

Health and Wellbeing Board

Monday 4 July 2022

10.00 am

Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

Councillor Kieron Williams (Chair)	Leader of the Council
Dr Nancy Kuchemann (Vice-Chair)	GP and NHS SE London CCG Clinical Lead
Councillor Evelyn Akoto	Cabinet Member for Health and Wellbeing
Councillor Jasmine Ali	Deputy Leader and Cabinet Member for Children, Young People and Education
Councillor Dora Dixon-Fyle	Cabinet Member for Community Safety
Sarah Austin	Chief Executive Integrated and Specialist Medicine for Guy's and St Thomas' NHS Foundation Trust
David Bradley	Chief Executive of South London and Maudsley NHS Foundation Trust
Cassie Buchanan	Southwark Headteachers Representative
Shamsur Choudhury	Healthwatch Southwark
Sam Hepplewhite	Placed Based Director (Southwark), NHS SE London Clinical Commissioning Group
Clive Kay	Chief Executive, King's College Hospital NHS Foundation Trust
Althea Loderick	Chief Executive, Southwark
Sangeeta Leahy	Director of Public Health
Anood Al-Samerai	Community Southwark
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Andrew Ratcliffe	Guy's and St. Thomas' Foundation
Anuradha Singh	Independent Chair of Partnership Southwark

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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

Babysitting/Carers allowances

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

Access

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

Contact

Maria Lugangira email: maria.lugangira@southwark.gov.uk

Webpage: <https://moderngov.southwark.gov.uk/iListMeetings.aspx?CommitteeId=365>

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 24 June 2022



Health and Wellbeing Board

Monday 4 July 2022

10.00 am

Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1. WELCOME AND INTRODUCTIONS		
1. APOLOGIES	To receive any apologies for absence.	
3. CONFIRMATION OF VOTING MEMBERS	Voting members of the committee to be confirmed at this point in the meeting.	
4. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
5. DISCLOSURE OF INTERESTS AND DISPENSATIONS	Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
6. MINUTES	To agree as a correct record the open minutes of the meeting held on 7 March 2022..	1 - 7
7. PUBLIC QUESTION TIME (15 MINUTES)		

Item No.	Title	Page No.
	To receive any question from members of the public which have been submitted in advance of the meeting in accordance with the procedure rules. The deadline for the receipt of a public question is midnight Wednesday, 29 June 2022	
8. UPDATED JOINT HEALTH AND WELLBEING STRATEGY		8 - 65
9. ANNUAL PUBLIC HEALTH REPORT		66 - 101
10. PARTNERSHIP SOUTHWARK LEADERSHIP ARRANGEMENTS		Verbal Report
	To receive a verbal update on Partnership Southwark leadership arrangements.	
11. BETTER CARE FUND: 2021/22 YEAR END REPORT AND UPDATE ON PLANNING FOR 2022/23		102 - 126
12. COVID-19 UPDATE REPORT		127 - 138
13. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) UPDATE		139 - 143
14. ANY OTHER BUSINESS		
15. NEXT MEETING		

17 November 2022

Date: 24 June 2022

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”



HEALTH AND WELLBEING BOARD

MINUTES of the Health and Wellbeing Board held on Monday 7 March 2022

PRESENT: Councillor Kieron Williams (Chair)
Dr Nancy Kuchemann (Vice-Chair)
Councillor Evelyn Akoto
Councillor Jasmine Ali
Sarah Austin
Shamsur Choudhury
Eleanor Kelly
Sangeeta Leahy
Councillor David Noakes

1. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2. APOLOGIES

Advance apologies have been received from:

- David Bardle
- Cassie Buchanan
- Clive Kay
- David Quirke-Thornton
- Chris Mikata-Pralat

3. CONFIRMATION OF VOTING MEMBERS

Those listed as present were confirmed as the voting members.

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

There were none.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

6. MINUTES

RESOLVED - That the minutes of the meeting held on 13 January 2022, be approved as a correct record of the meeting,

7. PUBLIC QUESTION TIME (15 MINUTES)

There were no public questions.

8. COVID-19 UPDATE

Chris Williamson, head of Public Health Intelligence for Southwark Council, presented the Covid-19 update item and highlighted the following:

- Confirmed cases across Southwark and London continued to decline, mirroring the national trend but levels of infection remain high.
 - Southwark had 1,086 confirmed cases of COVID-19 in the week to 2 March.
- Testing levels among Southwark residents fell significantly over the past fortnight. A further substantial reduction was expected with the end to free testing on 31 March.
 - An end to free testing would likely lead to a significant under-reporting of COVID-19 cases, meaning current data sources may be unreliable in assessing levels of infection in the borough.
- The number of hospital inpatients with COVID-19 across London continued to decline.
 - Across the capital, there were around 1,500 hospital inpatients with COVID-19, with around 90 of these in mechanical ventilation beds in critical care.
- Vaccination numbers were increasing slowly for first, second and booster doses; levels remained comparable to similar boroughs such as Lambeth.
 - Vaccination coverage as of Sat 5 Mar among adults 16+ yr registered with a Southwark GP:

- Dose 1: 67%, 199,880
- Dose 2: 64%, 191,012
- Booster: 77%, 141,012 (of those eligible)
- On Friday 4 March, approximately 290 vaccinations were delivered, with the majority being booster doses.

The latest evidence from UKHSA indicated that there had been continued growth of the Omicron subvariant BA.2.

As community testing decreased, the ability to identify changes in communities and population groups at a local level would decline. National and regional studies would become increasingly important to monitor changes

RESOLVED - That the Health and Wellbeing Board note the COVID-19 Update

9. VACCINATION UPDATE

The Board received a brief verbal update, The following was highlighted;

Vaccinations achieved so far (initial and second doses, boosters) had been through collaboration and working with many of our partners. All local partners were working to encourage all communities to make the choice to help protect themselves.

It was highlighted that representation among those unvaccinated in the Black African and Black Caribbean population was still disproportionately high therefore; there was still ongoing work that was targeted, locally and in certain neighbourhoods and estates.

With regards to schools, there'd be further campaigns and secondary rounds of visits.

Community champions and community health ambassadors would continue to extend their offer and working with community organisations would continue outreach work to those vulnerable and hard to reach groups.

There would be a spring dose for adults aged 75 and over, residents in care homes and individuals 12 and over who are immunosuppressed.

RESOLVED - That the Health and Wellbeing Board note the Vaccination Update.

10. UPDATE FROM THE HEALTH AND WELLBEING VACCINATION SUB-GROUP

Councillor Evelyn Akoto, Chair of the H&WBB Vaccination Sub-Group provided the Board a brief overview of the Sub-Group and update of the work undertaken.

She explained that the Sub-Group had been set up to ensure a coordinated approach to actions arising from the Vaccination Strategy. It aimed to support and improve the operational delivery of the COVID 19 vaccination programme, by improving coverage and reducing inequalities

Amongst the key stakeholders were CCG, VCS, Southwark Councillors, Public Health, Community Engagement, Comms, Clinical Leads and Emergency planning.

Councillor Akoto highlighted some of the The Sub-Group's key responsibilities, which included:

- Supporting the coordination of the vaccination programme
- Addressing and supporting any operational issues raised by the COVID Vaccination Operational Group
- Ensuring a unified and coordinated approach between organisations and teams
- Providing assurance and reports to the Vaccination Sub Board

At each meeting, the Sub-Group received a report from the Vaccination Strategy Co-ordination Group that provided an updated on activity undertaken

The Sub-Group met 8 times over the last year, with their last meeting being on 2 March 2022.

Going forward the focus is to move onto business as usual operations and following discussions with the Director of Public Health and Sub-Group members it was agreed to step down the sub-group and roll it into the existing immunisation group that would continue to work on improving uptake on all areas of immunisation.

The Director of Public Health further explained that under this proposal there will be a local vaccination group (with the same partners working on the covid vaccination programme) that will oversee all the vaccination programmes and will work on promoting other vaccination programmes. This will then link into the wider Health Protection Committee, which will look at border health protection issues such as screening, immunisation, air quality....

RESOLVED – The Board noted the updated and the new proposed arrangements.

11. JSNA PROGRAMME UPDATE

Chris Williamson, head of Public Health Intelligence for Southwark Council, presented the report.

He explained that Joint Strategic Needs Assessment (JSNA) is a process designed to inform and underpin the Joint Health and Wellbeing Strategy (JHWS) by identifying areas of unmet need, both now and into the future. It is a statutory requirement for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A).

With regards to the State of the Borough report he explained that this provides an update on health and wellbeing in Southwark. It sought to provide an analysis of our population, along with details of the health inequalities that exist in the borough. The report forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and informs the Joint Health & Wellbeing Strategy (JHWS) and it is envisaged other local action to improve health and wellbeing in Southwark.

A number of projects were currently underway as part of the JSNA programme:

- Air Quality Needs Assessment
- Severe & Multiple Disadvantage Needs Assessment

In addition to the projects currently underway the recommendation was that the JSNA programme focuses on a number of areas over the coming year, including:

- **Pharmaceutical Needs Assessment.** A statutory requirement of the Health & Wellbeing Board and is required to be published by October 2022.
- **Analysis of 2021 Census.** Results of the Census will start to be released from the summer, with data being released over an 18month period. This data will give a rich understand of the changing demography and social determinants of health, along with intersectionality within key groups from ethnic minorities to sexual orientation.
- **Cancer Screening.** Previous local needs assessments published in 2018 and 2019 highlighted significant inequalities in coverage, particularly among residents from an ethnic minority background. National research has pointed to a significant fall in cancer screening as a result of the pandemic. Recovery of cancer screening programmes will be a key area of work over the coming years.
- **Special Educational Needs & Disabilities.** This group experiences significantly poorer health outcomes than the general population. The last needs assessment on this was published in 2018, and colleagues in Education welcome a refresh of this work.

RESOLVED – That Health and Wellbeing Board;

1. Note the findings of the State of the Borough report, and agree an annual update.
2. Note the population groups and communities identified with the poorest outcomes.
3. Note and agree the JSNA projects recommended for 2022/23.

12. JOINT HEALTH AND WELLBEING STRATEGY 2022 - 27

Jin Lim, Deputy Director of Public Health present the report

He explained that the focus of the strategy was on tackling health inequalities that lead to differences in health and life expectancy within the borough. Existing inequalities in Southwark had been exacerbated by the Covid-19 pandemic. The poorest outcomes were concentrated for people living in deprived neighbourhoods. The pandemic exposed and exacerbated existing inequalities within Southwark - there being a disproportionate impact on Black, Asian and minority ethnic communities, deprived areas and people living in care homes. The need to address these inequalities underpinned the strategy itself, and the work to empower communities through coproduction.

He clarified that any further comments received on the Strategy would help shape the final version, which would be coming back to the Board in July 2022 for adoption.

RESOLVED – That the Southwark Health and Wellbeing Board agree that final version of the Joint Health and Wellbeing Strategy be returned to the Board in July for adoption.

13. LOCAL CARE PARTNERSHIP DEVELOPMENT WITHIN OUR HEALTHIER SOUTH EAST LONDON INTEGRATED CARE SYSTEM

The Board was provided with key updates that had happened since its last briefing.

- The Department of Health & Social Care published a white paper ‘Health and social care integration: joining up care for people, places and populations’, which sets out the government’s proposals for health and care integration. The white paper focused on the following key areas, which aligned to work already in-train through SEL ICS and at place-level

through Partnership Southwark:

- The Partnership Southwark Strategic Board met in shadow form in January and focused on how the partnership would create a local health and care plan, ensuring this is rooted in community engagement and feedback,
- The Partnership Southwark Strategic Board agreed to stand down the Partnership Southwark Task and Finish Group, which would be replaced with a delivery Executive that will meet regularly and include senior operational representatives from all partners.
- A workshop was held with the support of Community Southwark and engagement leads from across the Partnership to engage with service users, carers and community representatives.

With regards to the role profile for the Executive Place Director, who will hold the place-level delegations for Southwark on behalf of the Integrated Care Board and discharge these delegations through the Local Care Partnership, this was being finalised with South East London ICS.

RESOLVED - The Southwark Health and Wellbeing Board note the update on progress with Partnership Southwark's leadership and governance arrangements, in the context of wider South East London Integrated Care System (SEL ICS) developments.

14. ANY OTHER BUSINESS

There was none.

15. NEXT MEETING

The next meeting of the Board would be on 4 July 2022.

Meeting ended at 4.37pm

CHAIR:

DATED:

Agenda Item 8

Item No.	Classification: Open	Date: 4 July 2022	Meeting Name: Health and Wellbeing Board
Report title:		Updated Joint Health and Wellbeing Strategy	
Ward(s) or groups affected:		All	
From:		Jin Lim - Deputy Director of Public Health	

RECOMMENDATION(S)

1. The Southwark Health and Wellbeing Board is asked to adopt the updated Joint Health and Wellbeing Strategy.

BACKGROUND INFORMATION

2. Southwark's Joint Health and Wellbeing Strategy was adopted by the Health and Wellbeing Board in 2015 and ran until 2020. In June 2021, the Board agreed that a steering group would be established to develop an updated strategy.
3. A steering group was established comprising leadership from Southwark Council's Public Health Team, Partnership Southwark, South East London CCG, Healthwatch Southwark and Community Southwark. The Strategy has been developed by the steering group and shaped in the following ways:
 - A review of data, research and needs assessments;
 - Reviewing local strategies, plans and partnerships that are relevant to the priority objectives;
 - Collation of community and stakeholder engagement including Understanding Southwark research, engagement through Southwark Stands Together and South London Listens;
 - A workshop with the Board in December 2021;
 - Feedback from the Board on a previous draft in March 2022;
 - Meetings with colleagues across the system to ensure that the strategy objectives reflect priorities in their areas of expertise;
 - Feedback from colleagues across the system on content and wording of draft versions.
4. The focus of the strategy is on tackling health inequalities that lead to differences in health and life expectancy within the borough. This was agreed by the Board in June 2021.

KEY ISSUES FOR CONSIDERATION

The strategy's approach to addressing inequalities

5. Reducing the inequality gap between the neighbourhoods and population groups with the poorest outcomes and the rest of the borough, whilst improving outcomes for all residents, is the strategy's central purpose. Through each of the Drive areas, the Strategy commits to targeting action in those areas of greatest need, ensuring we continually focus on closing the inequality gap both in access to services and outcomes.

The delivery approach – ‘Drive, Sponsor, Observe’

6. The Strategy takes a three-tiered approach which captures the Marmot evidence base:
 - **Drive:** These areas will be the focus of the delivery and monitoring of the Strategy. Focusing on driving activities in these areas will help to reduce inequalities in the borough.
 - **Sponsor:** Work is already taking place in these areas; there are existing strategies or action plans. The named lead organisation will monitor progress and highlight when the Health and Wellbeing Board needs to consider aspects of this work in detail.
 - **Observe:** Although these areas are important to population health, the decision-making sits outside of the Health and Wellbeing Board. The Board's role is to observe and influence.
7. The five ‘Drive’ areas are set out as follows:
 - Drive 1: A whole-family approach to giving children the best start in life;
 - Drive 2: Healthy employment and good health for working age adults;
 - Drive 3: Early identification and support to stay well;
 - Drive 4: Strong and connected communities;
 - Drive 5: Integration of health and social care.

The monitoring approach and governance

8. Outcomes will be monitored in three ways:
 - An annual Joint Strategic Needs Assessment (JSNA) report, providing the story of health and wellbeing in Southwark;
 - A borough level outcomes framework, tracking key indicators associated with the drive areas of the Strategy;
 - A series of themed ‘deep dives’, enabling the Board to review specific areas of health and wellbeing.
9. The priorities and objectives in this strategy tackle complex issues that are shaped by multiple factors. Many of them will require the whole system to work together to achieve progress.

10. The Board will maintain strategic oversight over delivery of the Strategy, through the approach to monitoring outcomes described above. Where appropriate or necessary, the Board will also make use of other existing partnerships or forums to ensure monitoring.
11. Partnership Southwark Executive will maintain oversight of ‘operational’ aspects:
 - 1) The development and implementation of the Health and Care Plan which will set the blueprint for integration;
 - 2) The delivery and the impact of the Transformation Fund Programme (discussed below);
 - 3) The development and adoption of good community governance and representation mechanisms so that communities remain at the core of what we do.

Transformation Fund

12. A Transformation Fund is being developed and will be launched later in the year. The fund will seek to embed the five strategy principles and transform day-to-day work: tackling health inequalities, addressing climate change, place based and targeted approaches, empowering communities and delivering high quality joined-up, person-centred health and social care. The purpose of the fund will be to support the development of new ways of working, rather than small-scale health initiatives.
13. Applications will be invited from the Council, NHS and Community, Voluntary and Faith organisations. A collaborative approach between the Voluntary and Community Sector (VCS), Faith Organisations, the Council and the NHS will be encouraged.
14. This will be funded by Southwark Council and the CCG and seek to align investment in integration to the Health and Wellbeing Board and SEL ICS priorities.

Community empowerment and coproduction

15. Community empowerment and coproduction is a principle underpinning the strategy, and a key factor in how the strategy will be delivered. The strategy includes a commitment to embed community voices into the work of the Health and Wellbeing Board, creating lasting commitments to work together.
16. This will be supported by delivery of a coproduction programme in the first year of delivery, to co-produce specific actions for priority objectives. This work will have two strands – engagement on the Strategy, delivered by a team of local community researchers, to identify opportunities to work with local communities in driving health improvements. The second strand will

involve workshops with Partnership Southwark Strategic Board, and the Health and Wellbeing Board, to identify opportunities to embed community voices into our local system.

Community, equalities (including socio-economic) and health impacts

Community impact statement

17. The focus within the Strategy is to tackle health inequalities in the borough by addressing and improving the determinants of health for our most vulnerable populations and community groups. This should have a positive community impact, by reducing inequalities within the borough and empowering communities to help drive that change.
18. The Public Sector Equality Duty has been considered and the impact of the Strategy on people possessing “protected characteristics”, as outlined in the Equality Act 2010.
19. An Equality and Health Impact Analysis has been completed during the development of the Strategy. Owing to the Strategy’s focus on targeting population groups to tackle health inequalities, it is expected that the strategy will have a positive impact on people with protected characteristics. There is a need to ensure that, in the delivery of the Strategy, the voices of people who are often underrepresented in decision-making are amplified.

Climate change implications

20. Tackling the climate emergency is one of the key principles underpinning the Strategy. This will require joint working on key areas such as improving air quality and consideration of sustainability in areas of service design and delivery.

Resource implications

21. The Transformation Fund is in development to support the delivery of this Strategy. This will align investment from the NHS and the Council to deliver shared priorities.
22. Any new projects/initiatives that arise through the Strategy which require additional or reallocation of funding would need to be considered through the normal budget, monitoring and governance processes.
23. Officer time will be required to support the delivery of the Strategy, including the establishment working group and oversight from Partnership Southwark Executive.

Consultation

24. This Strategy has already been shaped by extensive community

engagement. It is proposed that further consultation on the content of the Strategy does not take place, to avoid consultation fatigue in relation to these issues.

25. Community engagement and co-production will shape the delivery of the strategy by identifying shared actions linked to the objectives.

Background Papers	Held At	Contact
Equality Impact Analysis	Public Health Division / Southwark Council	Rebecca Harkes, 07936 036116
Annual JSNA Report	Public Health Division / Southwark Council	Chris Williamson, 020 7525 1774

APPENDICES

No.	Title
Appendix 1	Draft Joint Health and Wellbeing Strategy

AUDIT TRAIL

Lead Officer	Jin Lim, Deputy Director of Public Health	
Report Author	Rebecca Harkes, Public Health Policy Officer for Health Inequalities	
Version	Final	
Dated	15 th June 2022	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	23 June 2022	

DRAFT

**Southwark
Joint Health and Wellbeing Strategy
2022 - 2027**

Southwark Health and Wellbeing Board
4th July 2022

Foreword

DRAFT

Councillor Kieron Williams

Leader, Southwark Council

Chair of the Health and Wellbeing Board

Dr Nancy Kuchemann

Deputy Chair of the Health and Wellbeing Board

Co-chair, Partnership Southwark

Councillor Evelyn Akoto

Cabinet Member for Health and Wellbeing, Southwark Council

Co-chair, Partnership Southwark

Contents

1. Executive summary	5
2. Background	8
The Health and Wellbeing Board	8
Addressing local population needs	8
Community engagement	11
Evidence-based framework	12
3. The State of Health and Health Inequalities in the borough	14
What are health inequalities?	14
The impacts of Covid-19 pandemic on Southwark	16
Key inequalities in Southwark	17
4. The Southwark Joint Health and Wellbeing Strategy	19
Principles	19
Delivering the Strategy: Drive, Sponsor, Observe	20
Drive	20
A whole-family approach to giving children the best start in life	21
Healthy employment and good health for working age adults	25
Early identification and support to stay well	28
Strong and connected communities	32
Integration of health and social care	35
Sponsor	38
Observe	42
5. Systems transformation	43
Delivery and transformation	44
Working with communities	44
Monitoring outcomes and inequality	44

Governance	45
Review	46
Appendix 1 – Outcomes Framework	47

DRAFT

Executive Summary

Background

The Joint Health and Wellbeing Strategy sets out our aims for the health and wellbeing of people in Southwark. This strategy has been developed by Southwark's Health and Wellbeing Board, which brings together key agencies with a role in improving health in Southwark.

Data, research and needs assessments have informed this strategy and helped us to understand health inequalities in Southwark. Engagement with local communities has helped to shape our priorities. We will continue to work with our communities and partners to develop action plans that will deliver the priorities set out in this strategy.

The State of Health and Health Inequalities in Southwark

Southwark is a young, diverse and rapidly growing borough with large numbers of young adults and residents from a wide range of ethnic backgrounds. Across the borough there have been significant improvements in health and wellbeing in recent years, and there are many areas of success that should be celebrated:

- Our residents are living longer and healthier lives than ever before, with life expectancy comparable or better than the national average.
- Levels of relative deprivation in the borough continue to reduce.
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
- Preventable mortality has reduced by half since 2001, narrowing the gap with England.

While there have been substantial improvements in outcomes in Southwark, these improvements have not always been equal and many challenges remain. The COVID-19 pandemic has exposed and exacerbated the inequalities that too many of our residents experience. ***These inequalities are both avoidable and unfair.*** All parts of the Council and NHS, along with our wider partners have a responsibility to reduce them.

Call to action – Improving health for all and narrowing the gap

Our call to action for the borough and partners is to unite to tackle inequalities. We will do this by taking a community and place focus – providing additional support to the population groups that have the poorest outcomes and focusing on our most disadvantaged neighbourhoods, while maximising health and care opportunities for all through integration.

The Southwark Joint Health and Wellbeing Strategy

Our delivery approach – Drive, Sponsor, Observe

Our Strategy takes a three-tiered approach:

- **Drive:** These areas will be the focus of the delivery and monitoring of our Strategy. We will drive and strengthen our activities in these areas to reduce inequalities in health. Local data and our stakeholders, including local communities, have told us these areas are important.
- **Sponsor:** Work is already taking place in these areas; there are existing strategies or action plans. The named lead organisation will monitor progress and highlight when the Health and Wellbeing Board needs to consider aspects of this work in detail.
- **Observe:** Although much of these areas are important to population health, the decision-making sits outside of the Health and Wellbeing Board. The Board's role is to observe and influence.

Our Drive areas

Drive 1: A whole-family approach to giving children the best start in life

We want to build resilient families through holistic care in pregnancy and early years, improve mental health for the whole family and keep children safe by reducing exposure to adverse childhood experiences. We will establish a maternity commission, improve access to mental health services and deliver family-centred services. Targeted actions will be developed and implemented to reduce the poorer maternal and infant outcomes experienced by some communities and some parts of the borough.

Drive 2: Healthy employment and good health for working age adults across the health and wellbeing economy

Across the health and care, wider council and VCS sectors, we want to increase access to good quality jobs, promote health, support people to lead healthy lifestyles and maximise access to leisure. Together we are the biggest employers of the Southwark workforce. We will work towards ensuring healthy employment through how we spend our money, support local people to benefit from emerging career opportunities, target support for healthy lifestyles and enhance leisure service provision. Our focus here is to support those who are worst off to have access to good opportunities to quality jobs.

Drive 3: Early identification and support to stay well

We will work to make services that prevent ill-health and promote wellbeing and early detection of poor mental health. We will provide the right support for recovery from hospital admission and support carers and families with their wellbeing. We will improve uptake of NHS health checks to those with greater health risks, build on the success of Community Health Ambassadors, recover cancer screening services, deliver targeted work on falls prevention, train mental health champions, deliver joined-

up rehabilitation services and support carers with their health. We will have an enhanced focus on communities and neighbourhoods with poorer health to ensure better uptake of prevention and services to manage long-term conditions.

Drive 4: Strong and connected communities

We want to ensure people shape local areas and services, ensure services are accessible to the most excluded groups and reduce social isolation and loneliness. We will develop strong collaborations between statutory services and the voluntary and community sector, undertake targeted work to remove barriers to services and focus work on addressing loneliness. We will have an especial focus on working with communities who are less engaged with services to better understand barriers and to work with those communities so that they can inform and shape our responses.

Drive 5: Integration of Health and Social Care

We are more likely to make a difference if we work together in an integrated way. The development of the South East London Integrated Care System (ICS) and Partnership Southwark provides us with the governance and structures to do this. Successful integration is the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified livesⁱ. By bringing NHS, council and community organisations together we can define the shared outcomes we want for our population and ensure the right leadership, accountability and oversight to support our work.

Our Principles

Five principles are central to the delivery of this strategy:

1. Embedding an approach to tackling health inequalities across all our policy-making, services and delivery.
2. Making sustainability and tackling climate change an integral part of protecting and improving health.
3. Targeted place-based approach and population groups.
4. Community empowerment and co-production.
5. Delivering high quality, joined-up and person-centred health and social care.

Systems Transformation

This strategy tackles issues that will require all partners to work together to achieve progress. In the first year of the Strategy, we will launch a Transformation Fund to embed the five strategy principles in our work. We will also work with local communities to co-produce further actions for priority objectives and further develop how we embed community voices into our work.

We will monitor health outcomes and inequalities in three ways - through an outcomes framework tracking key indicators linked to our four drive areas; through the annual JSNA report that provides the story of health and wellbeing in Southwark, and through

themed deep dive reviews that will enable us to review specific areas of health and wellbeing.

DRAFT

Background

Southwark's Joint Health and Wellbeing Strategy sets out our aims for the health and wellbeing of people in the borough. The development of the strategy has been led by Southwark's Health and Wellbeing Board. Engagement with stakeholders and our communities has helped shape the priorities and objectives. The strategy focuses on the factors that affect health and wellbeing and lead to health inequalities, including the conditions in which people are born, live, work and age in Southwark.

The Health and Wellbeing Board

The Health and Wellbeing Board provides the leadership for health and wellbeing in Southwark, bringing together partners and organisations in the borough that have a role in improving health. Our board in Southwark includes Southwark Council, South East London Integrated Care System, Community Southwark, Healthwatch Southwark, the three NHS Trusts which provide care to people in Southwark (Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust), and Guy's and St Thomas' Foundation.

There is a statutory responsibility for the Board to produce a Joint Health and Wellbeing Strategy that addresses the needs and improves the health of our populationⁱⁱ. The strategy does not stand alone and must be considered alongside the accompanying thematic strategies, action plans and evolving work that is taking place within the borough to improve health and wellbeing in specific areas. Key population needs are identified through a programme of Joint Strategic Needs Assessments.

Addressing local population needs

Existing research and health literature has been reviewed to determine the key priorities to improve health and wellbeing in Southwark. The national research and evidence base alongside the Joint Strategic Needs Assessments (JSNAs) on the health of the population in Southwark have shaped the core principles that underpin the strategy. This includes the JSNA annual report, which provides an overview of health, wellbeing and inequalities in Southwark. The principles and aims in the strategy have also been shaped by what local people have told us, through community engagement and listening, and existing local strategies and plans.

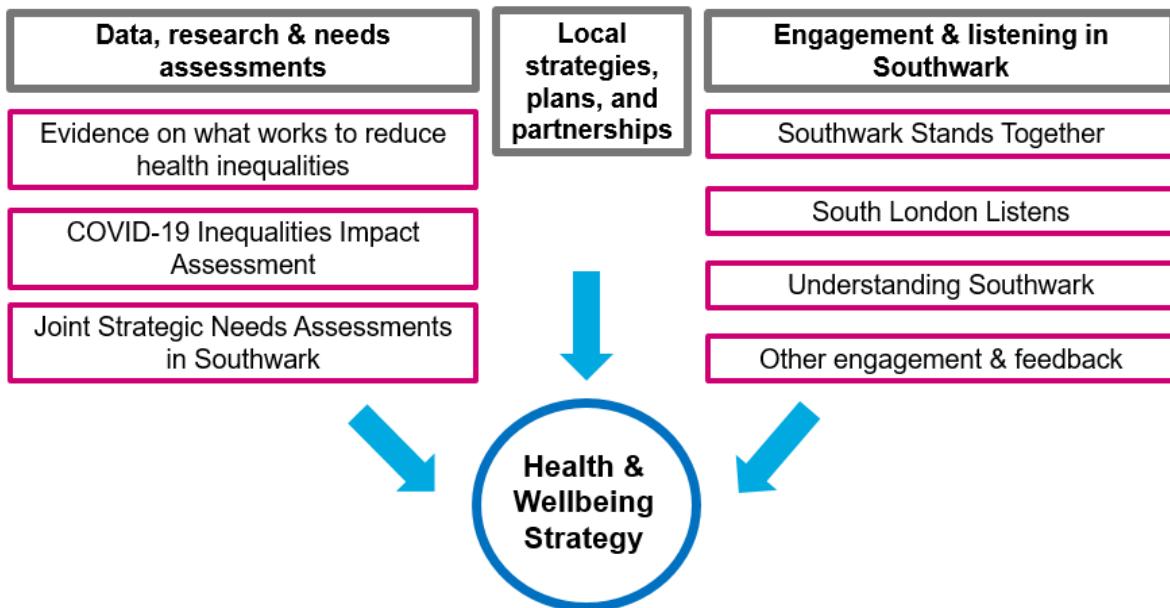


Figure 1: Summary of evidence used to shape Joint Health and Wellbeing Strategy

Box 1. Joint Strategic Needs Assessment in Southwark

There is a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA), which identifies the key issues affecting the health and wellbeing of people in Southwark, now and in the futureⁱⁱⁱ. To do this, we review a wide range of data and information, as well capturing the views of people who use our services or live in the borough.

The Southwark JSNA is in the form of a work programme across four themes: population groups, behaviours and risk factors, wider determinants of health, health conditions and healthcare. Each JSNA topic takes a systematic approach to looking at health issues that affect people in Southwark and makes recommendations to improve health and reduce health inequalities. In the past five years, JSNAs have covered a broad range of groups and topics, from school-age children to mental health, long term chronic health conditions, air quality and healthy weight.

An annual JSNA report is also produced as part of the JSNA programme, providing the story of health and wellbeing in Southwark.

The JSNA programme is used to inform the development of key policies and action plans. They are public documents and have also been used as a resource by wider Voluntary and Community Sector organisations for community conversations and to support local action.

For more information, please see: www.southwark.gov.uk/jsna

Informed and shaped by our communities

Extensive community and stakeholder engagement have helped to shape our priorities and objectives. Local people have told us what matters. Telephone and online surveys, focus groups, stakeholder discussions, street interviews and walking ethnographies have all contributed to our understanding of local issues and informed our strategy.

Engagement cannot be a one-off. There will be further work with communities to co-produce actions, feedback on our achievements and identify where our responses can be strengthened. This will take place over the next 12 months with the aim of developing and adopting an even stronger community voice in the Health and Wellbeing Board's work on the Joint Health and Wellbeing Strategy.

Box 2. Understanding Southwark (Social Life)

Social Life carried out an extensive and in-depth community research programme between April 2020 and August 2021 on behalf of Southwark Council.

162	Stakeholders	10	In-depth interviews with Southwark Young Advisors
90	Traders	2	Focus-groups with Southwark Young Advisors
520	Street interviews with residents	115	Businesses responding to an online survey
43	Walking interviews and in-depth interviews with residents	1000	Residents taking part in a phone survey
10	Case studies of online stakeholder engagement		

Figure 2: Summary of engagement in Social Life's research, 2021

Source: [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)

The research looked at daily life across the whole of the borough as well as in-depth research into six of the most deprived parts of the borough undergoing change and regeneration. There were interviews with residents and stakeholders, surveys and case studies. The research provides insight into people's experiences of their local areas and the impact of the COVID-19 pandemic on people and businesses. A set of themes and local issues are identified which highlight the assets in Southwark that supported people during the pandemic, local people's concerns and the inequalities present in the borough. The research reinforces the importance of tackling the priorities that are proposed in the Joint Health and Wellbeing Strategy and have helped inform the development of its aims.

For more information, please see: www.social-life.co/publication/understanding_southwark_an_indepth_account/

Box 3. The strong voices from local communities

Southwark Stands Together

Southwark Stands Together is the borough wide initiative established in 2020 as a response to Black Lives Matter, the murder of George Floyd and the disproportionate impact of the Covid-19 pandemic on our Black, Asian and minority ethnic communities. It sets an ambitious programme to tackle the injustice and racism experienced by Black, Asian and minority ethnic communities to bring about a fairer and more equal society. The programme involved extensive engagement in 2020 including listening events, face-to-face engagement sessions, and themed round-tables. The action plan includes actions on street scape and the physical environment, initiatives to support educational achievement, support for good employment and investigating potential systemic bias in commissioning.

For more information, please see: www.southwark.gov.uk/engagement-and-consultations/southwark-stands-together

South London Listens

The South London Listens programme started as an urgent mental ill-health prevention response to the COVID-19 pandemic and was launched in 2020 by the NHS mental health trusts in South London. It is a partnership involving local authorities, the South London Mental Health and Community Partnership, Citizens UK, local Healthwatch organisations, South East and South West London Integrated Care Systems, and over 100 community organisations including schools, colleges, universities, faith organisations and small charities. The programme has so far included a listening campaign and three digital summits, leading to a series of asks made by the community to the NHS and local authorities. The South London Listens Action Plan has now been published, which sets out what work will be done to meet those asks.

For more information, please see: [South London Listens - South London and Maudsley \(slam.nhs.uk\)](http://South%20London%20Listens%20-%20South%20London%20and%20Maudsley%20(slam.nhs.uk))

The Marmot framework

The national evidence base has shaped this strategy. The Marmot Review into health inequalities in England^{iv} sets out a framework for reducing health inequalities. The review focuses on six areas:

1. Ensure the best start in life for every child

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention.

This framework underpins the strategy and was used as a structure for our ‘Sponsor’ and ‘Observe’ categories. Our ‘Drive’ areas cut across this framework as shown in Appendix 2.

DRAFT

The State of Health and Health Inequalities in Southwark

Southwark is a young, diverse and rapidly growing borough with large numbers of young adults and residents from a wide range of ethnic backgrounds. Across the borough there have been significant improvements in health and wellbeing in recent years, and there are many areas of success that should be celebrated:

- Our residents are living longer and healthier lives than ever before, with life expectancy comparable or better than the national average.
- Levels of relative deprivation in the borough continue to reduce.
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
- Preventable mortality has reduced by half since 2001, narrowing the gap with England.

While there have been substantial improvements in outcomes in Southwark, these improvements have not always been equal and many challenges remain. The COVID-19 pandemic has exposed and exacerbated the inequalities that too many of our residents experience. These inequalities are both avoidable and unfair. All parts of the Council and NHS, along with our wider partners have a responsibility to reduce them.

What are health inequalities?

Health inequalities are preventable and unfair differences in health across the population and between different groups of people.

These differences in health can include differences in health status (such as life expectancy), in access to care, in the quality and experience of care, in behaviours that affect health (such as smoking), and in the wider determinants of health^v. The wider or social determinants of health are the broad conditions that people experience over their lifetimes, including education and employment, and the places, communities, and homes in which people live. These conditions together have a large impact on people's health and contribute to health inequalities. These wider determinants of health are a focus of this strategy.

Health inequalities affect many different groups and are closely linked to disadvantage. From national evidence we know that people who live in more deprived areas have a lower life expectancy and spend more of their lives in ill-health compared to people in less deprived areas^{vi}. Socially excluded groups, such as people experiencing homelessness, often have much worse health outcomes than the rest of the population^{vii}. There are also inequalities in health between people with different characteristics, such as by gender or ethnicity.

Our poorest outcomes are concentrated in our most deprived neighbourhoods

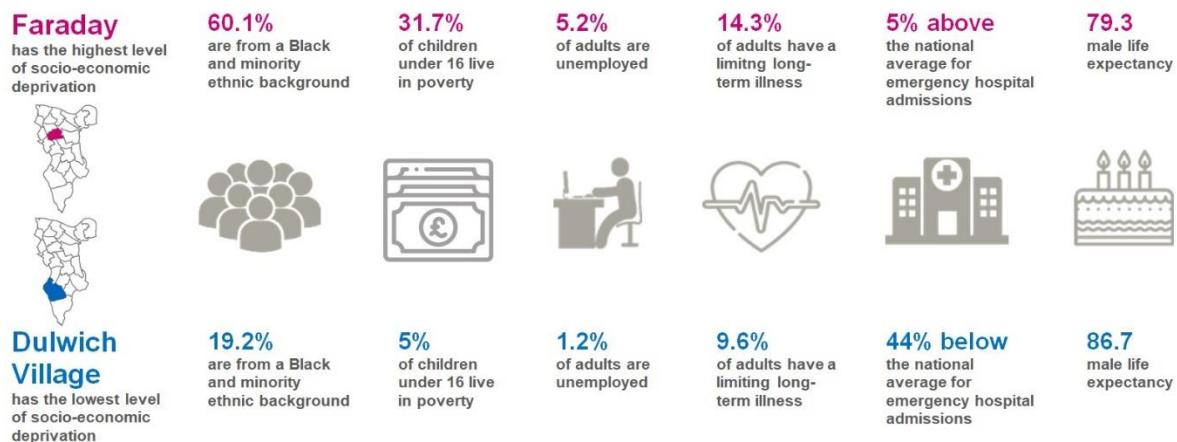


Figure 4: Health and wellbeing geographic inequalities infographic

Source: Southwark Council (2022). Annual JSNA Report.

While inequalities are often measured according to one factor (for example income), disadvantages interact and multiply. Within disadvantaged groups, experiences of inequalities are not homogenous; people can experience multiple disadvantage, which will overlap and cumulate. This means that some people, groups, and communities experience even greater health inequalities. Health inequalities also collect over the course of people's lives. This means that it is important to intervene at multiple different stages and in particular at critical stages such as early childhood.

Structural racism creates and exacerbates health inequalities, through inequalities in the wider determinants of health and differences in experiences of health services. National and local inequalities in health disproportionately impact Black, Asian and minority ethnic groups. These issues have been exacerbated by the Covid-19 pandemic.

Residents from Black African and Black Caribbean backgrounds have amongst the poorest outcomes in the borough

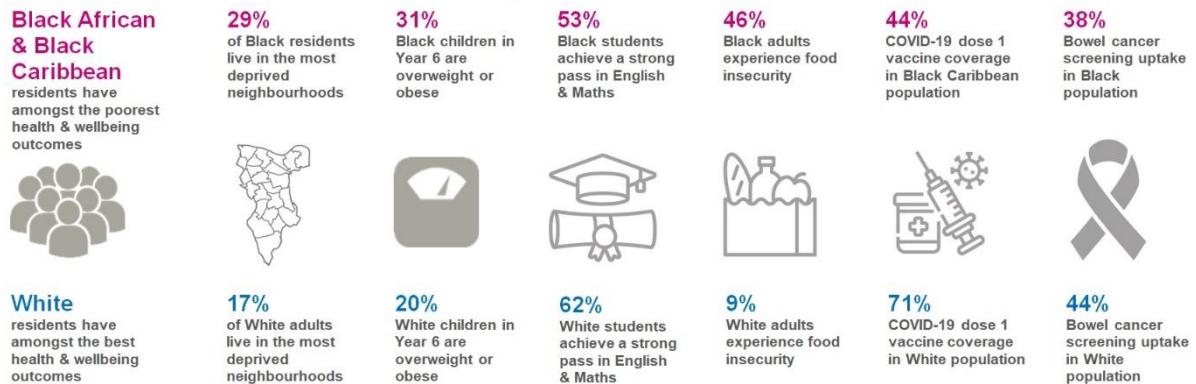


Figure 5: Health and wellbeing ethnicity inequalities infographic

Source: Southwark Council (2022). Annual JSNA Report.

Box 4: Investigating potential systemic bias in commissioning

The pandemic has shone a spotlight on pre-existing structural inequalities. An innovative approach is being piloted to investigate potential biases in how services are commissioned and to develop a toolkit to address these biases.

Commissioning describes the full process of assessing population needs, designing and procuring services, and monitoring how services are addressing needs. Each of these stages, separately and together, may create or exacerbate barriers to services and contribute to poorer outcomes for Black, Asian and minority ethnic communities. We are undertaking work to review our processes during these stages, to better understand the impact of bias.

The pilot will focus on the commissioning practice of Southwark Council's Public Health team. The toolkit developed from this work should be transferable across the wider health and social care system. This toolkit will be used to help commissioners work with providers to reduce bias in service design, delivery and practice.

National and local impacts of COVID-19

We have reviewed national^{viii} and local evidence^{ix} to further understand the impact of Covid-19 on people in Southwark. The pandemic has impacted everyone but some groups have been impacted more than others, particularly those that were already experiencing inequalities. There have been inequalities in serious illness and death from COVID-19 infection^x. Issues such as digital exclusion have become heightened during the pandemic, directly affecting people's wellbeing.

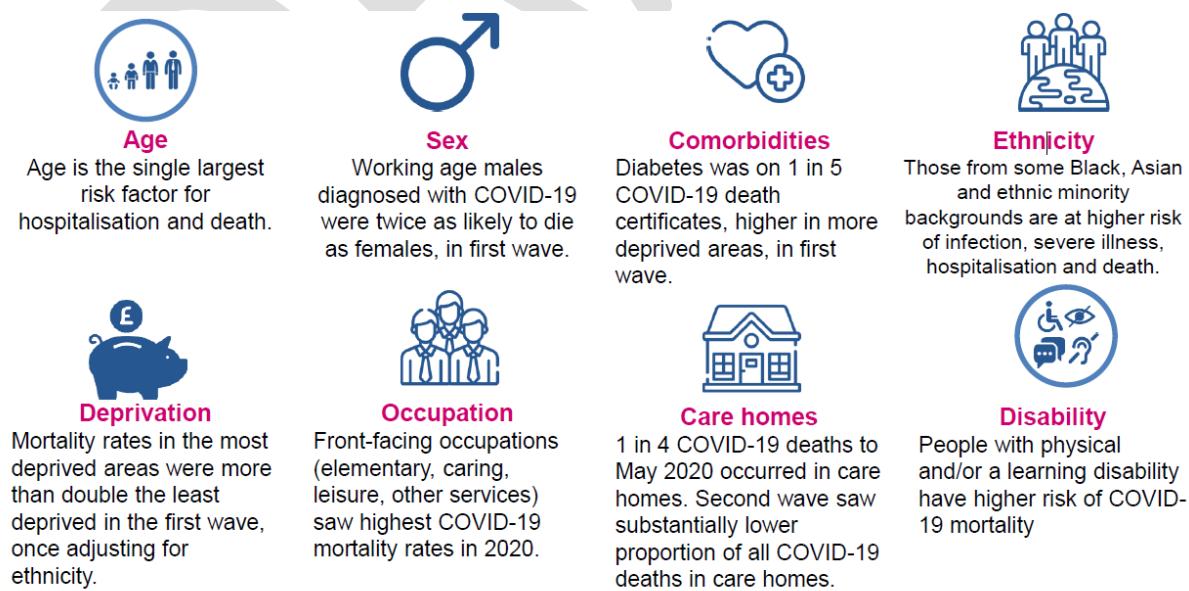


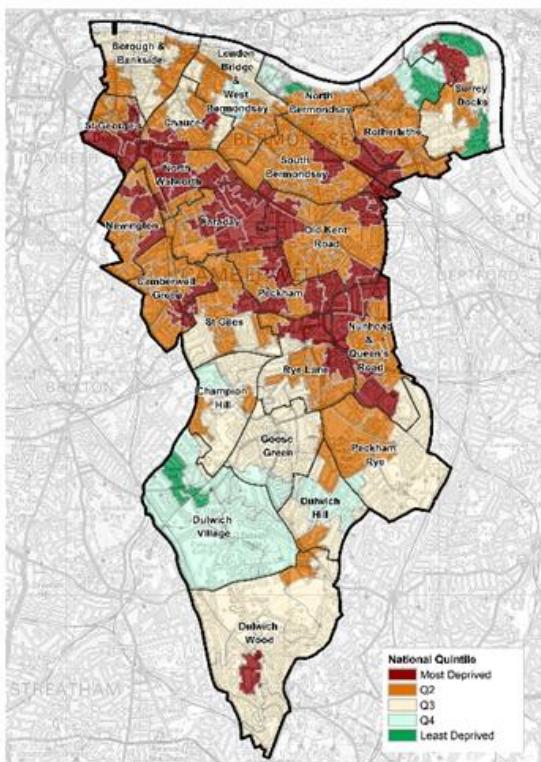
Figure 6: Groups disproportionately affected by Covid-19 nationally

Source: Covid-19 Inequalities Impact Assessment. Southwark Council. London. 2021

Key Inequalities in Southwark

Geographic Inequalities

The Indices of Deprivation is the official measure of relative deprivation in England, encompassing a wide range of indicators assessing health, social and economic conditions. Southwark has seen an improvement in its' ranking relative to other local authorities since 2015, yet remains one of the most disadvantaged in the country.



Map 1: Indices of Deprivation 2019

Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in central and northern parts of Southwark. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of deprivation also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood and Downtown estate in Surrey Docks.

Population Inequalities

There are also significant gaps in outcomes between population groups in Southwark. These often mirror the inequalities we see at a national level, with those from Black, Asian and minority ethnic groups experiencing poorer outcomes compared to those from a White ethnic background.

In particular, residents from a Black African and Black Caribbean background are more likely to live in communities with high levels of deprivation, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.

It is estimated that Southwark has one of the largest LGBTQI+ communities in the country. There is increasing academic evidence that key public health challenges disproportionately impact this population group, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing health, care and other services.

There are also a number of notable health inclusion groups in Southwark. These are groups that are often socially excluded, have multiple risk factors for poor health, and experience stigma and discrimination, including:

- People with learning disabilities
- Carers
- Asylum seekers and refugees

As a borough we are committed to reducing inequality in the access to services and outcomes our residents experience. To do this effectively we need to focus not only on our most disadvantaged neighbourhoods, but also provide additional support to the groups that have the poorest outcomes.

Key conditions driving poor health for these neighbourhoods and population groups remain cancer, heart disease and respiratory illness. In addition, we know that mental ill-health has a significant impact on the quality of life for many residents. Improving outcomes and reducing inequalities for these conditions requires sustained action by all partners in areas including:

- Behavioural risk factors such as smoking, obesity and high blood pressure
- Social and economic factors such as employment & skills, access to food and fuel security
- Environmental factors such as good quality housing and the quality of the air we breathe

In addition, these communities often see lower uptake and later access to services designed to identify and deal with problems early. This can be related to services being inaccessible, as well as poor experience in the past. These delays in accessing support too often lead to poorer outcomes for those most in need.

Reducing the inequality gap between the neighbourhoods and population groups with the poorest outcomes and the rest of the borough, whilst improving outcomes for all residents, is our central purpose. This principle should direct the work of everyone in the borough. Through each of our Drive priorities our partnership is committed to targeting our action in those areas of greatest need, ensuring we continually focus on closing the inequality gap both in access to services and outcomes.

Evidence clearly shows that poverty, low income and the wider determinants of health significantly influence health outcomes. Through our Sponsor and Observe tiers, we will strengthen our work with all parts of the Council, NHS and wider partners to ensure reducing inequalities is at the heart of everyone's business. Only by improving social and economic conditions, along with those in healthcare, can we make a sustained and meaningful impact on inequalities in the borough. By ensuring action relating to issues such as employment & skills, housing and climate change have reducing inequality at their core, we will harness the efforts of everyone in our borough.

Tackling inequality is everyone's business.

The Southwark Joint Health and Wellbeing Strategy

Principles

Five principles are central to the delivery of this strategy:

- 1. Embedding an approach to tackling health inequalities across all our policy making, services and delivery.** Health inequalities are preventable and unfair differences in health across the population and between different groups of people. We will ensure that all of our services embed an approach to reducing health inequalities, including recognising the role of structural inequalities and discrimination. This principle is accompanied by a training programme to make tackling health inequalities everybody's business, from ensuring the use of equality impact assessments, to enhanced Making Every Contact Count training for the workforce and wider system.
- 2. Making sustainability and tackling climate change an integral part of protecting and improving health.** The climate emergency will have a direct impact on the residents of Southwark and it is often those who are vulnerable who are most directly impacted. Tackling climate change is therefore an integral part of our approach to reducing inequalities.
- 3. Targeted place-based approach and population groups.** We will target services and support to communities who need them most. Recognising inequity and levelling up to ensure equity is key. This means that we must give special consideration to parts of the borough and neighbourhoods that are most deprived and population groups with the highest needs and those who face challenges in accessing services.
- 4. Community empowerment and co-production.** We recognise that individuals are experts in their own lives and their local communities. We will work in partnership with our communities to deliver this strategy, embedding community-led work and ambitions to improve health and wellbeing in Southwark.
- 5. Delivering high quality, joined-up and person-centred health and social care.** We want local health and care services to work for local people; we know we can only achieve that if our local communities shape those services. We also know that joined-up care, delivered close to people's homes, will lead to better outcomes for local people.

Delivering the Strategy – Drive, Sponsor and Observe

Taking a population health approach to tackling health inequalities require a complex multi factorial approach. We will ensure delivery and monitor success using a three tiered approach: **Drive, Sponsor and Observe.**

Drive – The ‘Drive’ category describes the areas of the strategy that are at the top of our agenda. These areas are important to people in Southwark and require all agencies to work together to achieve change. Each agency on the Health and Wellbeing Board will play a role in improving health and reducing inequalities. We will shape this work by prioritising these areas in strategy discussions, delivery and measuring the difference we are making.

Sponsor – The ‘Sponsor’ category describes the areas where work is already underway and our role as a Board is to sponsor that work. There will be a named lead organisation who will monitor progress and work with all agencies to ensure that we are achieving our objectives. These areas will not be included as rolling agenda items, but will be considered if the delivery lead highlights the need for more in-depth consideration by the Health and Wellbeing Board.

Observe – The ‘Observe’ category describes areas that are important to improving the health of people in Southwark, but may require less direct attention from the Board. Action on these areas may be driven by different decision-makers in Southwark, or be part of the business as usual of one of our agencies. In these areas, we have outlined what we want to achieve but will only consider these areas in detail by exception.

Drive

The five areas that we will drive are summarised below.



Drive 1: A whole-family approach to giving children the best start in life

Focused on ensuring families receive care that works for them during pregnancy and a child's first years, and good mental health support



Drive 2: Healthy employment and good health for working age adults

Focused on improving access to good quality jobs and helping working age adults to lead healthy lifestyles



Drive 3: Early identification and support to stay well

Focused on keeping people well as they age through early detection and intervention and support for carers



Drive 4: Strong and connected communities

Focused on shaping services with communities, tackling isolation and ensuring services are accessible to all

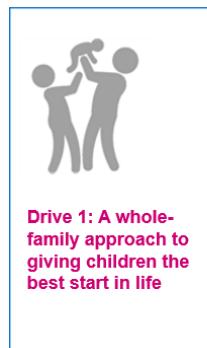


Drive 5: Integration of Health and Social Care

Focused on joined-up person-centred care

In each Drive area, we have set out the actions we will take to improve health for people in Southwark. These actions do not reflect the totality of work to address health inequalities in Southwark. We have focused on areas where change will have a big impact and where we, as a Board, can achieve change by working together.

Drive 1: A whole-family approach to giving children the best start in life



Drive 1: A whole-family approach to giving children the best start in life



Drive 2: Healthy employment and good health for working age adults



Drive 3: Early identification and support to stay well



Drive 4: Strong and connected communities



Drive 5: Integration of Health and Social Care

Why is this important?

Ensuring the best start in life is a priority for two reasons. Firstly, this is an important period for child development and for new parents. Providing the right support during pregnancy and the first years of a child's life can lay the foundation for healthy, resilient families. Secondly, inequalities in maternal health and early childhood experiences can lead to disadvantages that affect families throughout their lives. Reducing inequalities at this stage can have long-term impact on the lives of people in Southwark. This includes taking action to prevent and reduce the impact of traumatic and stressful experiences in childhood (sometimes referred to as Adverse Childhood Experiences) and to enable children to develop to the best of their potential.

The first 1,001 days from conception to the age of two are a critical time for a child's cognitive, physical and emotional development.^{xi} A child's experiences during this period of rapid brain development can have a lifelong impact on their emotional and mental health. Exposure to chronic stress can negatively affect a baby's development, including exposure pre-birth.

Pregnancy and the period after birth is also a time of rapid change for parents, physically and emotionally. Some families experience greater disadvantage during this time. There are stark inequalities in deaths in pregnancy, with people from Black ethnic groups four times more likely to die in pregnancy than people from White groups.^{xii} Pregnancy can cause or exacerbate mental health conditions.^{xiii} Ensuring families receive the right support can help them to keep healthy and ensure they are equipped to give responsive and appropriate care.

The Southwark picture

First 1,001 days

There are in-borough inequalities in pregnancy outcomes in Southwark. Preterm birth rates are higher in Southwark among women living in the two most deprived areas compared with women living in the two least deprived areas. The national picture of inequalities in maternal mortality between ethnic groups is stark; maternity services in Southwark should work to understand and tackle inequity.

Disadvantage starts before birth and accumulates throughout life. Maternal risk factors such as age, ethnic group, migration status, deprivation and other sociodemographic characteristics, obesity and smoking often overlap and combine together in a way that results in health inequalities for children in Southwark.

Smoking during pregnancy can impact growth and development of the baby and health of the mother. Smokers are more likely to have complications during pregnancy and labour. In Southwark, 5% of mothers said they smoked at the time of delivery, similar to London as a whole.

New birth visits can identify any development issues with the infant, provide safe sleeping advice, support feeding and discuss concerns and worries, including maternal mental health. In Southwark, over 95% of new birth visits are completed within first 14 days after birth. Almost 70% of children are totally or partially breastfed at 6-8 weeks post-birth, which is higher than London average. Breastmilk provides the ideal nutrition for infants in the first stages of life, and can protect against infections and disease. Breastfeeding can also build a strong emotional bond between mother and child, as well as providing health benefits for the mother.

Healthy food is a key part of giving children and families the best start in life and initiatives to support healthy eating can support women to be healthy during and after pregnancy and young children to grow and develop.

Adverse childhood experiences (ACEs)

In Southwark, the total number of live births is falling year on year. However, increased referrals to children's social care suggests that the challenges families are facing are more complex. Approximately 2,000 children aged 0-4 years in Southwark (10%) may be living in a household affected by four or more ACEs. As they develop into adulthood these children are more likely to use illicit drugs, have unhealthy diets, experience an unplanned teenage pregnancy, become involved in violence, and have poor mental wellbeing. Adverse childhood experiences were exacerbated during the Covid-19 pandemic due to a combination of factors, including greater stressors to parents and care givers, increases in children's vulnerabilities and reduction in access to universal services.

Mental health and wellbeing of children and young people

In 2016, almost 1 in 10 children (9.8%) aged 5-16 years old in Southwark were estimated to have a mental health disorder, equivalent to about 3,900 children, higher than London and England averages. Research increasingly highlights the significant impact of the COVID-19 pandemic on mental health and wellbeing.

What have we heard from communities and stakeholders in Southwark?

Families have told us that they want to receive the support they need as their child reaches each milestone, and know how to access the services their family needs.^{xiv}

Over the course of the pandemic, strong concerns were voiced about vulnerable parents, children and young people including families who are struggling financially^{xv}. Peer support for parents' mental health was an ask in the South London Listens work^{xvi}.

What do we want to achieve?

Aim 1: Ensure all families in Southwark receive access to good-quality maternity care.

- This work will further be developed through Partnership Southwark's Start Well workstream.
- **Action:** To investigate inequalities in maternal outcomes in Southwark, in light of national inequalities between ethnic groups and people living in areas with different levels of deprivation.

Aim 2: Build resilient families, by ensuring that there is holistic support and care for families during pregnancy and the first years of life.

- Resilience refers to the ability to recover from adverse events or shocks. This requires connected communities where families are able to build strong networks.
- We want to make it easy for families to get help when they need it, by identifying and removing barriers to family services for those most in need, such as accessibility issues or language barriers.
- **Action:** Deliver family-centred services that families can engage with when and how they need to. This includes health services, such as health visiting, and services designed to provide advice and support to families such as children and family centres.

Aim 3: Improve the mental health and wellbeing of families, children and young people.

- Risk factors for poor mental health are linked to wider inequality, including poverty, discrimination and stress. Improving the mental wellbeing of families requires action to reduce wider inequalities across Southwark, which is covered elsewhere in this Strategy. To ensure that our services can meet the mental health needs of the whole family, we will scale up and improve support.
- **Action:** Scale up parental mental health support, starting in areas with higher levels of deprivation.
- **Action:** Improve mental health services for children and young people, including improving waiting experience and ensuring services can respond to the impact of the Covid-19 pandemic on children and young people.

- **Action:** Assess inequalities in access to children and young people's emotional wellbeing and mental health provision and identify barriers to access, with a focus on Southwark's Black Asian and Minority Ethnic population and other disadvantaged groups, including LGBTQ+ communities, those with special educational needs and disabilities.
- **Action:** Ensure there is equity of access, outcomes and experience for all children and young people and families for all tiers of mental health services.

Aim 4: Keep children and young people safe through early identification and support for families at risk of adverse childhood experiences.

- We want to reduce the gap between children living in the most and least deprived areas in Southwark who are exposed to more than four adverse childhood experiences.
- **Action:** Ensure family services are able to identify risk factors for adverse childhood experiences and respond through signposting or a neighbourhood response.

How will we monitor success?

We will monitor progress in this area by focusing on antenatal booking, low birth weight, self-reported child wellbeing and admission to hospitals. A full outline of measures is included at Appendix 1.

Drive 2: Healthy employment and good health for working age adults



Why is this important?

People who are unemployed often have worse health than people in work. We also know that the quality of work matters; including getting a wage that prevents poverty and provides safe and secure working conditions. The local health and wellbeing economy will work together to improve the wellbeing of people in Southwark through procurement and employment practices, as leaders and major employers of local people.

Unequal access to employment, low incomes and zero-hours contracts are some of the challenges which people in Southwark face. Southwark residents from Black, Asian and minority ethnic groups, and people with disabilities, are more likely to be unemployed and receive disproportionately lower earnings.

Lifestyle factors are also significant in the health of working age adults. Inequalities in the “Vital 5” (obesity, smoking, alcohol intake, high blood pressure, and mental ill-health) contribute to substantial health inequalities and tackling these is an important local aim.

There are also inequalities in lifestyle factors, with risk factors clustered in some population groups. An example is LGBTQI+ communities, where there is increasing evidence that key public health challenges (smoking, alcohol use, incidence of some cancers and mental ill-health) disproportionately impact this population group. It is estimated that Southwark has one of the largest LGBTQI+ communities across the country. Targeting healthy lifestyle work to population groups who will benefit most can maximise efforts to improve health of Southwark residents.

The Southwark picture

Economic inactivity

Economic inactivity in Southwark is significantly below regional and national levels. Most people who are economically inactive are not seeking work, including students and those who are long-term sick. However, some people who are economically inactive would like a job, known as involuntary unemployment. Around 30% of people without a job in Southwark would like one, which is higher than London (20.6%) and England (18.6%).

Income inequality

The average household income in Southwark in 2021 was £33,848 broadly comparable to the national average of £32,549. Despite household incomes reflecting the national median and average, the very wide distribution in Southwark means that there are many households in Southwark experiencing poverty. Around 1 in 7 households in the borough have an income less than £15,000 per year, and a similar proportion earn over £75,000. There are significant geographical inequalities within the borough, with levels highest in Dulwich Village (£61,271) and lowest in Old Kent Road (£24,632). ‘In-work’ poverty is a concern given the relatively higher costs of living in London and the ‘cost of living crisis’.

There have been improvements in pay inequality over the last decade. Southwark’s pay inequality stands at 2.34 in 2021, meaning hourly wages for the top 20% of earners in the borough are 2.34 times higher than the remaining 80%. This gives Southwark better pay equality than London (2.64) and places it fifth most equal among London boroughs. This is a substantial improvement from 2011, when Southwark’s pay inequality ratio was 3.07 and the fifth most *unequal* borough in London.

Employment for people with long-term conditions

Hypertension, depression and diabetes are the three most prevalent long-term conditions in Southwark, with over 35,000 residents diagnosed with hypertension in 2020/21. Multiple long-term conditions can lead to poor health – diabetes and depression are most frequently identified as being present for those with multiple long-term conditions, demonstrating the importance of a holistic approach to both physical and mental health. There is a 9% gap in employment between those with a long-term condition and overall employment rate in the borough. Prevention of long-term conditions along with inclusive employment are both needed to reduce the gap. Poor mental health and stress are often the most common factors cited in work sickness absences.

Healthy behaviours

Healthy behaviours can prevent poor health and keep people well. Opportunities to stay active are an important part of this; physical activity can help people to maintain good mental and physical health and prevent or manage disease. Lifestyle factors such as smoking, alcohol intake, lack of physical activity and poor diet contribute to poor health, in the medium term e.g. obesity and longer term e.g. chronic obstructive pulmonary disorder, cancers.

Lifestyle risk factors are often clustered in specific population groups and in neighbourhoods with higher deprivation, both increasing the risk of poor health outcomes for the individual, and widening health inequalities between communities.

What have we heard from communities and stakeholders in Southwark?

Work and wages emerged as one of the priority areas of South London Listens^{xvii}. The Understanding Southwark research highlighted the importance of employment and the local economy to residents^{xviii}. Through Southwark Stands Together, local residents highlighted how multiple aspects of identity can impact on career

progression. The quality of jobs can positively and negatively impact local people's wellbeing.

What do we want to achieve?

Aim 1: Across the health and wellbeing economy, we will increase access to good quality jobs, creating new routes to employment and providing support to those facing barriers to good quality jobs, including those facing systemic inequality such as those from Black, Asian and minority ethnic backgrounds, women and disabled people.

- **Action:** Plan how local people can benefit from emerging career opportunities including opportunities in specialist and growth sectors, such as the emerging health innovation district. Secure more employment opportunities for our residents within anchor institutions in Southwark.

Aim 2: Promote health and wellbeing across the health and wellbeing economy, through improving access to integrated wellbeing and employment support.

- **Action:** Encourage and support all employers to sign up to good practice such as the London Good Work standards.

Aim 3: Lead by example by promoting good health and wellbeing across our workforce, and supporting this through our procurement practices.

- **Action:** Support healthy employment through the way we spend our money – such as promoting the London Living Wage and healthy employment through our procurement practices such as the Fairer Futures Procurement Framework.

Aim 4: Support people to lead healthy lifestyles that keep them well, working with population groups and communities where lifestyle risk factors are clustered.

- **Action:** Target support with healthy lifestyles at population groups who would most benefit for example where smoking, alcohol intake, poor diet and lack of physical activity is more prevalent.

Aim 5: Maximise access to leisure and physical activity, ensuring that financial circumstance does not limit access.

- **Action:** Improve leisure service provision in the borough, ensuring leisure and physical activity opportunities are available to all.

How will we monitor progress

We will monitor progress in this area by focusing on employment gaps, in-work poverty, and lifestyle factors (smoking, physical activity). A full outline of measures is included at Appendix 1.

Drive 3: Early identification and support to stay well



Why is this important?

Supporting people to maintain their independence and keep healthy is a key strand of tackling inequalities over the life course. Screening programmes and NHS health checks can ensure timely treatment of disease in the adult population.

Prevention can also keep people staying healthy and happy in their homes as they age. This includes programmes that keep people well as they age, such as falls prevention and early detection of dementia. Carers play a substantial role in supporting their loved ones to stay well, yet evidence suggests carers themselves are at risk of poor physical, mental and financial health outcomes^{xix}. Supporting carers will have impact on their health and the wellbeing of their families.

The Southwark picture

Cancer screening

The early diagnosis of cancer is an important factor in ensuring the best health outcomes. Prior to the pandemic cancer screening coverage in Southwark was broadly comparable to the London average in the south of the borough, with levels lower in the north. However, coverage was below the national average for all programmes. Cervical and breast cancer screening has declined across South East London and nationally during the pandemic, whilst bowel cancer screening has continued to increase. There have been recent innovations in the bowel cancer screening process and the tests can be done at home, whereas cervical and breast cancer screening has to be done in person at a GP/ hospital. Increased efforts are needed to address the decline seen for breast and cervical cancers.

NHS health checks

NHS health checks aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40-74, who has not already been diagnosed with one of these conditions, will be invited to have a check. Half of all eligible residents have had a health check over the last four years. The introduction of targeted invitations in Southwark has increased attendance from Black, Asian and ethnic minority residents over the last two years, and cardiovascular disease risk identification has more than doubled from 2020 to 2021.

Falls

Falls are the largest cause of emergency hospital admissions among older people and can significantly affect longer term outcomes. Emergency hospital admissions for injuries due to falls in older people in Southwark are consistently above national and regional levels. Admission rates also increase significantly with age, mirroring the national pattern. Rates among those aged 80 and over are more than four times those under 80.

Dementia

Research shows a timely diagnosis of dementia can have a significantly positive impact on a person's quality of life. Latest estimates suggest that just over two thirds of those thought to be living with dementia in Southwark have received a diagnosis; comparable to regional and national levels.

Transformation Programmes

This Drive area is covered in part by transformation work that is already happening within the borough. Targeted work is taking place to review specific pathways via Partnership Southwark's 'Well' groups. We have also recently refreshed our Mental Health and Wellbeing Strategy, which sets out our short term and long term objectives to improve mental health of people in the borough.

What have we heard from communities and stakeholders in Southwark?

The effects of the pandemic on mental health emerged as a key theme from residents and stakeholders in the Understanding Southwark research^{xx}. Through South London Listens, people have told us in detail what they need from us to support their recovery from the mental health impacts of the pandemic – themes have included loneliness, work and wages, good mental health for families and access to mental health services for migrants, refugees and diaspora communities. These themes have been reflected throughout this strategy.

Carers have told us that their roles can be intense and emotional.^{xxi} The interaction with health and social care services can have positive effects when communication is good, and compound feelings of stress where improvements are required. Carers value personalised, varied models of support.

Aim 1: Ensure that there are effective and accessible services that help prevent illness, including immunisations, screening and measures to tackle “The Vital 5” (hypertension, obesity, smoking, alcohol and mental health).

- The introduction of targeted invitations in Southwark has increased NHS health check attendance from Black, Asian and ethnic minority residents over the last two years. We want to build on this work to reduce gaps in uptake of immunisations, screening and NHS health checks between ethnic groups.
- **Action:** Ensure NHS health checks are taken up by those with greater risks along with risk reduction interventions.

- **Action:** Build on the success of the Community Health Ambassadors network by empowering more local people to drive improvements to vaccination uptake, cancer screening uptake and accessibility of local health services, focusing on areas with high levels of deprivation.
- **Action:** Ensure the recovery of cancer screening services that have been most impacted by the pandemic (breast and cervical screening), focusing on access for groups with lowest coverage, particularly those from a Black, Asian and minority ethnic background.

Aim 2: Focus on preventing admission to hospital for falls.

- **Action:** Undertake targeted work on falls prevention to reduce injuries in Southwark.

Aim 3: Promote good mental health by supporting wellbeing and early detection

- Southwark's population has an increased prevalence of risk factors for poor mental health, such as deprivation, homelessness and long-term employment. Promoting good mental health requires wider work to reduce inequalities, covered elsewhere in this Strategy. In addition to reducing wider inequalities, we want to ensure that we are able to detect poor mental wellbeing early, including recognising when an individual is at higher risk of mental illness.
- **Action:** Improve early detection by providing specialist mental health first aid training.
- **Action:** Increase access to wellbeing, advice and support in the community, including targeted work for specific groups such as young people, Black, Asian and minority ethnic groups, LGBTQ+ people.

Aim 4: Provide the right support which helps people to recover from admission to hospital

- **Action:** Work together to ensure people receive joined-up care which supports rehabilitation after a hospital admission.

Aim 5: Support carers and families to look after their own wellbeing.

- **Action:** Ensure support is available to help carers maintain their own health.

How will we monitor success

We will monitor progress in this area by focusing on NHS health checks uptake, screening coverage, support available for carers, hospital admissions due to falls and successful re-ablement on discharge from hospital. A full outline of measures is included at Appendix 1.

Case Study 1. Community Health Ambassadors

The Community Health Ambassadors Network was set up by Southwark Council in partnership with Community Southwark and Healthwatch Southwark. They have helped to inform, empower and support the community during the Covid-19 pandemic. Ambassadors are provided with accurate information about Covid-19 guidance, vaccines, testing, health and wellbeing, food and financial support. Ambassadors also provide feedback about barriers and challenges the community is facing. Ambassadors are helping to break down these barriers, to ensure that communities receive information from trusted sources and we develop a better understanding of access barriers for local people.

To see the community ambassadors in action, please watch Southwark Community Health Ambassadors Network clip here: [Community Health Ambassadors Network - YouTube](#)

Drive 4: Strong and connected communities



Drive 1: A whole-family approach to giving children the best start in life



Drive 2: Healthy employment and good health for working age adults



Drive 3: Early identification and support to stay well



Drive 4: Strong and connected communities



Drive 5: Integration of Health and Social Care

Why is this important?

The places and communities in which we live affect our health. Community networks, relationships and connectedness benefit mental wellbeing and have onwards effects on physical health. The value of connected communities has been particularly visible during the Covid-19 pandemic, where the support Southwark residents have provided to one another has been remarkable.

Our Health and Wellbeing Board has a role in supporting strong and connected communities. This involves ensuring communities shape their local areas and services and are empowered to make change. It also involves taking measures to support community connectedness, reducing social isolation and ensuring that local services improve the lives of all.

Culture and the arts can play a key role in tackling the health and social inequalities faced by Southwark's communities. Creativity and cultural engagement can improve individual health, and the health of our communities.

The Southwark picture

Local engagement

The borough has a number of assets to support strong and connected communities – active voluntary, community and faith organisations, community spaces through a network of modern libraries and good quality green spaces. Our local residents and community organisations have mobilised during the Covid-19 pandemic, quickly forming new alliances to respond to the challenges. Southwark benefits from local people who are committed to improving their areas and local services.

Inequalities and excluded groups

Geographic inequalities in Southwark remain – with health, social and economic outcomes consistently being poorer in central and northern parts of the borough. There are also gaps between population groups. These inequalities affect the population in multifaceted and complex ways – the experiences of population groups are not homogenous and some people within a population group will be more disadvantaged than others.

Some notable health inclusion groups have multiple risk factors for poor health, and experience stigma and discrimination. These groups include people facing multiple disadvantage, learning disabled people, carers, rough sleepers, and asylum seekers and refugees. Part of creating strong and connected communities involves reducing discrimination and stigma, and ensuring that services work for all.

What have we heard from communities and stakeholders in Southwark?

Local community organisations, parks and green spaces are seen as valuable assets by residents^{xxii}. Local people have told us how important it is that their voices are used to shape change in their local area and services.

During the pandemic, local people have voiced concern about some groups falling through gaps in support^{xxiii}. Digital exclusion has contributed to loneliness and social isolation during the pandemic^{xxiv}.

What do we want to achieve?

Aim 1: Ensure people shape their local areas and services through collaboration and co-design.

- **Action:** Work closely with groups who are currently underrepresented in our engagement, by developing an approach to outreach within our current and emerging structures. This includes taking into account barriers to engagement, such as digital exclusion.
- **Action:** Continue to develop strong collaborations between statutory services and our voluntary and community sector, including use of the Health and Wellbeing Transformation Fund and the South East London Inequalities Fund to enable system change.
- **Action:** Ensure information about services is made accessible and visible to residents by displaying it in local shopping facilities, cafes and housing blocks.

Aim 2: Ensure that services are accessible to and meet the needs of all - including people facing multiple disadvantage, people experiencing homelessness, refugees, asylum seekers and vulnerable migrants.

- Health inclusion groups are groups that are often socially excluded, have multiple risk factors for poor health and experience stigma and discrimination. Barriers to services, which can prevent these groups from accessing timely and appropriate treatment, can exacerbate the impact this can have on poor health.
- **Action:** Undertake targeted work to remove barriers to services for the most excluded groups.

Aim 3: Reduce social isolation and loneliness, by creating a place where people feel connected and where loneliness is tackled as early as possible.

- We want to address loneliness in groups at higher risk, including those living in social housing or experiencing food insecurity, and target those who services do not currently reach.

- **Action:** Address loneliness by focusing action on Place, People and the System, as outlined in Southwark's Loneliness Strategy.

How will we monitor success?

We will monitor progress in this area by focusing on how people in Southwark view the area and have a sense of belonging, and the percentage of people who feel lonely in Southwark. A full outline of measures is included at Appendix 1.

Case Study 2: Connectivity in Communities - Partnerships for People and Place

Southwark has been chosen as one of 13 pilot areas in England to work with local partners and central government on the 'Partnerships for People and Place' pilot^{xxv}. The pilot will take a whole neighbourhood approach, aimed at improving connectivity and developing a social safety net for people in the Walworth area. The pilot will bring together a new community of residents, policy makers and practitioners, building on the cross-sector and central/local collaboration and insights generated during the pandemic. It is hoped that this will strengthen resilience in the community and lead to long-term and lasting change – making a positive impact on inequalities in Walworth.

Drive 5: Integration of Health and Social Care



Drive 1: A whole-family approach to giving children the best start in life



Drive 2: Healthy employment and good health for working age adults



Drive 3: Early identification and support to stay well



Drive 4: Strong and connected communities



Drive 5: Integration of Health and Social Care

Why is this important?

There is a strong requirement and case for health and social care integration. Care works best when services are seamless, easily accessible locally and through a common front door.

People often work with a number of services to manage their health – this can include their local GP, specialist services for their physical and mental health, social care support, and others. Integrating health and social care means that different services work together as a partnership. This puts people at the centre of their care, ensuring that they have choice and control over services that are able to respond to their needs. It prevents fragmentation and reduces the effort needed to navigate the system.

There are also benefits to integrating health and social care at a strategic level. A number of organisations work in Southwark to improve population health and reduce health inequalities. Working together allows us to be ambitious for our population, recognising that no part of the system can tackle health inequalities alone. It also allows us to share knowledge, skills and budgets across the system to achieve the best possible outcomes with the resources available. When referring to health and care, this includes the NHS, social care and voluntary and community sector partners involved in delivering health and care services.

The Southwark Picture

Changes are already making a difference to how the Health and Wellbeing Board partner organisations work together to improve the health and wellbeing of people in Southwark.

Partnership Southwark is Southwark's local care partnership within the Our Healthier South East London Care System. It brings together local health, care and VCS organisations to better join up care, improve health and wellbeing outcomes and address inequalities within our communities in Southwark. Partnership Southwark is working to join up services and support, and the 'Start Well', 'Live Well', 'Age Well' and 'Care Well' workstreams will play a key role in coordinating local work to improve health.

This strategy is closely linked to the Partnership Southwark Health and Care Plan which is in development. The Health and Care Plan will set out the actions Partnership Southwark will take to meet our overall aims for improving health and reducing health inequalities. It will help us to set out in detail how we will deliver the ambitions within this strategy.

What have we heard from communities and stakeholders in Southwark?

Communities have emphasised the importance of seamless services and simplifying access. We can do more to ensure that people can hold us accountable for how we act on engagement and feedback.

What do we want to achieve?

Aim 1: Strengthen joined-up care, ensuring that there is ‘no wrong door’ approach to accessing support.

- This includes making it easy for people who face the sharpest intersecting health and social inequalities (referred to as ‘multiple disadvantage’) to access all services, improving equity of access.
- **Action:** Improve the outcomes and experiences of people who face the sharpest intersecting health and social inequalities by all health and care organisations, embedding equity impact assessments in service planning, workforce development and individual appraisals and assessments.

Aim 2: Ensure care is delivered close to home, including exploring where care can be developed at a neighbourhood level.

- **Action:** This includes opening more extra care housing and nursing homes in the borough.
- **Action:** By supporting staff from different organisations to work in mixed neighbourhood teams, we hope to improve staff retention and wellbeing.

Aim 3: Work together on agreeing strategic priorities across the partnership.

- **Action:** This will be set out in the Partnership Southwark Health and Care Plan.

Aim 4: Align engagement and coproduction across the system, ensuring that it is easy for local communities to work with us to improve care.

- **Action:** Explore how engagement can be simplified so that it is easy for local people to see how their work has translated into organisational change.

Aim 5: Develop governance that helps partners to hold each other to account in delivering good care to our population.

- **Action:** To set out where decisions are made and who is accountable for different aspects of our partnership working as part of the on-going work to agree governance within the Integrated Care System.

Aim 6: Align budgets where possible to make the best use of the “Southwark pound”.

- We know that our money will go further if we pool our resources. We will find opportunities to align budgets to ensure that we spend sensibly in a way that achieves maximum benefits for our residents.
- **Action:** To set out how budgets will be pooled under the Partnership Southwark Health and Care Plan.

How will we monitor progress

We will measure progress in this area through feedback from local people in Southwark and from organisational self-assessment and auditing.

Sponsor

The areas our Board will ‘sponsor’ are set out in the tables below. Work is already taking place in these areas; there are existing strategies or action plans. These areas have been set out against the framework provided by the Marmot review. In each of these areas, we have set out what we want to achieve, in addition to the DRIVE actions, and the named lead organisation for this work.

Ensure the best start in life for every child	
Aims	Lead
<ol style="list-style-type: none"> 1. Support every child to maximise school readiness 2. Enable families to set the foundations for healthy life-long behaviours in children, including physical activity and healthy diet 3. Protect and safeguard children from harm using a whole family approach 	Health visiting / Education Southwark Healthy Weight Network /Public Health Team Family Early Help / Safeguarding Board
<i>What strategies and action plans do these link to?</i>	
<u>Southwark Safeguarding Priorities and Themes</u> <u>Southwark Family Early Help Offer</u> <u>Partnership Southwark Recovery Plan</u> Southwark Healthy Weight Strategy (in development)	

Enable all children, young people and adults to maximise their capabilities and have control over their lives	
Aims	Lead
<ol style="list-style-type: none"> 1. Support all children to achieve their potential in education – including through tackling the underlying causes of school exclusions and supporting children with special educational needs and disabilities, and children in contact with children’s social care 2. Make the borough a safer place for everyone including through tackling violence and domestic abuse, protecting and safeguarding vulnerable adults, understanding and tackling exploitation and reducing discrimination 3. Reduce serious youth violence through trauma-informed services and preventing adverse childhood experiences 	Southwark Education / SEND team Adult Safeguarding Board Family Early Help

What strategies and action plans do these link to?

Southwark Council's Youth New Deal

[Special Educational Needs and Disability: Education Provision Strategy](#)

[Southwark Community Safety Partnership Plan 2017-2020](#)

[Southwark Violence Against Women and Girls Strategy 2019-2024](#)

Create fair employment and good work for all

Aims	Lead
<ol style="list-style-type: none"> 1. Reduce in-work poverty, by promoting the London Living Wage and providing support for residents into better quality, more secure work. 2. Maintain a skills and training offer that is aligned to the needs of key economic sectors and provides the high-quality training needed to access good quality jobs. 	Southwark Economy Team

What strategies and action plans do these link to?

[Southwark Council's Economic Renewal Plan](#)

Southwark's Economic Wellbeing Strategy (and emerging Economic Strategy 2022-2030)

[Southwark Council's Fairer Future Procurement Framework](#)

Ensure a healthy standard of living for all

Aims	Lead
<ol style="list-style-type: none"> 1. Improve food security and access to healthy and sustainable food 2. Reduce fuel poverty within Southwark 3. Identify and act on opportunities to mitigate the impacts of poverty including issues such as transport poverty 4. Support our residents to manage debt 	Public Health Fuel Poverty Partnership Group Financial Inclusion Forum

What strategies and action plans do these link to?

[Southwark Food Security Action Plan](#)

[Partnership Southwark Recovery Plan](#)

Create and develop healthy and sustainable places and communities

Aims	Lead
<ol style="list-style-type: none"> 1. Plan town centres, high streets and public spaces that are inclusive and promote health 2. Support people to live healthy lives through provision of good quality Council housing 	Southwark Planning Southwark Council Housing
<i>What strategies and action plans do these link to?</i>	
<u>The Southwark Plan 2022 (the local plan)</u>	
Southwark Asset Management Strategy (in development)	

Strengthen the role and impact of ill health prevention	
Aims	Lead
<ol style="list-style-type: none"> 1. Actively promote and provide opportunities for residents to improve their health and wellbeing through physical activity, movement and active travel 2. Reduce the impact of Covid-19 3. Ensure community-based care services that maximise people's independence and support them to live healthy lives in their own homes 	Southwark Leisure / Transport Planning Southwark Public Health Southwark Adult Social Care
<i>What strategies and action plans do these link to?</i>	
<u>Southwark Healthy Weight Strategy 2016-2021</u>	
<u>Southwark Council Sport and Physical Activity Strategy 2019-2023</u>	
<u>Southwark Movement Plan</u>	
Southwark Adult Social Care Business Plan	

Observe

The areas our Board will ‘observe’ are set out in the tables below. Although much of these areas are important to population health, the decision-making sits outside of the Health and Wellbeing Board. These areas have been set out against the framework provided by the Marmot review. In each of these areas, we have set out what we want to achieve and the delivery strategy or action plan that guides this work.

Ensure the best start in life for every child	
Aims	Delivery Strategy / Action Plan
<i>Our key priorities are in ‘Drive’ and ‘Sponsor’ categories.</i>	

Enable all children, young people and adults to maximise their capabilities and have control over their lives	
Aims	Delivery Strategy / Action Plan
1. Support people of all ages to access lifelong learning and skills development	Southwark Skills Strategy 2018-2022

Create fair employment and good work for all	
Aims	Delivery Strategy / Action Plan
1. Support businesses to become more resilient and to thrive, particularly those providing essential goods and services and those more vulnerable to economic shocks 2. Provide additional support for entrepreneurs who are underrepresented in specialist and growth sectors, including women, disabled and Black entrepreneurs	Southwark Council’s Economic Renewal Plan Southwark Skills Strategy 2018-2022

Ensure a healthy standard of living for all	
Aims	Delivery Strategy / Action Plan
1. Improve digital inclusion and avoid exclusion related to poverty, cognition and frailty	Southwark Digital Infrastructure Strategy

Create and develop healthy and sustainable places and communities

Aims	Delivery Strategy / Action Plan
<ul style="list-style-type: none"> 1. Ensure everyone has access to good quality parks and green spaces 2. Improve air quality and reduce the impact of air pollution 3. Tackle climate change. 	<p><u>The Southwark Plan 2022 (the local plan)</u></p> <p><u>Air Quality Strategy and Action Plan 2017-22</u></p> <p><u>Air Quality Action Plan 2023-2027 (in development)</u></p> <p><u>Southwark Climate Change Strategy</u></p>

Strengthen the role and impact of ill health prevention

Our key priorities are in 'Drive' and 'Sponsor' categories.

Systems transformation

The priorities and objectives in this strategy tackle complex issues that are shaped by multiple factors. Many of them will require the whole system to work together to achieve progress.

An ambitious transformation programme will be launched in 2022/23 which will seek to embed the 5 core principles of the Joint Health and Wellbeing Strategy across the system and change how day to day business is conducted.

Box 5. Transformation Fund – enabling systems transformation through the Joint Health and Wellbeing Strategy

A Transformation Fund is being developed and will be launched in 2022/23. The fund will seek to embed the five strategy principles and transform day-to-day work: tackling health inequalities, addressing climate change, place based and targeted approaches, empowering communities and joined up and person-centred health and social care. The fund is established by Southwark Council and the CCG and seeks to align social care and NHS investment in integration to the Health and Wellbeing Board and SEL ICS priorities.

Box 6. Anchor institutions

Anchor institutions are large public-sector organisations that do not move from an area (they are “anchored”). Through their resources and as an employer they can have a big impact on people living nearby, for instance by becoming more environmentally sustainable, widening job opportunities, and spending money locally^{xxvi}. The organisations that are part of the Health and Wellbeing Board, such as the NHS Foundation Trusts, recognise the impact they have on the local communities and environments. A Southwark Anchor Network has been established to leverage strategic influence and investment to improve health and reduce health inequalities.

For more information, please see:

[Part of the community | Guy's and St Thomas' NHS Foundation Trust
\(guysandstthomas.nhs.uk\)](https://www.guysandstthomas.nhs.uk/part-of-the-community/)

<https://www.slam.nhs.uk/about-us/who-we-are/our-strategy/>

<https://www.guysandstthomas.nhs.uk/about-us/part-of-the-community/part-of-the-community.aspx>

Working together with communities

People who live and work in Southwark have helped to shape this strategy through previous engagement. Their input has deepened our understanding of the borough – of how people experience their local areas, assets in the borough and challenges that people face. Much of the skills and expertise to reduce health inequalities in Southwark are recognised to be within communities. Similarly, much of the activities delivered by communities through support networks, faith groups, grassroots initiatives, all contribute immeasurably to the health and prosperity of the borough. The Joint Health and Wellbeing Strategy is a commitment by the Health and Wellbeing Board to work with communities as partners in health and wellbeing, co-designing and co-delivering actions to reduce health inequalities.

Embedding community voices into our work

The Joint Health and Wellbeing Strategy will create and support opportunities to work with communities in a way that builds on and strengthens community relationships. This means working with people over time and creating lasting commitments to work together.

Work is taking place to establish a Southwark Lived Experience Assembly to ensure local communities continue to shape health and care in Southwark. This is an opportunity to strengthen the way that local people engage directly with the Joint Health and Wellbeing Board and Partnership Southwark, ensuring that they contribute and shape the actions for the Joint Health and Wellbeing Strategy.

Box 7. Ongoing community engagement and coproduction in the Joint Health and Wellbeing Strategy – Year 1

In the first year of the strategy, there is further work taking place with communities to co-produce specific actions for priority objectives. These can be actions that communities want to take forward themselves with our support or community views that can inform wider statutory and VCS activity. The longer term aim is to develop approaches to enable local communities to feed into and strengthen how the Health and Wellbeing Board engages with communities, holds community conversations, as well as being accountable for improving health and wellbeing. There is an opportunity to align this community engagement work to shape and inform on the development of the SEL Integrated Care System.

Monitoring Outcomes & Inequality

Local data and intelligence is critical for helping us understand health inequalities locally. To support this strategy, an updated approach to monitoring health outcomes and inequalities has been developed. This includes:

- A borough level **outcomes framework**, tracking key indicators associated with the drive areas of the strategy. The framework sits alongside this strategy and helps us to monitor improvements over time for Southwark as a whole. We have worked with partners to ensure indicators align with other plans in the borough to ensure that the best available data is utilised. As part of this process, we are also seeking to identify a number of indicators that can be used to monitor change in inequalities within the borough. Activities outlined in the strategy will generate new ways of monitoring progress across the drive areas, particularly in areas where new work will begin, and will be included in future iterations of the framework.
- An update of the annual JSNA report that provides the story of health and wellbeing in Southwark. The report will provide the narrative as well as analysis of health, wellbeing and inequalities in the borough, including wider determinants of health such as income or crime.
- A series of themed '**deep dives**' each year, enabling us to review specific areas of health and wellbeing, along with local action. This will help provide deep insight into local action and what has been achieved in particular areas. This approach should be particularly useful in areas where it is more difficult to track progress through quantitative measures.

The outcomes framework shows the measures used to demonstrate progress on the objectives and why these measures have been chosen. The outcomes framework is included an Appendix 1.

Work to improve inequalities monitoring is taking place across the system in new and innovative ways, and will be incorporated into future iterations of the outcomes framework. This include better linking and access to data across the health system, and a possible health and wellbeing survey across Southwark, led by Impact on Urban Health, which will understand a range of healthy behaviours and how these differ between wards and demographic groups. Findings from this survey will support areas of the outcomes framework where data is not updated frequently and/or where inequality data are not currently available.

Box 8. Developing community-led accountability

A community approach to monitoring and accountability will be proposed and piloted in 2022/23. We want our communities to have a bigger say in the monitoring and feedback on the actions being taken to improve health and wellbeing and to reduce health inequalities. We will build on work already taking place within the Integrated Care System and from the Council to develop mechanisms of community accountability.

Governance

The Joint Health and Wellbeing Strategy is ambitious and touches on much of the work of each organisation represented on the Health and Wellbeing Board.

The Health and Wellbeing Board will maintain strategic oversight of the strategy, and monitor progress through the borough level outcomes framework, the annual JSNA report and the deep dive themes.

Partnership Southwark Executive will maintain regular oversight of:

- 1) The delivery and the impact of the Transformation Fund Programme;
- 2) The outcomes achieved through the strategy, via the data, monitoring and intelligence programme;
- 3) Ensuring empowerment remains embedded into the delivery of the strategy;
- 4) Ensuring that the strategy continues to reflect the priorities of all of our stakeholders.

A working group will be established within Southwark Council, to join up local authority work on the wider determinants of health that sits outside the traditional remit of health and social care. This will help us to observe and influence those areas sitting within our ‘Observe’ categories. This group will report in to the Partnership Southwark Executive.

Refreshing and reviewing the strategy

The work to improve health and wellbeing will evolve over time. The Health and Wellbeing Board’s ambitions to work closely with communities on the delivery of this strategy will further shape our knowledge about addressing health inequalities. The recovery from the Covid-19 pandemic will also highlight new, long-term issues that affect our communities. Delivery of this strategy must be flexible and responsive. The strategy will be updated and refreshed as our knowledge and evidence base extend, to ensure that the Southwark partnership system continues to improve health and wellbeing in Southwark.

Box 9. Joining up care for people, places and populations

The national government published a White Paper^{xxvii} in February 2022, setting out its vision for the future of the integration of health and social care. The paper describes the government’s expectations on collaboration at place-based levels. The proposals include the introduction of national shared outcomes, which span the health and social care system, and a framework for setting outcomes priorities locally. There is a recognition that leadership at a place-based level is the best way of prioritising the outcomes that matter the most for local people.

The changes proposed focus on working together to jointly deliver for communities. Emphasis is also placed on prevention. These are both principles that are embedded throughout this strategy. It is proposed that there is a shared outcomes plan building on this strategy as a next stage in refreshing this strategy.

Appendix 1 – Outcomes Framework

How will we measure this?	Baseline		Why measure this?
	Swk	Ldn	
Drive 1: A whole family approach to giving children the best start in life			
Percentage of pregnant women who have their booking appointment with a midwife within 10 completed weeks of their pregnancy	63% (2020)	63% (2020) (England)	The National Institute for Health Care Excellence recommends antenatal booking by 10 weeks of pregnancy. The booking appointment allows scheduling of her ultrasound scan, identification of women who might need more than usual care, either because of medical history or social circumstances, for discussion of antenatal screening, taking blood pressure and measuring the woman's height and weight, identification of risk factors such as smoking and offering support, discussion of mood and mental health.
Low birth weight of term babies	3.1% (2020)	3.3% (2020)	Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. Inequalities measures will be identified in future iterations of this outcomes framework.
Percentage of 12 month development reviews (health review 1) completed by the time the child turned 12 months	77% (2020/21)	53% (2020/21)	Health visiting is one way that families are supported during the first years of a child's life. Health visitors can provide advice and support on a range of developmental issues, and signpost to services which may be helpful as well as providing a safeguarding function.
Inequality gap in percentage of children achieving a good level of development at the end of Reception, between White and	5% (80%/ 75%) (2018/19)	3% (78%/75%) (2018/19) (Inner London)	School readiness is identified through a wide range of developmental areas assessed at the end of Early Years Foundation Stage. Children from areas of social and economic disadvantage are at greater risk of poorer development. The percentage gap is calculated to report how many percentage points higher the proportion is for children from a White ethnic background. The numbers in

Black, Asian and minority ethnicity children			brackets report the percentage of children from a White ethnic background, and from a Black, Asian or minority ethnic background.
Percentage of Y6 children who are very happy or happy with their life	75% (2016)	NA	Measuring how happy children self-report to be with their life at the moment can give a picture of wellbeing for children who attend schools in Southwark. Children's wellbeing is both a cause and a consequence of issues such as body image, self-esteem and poor mental health.
Percentage of Y8 and Y10 children who are very happy or happy with their life	60% (2016)	65% (2016) (National survey sample)	
Percentage of school pupils with social, emotional and mental health needs	2.8% (2021)	2.5% (2021)	Information is collected on primary type of need for children with special educational needs; social, emotional and mental health needs is recorded as one of the needs. Local activities can be informed by this prevalence. This only captures children where these needs have been identified as a special educational need, and won't show children with lower level, but still present, need.
Hospital admissions as a result of self-harm (10-24 years old)	191.5/100,000 (2020/21)	210.5/100,000 (2020/21)	Hospital admissions for self-harm can act as one indicator for prevalence of mental health conditions, although not all acts of self-harm will lead to hospitalisation. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment. Future iterations of the outcomes framework will work to have more mental health indicators, beyond the acute crisis stage.
Drive 2: Healthy employment and good health for working age adults			
Proportion of those who are economically inactive who want a job (involuntary unemployment)	30% (2021)	21% (2021)	The economically inactive population mainly includes students, people who are long-term sick and those who are looking after family/home. However, some people want a job but cannot get one, known as involuntary unemployment. Increased job opportunities, access to skills development and inclusive employment will all reduce involuntary unemployment.

Gap in the employment rate between those with a long-term health condition and the overall employment rate	9.4% (2019/20)	12% (2019/20)	The gap in employment rate demonstrates the impact limiting long-term illness has on employment for those in the Live Well life stage. Inclusive employment which focuses on stable and healthy jobs will reduce this gap.
Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate	75% (2019/20)	68% (2019/20)	The gap in employment demonstrates the impact mental illness has on employment for those in the Live Well life stage. Inclusive employment which focuses on stable and healthy jobs will reduce this gap.
Percentage of physically active adults	71% (2020/21)	61% (2020/21)	Physical activity reduces risk of many physical health conditions (e.g. cardiovascular disease, coronary heart disease, stroke, diabetes, obesity) and is associated with improved mental health. An individual is deemed physically active if they do at least 150 moderate intensity equivalent minutes of physical activity per week.
Smoking prevalence in adults	16% (2019)	13% (2019)	Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases including heart disease, chronic obstructive pulmonary disorder, and lung and many other types of cancer.
Smoking prevalence among adults aged 18-64 in routine and manual occupations	24% (2020)	19% (2020)	Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases including heart disease, chronic obstructive pulmonary disorder, and lung and many other types of cancer. In 2019 in UK, around 1 in 4 people in routine and manual occupations smoked compared with just 1 in 1 people in managerial and professional occupations. Focus on smoking prevalence in the population group with highest smoking rates is needed to make the biggest change in overall smoking prevalence.
Proportion of those receiving Universal Credit who are employed	35% (2021)	38% (2021) (Inner)	In-work poverty affects people based on the sector they work in, their hourly pay and number of hours worked, age, gender, ethnicity and disability. Barriers

(proxy for in-work poverty)		London)	like access to childcare and transport can also determine whether those working can earn enough to not need to claim Universal Credit to subsidise their income (<£15,000).
-----------------------------	--	---------	---

Drive 3: Early identification and support to stay well

Cancer screening coverage – bowel cancer	57% (2021)	59% (2021)	Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers over time. About one in 20 people in the UK will develop bowel cancer during their lifetime. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of bowel cancer screening. Current work between Public Health and NHS colleagues aims to identify inequalities in screening coverage.
Cancer screening coverage – cervical cancer (aged 25 to 49 years old)	60% (2021)	59% (2021)	Cervical screening supports detection of cell abnormalities that may become cancer and is estimated to save 4,500 lives in England each year. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages. Current work between Public Health and NHS colleagues aims to identify inequalities in screening coverage.
Cancer screening coverage – breast cancer	48% (2021)	55% (2021)	Breast cancer screening supports early detection of cancer, at more treatable stages. Screening is estimated to save 1,400 lives in England each year. Current work between Public Health and NHS colleagues aims to identify inequalities in screening coverage.
Cumulative percentage of the eligible population aged 40-74 who received an NHS health check	50% (2016/17-2020/21)	37% (2016/17-2020/21)	The NHS health check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40-74, who has not already been diagnosed with one of these conditions, will be invited to have a check. A high uptake is important to identify early signs of poor health leading to opportunities for early interventions.

Proportion of all NHS health checks completed by residents from a Black, Asian or minority ethnicity background	TBC	NA	The NHS health check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Social and economic factors play a part in the risk of developing these diseases. By monitoring the proportion of all health checks who are completed by residents from a Black, Asian or minority ethnic background, an equitable service can be ensured in line with the strategy.
Proportion of adult carers who have found it easy to find information and advice about support, services or benefits	53% (2018/19)	60% (2018/19)	Unpaid or informal carers play an integral role in supporting the family members and friends they care for. Carers should be able to easily access information to aid their caring responsibilities. Better engagement with support and services will benefit both carers and their dependents.
Number of emergency hospital admissions due to falls in people aged 65 and over	2,005 per 100,000 (2020/21)	2,023 per 100,000 (2020/21)	Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long-term outcomes e.g. move from home to long-term nursing or residential care. Measure shows the rate of patients with falls related emergency admissions entering a hospital setting – not all falls will result in emergency admission, and not all falls can be prevented within the falls prevention work.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	82% (2020/21)	84% (2020/21)	Reablement services (enablement, intermediate care and rehabilitation following a hospital episode) aim to enable people to remain at home. This measure reflect the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement. Additional measures will be included to cover all aspects of reablement after a stay in hospital.
Drive 4: Strong and connected communities			
Percentage of residents who say they belong to their local area	71% (2018/19)	73% (2018/19)	The Greater London Authority include a measure on belonging to local area in the annual Survey of Londoners to understand perceived relationships. Belonging promotes trust, safety and feeling supported.

Percentage of residents who say they feel lonely often or always	9% (2018/19)	8% (2018/19)	The Greater London Authority include a measure on loneliness in the annual Survey of Londoners to understand perceived relationships. In Southwark in 2019, people who were single and with no children, with long-term mental health conditions, with low and very low food security and living in social housing were more likely to report feeling lonely often.
Percentage of residents who have participated in formal volunteering in the last year	NA	28% (2018/19)	The Greater London Authority include a measure on volunteering in the annual Survey of Londoners to understand participation. Volunteering benefits the local community, can build self-esteem and new skills, and builds a sense of belonging. Volunteers are essential to support the role the voluntary and community sector play in promoting health and wellbeing.
Percentage of residents who agree that their local areas is a place where people from different backgrounds get on well together	76% (2018/19)	75% (2018/19)	The Greater London Authority include a measure on different backgrounds in the annual Survey of Londoners to understand perceived relationships. There are many economic and cultural benefits of diversity, and these can be experienced by everyone in the community to promote similar life opportunities for all.
Drive 5: Integration of Health and Social Care			
Current work in Partnership Southwark to identify how to evaluate the effectiveness of partnership working will inform this section of the outcomes framework. A possible health and wellbeing survey will help to capture residents' views on how well this integration works for them.			

- ⁱ Department of Health and Social Care (2022), [Joining up care for people, places and populations](#)
- ⁱⁱ Department of Health (2012), [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)
- ⁱⁱⁱ Department of Health (2012), [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)
- ^{iv} Marmot, Allen, Boyce, Goldblatt, Morrison (2020), [Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity](#)
- ^v The King's Fund (2020), [What are health inequalities?](#)
- ^{vi} Marmot, Allen, Boyce, Goldblatt, Morrison (2020), [Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity](#)
- ^{vii} Public Health England (2021), [Inclusion Health: applying All Our Health1](#)
- ^{viii} Public Health England (2020), [Disparities in the risks and outcomes of Covid-19](#)
- ^{ix} Covid-19: Inequalities Impact Assessment. Southwark Council: London. 2021.
- ^x Public Health England (2020), [Disparities in the risks and outcomes of Covid-19](#)
- ^{xi} Department of Health and Social Care (2021), [The best start for life: a vision of the critical 1,001 days](#)
- ^{xii} MBRRACE-UK (2021), [Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19.](#)
- ^{xiii} Department of Health and Social Care (2021), [The best start for life: a vision of the critical 1,001 days](#)
- ^{xiv} Partnership Southwark (2022), 'I statements'
- ^{xv} Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- ^{xvi} South London Listens (2021), [South London Listens Action Plan: November 2021 - November 2023](#)
- ^{xvii} South London Listens (2021), [South London Listens Action Plan: November 2021 - November 2023](#)
- ^{xviii} Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- ^{xix} NHS England, [Carer Facts](#)
- ^{xx} Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- ^{xxi} Healthwatch Southwark (2020), [The impact of caring on unpaid carers](#)
- ^{xxii} Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- ^{xxiii} Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- ^{xxiv} South London Listens (2021), [South London Listens Action Plan: November 2021 - November 2023](#)
- ^{xxv} Department for Levelling Up, Housing and Communities. (2021) [Partnerships for People and Place](#)
- ^{xxvi} The Health Foundation, [The NHS as Anchor Institutions](#)
- ^{xxvii} Department of Health and Social Care (2022), [Joining up care for people, places and populations](#)

Agenda Item 9

Item No.	Classification: Open	Date: 4 July 2022	Meeting Name: Health and Wellbeing Board
Report title:		Annual Public Health Report	
Ward(s) or groups affected:		All Southwark wards and population groups	
From:		Sangeeta Leahy - Director of Public Health, Southwark Council	

RECOMMENDATION(S)

1. That the Health and Wellbeing Board note the findings of the Annual Public Health Report, and commit to the recommendations.

BACKGROUND INFORMATION

2. Each year, Directors of Public Health in local authorities across England fulfil a statutory requirement to write an annual report on the health of their population. The Annual Public Health Report (APHR) is a vehicle for informing partners and residents about the health of Southwark's communities, as well as providing evidence on key health and wellbeing needs that should be prioritised in the forthcoming year.
3. The Director of Public Health was not able to publish an APHR during the pandemic due to additional pressures relating to COVID-19.
4. The APHR is shared with partners across the council and external partners, including the voluntary and community sector, and residents through publication on the council website.
5. Each year, the APHR is published with a statistical appendix which provides information on health and wellbeing measures, including trends over time and inequalities across the borough. From this year, the statistical appendix has been replaced by the Joint Strategic Needs Assessment (JSNA) annual report which was presented to Health and Wellbeing Board on 7 March 2022 and can be found in the papers from this meeting (previously referred to as State of the Borough report).

KEY ISSUES FOR CONSIDERATION

6. The Director of Public Health has chosen the value of partnership working to support residents during COVID-19 as the theme of this year's report, as a way of acknowledging and celebrating the efforts across the system which have helped, and continue to help, to keep residents safe and

supported during the pandemic.

7. The APHR begins with an introduction from Councillor Akoto, Cabinet Member for Health and Wellbeing, who highlights the value of these partnerships and the need to build on these moving forward.
8. The report is split into the following sections:
 - a) Health and wellbeing overview – this section provides a high-level overview of health and wellbeing across the life course in Southwark, and introduces the concept of health inequalities.
 - b) Impacts of COVID-19 – throughout the pandemic it has been clear that the direct impact of COVID-19 infection on risk of severe disease and death, and the wider health, social and economic impacts of the pandemic have been unequal. National evidence and local intelligence both show that ethnic minorities, and those living in areas of social and economic disadvantage have experienced more negative impacts.
 - c) Our response – prevent, identify control – this section identifies areas where partnership working helped Southwark Council to deliver the Outbreak Prevention and Control Plan (OPCP). The OPCP set out Southwark Council's ambition and approach to providing local leadership and support for the pandemic response, and outlined the borough's operational approaches to the challenge of COVID-19.
 - d) Value of partnerships – this section provides examples of where new and existing partnerships across the council, NHS and voluntary and community sector helped i) food insecurity, ii) education and learning, and iii) older people.
 - e) Recommendations – the Director of Public Health has given five recommendations for how the value of partnership working can continue to support wider health and wellbeing issues.

Community, equalities (including socio-economic) and health impacts

Community impact statement

9. The APHR has identified areas of partnership working including community-based organisations. The report concludes with a recommendation to increase engagement with communities, including in community venues, and a recommendation to increase the role voluntary and community sector organisations play in health and wellbeing.

Equalities (including socio-economic) impact statement

10. The APHR has provided a summary of health inequalities in Southwark and identified population groups who are at greater risk of COVID-19 severe disease and mortality.

Health impact statement

11. The APHR identifies areas of work to improve health and wellbeing across Southwark during COVID-19 and opportunities where this can be built on in the future.

Climate change implications

12. There are no climate change implications as a direct impact of this report. Many of the partnerships shared within the report consider the environmental impact of the work delivered.

Resource implications

13. There are no resource implications as a direct outcome of the APHR. Adoption of the recommendations by partners may affect future resourcing, but these recommendations likely align with their existing aims to broaden community involvement in health and wellbeing, and partnership working.

Legal implications

14. There are no legal implications.

Financial implications

15. There are no financial implications.

Consultation

16. There was no formal consultation. The APHR was developed through conversations with several partners to understand how partnership working benefitted their area of work during the pandemic.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Governance

17. None sought.

Strategic Director of Finance and Governance

18. None sought.

Other officers

19. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Annual Public Health Report 2022	Public Health Division, Environment & Leisure.	Chris Williamson 02075251774

APPENDICES

No.	Title
Appendix 1	Southwark's Annual Public Health Report2022

AUDIT TRAIL

Lead Officer	Sangeeta Leahy - Director of Public Health	
Report Author	Chris Williamson - Head of Public Health Intelligence	
Version	1.0	
Dated	23 June 2022	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	23 June 2022	

The value of partnership working to support residents during COVID-19

Southwark's Annual Public Health Report 2022

**ANNUAL PUBLIC HEALTH REPORT
PUBLIC HEALTH DIVISION
ENVIRONMENT & LEISURE DEPARTMENT
LONDON BOROUGH OF SOUTHWARK**



1. FOREWORD

This year's Annual Public Health Report highlights the value and strength of the partnerships we have in Southwark.

The pandemic has had a huge impact on our borough, affecting the lives of our families, friends and neighbours. It has widened inequalities between our communities that we must tackle if we are to improve health and wellbeing in a meaningful way.

However, the pandemic has also shown that when we work together there is nothing we cannot achieve. Our Community Health Ambassadors and Community Support Alliance are just two examples of how we have worked hand in hand with the community to support our residents.

As a Council we have also worked closely with our NHS and wider partners to respond and manage COVID-19 outbreaks and deliver our local vaccination programme.

We need to build on these partnerships in the years ahead to ensure that everyone in Southwark has access to the support and services they need to lead healthy lives.

I am delighted to endorse this year's report and will keep working to ensure improving health and tackling inequalities is at the heart of everything we do.



Cllr Evelyn Akoto, Cabinet Member for Health and Wellbeing

2. CONTENTS

3. INTRODUCTION	4
4. KEY ACHIEVEMENTS	5
5. HEALTH AND WELLBEING OVERVIEW	6
6. IMPACTS OF COVID-19	8
7. OUR RESPONSE - PREVENT, IDENTIFY, CONTROL.....	10
7.1 Prevent.....	10
7.2 Identify.....	14
7.3 Control.....	17
7.4 Communications and Engagement	21
8. VALUE OF PARTNERSHIPS.....	22
8.1 Food insecurity	22
8.2 Education and learning	24
8.3 Older people	25
9. SUMMARY	28
10. RECOMMENDATIONS.....	29
11. ACKNOWLEDGEMENTS.....	30
12. REFERENCES	31

3. INTRODUCTION

The first case of COVID-19 was identified in Southwark on 25th February 2020. Since then there have been over 100,200 confirmed COVID-19 cases in Southwark.

Southwark Council and our communities have worked with a wide range of partners across government, the NHS and the voluntary & community sector to tackle the virus and to support our local population. A range of interventions such as social distancing, wearing face coverings and increased ventilation were needed to most effectively limit the spread of COVID-19 in order to protect all residents from infection, but particularly those who are older or clinically more vulnerable. In December 2020 the first COVID-19 vaccination was approved for use, and from that point onwards, a dual approach of COVID-19 vaccination and interventions such as 'hands, face, space, ventilate' have helped to prevent COVID-19 infection and protect our residents. As we move into the next stage of the pandemic where we learn to live safely with COVID-19, vaccination continues to be a key tool to prevent infection and transmission. It is likely that there will be booster programmes for those who are, or work with, more vulnerable residents, and we will continue to support residents receive their COVID-19 vaccinations.

In July 2020, Southwark Council published the Outbreak Prevention and Control Plan (OPCP). Partnership work across the council, NHS and voluntary & community sector was crucial to delivering this plan, and in turn helping to support all residents during the pandemic. The OPCP has since been updated in line with changes to national guidance. The first section of this report celebrates areas where

partnership working enabled delivery of the OPCP. The work to provide access to COVID-19 testing, vaccinations and support to educational, care and workplace settings with cases and outbreaks all contributed to reducing the spread of COVID-19.

The second section looks at areas where partnership working has helped to reduce the negative impacts of COVID-19 on our residents across three areas: food insecurity, education and learning, and supporting older people. COVID-19 continues to have negative and unequal impacts across many aspects of life including employment, household income, mental health and wellbeing. Whilst it was not possible to celebrate all partnership working across the full range of COVID-19 impacts in this report, we hope this acts as a reminder of how wide and diverse our community networks are in Southwark, and the range of opportunities available to residents.

As the Director of Public Health for Southwark I'd like to thank our communities, my public health team and wider council colleagues, and the many partners who have worked together to tackle this virus. My recommendations in section 10 are to build on this excellent partnership working to support residents in improving health and wellbeing through a community-led approach which listens to, and is guided by, our residents.



Sangeeta Leahy, Director of Public Health

4. KEY ACHIEVEMENTS

Since the start of the pandemic...



100,200 confirmed COVID-19 cases among Southwark residents



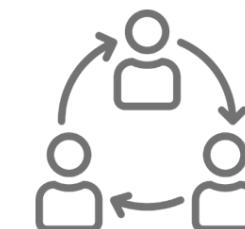
5,600 residents successfully contacted by Test and Trace Southwark, and provided with advice



545,000 doses of COVID-19 vaccination received by Southwark residents (across primary course and booster)



100 Community Health Ambassadors and Vaccine Champions have been trained



Young advisors handed out 10,000 lateral flow test kits to residents on their doorstep

(Approximate numbers)

Figure 1: Key achievements during COVID-19 in Southwark

Source: [Gov.uk COVID-19 dashboard](#), NIMS COVID-19 Vaccination dashboard

5. HEALTH AND WELLBEING OVERVIEW

Health and wellbeing in Southwark has improved over recent years, but many health inequalities remain, both within different parts of the borough, and when compared to London as a whole. Our built and natural environments, social and community networks, education and employment all contribute to our health and wellbeing, as well as our healthy behaviours, so these also play a part in understanding health and wellbeing across Southwark. More detailed information on each of the issues below is available within the Joint Strategic Needs Assessment Annual Report.

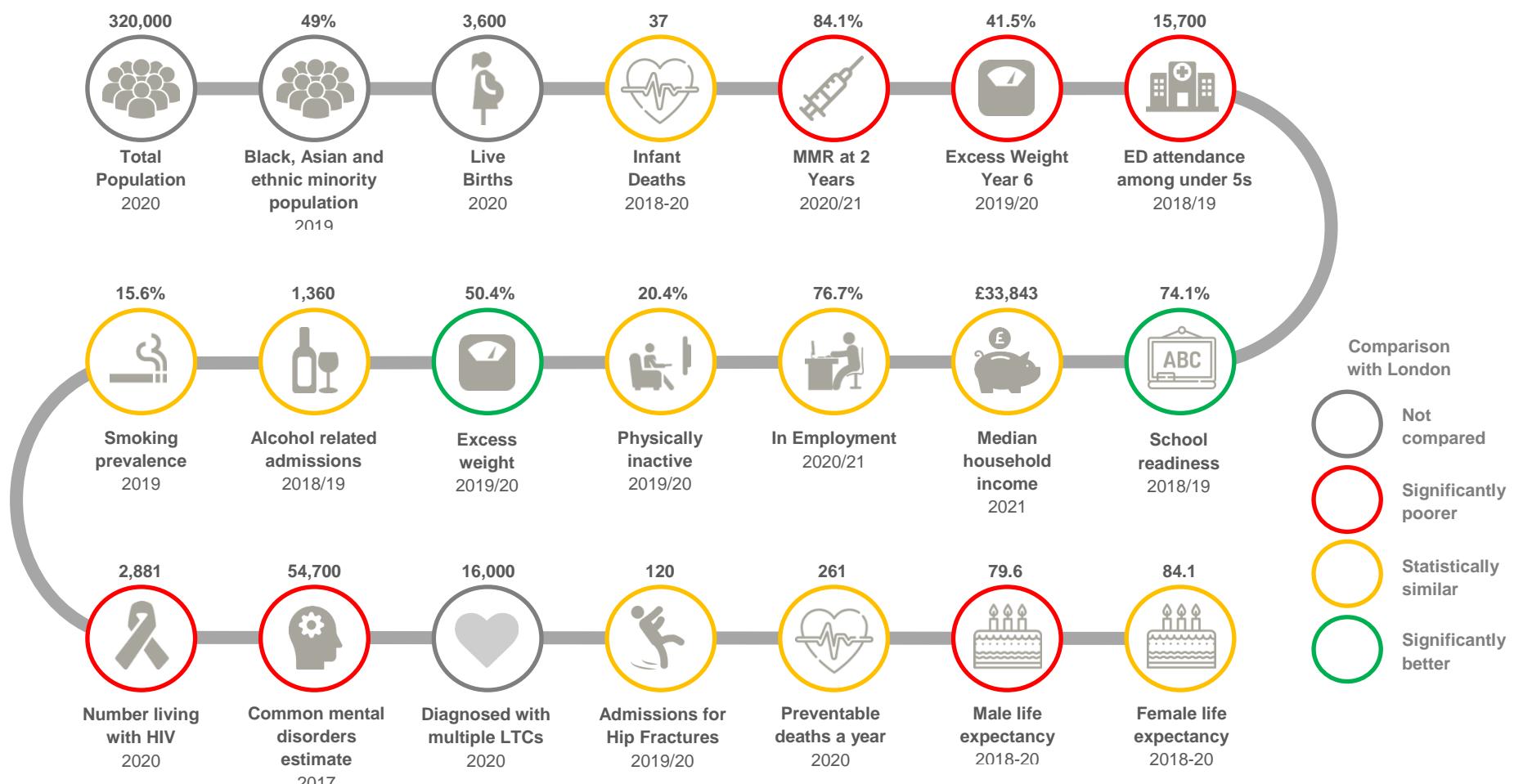


Figure 2: Health and wellbeing across the life course in Southwark infographic

Source: Southwark Council JSNA Annual Report 2022

Health inequalities are preventable and unfair differences in health across the population and between different groups of people. These differences in health can include differences in health status (such as life expectancy), in access to care, in the quality and experience of care, in behaviours that affect health (such as smoking), and in the wider determinants of health. The wider or social determinants of health are the broad conditions that people experience over their lifetimes, including education and employment, and the places, communities, and homes in which people live. These conditions together have a large impact on people's health and contribute to health inequalities.

Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life

expectancy, outcomes are poorer in central and northern parts of Southwark. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of inequality also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood and Downtown estate in Surrey Docks.

COVID-19 has brought health inequalities to the front of everyone's focus, and reminded us that tackling inequality is everyone's business. The Joint Health and Wellbeing Strategy details how all partners can work to reduce health inequalities, as well as pushing for overall improvements for Southwark, and recommendations at the end of this report summarise ways we can all contribute to reducing health inequalities.

Faraday
has the highest level
of socio-economic
deprivation



60.1%
are from a Black
and minority
ethnic background



31.7%
of children
under 16 live
in poverty



5.2%
of adults are
unemployed



14.3%
of adults have a
limiting long-
term illness



5% above
the national
average for
emergency hospital
admissions



79.3
male life
expectancy



**Dulwich
Village**
has the lowest level
of socio-economic
deprivation

19.2%
are from a Black
and minority
ethnic background



5%
of children
under 16 live
in poverty



1.2%
of adults are
unemployed



9.6%
of adults have a
limiting long-
term illness



44% below
the national
average for
emergency hospital
admissions

86.7
male life
expectancy

Figure 3: Geographic health inequalities in Southwark infographic
Source: Southwark Council JSNA Annual Report 2022

6. IMPACTS OF COVID-19

Risk of COVID-19 infection, severe disease and death are unequal. A number of national studies have found that COVID-19 has had a disproportionate impact on some communities. National evidence shows:

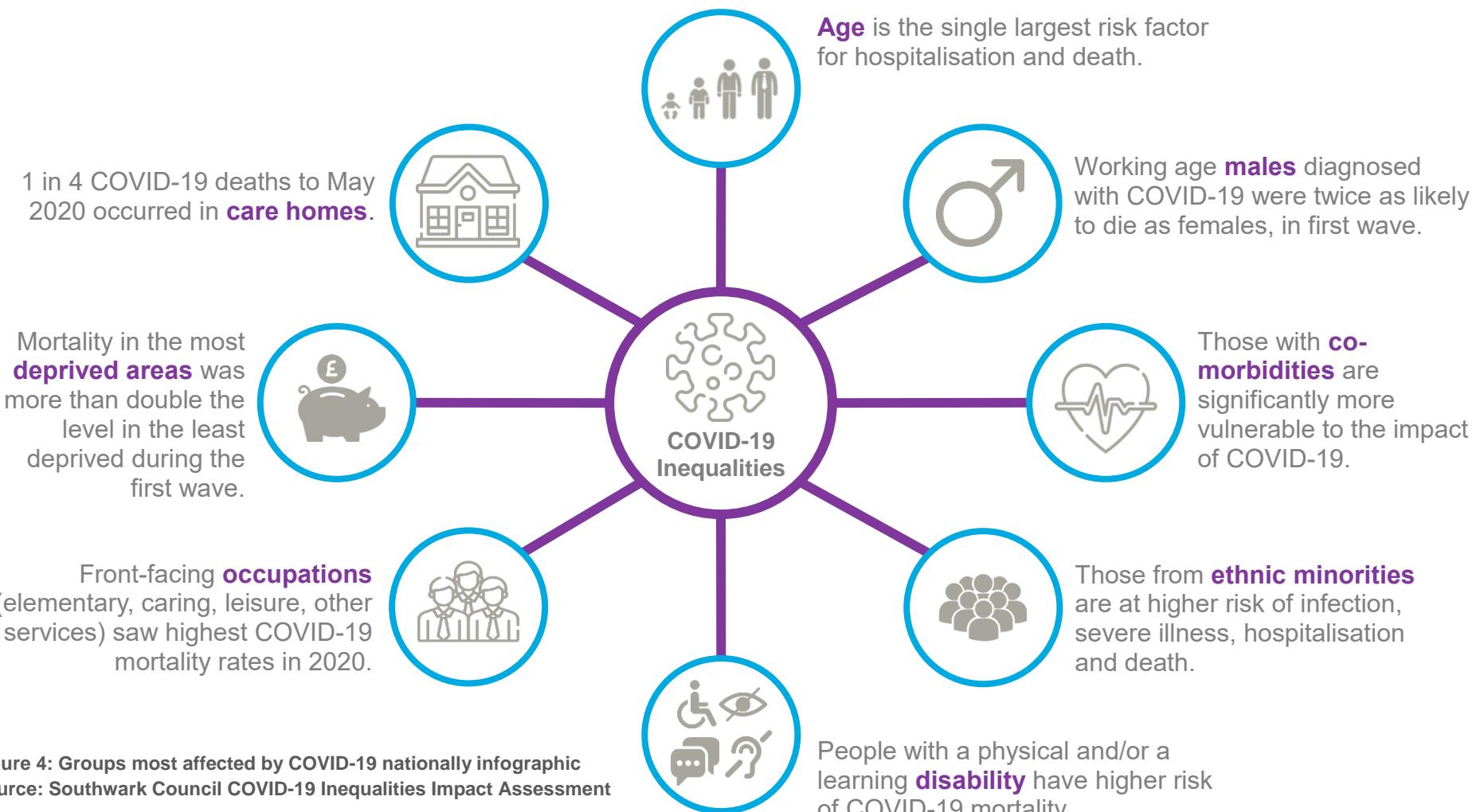


Figure 4: Groups most affected by COVID-19 nationally infographic
Source: Southwark Council COVID-19 Inequalities Impact Assessment

COVID-19 risk factors coincide to create substantial increased risk for ethnic minorities, and those living in areas of social and economic disadvantage. The last 2 ½ years has shown that people in our borough who were experiencing the greatest disadvantage before COVID-19 arrived were then those most affected by its direct and longer term impacts. In particular, residents from Black, Asian and minority ethnic backgrounds, along with those on low incomes have suffered the most during the course of the pandemic.

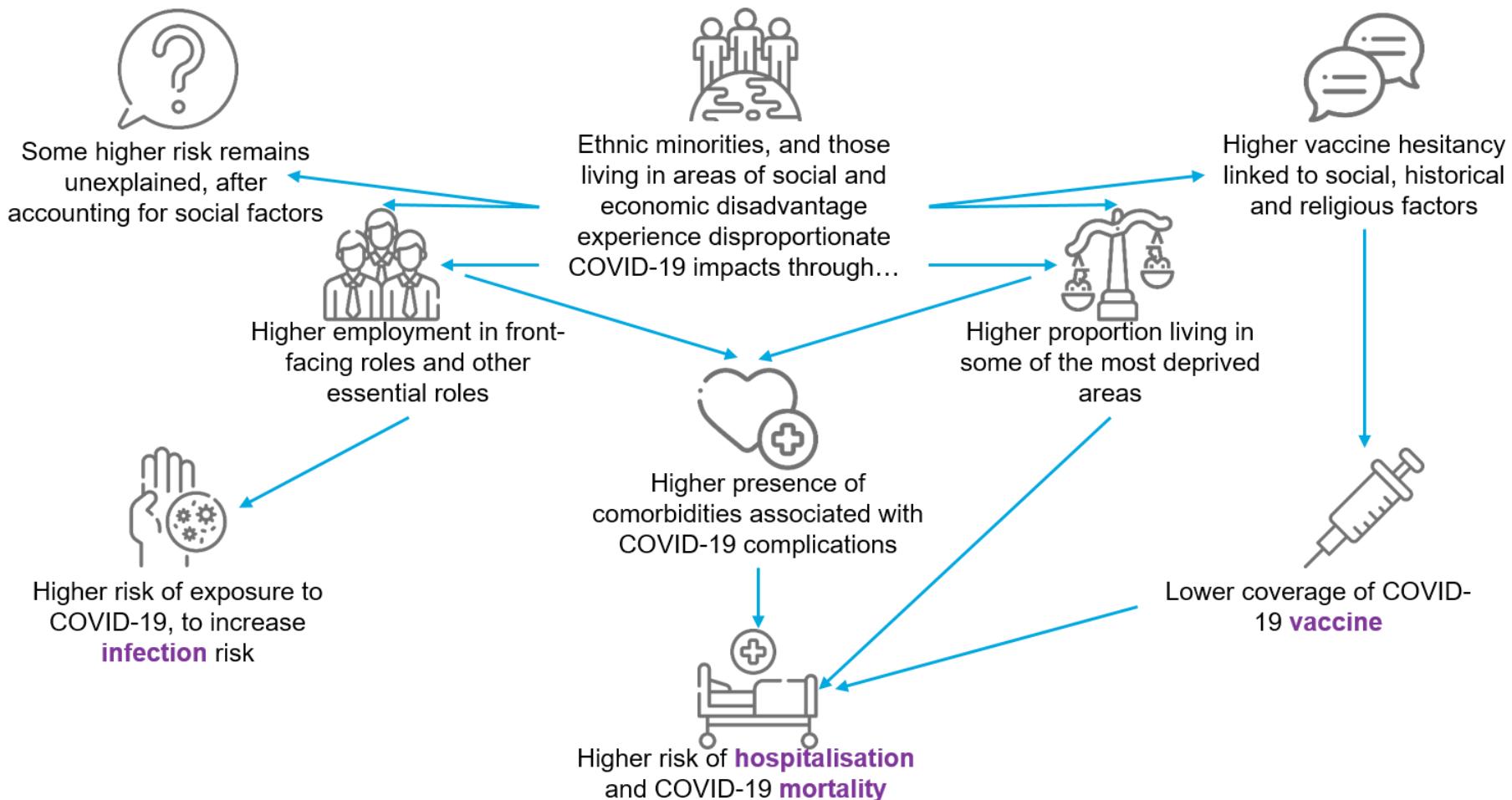


Figure 5: Disproportionate COVID-19 impacts on infection, severe disease and death for ethnic minorities and those living in areas of social and economic disadvantage infographic

Source: Southwark Council COVID-19 Inequalities Impact Assessment

7. OUR RESPONSE - PREVENT, IDENTIFY, CONTROL

Southwark's Outbreak Prevention and Control Plan (OPCP) set out Southwark Council's ambition and approach to providing local leadership and support for the pandemic response. Led by Public Health, and working closely with many council, health service and voluntary sector partners, the OPCP outlined the borough's operational approaches to the challenge of coronavirus. This was organised under three main strands of interlinked work: prevent, identify and control. This spring a 5th version of the OPCP was published presenting Southwark's amended approach to the pandemic, in response to the national government's policy shift towards *living safely with COVID-19*. More information is available in the [Outbreak Prevention and Control Plan \(OPCP\)](#).

7.1 Prevent

Under the Prevent strand of the OPCP, our aim was to:

- Work with communities and settings to prevent transmission, focusing on those with greatest vulnerability
- Engage and communicate with residents on the pandemic
- Support workplaces, our high risk venues e.g. care homes, and public areas

COVID-19 community health ambassadors

In order to best support our residents through the additional challenges created by COVID-19 a collaborative, community-driven approach was needed, so Southwark's Community Health Ambassadors Network was set up in October 2020. Over 100 individual volunteers from a diverse range of backgrounds and communities have since signed up, with the majority active in other voluntary sector and community organisations, and faith groups. The network is jointly coordinated by Healthwatch Southwark, Community Southwark and Southwark Council.

Ambassadors have received induction training and access to a wide range of additional resources with the aim of ensuring that everyone has the most up-to-date and accurate information as they work to inform, empower and support communities during the COVID-19 pandemic and in the recovery period. Ambassadors are provided with accurate information about COVID-19, including the vaccination programme, and they help to connect community members with support on things like access to healthy and affordable food, health and wellbeing services, including mental health services, and financial support. There's no specific expectation of Ambassadors – they use their normal channels to communicate to community members and they commit as much time as they are comfortable with. Community Health Ambassadors also provided us with invaluable feedback regarding the concerns and issues being experienced by their communities, which enabled us to adjust our interventions to better support our communities. A training programme has also been developed, which has been designed to meet the interests and requirements expressed by Ambassadors.



Southwark
Council
southwark.gov.uk

Carole, an Ambassador, said:

"We've been so busy as Community Health Ambassadors. I have looked for and shared ways in which to keep people living in Southwark fed, signposting foodbanks, and where they can gain advice about their mental health. I've also signposted people who are being abused, to get help from pharmacies and other organisations that offer victim support."

... We've kept in contact with phone calls to the elderly who have no family at hand, delivered shopping and 'adopted' many elderly people during this time, and encouraged people in the community to do the same. In particular I've shared information about support with disabled people who are feeling marginalised and forgotten during this pandemic; especially those with 'hidden disabilities' like autism."



Figures 6-8: A copy of Southwark Life with a picture of Carole, a COVID-19 community health ambassador, a photo of a group of ambassadors receiving certificates, and a 'Make a Difference Hero' award for Hajia, also an ambassador



Althea, another Ambassador, said:

"If not for the Ambassadorship and public health cooperation, we would have a very different outcome with COVID-19 and separating the facts from fiction. Not many people would have been well informed about COVID-19; what it is, what happens during and after COVID-19. People are more believing now because we personalised COVID-19...gave it a face and made it real and people could deal with it with the help provided. It just proved no man can be an island unto himself."

Looking forward, we are looking to widen the focus of the Community Health Ambassadors to address other community health priorities and concerns. Ambassadors are invited to become involved in Healthwatch engagement activities in addition to activities organised by Southwark Council, NHS and other partners.

COVID-19 voluntary and community sector prevention grants

Grants of £1,000-5,000 have been given to a range of voluntary and community sector (VCS) organisations to promote clear messaging of safe behaviours during COVID-19. Messaging varied across the course of the pandemic, from regular asymptomatic testing, to having a COVID-19 vaccination when invited. Funding was provided by Southwark Council with Healthwatch Southwark and Community Southwark jointly coordinating the programme. Together, the grants enabled the development of hyper-local, small-scale community action projects in direct response to local needs.

As a result of the funding, VCS organisations have been able to develop projects and activities that have increased confidence in communities in understanding how to stay safe. Projects have contributed to a reported increase in the intention to take-up COVID-19 vaccination, and developed ways for the organisations to continue supporting their communities during the pandemic and improve wellbeing and social outcomes.



- Street outreach and home visits to support digitally excluded people



- Mobile app sending multilingual information to over 300 people who use the local mosque
- Phone, text and WhatsApp support groups/services



- The installation of a digital screen at a mosque to help people use the centre safely



- Publicity materials and literature on COVID-19 vaccines
- Wellbeing workshops and activities
- Technical support to enable remote working



Figure 9: Examples of projects funded by COVID-19 voluntary and community sector prevention grants

One example is Flashy Wings Ministry, which was funded to run community workshops around vaccines. In their WhatsApp Educational Group, many members have testified that they have taken their first jab because of the information they received in the sessions held in 2021. Some have even posted a photo of themselves receiving their jab to encourage others. Attendees of the Zoom webinar were asked about their plans to have the COVID-19 vaccine at the start and end of the webinar, with the number who planned to have a vaccine more than tripled after the session.

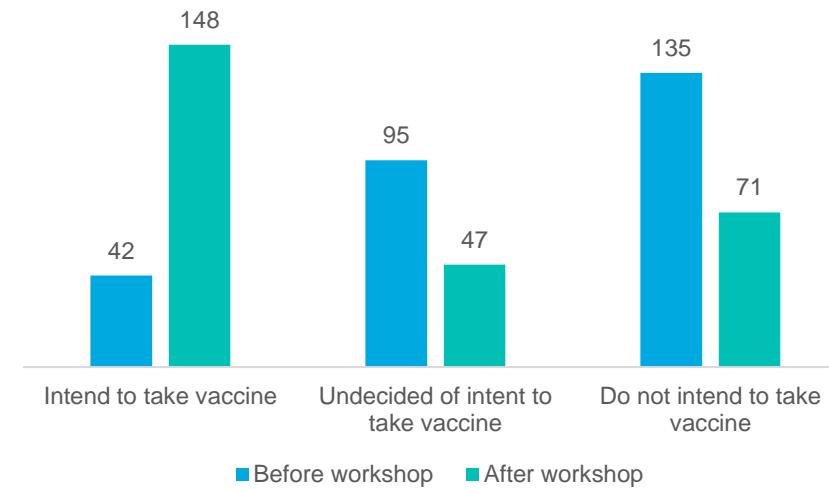


Figure 10: Change in self-reported COVID-19 vaccination behaviours before and after attending a COVID-19 vaccination webinar, delivered by Flashy Wings
Source: Healthwatch Southwark/ Community Southwark. VCS COVID-19 Prevention Grants Pilot, October 2020-August 2021 Summary Report (2021)

7.2 Identify

Under the Identify strand of the OPCP, our aim was to:

- Embed testing into communities and settings
- Identify contacts, with a robust local test and trace function
- Support self-isolation in contacts and cases including practical, financial and wellbeing support

Test and Trace Southwark

Effective contact tracing is an important tool in tackling COVID-19. By identifying and supporting residents who have been in close contact with someone who has the infection, we can help slow the spread of the disease and protect those who are most vulnerable. By notifying these contacts, they can isolate to help prevent spreading the virus any further. Cases were asked who they had been in contact with, during the period when they were likely to have been most infectious, and any locations they visited during that time e.g. workplace, restaurants, and supermarkets.

Test and Trace Southwark (TTS) was introduced on 21 September 2020 as part of a national plan for locally supported contact tracing. Test and Trace Southwark provided additional support to the national NHS Test and Trace programme. Cases who were not reached by the national system after 24 hours were referred to our team for follow up. Our call handlers were able to use local knowledge to reach out to confirmed COVID-19 cases who the national team were unable to contact. If call handlers could not get through to a case, council staff would carry out a home visit to check in on the case, and offer support. Colleagues across Public Health, Environmental Health, Housing and our contact centre worked together to ensure that TTS could reach as many residents as possible and provide additional

guidance on where to find local support if residents were struggling with food, finance or other isolation related issues.

TTS ended on 21 February 2022 after those with COVID-19 were no longer legally required to isolate. Building on our good practice, we have plans in place should we need to reintroduce contact tracing for any reason in the future.

Community asymptomatic testing

Asymptomatic testing became available in late 2020, and supported people to feel more confident in their decision to attend work or school, and visit friends and family. Public Health worked with colleagues across the council to coordinate access to lateral flow testing. We provided a mix of testing sites to ensure a range of options. Assisted tests were available at high street pharmacies and asymptomatic testing sites across the borough. Between January 2021 and March 2022, residents were able to access tests at ten pharmacies across Southwark. Pharmacies were selected across the borough to ensure ease of access to those most in need of testing as the pandemic progressed. To deliver the service the Council worked in partnership with local pharmacists, the Local Pharmaceutical Committee and wider NHS colleagues. Over 4,000 tests were carried out across the ten pharmacies since testing began. Looking forward, the success of this partnership working can provide a model for other services to be delivered within a community pharmacy setting, such as stop smoking services and sexual health testing.

Mass asymptomatic testing sites were positioned across the borough, and changed location to meet demand. These were supported by pop-up sites in areas with higher rates of transmission.



Figure 11: Photo of lateral flow testing mobile unit in Peckham Square

Residents were able to collect test kits from libraries and pharmacies, as well as ordering from the national website. Test kits were provided to educational, care and workplace settings to support outbreak management at short notice.

Targeted door drops of test kits were conducted in areas of high infection and/or lower coverage of COVID-19 vaccination. In July 2021, Southwark's Young Advisors worked to distribute around 10,000 test kits to residents on their doorstep in communities across the borough and promoted local vaccination pop-up clinics. This combined effort was focused in areas of the borough where COVID-19 vaccination coverage was lower, to both help residents receive their vaccination and increase testing in communities where transmission is more likely as people were less protected against infection.

Kingsdale Foundation School – testing for staff and students

Kingsdale Foundation School is a large secondary school and sixth form centre based in West Dulwich with designated specialisms in mathematics, physical education, & the performing/expressive arts.

Daniel Harding, acting deputy headteacher, spoke to us about the challenge of testing in a large school, with almost 2,500 students.

As part of the return to in-person teaching for all students in March 2020, staff and students were asked to carry out twice-weekly asymptomatic COVID-19 testing, using lateral flow test kits. In addition, at times of high case numbers school settings were asked to carry out surge testing to help identify additional cases and prevent onward transmission. Surge testing varied depending on the situation, but often required a whole school year group (and all staff that interacted with the students) to have daily testing, equalling around 700 tests required each day.

At one stage, Kingsdale operated three testing sites in the school:

- Mass asymptomatic testing site in the sports hall
- On-site routine testing for vulnerable & key-worker children
- Testing in the medical room for staff

The mass testing site could test up to 200 students an hour, which helped to limit the disruption this had on the working day for children. This scale of testing could not have been delivered without the support and contribution of teachers and parent volunteers who helped deliver and manage the sites.



Figures 12-14: Kingsdale Foundation School lateral flow testing centre

Source: Daniel Harding, Acting Deputy Headteacher

7.3 Control

Under the Control strand of the OPCP, Southwark aimed to:

- Advise on effective outbreak management
- Contain variants of interest and concern
- Support the delivery of the NHS COVID-19 vaccination programme (including boosters)

Acute Response Team (ART)

Southwark's Acute Response Team (ART) aims to mitigate the negative impacts of COVID-19 on Southwark's population and communities, and facilitate a safe recovery from the disruption caused by the pandemic.

Since February 2020, ART has maintained a single point of contact for individuals and organisations across Southwark to seek public health advice and support. Since June 2020, ART has comprised the CONTROL strand of Southwark's Outbreak Prevention and Control Plan (OPCP).

Working alongside Council and SEL CCG partners, as well as national and regional partners, including the UK Health Security Agency and the London Coronavirus Response Cell, ART has also played a key role in managing COVID-19 outbreaks across Southwark. This has included supporting individuals, organisations, workplaces, schools and communities across Southwark in applying national guidance, providing health protection advice, facilitating access to infection prevention and control advice, COVID-19 testing and personal protective equipment, as well as supporting implementation of control measures to prevent onwards transmission.

As the pandemic has progressed, ART has continued to evolve to reflect the changing needs and nature of the situation. While currently supporting the transition of acute COVID-19 outbreak management to regional specialist teams, ART continues to support local partners, with a focus on protecting our most vulnerable local populations.

Cherry Garden School

Cherry Garden School is an Ofsted outstanding special school based in Peckham for pupils aged 2-11 years old who have severe learning differences, complex needs, and autism. From their new building, opened in 2019, the school provides a range of learning to maximise opportunities and meet pupils' specific needs. Before COVID-19, the school would seek guidance from the Public Health team in response to viral outbreaks e.g. norovirus, and this working relationship developed significantly during the pandemic.

Cherry Garden School was supported by the ART who provided regular advice to staff on the latest public health guidance, and how the national guidance can be best applied, noting the additional challenges that special schools faced in infection prevention and control.

Simon Wright, Assistant Headteacher, said that he found the relationship between the ART and the school to be "massively helpful" and "a perfect example of collaboration between education and public health". The senior leadership team at the school in turn became more confident in the messaging they were sharing with teaching and support staff, and were more able to explain why actions were in place and answer any staff questions. "It was a careful balancing act of keeping the school to the highest quality we can and being safe in a pandemic".

In the later stages of the pandemic, as restrictions were eased, Simon found the continued support of the ART helpful to understand what public health measures could help to continue to protect the high number of clinically vulnerable children. “Over time, we felt empowered to make decisions in response to an outbreak so could act faster and stop the spread quicker”.

Simon also highlighted how a longer-term positive outcome of the school’s adaptations during the pandemic was an increased awareness for hand hygiene, social distancing, and hybrid meetings for staff and parents. Meetings with parents such as those to review children’s educational health and care plans can now be done remotely to “allow greater flexibility, especially for multi-disciplinary meetings where normally lots of people have to convene in one place”.

Care and residential settings

The pandemic has been extremely challenging for the adult social care (ASC) sector. Staff and providers working in ASC have done incredible work under immense pressure to care for our elderly and vulnerable residents and people with complex needs.

Multiple teams within Southwark Council and across the NHS have worked closely with providers and care settings in response to COVID-19. Providers were able to raise and address any questions or concerns at regular forums convened for care homes, supported living and home care settings. Convened more frequently during periods of high community infection rates, these forums offered opportunities for regular information sharing, including on changes to national guidance, and discussion and engagement between providers and council teams.

The ART worked alongside SEL CCG, Council and regional Health Protection partners to support ASC settings in responding to COVID-19 cases and outbreaks. Collaborative work between providers, registered managers and partners ensured deployment of setting-specific responses. This included application of national guidance, health protection advice that considered the particular context of each situation, as well as drawing upon the expertise of providers.

SEL CCG and Public Health worked to deliver infection prevention and control (IPC) guidance and training to providers. These included:

- Virtual IPC training webinars for all care homes, led by an IPC Specialist nurse
- Specialist advice and support to contain the spread of COVID-19 cases/outbreaks
- Bespoke IPC refresher training sessions for specific providers following outbreaks, in response to requests from providers

With support from Public Health, NHS SEL CCG also launched the South East London Infection Control Community Care Champions Education Programme in September 2022. Convened quarterly, the programme includes presentations experts in IPC issues, training and best practice and is attended by ASC staff from across Southwark and other South East London boroughs.

Supporting COVID-19 vaccination in residential and care settings

Ensuring high uptake of the COVID-19 vaccine within care homes was one of the main tasks of the vaccination programme. These are often the most vulnerable in society and the vaccine offers the best

protection against the pandemic.

A partnership of colleagues from across the NHS and local authority was established early on, with the aim of promoting the vaccine and addressing concerns of both staff and residents. To date 90% of all residents in older people care homes have been fully vaccinated against COVID-19.

Community COVID-19 vaccinations at local pharmacies

COVID-19 vaccinations were delivered at GPs, hospitals and pharmacies, as well as a range of pop-up events. Patricia Sydney is a pharmacist at Asda Old Kent Road and gave vaccinations to residents, as well as answering questions and concerns they may have had. Patricia thought the main challenge to the COVID-19 vaccination programme at her pharmacy was the ‘mistrust by the public’, caused by messages they had received from anti-vaccination campaigners. Questions asked by Black, Asian and minority ethnic background customers focused on concerns of ethnicity-motivated negative impacts. Patricia said ‘Although it was not an easy challenge, I was able to address their concerns and offer them reassurance of the benefit of the vaccine which outweighed any risk they had envisaged’. Asda Old Kent Road has given out over 6,000 doses of COVID-19 vaccination.

Partnership working was ‘vital’ to the successful vaccination programme, with regular contact with London regional NHS team and Southwark Clinical Commissioning Group (CCG). Pharmacies supported each other through WhatsApp and Telegram group chats with ideas of how to increase uptake and provide support to each other.

Looking forward, Patricia says the pharmacy is much busier than

usual as ‘people trust us more. They know Asda pharmacy [has] people they can talk to and [who] understand them. They are more open and freer to discuss their fears and worries’.

Pop-up COVID-19 vaccination sites

Residents could access COVID-19 vaccinations at a large number of healthcare sites across the borough. In addition, several vaccination pop-ups were organised to increase vaccine uptake in areas where coverage was lower. Pop ups were at a variety of venues, including Millwall Football Club, Tate Modern and Peckham Islamic Centre, as well as over 100 community outreach sessions in Peckham. These were made possible due to collaboration between the Council, NHS and host locations who kindly hosted a vaccination team and sometimes also helped promote the vaccination to their community.

The COVID-19 vaccination programme continues to deliver vaccines to our communities. We have vaccinated thousands of people and had a positive impact on people lives in many ways, but we must and we will do better to reduce the health inequalities this virus has brought into sharp focus. We will continue to reach out to communities across the borough to hear and address concerns, and provide support and information to people who have questions about the vaccines. We are proud of our joint working with system partners to support this.



Figures 15-17: Local COVID-19 vaccination clinics at Millwall Football Club, Tate Modern, and a quote from a resident who had the vaccine
Source: South East London Clinical Commissioning Group

7.4 Communications and Engagement

As part of our response to COVID-19, an OPCE Communications and Engagement group was created, led by the External Affairs team at the Council. The group brought together a range of partners from a variety of key council services, as well as colleagues from Community Southwark, and the NHS.

Public Health provided regular updates on the current COVID-19 situation across the borough, highlighting where differences were seen in infections, testing behaviours and vaccination coverage. These updates were combined with local knowledge, and the findings from our engagement work to build an evidence-led picture of what communication activities were needed, and ensured that we could be both targeted and adaptive in our approach to best meet the current situation. Our focus was to build a shared knowledge and understanding of community concerns and views on a range of COVID-19 topics and to co-ordinate our local communication and delivery plans. The group played a vital role in increasing local testing and boosting vaccination uptake among our most vulnerable residents.

The group used a range of borough-wide and hyperlocal initiatives to address community outbreaks and low vaccine coverage, including sharing clear, accessible information in a variety of languages with residents. Knowing that a lack of trust in authorities was a barrier for some residents in complying with government advice, we worked closely with local community groups, faith leaders, tenant and resident associations, community health ambassadors and businesses to develop messages that would reach those most in need. We took those messages into our neighbourhoods, through special editions of Southwark Life magazine, digi-van advertising,

park banners and vaccine popups, and used social media to reach many residents, especially younger age groups, with factual information and signposting.

In addition to the engagement activities detailed in the Prevent, Identify and Control sections, specific engagement work was also carried out with local business. Working together with our business improvement districts and other forums we provided support during lockdown periods and together addressed the challenges of reopening under restrictions.

8. VALUE OF PARTNERSHIPS

Southwark Council and local voluntary and community sector (VCS) organisations have come together during the pandemic to support residents. The Council have worked to support a wide range of VCS projects which supported health and wellbeing in the borough. These have included existing partnerships, as well as provided an opportunity to build new ones. The connections formed, grown and strengthened during the pandemic provide an opportunity to further improve health and wellbeing of our residents and address the inequalities we see in the borough.

This section will look at three areas which were negatively impacted by COVID-19, along with examples of how partnership working across the council and VCS supported residents.

8.1 Food insecurity

Before the pandemic, almost 1 in 4 Southwark respondents to a London-wide survey in 2019 reported experiences of food insecurity, where people have limited or uncertain availability of healthy food. Some people are more likely to experience food insecurity than others, with the following groups shown to be more likely:

- People who were unemployed, are in unstable employment, on benefits (particularly when transitioning to universal credit) or have financial and debt difficulties.
- People who are disabled or suffering from chronic mental or physical conditions.
- People who live in social housing, poor conditions, or are socially isolated.

- Elderly people, single parent households, large families, low-income families with school age children during school holidays, young people leaving care, young parents (16-24) and their children.
- Ethnic minorities, refugees and asylum seekers, individuals without recourse to public funds, or people who face language barriers.

During the pandemic, issues with food availability, household income and unemployment further increased the number of residents who were food insecure. Locally, food bank referrals rose by almost 4 times between April-Nov 2020 compared to 2019, and the number of people referred to access food assistance from the Southwark Emergency Support Scheme increased by 19 times, between April 2020 to January 2021.

Southwark Council has proactively worked with our community partners across several initiatives, projects, and programmes to support residents.

Southwark Community Support Alliance (CSA)

The Community Support Alliance (CSA) was established in March 2020 to support people who are vulnerable to, or should be shielded from, COVID-19. It was a joint voluntary and community sector, Southwark Council and NHS initiative to provide support and assistance to those who were isolated and could not get support from friends or family. It also provided advice and assistance on a range of issues related to COVID-19, from advice on parking for keyworkers

to delivery of emergency food parcels.

CSA proactively contacted residents known to the council as clinically extremely vulnerable or identified as vulnerable by council services. Residents were also able to self-refer to the CSA or be referred by elected members or a VCS organisation.

The most frequent requests for support were around food. Residents could be referred on to local food hubs who would then provide local support.

Southwark Food Action Alliance (SFAA)

SFAA is an independent, borough-wide, cross-sector partnership working together to tackle food insecurity. As of July 2021, it had 130 organisations as members. SFAA aims to ‘get beyond the foodbank’ by creating a more holistic, long-term co-ordinated response to food insecurity, and meets for networking, learning and sharing best practice.

During the pandemic, many local organisations in SFAA were able to access a regional offer of surplus food delivered by Fareshare and The Felix Project.

School Food Voucher Scheme

The School Food Voucher Scheme, led by Southwark Council’s Education team, funded local schools to offer food vouchers during October half-term, Christmas, February half-term and Easter holidays 2020-21. Over 10,000 children received vouchers each school holiday, with vouchers equivalent of 149,000 meals being distributed during Christmas 2020 alone.

Holiday Activity and Food Programmes

The Holiday and Activity Food programme, led by Southwark Council’s Public Health team, began in summer 2020 to provide holiday club places for children aged 4-16 years old who receive benefits-related free school meals during term time. The programme is funded by Department of Education and provided 70,000 holiday club places in 2021. There are around 35 providers who deliver holiday clubs with healthy meals, enriching activities, nutritional education and signposting and referrals at around 50 programmes across the borough.



Figure 18: Children with their Take and Make boxes as part of the Holiday Activity and Food programme

One example of a Holiday and Activity Food programme is Spring Community Hub who provide 250 places a day during school holidays across 7 sites in Camberwell, Walworth and East Dulwich. The Hub provide specialist services for children and young people with additional needs, and music and dance session for the older children (12-16 years old). Spring Community Hub have received additional funding from Southwark Council to build kitchen facilities to prepare meals for all seven locations and other nearby holiday clubs, both ensuring healthy meals are provided and creating local employment opportunities.



Figures 19-20: Children at Spring Community Hub, funded by Holiday Activity and Food programme

The programme will continue to receive funding from Department for Education to December 2024. The Public Health team continue to work with providers to further improve the programme, including:

- Southwark Council's Special Educational Needs and Disabilities (SEND) team to continue to raise standards of SEND provision
- Millwall Community Trust to raise additional funding
- Southwark Culture Health and Wellbeing Partnership (SCHWeP) to continue to provide opportunities for children to engage in free creative and cultural activities

8.2 Education and learning

Disruption to education through school closures and isolation in response to COVID-19 infection and/or closure of bubbles significantly impacted on children's learning and their wellbeing. Children who had insufficient technology, no quiet space to focus, had parents with limited English skills or caring needs for family members were most affected by school closures.

Despite the additional challenges to continued education, both when teaching had to be remote for most children and when in-person learning was impacted by COVID-19 restrictions, schools have made great efforts to limit the disruption to students as much as possible.

Laptops for Learning

The Laptops for Learning campaign was delivered in partnership with the London South Teaching School Hub to get laptops to schools to support education of children and young people across the borough. 1,708 devices were provided to 93 schools, with laptops and iPads made available to students for at-home learning. This was possible

through a combination of donated devices from businesses and laptops bought through donated funds and council-matched funding.

When we asked parents in Southwark
at the end of the first lockdown...



Over half said that their child was
struggling with home education.



Nearly 8 in 10 said that this was due
to a lack of motivation.



2 in 10 children did not have access to
technology needed for homeschooling.
This was higher for Black and Asian
children (3 in 10).

Figure 21: Findings from summer 2020 COVID-19 impacts survey (Social Life) infographic

Kingsdale Foundation School - collaborative adaptations to COVID-19

Kingsdale Foundation School is a large secondary school and sixth form centre based in West Dulwich with designated specialisms in mathematics, physical education, and the performing/expressive arts.

Several changes introduced to the school in response to COVID-19 restrictions have remained in place as restrictions have eased, and provided an opportunity to try out new ways of working that best suit students, staff and parents. Daniel Harding, acting deputy headteacher, said that COVID-19 had led to “technological advances” for the school – students can now do consent forms for school trips online rather than paper-based, and online learning has been fully mobilised so any future disruptions e.g. snow will not impact continued learning for students. Online parents evening were first introduced to limit risk of COVID-19 transmission, but have been largely supported by parents as allow greater flexibility around work/child care commitments. Operational change to the school day such as staggered lunch times were first introduced to avoid year group bubbles mixing, but have been a successful way to improve flow through the school canteen.

Before the pandemic, the monthly parent’s forum had very good attendance with “hundreds” of parents attending. During COVID-19, engagement grew and parents became more active in working with the school to improve the day-to-day life for students. One parent has helped the school to understand the importance of ventilation for children’s learning and has built HEPA filters (high-efficiency particulate absorbing filter) for the school to install, with filters now installed in the assembly hall.

8.3 Older people

Older people have been most vulnerable to the direct health impacts of COVID-19, reflecting the increased risk associated with older age itself, as well as the greater likelihood of having existing health problems that increase risk of serious illness from infection. This meant that the need for isolation and shielding during lockdowns was

particularly important in this group. However, this also led to negative impacts on physical activity, levels of social interaction, and mental health and wellbeing.

Safe and Independent Living (SAIL)

SAIL is a partnership team of statutory and VCS providers. During the pandemic, they contacted anyone who had accessed Age UK services in the 18 months before March 2020 (first lockdown), with priority given to the older age groups. Missed phone calls were followed up with letters. Residents were able to find out about local services which could provide support to their individual needs during COVID-19, as well as a chance to have regular check in calls with someone. Some were able to raise welfare concerns, with a focus on access to food during the initial stages of the lockdown.

Age UK

Age UK helped to coordinate residents with GoodGym, Southwark Community Hub, Food2You, and other local groups who could provide support. During the early stages of the pandemic, there was a focus on access to food, whilst welfare concerns focused on mental health, loneliness and bereavement became more frequently discussed as the pandemic continued. Facilitators were able to signpost and refer to services such as Improving Access to Psychological Therapies (IAPT) and Cruse Bereavement Care, and where residents declined referral, staff continued to contact on a regular basis to check in.

Yalding Healthy Living and Learning Centre

Age UK's Yalding Healthy Living Centre in Bermondsey is open to

everybody aged 50 years old and over with an ethos to "make later life fun and fulfilling". The centre organises packed programmes of weekly activity sessions, learning and skills development opportunities, meals and excursions for older adults living in Southwark, all to support their wellbeing.

In November 2021, centre members discussed the ways in which COVID-19 had impacted on their lives with officers. The main themes discussed related to isolation from family members, bereavement, and the need to maintain independence.

- One member had not seen her daughter and grandson since the start of the pandemic, as her daughter is a midwife, and she is clinically vulnerable. She said that she couldn't fully enjoy phone calls with her grandson because she couldn't see him.
- Another member spoke about the impact of not visiting loved ones in hospital when ill and having to grieve alone.
- Many members experienced isolation, even outside of periods of lockdown, as they feared catching COVID-19 on busy public transport.

Staff at the centre had built strong and trusting relationships with members prior to the pandemic, which helped them to encourage members to have open discussions over phone calls about the difficulties that they were experiencing so that the centre could support them or signpost to services that could best support the individual's needs.

Despite the challenges posed by the pandemic, and recognising the new difficulties that members faced, the Yalding team, led by Katrina Jinadu, went out of their way to ensure that they could reach out to

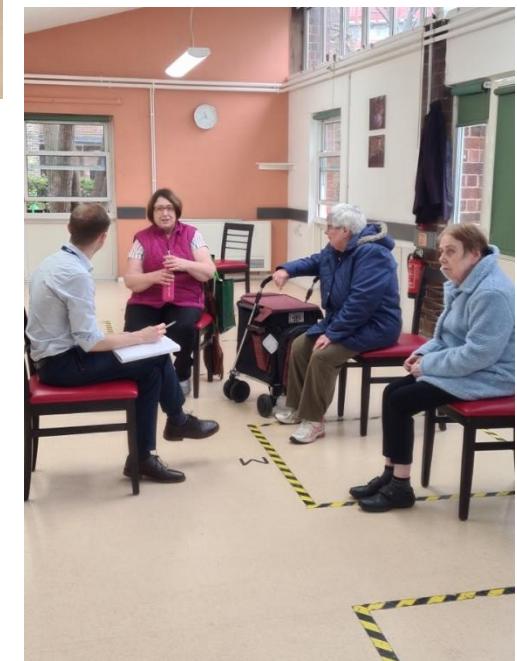
members and support them. Firstly, they contacted their members via the telephone to discuss how they were coping, difficulties they were facing and what support they could offer, tailoring their frequency of contact, welfare support and services to people's individual needs.

"Older people are not a 'one box fits all'. They are not all sitting at home, they are not all sad and lonely. We tailored our phone calls according to the support that people needed"

Remote online sessions, as well as delivering food packages, activity packs and Christmas dinners to people's doors, were organised. They also worked to tackle misinformation spreading within the community. This recognised the differing levels of access to and familiarity with digital and online approaches, with more specific support from the team helping to connect older people with services that they needed.

Following the relaxation of restrictions, the team were able to return to in-person services at Yalding centre, in line with government guidance, as well as trips to theatres and the Royal Albert Hall. Members also valued the opportunity to engage in exercise classes again, with several noting that their mobility and that of their friends deteriorated during lockdowns.

Both Katrina's team and members mentioned that a key positive feature of the pandemic has been the way in which it encouraged members to support one another and stay in contact even outside of their time at the centre, building lasting friendships, and this is something that they would like to continue going forwards.



Figures 22-23: Officers meeting with members of Yalding Healthy Living and Learning Centre to understand how COVID-19 affected them

9. SUMMARY

COVID-19 has had a significant, and unequal, impact on Southwark. We know that people from Black, Asian and minority ethnic backgrounds, and those who live in more deprived areas are at higher risk of infection, severe disease and death related to COVID-19. Many people experienced a larger number and/or more significant negative impacts on their financial situation, employment, education, wellbeing and mental health.

As our focus moves to recovery we must ensure all partners concentrate on reducing inequality in both access and experience of services, as well as in population outcomes. From reducing NHS waiting lists, to delivery of council and voluntary services, it is everyone's responsibility to work to reduce health inequalities in Southwark.

Partnership working was key to overcoming the many challenges created by COVID-19. Southwark Council, NHS, local businesses, education settings, care settings, and voluntary and community sector organisations all worked together to help reduce the negative impacts of COVID-19 on our residents. The success of many partnership approaches acts as an always-important reminder that everyone has a role to play in improving health for our residents.

In order to reduce health inequalities in Southwark, all local players must bring together what they know about health and wellbeing across our communities, and how they think we can improve it. Everyone will contribute something new, so partnership working is key to making health inequalities everyone's business. The more we collaborate, the better our impact can be – health inequalities will only reduce if we all play our part.

10. RECOMMENDATIONS

COVID-19 has not disappeared, but we hope to be past the worst of its impacts. Now as we look forward to living safely alongside COVID-19, the Director of Public Health for Southwark has five recommendations:

1. Work more closely with residents to listen to their concerns about health and wellbeing, and work together to design and implement solutions. In order to make collaboration part of residents' everyday life, we should meet our residents in community venues such as mosques, churches, local shops and youth centres.
2. Build on the excellent work of our COVID-19 Community Health Ambassadors to broaden their work across health and wellbeing. This will support a community-led approach to health improvement.
3. Continue to support our schools, universities and care settings with a wider focus on health and wellbeing. For example, support schools with promoting healthy eating and support care homes with seasonal vaccination programmes.
4. Build on the existing relationships that have strengthened over the pandemic, with partners such as primary care and local hospitals to deliver NHS services in innovative ways to maximise uptake, especially amongst Black, Asian and Minority Ethnic groups and those living in areas of social and economic disadvantage.
5. Support voluntary and community sector organisations to always have a seat at the table and to play a principal role where statutory services have in the past traditionally led.

11. ACKNOWLEDGEMENTS

Thank you to everyone who has contributed to supporting residents during COVID-19, and in shaping the scope, content and recommendations of this report.

Authors: Freya Tracey, Ray Wang, Luke McGeoch

Sponsors: Chris Williamson, Sangeeta Leahy

Southwark Council Teams: Children and Adult Services, Communications, Community Engagement, Local Economy, Public Health, Regulatory Services

Other Contributors: Ageing Well Southwark, Asda Old Kent Road Pharmacy, Cherry Garden School, Community Southwark, Healthwatch Southwark, Kingsdale Foundation School, Social Life, South-East London Clinical Commissioning Group, Southwark Carers, Southwark Young Advisers, Yalding Healthy Living and Learning Centre

Suggested citation: The Value of Partnership Working to Support Residents during COVID-19; Annual Public Health Report of the Director of Public Health 2022. Southwark Council: London 2022

Date of publication: July 2022

12. REFERENCES

1. Icons made by (1) Freepik & (2) Smashicon: www.flaticon.com
2. Office of Health Improvement & Disparities. Public Health Outcomes Framework: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0>
3. Healthwatch Southwark/ Community Southwark. VCS COVID-19 Prevention Grants Pilot, October 2020-August 2021 Summary Report (2021)
4. Southwark Council. Southwark Community Health Ambassadors Network slide deck (2021)
5. Food Standard's Agency – Low Income Diet and Nutrition Survey (2007)
6. Southwark Council. Household Food Insecurity, Southwark's Joint Strategic Needs Assessment. (2021).
7. Greater London Authority. Survey of Londoners 2019

Find out more at:
southwark.gov.uk/publichealth

**ANNUAL PUBLIC HEALTH REPORT
PUBLIC HEALTH DIVISION**

LONDON BOROUGH OF SOUTHWARK

Item No.	Classification: Open	Date: 4 July 2022	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund: 2021/22 year end report and update on planning for 2022/23	
Ward(s) or groups affected:		All	
From:		Martin Wilkinson - Chief Operating Officer, Southwark, NHS SEL Integrated Care Board Genette Laws - Director of Commissioning, Children and Adults, Southwark Council	

RECOMMENDATIONS

1. That the Health and Wellbeing Board notes the BCF 2021/22 year-end report as set out in paragraph 11.
2. That the Health and Wellbeing Board notes the update on the national 2022/23 BCF planning process as set out in paragraph 7 and note the intention in Southwark to expand the BCF as set out in paragraphs 20 to 22.
3. That the Health and Wellbeing Board confirms the preferred governance process for signing off the 2022/23 BCF set out in paragraph 10.

BACKGROUND INFORMATION

4. The Better Care Fund (BCF) was first established in 2015/16 as a national policy initiative to drive forward the integration of health and social care services by requiring local councils and CCGs to agree a pooled budget and an associated BCF plan for community based health and care services.

2021/22 BCF Plan and year-end template

5. The Board approved the 2021/22 BCF Plan at its meeting on 13/01/2022. The plan was submitted to NHSE and approved in line with national planning requirements.
6. NHSE require a completed end of year BCF monitoring template for 2021/22 as part of the national BCF assurance system. The report requires approval from the Health and Wellbeing Board. (See paragraph 11 and appendix 1).

2022/23 BCF Plan update

7. There have been delays in issuing the national planning requirements for the BCF for 2022/23. It is currently expected that the national BCF policy framework and associated guidance will be issued in July with a plan to be submitted in September.
8. To minimise any negative impact on local planning arrangements resulting from the national delay, partners have agreed assumptions about the rolling over of current pooled budget arrangements, schemes funded, and the use of annual growth.
9. In principle agreement has also been made to expand the BCF pooled budget beyond the minimum amount required by transferring other relevant community based budgets into the BCF. This significant change reflects the shared commitment between the council and the CCG (and the ICB from 01/07/2022) to further align and pool resources to promote the integration of services in Southwark to improve population outcomes and address inequalities.
10. The submission of the 2022/23 BCF plan will be subject to the approval of the Health and Wellbeing Board. The timetable for submission has not yet been released, however, given the experiences of previous years, it is likely that this will not coincide with a planned meeting of the Board. If that is the case arrangements can be made with the Chair to either convene a special meeting of the board to sign off the plan prior to submission to NHSE, or make arrangements for sign-off of the plan under delegated authority subject to formal approval at the next meeting of the board.

KEY ISSUES FOR CONSIDERATION

2021/22 BCF Year End template

11. The year-end template is attached in **appendix 1**. This was returned to NHSE on 27/5/2022 subject to being presented at the next Health and Wellbeing Board. The return confirms that the 2021/22 BCF plan was delivered. Key features of the report are in paragraphs 12 to 16.
12. Confirmation that the 4 key national BCF conditions were met for 2021/22:
 - a) BCF Plan agreed by HWB and pooled budget subject to a signed Section 75 agreement
 - b) Minimum contribution to adult social care from CCG contribution met
 - c) Minimum spend on CCG commissioned out of hospital health services met and
 - d) Focus on improving outcomes for people on discharge from hospital

13. Performance in 2021/22 was in line with planning trajectories for key BCF metrics:
- Reduction in avoidable admissions to hospital compared to 2019/20 baseline
 - Long length of stay in hospital for Southwark patients (draft data)
 - People discharged from hospital to normal place of residence (good at 96%)
 - Permanent admissions to care homes
 - Outcomes of reablement – 87% still at home 91 days after discharge
14. Income and expenditure was delivered as planned, with an additional £2m recorded in relation to covid discharge costs.
15. Commentary on areas of success and challenges in the delivery of the plan and wider enablers of integration.
16. Detail on adult social care fee rates.

2022/23 BCF Plan (provisional)

17. In advance of the release of the 2022/23 BCF policy framework and planning guidance a number of local planning assumptions have been agreed in principle. These will be incorporated into the final submission for approval by the Board when guidance is issued. Key changes on 2021/22 include:

**Better Care Fund CCG Minimum Contribution Uplift 2022/23:
£1,424,423 (5.66%)**

18. After consideration of growth pressures by the BCF Planning Group, the annual uplift has been targeted as set out below:

Table 1: Use of annual uplift to CCG contribution

Council	£'000
Hospital discharge – discharge to assess:	£250
Reablement OT team:	£456
Reablement and nursing care home packages:	£263
Telecare:	£58
Total (Council)	£1,027
CCG	
Enhanced rapid response and @home	£362
Integrated community equipment growth	£26
Tariff uplift neuro-rehab/EIS	£9
Total (CCG)	£398
Total uplift of CCG contribution	£1,424

Improved Better Care Fund (IBCF) Grant uplift 2022/23, £524,768 (3%)

19. The IBCF uplift of £524,768 is to be invested in council flexi-care schemes, funding the domiciliary care element in extra-care supported housing type schemes as an alternative to care home provision.

Note: **Disabled Facilities Grant (DFG)**, the other source of core BCF funding, has zero growth for 2022/23.

Expansion of BCF - above minimum required levels

20. The Council and CCG have agreed to build on the minimum BCF size by transferring related service budgets from mainstream funding into the BCF. This is consistent with discussions held over the year on the potential benefits of further aligning and pooling resources as an enabler of integration. The BCF is an existing pooled budget that can be used as a platform for further alignment and a number of London boroughs have put significant additional funding into their BCF budgets.

21. A two-stage approach to BCF expansion has been agreed. In stage 1, for 2022/23, £2.6m of service budgets most suited to merger into the BCF have been identified to test the expansion approach. The details of this growth are set out below and includes making service areas that were part funded by the BCF fully funded.

22. During 2022/23 further planning discussions to expand the BCF more significantly in 2023/24 will be undertaken. It should be noted that the White Paper “Health and social care integration: joining up care for people, places and populations” published in February 2022 sets out the government’s intentions to introduce measures to promote the enablers of integration, including further alignment and pooling of budgets, at a place level from 2023/24.

Table 2: Council additional contribution: £1,287,225

Southwark Council - Expansion of BCF 2022/23

Theme	Scheme	Additional Voluntary Contribution £
Prevention	Integrated Equipment Service	246,850
Prevention	Telecare	444,626
Prevention	Voluntary Sector Prevention Service	482,749
Prevention	Voluntary Sector Carers Work	113,000
Total		1,287,225

Table 3: South East London CCG additional contribution: £2,212,640**South East London CCG - Expansion of BCF 2022/23**

Theme	Scheme	Additional Voluntary Contribution £
Prevention	Integrated Equipment Service	1,200,520
Admission Avoidance	@Home Integrated Care Fellows	82,500
Admission Avoidance	@ Home Nursing Expansion	108,788
Prevention	Falls service	820,832
Total		2,212,640

* net growth £1,312,405 after £900,235 adjustment (see para 23)

23. The NHS growth is offset by £900,235 due to national changes to GP Contract and rationalisation of budgets funded from the BCF. The adjustment is mainly due to the fact that funding arrangements for Enhanced Primary Care Access has changed, which means that these services will be directly managed by Primary Care Networks rather than the CCG. These services will still be funded from outside the BCF. Hence the net growth in CCG funding is £1,312,405.

Table 4: CCG adjustment**Amendments for Existing Schemes in Better Care Fund**

Theme	Scheme	Brief Description	Adjustments 2022/23 £	Notes
Prevention	Enhanced Access Service	Provision of GP Primary Care Services	743,000	New GP Contract will be in place in October 2022 and contract will be managed by Primary Care Networks
Prevention	Care Home Pharmacist	Pharmacist role to support care homes	47,095	This is only one post funded by Better Care Fund whereas the majority of contract and roles are funded as part of CCG revenue budget
Prevention	Self Management Sschemes	Diabetes Prevention and other Self Management Schemes	110,140	Review and procurement of Self Management Schemes is being undertaken by the CCG in 2022/23. Plan for 2022-23 is being aligned in line with expected spend in 2022/23 as part of CCG's review of its delegated budgets. Non recurrent funding provided as part of H2 budgets has also been removed as part of final budgets for 2022/23.
Total			900,235	

2022/23 BCF Summary

24. Taking into account the above changes the overall BCF budget will be as set out in Table 5:

Table 5: Draft BCF Budget 2022/23

Better Care Fund - 2022 - 2023
Draft Plan 2022-23

Better Care Fund Plan - Theme	Annual Plan 2021 - 22 £	Uplift 2022 - 23 £	Expansion/ Changes 2022-23 £	Annual Plan 2022 - 23 £
Local Authority				
Community Support	5,966,126	263,000	-	6,229,126
Hospital Discharge	5,698,754	705,885	-	6,404,639
Mental Health & Wellbeing	2,106,632	-	-	2,106,632
Misc	1,045,000	-	-	1,045,000
Prevention	3,326,251	57,995	1,287,225	4,671,471
Total Local Authority	18,142,763	1,026,880	1,287,225	20,456,868
South East London CCG - Southwark				
Mental health and Learning Difficulty	218,403	5,962	-	224,365
Admission Avoidance	5,761,599	362,451	111,885	6,235,935
Hospital Discharge	193,728	3,293	-	197,022
Prevention	520,518	25,909	1,200,520	1,746,947
Service Development	330,758	-	-	330,758
Total South East London CCG - Southwark	7,025,006	397,615	1,312,405	8,735,026
Total CCG (Minimum Contribution)	25,167,769	1,424,495	2,599,630	29,191,895
Other Local Authority				
Disabilities Facilities Grant	1,686,144	-		1,686,144
IBCF	17,322,581	524,768		17,847,349
Total Other - Local Authority	19,008,725	524,768	-	19,533,493
Total Better Care Fund	44,176,494	1,949,263	2,599,630	48,725,388

BCF narrative plan 2022/23

25. As part of the 2022/23 submission a narrative plan will be developed with partners in line with the requirements of the planning guidance and templates.
26. The plan will be drafted to highlight alignment between the Better Care Fund and the overall programme of Partnership Southwark, including the contribution to the Health and Wellbeing Strategy refresh.

Policy implications

27. The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2021-22 on 19 August 2021. It is expected that an updated policy document will be published in July 2022.

Community, equalities (including socio-economic) and health impacts

Community impact statement

28. The BCF plan protects current services funded through the core BCF which provide essential support for people with health and social care needs. This has benefit to all people with protected characteristics, particularly services provided for older people, and people with disabilities and mental health problems. The BCF also funds a range of voluntary sector services promoting community resilience.
29. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018 under Southwark's ethical care charter. This workforce has a high proportion of women and those from black and minority ethnic communities.

Equalities (including socio-economic) impact statement

30. The BCF plan's contribution to the equalities objectives of the Partnership Southwark Recovery Plan is set out in the 2021/22 plan and will be refreshed in the 2022/23 plan.

Health impact statement

31. The Better Care Fund provides funding for a range of community-based health and social care services which have the objective of promoting improved health and wellbeing outcomes of all Southwark residents in need of services.

Climate change implications

32. There are no specific climate change implications covered in the BCF plan.

Consultation

33. Development of the 2022/23 BCF will be undertaken in consultation with partners as set out in the plan.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Governance

N/a

Strategic Director of Finance and Governance (08EN2223)

34. The Strategic Director of Finance and Governance notes the recommendations of this report and the 2021-22 year end report detailed in Appendix 1. The Strategic Director of Finance and Governance also notes

the provisional 2022-23 BCF Plan that provides the intention of how to allocate the inflationary increase received for 2022-23 which is £1.42m for BCF CCG minimum contribution and £0.52m for the IBCF.

35. The income streams of Better Care Fund and Improved Better Care fund now represent significant part of the council's and CCG's funding streams and now fund in excess of £37m of the Council's Adults Social Care budgets. Given that the council and CCG have been jointly incurring expenditure in relation to these schemes since the start of the financial year, it should be very important for the national guidance to be published before the financial year start. Therefore proposals on the intention of how to allocate the inflationary increase ahead of the guidance is welcomed.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
BCF 2021/22 Plan	Tooley St	Adrian Ward Adrian.ward3@nhs.net

APPENDICES

No.	Title
Appendix 1	BCF 2021/22 Year-end Template
Appendix 1a	BCF 2021/22 Year-end Template – Link to Excel format

AUDIT TRAIL

Lead Officers	Martin Wilkinson,, Chief Operating Officer, Southwark, NHS SEL Integrated Care Board Genette Laws, Director of Commissioning, Children's and Adults, Southwark Council
Report Author	Adrian Ward, Head of Place PMO (Southwark), NHS SELCCG
Version	1.1

Dated	23.06.22	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
List other officers here	N/a	N/a
Cabinet Member		
Date final report sent to Constitutional Team	23 June 2022	

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercaresupport@nhs.net

(please also copy in your respective Better Care Manager)

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions. These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree

- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.



HM Government

NHS

Better Care Fund 2021-22 Year-end Template

2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However, as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		<u>Checklist</u>
Health and Wellbeing Board:	Southwark	Complete: Yes
Completed by:	Adrian Ward	Yes
E-mail:	Adrian.ward3@nhs.net	Yes
Contact number:	0208 176 5349	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	Yes
If no, please indicate when the report is expected to be signed off:	Mon 04/07/2022 <small><< Please enter using the format, DD/MM/YYYY</small>	Yes
Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):		
Job Title:	Executive Director of Place, Southwark, SELCCG	Yes
Name:	Martin Wilkinson	Yes



HM Government

NHS

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

Complete

Complete:	
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Southwark

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board:

Southwark

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs	Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans
Achievements	Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,069.1				On track to meet target	Lack of recent published data. Difficult to recreate indicator from local data. Lack of benchmarking/analysis against expected admission rates at condition level. Rates of COPD admissions being explored	Proxy dataset established and assessed monthly. 2021/22 data shows an 13% improvement from the 2019/20 baseline to 934, with notable improvements of 27% in asthma and 24% in COPD.
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	On track to meet target	Not all cases in cohort are medically fit for discharge and others require very specialist community placement that are in short supply and can take a long time to set up.	Provisional data suggests on target: 14 days +: Q3: 10.1%, Q4: 9.3% 21 days +: Q3: 5.9%, Q4: 5.5% Note: Additional step down discharge to assess beds commissioned over winter.
		10.6%	12.0%	6.5%	7.5%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	95.9%				On track to meet target	none - strong performance	Draft data shows that strong performance maintained with 96% of discharges to normal place of residence.
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	656				On track to meet target	Higher number of admissions at the start of the year due to a large backlog of CHC applications and delayed placements while care homes managed risk of infection through the waves of the pandemic.	There were 179 placements into care in the year (94 nursing and 85 residential). Rate of 618 per 100,000 meets target.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	82.0%				On track to meet target	Significant pressures on reablement to focus on supporting discharge from hospital during the pandemic.	Of 203 people who were discharged from hospital in Q3, 87% are still at home 91 days after discharge. Rate of 87% meets targets.

Checklist
Complete:
Yes

* In the absence of 2021-22 population estimates (due to the devolution of [North Northamptonshire](#) and [West Northamptonshire](#)), the denominator for the Residential Admissions metric is based on 2020-21 estimates

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Southwark

Income

	2021-22	
	Planned	Actual
Disabled Facilities Grant	£1,686,144	
Improved Better Care Fund	£17,322,581	
CCG Minimum Fund	£25,166,490	
Minimum Sub Total	£44,175,215	
CCG Additional Funding	£0	Do you wish to change your additional actual CCG funding? Yes £1,593,478
LA Additional Funding	£0	Do you wish to change your additional actual LA funding? Yes £435,277
Additional Sub Total	£0	£2,028,755
Total BCF Pooled Fund	£44,175,215	£46,203,970

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22

The CCG received additional income in relating to the Hospital Discharge Programme in 2021/22. Significant pressures during 21-22 within the context of Covid 19 pandemic resulted in higher costs for hospital discharges.

Expenditure

	2021-22
Plan	£44,175,215

Do you wish to change your actual BCF expenditure?

Yes

Actual

£46,203,970

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22

2021/22 continued to be a challenging year for social care in relation to volume of demand, acuity of demand and working within the context of the covid 19 pandemic. In particular, an increasing number of people are being discharged from hospital, and whilst we are reducing the overall number of people going to care homes, those that continue to live in their own homes require

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Southwark

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF Planning Group that oversees the pooled budget is an effective integrated forum, and the BCF has prompted discussions at the Health and Wellbeing Board and Commissioning Strategy and Integration Group about further pooling and alignment of resources to improve outcomes.
2. Our BCF schemes were implemented as planned in 2021-22	Agree	There were areas of overspend and slippage that were managed within the budget, but in overall terms the plan was implemented as agreed.
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	The BCF provided funding for areas of integrated working including hospital discharge, reablement, intermediate care and community health, including the integrated Intermediate Care Southwark service. The BCF has increased investment into the integrated community equipment service, which had faced substantial growth pressure.

Checklist

Complete:

Yes

Yes

Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Good progress preparing for transition to a formal place based partnership within the ICS. The Partnership Southwark Covid Recovery Plan population programmes aiming to build on the successful joint working during Covid & tackle inequalities exacerbated by it. The ongoing pandemic response including the vaccination programme and enhanced hospital discharge arrangements remain a successful example of integrated working at all levels. The Local Care Record has been a success effectively supporting multi-disciplinary operational teams through data sharing.
Success 2	9. Joint commissioning of health and social care	The Commissioning Strategy and Integration group agreed a set of principles to underpin the development of future joint commissioning arrangements and service planning as we move into formal local care partnership arrangements. In principle agreement made to expand the BCF pooled budget in 2022/23 is in line with this approach. Good progress on the joint mental health and wellbeing strategy and healthy weight strategy has been made, with strong joint work between the CCG, social care and public health.

Yes

Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	2. Strong, system-wide governance and systems leadership	System-wide planning is hampered by national delays in planning guidance, clarity on funding flows and the lack of a multi-year financial planning framework. This undermines service and workforce planning and market development. Non-recurrent national funding injected for use at short notice is helpful but would be much more effective on a planned basis. Capacity to focus on the strategic transformation agenda at both leadership and operational level has also been very challenging in the context of the pandemic & other operational pressures.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Capacity and sustainability issues in community services, particularly home care and care homes impacted by covid related staff shortages, outbreaks in care homes, and staff recruitment and retention issues. Low staff morale an issue across all frontline staff but morale was particularly affected within the care home workforce due to the initial mandating of C19 vaccinations. The impact of inflation on service providers, commissioners and the population as a whole emerging as a key sustainability issue during the year and is expected to become critical over 2022/23.

Yes

Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board:

Southwark

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise; including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to the exclusions set out below.

Specifically the averages SHOULD therefore:

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions/user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.

2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).

3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.

4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

Checklist
Complete: Yes

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates	
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£17.88	£17.88	£18.40	2.9%	Yes
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£684.85	£684.85	£697.04	1.8%	Yes
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£720.99	£720.99	£741.06	2.8%	Yes
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.	£720.99				Yes

Footnotes:

* .." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

Appendix 1**Better Care Fund 2021/22 Year-end Template**

The BCF Year-End template is in Excel format and can be viewed via the following link.

<https://selondonccg.nhs.uk/wp-content/uploads/2022/06/appendix-1-Southwark-2021-22-BCF-Year-end-Template-final-SENT-1.xlsx>

Item No.	Classification: Open	Date: 4 July 2022	Meeting Name: Health and Wellbeing Board
Report title:		COVID-19 Update	
Ward(s) or groups affected:		All Southwark wards and population groups	
From:		Sangeeta Leahy - Director of Public Health, Southwark Council	

RECOMMENDATION(S)

1. The board note the contents of the COVID-19 Monitoring Report.

BACKGROUND INFORMATION

2. Since early 2020, the Southwark Council Public Health Division have provided surveillance of the COVID-19 pandemic, working with council colleagues and partner organisations (e.g. South East London Clinical Commissioning Group), in order to guide strategic and operational responses at a local level.
3. The attached report presents headline statistics for current local and regional COVID-19 data.

KEY ISSUES FOR CONSIDERATION

4. The report presents headline COVID-19 data. Key findings include:
 - Southwark had 518 confirmed cases in the week to 17 June.
 - ONS estimates 1 in 40 people in London had COVID 19 as at 11 June.
 - Across the capital, there are now around 1,200 hospital in-patients with COVID 19, with around 70 of these in critical care.
 - First Dose Coverage: 67% among those aged 12+
 - Second Dose Coverage: 64% among those aged 12+
 - Booster Dose Coverage: 78% among those eligible

Community, equalities (including socio-economic) and health impacts

Community impact statement

5. The report summarises local health intervention developments aiming to improve community health, particularly relating to the COVID-19 vaccine programme.

Equalities (including socio-economic) impact statement

6. The report presents COVID-19 vaccination disparities among different age groups across each phase of the vaccine programme. Inequalities analysis of COVID-19 cases is now unreliable at a local level due to national changes to the testing programme.

Health impact statement

7. The COVID-19 monitoring report summarises current infection levels in Southwark and London, along with vaccination coverage and health care responses.

Climate change implications

8. There are no immediate climate change implications.

Resource implications

9. There are no resource implications as a direct outcome of this report.

Legal implications

10. There are no legal implications.

Financial implications

11. There are no financial implications.

Consultation

12. There was no formal consultation.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**Director of Law and Governance**

13. None sought.

Strategic Director of Finance and Governance

14. None sought.

Other officers

15. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
COVID-19 Monitoring Report, 22 June 2022	Public Health Division, Environment & Leisure.	Chris Williamson 02075251774

APPENDICES

No.	Title
Appendix 1	COVID-19 Monitoring Report

AUDIT TRAIL

Lead Officer	Sangeeta Leahy	
Report Author	Chris Williamson	
Version	1.0	
Dated	22 June 2022	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team / Scrutiny Team	23 June 2022	

COVID-19 Monitoring Report

Southwark's Outbreak Prevention & Control Plan

Knowledge & Intelligence Team
Southwark Public Health Division

22 June 2022

GATEWAY INFORMATION

Report title:	COVID-19 Monitoring Report. Southwark's Outbreak Prevention & Control Plan
Prepared by:	L Colledge, K Chapman, and F Tracey
Contributors:	K Kavanagh
Approved by:	C Williamson
Suggested citation:	COVID-19 Monitoring Report. Southwark's Outbreak Prevention & Control Plan. Southwark Council: London. 2022.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	22 June 2022

Over the past week, confirmed case numbers have continued to rise across Southwark and London

KEY MESSAGES

Confirmed case numbers have continued to increase in the past week across Southwark, London and England.

- Southwark had 518 confirmed cases of COVID-19 in the week to 17 June.
- ONS estimates 1 in 40 people in London had COVID-19 as at 11 June.

The number of hospital inpatients with COVID-19 across London has risen in recent weeks.

- Across the capital, there are now around 1,200 hospital inpatients with COVID-19, with around 70 of these in mechanical ventilation beds in critical care.

132

Vaccination levels are now almost stationary for first, second and booster doses, with levels comparable to similar boroughs such as Lambeth.

- First Dose Coverage: 67% of those aged 12+ (over 206,000 doses delivered)
- Second Dose Coverage: 64% of those aged 12+ (over 197,000 doses delivered)
- Booster Dose Coverage: 78% of those eligible (over 148,000 doses delivered)

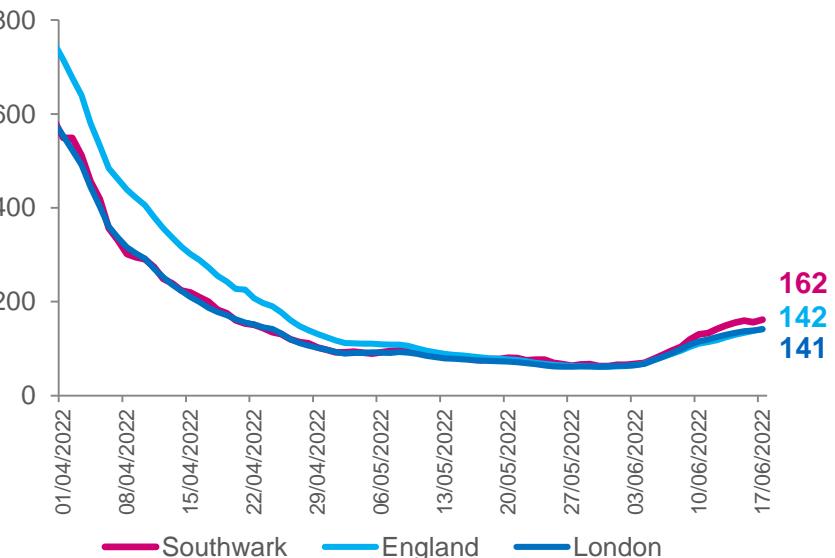
Confirmed case numbers continue to rise across Southwark, London and England

CASES

Over the past week, confirmed case numbers have continued to rise across Southwark, London and England.

- Southwark's 7-day confirmed incidence to 17 June is 162 per 100,000, a 24% increase on a week earlier. This equates to 518 confirmed cases.
- ONS estimate that cases have recently increased, with 1 in 40 people in London estimated to have COVID-19 as at 11 June, compared with 1 in 50 the previous week.

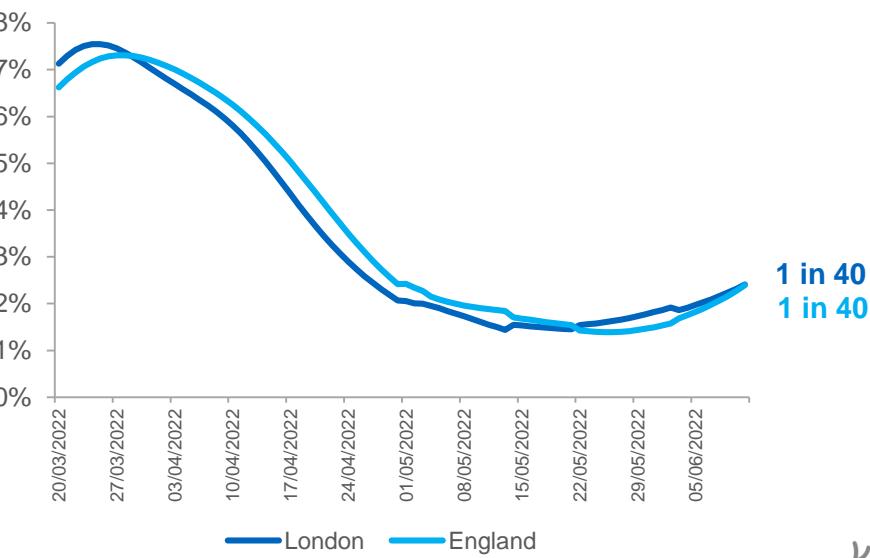
Figure 1: Weekly COVID-19 incidence rate per 100,000 population



References

1. [Coronavirus.data.gov.uk/Cases](https://coronavirus.data.gov.uk/Cases). Data to 17 Jun.
2. ONS Infection Survey. Data to 11 Jun.

Figure 2: Modelled daily population percentage testing positive for COVID-19



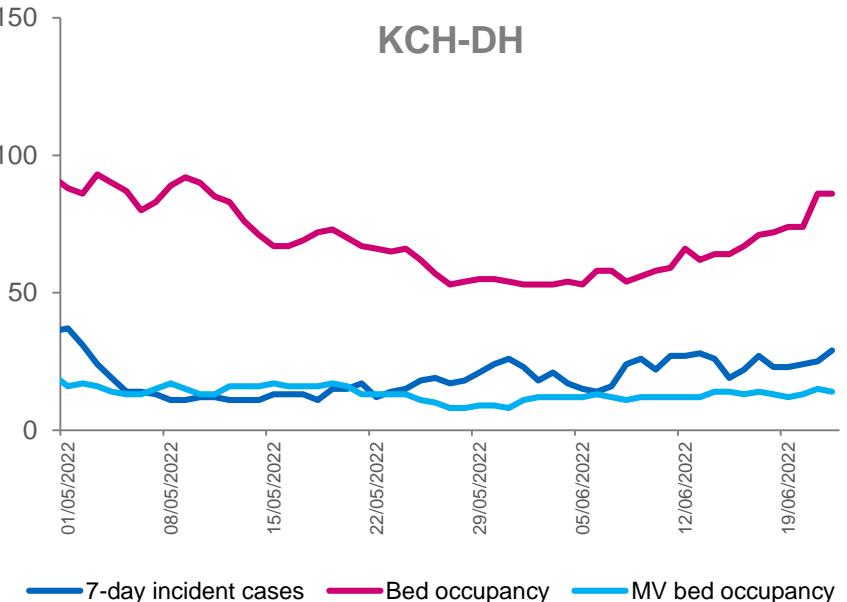
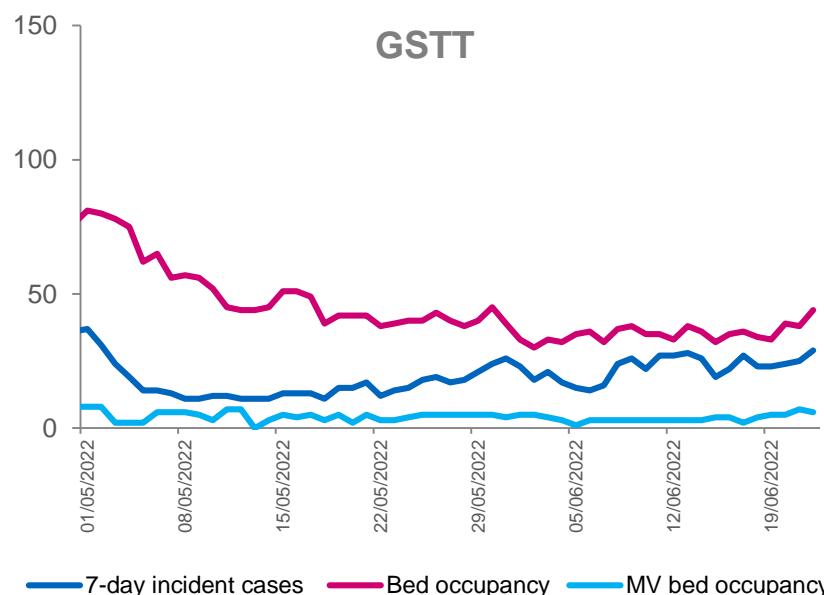
COVID-19 inpatient numbers at our local hospital trusts have risen slightly since the beginning of June

SECONDARY CARE

Local hospital 7-day incident cases are taken from combined data on new COVID-19 admissions and new inpatient diagnoses.

- As of 22 June, there were 1,163 patients in hospital with COVID-19, an 18% increase on the previous week.
- Of these patients, 71 were in mechanical ventilation beds in critical care.

Figure 3: 7-day hospital incident cases and daily occupancy of all beds and mechanical ventilation beds, for patients with diagnosed COVID-19 since 1 May 2022

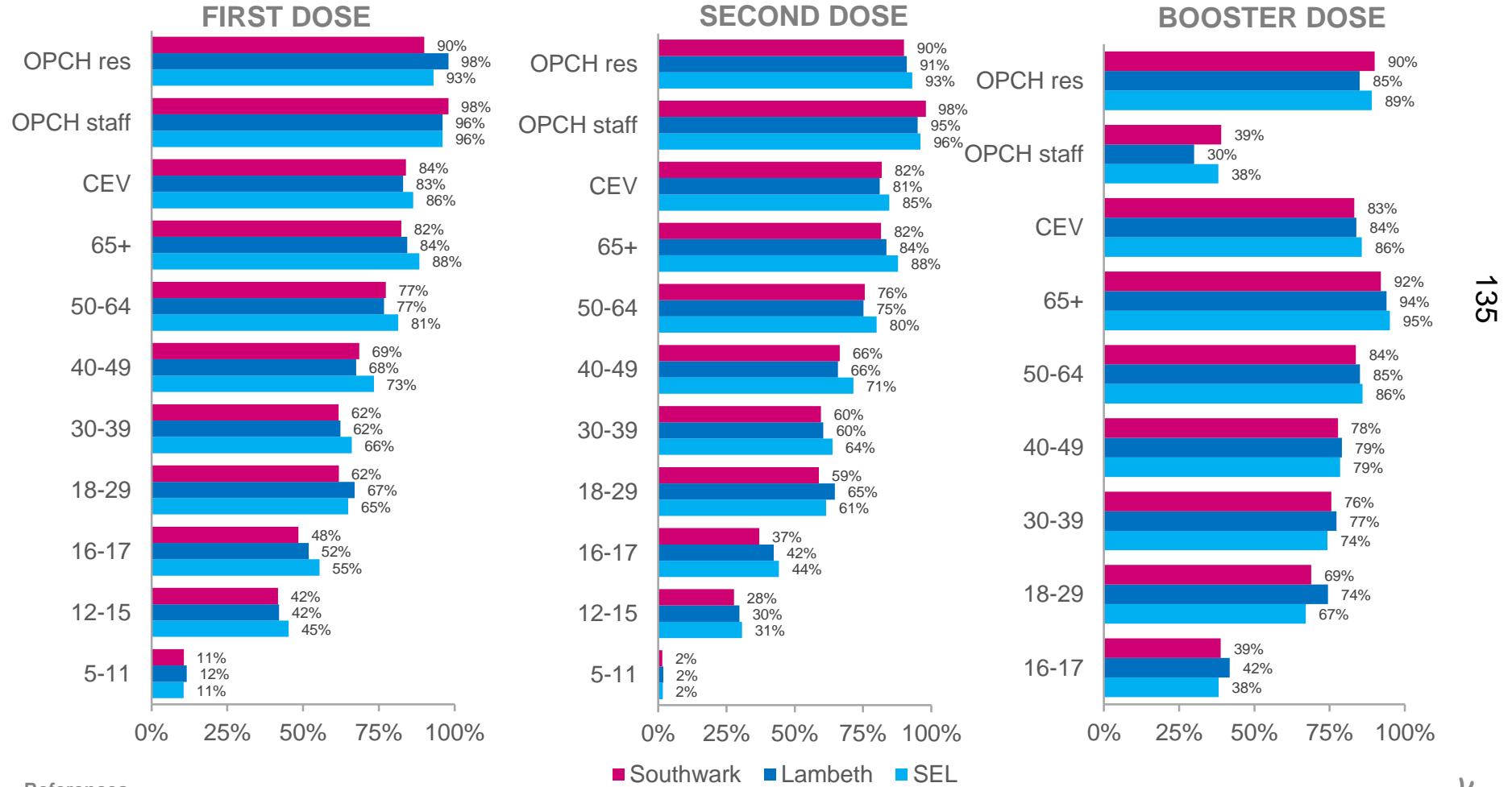


References

1. SEL Early Warning report. Data to 22 Jun.
2. [Coronavirus.data.gov.uk/healthcare](https://coronavirus.data.gov.uk/healthcare). Data to 22 Jun.

Vaccination coverage is broadly comparable to Lambeth, with higher coverage among older adults

VACCINATION COVERAGE – 19 APR & 21 JUN



References

1. NHSE. NIMS data. Data for Southwark-GP-registered patients living anywhere; data to 21 Jun. CEV = clinically extremely vulnerable.
2. SEL ICS. Private communication (Capacity Tracker Export, © NECS), data to 19 Apr. OPCH = older persons' care home; res = residents.

Local COVID-19 vaccination work is ongoing, and will be combined with other key health interventions in future

LOCAL HEALTH INTERVENTIONS

Local work is underway to integrate on-going COVID-19 vaccination with other key health interventions.

- Southwark continues with their ‘evergreen offer’; i.e. anyone who has not yet had a vaccine continues to be welcome when eligible for one.
- Several health ‘pop ups’ will be run across the borough this summer. The focus will be on delivering key health messages, such as the importance of the ‘Vital 5’ as well as the offer of a COVID vaccination. Planning is underway with colleagues across the system to pull this together.
- A proposal for co-administration of flu and COVID vaccines later this year by GP practices has gone to the GP Federations for discussion. The aim is to have the model for delivery agreed by end of July, and be in a position to mobilise in September.
- A ‘Public Health Improvement Programme Manager’ post, which will lead on immunisation and vaccination delivery, is currently being reviewed by the CCG’s internal recruitment panel. Once this has been signed off, it will be shared with LA colleagues for distribution.

136

Rising COVID-19 case levels may be related to new Omicron Variants of Concern BA.4 and BA.5

HORIZON SCAN

COVID-19 DATA

Free PCR and lateral flow testing for the general public ended on 31 March. Only a small provision remains for certain groups, including patient-facing NHS and Social Care workers. This means that UKHSA data on COVID-19 population incidence provides only a limited understanding of infection levels.

Although most COVID-19 surveillance studies have been discontinued, the **ONS COVID-19 Infection Survey** continues to supply estimates of population-wide COVID-19 prevalence, based on randomised population sampling.

COVID-19 RISING INCIDENCE

ONS COVID-19 Infection Survey data indicates **COVID-19 levels have been rising since late May**. However, data is only available at a regional level.

Many European countries have reported rising COVID-19 case levels in recent weeks.

NEW COVID VARIANTS

The UK Health Security Agency have announced two **new COVID-19 Omicron Variants of Concern, BA.4 and BA.5**. These variants are likely to be able to partially evade previously developed immunity. Further analysis is underway by UKHSA.

References

1. ONS Infection Survey. Data to 11 Jun.
2. Gov.UK, 20 May.
3. BioRxiv (Kimura *et al.*), 26 May.

**Find out more at
southwark.gov.uk/publichealth**

Southwark Public Health Division

Item No.	Classification: Open	Date: 4 July 2022	Meeting Name: Health and Wellbeing Board
Report title:		Pharmaceutical Needs Assessment (PNA) Update	
Ward(s) or groups affected:		All Southwark wards and population groups	
From:		Sangeeta Leahy - Director of Public Health, Southwark Council Joia de Sa - Acting Consultant in Public Health, Southwark Council	

RECOMMENDATION(S)

1. The Board note the progress of the Pharmaceutical Needs Assessment (PNA) to date.
2. The Board are aware that the results of the consultation and amended draft PNA will be shared towards the end of August 2022.
3. The Board virtually approve the revised draft as the final version of the PNA for publication on or before 30 September 2022, in order to meet the statutory deadline for publication of 1st October 2022

BACKGROUND INFORMATION

4. Southwark's Health and Wellbeing Board is required by law¹ to undertake and publish a pharmaceutical needs assessment² that sets out the existing provision of pharmaceutical services available to local residents, and assess current and future needs.
5. The PNA is used by:
 - NHS England, as the basis for determining market entry to a pharmaceutical list: whether a new pharmacy should open or an existing pharmacy relocate; and, for commissioning services; and
 - Southwark Council, NHS Southwark Clinical Commissioning Group (CCG) and other organisations to inform current and future commissioning decisions.

¹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: (No.349; Part 2 - Regulation 6). Available online at:

<http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

² Pharmaceutical needs assessments: Information pack for local authority health and wellbeing boards October 2021.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

6. The last PNA was published in April 2018. There is a duty to publish an updated PNA every 3 years. The deadline for publication has been extended to 1 October 2022 due to the COVID-19 pandemic.
7. This report has two main objectives:
 - To update the board on progress so far
 - To outline the next steps for publication in a timely fashion

KEY ISSUES FOR CONSIDERATION

8. The Pharmaceutical Needs Assessment report provides an update on pharmaceutical services provided in Southwark. It seeks to enable commissioners and providers to better meet current need within Southwark and take steps to ensure that needs continue to be met in the future.
9. The report forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and informs the Joint Health & Wellbeing Strategy (JHWS) and it is envisaged other local action to improve health and wellbeing in Southwark.
10. Southwark's PNA 2022 contains the following chapters:
 - *Background*
 - *Developing the PNA*
 - *Health needs profile for Southwark*
 - *Assessment of current pharmaceutical provision*
 - *Future planning*
11. The PNA process has been led by the Public Health team in Southwark Council. The process has been overseen by a reference group established in October 2021 that has included representation from:
 - Medicines Optimisation Team, NHS South East London Clinical Commissioning Group (Southwark Borough)
 - Community-Based Care Team, NHS South East London Clinical Commissioning Group (Southwark Borough)
 - Lambeth, Southwark and Lewisham Local Pharmaceutical Committee (LSL LPC)
 - Healthwatch Southwark
 - Pharmacy Contracts Team, NHS England and NHS Improvement (NHSE&I)
 - Community and Voluntary Sector Engagement Division, Southwark Council
12. Two surveys were conducted as part of developing the PNA. The first was a survey of pharmaceutical contractors which collected information on individual pharmacies that operate within Southwark and the services that they provide. The other was a survey of the public to understand how they use and engage with pharmaceutical services.

13. The first draft of the PNA was completed in late May 2022 and has been shared with the Director of Public Health and the reference group.
14. The draft PNA is currently in the statutory 60 day consultation phase required as part of the PNA process. This is via online questionnaire involving members of the public and other interested parties. The closing date is 9th August 2022. During this time, two focus groups are also planned involving resident groups who were under-represented in the initial public survey to complement responses from the online survey.
15. Once responses are received from the online consultation, the PNA will be reviewed and amended as necessary. Feedback from the focus groups will also be considered in this amendment. The final version of the PNA will be shared with Board members following this process.

Policy framework implications

16. The PNA should inform plans of the Council and NHS partners, including the emerging South East London Integrated Care System as well as other local plans and policies designed to improve health and wellbeing in the borough.

Community, equalities (including socio-economic) and health impacts

Community impact statement

17. The PNA team have engaged with partners on the reference group and have sought consultation with pharmacies, community and voluntary organisations and residents in the development of their report.

Equalities (including socio-economic) impact statement

18. A key component to this type of report is to develop our understanding of health inequalities in the borough. All JSNA reports consider how different population groups and communities are affected by the issue being considered. This includes the protected characteristics outlined in the Equality Act 2010, along with other factors such as socio-economic status.

Health impact statement

19. The PNA is designed to consider how pharmaceutical services can help to meet the health needs of Southwark's residents and to promote health and wellbeing in the borough.

Climate change implications

20. The PNA includes work assessing the availability and accessibility of services locally which reduces travel time and implications for the environment.

Resource implications

21. The PNA is undertaken in-house and led by the Public Health division on behalf of the Health & Wellbeing Board. While the majority of the resource for producing the PNA will come from within Public Health, co-production and consultation is an important aspect to the development of these types of projects. A reference group with broad representation has guided the work and there have been public and pharmacy consultations as outlined above.

Legal implications

22. The timely publication of the final PNA will fulfil the statutory duty of this board.

Financial implications

23. There are no financial implications. The PNA is delivered in-house, led by the Public Health division with contributions from partners.

Consultation

24. The current draft of the PNA is out for a statutory 60-day consultation period from 10 June – 9 August 2022. The PNA will be reviewed following responses to the consultation and amended as appropriate.
25. Two focus groups are also planned during this time with resident groups who were under-represented in the initial public survey. Feedback from these groups will be considered when reviewing the PNA.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Governance

26. None sought.

Strategic Director of Finance and Governance

27. None sought.

Other officers

28. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
(Public Pack)Agenda Document for Health and Wellbeing Board, 07/03/2022 15:00 (southwark.gov.uk)	Southwark Council, Tooley Street	Joia de Sa - Acting Consultant in Public Health

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Sangeeta Leahy, Director of Public Health, Southwark Council
Report Author	Joia de Sa - Acting Consultant in Public Health, Southwark Council
Version	1.0
Dated	13 June 2022
Key Decision?	No
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER	
Officer Title	Comments Sought
Director of Law and Governance	No
Strategic Director of Finance and Governance	No
Cabinet Member	No
Date final report sent to Constitutional Team	21 June 2022

This page is intentionally blank

**HEALTH AND WELLBEING BOARD REPORTS FOR INFORMATION
DISTRIBUTION LIST (OPEN)
MUNICIPAL YEAR 2022/23**

NOTE: Amendments/queries to Maria Lugangira, Constitutional Team, MSTeams

Name	No. of E-copies	Name	No. of E-copies
Health and Wellbeing Board Members		Officers	
Councillor Kieron Williams (Chair)	1	Maria Lugangira,	1
Dr Nancy Kuchemann (Vice-Chair)	1	Constitutional Team	
Councillor Evelyn Akoto	1	Sarah Feasey	1
Councillor Jasmine Ali	1		
Sarah Austin	1		
David Bradley	1		
Cassie Buchanan	1		
Shamsur Choudhury	1		
Councillor Helen Dennis	1		
Sam Hepplewhite	1		
Clive Kay	1		
Althea Loderick	1		
Sangeeta Leahy	1		
Chris Mikata-Pralat	1		
Councillor David Noakes	1		
David Quirke-Thornton	1		
			Total: 18
Dated: 24 June 2022			