative effect on my sexuality for many years but since becoming true to myself things have improved greatly.'

'I was raised in a very Catholic environment and left the church when I realized my own sexuality wasn't supported or welcomed. I feel very

fortunate to be young enough to live in a time when gay rights are much more important and I don't have to worry about going to jail just for saying I'm gay or trans.'

Other respondents described how, despite challenges, their faith and sexuality co-existed:

'As a Christian minister, faith is the most significant of these factors and it means by sexuality can be an issue for the people I work with. I am more hesitant to tell people about my sexuality/partner in this context than in others, and I rarely talk about my gender identity, which is not straightforward. My faith can sometimes also be an issue for others in the LGBTQ+ community.'

'It took time to come to a place where my faith and my sexuality sort of converge and meet in the middle. There was a lot of internal guilt growing up. But I'm [in] a good place now where I am not constantly fearing for punishment because I'm a lesbian.'

Appropriate social care and support for carers

One respondent was concerned that support for them as a carer, and in later life, might be affected by their sexuality, 'I am in my mid-50s. I have two adult sons and I live with my partner and my elderly mother. I am disabled and a carer as my partner is also disabled and my mother needs day to day help... I have experienced some issues with health care professionals who lack LGBT+ awareness and do not treat my partner and me with same regard as a straight couple. I am worried about what will happen when my partner and I are old. Will there be LGBT+ focused/appropriate care for us in the borough?'

Good experiences in Southwark

Several respondents shared positive experiences of living as an LGBTQ+ person in Southwark, which was described by some as a diverse and open borough:

'I grew up out of London, in a rural community. The stigma attached to being gay somewhere like that is challenging. When I moved to London and settled in Southwark, I became much more confident in who I am and much more open about my sexuality.'

'I have generally never had any aggro over my sexuality while living in Southwark. Where I live is so multicultural that everyone has a 'live and let live' attitude. I engage with shopkeepers, doctors, neighbours who belong to churches or religions with anti-gay doctrines but they have always treated me and my partner with respect and kindness.'

'I think Southwark is a very lovely place to live and work. I love living in such a diverse community. I am very happy with services I receive here.'

Social connection and isolation

Two people described the benefits of good quality social interactions within their community, bolstered by their campaigning and volunteering activities:

'I have long been a community activist, supporting black liberation & women's liberation and working for gay liberation, so have related well with people across the spectrum. However, my involvement... has not only kept me active, but also engaged with other LGBTQ+ people with similar interests. No doubt if I didn't have these outlets and connections, I might well feel isolated and lonely (despite having a partner), which would adversely affect my health. Thankfully, I am fit and well for my age.'

'Being a volunteer with a LGBTQI+ charity over many years has done a lot both to improve 'my connectedness and also my appreciation of the community and its possibilities.'

However, other respondents described the challenges they encountered in meeting people, and the impact of loneliness:

'Being a 42-year-old gay man in London (who also happens to be Jewish) is mentally quite a challenge. There are very few opportunities for me to meet new partners or even friends, the online dating scene is focused around NSA [No Strings Attached] sex and even more so around the chemsex epidemic. The more 'normal' gay scene is focused around drinking, to the extent of binge drinking, underpinned by a mental health crisis among gay men. I feel that gay men in London drink to forget, or not to feel, or to avoid dealing with (or talking about) their emotions.'

'It's particularly difficult for older LGBTQ+ people. I can't be the only lonely gay person in Southwark. The commercial gay 'community' can be highly judgmental and is often not very inclusive. Yes, loneliness has affected my mental health & quite possibly my physical health too.'

'I don't conform to the usual stereotypes of gayness or maleness ...and because for an easy life, I try to remain somewhat hidden. But if we all hide, we don't exist'. This is the conundrum. I often feel quite isolated. My life is successful as I'm intelligent, educated, hard-working and lucky. But I have no family life (I would like to be married and have a child)... but socializing, dating, seeking healthcare, applying for some jobs... are all difficult. This is my reality.'

Appendix 1: Terminology

This is not intended as a guide to all identities which fall within the LGBTQ+ spectrum, but simply an aid to understanding the report. The definitions are taken from the Stonewall website, with minor adjustments.

Agender	Someone who identifies as being without a gender.
Bisexual	A general term to describe someone who has a sexual or romantic attraction or orientation to more than one sex or gender.
Cisgender/Cis	Someone whose gender identity is the same as the sex they were assigned at birth.
Gay	A man who is attracted to other men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.
Gender Identity	A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.
Genderqueer	Also known as Non-binary
Intersex	A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.
Lesbian	A woman who is attracted to other women.
Non-binary	An umbrella term that describes all gender identities that are not strictly male or female.
Panromantic/Pansexual	Refers to a person whose attraction towards others is not limited by sex or gender.
Queer	Formally seen as a derogatory term, Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity.
Trans	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.
Transgender man	A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.
Transgender woman	A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.

Appendix 2: The survey questions

1. Age

Which age group do you belong to?

- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

2. Gender

Do you feel that you are / What do you identify as?

- A man
- A woman
- A trans man
- A trans woman
- Non-binary
- Gender fluid
- Agender
- I don't know
- I prefer not to say
- Other
- If Other, please specify:

Is your gender identity the same as you were given at birth?

- Yes
- No
- I'd prefer not to say
- Other
- If Other, please specify:

3. Sexual Orientation

What do you feel best describes you:

- Heterosexual
- Bisexual
- Gay or Lesbian
- I don't know
- I prefer not to say
- Other
- If Other, please state:

4. Ethnicity

Which of the following groups best describes you?

- White British
- English
- Scottish
- Welsh
- Northern Irish
- Irish
- Gypsy Roma or Irish Traveller
- Other European
- Black British
- Caribbean

- Nigerian
- Ghanaian
- Sierra Leonean
- Somali
- Other African
- Other Black
- Asian British
- Indian
- Bengali
- Chinese
- Pakistani
- Vietnamese
- Filipino
- Any Other Asian
- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background
- Arab
- Latin American
- Any other ethnicity

5. Disability

Do you consider yourself to have a disability?

- Yes, Limited a little
- Yes, Limited a lot
- No, not limited

If Yes, which best describes your disability?

- Mental Health
 - Hearing /Vision
 - Learning difficulties
 - Physical / Mobility
 - Memory Problems
 - Other
- If other, please state:

6. Faith and Religion

Do you have a religion/belief?

- Yes
- No
- Unsure
- I prefer not to say

If yes, what religion / belief?

- Buddhist
 - Christian
 - Sikh
 - Hindu
 - Jewish
 - Sikh
 - No religion
 - Other
- If other, please state:

7. **What is your connection to the London Borough of Southwark?**

- I live in Southwark
 I work in Southwark
 I socialise in Southwark
 Other
 If other, please state:

8. **Where were you born?**

- London Borough of Southwark
 In London, but a different borough to Southwark
 In The UK, outside of London
 Outside of the UK
 Unsure
 I prefer not so say

9. **Socialising**

Where do you tend to socialise?

- In Southwark
 Outside Southwark
 Both

If Inside the Borough, where are these places?

What areas of the Borough do you socialise in regularly?

If Outside the Borough, where are these places?

Do you prefer socialising in Southwark, rather than outside the Borough?

- Yes
 No
 Unsure
 I prefer not so say

If Yes / No, please explain why:

Do you feel that there are LGBTQ+ friendly venues in the Borough?

- Yes
 No
 Unsure
 I prefer not so say

If Yes, please tell us which venues:

Are there ways we could improve social opportunities for the LGBTQ+ community in Southwark:

- Yes
 No
 Unsure
 I prefer not so say

If Yes, please explain how:

In what ways can we promote visible safe spaces in the Borough so LGBTQ+ people can connect and network?

- Word of Mouth
 Social Media
 Internet
 Newspapers

Other

If Other, where else?

10. Safety

We'd like to get a better understanding of how safe you feel in Southwark. We are using the term *safe* to mean free from physical and verbal harm or abuse because of your sexual orientation or gender.

Do you feel safe in your local area?

- Yes
 No
 Unsure
 I prefer not so say

Do you feel safe in the Borough as a whole?

- Yes
 No
 Unsure
 I prefer not so say

Are there any parts of the Borough that you feel are unsafe?

- Yes
 No
 Unsure
 I prefer not so say

If yes, where are these parts of the Borough?

How do they make you feel unsafe?

Are there parts of the Borough that you feel particularly safe in?

- Yes
 No
 Unsure
 I prefer not so say
 If Yes, which areas?

11. LGBTQ+ Community

Do you have any LGBTQ+ friends in your local area?

- Yes
 No
 Unsure
 I prefer not so say

Do you think there is a sense of LGBTQ+ community in your local area?

- Yes
 No
 Unsure
 I prefer not so say

12. Healthcare

How do you find information about LGBTQ+ services in Southwark?

- Word of Mouth
- Social Media
- Internet
- Newspapers
- I don't use LGBTQ+ services in Southwark
- Other

If Other, where else?

Sexual Health

Have you accessed sexual health services within the past two years?

- Yes
- No
- Unsure
- I prefer not so say

If yes, which of the following services have you accessed? (Tick all that apply)

- Artesian Sexual Health Clinic
- Brook Southwark
- Burrell Street Sexual Health Clinic
- Caldecot Centre
- Camberwell Sexual Health Clinic
- Lloyd Clinic - Guys Hospital
- The Lydia Clinic
- Walworth Road Sexual Health Clinic
- Online
- Outside the Borough
- Prefer not so say
- Other services
- If Other services, please specify:

Do you feel that sexual health services in Southwark are inclusive and appropriate for the needs of the LGBTQ+ community?

- Yes
- No
- Unsure
- I prefer not so say

If you have accessed sexual health services outside the Borough, why is this?

- They're close to work
- They're close to home
- They're LGBTQ+ friendly
- The quality of service is better
- It's more private
- Other
- If Other, please explain why:

Do you feel there is a difference between sexual health services inside and outside the Borough?

- Yes
- No
- Unsure
- I prefer not so say

Mental Health

Have you accessed mental health services?

- Currently
 Within the past two years
 No

If Yes, where have you accessed them? (Tick all that apply)

- Oasis
 Through a Southwark GP
 Through a non-Southwark GP
 Southwark Wellbeing Hub
 Talking Therapies Southwark
 Time to Change
 SLAM
 Drugs & alcohol services
 Voluntary organisations / charities
 Southwark Mind
 Outside the Borough
 Online
 Private counselling
 Other
 Prefer not so say

If other, please specify:

If outside, are there any reasons why you choose to access services outside Southwark?

Do you feel that mainstream health services provided in Southwark are inclusive of LGBTQ+ clients?

- Yes
 No
 Unsure
 I prefer not so say

If yes, could you share how they are inclusive?

Health services in general

Are you aware of any LGBTQ+-specific healthcare services in the Borough?

- Yes
 No
 Unsure
 I prefer not so say

If yes, could you list them.

Do you think there a need for LGBTQ+-specific services in the Borough?

- Yes
 No
 Unsure
 I prefer not so say

If Yes/No, could you provide a reason for your answer? (Optional)

Have you encountered difficulties in accessing services in Southwark if you identify with as having two or more protected characteristics? (for example LGBTQ+ and BAME individuals?)

- Yes
 No
 Unsure
 I prefer not so say

Have you had an experience in the past 2 years within a healthcare service in Southwark where your gender/sexuality wasn't taken into account?

- Yes
 No
 Unsure
 I prefer not so say

If yes, could you explain further?

- Prefer not so say

Could your experience of healthcare in the Borough be improved?

- Yes
 No
 Unsure
 I prefer not so say

If yes, could you explain further:

13. Carers

Are you a carer?

- Yes
 No
 Unsure
 I prefer not so say

Do you face any challenges as a carer?

- Yes
 No
 Unsure
 I prefer not so say

If yes, could you explain further:

14. Internalised Homophobia

The Network is interested in knowing how you perceive Southwark as an LGBTQ+ individual. Please indicate whether you are open about your sexual orientation with the following:

- Friends
 Family members
 Work colleagues
 Health care professionals
 I am not open about my sexual orientation

I am comfortable about people finding out about my sexual orientation

- Strongly Disagree
 Disagree
 Neither Agree or Disagree
 Agree
 Strongly Agree

It is important for me to control who knows about my sexual orientation

- Strongly Disagree
 Disagree
 Neither Agree or Disagree
 Agree
 - Strongly Agree

I feel comfortable discussing homosexuality in a public situation

- Strongly Disagree
 Disagree
 Neither Agree or Disagree
 Agree
 - Strongly Agree

Even if I could change my sexual orientation, I wouldn't.

- Strongly Disagree
 Disagree
 Neither Agree or Disagree
 Agree
 - Strongly Agree

Life Experience

We'd like to hear how your age, disability, ethnicity, faith or other aspects of your life shape your experiences. This may include:

- How others treat you based on these characteristics;
- How well you relate to others in the LGBTQ+ community;
- Whether you think it affects your healthcare; and/or
- Whether you experience added discrimination.

(word limit 300)

Appendix 3: Who took part in the survey?

Sexual orientation

79% of the respondents identified as being gay or lesbian and 11% as bisexual. 8% identified as 'queer,' 'pansexual', or 'panromantic'.

2% of respondents identified as heterosexual; two men and two women. One man was trans, whilst the others were cisgender. As they answered the survey questions related to how being LGBTQ+ affects aspects of their life, they were included as being appropriate survey respondents. Some may view themselves as a heterosexual despite being from a minority sexual orientation or view terms like 'gay' or 'lesbian' as cultural references, rather than their sexual identity.

Sexual orientation	Number	% of 210
Gay or Lesbian*	166	79%
Bisexual	23	11%
Queer	10	5%
Heterosexual	4	2%
Pansexual	2	1%
Panromantic	1	Less than 1%
Other - unspecified	3	1%
I prefer not to say	1	Less than 1%

*including 'zami'.

Sexual orientation by gender identity

More trans respondents identified as bisexual than another other sexual orientation. Most cisgender respondents identified as gay or lesbian.

Sexual orientation	Number of trans respondents	% of 18 trans respondents	Number of cisgender respondents	% of 190 cisgender respondents
Gay or Lesbian	5	28%	160	84%
Bisexual	7	39%	16	8%
Queer	3	17%	6	3%
Heterosexual	1	6%	3	2%
Pansexual	1	6%	1	1%
Panromantic	0	0%	1	1%
Other	1	6%	2	1%
I prefer not to say	0	0%	1	1%

Gender identity

Respondents who identified as ‘a man’ or ‘a trans man’ made up nearly 60% of respondents.

Gender	Number	% of 210
A man	122	58%
A trans man	4	2%
A woman	67	32%
A trans woman	2	1%
Non-binary*	13	6%
No response**	2	1%

*Non-binary includes respondents who self-defined as ‘agender’, ‘gender fluid’, ‘gender non-conforming’, and ‘genderqueer.’

** This included people who stated ‘human’ and ‘do not define’.

Trans or cisgender identity

90% of the respondents were cisgender, and 9% stated that their gender identity was different to the one assigned to them at birth; 1% were unsure.

Nearly half of trans respondents identified as being in the non-binary spectrum, which includes gender fluid, agender, and others such as ‘genderqueer’, and poly-gendered gender identities such as ‘woman and non-binary’ and ‘woman and gender non-conforming’.

Gender identity	Number	% of 210 (% of Trans/cisgender)
Gender		
Trans (total)	18	9%
Men	2	(11%)
Trans men	4	(22%)
Women	2	(11%)
Trans women	2	(11%)
Non-binary	8	(44%)
Cisgender (total)	190	90%
Men	120	(63%)
Women	65	(34%)
Non-binary	3	(2%)
Other - unspecified	2	(1%)
Unsure	2	1%

One respondent noted limitations of gender expression in the survey, ‘I also identify as a trans man [as well as a man]. Simplifying it to one choice is unhelpful.’

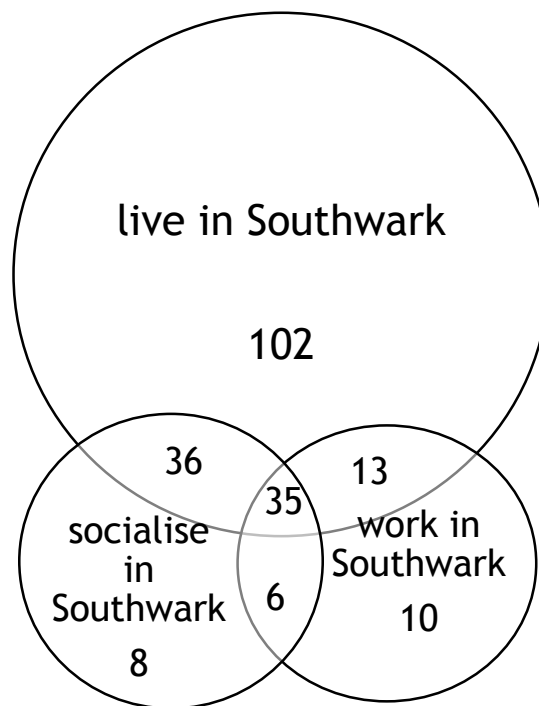
‘Intersex’ was not one of the multiple-choice options, but no respondents self-identified as intersex under ‘other’.

Connection to Southwark

All respondents lived, worked, and/or socialised in Southwark. 17% of respondents stated that they lived, worked, and socialised in Southwark.

What is your connection to Southwark?	Number	% of 210
I live in Southwark	186	89%
I work in Southwark	64	30%
I socialise in Southwark*	85	40%
Other	5	2%

*93 further people did also later refer to socialising in Southwark, even if they did not consider this their connection to the borough.



Place of birth

We also asked about people's place of birth to gain a better understanding of their connection to the borough.

Place of birth	Number	% of 210
London Borough of Southwark	22	10%
In London, but a different borough to Southwark	42	20%
In the UK, outside of London	88	42%
Outside of the UK	58	28%

Age

Only 7% of respondents were under 25. The age range with the highest response rate was 25-34.

The median age in Southwark is 33.1 years old¹⁸; the older profile of the respondents contrasts the Borough's overall age profile, but reflects the targeted engagement to ensure that older members of the LGBTQ+ community, who are more seldom heard and may not have access to technology, were represented.

Age	Number	% of 210
16 - 17	2	1%
18 - 24	13	6%
25 - 34	49	23%
35 - 44	44	21%
45 - 54	43	20%
55 - 64	39	19%
65 - 74	20	10%

Ethnicity

White respondents made up 81% of the total responses.

This is a higher proportion than the overall population in Southwark, at 54%.

BAME groups make up 46% of the population in Southwark, whereas 19% of the respondents identified as being from a BAME background. The proportions of Black and Asian respondents were 10% and 3% respectively. This is significantly lower than their populations in Southwark at 25% and 11% respectively.

Latin Americans made up 1% of the respondents which is much lower than population estimates within Southwark.

Ethnicity	Number	% of 210
White (total)	170	81%
White British	114	54%
English	8	4%
Scottish	3	1%
Welsh	2	1%
Northern Irish	2	1%
Irish	9	4%
Other European	13	6%
Other White	19	9%
Black (total)	21	10%
Black British	11	5%
Nigerian	3	1%

¹⁸ ONS, *Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2017*, (June 2018)

Somali	1	Less than 1%
Other African	2	1%
Caribbean	2	1%
Other Black	2	1%
Asian (total)	7	3%
Asian British	4	2%
Chinese	1	Less than 1%
Filipino	1	Less than 1%
Indian	1	Less than 1%
Latin American	3	1%
Mixed (total)	8	4%
White and Asian	2	1%
White and Black African	3	1%
White and Black Caribbean	1	Less than 1%
Other mixed background	2	1%
Not answered	1	Less than 1%

Disability

30% of respondents had a disability, with 7% of people saying that this limited them a lot.

Disabled	Number	% of 210
No, not limited*	148	70%
Yes, limited a little	47	22%
Yes, limited a lot	15	7%

*13 respondents (6%) stated that they didn't have a disability and weren't limited but later indicated that they did have an issue with either their hearing or vision, memory or a learning disability.

Type of disability	Number	% of 62 people with disabilities
Mental health problems (lasting more than a year)	35	56%
Physical/mobility difficulties (e.g. wheelchair user, arthritis, multiple sclerosis etc.)	25	40%
Hearing/vision related	18	29%
Learning difficulties	10	16%
Memory problems	4	6%
Other disabilities	6	10%

Religion or belief

The majority of respondents (67%) had no religion, with Christianity being the most prevalent religion at 17%.

Religion/belief	Number	% of 210
No religion	141	67%
Christian	36	17%
Buddhist	8	4%
Jewish	2	1%
Muslim	2	1%
Hindu	1	Less than 1%
Other (unspecified)	8	4%
Other - Agnostic	1	Less than 1%
Other - Humanist	2	1%
Other - Pagan	1	Less than 1%
Other - Spiritual	5	2%
Other - Spiritualist	1	Less than 1%
Other - Thee Temple ov Psychick Youth	2	1%

In contrast, data from the 2018 Office of National Statistics shows that that over 50% of Southwark residents identify as being Christian and 7% as being Muslim, whilst 39% do not have a faith. It is unclear whether this disparity implies that LGBTQ+ in Southwark are less likely to have a faith than others, or whether LGBTQ+ people of faith were less likely to complete our survey.

29% of all white respondents stated that they were of a particular faith (including humanism), whilst 49% of BAME respondents stated that they were of a particular faith.

Appendix 4: Further subanalysis of responses

This report has highlighted in many places that the experiences of groups within the LGBTQ+ community are very diverse, with some people experiencing particular disadvantage or intersection of different identities.

We would have liked to look in more detail at the specific experience of, for example, Trans or BAME respondents. However, because as subsets of the respondents the numbers of these respondents were small, statistical comparison is unreliable and was not included in the body of the report. Certain analyses are included in this Appendix for interest and to provoke discussion. Exploration of the needs and experiences of these and other groups is strongly encouraged.

Accessing mental health services

Similar proportions of cisgender and Trans respondents had accessed mental health services, at 42% and 44% respectively.

Have you accessed mental health services?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
No	109	57%	10	56%
Yes, currently	35	18%	2	11%
Yes, within the past two years	45	24%	6	33%
Not answered	1	1%	0	0%

A third of BAME respondents had accessed services either in the past two years, or were still accessing services, compared to 44% of white respondents.

Have you accessed mental health services?	BAME	% of 39 BAME respondents	White	% of 170 white respondents
No	26	67%	94	55%
Yes, currently	5	13%	33	19%
Yes, within the past two years	8	21%	42	25%
Not answered	0	0%	1	1%

LGBTQ+ friends in the borough

The majority of respondents had LGBTQ+ friends in their local area; a slightly larger proportion of Trans than cisgender respondents had LGBTQ+ friends locally.

Do you have any LGBTQ+ friends in your local area?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
Yes	140	74%	14	78%
No	42	22%	4	22%
Unsure	4	2%	0	0%
Not Answered	4	2%	0	0%

Sense of community

A lower proportion of Trans respondents than cisgender felt that there was a sense of LGBTQ+ community in the borough, but a lower proportion also said that they felt there was not.

Do you think there is a sense of LGBTQ+ community in your local area?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
No	113	59%	8	44%
Yes	35	18%	2	11%
Unsure	38	20%	8	44%
Not Answered	4	2%	0	0%

There was little difference in perception of the sense of LGBTQ+ community between white and BAME respondents.

Do you think there is a sense of LGBTQ+ community in your local area?	BAME	% of 39 BAME respondents	White	% of 170 white respondents
Yes	29	74%	126	74%
No	8	21%	38	22%
Unsure	1	3%	3	2%
Not Answered	1	3%	3	2%

Do people feel safe in Southwark?

A lower proportion of Trans than cisgender respondents felt safe in their local area.

Do you feel safe in your local area?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
Yes	123	65%	10	56%
No	37	19%	4	22%
Unsure	28	15%	4	22%
Not Answered	2	1%	0	0%

A lower proportion of cisgender than Trans respondents felt safe in the borough overall.

Do you feel safe in the borough as a whole?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
Yes	197	46%	10	56%
No	55	26%	5	28%
Unsure	37	18%	3	17%
Not Answered	1	Less than 1%	0	0%

Item No. 22.	Classification: Open	Date: 14 July 2020	Meeting Name: Cabinet
Report title:		Leisure Management Contract – Post COVID Review and Management Arrangements	
Wards or groups affected:		All	
Cabinet Member:		Councillor Rebecca Lury, Deputy Leader and Cabinet Member for Culture, Leisure, Equalities and Communities	

FOREWORD – COUNCILLOR REBECCA LURY, DEPUTY LEADER AND CABINET MEMBER FOR CULTURE, LEISURE, EQUALITIES AND COMMUNITIES

Providing exemplary leisure centre services for our residents has always been a priority in Southwark. It is why we looked for a provider who could help us to achieve our ambitions around free swim and gym in 2014, and then who could support us as we looked to make free swim and gym more flexible, and to introduce free swimming lessons for our residents.

However, much has changed in the leisure market since we entered our contract with Sports and Leisure Management Ltd (SLM) – and the impact of these changes has only been amplified by the COVID-19 pandemic.

As the COVID-19 pandemic saw our leisure services close, with no idea of re-opening dates, we became acutely aware of the need to support those who work in our leisure centres, and committed to financial support for SLM alongside the Government's furlough scheme to protect these workers.

We are now coming to the time when leisure centres are once again allowed to open, and it seemed like the best time to reconsider the whole of our leisure services provision.

This is not a discussion that we have entered lightly, and is one that has been achieved thanks to the ongoing conversations between officers and SLM that are always aiming to achieve the best outcomes for our residents.

It has not been an easy decision to reach this point, and there is much more work that will need to be done to ensure the smooth transition to a new, and hopefully post COVID-19 way of operating. But this report and the recommendations contained within are the beginning of the journey to ensure that our leisure services continue to serve our residents in the way that they want, whilst we as a local authority, lead the way in what exemplary leisure services look like.

RECOMMENDATIONS

Recommendations for the cabinet

That cabinet:

1. Approves that a medium term financial support arrangement be agreed with the council's leisure management contractor, Sports and Leisure Management Ltd (SLM), by contract variation, in order for the leisure centres to re open as soon as possible (subject to government restrictions being lifted) and to continue to operate until at least March 2021 whilst the council considers its options.
2. Notes that officers are in the process of a full review and evaluation of the options for the future management of the council's leisure centres in light of the COVID-19 pandemic and officers will report on the results of the evaluation to cabinet in September.
3. Notes that this report constitutes a Gateway 0 report in respect of the proposed options review, and a Gateway 3 report in respect of the proposed contract variation, for the purposes of the council's contract standing orders.

Recommendations for the Leader of the Council

That the Leader:

4. Delegates final approval of the detail of the contract variation and medium term financial support arrangement to the strategic director of environment and leisure, in consultation with the strategic director of finance and governance, the deputy leader and cabinet member for culture, leisure, equalities and communities and the cabinet member for finance, performance and Brexit.
5. Asks the strategic director of finance and governance to note that resource provision will be required for the value of the contract variation, the development of the management options and also the implementation of any chosen option.

BACKGROUND INFORMATION

6. On 21 June 2016 the council entered into a seven year contract with an option to extend for a period or periods of up to a further seven years at the council's discretion with Sport & Leisure Management Limited (SLM) for the management of the council's eight leisure facilities and for the operation of the sports booking service. SLM operate under the name of Everyone Active (EA).
7. SLM are required to operate the centres in line with the terms and conditions of the contract. Leases at a peppercorn rent are granted to them subject to them fulfilling these terms. A management fee is payable to the council under the contract.
8. Before the COVID-19 pandemic began the leisure contract was performing well operationally but was not achieving the income levels anticipated in line with the contract. The council and SLM were in discussion at that time about the best way to address this.

9. On Friday 20 March 2020 the government instructed that all public leisure centres should close the following day for public health reasons in relation to the Coronavirus pandemic.
10. Government policy on public procurement advised authorities to work collaboratively to support existing contractors.
11. The council entered into discussions with SLM in order to explore how the council could work with SLM during this period of extreme uncertainty to support the immediate needs of staff, buildings and the working relationship between the two organisations as best it could.
12. Both parties agreed that the closure order from the government constituted a force majeure event (as detailed in the contract) and the council has agreed a support package for SLM for the period March to 30 June 2020. Officers are monitoring the usage of the support package which included:
 - A payment to make up the shortfall on sums received from government for staff on the furlough scheme, so that staff received 100% of their salary
 - 100% of the salaries of a skeleton group of staff to maintain the sites and plant equipment
 - Utilities, maintenance and incidental costs
 - A waiver of the management fee for the period 21 March to 30 June 2020
 - The net financial impact of the initial support package is up to £1.292m.
13. As the leisure industry emerges from lockdown it enters a period of crisis and uncertainty. The sector is in a very difficult financial position due to COVID and will require financial support if leisure centres are to re open; this is a UK wide issue.
14. On 9 July 2020 the government announced that all gyms, indoor swimming pools and sport facilities could open from 25 July 2020. The previous support package covered up until the end of June and a further financial support package is being negotiated for the month of July. With preparation required so that the centres could reopen safely, the earliest the centres would be open to the public would be August. The support costs for July will be subject to separate approval and decision by the Strategic Director of Environment and Leisure, and any income received during the month will be recovered by way of set-off or separate invoicing.
15. Should any of these sums not be required the council will be reimbursed the remaining sum (as per previous months). SLM's income and expenditure will be closely scrutinised for the whole support period including July, so that any sums due can be identified and recovered as agreed.
16. As the country slowly moves out of lockdown there is still huge uncertainty around the performance of the leisure market moving forward and the estimated timeframes the industry will take to recover from the pandemic. Generally it is anticipated that the industry will recover within 12 to 18 months from the point of reopening, however, these estimations come with a number of caveats. The council will have to work closely with SLM in the coming months to monitor the market and seek to put the service on a sustainable footing.

KEY ISSUES FOR CONSIDERATION

Review of options to date: interim period to end of March 2021

17. The options for the continuation of leisure centre provision for the short-medium term in the borough are limited and officers have briefed members in order to develop options and gain a clear steer on their preferences.
18. The questions that were explored were as follows:
- Is there a desire to open centres once government guidance changes to allow opening?
 - What are the options in the event of opening or remaining closed?
 - What will the options cost?

Table 1 – Options explored

Option	Conclusion
Terminate contract and keep centres closed temporarily	<ul style="list-style-type: none"> - Highest cost option but with few benefits. - Staff and assets would transfer to the council, with the expectation of service recommencement - No income coming in to off set the costs.
Terminate contract and keep centres closed indefinitely	<ul style="list-style-type: none"> - Lowest cost option but is very unappealing because of the obvious risks – i.e. mass redundancies of SLM staff and lack of service to residents into the future.
Open with SLM	<ul style="list-style-type: none"> - Enables income to be earned to offset costs. - SLM will require a financial support package. - Concern about financial exposure because of uncertainty around income levels once opening is possible. However they could open as soon as possible and provide all pre-COVID services including Free Swim and Gym albeit at lower occupancy levels.
Open with another provider	<ul style="list-style-type: none"> - An emergency procurement would be possible but could take some time leading to a period of closure. - Limited number of operators as all currently in similar positions. - Likely to be even more costly due to all operators suffering losses and they may look to recoup these through such a scenario.
Open with an in house service	<ul style="list-style-type: none"> - Officers undertook considerable work to find out how long it would take and how much it would cost to bring the service in house. - They have determined that earliest possible is 1 April 21 and optimum period to bring in house would be slightly longer. - It requires a period of closure unless an interim arrangement is in place. - There are additional one off costs relating to the work to bring the service in house plus ongoing extra costs.

19. Officers' conclusion was that the best and least costly way forward would be to re-open the leisure centres and to work with SLM and support them to do so. This will enable officers to continue the detailed work on the options for the longer term future of the service, looking at the detailed financial and other

implications. In the meantime it is hoped that this will ensure the best outcome for residents and most feasible financial way forward in a post COVID time. This would enable the following:

- Leisure centres can open COVID safe as soon as they can
- Income being earned to offset costs of staff and buildings
- Continued delivery of the Free Swim & Gym scheme
- Continued delivery of the Free Swimming Lessons scheme
- Continued delivery of public health programmes such as the GP exercise referral scheme
- Avoid losing market share in gym memberships.

20. It is worth noting the following considerations in light of the recommendation to work with SLM in the interim period:

- SLM have already expressed their willingness to work with the council in an open and transparent way as the council moves through this process
- The council will not receive a management fee for the medium term and this has a significant impact on the council's income
- The council will be paying for a proportion of the staff, and all the maintenance / operation of the centres, one way or another, unless it decides now to discontinue leisure provision, and in which case redundancy provisions apply
- Other commercial providers are unlikely to deliver a better outcome in the medium term so there is no point carrying out an emergency tender
- It is extremely difficult for anyone to predict how the centres will perform going forward and this represents financial risk in any scenario.

21. Officers have been in regular communication with SLM who have submitted a forecast of estimated costs of them continuing to deliver the contract. The proposal to support SLM in the interim is in light of the following:

- The recent Government announcement that the centres can re open from 25 July 2020 onwards, albeit they will reopen with significantly reduced capacity
- SLM have advised that they are not in a position to open any centres without additional financial support.

22. Subject to approval of this report the council will negotiate a capped financial package until March 2021, and then a monthly payment thereafter should that be necessary. Any income will be to the benefit of the council in its entirety. The council will also ensure that any sector support funding from the government would come to the council and not SLM.

23. The progress of this agreement will be monitored quarterly using a robust open book process and monthly management information to ensure that actual costs incurred are covered by the council (subject to the agreed cap) and the income and any grants are recouped to offset costs.

24. In view of the strategic impact of the decision officers consider that it requires Cabinet consideration and this report therefore constitutes a Gateway 3 report for the purposes of the contract standing orders.

Full options review

25. Officers have been asked to report to Cabinet in September 2020 on options for the longer term management of the service. In the time available it is unlikely to be possible to identify and fully develop all possible options. This report constitutes a Gateway 0 report which sets out the options identified at this stage and how those options will be addressed in more detail over the coming weeks.
26. The options planned to be evaluated in detail for the September report are:
- In-sourcing the service as soon as practicable, and
 - Continuing with SLM until the contract ends in June 2023.
27. The analysis on in-sourcing will include the pros and cons of establishing a charitable trust to run the service as opposed to direct delivery by the council, as this can have some financial benefits.
28. Officers will not be in a position to produce a full plan for the 'commercial re-procurement' option in September, as this would require a period of soft market testing and analysis, which will be very difficult in the current period of uncertainty.
29. Officers will seek advice from specialist leisure industry and financial consultants on what the shape and likely value of such a re-procured contract would be likely to be, assuming it commenced in the spring of 2021, for the purposes of comparison. However this will be heavily caveated.
30. The value of continuing with SLM can be established with more certainty, following dialogue with SLM over the summer, within the current contractual framework.
31. Officers will also update cabinet on discussions with neighbouring boroughs on the possibility of a shared service model. Again it may not be possible to deal with this to the same level of detail as in-sourcing and continuation of the current contract, particularly around the financial implications, but officers will include as much information as possible to enable a useful comparison.

Table 2 – Outline of broad evaluation criteria

Cost	One off costs and ongoing, ability to generate income
Quality	Ability to deliver high quality service to local residents, impact on Free Swim and Gym and Swimming Lessons
Contribution to renewal agenda	Ability to be flexible and responsive to new and emerging public health and community needs
Delivery of key service requirements	Health and safety, other KPIs
Accountability and governance	To include the scope for scrutiny and review
Ability to innovate and deliver operational efficiencies	Consider industry wide developments post COVID and ability to respond to changing leisure market

Delivery of local employment and contribution to local economy	Consideration of terms and conditions of staff and creation of jobs for local people
Experience of delivery and understanding current opportunities and market mechanisms	Consider industry wide developments post COVID and ability to respond to changing leisure market
Equalities impact	Consider the impact on vulnerable or key groups, protected characteristics and inclusion priorities

32. The detail of the criteria, weighting and evaluation mechanism will be worked up and agreed with the cabinet member for culture, leisure, equalities and communities in the course of July and early August. In addition officers will continue to brief the cabinet member on industry developments which may have a bearing on the viability of the options identified.
33. The following assumptions will be made for the purposes of comparison:
- All centres will be open
 - All services will be resumed albeit subject to any social distancing measures required
 - Free Swim & Gym will be provided
 - Free swimming lessons scheme will be provided
 - The options will be assessed over the period to June 2023, when the contract with SLM is due to expire.

Contract termination

34. Given the current economic climate and uncertainty regarding the future officers have also been scenario planning around the very short term should the circumstances arise whereby the council needs to urgently take direct control of the leisure centres.
35. It is anticipated that this option would only need to be exercised if:
- Forces beyond the control of both the council and SLM were to come in to effect. The risk of this scenario is mitigated by putting in place the medium term support package with SLM outlined above.
 - The council decides not to work with SLM in the short term and provide financial support.
36. In an emergency, in broad terms the council would take the following steps with a view to re-opening as soon as practicable:

Table 3

Issue	Activity
ICT / Data	Transfer customer data, arrange data hosting Source leisure management software Design, build, test and launch new part of council website to host booking system Ensure all new systems integrate with each other and with existing architecture

Issue	Activity
Staff	Request and analyse TUPE Employee Liability information : Ascertain eligible transferring employees Review and Analyse terms and conditions Review and Analyse pre-transfer liabilities Prepare consultation documents Undertake appropriate consultation and liaison with unions Pensions briefings for transferring staff Identify and provide appropriate support as required e.g OH/equalities and inclusion support Design and create organizational structures / job descriptions Analyse additional staff needs Undertake recruitment process Induction/training plan including log-on to systems etc.
Facility/asset management	Survey buildings Correct defects Equipment inventory Purchase equipment as needed Obtain statutory compliance documents Obtain O&M documents Review H&S position Arrange repairs and maintenance
Finance	Financial reconciliation with SLM Assess book debts Recover any outstanding debts from SLM Arrangements for VAT and NNDR Funding for defects rectification, ongoing repairs and maintenance Pension liabilities assuming staff admitted to LGPS
Public health	Review contracts Review public health obligations Arrange alternative provision
Marketing / sales / complaints	Marketing drive in preparation for re-opening Customer response / complaints capability

Project resources and governance

37. The project will be led by officers in the leisure directorate but will necessarily involve IT, HR, communications, finance, legal and corporate facilities management to name some. There will be a requirement for external support by the way of finance, legal and industry experts.
38. The development of options will be managed on a day to day basis by the director of leisure reporting to the strategic directors of environment and leisure and finance and governance.
39. The lead cabinet member will be regularly briefed.

Table 4 - Risks

Risk	Mitigation	Risk level
Uncertainty around costs payable to SLM	Costs cap agreed in deed of variation	Medium

Risk	Mitigation	Risk level
COVID security of centres	Maintain funding for statutory maintenance programme	Low
Impact of lower capacity on income and FSG	Close working with SLM to ensure maximum income generated Support with public health messaging	High
SLM is unable to continue delivery during the interim period (the company folds or they terminate the agreement)	Contingency plan Close working with other boroughs working with SLM Open and transparent dialogue	Low-medium
Challenge to support package on grounds of unlawful state aid / breach of public procurement rules	Focus on commercial / financial considerations Exercise of process in contract for response to change in law	Low

Policy implications

40. The reopening of the leisure centres as soon as the government lifts its closure order is directly linked to the council's commitment to a 'Fairer future for all' particularly in the area of:
- A healthy borough where your background doesn't determine your life chances.
41. The Council Plan 2018-19 – 2021-22 sets out a series of 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.
42. The improvement of residents' health and wellbeing through physical activity and sport flows clearly through a number of the themes in the council plan through specific commitments set out below related to the leisure centres. Leisure centres play a significant part in the delivery of physical activity opportunities for residents and failure to reopen the leisure centres when it is possible to do so will negatively impact on the programmes below and their impact on the health and wellbeing of our residents.
- Make free swim and gym more flexible with more choice about when you go
 - Make swimming lessons free for all residents.

Community impact statement

43. As set out under the Equality Act 2010 and the Public Sector Equality duty (PSED) an equalities impact assessment will be carried out as part of the proposed review and evaluation of the options for the future management of the council's leisure centres in light of the COVID-19 pandemic.

44. The proposal to work with SLM to re open the centres as soon as it is practical to do so has no clear detrimental impact to any group or protected characteristic as outlined in the Equalities Act or the PSED.

Resource implications

45. Funding will be required for the development of the management options and for any subsequent decision to be implemented.
46. The amount of funding required long term is entirely dependent on the option chosen and the resource implication for that will be clarified in the September report.
47. Any other costs connected with the delivery of this project will be contained within existing departmental revenue budgets.

Legal implications

Contractual position

48. The contract between the council and SLM is due to end in June 2023 unless it is extended or terminated early. Following the government's order on 21 March 2020 that all leisure centres should close (given in the Health Protection (Coronavirus, Business Closure) (England) Regulations 2020) (the 'Regulations'), the council and SLM agreed that this constituted a force majeure event under the contract. The Regulations were repealed shortly afterwards by the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, and subsequently the Health Protection (Coronavirus, Restrictions) (No.2) (England) Regulations (the 'New Regulations') both of which also contained closure requirements in relation to leisure centres.
49. The contract provides that, if a force majeure event is continuing six months later, and is still having a material adverse effect on SLM's performance of its obligations, the contract may be terminated by either party. This appears unlikely to be satisfied as the Regulations have been repealed and the New Regulations will no longer prohibit SLM from trading from the leisure centres, with effect from 25 July 2020.
50. Alternatively another date could be chosen for early termination, if that is decided upon by the cabinet in September 2020, and agreed by SLM.
51. The contract contains a series of provisions dealing with the effects of early termination. In broad terms, the leases of the centres would terminate; SLM would no longer have any right or obligation to occupy, run or maintain the centres; information, manuals and membership data would be transferred to the council; the equipment which does not belong to the council would be offered to it at net book value; and SLM would be required to make good any defects in repairs and maintenance, or reimburse the council for the costs of doing so. SLM is required to provide reasonable co-operation in the handover.
52. The employees working solely or primarily at the Southwark centres would transfer to the council automatically under the Transfer of Undertakings (Protection of Employment) Regulations 2006. The council would be liable for ongoing salary / redundancy costs, but SLM would remain liable for sums owed to employees which

arose before the transfer. The transferring employees would be eligible for admission to the Local Government Pension Scheme.

53. The management fee would no longer be payable from the date of termination, provided that the termination was permitted by the contract (for example the conditions around force majeure were satisfied) or the contract was terminated by agreement.

Proposed interim support package

54. The Regulations constituted a 'qualifying change in law' for the purposes of the contract. This requires the parties to act reasonably in agreeing how the change should be implemented, necessary mitigation measures, and any adjustments to the management fee, using the structure and pricing in the original pricing schedules as a base. This can (with the council's agreement) result in a capital payment being made by the council to SLM.
55. Within this framework officers have negotiated the broad terms of a financial support package, to enable SLM to continue to operate the centres until the spring of 2021, subject to cabinet approval and finalisation of the detailed terms.
56. It is not thought that SLM will make any profit from trading during this period. The detailed terms of the support package have not yet been finalised but key conditions will be that the council will make good the shortfall between SLM's trading costs and income subject to a cap; the parties will work closely together to control costs and maximise income; and the management fee due to the council will be waived for this period.
57. This is consistent with the guidance from government in its public procurement policy notes in response to the pandemic. PPN 02/20 encouraged local authorities to work on an open-book basis to support their suppliers, with a view to avoiding widespread insolvency and redundancies. PPN 04/20 requires that local authorities and suppliers work up individual transition plans to allow service delivery to resume on a sustainable basis.

Governance

58. As the report outlines, decisions have already been taken by the strategic director of environment and leisure and the strategic director of finance and governance to approve short term financial support for March – June 2020, and an extension is being negotiated to the end of July, which is also a chief officer decision.
59. The proposed package of further support will require a contract variation which would constitute a strategic procurement, and therefore reserved to cabinet under the council's contract standing orders. This report serves as a 'Gateway 3' report for the purposes of the council's contract standing orders.
60. The leader is asked to delegate the finer details of the package to the strategic director of environment and leisure in consultation with the strategic director for finance and governance, the deputy leader and cabinet member for culture, leisure, equalities and communities, and the cabinet member for finance, performance and Brexit, in order that those terms can be finalised by the end of this month.
61. This is a key decision as the value exceeds £500k and it has significant cross-

borough impact. As it was not practicable to give 28 days' notice via the forward plan, a general exception notice has been published five clear days in advance of the July cabinet meeting, in accordance with the council's access to information rules.

62. A pre-procurement assessment (Gateway 0 report) is required for all services contracts with an estimated value of £10 million or more, to be considered by the relevant cabinet member. The report notes that the outlook for the leisure industry is very uncertain at present. This report constitutes a Gateway 0 with the benefit of the information currently available, and notes that the lead cabinet member will be briefed regularly as matters develop.
63. A decision at September cabinet, to in-source the service, enter into a shared service arrangement, establish a trust to run the service, or to carry out a market procurement, would be a strategic procurement decision reserved to cabinet. The paper presented to cabinet in September will be a 'Gateway 1' paper explaining the options appraisal undertaken, and seeking approval of the recommended procurement strategy, in accordance with the council's contract standing orders.
64. In parallel the decision to terminate the contract with SLM, if pursued, would be reserved to the strategic director of environment and leisure, in consultation with the monitoring officer and the strategic director of finance and governance under the council's contract standing orders.
65. Operational decisions required to implement cabinet's decision in September would be taken by chief officers or officers in their departments pursuant to their scheme of management.

Financial implications

66. The financial support package agreed for the period March to June 2020 included the top up salary costs for furloughed staff, together with the costs for key staff, maintenance, utilities, incidental costs and loss of management fee amounted to £1.2m.
67. A further financial support package request from SLM for July 2020 relating to the costs of keeping the centres closed, together with the loss of management fee is currently being reviewed and negotiated between officers and SLM.
68. SLM have submitted a revised forecast of expenditure and income for the period August 2020 to March 2021 with the assumption that the centres will open from August 2020. The forecast indicates a significant financial commitment from the council in funding SLM's expenditure to operate the leisure centres for the period. The overall cost implications to the council will be mitigated to some extent from the income estimated to be generated during this period.
69. The forecasted income and expenditure figures from SLM will be subject to detailed negotiation between SLM and the strategic director of environment & leisure in consultation with the strategic director of finance and governance to minimise the costs implications to the council. Once confirmed, the terms of the financial support package will be incorporated within the contract variation.
70. It is expected that SLM will maintain a separate account of all expenditure and income for the support period to facilitate open book accounting and ensure that

supporting detail is retained and available for inspection as necessary.

71. The cost implications from this proposal will be closely monitored and reported as part of the revenue budget arrangement for the department and the council.
72. Staffing and any other costs connected with this report will be contained within existing departmental revenue budget.

Consultation

73. In evaluating the options for the delivery of the leisure management services officers will consult with other local authorities to seek out best practice and knowledge of the different types of delivery model.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

74. This report seeks the approval of cabinet around the operation of the council's leisure centres following the challenges brought about following the COVID-19 pandemic. The report seeks approval for the medium term financial support arrangements with the incumbent contractor, Sports and Leisure Management Ltd (SLM) to be executed as a contract variation, in order to allow leisure centres to re-open and operate until at least March 2021.
75. The details of the variation to contract will be confirmed as set out in paragraphs 22 and 23, with the approval of these, being delegated by cabinet to Strategic Director of Environment and Leisure, in consultation with the Strategic Director of Finance and Governance, the Deputy Leader and Cabinet Member for Culture, Leisure, Equalities and Communities and the Cabinet Member for Finance, Performance and Brexit.
76. Given the current challenging circumstances that are outlined, a more detailed review around the options for the future operation of the council's leisure centres is to be undertaken, with the scope detailed in paragraph 26. A report showing this assessment is to be brought back to cabinet in September 2020. For the purposes of the council's contract standing orders, the current report is confirmed to acts as a gateway 0 report.

Director of Law and Democracy

77. The 'legal implications' section describes the contractual and governance position accurately.
78. In the exercise of all its functions, the council must have due regard to the public sector equality duty in Section 149 of the Equality Act 2010. Specifically to have due regard 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. The relevant protected characteristics for this purpose are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.
79. These issues must be considered at each stage of the decision-making process

described above, along with a consideration of whether a public consultation on the proposals is necessary or desired.

80. The Public Contracts Regulations reg. 72(1) provides that contracts may be modified during their term where the modifications have been provided for in the initial procurement documents is clear, precise and unequivocal review clauses which state the scope and nature of possible modifications as well as the conditions under which they may be used, and do not provide for modifications that would also alter the overall nature of the contract. The Qualifying Change in Law contractual provisions referred to in the Legal Implications section satisfy these requirements and may be engaged to deliver the proposed support package.
81. As noted in the report the Qualifying Change in Law provisions in the contract require the council to negotiate reasonably with SLM on the agreed management fee, taking into account the impact on the centres' operation and SLM's financial position; such negotiations would not constitute a 'selective advantage' so as to render the proposed support package unlawful State Aid. Further the council has focused on the commercial and financial risks surrounding the leisure contract and proposes to proceed in a way which a rational private market operator would also have adopted.

Strategic Director of Finance and Governance (FC20/004)

82. The report is requesting cabinet to agree an interim financial support arrangement with SLM for the period up to March 2021 and for the Leader to delegate final approval of the contract variation to the Strategic Director of Environment and Leisure, in consultation with the Strategic Director of Finance and Governance, the Deputy Leader and Cabinet Member for Culture, Leisure, Equalities and Communities and the Cabinet Member for Finance, Performance and Brexit. Full details and background are contained within the main body of the report
83. This report is also asking cabinet to note that officers are in the process a full review and evaluation of the options for the future management of the council's leisure centres in light of the COVID-19 pandemic and officers will report on the results of the evaluation to cabinet in September.
84. The Strategic Director of Finance and Governance notes that the interim financial package up to the period March 2020 will require significant funding from the council in operating the leisure centres but the extent of this funding will be mitigated to some extent from the income expected to be generated during this period.
85. It is also noted that the financial proposals from SLM for both income and expenditure will be subject to detailed negotiation between SLM and the Strategic Director of Environment & Leisure in consultation with the Strategic Director of Finance and Governance to minimise the costs implications to the council. The terms of the financial support package, once confirmed will be incorporated within the contract variation.
86. The financial implications from these proposals will be monitored and reported as part of the overall monitoring of the financial impact of COVID-19 pandemic situation and revenue budgeting arrangements on council services and resources.
87. The financial implications of this report together with the impact on all services

across the council from the COVID-19 pandemic situation will be reviewed against council resources and any additional funding available from government.

REASONS FOR URGENCY

88. Urgent consideration of this item is necessary to enable SLM to prepare in advance for the reintroduction of the council's leisure services as soon as the government closure order is lifted resulting in restored services for residents to access.

89. The exceptional circumstances are:

- The next Forward Plan to be published will be the September 2020 Forward Plan. The previous financial support packages only cover the period 23 March to 30 June 2020.
- To ensure the council can move forward measures that minimise the negative financial impact of COVID-19 on the council's resources

and

- Failure to re open the leisure centre alongside competitors will result in SLM and the council losing market share to competitors.

REASONS FOR LATENESS

90. It has not been possible to circulate this report five clear days in advance of cabinet meeting because up until this point the uncertainty and swiftly changing environment of the COVID-19 pandemic made it difficult to plan in advance.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Rebecca Lury, Deputy Leader and Cabinet Member for Culture, Leisure, Equalities and Communities	
Lead Officer	Rebecca Towers, Director of Leisure	
Report Author	Tara Quinn, Head of Parks and Leisure	
Version	Final	
Dated	13 July 2020	
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
Head of Procurement	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		13 July 2020

Item No. 8.	Classification: Open	Date: 22 July 2020	Meeting Name: Overview and Scrutiny Committee
Report title:		Work Programme 2020-21	
Ward(s) or groups affected:		N/a	
From:		Head of Overview and Scrutiny (Acting)	

RECOMMENDATIONS

1. That the overview and scrutiny committee note the work programme as at 22 July 2020 attached as Appendix 1.
2. That the overview and scrutiny committee consider the addition of new items or allocation of previously identified items to specific meeting dates of the committee.

BACKGROUND INFORMATION

3. The terms of reference for the overview and scrutiny committee are:
 - a) to appoint commissions, agreeing the size, composition and terms of reference and to appoint chairs and vice chairs
 - b) to agree the annual work programme for OSC and the commissions
 - c) to consider requests from the cabinet and/or council assembly for scrutiny reviews
 - d) to exercise the right to call-in for reconsideration of executive decisions made but not yet implemented
 - e) to arrange for relevant functions in respect of health scrutiny to be exercised by an overview and scrutiny committee of another local authority where the council considers that another local authority would be better placed to undertake those relevant functions, and that local authority agrees to exercise those functions
 - f) if appropriate, to appoint a joint overview and scrutiny committee with two or more local authorities and arrange for the relevant functions of those authorities to be exercised by the joint committee
 - g) to periodically review overview and scrutiny procedures to ensure that the function is operating effectively
 - h) to report annually to all councillors on the previous year's scrutiny activity
 - i) to scrutinise matters in respect of:
 - the council's policy and budget framework
 - regeneration
 - human resources and the council's role as an employer and corporate practice generally
 - customer access issues, including digital strategy, information technology and communications
 - the council's equalities and diversity programmes.

4. The work programme document lists those items which have been or are to be considered in line with the committee's terms of reference.

KEY ISSUES FOR CONSIDERATION

5. Set out in Appendix 1 (Work Programme) are the issues the overview and scrutiny committee is due to consider in 2020-21 some items of which have been rolled over from the 2019-20 municipal year.
6. The work programme is a standing item on the overview and scrutiny committee agenda and enables the committee to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Overview and Scrutiny Committee agenda and minutes	Southwark Council Website	Everton Roberts 020 7525 7221
Link: http://modern.gov.southwark.gov.uk/ieListMeetings.aspx?Committeeld=308		

APPENDICES

No.	Title
Appendix 1	Work Programme 2020-21

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Overview and Scrutiny (Acting)	
Report Author	Everton Roberts, Head of Overview and Scrutiny (Acting)	
Version	Final	
Dated	14 July 2020	
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 Scrutiny Team	14 July 2020	

APPENDIX 1

Work Programme 2020-21

Item	Meeting date						Commentary
	2 June 2020	22 July 2020	9 Nov 2020	25 Jan 2021	9 Feb 2021	27 Apr 2021	
Items for future consideration – either allocated (✓) or to be allocated							
Follow up to LGBT Consultation	-	✓	-	-	-	-	On agenda Previously scheduled for 2 June meeting. Deferred to 13 July meeting following discussion with the Chair of the Southwark LGBT Network.
Establishing Scrutiny Arrangements 2020-21 (Establishment of Scrutiny Sub-Committees/Commissions and setting of work programmes)	-	-	-	-	-	-	Report to be considered following constitutional council scheduled for 16 September 2020. Special meeting of overview and scrutiny committee to be arranged for September to establish commissions.
Cabinet Member Interviews	-	-	-	-	-	-	Cabinet member interview dates to be determined.
Local Funds – Follow up work	-	-	-	-	-	-	Arising from 9 October meeting. Cllrs Humaira Ali and Alice Macdonald to take it away for review and bring back a proposal.
Tracking reports and recommendations	-	-	-	-	-	-	Arising from discussion at 9 October meeting.

Item	Meeting date						Commentary
	2 June 2020	22 July 2020	9 Nov 2020	25 Jan 2021	9 Feb 2021	27 Apr 2021	
CCTV Brandon Estate	-	-	-	-	-	-	Request for a report back on length of time taken to implement new CCTV - Arising from Brandon Estate OSC briefing, 11 November 2019. Issue addressed in Cabinet Member update on scrutiny recommendations considered at the June Committee meeting.
Interview with Chief Superintendent Colin Wingrove, Police Borough Commander for Southwark and Lambeth	-	✓	-	-	-	-	On agenda
Kingswood Estate – External Wall Insulation Proposals – Cabinet response to overview and scrutiny committee recommendations	-	-	-	-	-	-	Recommendations referred to and considered by cabinet at its 17 December meeting. Reported at cabinet meeting that an independent expert had been appointed to look at external wall insulation. Expert report would be provided to residents as soon as completed. Cabinet response expected to be considered at Cabinet meeting to be held on 16 June 2020. Update from officers to be requested (14 July 2020)
Joint Health Overview & Scrutiny Committee – Reconfiguration of Lambeth Hospital Mental Health In-patient Services	✓	-	-	-	-	-	Outcome of review to be reported back to Overview and Scrutiny Committee. Amended terms of reference to be considered at 2 June OSC meeting.

Item	Meeting date						Commentary
	2 June 2020	22 July 2020	9 Nov 2020	25 Jan 2021	9 Feb 2021	27 Apr 2021	
Brandon Estate – Briefing – Response to Recommendations of Overview and Scrutiny Committee	✓	-	-	-	-	-	<p>Recommendations referred to and considered by cabinet at its 17 December meeting. Cabinet considered response at its meeting on 7 April 2020.</p> <p>Cabinet response to scrutiny recommendations on agenda for noting.</p>
Delivering a Climate Strategy for Southwark – Additional Consultation between May and July 2020	✓	-	-	-	-	-	Requested by overview and scrutiny committee at its meeting on 12 May 2020.
Policy and Resources Strategy 2020-21 – Budget Scrutiny Response to recommendations of overview and scrutiny committee	-	✓	-	-	-	-	<p>On agenda</p> <p>The management response to the recommendations of overview and scrutiny committee arising from the budget scrutiny process in January 2020 were reported to council assembly in February 2020 as part of the budget decision making process. The response will be reported to the July meeting of overview and scrutiny committee for noting.</p> <p>Cabinet response circulated with the agenda for information.</p>
Work Programme	✓	✓	-	-	-	-	Opportunity to review at each meeting.

Healthwatch Southwark

Annual Report 2019/20



About us

Who we are

Healthwatch Southwark (HWS) is part of Community Southwark (CS), a charity which works with the local voluntary and community sector (VCS).

There is a Healthwatch in every area of England, and an umbrella body - Healthwatch England (HWE). Healthwatch is a statutory function funded by, but independent from, local authorities.

Our vision

Our vision is for Southwark residents to be able to access and receive the best possible health and social care services, appropriate for our diverse communities.

What we do

- We listen to your experiences of health and care services in order to drive improvements.
- We provide information and signposting on local health and care services.
- We promote and support the involvement of patients and service users in the design, provision and scrutiny of local health and care services.
- We listen to Southwark residents about your needs, and your experiences of health and social care services.
- We voice the views and concerns of local people in order to make health and social care services better.

How we do this

- We keep people informed through our website and ebulletins.
- We use a wide variety of tools (such as surveys, interviews, focus groups and events) to make it as easy as possible for you to have a say.
- We use our power to ‘Enter and View’ services to find out what it’s like for people using them.
- We work with local voluntary and community organisations in order to reach more people and to highlight inequalities.
- We produce reports and recommendations based on the evidence and insights you share.
- We use our seats on important decision making boards and committees to make sure your voice is heard at the top.
- We input into local consultations and monitoring systems, such as our three NHS trusts’ annual Quality Accounts.
- We share information and concerns with HWE so that we can have an impact at a national level.
- We also work with the Care Quality Commission (CQC), which is the national inspector and regulator for health and social care services.

Message from our Chair

Although this report reflects the many activities of Healthwatch Southwark across the past year, it would be remiss not to start with the impact of Coronavirus. As you will see from the report, March was dominated by the response to the pandemic and the team worked rapidly to support the community through signposting, information sharing and advice. Southwark was one of the worst affected boroughs in London, in part due to long standing health inequalities.

Our hospital trusts were at the forefront of the effort to care for people who contracted the virus and, of course, received national attention. Their efforts to save the lives of their Covid-19 patients were enormous and somehow they managed also to provide care for their many existing patients. But the impact on waiting lists and the NHS as a whole remains unclear.



As the report makes clear, acting as the voice of the patient in the contemporary health and social care system is a challenge. The system is complex and multi-layered. The range of activities is enormous. The vested interests huge.

Trying to get the best outcomes for our community is now made more difficult by the creation of the new super-Clinical Commissioning Group (CCG) for South East London which will be taking the big decisions about spending and commissioning across the whole region. This inevitably makes the business of representing Southwark patients or indeed discovering the impact of decisions on them much harder work. There is still a tendency within the NHS to engage at the end of a decision making process rather than involve patients in the design from the outset. That is a major issue going forward.

As you look at the range of subjects covered in this report from Caring for Carers to Mental Health, Nursing Homes and the LGBTQ+ experience of health and social care, plus the numerous meetings, reports and activities, please bear in mind that this work is carried out by just three people living within a very limited budget. The value for money is extraordinary.

This is my last message as Chair of the Advisory Group. I would like to say thanks to the Advisory Group members who have given their time and talents to help the staff team led by Catherine, and wish our successors all the best in the new world that begins from now. It has been a privilege to Chair the group and a huge learning experience.

The NHS is an extraordinary creation and the people who work in it are often inspirational. We have seen their dedication and skill at work over the past few months in a very visible way. May they continue to receive the support that they need to improve our national health.

- Stephen Whittle (Chair)

Thank you from our manager

This has been a year of consolidation for Healthwatch Southwark. We have drawn together the findings from an impressive range of projects into solid reports and recommendations, and shown we can continue to deliver work ranging from in-depth interviews to surveys of our wider community. We believe some of these pieces of work have provided rich repositories of information on the experiences of our different communities - from LGBTQ+ residents to unpaid carers - to inform services for some time to come. In March, we adapted fast to an astonishing new situation as the coronavirus pandemic escalated.

We have done this as just three staff - and for a period last summer, only two - and I am very proud of our team's commitment and compassion. Thanks must go too to our wonderful volunteers, without whose help, for example, we could not have run such a positive carers' event.

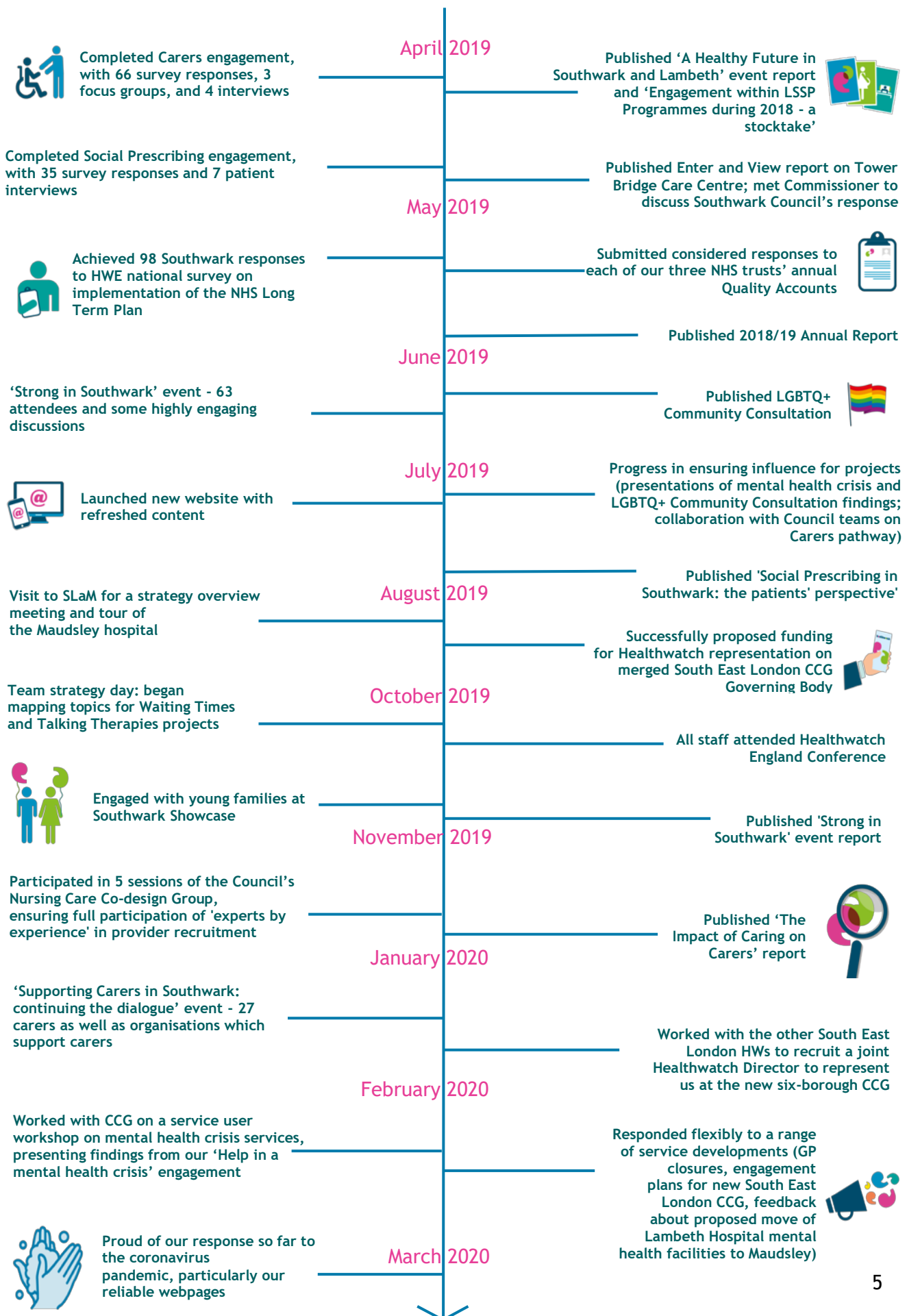
I would like to thank in particular our Chair, Stephen Whittle, who after three years of service will be standing down in July. Stephen has provided astute insight on how to work as a tiny organisation within a huge 'system of systems', maintaining our independence and quality. He has also been a fundamental support to me and the team through a time of constant change within our organisation, during which we worked with several Chief Executives, and we are going to miss him greatly. We wish Stephen all the best for the future and a slightly more relaxed retirement.

We appreciate the support of all of our partners at Southwark Council and NHS Southwark Clinical Commissioning Group (CCG), within the local NHS provider organisations, and the voluntary and community sector (VCS). We were very lucky to partner with Southwark LGBT Network and London South Bank University for our 'Strong in Southwark' event - for which they generously provided a lovely venue and amazing refreshments.

Most of all, there would be no point in us existing without the hundreds of members of the public who have taken the time to share (sometimes difficult) experiences with us as we all work together in a common goal to make our health and social care system the best it can be. Thank you!

- Catherine Negus (manager)

Our year in two pages: timeline of highlights



Our year in two pages: in numbers



8 reports published,
representing engagement with **504** local people



98 responses to the Healthwatch England NHS Long Term Plan survey



2 events, with **104** attendees



238 people signposted or giving feedback,
including **41** referred through Age UK's SAIL programme



183 views of our coronavirus webpages in March



13 regular committees, plus others such as Carers Board



17 volunteers, including our Advisory Group



1,307 members



1,975 Twitter followers



506 Facebook followers



14 ebulletins



8 stalls

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Supporting Southwark during the coronavirus pandemic

As the coronavirus outbreak in the UK escalated quickly, we switched most of our attention to the pandemic from 12 March 2020. Given the unusual circumstances, we will report on our work in this area (apart from signposting) separately from our normal activities.

The team began working from home on 18 March. We released a [statement of intent](#) for Healthwatch Southwark (HWS) work in line with our adjusted statutory responsibilities (and reduced capacity as one member of staff was due to leave). We have worked closely with Community Southwark (CS) colleagues. Work around coronavirus in the period from 12-31 March included:

Information and signposting

- We quickly set up a new [section of our website](#) focused on the pandemic and local response, and were told that the Clinical Commissioning Group (CCG) would be directing the public towards it whilst other partners developed their communications. During this quarter, this section had 183 page views.
- We promoted further material on social media.
- We produced an initial list of local support (e.g. food provision) for all CS staff to use when contacted by people in need.
- Following queries on how to signpost patients, we began compiling information to share with GP surgeries.
- We continued responding to signposting calls and Age UK Safe and Independent Living (SAIL) referrals (see p12). 11 people discussed topics related to coronavirus, which yielded valuable information about vulnerable people's experiences. (We produced a [summary of March feedback](#) in the next quarter.) We experienced a significant drop off in calls as lockdown began, as did many other HWs.

'Your website is a great way to get info - better than the local NHS sites.'

- comment in our later coronavirus survey

Feedback to help the system respond

- We completed an initial Healthwatch England (HWE) survey on people's experiences so far, to help feed into, for example, Public Health England messaging.
- We joined Southwark Hubs Working Group meetings to contribute insights to the development of support systems.

Proactive engagement

- We began work with HWE to develop a public survey.
- We attended an online Mental Health Carers' Forum to hear people's concerns.
- We worked with CS on a survey of organisations, incorporating questions about their beneficiaries' vulnerabilities.

Joint working on community response with CS

- We joined and monitored Mutual Aid WhatsApps, and used our data management skills to help manage CS's intelligence better.
- We passed on volunteering offers.

Working with external partners

- Many of our usual routes of gathering information and having an influence were put on hold. The South East London CCG merger on 1 April increased this challenge.
- We reached out to the CCG, Public Health Team and NHS trusts with an outline of our plans, an offer of support and some questions, while our CS colleagues liaised with the Council's communities teams.
- We communicated frequently with HW partners around the country about their challenges and plans.

What's next?

Our work into the 2020/21 financial year continues to focus on coronavirus. We have updated our communications regularly as guidance and services change. We have also used different methods for listening to feedback about services, including joining online meetups of local community groups, playing an active role in a CS virtual conference, and running a survey about the broad range of recent experiences. We are also working to ensure that feedback is received as fast as possible by providers and commissioners so that the pandemic response can be refined.

Developing our connections with the public

In order to make sure that our activities reach as many people as possible, we constantly work to spread awareness of Healthwatch. We aim to reflect the diverse demographic makeup of the borough and support the involvement of seldom-heard groups. We hope that many of these people will want to hear about ways to get involved - when they sign up, we call them our members.

Who are our members?

We had 1258 members at the start of the year and 1307 at the end. We registered 56 new members during the year and 7 unsubscribed.

A further 71 uncontactable members were removed in early April 2020. Their details are not included in the breakdowns below.

- 921 people are involved as individual members of the public
- 181 are representatives of voluntary organisations, 4 of other Healthwatches, and 4 of Patient Participation Groups (PPGs)
- 90 are representatives of governmental or NHS organisations
- 23 are from organisations of unknown type, businesses, and educational institutions
- 10 are politicians
- 3 are media representatives.

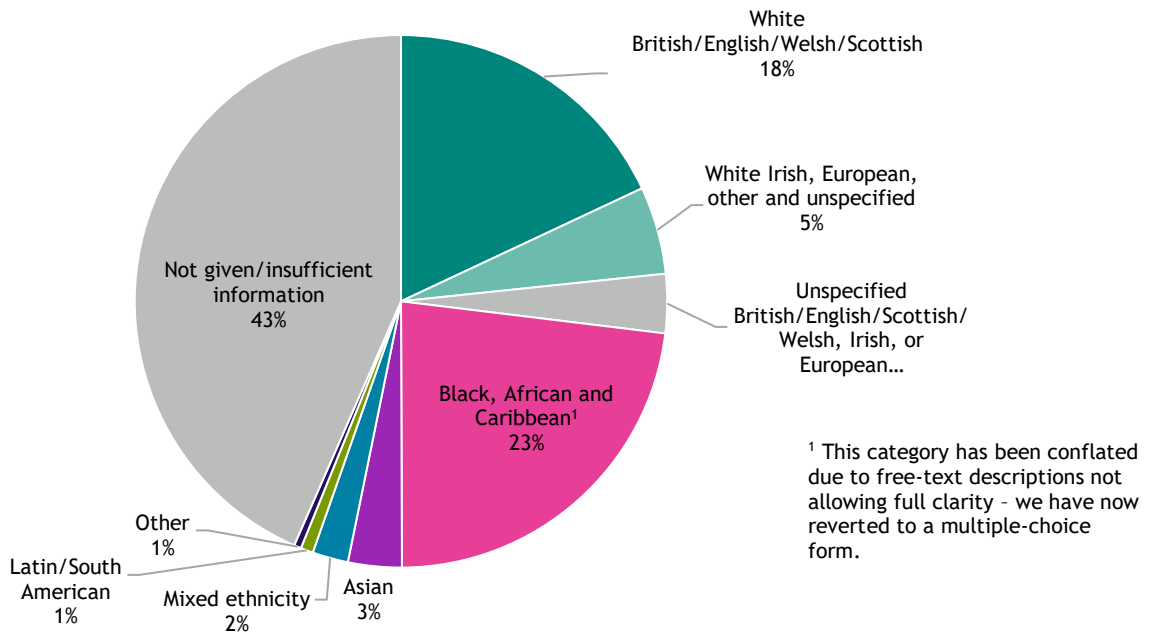
Gender

Of our 921 individual members, 451 (49%) say they are female and 206 (22%) male. 2 describe themselves as transgender, 2 as 'other', and 1 as agender. 259 (28%) have not stated their gender.

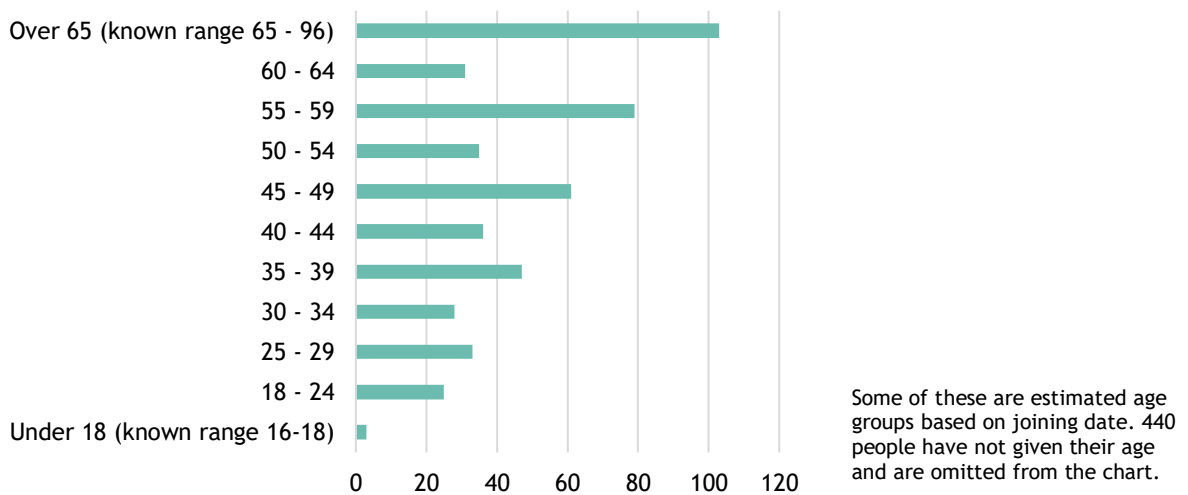
Disability

Of our 921 individual members, 259 (28%) have told us that they do not have any disabilities, and 150 (16%) that they do (512 or 56% have not said).

Ethnicity



Age



Communicating with members and the public

We launched a new **website** in July using the new HWE template. In each quarter, the numbers of individuals viewing our website were 1741, 1450, 943 and 1215.

On **social media**, by the end of the year we had:

- 1975 Twitter followers (increase of 167, or 9%, on last year))
- 489 Facebook likes (increase of 13, or 3%, on last year)

- 506 Facebook followers (increase of 19, or 4%, on last year)

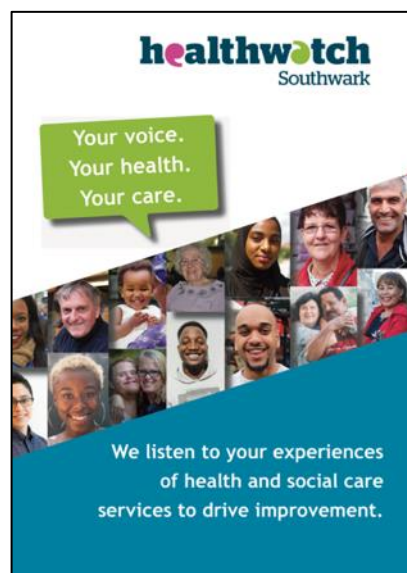
We ran extensive Twitter and website activities during **Carers' Week** and **Mental Health Awareness Week**.

We sent out 14 **e-newsletters** to our members (with average open rates per quarter of 27%, 26%, 22% and 23%, and click rates of 7%, 4%, 4% and 4%) plus occasional event invitations.

Particularly to reach people who might not see us online, we designed a new HWS **leaflet**, plus flyers to promote our 'Strong in Southwark' LGBTQ+ event, our carers' event, and different focus groups in our Waiting for Hospital Treatment project.

We also hold **stalls** to help us meet people out in the community. This year, we have brought this closer to our 'signposting' work, using the stalls to talk to people in more depth about how to access services and resolve issues - see p15.

We also **spoke with members of the public** (for example to introduce new projects) at the Blackfriars Settlement WellConnected Christmas event, East Central Multi Ward Forum and West Central Multi Ward Forum.



We have attended several other **events** in order to listen to the public's views, build our knowledge of the health and care landscape, and make ourselves known to more people. In addition to those mentioned in other sections of the report, these were:

- CCG Dulwich Health Centre engagement meeting with voluntary organisations
- Nexus Health Group (Southwark's largest GP practice) open afternoon at Inspire, and later a Nexus PPG meeting where we discussed positive communication (see p30)
- King's College Hospital (KCH) Older People's Stakeholder Event
- Southwark Mental Wellbeing Partnership Event led by South London and Maudsley Trust (SLaM)
- the Annual Members' Meetings of all three of our NHS trusts
- a Southwark PPG Meeting Network meeting
- London Ambulance Service Patients' Forum.

What's next?

We are recruiting a new Engagement & Signposting Officer, bringing these two functions closer together. We will increasingly emphasise reaching out to seldom heard communities and making use of 'networks of networks' in order to broaden our reach. This will include working with homeless people, refugees and asylum seekers, and BAME people. In the context of the ongoing coronavirus pandemic, we will look into new ways to engage with people both online and offline.

Supporting people to understand, navigate and use health and social care services

We provide information, signposting and advice on how and where to access different services, what people are entitled to, and how to resolve difficulties or give feedback. We aim to respond quickly and be accessible to different people, wherever we have capacity. People ask us for signposting help via our website, email and the phone, and when they meet us at stalls across the borough.

Signposting headlines

- In 2019/20 we spoke to 238 people, which is a 23% increase on last year.
- 192 of these people sought information and signposting, a 19% increase from 2018/19.
- 152 of them reported a problem with services, a 6% increase from last year.
- 44% of the people that we spoke to both reported a problem and sought signposting at the same time.
- Our busiest month was November 2019, where 41 people contacted us.
- Most people contact us by email or phone, but we also record what we hear from people at stalls, events, or via general surveys.
- 41 (17%) were older people referred to us by Age UK's SAIL programme because they wanted to give feedback about health and social care.
- We received more than double the number of SAIL referrals this year, compared to last year.

This year we also decided to integrate the signposting and feedback we did through SAIL into our main database. This has given us more insight into the experiences of older people and people with one or more long-term condition.

We have also noticed that our calls and emails this year are increasingly

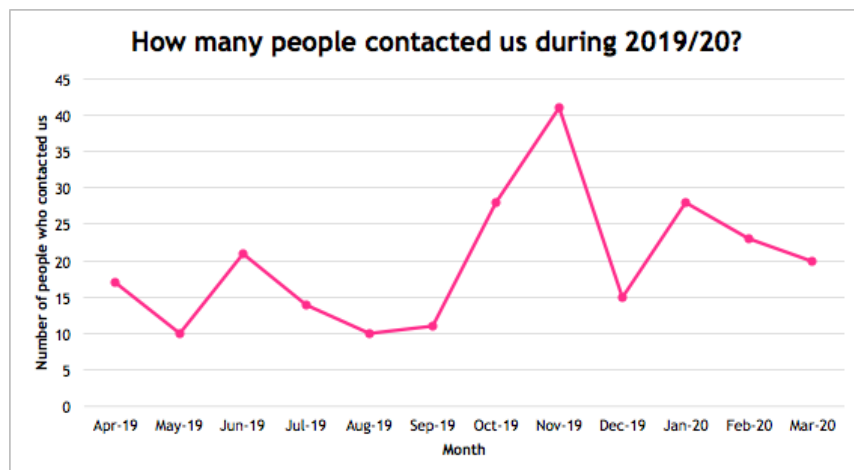
complex - people are having multiple issues, across different services, often alongside a serious or long-term health condition. They may also tell us about difficult social circumstances. We are also hearing from people multiple times. Therefore:

- We approach each contact more holistically and try to learn as much as we can about their individual situation.
- We spend longer on each contact, talking to the person and/or researching information and resources for them.

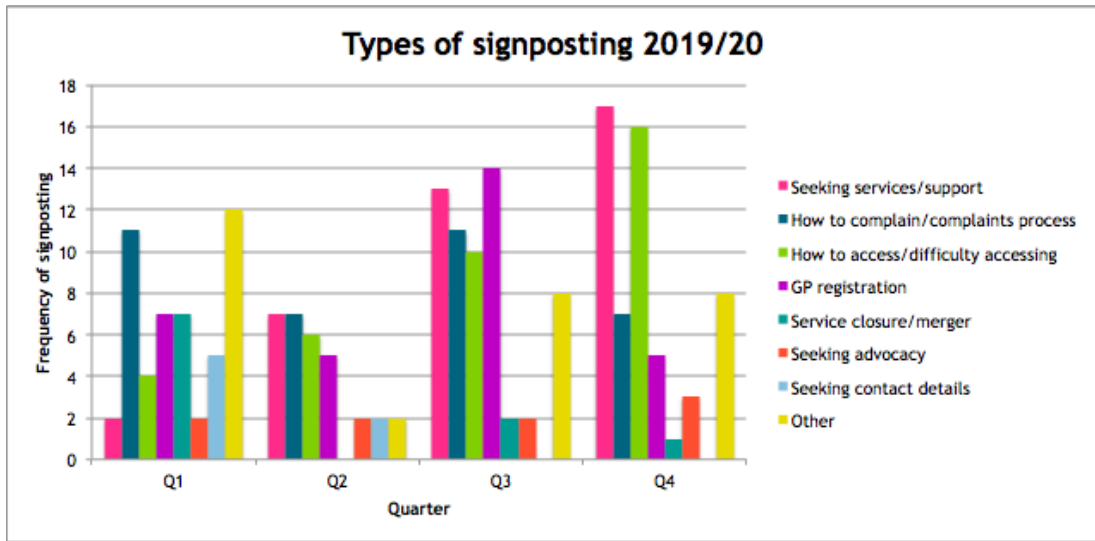
Signposting topics

The top 4 reasons people asked us for information, advice or signposting were:

1. They were seeking **support**, or a specific service that could help them, for example to help their mental health.
2. They wanted to **complain** or were in the process of complaining.



3. They wanted to know how to **access** a certain aspect of health or social care or were struggling to access it, such as test results, referrals or urgent GP appointments.
4. They wanted to know how to **register** with a GP.



People also asked for specific **contact details**, such as for their GP, or requested **advocacy**. We also often suggest that people contact an advocacy service if we think it would help them, whether they ask or not.

When a local service closes or merges we may see a spike in contacts. For example, in Q1 several people called us about the Sir John Kirk Close GP surgery merging with Nexus, as they had received letters telling them to re-register.

‘Other’ signposting includes individual questions that we can’t generalise into categories, but always try and provide an answer to. We often spend a lot of time researching a problem, and asking our health and social care networks, to be able to provide local people with clear, in-depth and balanced information.

‘Thank you for your response and sharing such useful information. I will contact agencies and people recommended and appreciate your help.’

Signposting: How do we help local people?

Signposting to services and support

- We have **signposted** people to more than 60 different services or organisations over the past year.
- Our top 5 signposting destinations were:
 1. Age UK Lewisham and Southwark (including services like SAIL, Help at Home and Happy Feet)
 2. Strength and Balance classes run by Guy’s and St Thomas’ Trust (GSTT)
 3. Southwark Wellbeing Hub
 4. Citizen’s Advice Southwark
 5. Talking Therapies service run by SLaM.

SAIL referrals may also involve further communication with the SAIL team after our call, to check the person is receiving the appropriate referrals.

Information

- The most common types of information we provided were about **how to complain** and **GP registration**.
- We sometimes provide this information as a possible step to resolving **access issues**.
- But we have researched and provided information on wide range of other queries (especially around access) over the past year, such as:
 - What to do if you are removed from your GP's patient register,
 - How to request your dental records, and
 - How to obtain a copy of your referral letter.

Advocacy

- We signposted 26 people to **advocacy services** over the year.
- This was mainly to Pohwer for advocacy related to Independent Health Complaints, the Care Act, or the Mental Health Act.

'Thank you so much, you're the first person who has listened to me, no one has even tried to help.'

Case studies

(All names have been changed and identifying details removed.)

Layla is 85 and lives alone. She called to ask how to complain about poor NHS 111 service delivery. She called NHS 111 on a Sunday evening with concerns about a cardiovascular problem and encountered a 20-minute wait before she was able to speak with a GP. She felt that this was a significant service deterioration compared with her experience of the previous SELDOC service. We provided her with the process for complaining to the new contract provider, the London Ambulance Service.

'Thank you for referring me; I am promised a referral to the Supervisor and a report after investigation to see if the difficulties I experienced can be looked at with a view to improving.'

Gene's mother-in-law lives alone in Southwark, whereas he lives abroad. He got in touch with us to ask what to do as he hadn't been able to get the GP to visit his mother-in-law at home. Her leg ulcers had deteriorated, yet the district nurses were not acting on this. He was particularly concerned as the weekend was about to start. We provided him with details on how to access the out-of-hours GP. This resulted in the lady being taken to A&E. We also provided information on other GP surgeries within her catchment area, and how to complain about the care received.

'Many thanks for all your advice and support. It looks like some action...referrals have been made and the district nurse is attending this weekend. Hopefully [my mother-in-law] can get some care and comfort that assists as we are so far away it is difficult to provide support where needed.'

We received an Age UK SAIL referral to contact **Mo**, whose parent wished to provide feedback on their use of local health and social care services. After an in-depth exploratory call, we provided information on a number of topics ranging from accessing strength and balance classes and support for diabetes management, to obtaining a disabled parking bay and genetic testing for families with a particular cancer history.

‘Thank you very much for your email. Your advice and guidance is so much appreciated. The most difficult thing of all is knowing who can help, who to contact? You have been a one stop shop pointing me in the right direction to get things done.’

Dulcie is the unpaid carer of her father, who has multiple long-term conditions. He was being moved to a nursing home in the borough, and Dulcie asked what we could do to support this process. We provided some initial signposting, including Pohwer Care Act Advocacy, carehome.co.uk for nursing home reviews, Silverline and Age UK helplines. We later heard that Dulcie’s father had been added to the palliative care register by the GP, and we could advise her on what this meant and provide further information on NHS Continuing Healthcare funding, as well as contact details for the CCG. We invited Dulcie to our carers’ event.

‘It was good talking to you in regards to care and how Pohwer advocacy services might be able to help. I have registered for the event and hope it would be a good opportunity to network.’

Signposting at stalls and events

The main way we provide signposting is over the telephone and by email. We also held information and signposting stalls at:

- Southwark Showcase event at Tate Modern (popular with young families)
- Dulwich Park Fair
- King’s College Hospital (KCH)
- KCH/Macmillan patient health and wellbeing event
- East Dulwich Community Centre
- Southwark PPG Network meeting
- South London Cares Winter Warmers event at Pembroke House (targeting older people)
- Peckham Library.

We attended a Bermondsey and Rotherhithe Community Council young people’s workshop, and shared signposting resources.

A stall with a range of information leaflets was held during our ‘Strong in Southwark’ LGBTQ+ Event. Our event ‘Supporting Carers in Southwark: continuing the dialogue’ included stalls run by ten representatives of local voluntary organisations supporting carers.



Resources for the public

11 signposting factsheets were available on our old website. In July we launched a new website with a refreshed Advice and Information section, including links to HWE and Citizens' Advice resources, and news about services. At end of year, 8 'core' signposting factsheets were available [here](#), plus another 40 information pages.

We produced a patient flyer for use at Nunhead Surgery to address confusion about GP registration and catchments information, and hopefully reduce wasted time for patients - we have since seen a reduction in calls about this.

Information on mental health training was shared with faith networks following the Faith and Health project of last year.

Developing our links with other services

In order to improve our knowledge and signposting, we connected with the following services through meetings or AGMs, to develop our knowledge of signposting for vulnerable people and exchange information: Age UK SAIL team, Pohwer (advocacy service), Grandparents Plus, Citizens Advice Southwark, and Southwark Works.

When our office was flooded in the autumn, we were very grateful to Age UK Stones End Day Centre for hosting two of our staff in their office - this gave us a chance to observe their activities with older people upfront.

Staff also attended workshops to increase our signposting knowledge:

- Mental Health in Homelessness workshop (We Make Change)
- Hearing Loss and Loneliness event (Action on Hearing Loss)
- Eco Energy Workshop on cost-effective solutions for vulnerable people.

Improving the information provided by services

We provided comments and amendments for CCG letters to patients about GP surgery closures at Maddock Ways and the Borough Medical Centre.

We were in touch with HW Lambeth regarding their audit of KCH discharge communications, suggesting evidence from our previous work. We attended a KCH Information Standard programme update meeting when HW Lambeth were unable.

We contacted NHS England to correct information on their website about how to contact Southwark Social Services, and Southwark CCG to point out that the old number for out-of-hours GP services was showing up in searches.

What's next?

Given the increasing complexity of the calls we receive, we will explore services available to coach people facing very difficult circumstances.

We will explore the possibility of training our volunteers to take on more signposting work, thus making outreach activities more fulfilling for them and expanding our capacity.

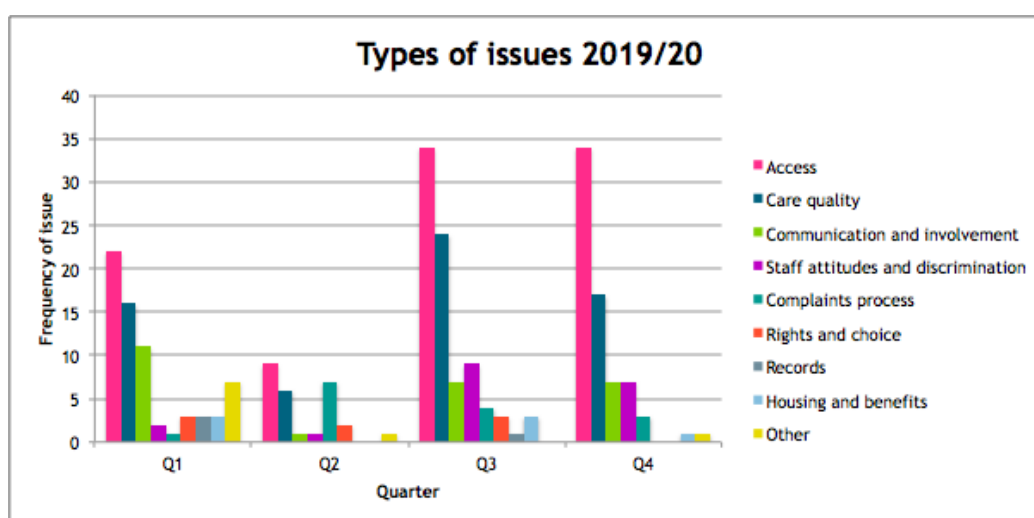
We plan to restructure our signposting webpages in the near future in order to better curate the information and increase the hit rate for core pages.

How we use your feedback

As well as being an important part of our role, signposting allows us to gather intelligence about the issues people are facing.

Feedback topics

1. The problem we heard about most frequently in 2019/20 was **accessing health and social care**. Access issues made up almost 40% of the total number of issues we recorded.
2. A quarter of the issues we heard about were related to **care quality**, making it the second most common issue of the year.
3. 1 in 10 issues were related to **communication** with, and **involvement** of, patients and their families, making it the third most common issue of the year.



When people give us feedback about health and social care, we break it down into the broad themes you can see in the graph above. We then break it down further, to look at specific issues within each of these categories. This is called thematic analysis, and it helps us to make sense of what local people are telling us. We can see patterns more easily, for example if more people than normal tell us about a certain issue. We can also see deviations - issues that stand out - or new issues emerging.

Access issues

The **top 3 issues** we heard about **access** were:

- **Delayed** treatments or cancelled appointments/operations.
- Difficulty **reaching services by phone** - either long waits, a lack of response, or not being able to get through at all.
- Access to timely **appointments** (especially with the GP).
- We heard about 29 different access issues in total.

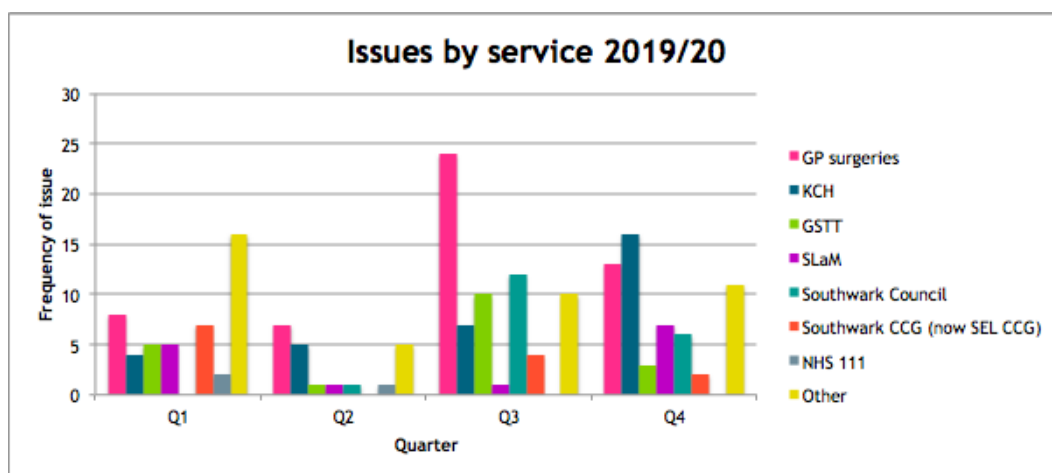
Care quality issues

- The **top 3 issues** we heard about **care quality** were:
 - **Diagnosis** process
 - **Discharge** process
 - During the actual **care** or treatment, or across the service in general.
 - We heard about 14 different care quality issues in total.

Four hotspots in 2019/20

- In Q2 we saw the emergence of a new issue within the complaints process, '**unable to contact practice manager**'. We are planning to look in depth at the issues people have in the process of resolving problems.
- In Q3 and Q4 we started hearing about the issue '**social care package reduced**'.
- In Q4, as the coronavirus pandemic emerged, there was a 150% increase in people reporting **delayed treatments or cancelled appointments/operations** compared to the previous quarter.
- We also saw a rise in issues with **discharge and care coordination** during the discharge process in Q4.

We also record which services local people are having issues with and share this information with services regularly.



Note: Southwark Council mainly refers to Adult Social Care.

Note: 'Other' includes services were rarely hear about, such as dentists, pharmacies, charities or community organisations, and care homes.

Therefore, we can also spot hotspots of issues within services. For example:

- In Q3 there was a spike of issues with **GP surgeries**, mainly due to difficulties with **access** (especially to timely appointments and referrals).
- In Q4 we heard about more issues with **KCH**. These were almost all related to **delayed appointments or treatments** due to the Covid-19 pandemic, or **discharge processes**.

Feedback: How do we help local people?

When people give us feedback, they may want to complain (we can advise them how to do this) or they may just want to tell someone about their experience. When people share their experiences, we can use it to bring positive change by informing other organisations, holding them accountable, and recommending actions.

In some cases, we passed on concerns straight away to providers or commissioners. We:

- Raised a query about limits to daily access to the online sexual health service
- Contacted the CCG over confusion triggered by a letter about re-registration of patients at Sir John Kirk Close surgery
- Contacted the CCG to ask about arrangements for raising urgent concerns while a practice manager was away
- Liaised with a local pharmacy and the CCG to find out more about the closure of Maddock Way GP surgery, and put concerned patients in touch with commissioners to air their views

- Raised a safeguarding alert about a particularly vulnerable caller
- Shared intelligence with KCH about the difficulties some people have resolving issues via Patient Advice and Liaison Services (PALS). The Chief Nurse asked to meet twice a year to receive feedback on priority issues, and requested that for now, HWS feed signposting intelligence received about cases involving PALS to the Patient Engagement Team for follow-up.

The Research & Intelligence Officer has further developed our signposting logs, which has helped improve the quality of intelligence we pass on to providers, commissioners and regulators. To do this, we:

- Prepare quarterly reports about Southwark's NHS Trusts: KCH, GSTT and SLAM, and share some of this information at our quarterly liaison meetings (see p35)
- Share relevant information at the different boards and meetings we attend (see p34)
- Draw on our evidence base when reporting to Healthwatch England and the CQC (to inform their national work and inspections) and responding to other intelligence requests (see p36)
- Use local people's feedback to plan our own research, to find out more about certain important topics. For example, a major issue this year was delayed treatments and cancelled operations, which has informed our priority project on 'Waiting for Hospital Treatment' (see p27).

What's next?

We are experimenting with new ways of presenting our data to partners. A new database is being considered to account for the increasing complexity of cases, and we are following developments in digital solutions at HWE. We will incorporate checks that feedback is being passed on comprehensively.

Listening to your views and having an impact: engagement and influence projects



We aim to hear from as many diverse people as possible about their access to and experience of health and social care services. We then proactively promote the evidence in order to drive improvements and inform commissioners' and providers' strategy, planning, and delivery of services. The Healthwatch remit is huge, and therefore each local Healthwatch identifies priority areas to help channel resources into work that will achieve the greatest impact. These are the focus of our engagement and influence activities.

In 2016/17 we engaged with stakeholder organisations and 397 local people to find out where we should focus our attention. In April 2017 we launched [five priority areas](#), and we have completed the final three of these during 2019/20, though our work to increase their impact is ongoing:

- **The impact of caring on unpaid carers**

- **Help in a mental health crisis**
- **Southwark's nursing homes.**

From April 2018 we also worked on distinct projects aiming to find out about the health and social care experiences of **seldom heard groups**: faith communities, and LGBTQ+ people. These began as core CS projects and moved to HWS with one of the former Engagement Officers. In June 2019, we completed these projects with an event to launch our **Southwark LGBTQ+ Community Consultation** report.

In 2019, we revisited the extensive data from the engagement mentioned above, and also again analysed our signposting logs. We set criteria for choosing new priorities and involved our Advisory Group (see p37) in setting three areas for focus:

- **Waiting for hospital treatment**
- **Talking therapies**
- **'Issues with resolving issues'.**

We will increase our work with **seldom heard groups** within our core projects, rather than separately. Within our new priorities, we hope to reach children and young people and BAME people in particular.

The impact of caring on unpaid carers

Unpaid carers are a lynchpin of the health and social care system, providing vast amounts of support and acting as coordinators for vulnerable people's care. We heard that support available to carers was very limited, difficult to access and not widely known about. The impact on carers' own physical and mental health was felt to be significant. We understand that the pressures on carers' resources mean they may have few opportunities to be heard. We aimed to find out more about unpaid carers' experiences of assessments and support, and the impact of caring on their own lives and health.

Report

In total 66 responses to our survey of carers were received, of which 12 were in early Q1 in addition to the responses last financial year. 54 of the responses were substantive.

In addition to the three focus groups conducted last financial year (with a total of 19 people, including 11 young carers), four interviews with carers were held. In Q2 we attended a Mental Health Carers' Forum at Southwark Carers to update them on findings.

In January we published our report ['The Impact of Caring on Carers'](#), including detailed recommendations for improving support to carers in the borough, and shared it widely with partners. We disseminated a press release (and had a request for a carer interview, but were not able to agree a protocol).

What we heard from carers

We found that the impact of caring on unpaid carers was extensive, emotional and intense. Difficult communication with health and social care services was not just an additional challenge but compounded feelings of isolation and stress. People could be positive about personal interactions with individual professionals, such as their GP or social worker, but generally described the Council's communication and support as inconsistent, unresponsive to their needs, and lacking in empathy - which seemed to contribute to a sense of distrust.

Carers valued a personalised, varied model of support - including one-off support for benefits applications or advocacy, longer term emotional support, and flexible respite - but very few people were accessing this. Counselling especially helped carers to 'unbundle', understand, and cope with their role - but cost, waiting times, and difficulty getting out of the house were all barriers.

- 88% of carers we spoke to were providing three or more different types of care, especially household work, care coordination and mobility assistance.
- On average, they provided 69 hours of unpaid care each week. A quarter of the sample said they provided 24/7 care - for example, having to be alert during the night.
- The majority of carers reported a negative impact of caring in most areas of their life, especially on their personal time, mental health and financial situation.

Using the roundtable discussions at our February event, we mapped the challenges carers were facing, and then explored what made them feel more resilient to these challenges. For example, loss of personal time was a major challenge. Carers felt flexible respite, training on time management, and a more holistic approach to care and support (to minimise the time they spent on coordination) could help.

'We would like to extend our appreciation for the amazing work you put into the report to understand the 'Impact of Caring on Unpaid Carers' in Southwark. The report provides a high level of quality detail and the voice of the Southwark carer clearly comes through.'

- CCG Clinical Lead

'Bron presented the report and led an interesting discussion at the EPEC yesterday on carers' needs and we could [see] quite clearly that it had been a labour of love, as you say, for both her and the Healthwatch team.'

- CCG Head of Membership, Engagement & Equalities

We received positive responses to the report from the CCG, but some Adult Social Care partners expressed concerns about the methodology, implying that it had resulted in unfair criticism of Council services. We took this very seriously, and put together a detailed response comparing our findings with those of other studies, and giving more information about elements of the methodology which were perhaps misunderstood. We remain confident that our report is fair and can usefully contribute to our joint mission of improving support. The letter and response will be published alongside the report following the coronavirus pandemic.

Our report was also presented at the CCG Engagement and Patient Experience Committee (EPEC).

'Supporting Carers in Southwark: continuing the dialogue' event

On 19 February we ran an event, 'Supporting Carers in Southwark: continuing the dialogue' to launch our report, find out whether it resonated with carers and give statutory partners an opportunity to hear from this seldom heard group.

The event was attended by 27 unpaid carers, as well as ten representatives from organisations that support carers, four members of staff from Southwark Council, and 11 CS/HWS staff and volunteers.



92% of attendees who filled in an evaluation form described the event as good or excellent. 83% agreed or strongly agreed that they got to chance to share their views and 79% agreed or strongly agreed that they got the chance to connect with other carers.

The roundtable discussions were especially successful, and gave carers the opportunity to share their experiences with each other and Council staff - and talk about what they wanted from services in the future.

We analysed the themes from the discussions to map the challenges that carers face, and the support that would increase their resilience. We released an [event report](#), which has been shared with the Council and since published on our website.

Overall the event had a very positive tone and was a solid demonstration of the potential to work together productively with Adult Social Care on this topic. Carers appreciated the presence of Council partners at the event and the opportunity for direct dialogue.

Ongoing influence

We were closely involved in the development of the Southwark Council Joint Strategic Needs Assessment (JSNA) for Carers, which will form a key part of the evidence basis for future decisions. We attended the JSNA Task & Finish Group and submitted themes for inclusion, a demographic breakdown of our survey responses (so that further engagement could fill any gaps), and detailed feedback on the draft JSNAs and their recommendations.

In the early phases of our project, we met separately with the Carers Board chair to discuss the carers' pathway, and with a representative of the Children's and Adults' Commissioning team to discuss related engagement activities. We now attend the monthly Carers Board which is overseeing a variety of work programmes in this area. Recent discussions have been unpicking topics such as assessment procedures in a way which takes into account both challenges facing staff and the way processes are perceived by real carers.

'Fantastic table discussions with lots of relevant action points. Clear and concise Healthwatch presentation.'

'[I] felt that we have been listened to and that the information will be put into action.'

'[I liked having] the chance to express my situation.'

Nursing Homes: Tower Bridge Care Centre

Nursing homes were an area where provision was under pressure, with significant potential impact on some of the most vulnerable people. We had previously visited Burgess Park Care Home in 2016. Since Burgess Park's closure, the Tower Bridge Care Centre (TBCC) is the only public nursing home in the borough open to local residents. Most of the residents are aged over 65 and many are very frail or unwell, and/or live with dementia.

Following responses from the provider and commissioner to our recommendations, and the end of pre-election purdah, our [report on our Enter and View visits to Tower Bridge Care Centre](https://www.london-se1.co.uk/news/view/9943) in late 2018 was published. This report has since featured in local news: <https://www.london-se1.co.uk/news/view/9943>.

As reported last year, the TBCC provider had confirmed in their response that a number of recommendations had already been acted upon - for example:

- The home was looking into extending opportunities for volunteers to spend time with residents.
- Items in disrepair had been fixed.
- To improve security, the sign-in book had been moved into reception
- The pest control contract had been changed.
- Details on staff on duty would be added to the information displayed and new identification badges had been ordered.

We met with Southwark's outgoing Joint Commissioner for Older People and Complex Needs to discuss Southwark Council's response to the report. This included making changes in support provided to the nursing home, for example through the Care Home Intervention Team, and reviews of some clients' individual needs. The food safety and environmental health teams had inspected the home and were reassured that its rodent problem had been resolved and that hygiene standards were acceptable.

'Thank you for such a comprehensive and detailed report.'

- CCG Complex Care
& Personalisation
Manager

We presented our work on TBCC to the Health and Social Care Scrutiny Commission later in the year.

'Your observations add value to the monitoring arrangements that we have within the Council through both employees and lay inspectors.'

- Southwark Council Director of Children's & Adults' Commissioning

Our participation in the Council's Nursing Care Co-design Group (see below) included a tour of TBCC in early 2020. We took the opportunity to review areas where we had previously made recommendations, and will release a short summary of findings after the coronavirus crisis.

We linked one of our volunteers with HW Lambeth to help with an Enter and View visit to a care home based in Southwark, but commissioned for Lambeth residents.

Nursing Homes: Supporting user involvement in procurement with Southwark Council

We met with the replacement for the Southwark Council Joint Commissioner for Older People and Complex Needs and a representative from Age UK to discuss how the 'I Statements' for nursing homes, developed in partnership with HWS and patients/families last year, were being used. We attended the Nursing Care Task & Finish Group as it prepared for Council engagement with service users on new care home commissioning.

We then participated in five sessions of the Council's Nursing Care Co-design Group, joining a panel which included local resident 'experts by experience' (participants from the previous consultation, sheltered housing and care home residents, and relatives of people who were currently or had been in care homes.)

Referencing the 'I Statements', plus our previous Enter and View work (see above) and a recently completed Patient-Led Assessment of the Care Environment (PLACE) assessment, we supported the panel's contribution to the nursing care service specification. The panel then agreed a suite of interview questions.

We moderated three panel interviews of potential providers, focusing on ensuring the full participation of the 'experts by experience' in the process. Panel members shared their feedback with the commissioners, who will use this during the next stage of the provider selection process later in 2020.

As part of the process, we accompanied panel members on visits to two homes, during which we raised questions about care provision with the homes' managers.

Mental health crisis

During our priority setting exercise in early 2017, mental health in general was ranked highly among the areas needing our attention. Crisis represents the most acute end of this spectrum of need. HWS was aware of longstanding concerns in South London about the services available to people in mental health crisis.

In 2017/18 and 2018/19 we interviewed clinicians, 11 service users and one support worker about their experiences in this area. We also held a public event to reflect on findings in November 2018. Given the very diverse experiences of the initial quite small sample group, and ongoing significant changes in services, we took a flexible approach to using the evidence.

Rather than specific service recommendations, we have aimed to bring to discussions the complex pathways experienced by our interviewees, and also the broader themes which emerged from this qualitative research - such as 'parity of esteem' for mental health, stigma, and the need to treat people in crisis holistically and individually. The project also provides important background to our upcoming project on Talking Therapies.

This year, findings were presented at the CCG's EPEC, where we heard from a member that they seemed very reflective of GPs' experiences in this area. The summary presentation has been circulated. We also contributed at a CCG Crisis Pathway Mapping Exercise to inform improvements to this area of care.

We later worked with the CCG on a **service user workshop** on mental health crisis, including updates on pathway developments and reflection on gaps. We helped facilitate discussions, and presented findings from our engagement. An update was received about recent changes to services and plans for a Place of Sanctuary for people facing crisis, which was well received. We hope that our continued involvement in this area has contributed to recognition for its importance and continuing evolution of care.

Targeted work with seldom-heard communities: LGBTQ+ experiences

Southwark is known for having a significant LGBTQ+ population. HWS partnered with the Southwark LGBT Network to maximise opportunities to reach out to local residents and seldom heard communities and find out about their health and social care experiences, as well as their views on topics from social venues to stigma and community safety.

Report and event

Analysis of the 210 survey responses received last year was completed, and we published our report '[Southwark LGBTQ+ Community Consultation](#).' The report contains a wide range of recommendations for organisations including health and care providers and commissioners, Southwark Council and the police.

On 29 June, HWS and the Southwark LGBT Network hosted 'Strong In Southwark', a launch event for the report at London South Bank University. 63 people attended. We were very grateful for the Network and University's provision of the venue and refreshments, and to the wide range of inspiring speakers and panellists: Councillor Victor Chamberlain, Rosie Dalton-Lucas and Jessica Leech (Southwark Council), Jacob Bayliss (Pride in Practice), Susan Hailes (Metro Charity), Dr David Hambrook (SLaM), Daniel Lul (ParaPride UK), Carlos Corredor (The NAZ Project London), Christina Fonthes (Rainbow Noir/REWRITE London) and Dr Rob Berkeley (BlackOut UK).

'Amazing.'

'Everything was good.'

- event feedback

'Great discussion long may it continue & drive change.'

- Jacob Bayliss from Pride in Practice on Twitter

The event was an opportunity to share the research findings with the public, local health professionals and commissioners and the voluntary and community sector (VCS). Panellists reflected on the issues covered by the report and other needs. Attendees suggested further recommendations. The event culminated in a positive networking session.

36 evaluation forms were received. 97% rated the presentations as excellent or good, 97% rated the event as a whole as excellent or good, 97% agreed that they now know more about issues around the experience of being LGBTQ+ in Southwark and 90% that they had a chance to share their views and experiences.



Ongoing influence

Following launch of the report and our event, the findings were presented at the CCG's Equalities Leadership Group. Meetings were also held to discuss recommendations and outcomes with the Council Place and Wellbeing team, Southwark LGBT Network, and Council Community Engagement Team. We discussed this report with the Southwark Council public health worker drafting an LGBTQ+ JSNA.

Following the end of pre-election purdah, we published the final iteration of our report now including a thematic summary which drew on discussions at the event. We also published the separate event [report](#).

We have been informed of outcomes so far including rainbow stickers being encouraged at pharmacies as part of sexual health promotion work, and training for KCH staff - we shared information on a wide range of local LGBTQ+ services with KCH to assist with this.

Given our reduced capacity in summer 2019, there is still work to do in making the findings of this project more widely known. We hope the report may be presented to the Overview and Scrutiny Committee in early 2020/21. We are encouraged that several Councillors are champions of change in this area and welcome the leadership of LGBTQ+ people and the Network.

Dementia Action Plan and Loneliness Strategy

We attended a workshop on the 'Living and Supporting Well' element of the Southwark Dementia Action Plan to contribute to discussions on next priorities. We drew on what people have told us in our work on nursing homes and the experiences of carers.

We attended the first meeting of a Council Loneliness Strategy Steering Group to find out about this workstream and explain its connections with our work and evidence. We later responded to the Loneliness Strategy public survey (using evidence from a range of our previous engagement projects).

Talking Therapies

Our mental health crisis care project showed that even for people who consider themselves to have had a crisis, access to talking therapies can be slower than they would like. There was also unhappiness about the types of therapy on offer. This reflects longstanding issues raised at previous events and via our signposting line. We will look at experiences of both the 'Talking Therapies Southwark' Improving Access to Psychological Therapies (IAPT) service, and secondary care talking therapies (Integrated Psychological Therapies Services).

The HWS manager attended the annual National Institute for Clinical Excellence (NICE) conference, in order to find out more about how guidance is set - talking therapies is an area where some people describe a disconnect between the treatments on offer and what they feel is helpful.

At our away day we began mapping themes around talking therapies. We attended a SLaM Building Bridges conference on children and young people's mental health. One of the team attended training in Spirituality and Mental Health as background for this project.

Southwark Showcase was a daylong CS event during which HWS ran a stall with creative activities to start conversations on our new priority areas. For the talking therapies project, we explored emotional vocabulary and imagery - this engaged children in particular.



Waiting for Hospital Treatment

It is well known that waiting times for hospital care are often longer than people would like - this is a concern raised regularly at local strategic meetings in relation to targets, and on our signposting line. We want to look into the support and information provided to patients while they wait. We would also like to find out more about the impact of waiting on patients, in line with a national focus on 'preventative care' as part of the NHS Long Term Plan.



After topic mapping at our team strategy day, we carried out extensive background research. We attended a Bowel Cancer UK informal engagement event and a KCH A&E Talkback event in order to learn from patients about the types of topic we can explore through this project.

We developed participant information sheets, consent forms and a topic guide, including visual exercises, and tested a pilot focus group with CS colleagues.

Recruitment leaflets for people waiting for certain types of treatment - for blood, gynaecological and bowel cancers, arthritis, and eye conditions - were developed, as well as connections with relevant patient groups. As we hope to include the views of young people in this project, we attended the Evelina Children's Hospital Inspiring Youth conference. We began recruitment in February, particularly via VCS partners, first targeting older people and those with cancer.

'Issues with resolving issues'

We sometimes struggle to advise people who contact us for signposting when the usual routes for resolving a problem are not working. This could involve difficulty contacting a practice manager or PALS, limited advocacy support, and uncertainty around safeguarding processes. We will analyse our signposting databases and work with other professionals in order to identify solutions, and consider further work with the public to highlight their experiences of resolving problems.

As background research for this project, we attended:

- HWE Policy Forum: NHS Targets and Complaints
- A meeting with a Council officer developing a leaflet on people's rights in safeguarding procedures.

What's next?

The start of the UK coronavirus outbreak unfortunately made the planned face-to-face engagement around waiting times impossible, and we needed to change our focus. However, all three of our new priority areas are even more pertinent as we hopefully emerge from the worst phase of the pandemic. In June 2020 we have begun re-working our engagement plans and topic guides in light of this. We have not yet set new timelines as the situation is evolving, but we anticipate these being substantial pieces of work which may take us through to the end of our current contract with Southwark Council in March 2022.

Commissioned project: NHS Long Term Plan

We agreed a grant from HWE last year to promote nationwide surveys on the implementation of the NHS Long Term Plan in each Sustainability and Transformation Partnership area (for us, South East London), with a target of 100 responses for Southwark.

We promoted this survey heavily online via our usual networks, Twitter and using paid Facebook promotions, which will also have increased general awareness of Healthwatch. We also shared a paper version of the survey at a Bermondsey and Rotherhithe Community Council young people's workshop and through focus groups being held by HW Lambeth.



Before the survey closed, we received 98 Southwark responses. These were analysed and [written up](#) by HW Lewisham, along with the views of 899 other South East Londoners.

The Integrated Care System have explained how the Healthwatch engagement helped to influence their local response to the NHS Long Term Plan:

'The feedback we received has provided us with a great insight into the wants and needs of South East Londoners, on a range of topics. Furthermore, the volume and detail of the feedback means that, as well as helping to shape our response to the NHS Long Term Plan,

the comments and recommendations that were made can also be used more widely in the future planning of all our services, not just those featured in the LTP.

In developing our Long Term Plan response, the engagement work undertaken by Healthwatch has been used in two main ways.

First, we used recommendations to finalise the proposals that are outlined within [our response](#). In some cases, the feedback we received helped to strengthen the evidence base for draft plans. For example, some residents told us they would like to have the option of video consultations with their GP and, under our Digital First programme, there will now be a video consultation offer in each GP practice by April 2021.

In other instances, there was a need for us to add to our draft plans to reflect recommendations in the Healthwatch report. One recommendation, for example, was that it would be helpful to have education to help explain what cancer screenings are for. In response to this, the South East London Cancer Alliance amended its draft plan to include targeted work and education to support public understanding of screening programmes.

Similarly, there was a recommendation that quick access to low level support services such as Improving Access to Psychological Therapies (IAPT) would help patients recover more quickly. And, whilst our system achieved both the IAPT access and recovery standards for 2018/19, the mental health programme has further outlined plans to continue increasing timely access to IAPT services.

We also used the Healthwatch engagement report as an information source in undertaking an equality impact assessment against our response. This was an important piece of work as the assessment indicates where we may need to undertake further engagement as we implement our plans and suggests the possible impacts of our proposals on local communities. This means that findings within the Healthwatch report will continue to be referred to and used as we move forward with our plans.'

- Programme Director for South East London Integrated Care System

HWE also compiled the national findings (incorporating the views of 40,000 people) into a report on [‘What Matters Most’](#) in the next ten years of the NHS. (You can find a summary of the ideas people shared [here](#)). Using this and other feedback from the public, HWE [submitted areas for inclusion](#) in the NHS Mandate.

‘The network’s collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up... Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review - sparking a national review of patient transport from NHS England.’

- Sir Robert Francis, Chair of Healthwatch England

Commissioned project: ‘A Healthy Future in Southwark and Lambeth’

In late 2018/19 we designed and delivered a large scale event, ‘A Healthy Future in Southwark and Lambeth’ to invite the public to comment on the four programmes of work of the Lambeth and Southwark Strategic Partnership (LSSP) (see also p32): Local Care Networks, Local Care Record, Children and Young People’s Health Partnership (CYPHP), and Mind & Body. We aimed to connect the work of each Programme with the themes of ‘prevention’ and ‘inequalities’ in line with key goals of the NHS Long Term Plan.

A [report](#) on this March event and the key feedback from participants was produced and disseminated among partners in April, and published on our new website in July. It included broad recommendations about future engagement, and key factors in successful 'system change'.

A positive [review of the event](#) was published by the CYPHP, reflecting on some of the insights provided by attendees.

Commissioned project: Social prescribing

Social prescribing is an arrangement whereby health professionals link up patients with activities and support in the community that may benefit their health - as a non-medical 'prescription'. In early 2019 we were funded by Guy's and St Thomas' Charity (GSTC) to work alongside CS colleagues to look into the current state of social prescribing in Southwark, prior to further development of models. HWS's role was to find out about patients' perspectives, to complement those of voluntary organisations.

During Q1 our public survey received 20 responses, in addition to 15 last year. The survey was promoted online and at organisations including Age UK and Pembroke House.

In addition to two interviews last year, five interviews took place with patients who have accessed VCS services via social prescribing (at Pembroke House, Age UK SAIL, Paxton Green Time Bank, and Time & Talents).

Our [report](#) on patient experiences of existing social prescribing pathways in Southwark was completed and published on the Social Prescribing Network webpage and continues to influence the development of social prescribing in the borough, for example through the Social Prescribing Network, which we attended in early 2020.

Continued influence in previous priority areas

We advocate for the inclusion of patient voice and our previous evidence in decision making wherever possible. We also sometimes hear of some examples of our work being used even years later - though we expect there are many more!

Access to GP appointments: We were pleased to receive an update on the CCG's actions on our recommendations in this area at the Primary Care Commissioning Committee. We provided response/commentary at the meeting and by email. Unfortunately, due to an oversight we were not invited to a GP practice managers' workshop on improving access.

We asked for action plans to be shared following a worrying CQC inspection at Nexus GP practice. These were difficult to obtain but we were asked to comment just prior to the re-inspection, in a letter which was quoted in local press. We then presented our work on GP access to a Nexus PPG Network meeting, and led a broad discussion on positive communication and engagement.

We shared our previous work on the **healthcare experiences of the Gypsy and Traveller community** with the Healthy Places team, ahead of a Council accommodation needs assessment on accommodation, health and wellbeing.

We were contacted by a journalist writing for The Pharmaceutical Journal looking at the role of pharmacies in sexual health, referring to previous HWS research regarding **support for young people at pharmacies**.

We presented our **children and young people's mental health** work to the Health and Social Care Scrutiny Commission.

We corresponded with HW Barnet about the impact of our **GP answerphone systems** report.

Our **KCH A&E Enter and View** report was used by the Trust in a funding bid.

Our **children and young people's sexual health** report was used by Lambeth Public Health as part of a review of services. It has also been shared with the new Southwark Council Public Health Consultant leading in this area.

Continued influence of previous commissioned work

Prior to the merger of the **Enhanced Rapid Response, Supported Discharge and Reablement Services** to form the Intermediate Care service in early 2018, HWS was commissioned to conduct intensive interviews with patients who were being looked after in these services over a period of many weeks. This year, we attended a workshop on sharing learnings from the Intermediate Care Southwark programme implementation 'one year on'. This workshop explored factors which had made the merger a success and a report was shared noting that:

'Commissioning Healthwatch to carry out an in-depth study by following six service users/patients through the service provided a rich and in-depth picture of people's experience which has directly informed the design as well as being beneficial in working with staff to bring about changes.'

- <https://ipc.brookes.ac.uk/publications/intermediate-care-southwark.html>

The ADASS Peer Review in February 2019 singled out Intermediate Care Southwark for the excellent service it provided, acknowledging the process of its development and implementation.

Supporting strong patient involvement across the system

Part of our role is to promote and support the involvement of local people in the design, commissioning, provision and scrutiny of local care services.

Our **ebulletin** (see p11) promotes a wide range of opportunities for patients and the public to get involved in feedback and decision making.

We have provided comment on engagement plans via many of the **committees** we attend (see p34), and also attended the Council's final Effective Engagement Workshop, which aimed to bring together the public and organisational representatives to develop a new approach to public involvement.

We have further **contributed to engagement planning** discussions by, for example:

- Providing advice to a public health policy officer planning to undertake mystery shopping work around emergency contraception
- Connecting a researcher and a public health team both working on immunisation uptake among BAME communities, and suggesting groups to contact
- Giving feedback on the public health survey around loneliness, and suggesting dissemination routes
- Suggesting venues for a Mind & Body programme engagement event

- Providing information on organisations involved in the mental health crisis pathway, to be involved in a mapping session (see p24)
- Providing feedback to HWE on engagement around the Long Term Plan, to guide future nationwide projects (see p28)
- Meeting with PAUSE and the Public Health team to discuss engaging women with multiple disadvantages.

We met with a GSTT project manager to discuss a joint GSTT, Council and CCG project to join up pathways for falls prevention in Southwark. We provided a list of relevant voluntary sector organisations delivering services in this area to be invited to a workshop - which attracted 65 statutory and VCS representatives.

We also met twice each with organisations representing seldom heard people, to discuss future collaboration: the Southwark Refugee Communities Forum, and the Southwark Independent Advisory Group working for BAME equality in mental health. We linked the latter with the Health and Social Care Scrutiny Commission, who were conducting a review in this area.

We took part in a GSTT-led **Patient-Led Assessment of the Care Environment (PLACE)** visit to the Amputee Rehabilitation Unit at Lambeth Community Care Centre. The visitors reviewed the facility environment across many dimensions. We provided feedback on our findings which would be sent for consolidation and [publication](#) nationally.

We were able to compare the PLACE methodology with Healthwatch's Enter and View visit approach, where we combine observations and discussions with service users. This also provided us with an opportunity to see how GSTT engaged with members of the public.



Promoting involvement within the Lambeth and Southwark Strategic Partnership

The Lambeth and Southwark Strategic Partnership (LSSP) was made up of the two CCGs, two Councils, local GP Federations, the three hospital foundation trusts, and King's Health Partners. The LSSP led work to integrate care.

From September 2018, the LSSP funded CS to host a Partnership Coordinator, managed by HWS and working across HWS and HW Lambeth. The role of the Partnership Coordinator was to promote stronger public and VCS involvement across the LSSP and its programmes.

The LSSP ceased to exist in late 2018/19. The Partnership Coordinator left in early May due to maternity. In order to wrap up our work, we published a [stocktake](#) on 'Engagement within LSSP Programmes during 2018.'

We provided feedback on arrangements for future less formal collaboration of LSSP managers, including cost allocation. Meanwhile we met with HW Lambeth to discuss the legacy of our joint work on the LSSP.

Patient involvement in South East London NHS systems

We committed substantial time to understand and input into new arrangements for both cross-borough working across the South East London NHS - including the merger of the six Clinical Commissioning Groups (CCGs) from April 2020 - and the ongoing management of programmes at borough level. This is all within the context of the NHS Long Term Plan, and the new GP contract (Primary Care Networks).

Our primary goal was to advocate for patient involvement with the changes and in the emerging systems.

We participated in:

- Meeting with the Interim Programme Director for Partnership Southwark
- Meeting with the Southwark CCG Managing Director
- Public event on Delivering the NHS Long Term Plan in South East London
- South East London Integrated Care System development event
- Commissioners' workshop on Place Based Commissioning for Southwark
- Partnership Southwark Communications and Engagement Deep Dive
- Telephone briefing on the new Primary Care Networks contract
- Public event on Primary Care Networks
- South East London professional event on addressing health inequalities within Primary Care Networks
- Our Healthier South East London's Stakeholder Reference Group
- Meeting with a representative of King's Health Partners to discuss programmes related to integration and improvement (e.g. Vital 5)
- Collaboration for Leadership in Applied Health Research and Care South London event.

We contributed to inter-Healthwatch discussions on South East London CCG lay member recruitment. We also met, alongside other HW representatives, with the engagement lead for the new six-borough CCG to help develop plans for public involvement in the new system. We also discussed concerns about this with members of the Southwark CCG EPEC.

South East London Healthwatch representation at the new merged CCG

We met three times with the Chief Officer at NHS South East London Commissioning Alliance and the Director of Commissioning System Reform to discuss Healthwatch representation on the future merged South East London CCG Governing Body from April 2020.

HW Southwark contributed heavily to a joint HW proposal for a new senior representative post to be funded by the CCG, with accountability to all six HWs - Southwark, Bexley,

Bromley, Greenwich, Lambeth and Lewisham. (We also requested information to share with the public about the merger.) The proposal was accepted. We contributed substantially to the role description, shortlisting and interview design, and plans for collaborative working within the new governance structures.

What's next?

From 1 April 2020, the six Clinical Commissioning Groups (CCGs) in South East London, who are responsible for planning and buying our healthcare services and making sure that we have good provision of care, all merged to form a new CCG at the regional level. This new joint CCG covering Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark is called South East London CCG (www.selondonccg.nhs.uk).

HWS along with the other five Healthwatches in South East London wanted to make sure that, from day one, what people are telling us is part of the new planning, monitoring and commissioning of services.

To support us we appointed Folake Segun as Director, South East London Healthwatch (employed by HW Greenwich). Folake began on 1 April and is working to create collective impact and to push the inclusion of local people's views and needs in decision making.

We are going through unprecedented times, with rapid changes rolled out across health and social care. During the coronavirus lockdown period and over the next few months and years, you may have to use services differently. Your feedback is as important as ever to ensure services get things right.



Working with partners to make your voice heard

As well as sharing the findings of our focused engagement activities proactively, we also draw flexibly on our entire evidence base in order to work with and influence commissioners and providers on an ongoing basis - providing evidence based, patient focused insights.

Working with our Health and Wellbeing Board

Southwark's Health and Wellbeing Board plans how best to meet the needs of residents and address health inequalities. It brings together the NHS, Public Health, Adults' and Children's Services, and meets quarterly. The manager of HWS is a member of the Board, and is able to draw on the full range of our engagement intelligence. This year she also attended a Health and Wellbeing Board Governance Review session which discussed how the Board will fit into the future NHS landscape.

Working with commissioners

In addition to temporary attendance at some committees related to our current priorities, and ad hoc meetings and events (for example around South East London system change, above) we regularly attend the following standing committees:

- CCG Governing Body (we also completed a survey on Governing Body effectiveness)
- CCG Primary Care Commissioning Board and Committee
- CCG/Council Adults Commissioning Development Group

- CCG/Council Mental Health and Wellbeing Strategy Delivery Programme
- CCG/Council Southwark Children and Young People Partnership, plus a strategy meeting and an action planning workshop
- CCG Equalities Leadership Group
- CCG Engagement Advisory Group
- CCG Engagement and Patient Experience Committee (EPEC).

At these meetings we work to ensure that the patient perspective is heard throughout the process of service planning, commissioning, design, delivery and monitoring.

We also have quarterly meetings to share intelligence, concerns and engagement plans with:

- the CCG Head of Membership, Engagement and Equalities and the Southwark Council Community Engagement Manager
- the Southwark Council Director of Children's and Adults' Commissioning and the CCG Director of Integrated Commissioning.

This year we have also met with:

- the Head of Public Health Intelligence for Southwark to discuss our work programmes and potential for future influence, particularly through our work on carers
- a new Southwark Council Public Health Consultant to discuss possible connections in our work
- the Head of Children's Joint Commissioning to introduce our work.

Working with NHS hospital trusts

We have three large NHS trusts in or close to the borough of Southwark - King's College Hospital NHS Foundation Trust (KCH), South London and the Maudsley NHS Foundation Trust (SLaM), and Guy's and St Thomas' NHS Foundation Trust (GSTT).

We **meet every quarter** with each of the Trusts and our neighbouring Healthwatches to discuss service developments and challenges, patient engagement plans, and feedback we have received from the public. This year, we also attended a GSTT Patient Engagement and Experience workshop, and met with the Patient Engagement and Experience Manager to discuss improved collaboration with the Trust.

In order to renovate our knowledge of SLaM, we were very pleased to be welcomed at a strategy overview briefing and a tour of the Maudsley Hospital site.

We submitted a written response to the Joint Health Overview and Scrutiny Committee regarding the **proposed move of Lambeth Hospital mental health facilities to the Maudsley site**, and the consultation/engagement plans. We discussed this in detail at our SLaM Liaison meeting. The consultation is ongoing.

We considered each of our three Trusts' **2018/19 Quality Accounts** in detail and submitted written responses addressing any concerns about progress, comments on future goals and suggestions on presentation and additional data. (We had previously met with staff from GSTT, and attended a KCH event, to discuss future goals).

Unfortunately, SLaM published an erroneous assertion in their Annual Report that the local Healthwatches did not this year respond to SLaM Quality Account. Following discussion, the Healthwatch responses have since been incorporated into the online versions, although the Quality Report still includes some incorrect dates and the incorrect assertion.

We commented on GSTT's **proposed 2020/21 Quality Priorities** to help to guide their decision, using our analysis of feedback from local people over the past year. We discussed initial planning for the SLaM priorities at our Liaison meeting. The 2019/20 Quality Accounts are however delayed due to the coronavirus pandemic.

Working with the Care Quality Commission (CQC)

Healthwatch works alongside the CQC to ensure thorough inspection and regulation of health and social care services.

We submitted our previous Annual Report to provide an overview of our signposting intelligence, the topics we have tackled and our findings. However, this year we have not been asked to submit intelligence prior to any local service inspections (we understand there have been few, as most services were inspected in recent years).

We responded to a stakeholder survey about the impact of the CQC's work, and met with the CQC Regional Engagement Manager for London, to discuss how we should work more closely together.

Working with Healthwatch England (HWE)

We submit all of our reports on our statutory work to HWE so that they can be used to influence national priority-setting and contribute to thematic national reports.

We responded to a HWE survey with information about patient transport, following issues raised in the nationwide Healthwatch-led response to the NHS Long Term Plan (see p28).

Where possible we attend the quarterly Healthwatch London Network Meeting and have discussed topics such as feedback on the joint work on the NHS Long Term Plan, how Health and Wellbeing Boards work with Healthwatch, working with Advisory Groups, and representation at merging CCGs. We also attend the HWE Information and Informatics Reference Group aimed at improving research quality across the network.

All HWS staff attended the two-day annual HWE Conference, an informative and thought-provoking event. We attended a huge range of sessions - for example hearing about inspiring long-term research with young people in secure mental health services.

Responses to other intelligence requests

In addition to our core partners, we also respond to incidental intelligence requests from other decisionmakers and researchers, where we have capacity. This year this included:

- meeting with King's College Hospital Charity to discuss local issues of concern (and possible connections in our work)
- a perinatal mental health charity's research enquiry about local services
- a request from a Darzi fellow about work on integration of services
- a request from NHS Digital about experiences of online pharmacy
- an enquiry from the North Wales Community Health Council regarding our use of Enter and View powers, to inform a review of their similar powers
- meeting with Guy's and St Thomas' Charity, alongside CS, to discuss potential funding for groups in Peckham supporting those with long term conditions.

Media work

We received a request from BBC London to be interviewed about the financial deficit at KCH. We declined but provided a short, written, statement. We also shared this with the relevant MP, Harriet Harman, who responded saying that she is working regularly with senior managers at KCH and within Parliament to support resolution of this situation.

What's next?

We will review our meeting attendance following establishment of the new South East London CCG and borough-based board/committees, ensuring that patient voice is represented in the best places for it to have a real impact.

We will establish more ways to identify appropriate consultations for response.

We will further develop our relationship with the CQC with a view to addressing more recommendations to them.

Our volunteers

In addition to our Advisory Group (see below), at the start of the year we had 9 volunteers. One volunteer, Alice Godmon, was recruited as a staff member from Q3, and one new volunteer joined in Q4.

Volunteers have been invaluable in our engagement work, for example taking notes at a focus group, and helping make our carers' event such a positive and constructive opportunity for discussion. They have also very helpfully attended and taken notes at events staff were unable to attend, including the CCG Governing Body meeting and a Southwark Mental Wellbeing Partnership event.

One of our volunteers completed Enter and View training with HW Lambeth and assisted them in a visit to a care home in Southwark for Lambeth residents.

Our governance

The Healthwatch Advisory Group provides guidance on our strategy, priorities and decision-making, and oversees our work. It is made up of local people with experience of health and social care, and representatives of voluntary organisations, and had eight members at the start of this year. The Group is separate from the Board of Trustees of Community Southwark (CS), our host organisation, which has overall governance responsibility. The Board of Trustees is made up mostly of voluntary sector representatives, as well as local people with governance expertise.

Last year attendance at the Advisory Group declined significantly, which has led us to consider how best to refresh and refocus the role of the Group and also its relationship to the CS Board. We decided to focus this year on progressing priorities which had already been agreed with the Advisory Group, to update the Group by email, and to seek oversight from the more active CS Board. This was the most stable way to involve local people in our work during a transitional period, with several chief executives in post.

HWS staff attended a meeting with the Trustees following the departure of one Chief Executive. The manager also updated the Chair of the Board on current issues within Healthwatch. Updates were provided to the Board in October, November and February. A

member of the Board with research experience sat on the interview panel for our new Research & Intelligence Officer.

The HWS manager also continued to meet and correspond regularly with the Advisory Group Chair who has been particularly supportive, including helping to ensure Healthwatch representation in new NHS governance structures, and in our work on primary care.

We produced our [Annual Report for 2018/19](#) covering the broad range of our work, and shared it with a range of partners as required by law. We submitted quarterly monitoring reports to the Council, and meet with the contract officer to discuss this. The Healthwatch manager presented an overview of our work at the Community Southwark AGM (a public meeting).

What's next?

Along with the reasons described above, the departure of a more active Advisory Group member due to work changes in November and the planned resignation of the active Chair in July 2020 mean that a full refresh of the Group is planned for early 2020/21. We have been considering how to increase the Group's relevance and usefulness, increase meeting attendance and reduce the paperwork burden, for example by introducing terms of office, and holding more flexible discussions online. We have sought guidance from Healthwatch England and the Healthwatch London Network. The Chair Job Description and Group Terms of Reference are both under review.

Our finances

Please note that these figures will be audited and published as part of the Community Southwark (CS) accounts later in 2020, so some discrepancies may appear.

Our core income and expenditure on statutory activities

Income		Expenditure	
Healthwatch contract with London Borough of Southwark	£120,000	Salaries, NI and pensions for the core Healthwatch team ¹	£102,151.01
		Rent	£5,000.04
		Website	£396.98
		Marketing/engagement	£523
		Event venues and refreshments ²	£451.67
		Meeting/Strategy Day venues and refreshments	£133.23
		Staff/volunteer travel, welfare, development and DBS checks	£606.98
		Office stationery and postage	£48.26
Total income for statutory activities	£120,000	Total expenditure on statutory activities¹	£109,311.17

¹ This figure (and thus the total) does not include the contributions of the CS CEO or Communications Officer, which are provided in kind, as are some other office and administrative costs.

² Additional cost of the venue for our February 2019 carers' event (£522) was paid and will appear in 2020/21 accounts.

Additional project income and expenditure

Income		Expenditure	
Healthwatch England (HWE) grant for NHS Long Term Plan survey promotion	£1,000.00	Marketing/engagement	£140.00
Guy's and St Thomas' Charity (GSTC) funding for project on patient experiences of social prescribing ¹	£3,500.00		
<i>Lambeth and Southwark Strategic Partnership (LSSP) contract - portion of income deferred to this financial year, though received last year and recorded in 2018/19 Annual Report</i>	£21,601.61	Partnership Coordinator salary, NI and pension	£7,155.58
		Payment to HW Lambeth for ongoing borough-based work	£6,799.13
Total project income (including deferred)	£26,101.61	Total project expenditure	£14,094.71

¹ This was conducted by the HWS team, but may appear as CS income in the audited accounts, as a portion of a larger joint project on patient and VCS perspectives on social prescribing.

Our team

Members of the staff team this year have included, at different times:

Catherine Negus: Manager

Bron Thomas: Engagement Officer

Nathan Lewis: Engagement Officer (until July 2019)

Alice Godmon: Research & Intelligence Officer (October 2019 onwards)

Rosa Parker: Partnership Coordinator across Healthwatch Southwark and Healthwatch Lambeth (until May 2019)

Zuwena Blagrove, of Community Southwark (CS), also continues to support us in our communications.

Contact us

Get in touch with Healthwatch Southwark

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Website: www.healthwatchsouthwark.org

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Get in touch with Community Southwark

The contract for Healthwatch Southwark is held by Community Southwark.

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We will be making this annual report publicly available by 30 June 2020 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, NHS Southwark Clinical Commissioning Group, Southwark Overview and Scrutiny Committee, and Southwark Council. It will also be shared in our first members' ebulletin following that date.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

We do not have any relevant contractors.

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APPENDIX 2

Recommendations from Overview and Scrutiny Committee (OSC), 7 May and Cabinet response

Recommendation from OSC	Cabinet Response
1. That the decisions of cabinet in respect of the council response to Covid-19 pandemic be note and supported.	Noted
2. That the council provide overall coordination to ensure that aid duplication is avoided between the NHS, Southwark Council Community Hub operations, charities, religious institutions and mutual aid groups as well as formally recognising the role of the thousands of volunteers supporting the effort in these unprecedented times. Until now there is no one visibly taking the lead across all bodies. Many charities, religious groups and residents are still looking to the Council to be that body.	Agreed; A report will be presented to Cabinet in September 2020 that takes forward the work of the Community Hub
3. That the council ensure that it is using all resources available to best use during a crisis or in the event that business continuity procedures are invoked. Councillors hold a great deal of knowledge about their wards and the council must ensure this is leveraged to avoid duplication of knowledge. The role of councillor must be clearly defined as part of the Council Business Continuity Plans.	Agreed; The Council regularly reviews business continuity arrangements taking account of learning from incidents including role of councillors. The Council's Generic Emergency Plan will be presented to Cabinet in July 2020. The role of councillors is set out in the package of supporting documents for the Council's Emergency Plan, including what to do in an incident and their role as advocates and in community reassurance. Guidance on the role of councillors is also set out in London wide planning documents, as part of the London Resilience Framework and approach to consistent standards in emergency planning across the city. This guidance was shared earlier in the year and will be recirculated with appropriate briefings as a follow up action.
4. That as part of new councillor induction, all Councillors should receive a briefing on the Council's Business Continuity plan and training on the role of Councillors during an event which invokes the Business Continuity response, especially a crisis.	Agreed; Alongside induction, officers provide regular briefings to members on business continuity and emergency planning in line with pan-London 'standardisation' work. This work will be refreshed in the light of the recommendation set out.
5. That a cross party working group be established as soon as possible to help plan for the borough post the lifting of the Covid-19 lockdown.	Agreed; Cabinet have agreed to review and refresh the Council Plan to put in place plans for the short to medium

Recommendation from OSC	Cabinet Response
	terms, including wider engagement with all party groups.
6. That cabinet ensure that it is clearly outlined over the coming two months what the transition plan is around mutual aid groups providing adult care services. This is to give assurance that there is a smooth process in place for the council to find out which adult services of care mutual aids are carrying out and how the council plans to take this on when volunteers return to work/no longer have the capacity to provide the same level of care.	Agreed; The legacy support to vulnerable residents supported by local mutual aid groups will be incorporated into the future planning for the Community Hub. A report on future approach to the Hub will be brought in September 2020.
7. That cabinet take proactive steps to co-ordinate weekly testing of all care staff and residents in Southwark care homes as a matter of urgency, in order to ascertain the level of Covid-19 infection.	Agreed; The borough support plan for care homes incorporates testing for all care home residents and staff. There is a work programme led by the Director of Public Health and Director of Commissioning providing support to care homes for testing.
8. That cabinet liaise with each Southwark care home provider to ensure that the relevant PPE and levels of PPE are being used in each local care home, to protect care staff as much as possible.	Agreed; The relevant PPE (as per Public Health England guidance at each stage) and levels of PPE have been sustained for care homes across the borough to protect residents and staff as much as possible.
9. That cabinet monitor the pay of care staff at this time, to ensure that none of these low paid workers are being disadvantaged at this time, especially if they have to self-isolate themselves or shield themselves due to their medical conditions, as there is some evidence in the care industry, that some care workers are receiving less than their usual OSP during this crisis.	Agreed; Funding is being provided to ensure that care home staff are paid their full salary if they are off ill or self-isolating due to Covid-19.
10. That cabinet remind all care providers to adhere to the key principles of the Ethical Care Charter that exists across the borough, especially at this difficult time.	Agreed; The Southwark Ethical Care Charter applies to all council commissioned home care provision across the borough and is being fully implemented.
11. That in respect of some key figures which will ultimately need to be acted upon, cabinet be recommended to establish the number of vulnerable and shielded individuals that the council has not been able to make contact with via any of its departments [and adapt the council's outreach strategy to get this figure to as near to zero as practical].	Agreed; A report will be presented to Cabinet in September 2020 that takes forward the work of the Community Hub
12. That in respect of some key figures which will ultimately need to be acted upon, cabinet be recommended to confirm the Council's own	Agreed; The council has supported schools and has encouraged vulnerable children to attend school. Laptops

Recommendation from OSC	Cabinet Response
estimates of the number of vulnerable children not physically attending schools that need assistance (e.g. equipment, internet) to effectively access education	(and in some cases internet access too) are being provided to vulnerable children.
13. That once the Government has allowed schools to reopen under safe circumstances, the council look at what support it can offer in terms of afterschool, weekend and holiday clubs to assist children to catch up on missed schooling. This support could be funding for schools, providing space in council buildings or helping to coordinate DBS checked volunteers to offer appropriate provision	Agreed; The council will work with parents and schools to help children catch-up on their learning and development due to the disruption caused by the pandemic and the Government decision to close schools for most children.
14. That the council monitor the number of nurseries and daycare centres for liquidity, capacity and ability to function post lock down. If there is a shortfall the council should rapidly agree a plan and put the appropriate provisions in place. Additionally, it should monitor the demand for number of paid 2, 3 and 4 year old places and see if additional provision is required/can be supported.	Agreed; The council is directly working with the five nursery schools and the 16 children and family centres in the borough to ensure their sustainability. Wider sufficiency will be kept under review and supported as much as possible noting the limited role for, and funding available to, the council in regard to private provision.
15. That cabinet consider what the council might be able to do to mitigate any negative impact of COVID 19 on childcare provision.	Agreed; See response to (14) above.
16. That the council examine how it can review its procurement procedures to promote and prioritise local businesses (particularly SMEs) for example using local contractors to bring empty homes back into use.	Agreed; Plans for economic recovery and renewal will take account of procurement and prioritising support to SMEs. A review of the Fairer Future Procurement Framework will take place.
17. That the cabinet ensure the continued prioritisation of mental health & wellbeing and partnership working with the NHS and SLAM.	Agreed; Ongoing work through the Mental Health and Wellbeing Partnership will continue to enhance local responses to reducing the Covid impacts on mental health. The Nest (the council funded new service for young people) has launched and is supporting their emotional health and wellbeing.
18. Overview and scrutiny committee welcomes the measures put in place to support social distancing through maximising pedestrian space and calls on cabinet to continue identifying measures that can be taken to make streets safer for keyworkers, essential journeys and physical exercise during lockdown and in the longer term to support increased cycling and walking.	Agreed; Commonplace (an online reporting tool) is being used to source feedback from the public as to where they would like to see improvements to walking and cycling infrastructure and traffic reduction to support social distancing. Work is continuing through a multi-disciplinary team to

Recommendation from OSC	Cabinet Response
	identify pinch points and the solutions to aid public realm social distancing. This includes parking suspensions, traffic management and footway widening. A Southwark Streetspace Plan will be presented to Cabinet in July 2020.
19. That the Southwark Climate Strategy team actively consider how to embrace the environmental opportunities the lockdown has provided before people return to the way things were.	Agreed; The Council will be working with community stakeholders through its Partnership Steering Group to consider this as part of the work developing the strategy which is due to be presented to Cabinet in July.
20. That the Council (with Transport for London) take steps to prioritise pedestrians, runners and cyclists to keep two metres apart on most roads. This is an opportunity to trial the priority of these groups on roads, by, for example, ensuring non-major roads are prioritised for pedestrians (and cyclists) and introducing temporary traffic calming/access measures on residential streets. Ward councillors should be consulted on how to do this sympathetically. We also support the recommendations from Southwark Cyclists in response to COVID-19.	<p>Agreed; A significant programme to deliver projects to support modal shift and prioritise non-motorised movements is underway. This includes the cycleway expansions, closures to reduce traffic on residential streets and school streets and traffic management to aid cycle and pedestrian movements.</p> <p>Work is also ongoing for the further development of walking and cycling networks through the acceleration in delivery of Low Emission Neighbourhood, cycle parking facilities, road closures and traffic reduction schemes.</p> <p>Officers are working with TfL to provide temporary cycle routes to extend the strategic cycle network, with Southwark's main roads repurposed for temporary cycle lanes and wider footways.</p> <p>Identification of possible projects and development work is underway in conjunction with stakeholder groups such as Southwark Cyclists.</p>
21. That the cabinet investigate extending the council tax reduction scheme of 100% of council tax to all *low income households (*as currently defined by the council) during the financial year 2020/21.	Agreed; Despite reductions in funding Southwark has continued to maintain one of the most supportive Council Tax Reduction schemes in London with up to 85% in relief for those in most need. An additional hardship discount to an average value of £139 was applied on the council tax bills of the lowest income, working age households this year. This extra help, equated to a total value of all awards of £2.2m. These discounts were applied to 16,000 accounts in May and will mean many CTRS recipients won't pay any Council Tax

Recommendation from OSC	Cabinet Response
	in 2020/21; many will see their bills greatly reduced. In addition, the Council is going further than required by government and offering the additional discount to new claimants as well as existing CTRS claimants.
22. That cabinet investigate offering all Southwark council tenants who request it, a 'holiday' from paying rent in the current financial year with the arrears incurred to be paid off slowly over a mutually agreed time frame (e.g. 2-3 years). This payment holiday would exclude any part of the rent which is paid for by Housing Benefit or Universal Credit.	Agreed; At the outset of the pandemic, the Council paused all recovery and enforcement activity. All tenants were written to encouraging them to contact officers to discuss alternative payment arrangements and where appropriate advice on claiming welfare benefits or hardship support has been provided. Officers will continue to contact tenants and offer advice and support including deferral of rent if appropriate.
23. That the council write to housing associations and registered social landlords (including the Corporation of London) in Southwark to request a similar payment holiday and repayment plan to be offered to tenants in housing association properties.	Agreed; action underway in line with recommendation.
24. That the council bolster the support available from the council for tenants who are renting privately, and should publicly call on private landlords to offer their tenants payment holidays similar to the schemes outlined above.	Agreed; The Council will be providing support to private tenants to establish renters union and the Cabinet Member for Housing Management and Modernisation will write to private landlords in line with the recommendation opposite.
25. That the council write to all residents to inform them of these new arrangements and any other financial support which is available to support them in this difficult time. The Council should ensure this information is localised (where appropriate) and produced in a range of accessible formats and languages.	Agreed; The Council will use all existing communication channels to inform and update on offers of support to residents.
26. That cabinet provide an update to overview and scrutiny committee as soon as information is received from the government on what the council plans are regarding homeless people that have no recourse to public funds.	Agreed; Discussion are underway with officers and MHCLG on the government's future plans with further updates to be provided, once available.
27. That the council commit to ensuring that all those being temporarily housed during the pandemic are not forced to return to the streets after the pandemic. We believe this could provide an opportunity to explore a rapid expansion of the 'Housing First' policy.	Agreed; The Council is committed to do all it can to ensure rough sleepers and those made homeless are not returned to street. This will include consideration of 'Housing First'. To note that the Council may legally be prevented in providing assistance to some people who may be designated as no

Recommendation from OSC	Cabinet Response
	recourse to public funds. Also, 'Housing First will require a significant increase in revenue support from the government and discussions are underway with MHCLG (see 26).
28. That it be noted that there was a promise to provide more information to overview and scrutiny committee on the outcome of domestic abuse cases for example whether perpetrators have left or whether the survivors have had to move.	Agreed and further information to follow when available.
29. That a report is presented to the September Cabinet meeting outlining the resulting benefits from remote and flexible working during the Covid-19 pandemic, particularly in utilising technological innovation and reviewing the use and potential savings from the Council's office estate.	Agreed; a further report will be presented to Cabinet in September 2020.
30. That a report be presented to the July Cabinet meeting outlining the impact of the Covid-19 pandemic on the Council Plan 2018-22 in terms of changed targets and timescales, and specifically any changes relating to the Council's Emergency Plan.	Agreed; Cabinet have agreed to review and refresh the Council Plan, bringing a report back to September 2020. The Council's Generic Emergency Plan will be presented to Cabinet in July 2020.
31. Overview and scrutiny committee welcomes the establishment of a review by Public Health England into disparities in the risk and outcomes of COVID-19 on BAME groups and calls on cabinet to assess how to carry out the council's own review in Southwark of the impact of both Covid-19 and the council's response on people from black and minority ethnic groups.	Agreed; Subject to agreement of this report, the council will take forward a programme of work to respond to the inequalities exposed by COVID-19 and other recent events, and articulated by the Black Lives Matter protests, reporting back to Cabinet in September 2020.
32. That overview and scrutiny committee calls on cabinet to investigate how the council can collect borough-level disaggregated data on the impact of Covid on different groups including women, children, the elderly and people from minority ethnic groups.	Agreed; A series of surveys, (virtual) listening and workshop sessions and in-depth interviews will be conducted over the coming months.
33. That cabinet assess whether Council communications are adequately reaching all residents, for example those for whom English is a second language.	Agreed; The council regularly reviews its COVID-19 communication strategy to ensure it is reaching its target audiences with the right messaging. We will continue to do this as we move towards renewal, to ensure all our residents are able to access key information from the council.
34. That in respect of cabinet decision 11 of the report in respect of the council continuing to work with voluntary and community sector	Agreed; A further report will be presented to Cabinet, as part of the report on the future approach to the Community Hub,

Recommendation from OSC	Cabinet Response
partners to explore ways in which to take forward the work that has been delivered in partnership during this crisis. Cabinet is requested to bring forward initial recommendations to cabinet by September.	in September 2020.

Policy and Resources Strategy 2020-21 – Overview and Scutiny Committee (OSC) Recommendations

	Recommendation	Management Response
1	<p>That the Strategic Director of Finance and Governance include additional contextual information within the Budget Report to assist readers. Specific examples for inclusion in the final budget report to include:</p> <ul style="list-style-type: none"> • historic analysis of funding and budgets from 2010, and to include data on the constituent parts of the council’s funding and employee numbers and costs; • a comparative table of London local authorities council tax collection rates; • list (separately) what the elements are of each department budget, either passported or ring fenced and what the remaining total budget is that the council has discretion over; • a list/table itemising the net budget, savings, income and commitments figures within departmental narratives; • that departmental narratives list separately the total budget figure for each Cabinet Member whose portfolio falls within that Department’s services. 	<p>The cabinet report to council assembly on the 26 February will include further information as far as this can be gathered in the time available.</p> <p>Policy and Resources Reports in future years will seek to include contextual information as set out.</p> <p>Whilst a breakdown by Cabinet Member is essential for OSC, further thought needs to be given about whether this is an accessible way to present the public budget report.</p>
2	<p>That Cabinet ensure future budget rounds develop options for new and alternative income generation.</p> <p>Examples suggested by OSC included opportunities to increase income from the tourism industry, maximising income from the accommodation strategy and seeking additional contributions from larger private developers for planning/regeneration services.</p>	<p>Each year cabinet consider and recommend options to council assembly for existing and new income generating activity. These considerations consistently take account of the equalities impact, the legal framework (e.g. cost recovery limitations), the additional costs of administering any new arrangement and other impacts.</p> <p>Over the past ten years the Council has seen a considerable increase in income generation and a large growth in its commercial portfolio. The work underpinning this growth continues at all times and this remains the case looking to the future.</p> <p>The council regularly reviews its accommodation strategy and current work reflects the move to smart working and the plans for the new Queens Road office. The council considers not just income</p>

	Recommendation	Management Response
		<p>maximisation but also the consolidation of staff into buildings owned rather than leased by the council and the opportunity to dispose of buildings for other uses such as new council homes.</p> <p>For noting, the Council currently negotiates planning performance agreements (PPAs) on all major planning applications. These negotiations will continue to make important contributions to s106 receipts that are recycled as appropriate into revenue and capital budgets. When in significant contractual relationships with third parties, the Council will seek to recover all appropriate costs from the partner and where appropriate will seek to invest to achieve either revenue or capital returns in future years, although these may occur some time into the future.</p> <p>Cabinet will continue to consider options as part of the budget challenge process each year and will ask strategic directors to consider especially any specific recommendations from OSC, over and above those considerations already taking place.</p>
3	<p>That sustainability impact assessments are incorporated into all policy and resources reports to Cabinet and Council in future so that sustainability and carbon reduction are fully considered in decision taking and are available for public scrutiny. In future budgets a full sustainability analysis is provided alongside the budget proposal.</p>	<p>Cabinet note this helpful recommendation and Policy and Resources Reports in future years will cross reference sustainability impacts.</p> <p>Cabinet has already agreed that this is something urgently needed across all council reports and welcomes the work the Council is currently undertaking to ensure, sustainability, climate and environmental impact is captured across all council reports and is considered as a key part of decision making.</p> <p>In addition, Cabinet requests that this requirement be considered within the sustainability strategy which is due to be released for consultation shortly.</p>
4	<p>That Cabinet ensure that equality impacts for all proposals are fully assessed by cabinet members and officers ahead of council assembly on 26 February</p>	<p>Agreed.</p> <p>This work is currently in progress and will continue to be reviewed as budget options are implemented.</p>

	Recommendation	Management Response
5	That Cabinet continually review both sustainability and equality impacts through the regular quarterly performance and financial monitoring reports to cabinet, e.g. Public Health proposals including sexual health proposals.	<p>Revenue and capital monitoring reports to Cabinet will seek to include these updates.</p> <p>The monitoring of sustainability impacts will be supported by the work that is set out in response to recommendation 3 (above).</p>
6	That Cabinet ensure that where there is a risk of detrimental service impacts arising from specific budget proposals these are reported back to overview and scrutiny committee via the cabinet member. Examples of higher-risk budget proposals identified by OSC included budget lines 111 (environment – regulatory services (noise)), 128 (sexual health (prevention) and 304 (waste and cleaning).	<p>Agreed.</p> <p>Cabinet will provide an update to OSC in October 2020 on the budget lines listed with a further update in January 2021.</p> <p>Regular performance and financial monitoring reports to cabinet will seek to include these updates.</p>
7	That OSC recognises the significant funding risk from planned changes to Business Rate Retention arrangements and requests that cabinet take appropriate steps to mitigate this risk moving forward.	<p>In closing the 2018-19 accounts cabinet increased the business rate retention risk reserve and the financial risk reserves to mitigate and manage the risks of transition to lower business rate retention baselines.</p> <p>This risk remains one of the single biggest underlying challenges in the budget and has been the subject of careful preparation and planning as set out in the Policy and Resources reports that were agreed by Cabinet in July 2019, September 2019, October 2019 and December 2019, as well as the report considered by OSC.</p> <p>Cabinet members and officers will continue to actively engage with government departments, London Councils, LGA and other local government associations to ensure that existing funding streams are either protected or replaced by alternatives.</p>
8	That Cabinet consider how the council can ensure the budget is more accessible and understandable to Southwark residents	<p>This is a good challenge that cabinet accepts. Getting the right balance between the information currently contained in the report, and the additional information requested in recommendation 1, whilst making the report accessible is difficult.</p> <p>Cabinet requests that the Cabinet Member for Finance, Performance</p>

	Recommendation	Management Response
		& Brexit and the strategic director for finance and governance work with the Council's External Affairs and Communication teams to make proposals to achieve this, including website development and the use of Southwark Life.
9	That OSC welcomes the additional investment in the Positive Futures Fund but requests more detailed feedback on the impact and outcomes of the programme to date and targets for the next phase.	Cabinet are pleased to be investing further in the Positive Futures fund. Achievements, performance and future targets will be included within regular performance management reports to cabinet and any other scheduled reports related to the scheme. These reports will be made available to OSC.
10	OSC notes the rationale for presenting a one-year only budget in 2020-21. However OSC requests that Cabinet revert to multi-year budget plans as soon as is practicable to include forward service and financial plans that take into account all available intelligence. Specifically this should include demographic, economic, environmental, planning and service related data that will help inform future demand and shape of council services.	Agreed. Cabinet note that future Policy and resources strategies are heavily reliant on an understanding of future government resource allocations, through grant and other funding devices.
11	That Cabinet consider a small investment in the development of an app for residents to facilitate their requests and reporting regarding waste issues. For example this may facilitate a number of residents gathering together a number of separate bulky waste collections.	Agreed. Good progress has been made in developing IT solutions that enable residents to make a range of waste-related service requests on-line. These have provided for all of the high-frequency service requests to be made on-line with around 80% of service requests now processed automatically. However Cabinet acknowledges that current systems could be improved and made easier and more accessible for residents. The estimated cost of developing an app to facilitate the reporting of waste-related service requests, including bulky waste collections, together with the cost benefit analysis will be carried out. Funding this proposal from the Innovation Fund will also be investigated.
12	That Cabinet gives a guarantee that the introduction of parking charges at leisure centres (ref 207) will not impact adversely on disabled users.	The current spaces for disabled users free of charge will be maintained and Cabinet will review whether there are an adequate number of disabled spaces.

	Recommendation	Management Response
13	That OSC welcomes the child mental health commitment but recommends that a sum is earmarked to ensure that children with no recourse to public funds (NRPF) have full access to the new child mental health facility at Rye Lane.	<p>This plan will be implemented in a way that is fully consistent with the Health & Wellbeing Board commitment to meet 100% of CAMHS need in the borough for all Southwark children with CAMHS needs, including children in families with No Recourse to Public Funds.</p> <p>The children's and young people's open access hub, due to open imminently in Rye Lane ward, is just that - an open access facility. Any Southwark young person presenting will be offered advice and support, whether or not they have recourse to public funds. Adequate funding is already in place to run the facility in this way but this will of course be kept under review.</p> <p>In addition, all schools are currently being invited to submit application for funding for phase one of Southwark's 'Improving Mental Health & Resilience in Schools Project' (IMHARS). We envisage schools to put forward inclusive proposals that support their children and families based on need rather than any other criteria.</p>
14	That OSC welcomes the commitment of £1.287m for transformation initiatives but seeks more information on specific projects and how these have been prioritised.	<p>Monies will be invested in workforce development as per the departmental workforce development plans, digital innovation, partnership working with the Community and Voluntary Sector and the NHS, and to match-fund some grant bids for innovation and service development in line with the Council Plan.</p> <p>Following the success of the Budget Recovery Board, officers will follow the same process to secure funding for these initiatives, requiring the approval of the Strategic Directors of Finance & Governance and Children's and Adults services.</p>
15	That budget analysis should include more data and intelligence in respect of targets and reach of budget proposals, specifically those in respect of children and young people.	Cabinet requests that OSC sets out further details of their request to the Cabinet Member for Children, Schools & Adult Care and the Strategic Director for Adults & Children and they will respond promptly.
16	That OSC notes the additional funding for the extension of PrEP (pre-exposure prophylaxis) following the successful trial. OSC	The council is still awaiting confirmation from national government of the FY20/21 public health grant as well as the amount of

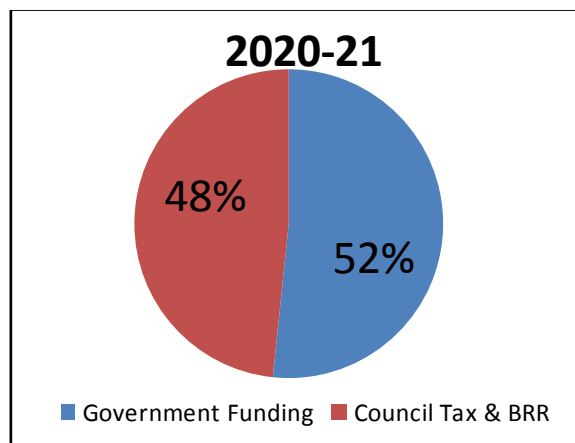
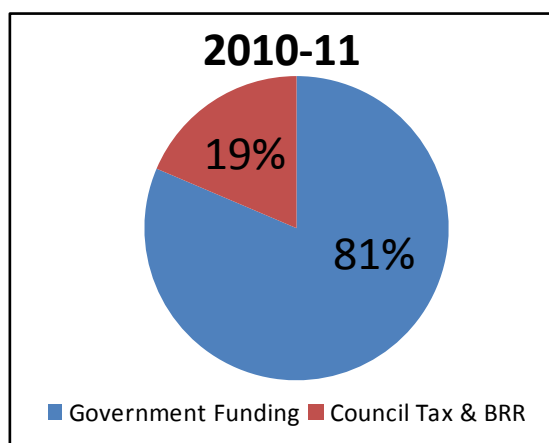
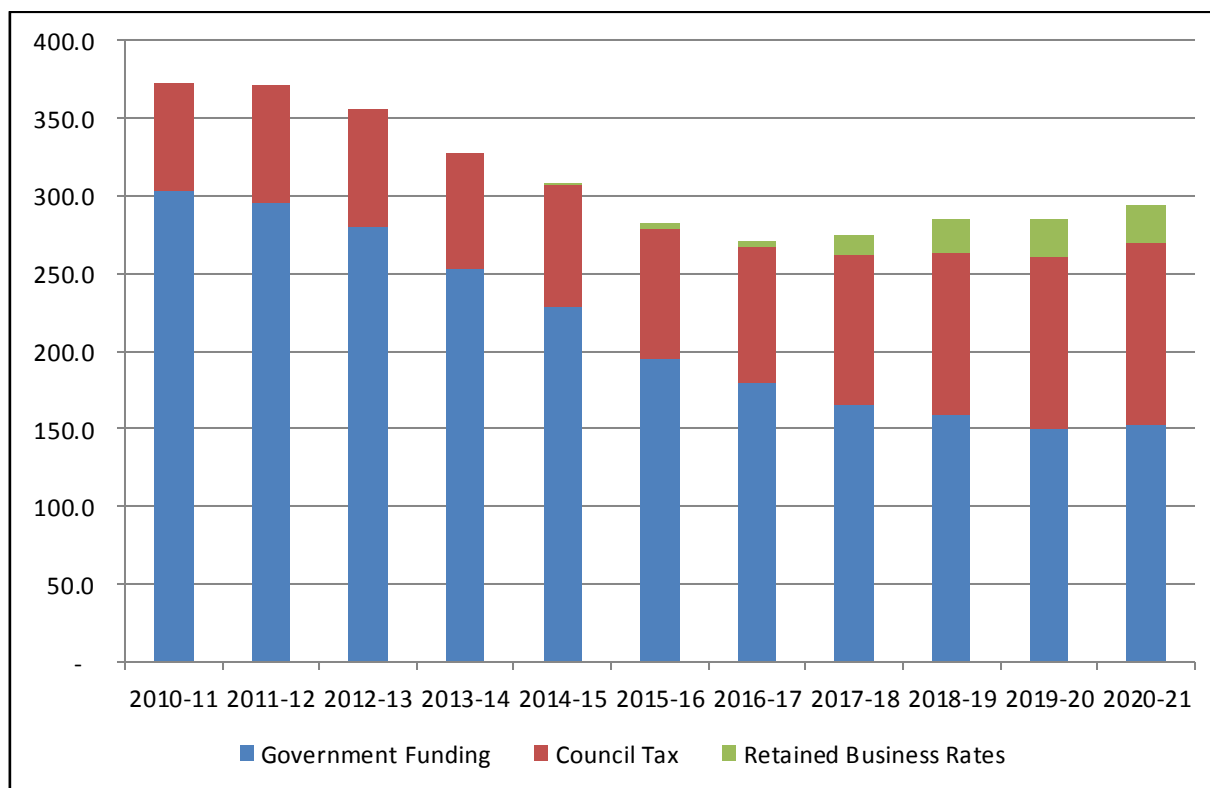
	Recommendation	Management Response
	<p>requests Cabinet to consider the possibility of general fund resources to supplement Public Health Grant to assist in reaching full roll-out.</p>	<p>supplemental funding to be made available to support the Year 1 roll-out of a national programme. Once we have confirmation of these amounts we will be able to assess what additional resources (if any) will be required to support PrEP roll-out in Southwark in FY20/21. Despite this uncertainty, we have allocated additional resources to sexual health in anticipation of the significant pressures on local sexual health services next year. We will also be promoting new service models (e.g. digital follow-up) to manage demand on services</p> <p>Whilst the success of the PrEP trial and its expansion is good news, there remains real concern about the extra costs to already overstretched public health budgets. Government should ensure that adequate funding is in place to support expansion of PrEP, accompanied by a firm guarantee that any unforeseen costs do not fall on already under pressure local authorities.</p> <p>It is crucial that by the end of this trial, a clear process for routinely commissioning and funding PrEP provision in local authority commissioned sexual health services is agreed.</p>
17	<p>That Cabinet investigate the Lewisham Council contractual arrangements with Southwark Law Centre for specialist advice for people with NRPF with a view to improving service provision and saving costs. Cabinet is requested to report back to OSC by April 2020.</p>	<p>The council already has a contract with Southwark Law Centre to provide specialist immigration advice. This is included within an annual contract offering specialist housing, welfare, benefits, employment and immigration advice. Our understanding is that, until last year, Lewisham council did not fund this sort of independent advice.</p> <p>Cabinet requests that a fuller investigation of the arrangement Lewisham has entered into takes places and it is able to access how this compares with our own arrangements and whether any changes are needed. This will be shared with OSC.</p>

	Recommendation	Management Response
18	That OSC requests Cabinet to remove the proposal to charge for bin replacements (reference 206) as they believe that charging for new bins unfairly impacts on residents whose bins have been stolen through no fault of their own and potentially incentives the theft of bins.	Agreed – proposal removed.

Budget contextual information as requested by OSC

Funding Trend 2010-11 to 2020-21.

The Budget Requirement is the amount of expenditure that is funded by general support from central government, council tax and retained business rate growth. The following graph shows how the Budget Requirement has changed over the period 2010-11 to 2020-21:



Key messages:

- Total funding has decreased from £373.1m in 2010-11 to £294.8m in 2020-21, a reduction of £88.3m. This represents a real terms decrease of 36%.
- General support from central government has decreased from £303.7m in 2010-11 to £152.3m in 2020-21, a reduction of £151.4m. This represents a real terms decrease of around 60%;
- Locally generated receipts (council tax and retained business rate growth) have increased over the same period by £73.1m highlighting the increased reliance on locally generated income.

Comparative table of London local authorities council tax collection rates

Comparative statistical data is available for in-year collection rates only. However, the collection of both council tax and non-domestic rates continues once the financial year to which it relates has ended. This means the final collection rate achieved is somewhere between the figures shown in the tables below and 100%.

Authority	2010/11 % collected	2018/19 % collected	Change since 2010/11
Newham	91.7%	96.2%	4.5%
Southwark (l)	92.7%	95.9%	3.3%
Redbridge	95.2%	97.3%	3.0%
Barking	92.9%	95.7%	2.9%
Haringey	94.0%	96.5%	2.5%
Hackney (l)	93.0%	95.0%	2.0%
Tower Hamlets (l)	95.1%	96.5%	1.5%
Hounslow	96.6%	98.0%	1.4%
Kensington (l)	96.4%	97.8%	1.4%
Croydon	95.9%	97.3%	1.3%
Hammersmith (l)	95.5%	96.8%	1.3%
Barnet	95.6%	95.8%	0.8%
Westminster (l)	96.0%	96.7%	0.7%
Merton	97.3%	98.0%	0.6%
Harrow	97.0%	97.6%	0.6%
Islington (l)	95.5%	96.1%	0.6%
Kingston	98.4%	99.0%	0.6%
Brent	95.6%	96.1%	0.5%
Wandsworth (l)	97.9%	98.4%	0.5%
Bromley	97.6%	98.0%	0.4%
Lewisham (l)	94.1%	94.5%	0.4%
Lambeth (l)	94.7%	95.0%	0.4%
Bexley	96.0%	96.3%	0.3%
Greenwich (l)	94.3%	94.5%	0.2%
Waltham Forest	95.8%	96.0%	0.2%
Hillingdon	97.0%	97.2%	0.1%
Enfield	95.7%	95.7%	0.0%
City of London	99.4%	98.3%	-0.1%
Camden (l)	96.5%	96.4%	-0.1%
Ealing	97.1%	97.0%	-0.1%
Sutton	98.5%	98.3%	-0.2%
Richmond	98.9%	98.5%	-0.4%
Havering	96.8%	96.1%	-0.7%

Comparative business rates and council tax collection rates

Non-domestic rates - collection rates 2014-15 to 2018-19					
	2014-15	2015-16	2016-17	2017-18	2018-19
	%				
England	98.1	98.2	98.2	98.4	98.3
Inner London boroughs	98.5	98.6	98.6	98.8	98.6
Southwark	98.7	99.5	99.3	99.4	99.4

Council tax - in-year collection rates 2014-15 to 2018-19					
	2014-15	2015-16	2016-17	2017-18	2018-19
	%				
England	97.0	97.1	97.2	97.1	97.0
Inner London boroughs	95.7	95.8	96.0	95.9	96.0
Southwark (in-year)	95.0	95.2	95.9	95.5	95.9
Southwark collected to date	97.6	97.5	97.0	96.4	97.0

Indicative Departmental budget analysis

Chief Executive's Department

Service Analysis	2019-20 Budget £000	Pay & Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Chief Executive's Office	2,039	32	(62)	-	-	50	2,059
External Affairs Team	1,202	25	(27)	-	-	-	1,200
Support costs	194	-	-	-	-	-	194
Total	3,435	57	(89)	-	-	50	3,453

Subjective analysis	2019-20 Budget £000	Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Employees	2,263	57	(27)	-	-	50	2,343
Non-employee costs	1,172	-	(62)	-	-	-	1,110
Total Expenditure	3,435	57	(89)	-	-	50	3,453
Income							
Grants	-	-	-	-	-	-	-
Fees and charges	-	-	-	-	-	-	-
Recharges out	-	-	-	-	-	-	-
Total Income	-	-	-	-	-	-	-
Net expenditure	3,435	57	(89)	-	-	50	3,453

Children's and Adults Services

Service Analysis	2019-20 Budget £000	Pay & Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Adult Social Care	88,480	2,767	(2,391)	-	-	3,300	92,156
Children's services	60,979	1,500	-	-	-	2,750	65,229
Education Services	26,596	300	-	(150)	(150)	-	26,596
Commissioning	5,655	-	(750)	-	-	1,282	6,187
Total	181,710	4,567	(3,141)	(150)	(150)	7,332	190,168

Subjective analysis	2019-20 Budget £000	Pay & Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Employees	62,555	1,389	(400)	-	(75)	-	63,469
Non-employee costs	398,623	3,178	(2,741)	-	(75)	7,332	406,317
Total Expenditure	461,178	4,567	(3,141)	-	(150)	7,332	469,786
Income							
Grants	(261,194)	-	-	-	-	-	(261,194)
Fees and charges	(12,110)	-	-	(150)	-	-	(12,260)
Recharges out	(6,164)	-	-	(150)	-	-	(6,314)
Total Income	(279,468)	-	-	(300)	-	-	(279,768)
Net expenditure	181,710	4,567	(3,141)	(300)	(150)	7,332	190,018

Environment and Leisure

Service Analysis	2019-20 Budget £000	Pay & Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Environment	50,302	2,358	(370)	(395)	(160)	60	51,795
Leisure	16,683	350	(125)	(568)	(60)	725	17,005
Sustainability & Business Development	1,172	22	-	-	-	-	1,194
Total	68,157	2,730	(495)	(963)	(220)	785	69,994

Subjective analysis	2019-20 Budget £000	Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Employees	47,603	1,111	(265)	-	(30)	60	48,479
Non-employee costs	92,012	1,619	(230)	-	(190)	725	93,936
Total Expenditure	139,615	2,730	(495)	-	(220)	785	142,415
Income							
Grants	(2,776)	-	-	-	-	-	(2,776)
Fees and charges	(34,552)	-	-	(963)	-	-	(35,515)
Recharges out	(34,130)	-	-	-	-	-	(34,130)
Total Income	(71,458)	-	-	(963)	-	-	(72,421)
Net expenditure	68,157	2,730	(495)	(963)	(220)	785	69,994

Housing and Modernisation

Service Analysis	2019-20 Budget £000	Pay & Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Asset Management	448	-	-	-	-	-	448
Communities	9,674	-	-	-	-	-	9,674
Resident Services	682	-	(35)	-	-	-	647
Modernise	29,722	901	(255)	(750)	-	1,500	31,118
Customer Experience	25,116	-	(792)	-	-	49	24,373
Central Services	3,305	-	-	-	-	-	3,305
Total	68,947	901	(1,082)	(750)	-	1,549	69,565

Subjective analysis	2019-20 Budget £000	Inflation £000	Efficiencies £000	Income £000	Savings £000	Commitments £000	2020-21 Indicative Budget £000
Employees	16,727	500	-	-	-	-	17,227
Non-employee costs	88,720	401	(1,082)	-	-	1,549	89,588
Total Expenditure	105,447	901	(1,082)	-	-	1,549	106,815
Income							
Grants	(5,787)	-	-	-	-	-	(5,787)
Fees and charges	(17,722)	-	-	(750)	-	-	(18,472)
Recharges out	(12,991)	-	-	-	-	-	(12,991)
Total Income	(36,500)	-	-	(750)	-	-	(37,250)

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