Open Agenda

Health and Social Care Scrutiny Commission

Tuesday 23 March 2021
7.00 pm

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Contact
Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: Republished 27 July 2021

PRINTED ON RECYCLED PAPER

Health and Social Care Scrutiny Commission

Tuesday 23 March 2021
7.00 pm

Order of Business

Item No.	Title	Page No.

PART A - OPEN BUSINESS

1. APOLOGIES

To receive any apologies for absence.

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

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

4. MINUTES 1 - 5

To approve as a correct record the Minutes of the meeting held on 8 February 2021.

Item No.	Title	Page No.

5. NHS COMMUNITY COMMISSIONING GROUP (CCG) 6 - 20

This item is a follow up from the meeting on 21 January and will discuss:

- Integrated Care Systems,
- GP practice ownership and recent changes,
- Partnership Southwark – with a focus on stakeholder and community engagement and work with Children and Young People.

The following will attend: Andrew Bland, South East London CCG Accountable Officer, Sam Hepplewhite, Director of Integrated Commissioning Southwark NHS, Genette Laws, Director of Commissioning, Southwark Council, and Steve Lancashire, Keep Our NHS Public (KONP).

Keep Our NHS Public (KONP) have provided a briefing to the commission , a letter on Integrated Care Systems (ICS) and a letter to the Secretary of State for Health and Social Care on Centene's take-over of GP services in London.

Follow up information on AT Medics is also enclosed.

6. SLAM CAMHS 21 - 27

This item will look at equality of access to South London and Maudsley NHS Foundation Trust's (SLaM) Child and Adolescent Mental Health Services (CAMHS) . The presentation given is enclosed.

7. EQUALITY DATA BAME CHILDREN AND YOUNG PEOPLE 28 - 55

This item will receive briefings on equality, covering :

- Access to Children and Young Peoples mental health services enclosed (Inequalities data provider comparison)
- School Exclusions and fixed term penalties
-Managed Moves
- Statistical data on mental health

8. E CIGARETTES - SAFETY 56 - 60

A report on E cigarettes (vaping) safety is enclosed. Farrah Hart, Public Health consultant will present.

Item No.	Title	Page No.

Date: Republished 27 July 2021

HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 8 February 2021 at 7.00 pm at

PRESENT:	Councillor Victoria Olisa (Chair) Councillor David Noakes (Vice-Chair) Councillor Sunny Lambe Councillor Maria Linforth-Hall Councillor Charlie Smith Councillor Bill Williams
OTHER MEMBERS PRESENT:	Councillor Jasmine Ali, Deputy Leader and Cabinet Member for Children, Young People & Schools
OFFICER SUPPORT:	David Quirke-Thornton, Strategic Director, Children's & Adults Services Genette Laws, Director of Commissioning , Southwark Council Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

Apologies were given for Cllr Sandra Rhule.

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

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Cllr Sunny Lambe declared that a family works for London Ambulance Service.

4. MINUTES

The minutes of the meeting on 21 January 2021 were agreed as an accurate record.

5. INTERVIEW WITH CABINET MEMBER FOR CHILDREN, YOUNG PEOPLE & SCHOOLS

The commission interviewed Cllr Jasmine Ali, Deputy Leader and Cabinet Member for Children, Young People & Schools on the social care, children's services and health parts of her portfolio.

The following themes were covered:

- Children's services and youth offending
- Children in care
- Roll out of laptop and broadband to school children
- School meals and enabling access
- Impact of Covid on children mental health
- Domestic violence and impact on children
- Accessing the NEST and targeting of provision
- £2 million Investment in school's for mental health - progress, continuity and legacy.
- Prevention of mental ill health

RESOLVED

Follow up information will be provided on:

- NEST – and how information is provided on support for bullying, LGBT+, and body image.
- Enabling access to free school meals with particular reference to Academies.

6. MENTAL HEATH PROVISION FOR CHILDREN AND YOUNG PEOPLE

Genette Laws, Director of Commissioning presented the report and the chair invited questions. The following points were made:

- Many schools are already investing in mental health
- Young carers are in particular need of support during the pandemic

RESOLVED

The number of Mental Health First Aiders in schools will be provided.

7. REVIEW: HEALTH INEQUALITIES BAME YOUNG PEOPLE

The chair invited Nicholas Okwulu from PEM People - People Empowering People – to present with help from colleagues John Salmon and Cedric Whitby.

Nicholas Okwulu emphasised the importance of a safe space, and that young people raise the need for this continuously, for example an adventure playground. He said that this is not something that is easy to deliver. Young people are saying they are being taken to places they do not want to go, or are more vulnerable to street violence or stop and search, when they do not have access to a safe space.

Skunk cannabis is a big problem and risky, particularly for those with mental health problems.

Young people are lacking hope and feeling displaced by regeneration.

John Salmon introduced himself by explaining he had been working in schools and nurseries. He said Mental Health first aiders ought to be a default provision in schools.

The stop start for Covid is worrying. New Zealand is having a recovery programme for lockdown and he said this ought to be replicated locally.

He voiced concerns that parents with special needs children are left at home with little support - maybe a Teaching Assistance in Teams - and the lack support generally for special needs children and families. He asked if all schools and authorities have a SENCO.

He said he was concerned with a lack of presence online during the pandemic. A virtual service with a network of young people delivering peer support was proposed.

Cedric Whitby introduced himself as the co-founder of Sunbeam Forum – supporting independent and small black business with a focus on education, advocacy, and creatives. His explained his background is a former deputy head in a PRU.

Southwark has a richness of services, however he said there is a need to move away from a medical model to a social care model with relationships at the core. Young black men are more likely to encounter mental health difficulties as they face greater challenges but there is reluctance to access services, because of stigma and cultural barriers. CAMHS is a quite scarce resource that has failed to register with those groups. Young black people more likely to go to community groups with people who look like them. There is good practice in the mental health field but a lack of integration and collaboration and evidence of what is working or not working. An example of this is CAMHS – which Southwark spend a lot on commissioning. He questioned who was part of the Health and Wellbeing boards and if they are diverse enough.

The chair then invited questions and there was a discussion with commission members, Pem People and participation from Cllr Jasmine Ali and David Quirke-Thornton, Strategic Director, Children's & Adults Services.

The following points were made:

- A commission member said that children from the Latin America community are struggling to get enough time as parents are often overworked and unavailable, which leaves children lacking attention and with vulnerabilities to gangs.

- Southwark has the NEST which is this reaching out widely and working virtually, however concerns were raised by Pem People that for every 50 young people, 1 or 2 may know about this service. Pem People suggested that messaging is developed with the community so there is a meeting of minds with an ongoing conversation and collaboration in order to promote this service effectively.

- Pem People said that BMX and garages are where many young people are now. They suggested that there is a need for practitioners and commissioners to come and visit outside of the 9-5 pm. Young people are not hard to reach, but rather hard to hear.

- Cllr Jasmine Ali said the youth mental health strategy won an award for ethnography, and took the revolutionary step of offering access to 100 % of young people. The NEST was

opened during the pandemic; however Covid was a disjuncture in terms of community presence on the ground. The staff team is mostly Black and Asian team. She invited people to visit NEST, once restrictions are lifted.

- David Quirk Thornton said the pathway to support for white people is often CAMHS, whereas for black young people it is often youth offending. This is racism rather than health inequalities.

- There was a discussion about if there is a need to decommission services and make them more people centred, or if it would be better to review services, such as CAMHS, to address systemic issues , rather than either adding more money or doing away with a particular service.

- It was noted there is a need to broaden Southwark's coalition and a specific proposal to make a network of BAME young people to be on boards and involved in Southwark's commissioning process.

- School exclusions were discussed and the downward trend acknowledged following a big focus on working towards Zero Exclusions. Pem People raised concerns that Managed Moves may be increasing at year eleven, resulting in young people ending up in a PRU or criminal justice system, and advocated for more work addressing the reasons for children not engaging – for example depression and disengagement arising from bereavement, poverty, poor housing etc.

The chair thanked Pem People and invited them to participate in the process of developing a report and send in recommendations.

RESOLVED

A draft headline report will be produced and shared with Pem People and colleagues.

8. WORK PROGRAMME

This was not covered .

Meeting ended at 9:30pm

Agenda Item 5

SOUTHWARK BRANCH

BRIEFING NOTE FOR SCRUTINY COUNCILLORS

Context

We are grateful for the opportunity to join your meeting and present a further paper as we believe this and the JHOSC have vital roles in scrutinising a wide range of developments – as referred to in our previous briefing paper – which we believe undermine the NHS as a public service by promoting privatisation and marketization. In this paper we have chosen to focus on 3 developments (Test and Trace, the White Paper on Health and Social Care, management of GP services) which we believe warrant close scrutiny and demand a response from you and the Council to the appropriate places (e,g, Central Government, NHS England and NHS London, South East London CCG).

Test and Trace: Covid 19

We think this is the time for the Council to be pressing for the finance allocated by Central Government for Find, Test, Trace, Isolate (an important mouthful!) to be allocated to local public health system and GP practises rather than private companies. The local agencies mentioned should, in our view, be at the cornerstone of this work and money given to Serco be diverted to them. Lambeth and Hammersmith and Fulham Councils have taken on this work but without getting the financial support. To be clear the extra money being referred to for this should be over and above what is given to LAs who ***assist*** the national system. This is about taking it over entirely so needs even more. The crux of this issue is the ***support*** for people to self- isolate if positive or if a contact of someone positive. Otherwise the massive amounts spent on testing is wasted.

AT Medics

Hopefully members are aware that 4 GP surgeries in Southwark (Falmouth Road, Lister Health Centre, Queens Road and Silverlock) are now being run by a subsidiary (Operose) of a US corporation Centene. There are over 40 practises affected in 19 boroughs around London and nationwide over 370,000 patients are involved. This is a graphic example of the increasing marketization and privatisation of the NHS and also something else that has been done whilst attention is focussed on Covid 19. This change has been made with no public discussion or information, including for patients affected. The assertion that services to patients will not be affected and that there is no need to inform, fails to take account of concerns about accountability, transparency and a greater emphasis on profit. The implications on quality of care,

terms and conditions of staff and the prospect of closure of practices deemed to be unprofitable are very worrying.

Health and Social Care White Paper

We reported to the last meeting our fears that privatisation will continue and grow if the current proposals for ICS bodies embodied in the Health and Social Care White Paper published last year and 'consulted' on by Government between end November and early January proceed into law. This will lead to changes in procurement procedures, the abolition of a local authority's right to refer unpopular decisions and bundling social care into the health service whilst we believe it needs separate legislation. On procurement, although the necessity to compete has gone, this does not mean less privatisation but rather that more tenders are awarded directly and without the protection of standards afforded by the Public Contract Regulations.

Conclusion

Here are some links which provide further information on the matters raised briefly above. We in Southwark KONP are very keen to work with councillors at raising issues and campaigning to both reverse and prevent the damage being done to the NHS.

- Covid 19: https://www.peoplescovidinquiry.com/
- Integrated Care Systems: https://keepournhspublic.com/campaigns/legislative-changes/integrated-care/. See also attached letter being sent to councillors and MPs
- Social Care: https://keepournhspublic.com/campaigns/social-care-campaign/
- AT Medics takeover: https://www.london-se1.co.uk/news/view/10487. See attached letter to Secretary of State. Also a campaign pack is being prepared.
- Privatisation: https://keepournhspublic.com/campaigns/stop-privatisation-of-the-nhs/

Southwark KONP

March 2021

Letter to the Rt. Hon. Matt Hancock, MP, Secretary of State for Health and Social Care

Ministerial Correspondence and Public Enquiries Unit
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU
United Kingdom

(Sent via the DHSC online 'Contact Form')

22 February 2021

Dear Mr Hancock,

Centene's take-over of GP services in London: request for an investigation by the Care Quality Commission under section 48 of the Health and Social Care Act 2008

The purpose of this letter is to ask you to exercise your power under the above section to request the Care Quality Commission to conduct an investigation into the exercise of the functions under the National Health Service Act 2006 of NHS England (NHSE) and the 13 clinical commissioning groups (CCGs) involved in authorising the take-over of GP services of AT Medics Limited by the major US health insurer, Centene Corporation.

Directions given by you in 2019 require that the Alternative Provider Medical Services (APMS) contracts under which most of these practices operate must specify that the "contractor must not sell, assign or otherwise dispose of the benefit of any of its rights under the APMS contract without the prior consent of [NHS England]".

Whilst we imagine you will not be sympathetic to those of us who consider that US health insurers have no place in the provision of NHS services, we ask you to consider carefully the reasons for our request which on any objective analysis we submit are compelling.

1. Background

On 10 February 2021, Centene took over control of AT Medics Limited's GP surgeries across London serving 375,000 patients. Centene has already been running GP and community services in England through its UK subsidiary Operose Health Limited (Operose). But this deal marks a significant ramping up of their operations.

AT Medics Limited was set up in 2004 with Asmah Naz Qureshi (occupation: student) as director and Dr Muhammad Aumran Tahir (occupation: GP) as secretary. Its registered office was in High Wycombe and its first object was to carry on the business of a general commercial company. Since then it has developed enormously to run 49 surgeries, hubs and extended access services across 19 London boroughs, with at least 34 Alternative Provider Medical Services (APMS) contracts and a few NHS Standard contracts covering at least 13 clinical commissioning groups (CCGs). It reported a profit after tax of £7.12m for the year to March 2020, and totalling £28.4m for the five years from 2016-2020.

In July 2019, AT Medics Holdings Limited Liability Partnership (Holdings LLP) was incorporated. Upon incorporation, Holdings LLP had six designated members. These six were the then directors of AT Medics Limited - Dr Hasnain Abbasi, Dr Muhammad Quraishi, Dr Tarek Radwan, Dr Mohammad Tahir, Dr Muneeb Choudhry and Dr Fiyaz Lebbe – all of whom had been directors since the early years. These six, with what seem, from addresses on records at Companies House (CH), to be their partners or friends, also – in July 2019 - held all the shares in ATM Limited.

On 8 August 2019, the shares in AT Medics Limited were re-classified and some of the directors' shares were transferred to (what we assume) were their partners or friends. On 1 September 2019, all the shareholders in AT Medics Limited transferred all their shares to Holdings LLP. This amounted to a change in the controlling interest of AT Medics Limited, from the individual shareholders, to Holdings LLP. It therefore required prior authorisation of commissioners under the APMS contracts. It is not currently known whether prior authorisation was sought or given. Notification to CH that the six directors ceased to be persons with significant control in relation to AT Medics Limited was only given in March 2020.

Notification of Holdings LLP as a registrable 'relevant legal entity' in AT Medics Ltd was given to CH in September 2019, on the bases that Holdings LLP held 75% or more of both shares and voting rights. In October 2020, CH was further notified that Holdings LLP also had the right to appoint or remove a majority of the board.

At some currently undisclosed point, AT Medics Limited sought prior authorisation from commissioners for the control of Holdings LLP – i.e., its membership - to transfer from the individuals who were also directors and shareholders of AT Medics Limited, to Operose Health Limited (previously Centene UK Limited), a subsidiary of Centene Corporation.

Meetings of some CCG Primary Care Commissioning Committees have been cancelled, and few documents have been published by the 13 CCGs involved: Barking & Dagenham, Brent, Central London, City & Hackney, Hammersmith & Fulham, Harrow, Newham, North Central London (NCL), Redbridge, Tower Hamlets, West London, South West London and South East London.

On 17 December 2020, conditional authorisation was given in respect of contracts for eight practices in Camden, Islington and Haringey, by NCL CCG's Primary Care Commissioning Committee at a virtual meeting. The public were excluded from participation in the online meeting, although it was a 'meeting in public'. A recording was posted online after the meeting. A due diligence report had been prepared, led by South East London CCG.

The item lasted less than 9 minutes during which nobody spoke except the chair and the presenter. No mention was made of Centene, by the presenter or in the briefing paper for the meeting. The presenter said that the Board of Directors of AT Medics Limited would not change. (The condition was that CH gave Operose the financial all clear, which apparently they subsequently did - though their accounts for 2019 have been overdue and, at the time of writing this letter, had been sent to CH and are being processed, and so are not currently publicly available).

On 9 February 2021 Central London CCG gave its approval for the Randolph surgery contract.

On 10 February 2021, contrary to what was said at the NCL CCG meeting on 17 December, the directors of AT Medics Limited resigned.

They were replaced by Samantha Jones - CEO and director of Operose Health Limited since January 2019, director of 3 other Centene subsidiaries, and ex-head of NHSE's new care models programme; by Nick Harding - director of Operose Health Corporate Management Limited since September 2019,

and formerly Senior Medical Advisor to NHSE for Integrated Care Systems and Right Care; and by one other Centene nominee. On the same day, Operose Health Limited and MH Services International (UK) Limited, another Centene company, took control of Holdings LLP by becoming designated members.

On 18 February, NCL CCG PCCC held a further virtual meeting. The public were again excluded, except that councillors holding 'the health briefs' from the five NCL boroughs (Barnet, Camden, Enfield, Haringey and Islington) were permitted to attend and to speak during the first part of the meeting at which this matter was discussed. The public were permitted to submit written questions in advance of the meeting, and written responses were provided after the meeting. Requests for the PCCC to revoke or reconsider the authorisations were rejected.

It subsequently emerged from one of the NCL CCG PCCC's responses to written questions submitted for its 18 February meeting, that the authorisation decision will be decided by the CCG Chair after a final due diligence check at an urgent decision meeting to be scheduled on an unspecified day in week commencing 22 February.

It also emerged in other responses to written questions that further advice was being sought about the change of control in September 2019 where prior authorisation may not have been sought, or not given; and that the PCCC held private ("Part 2") discussions of this matter on 14 December and also on 17 December, so the PCCC's community members were excluded.

2. Matters to be investigated

We submit that an investigation is warranted into all the CCGs involved, and into the advice and/or instructions given to them by NHS England and NHS England's solicitors, on the following grounds.

(1) Lack of CCG openness and transparency, and misrepresentation

Most of the CCGs have published **nothing** about this significant change, and held no meetings in public. NCL CCG PCCC (to its comparative credit) has published more than any of the CCGs, but has held no meetings in public (save that councillors were exceptionally permitted to attend and speak at the 18 February meeting); kept mention of Centene out of the public sphere until after its decision was made; and wrongly informed the 17 December meeting that the board of directors of AT Medics Limited would not change.

This lack of openness and transparency, and even misrepresentation, cannot have occurred accidentally. Why this happened must be investigated.

(2) Inadequate and secret due diligence process

The report of the due diligence exercise conducted prior to authorisation remains unpublished. It was led by South East London CCG. There is nothing presently in the public domain to indicate that it addressed the change of control which occurred in September 2019. If, as seems to be the case, the change occurred without the prior authorisation of commissioners, that is a serious breach under paragraph 63 of the APMS contract. The commissioner is entitled to serve notice in writing on the contractor forthwith, or with effect from such date as may be specified in the notice. It is necessary to investigate and make public the due diligence process in order to confirm that the process did not address this, or if it did, why the matter was not brought to the attention of the (other) CCGs; and why it was deemed appropriate to proceed with authorising the later, requested change of control.

(3) The unclear role of NHS England

The commissioning of primary medical services is the statutory duty of NHS England. It is not entirely clear from public information, but it appears that all the CCGs involved in authorising the Centene take-over "have fully delegated responsibility for the commissioning and contract management of primary medical care" according to NHSE's website. Under the terms of the delegation "[t]he decisions of the CCG [Primary Care] Committee shall be binding on NHS England and [the] CCG".

It is impossible to know, however, from information in the public domain, precisely the terms of the delegation, as the actual Delegation Agreements have not been published.

From statements of the Chair of the NCL CCG PCCC at the meetings on 17 December and 18 February, the impression is given that the CCG was afforded no room for manoeuvre in this matter by NHS England, and by the interpretation of the rules by NHS England's solicitors.

The investigation should therefore also look into the role, advice and instructions of and on behalf of NHSE in relation to the CCGs, and the transparency of the delegation, and establish whether any improper influence or control was exerted.

In conclusion, this matter is an example of the privatisation of the NHS by stealth to which we have consistently drawn attention, and which you have, equally consistently, dismissed. We do not expect you to change your point of view, but we are entitled to expect you to consider the matter objectively in light of the evidence and to make your decision on our request fairly.

We look forward to hearing from you as soon as possible.

Yours sincerely,

Colin Hutchinson, Chair, Doctors for the NHS

Jackie Applebee, Chair, Doctors in Unite

Louise Irvine, Secretary, Health Campaigns Together

John Puntis, co-Chair, Keep Our NHS Public

Paul Evans, Director, NHS Support Federation

Brian Fisher, Chair, Socialist Health Association

Steve Carne, 999 Call for the NHS

Allyson Pollock

Peter Roderick [name, phone number and email address inserted in the online Contact Form]

Oppose ICS rollout in England:
Letter to councillors / MPs

Dear (MP/ Councillor)

NHS WHITE PAPER AND INTEGRATED CARE SYSTEMS (ICSs):

We are writing to you concerning the impending national rollout of 42 ICSs across England. The Keep Our NHS Public campaign is calling for a halt to the development of ICSs until there is a full consultation with the public, local authorities and Parliament.

The Government's White Paper 'Integration and Innovation: working together to improve health and social care for all' sets out its proposals for the future structure and operation of the NHS. The proposals will provide a legal basis for the 42 ICSs across England that have been in development since 2014, and will hasten privatisation in both clinical services and management of the NHS through a new permissive procurement regime.

In the midst of a massive COVID-19 epidemic, the government is driving through a far-reaching top-down reorganisation, using a strategy set out by NHS England (NHSE) based on proposals in the Long Term Plan (2019). Far from being just another reorganisation of NHS bureaucracy, this is potentially one of the final steps in the fragmentation and privatisation of the NHS.

These proposals and related NHSE documents show the government's intentions to:

- embed the private sector throughout the NHS, for example, increasing dependence on firms accredited by NHSE to develop ICSs (the Health Systems Support Framework), including many global corporations. One such firm, Centene, is a US health insurance company which now owns GP surgeries across England.
- enable the Boards of ICSs to include private companies, allowing them to influence which services are delivered and by whom.
- remove Section 75 of the Health and Social Care Act and associated regulations, and remove the NHS from the Public Contracts Regulations. This will, in effect maintain the purchaser/provider split while replacing a regulated market with an unregulated one, without environmental, social and labour protections.
- make 'population health management' the basis for deciding priorities and planning health services, shifting the focus of the NHS away from providing universal comprehensive health care. Using data to set targets for the health of the population of an ICS area prioritises demand-management over clinical need and may give firms access to the data.
- tighten central control of the NHS, for example by removing Local Authority powers to refer reconfiguration proposals to the Secretary of State for Health and Social Care. The geographical size of ICSs, with mergers and ultimately abolition of CCGs, will concentrate decision-making at a level much more distant from local populations.
- ensure the compliance of organisations within an ICS through a legal duty to collaborate on meeting the ICS's financial objectives and "shared use of NHS resources", binding providers to a plan written by the ICS Board and to financial controls linked to that plan.
- bring local government resources under the control of the NHS in the name of addressing health inequalities and improving social care, public health and mental health – but there are still no plans covering these issues.

- ignore the ‘democratic deficit’: neither the ICS proposals nor the White Paper mention making ICSs or the NHS as a whole democratically accountable. Elected local authorities could lose some control of a major part of their work, social care. In response to Local Government Association objections, the White Paper suggests a two tier system for ICSs, an NHS body responsible for day to day running of the ICS and the plan, commissioning and budgets, with representation from local authorities and unspecified others; and a Health and Care Partnership to support integration, including public health and social care, and representation including independent sector partners and social care providers. However, the relationship between decision-making at the ICS NHS Body and the Partnership is not explicit, and “will allow systems to decide how much or how little to do at these different levels and will also potentially allow them to vary these arrangements over time as the system matures and adapts.”

A letter from NHSE Chief Operating Officer Amanda Pritchard (11 February) states that “The composition of the board of the NHS ICS statutory body itself must however be sufficiently streamlined to support effective decision-making” and “the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority.”. Thus a single local authority may suffice.

Local authorities will not be equal partners in this arrangement.

We therefore urge you to:

1. Demand an immediate halt to the rollout of ICSs.

2. Demand extended and meaningful consultation with the public, health service staff and their unions, local authorities and Parliament to decide how health and social care services are provided in England.

3. Promote the introduction of legislation to bring about a universal, comprehensive, publicly provided and publicly funded NHS, fit for the 21st century.

Yours sincerely

For more information, please see:
https://keepournhspublic.com/campaigns/legislative-changes/integrated-care/

Our Healthier South East Londo
Integrated Care System

ntegration and innovation:
Working together to improve health and social care for all

outhwark – Health and Social Care Scrutiny Committee

13 March 2021

ecap

Our Healthier South East Londo
Integrated Care System

Long Term Plan
9) confirmed all
rts of England
d be served by an
ICS

Healthier South
London becomes
f the first 15 ICSs
in England.

April 2020: NHS South East London CCG became a statutory organisation – putting us in a good position ready for progressing into ICS arrangements

November 2020: NHS England and Improvement (NHSEI) published *Integrating Care* - proposing two legislative options to further develop ICSs

December: stakeholder engagement

15

The ICS submitt
it's response o
January 2021 a
shared with
Partners

These responses have informed the NHSEI *document 'Legislating for ICSs: five recommendations to government and parliament'* published on 11 February

The Department of Health and Social Care published *Integration and innovation: working together to improve health and social care for all* (11 February) based on NHSEI's recommendations

Decisions on legislation will now be for Government and Parliament to make

hat does it say?

Our Healthier South East Londo
Integrated Care System

ese proposals **represent a specific set of proposals** ere change to primary legislation is required.

e proposals can be **grouped** under the following emes:

1. **working together and supporting integration**;
2. stripping out needless bureaucracy;
3. enhancing public confidence and accountability;
4. additional proposals to support social care, public health, and quality and safety.

e government's plan is that legislative proposals for alth and care reform outlined in the paper will begin to **implemented in 2022**


Department of Health & Social Care

Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

CP 381

Working together and supporting integration

Our Healthier South East Londo
Integrated Care System

wo forms of integration will be underpinned by new legislation:

- Within the NHS to remove boundaries to collaboration
- Greater collaboration between the NHS and local government and other delivery partners.

CSs will be made up of an ICS NHS Body and an ICS Health and Care Partnership, bringing together the NHS, local governme
nd partners:

- The ICS NHS body will be responsible for the day to day running of the ICS
- The ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address th systems' health, public health, and social care needs.

'triple aim duty' will be placed on health bodies, which will require them to secure:

- Better health and wellbeing for everyone
- Better quality of health services for all individuals, and
- Sustainable use of NHS resources.

egislation will remove barriers to integration by allowing ICSs to establish joint committees, collaborative commissioning pproaches and joint appointments.

ew legislation will ensure more effective data capture and data sharing across health and care.

here will be further changes which reconfirm the legal basis of the Better Care Fund

e WP proposed ICS governance model

Our Healthier South East Londo
Integrated Care System

xt steps – timeline

Our Healthier South East Londo
Integrated Care System

NHS
Term
n

January 2021
Responses submitted to inform legislative proposals

Summer 2021
?? Received by Parliament ??

April 2022
?? New Statuto Body begins ?

November 2020
NHSEI propose x2 legislative options to further develop ICS

February 2021
White Paper published

Autumn / Winter 2021/22
?? Legislation ??

From: HEPPLEWHITE, Sam (NHS SOUTHWARK CCG) [mailto:sam.hepplewhite@nhs.net]
Sent: Tuesday, April 06, 2021 7:25 AM
To: Timbrell, Julie
Cc: Steve Lancashire; Irene Payne; YOUNG, Jean (NHS SOUTHWARK CCG)
Subject: AT Medics

Hi Julie

At the last scrutiny commission I committed to finding out some further information regarding AT Medics contracts in Southwark and providing some detail on APMS contracts – please see below

1 - End dates of contracts held by AT Medics:

Borough / CCG Name	Name of Contract	Expiry Date
Southwark	Falmouth Road Group Practice	30 September 2023
Southwark	Queens Road Surgery	31 December 2024
Southwark	The Lister Practice	30 September 2023
Southwark	Silverlock Medical Centre	31 December 2024

2 Contract Details:
Standard APMS Contract framework is available at:
https://www.england.nhs.uk/publication/standard-alternative-provider-medical-services-contract/
In addition, a copy of the Southwark Premium Services specifications that all GP contractors in Southwark provide, is attached to this response.

3 – Further questions
Is the Commissioner going to review the decision made in PCCC after the resignation of all of the AT Medics directors,? Did this constitute a significant change in the way the contracts are held?

Response:
Change in directors is permitted under the APMS contract subject to the contractor advising the commissioner. AT Medics/ Operose provided details of the new directors at the same time as confirming the change in control.

Best wishes

Sam Hepplewhite
Place Based Director (Southwark),
SEL CCG SRO Primary Care
NHS South East London CCG

Equality of access to SLaM CAMHS Services Southwark H&SCSC 23rd March 2021

Overview

- What CAMHS is doing to improve equality of access?
- What CAMHS is doing about ethnicity data and what does the data say?
- Opportunities
- Background

hat CAMHS is doing to improve access for BAME ung people – CAMHS equality objective

In addition to overarching focus on reducing long waits and increasing access to services,

CAMHS have prioritised increasing access for Asian and Black young people by 25% by March 2023

Work to deliver this in 20/21:

- Established Equality leads in every borough and encouraging champions in every team
- CAMHS anti-racist forums and reflective spaces
- Co-production with young people on cultural competencies Engaging Black and Asian communities
- Quarterly monitoring of ethnicity caseload data on service users accepted and seen by CAMHS
- The diversity in recruitment champion programme and delivering the WRES in CAMHS.

Planned activity (above work is continuing):

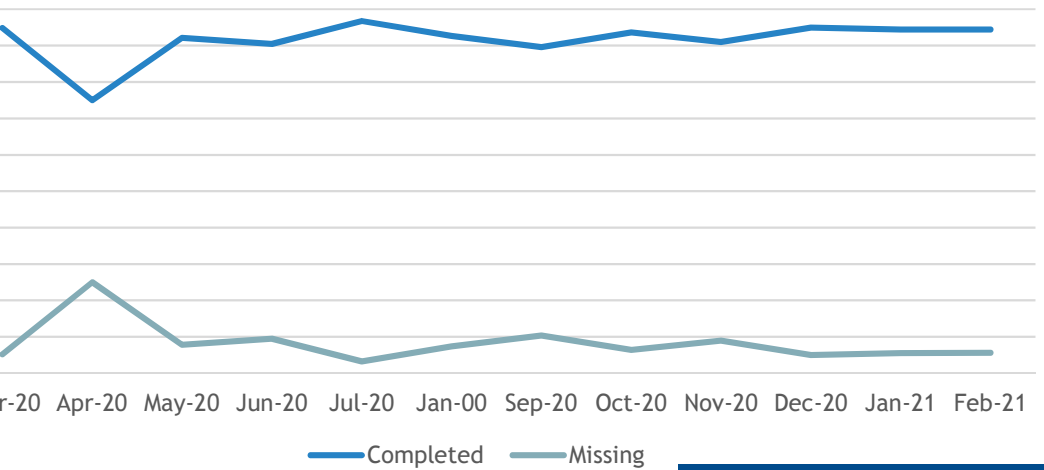
- Collaboration with community groups, representing BAME communities
- Improving the way CAMHS communicates about race equality (e.g. CAMHS Equality Newsletter and communication with schools)
- Trust is implementing Patient and Carer Race Equality Framework (PCREF) to address race inequalities across the Trust in partnership with local communities
- Recruitment uses Black and Asian therapy network

What CAMHS is doing to improve ethnicity data

- Ethnicity data matters campaign currently includes:
  - Delivering improvements in recording ethnicity –

    Rashaun's video https://youtu.be/5ZzG7y3EO3Q
  - Monthly monitoring of CAMHS ethnicity recording performance at Trust monthly Performance & Quality meeting; initial target 95% being achieved in Southwark (next slide)
  - Creating dashboard to make the data collected easier for staff to access and analyse
  - We continue to publish annual equality information on CAMHS community services in each borough

Southwark CAMHS - Ethnicity Completion Rates



This page shows the current position of data completeness of the ethnicity profile data field in ePJS and the change over time of completed records broken down by month. The monthly breakdown includes service users active at the first day of each calendar month.

Level of completeness current caseload

95.7%

Missed opportunities last month

11

Directorate

06. Child & Adolescent Service

Service Line

CAMHS Community

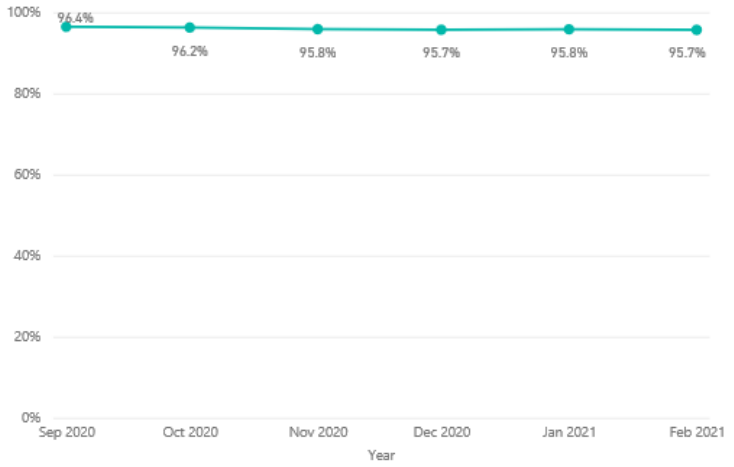
Sub Service Line

SOUTHWARK CAMHS

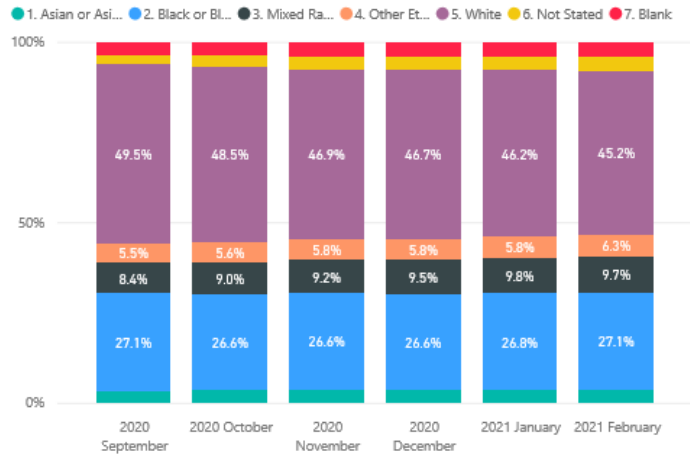
Team

Multiple selections

Completed ethnic profile over time (monthly)



Ethnic profile breakdown over time (monthly)



Opportunities

- Continuing to learn through Southwark engagement and involvement groups and activities; including other providers
- Working in partnership with our referrers to remove barriers in the system (e.g. GPs, schools)
- Work in partnership with other providers eg The NEST Southwark, Kooth
- Continuing to develop a diverse CAMHS workforce who are supported to flourish at SLaM and have pride in the services they deliver
- Continued focus on staff access and analysis of existing data
- Across CAMHS and with partners, develop new ways of working in prevention and early help approaches across our communities…

in addition to relentless focus on long waits and overall access to specialist CAMHS teams

Background

- SLaM ethnicity recording challenges:
  - Absent ethnicity data in referrals
  - Administration issues
  - System usage / training of clinicians

- Barriers to BAME young people accessing CAMHS services
  - Stigma, personal, family, cultural and community issues and concerns
  - Potential barriers in referral routes to CAMHS
  - Potential issues at SLaM/CAMHS
    - e.g. Clinical staff do not reflect the population served

Supplementary information for H&SC Scrutiny Commission regarding the ethnicity of children and young people using mental wellbeing or mental health services

Date: March 2021

School aged (5 to 18 years old) Population 2019

	%
White	31
Mixed	12
Asian or Asian British	5
Black or Black British	43
Other ethnic group	9

The group recognise that there are emerging changes to this data, particularly in respect of the Latin American community, which is not currently separately reported for data collection purposes

SLAM (Current Caseload as at end Jan 2021)

	%
White	45.56
Mixed	9.00
Asian or Asian British	3.52
Black or Black British	25.28
Other ethnic group	5.49
Not stated	11.15

The Nest (new referrals Q3 2020/21)

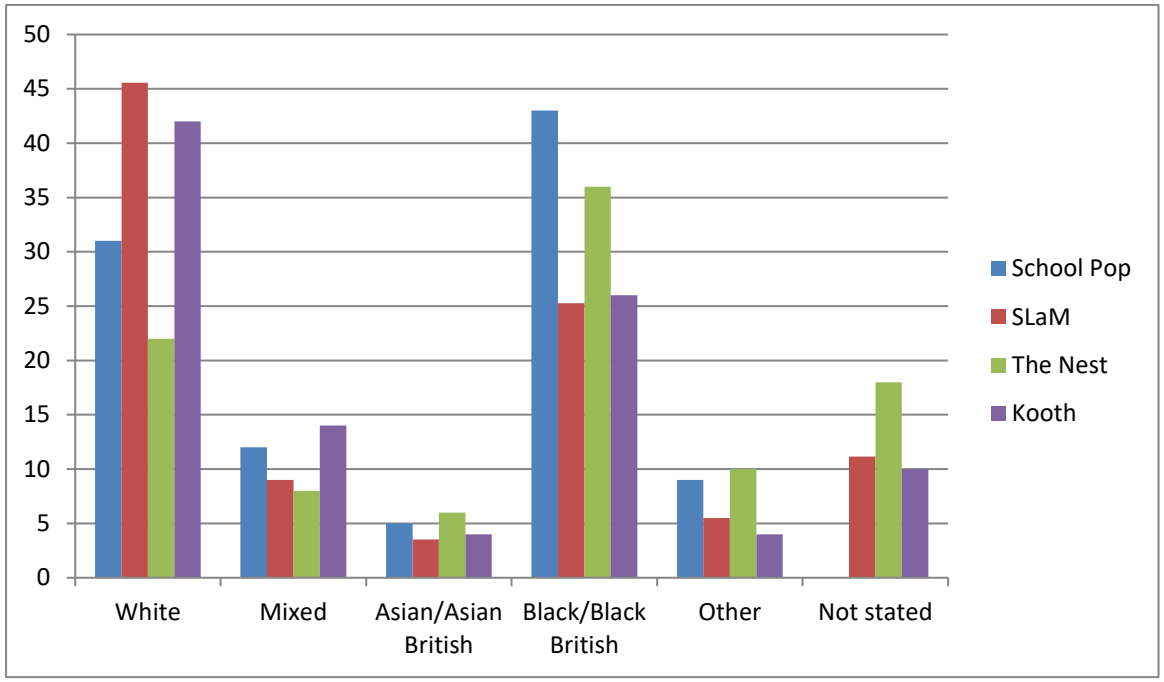
	%
White	22
Mixed	8
Asian or Asian British	6
Black or Black British	36
Other ethnic group	10
Not stated	18

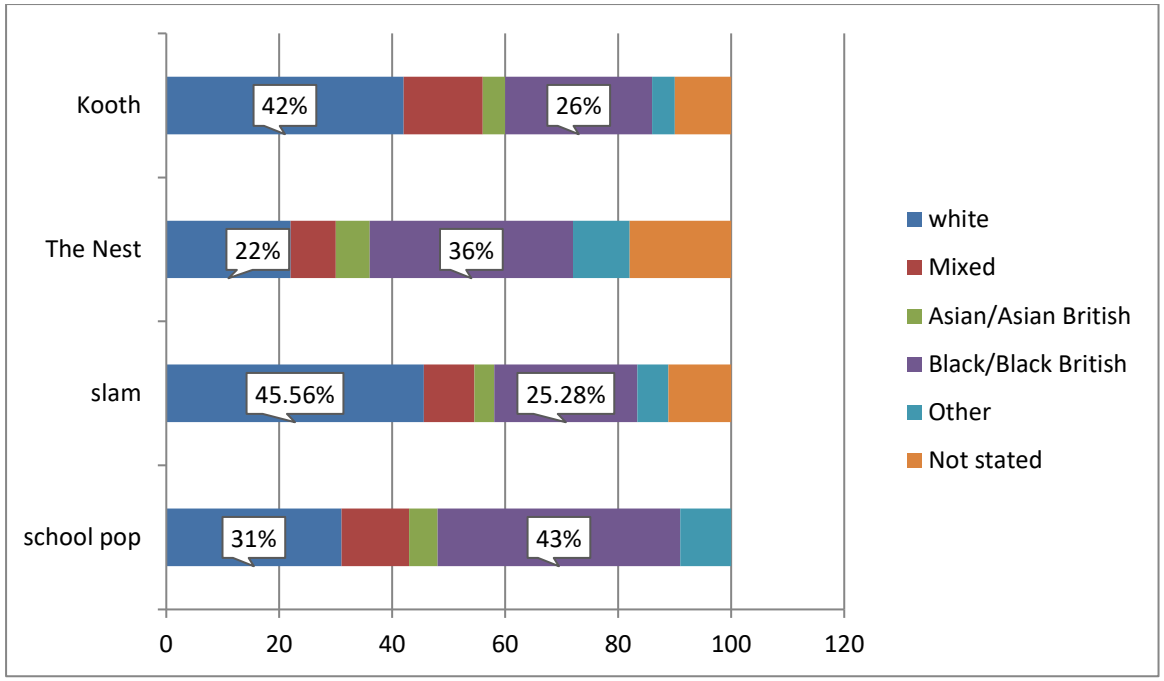
The Nest is able to separately identify Latin American ethnicity

KOOTH (New registrations Q3 2020/21)

	%
White	42
Mixed	14
Asian or Asian British	4
Black or Black British	26
Other ethnic group	4
Not stated	10

Graphs comparing the ethnicity reporting across school population, SLaM The Nest & KOOTH : quarter 3 2020/21




Kooth
The Nest
slam
school pop
42%
26%
22%
36%
45.56%
25.28%
31%
43%
0
20
40
60
80
100
120
white
Mixed
Asian/Asian British
Black/Black British
Other
Not stated

Summary of ethnicity issues pertaining to permanent and fixed period exclusions from Southwark schools

An Excerpt from the main document School Exclusions in Southwark An analysis of exclusion trends in the London Borough of Southwark, 2014/15 to 2019/20

Key issues

Ethnicity: In Southwark in 2018/19, the ethnic group with the highest rate of permanent exclusions was **White British** (a rate of 0.26) with the second highest being **Black** (0.24). This is a marked change from 2017/18, where the rate of permanent exclusions of Black children was twice as high, and the rate for Mixed children three times as high as for White British children. However, when the data is examined at a more granular level, it shows that the rate of permanent exclusion for **Black Caribbean children is 1.5 times higher than the rate for White British children,** and the rate for Mixed White and Black Caribbean children slightly (1.1 times) higher.

There is a notable difference between the ethnicity of pupils given permanent exclusions and those given fixed period exclusions, with the overall highest rate of fixed period exclusions being given to Black pupils (a rate of 5.22) and the second highest being Mixed ethnicity children (4.83).

The rates for the detailed ethnicity groups vary by phase, but both show that the rates of **fixed period exclusions of Mixed White and Black Caribbean and Black Caribbean children are higher than those of White British children.** In Southwark secondary schools, the rate of fixed period exclusion for Mixed White and Black Caribbean children is twice as high as the rate for White British children. In primary schools, these rates are even higher, with rates of fixed period exclusions for **Mixed White and Black Caribbean children over three times higher than those for White British children**, and the rate Black Caribbean children three times higher.

Permanent exclusions

The table below shows the rate of permanent exclusions of minority ethnic pupils in Southwark, compared to the national rate.

Rates of Minority Ethnic Pupil permanent exclusions from secondary schools						
	2014/15	2015/16	2016/17	2017/18	2018/19	DoT (last year)
Southwark rate	0.14	0.14	0.25	0.31	0.18	▼
National rate	0.16	0.17	0.19	0.19	0.17	▼
Comparison with national	▼	▼	▲	▲	▼	

- The national rate of permanent exclusions for Minority Ethnic students from secondary schools annually increased from 2014/15 to 2016/17, remained the same in 2017/18, before falling in 2018/19.
- Southwark followed a similar trend, although its rate was below the national rate in 2014/15 and 2015/16, it was considerably above it in 2016/17 and 2017/18. In 2018/19 however the rate dramatically fell, though was still 0.01 point above the national rate.

In order to understand the issues surrounding ethnicity and disproportionality in the borough, it is necessary to examine the data in ethnicity groups and also with a detailed breakdown. The ethnicity group (as published by the DFE) rates of permanent exclusion for pupils in the secondary phase (both in Southwark and nationally) are shown in the table below.

Rates of permanent exclusions per ethnicity group in Southwark, compared to the national rate							
Ethnicity	Rate of PEX in Southwark secondary schools					National rate	Comparison
	2014/15	2015/16	2016/17	2017/18	2018/19	2018/19	
Asian	0.00	0.22	0.21	0.00	0.00	0.09	▼
Black	0.19	0.16	0.28	0.35	0.24	0.24	◀
Mixed	0.14	0.14	0.17	0.53	0.20	0.29	▼
White	0.07	0.14	0.21	0.18	0.26	0.21	▲
Minority Ethnic	0.14	0.14	0.25	0.31	0.18	0.17	▲

The table above shows that in 2018/19, the permanent exclusion rates for all non White children in Southwark schools were lower than those of the White children, and were equivalent or below the national rate, although the Minority Ethnic group rate (DFE definition as being all those who are not White British) was one point above the national rate.

In Southwark in 2018/19, the ethnic group with the highest rate of permanent exclusions was **White** (a rate of 0.26) with the second highest being **Black** (0.24). This is a marked change from 2017/18, where the rate of permanent exclusion of Black children was twice as high as the rate for White British children, and the rate of Mixed children three times as high.

In Southwark schools for the most recent period (2019/20), two thirds of permanent exclusions were of Minority Ethnic young people, though this was proportionally higher for those permanently excluded from Southwark schools who were resident in other boroughs.

However, using grouped data can mask what is taking place within the different groupings. The following table shows the rate of permanent exclusions per detailed ethnicity group in secondary schools in 2017/18 and 2018/19, for both Southwark and England.

Rates of permanent exclusions per detailed ethnicity group in Southwark, compared to the national rate									
Ethnicity	**Number**			**Southwark rate**			**National rate**		
	2017/18	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**
Any other Asian background	0	0	◀	0.00	0.00	◀	0.08	0.08	◀
Any other Black background	2	1	▼	0.27	0.14	▼	0.30	0.29	▼
Any other Ethnic Group	3	1	▼	0.23	0.08	▼	0.15	0.18	▲
Any other Mixed background	5	2	▼	0.53	0.22	▼	0.30	0.24	▼
Any other White background	1	1	◀	0.08	0.08	◀	0.15	0.13	▼
Bangladeshi	0	0	◀	0.00	0.00	◀	0.09	0.09	◀
Black African	12	9	▼	0.25	0.18	▼	0.18	0.15	▼
Black Caribbean	11	8	▼	0.67	0.49	▼	0.50	0.46	▼
Chinese	0	0	◀	0.00	0.00	◀	0.02	0.02	◀
Gypsy Roma	0	0	◀	0.00	0.00	◀	0.96	1.08	▲
Indian	0	0	◀	0.00	0.00	◀	0.04	0.03	▼
Irish	0	0	◀	0.00	0.00	◀	0.28	0.10	▼
Pakistani	0	0	◀	0.00	0.00	◀	0.14	0.13	▼
Traveller of Irish heritage	0	0	◀	0.00	0.00	◀	0.88	0.91	▲
White and Asian	0	0	◀	0.00	0.00	◀	0.21	0.18	▼
White and Black African	1	0	▼	0.37	0.00	▼	0.32	0.24	▼
White and Black Caribbean	4	2	▼	0.75	0.35	▼	0.58	0.47	▼
White British	7	11	▲	0.22	0.33	▲	0.20	0.22	▲

Nationally, in 2018/19 the groups with the highest rate of permanent exclusions from secondary schools were Gypsy Roma (1.08); Traveller of Irish Heritage (0.91), White and Black Caribbean (0.47) and Black Caribbean (0.46).

In the same period, the ethnicity groups with the highest rate of permanent exclusion from Southwark secondary schools were: Black Caribbean (0.49), White and Black Caribbean (0.35) and White British (0.33). In terms of comparison against the national rates, Southwark had higher rates of permanent exclusions for Black African, Black Caribbean, and White British pupils.

When the rates are examined at a more granular level, it became clear that the rate of permanent exclusion for **Black Caribbean children is 1.5 times higher** and Mixed White and Black Caribbean children slightly (1.1 times) higher than White British children. Nationally, both Black Caribbean children and Mixed White and Black Caribbean children are 2.1 times more likely to be permanently excluded from secondary school.

2019/20 update: Census data, not yet published by the DFE indicates that in 2019/20, of the Black / Black British group of pupils there were more Black African children (8) permanently excluded than Black Caribbean (3), with a further six recorded as mixed White and Black Caribbean.

It is not possible to calculate rates of Southwark pupils permanently excluded from out of borough schools. In 2019/20, twelve of the fourteen young people permanently excluded from out of borough secondary schools were Minority Ethnic (86%), specifically six Black African, two Black Caribbean, two Black Other and two Mixed White and Black Caribbean.

Fixed period exclusions

DFE analysis of nationwide fixed period exclusions in 2018/19 found that exclusion rates widely varied by ethnicity. As in previous years, pupils of Gypsy/Roma ethnic groups had the highest rates of fixed period exclusions (21.26) followed by the Traveller of Irish heritage group at 14.63 (although this had decreased from 2017/18 figures). The fixed period exclusion rate increased for all other ethnic groups, except Black Caribbean and Irish.

The table below shows the number and rate of fixed period exclusions of minority ethnic students in Southwark, compared to national figures (using the most recent DFE data).

Number and rate of fixed period exclusions of minority ethnic pupils, compared to the national rate									
Phase	**Number**			**Southwark rate**			**National rate**		
	2017/18	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**
Primary	279	208	▼	1.45	1.11	▼	0.94	0.92	▼
Secondary	1123	1133	▲	8.81	8.54	▼	7.80	8.33	▲
Special	50	25	▼	11.74	4.20	▼	8.96	7.77	▼
Total	1452	1366	▼	4.47	4.20	▼	3.66	3.91	▲

It is clear that although the number of fixed period exclusions of minority ethnic pupils from Southwark secondary schools increased in 2018/19, the rate slightly reduced when compared to 2017/18 (as did all fixed period exclusion rates of minority ethnic pupils in the borough). Nationally, the rate of minority ethnic secondary school pupils given fixed period exclusions has increased.

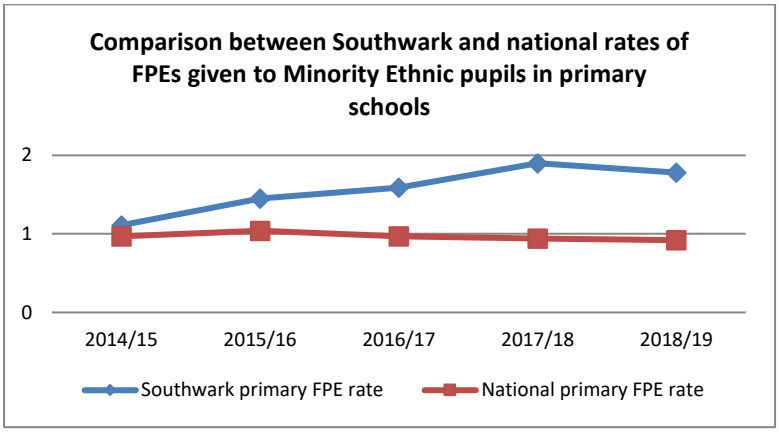
When compared to the national rate, Southwark has higher rates of fixed period exclusions of minority ethnic pupils in both the primary and secondary phase. It is however important to note that the gap between the national and local rates is narrowing, for example, in 2017/18 the rate of fixed period exclusions of Minority Ethnic pupils from Southwark secondary schools was 8.81, compared to the national rate of 7.80. By 2018/19, this had changed significantly, with the Southwark rate now slightly higher than the national rate (8.54 compared to 8.33).

The table below shows the same data, but for White British pupils. This shows that there have been increases in the rate for both the secondary and special phases, which has led to an overall increase in the rate (from 4.18 in 2017/18 to 4.71 in 2018/19, an increase of 52 fixed period exclusions). Rates of fixed period exclusions for White British pupils are below national rates, both overall and for all phases.

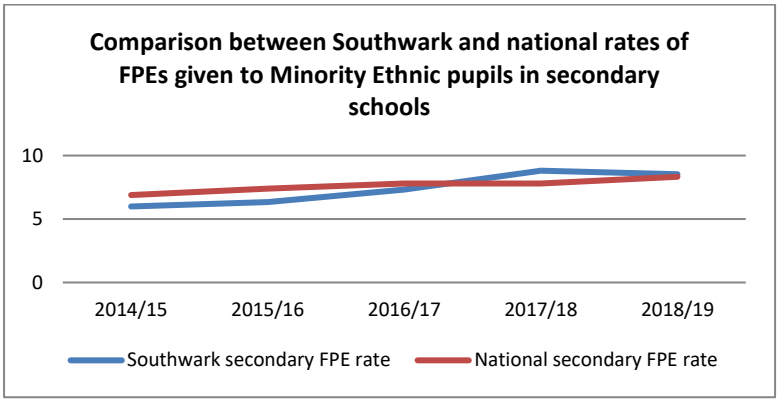
Number and rate of fixed period exclusions of White British pupils, compared to national rate									
Phase	**Number**			**Southwark rate**			**National rate**		
	2017/18	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**
Primary	87	56	▼	1.63	1.05	▼	1.63	1.66	▲
Secondary	270	349	▲	8.47	10.52	▲	11.09	11.78	▲
Special	3	7	▲	3.57	8.14	▲	13.76	12.86	▲
Total	360	412	▲	4.18	4.71	▲	5.70	6.01	▲

The graphs on the following page compare Southwark rates of Minority Ethnic pupils given fixed period exclusions by phase, compared to the national rate. It is clear from these that Southwark's rate of these fixed period exclusions have risen across both primary and secondary phases over the past four years, yet have both shown decreases in 2018/19. The rate of fixed period exclusions of Minority Ethnic pupils from special schools has substantially decreased over the same period, and in 2018/19 was lower than the national rate.

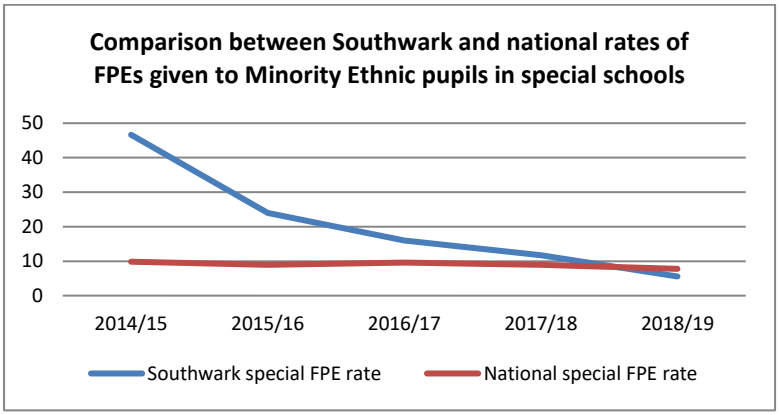
Overall, the rates from the last year would suggest that following a plateau, the national rate for fixed period exclusions of Minority Ethnic pupils has started to rise, whereas Southwark, with higher rates of such fixed period exclusions over a number of years, has shown a decrease in their figures.



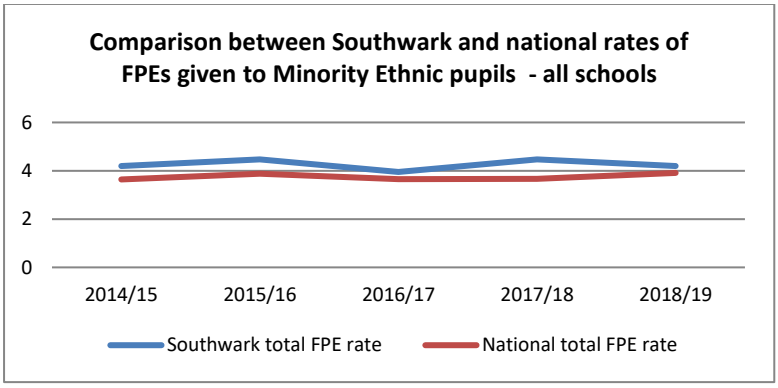
The fixed period exclusion rate of Minority Ethnic pupils from Southwark primary schools is consistently higher than the national rate; though the range is small (all figures are between 0.92 and 1.90. Southwark's rate has risen from 2014/15, peaking in 2017/18, before seeing a decrease in 2018/19. Other than a slight increase in 2015/16, the national rate has slowly decreased year on year.



Prior to (and including) 2016/17, the fixed period exclusion rate of Minority Ethnic pupils from Southwark secondary schools was lower than the national rate, though in 2017/18 this rate was higher (9.81 in Southwark, compared to 7.79 nationally). An increase in the national rate counterbalanced by a decrease in Southwark's rate in 2018/19 meant that Southwark was in line with the national rate (Southwark: 8.54, National: 8.33).



Southwark's special schools have seen a significant decrease in their rate of FPE of Minority Ethnic pupils in recent years, and in 2018/19 for the first time had a rate that was lower than the national rate.



When looking at the overall rate (all phases combined, there is much less fluctuation in the rates. Southwark is consistently approximately one point away from the national rate – however this gap has narrowed in the most recent period, as Southwark's rate stood at 4.20, compared to the national rate of 3.91.

However, in order to understand the issues surrounding ethnicity and disproportionality in the borough, it is necessary to examine the data in a more granular fashion.

The table below indicates the grouped ethnicity rates for pupils across all phases in Southwark schools. It is clear from this that the ethnicities with the highest rates of fixed period exclusions in 2018/19 were Black (with a rate of 5.22) and Mixed (4.83). In Southwark, when compared to the national rate, in 2018/19 Minority Ethnic pupils were the only group with a higher rate of fixed period exclusion than the national rate.

Rates of fixed period exclusions per ethnicity group in Southwark, compared to the national rate						
Ethnicity	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**National rate (2018/19)**
Asian	1.40	1.01	1.18	0.82	0.58	2.03
Black	5.34	5.23	5.07	5.84	5.22	5.54
Mixed	4.66	4.99	4.85	5.33	4.83	6.29
Unknown	3.93	4.58	5.39	3.07	4.52	8.47
White	3.22	3.43	2.79	3.53	3.9	5.80
Minority Ethnic	4.19	4.11	3.95	4.47	4.20	3.91

However, within these broad classifications, there are many different ethnicities, and it would be wrong to suggest that the same patterns apply within each group. The table below shows data for all pupils (not divided into phases) within their detailed ethnicity groups.

Nationally, the groups with the highest rate of exclusions were Gypsy Roma (21.26); Traveller of Irish Heritage (14.63), White and Black Caribbean (10.69) and Black Caribbean (10.37).

Pupil groups with the highest rates of fixed period exclusions in Southwark in 2018/19 were Gypsy Roma (27.78), Black Caribbean (9.31) and Irish (6.10).

In terms of comparison against the national rates, Southwark had higher rates of fixed period exclusion (in 2018/19) for Black African, Chinese and Gypsy Roma pupils, however, the number of fixed period exclusions for Gypsy Roma and Chinese children was low (each had five).

Rates of fixed period exclusions per detailed ethnicity group in Southwark, compared to the national rate									
Ethnicity	**Number**			**Southwark rate**			**National rate**		
	2017/18	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**	**2017/18**	**2018/19**	**DoT**
Any other Asian background	9	1	▼	1.27	0.15	▼	1.45	1.50	▲
Any other Black background	135	99	▼	5.56	4.40	▼	5.80	5.91	▲
Any Other Ethnic Group	57	101	▲	1.84	3.26	▲	3.16	3.34	▲
Any other Mixed background	87	77	▼	3.65	3.20	▼	4.52	4.89	▲
Any other white background	67	64	▼	1.87	1.75	▼	2.74	2.89	▲
Bangladeshi	5	9	▲	0.49	0.91	▲	1.93	1.97	▲
Black African	551	502	▼	4.67	4.21	▼	4.08	4.13	▲
Black Caribbean	345	316	▼	10.01	9.31	▼	10.46	10.37	▼
Chinese	0	5	▲	0.00	0.88	▲	0.50	0.56	▲
Gypsy Roma	2	5	▲	11.11	27.78	▲	16.52	21.26	▲
Indian	0	0	◀	0.00	0.00	◀	0.75	0.88	▲
Irish	9	13	▲	4.59	6.10	▲	5.00	4.93	▼
Pakistani	5	3	▼	1.74	1.07	▼	2.52	3.10	▲
Traveller of Irish heritage	2	0	▼	4.88	0.00	▼	17.42	14.63	▼
White and Asian	2	5	▲	0.41	0.91	▲	3.41	3.79	▲
White and Black African	36	29	▼	4.65	3.59	▼	5.78	6.22	▲
White and Black Caribbean	140	137	▼	10.56	9.97	▼	10.13	10.69	▲
White British	360	412	▲	4.18	4.71	▲	5.70	6.01	▲

However, it is likely that there are differences between the fixed periods of exclusion given to pupils from differing ethnicities in the separate phases. The table below shows the rates of fixed period exclusions for each of the above ethnicities by phase, and compares these to the 2018/19 national rate (for each phase).

Rates of fixed period exclusions per detailed ethnicity group in Southwark (by phase)												
Phase / location	**Primary schools**				**Secondary schools**				**Special schools**			
	Southwark			**National**	**Southwark**			**National**	**Southwark**			**National**
	2017/18	**2018/19**	**DoT**	**2018/19**	**2017/18**	**2018/19**	**DoT**	**2018/19**	**2017/18**	**2018/19**	**DoT**	**2018/19**
Any other Asian background	0.23	0.00	▼	0.22	2.91	0.35	▼	3.30	0.00	0.00	◀	1.26
Any other Black background	2.01	0.47	▼	1.41	13.48	12.59	▼	12.46	0.00	2.94	▲	10.28
Any Other Ethnic Group	0.50	0.57	▲	0.54	3.72	6.94	▲	7.57	0.00	0.00	◀	4.22
Any other Mixed background	1.04	1.48	▲	1.40	6.81	6.17	▼	10.30	0.00	40.00	▲	13.83
Any other white background	0.38	0.42	▲	0.61	4.92	4.28	▼	7.06	0.00	0.00	◀	4.20
Bangladeshi	0.00	0.00	◀	0.20	1.08	1.89	▲	4.27	0.00	0.00	◀	1.89
Black African	1.87	1.04	▼	1.06	8.67	8.37	▼	8.25	3.43	5.71	▲	4.15
Black Caribbean	3.03	3.22	▲	3.05	16.88	14.86	▼	17.50	23.68	18.29	▼	27.70
Chinese	0.00	0.27	▲	0.15	0.00	2.03	▲	1.28	0.00	0.00	◀	0.00
Gypsy Roma	0.00	0.00	◀	4.58	50.00	100.00	▲	58.79	0.00	0.00	◀	15.14
Indian	0.00	0.00	◀	0.13	0.00	0.00	◀	1.98	0.00	0.00	◀	0.49
Irish	0.94	0.00	▼	1.46	9.20	14.44	▲	8.66	0.00	0.00	◀	10.98
Pakistani	1.73	0.00	▼	0.39	1.82	2.91	▲	6.96	0.00	0.00	◀	2.22
Traveller of Irish heritage	0.00	0.00	◀	6.33	33.33	0.00	▼	45.62	0.00	0.00	◀	38.06
White and Asian	0.00	0.28	▲	0.91	1.21	2.07	▲	8.24	0.00	0.00	◀	12.03
White and Black African	0.60	1.43	▲	2.17	7.06	7.17	▲	13.10	0.00	175.00	▲	12.02
White and Black Caribbean	3.22	3.45	▲	3.12	21.58	19.06	▼	21.51	5.26	0.00	▼	29.07
White British	1.63	1.05	▼	1.66	8.47	10.52	▲	11.78	8.14	3.57	▼	12.86

Secondary schools

Year on year increases were seen in the rates for certain groups (notably Any Other Ethnic Group, White British and White and Black African, though other ethnicities saw smaller increases). However, in terms of comparison to the national average Southwark saw higher rates of Gypsy Roma, Irish, Black African and Any Other Black background – although for the first two of these categories, this is a rate based upon a very low local population.

Pupil level census data, held locally suggests that:

- The proportion of Minority Ethnic children being given fixed period exclusions from Southwark secondary schools has a fairly narrow range, from 72.4% in 2018/19 to 76.2% in 2014/15.
- In 2018/19, just under half (49.6%) of fixed period exclusions were of Black children.
- There has been a reduction in the fixed period exclusions of Black / Black British young people over recent years, with a corresponding increase being seen in the Other Ethnic Group and White categories.

However, scrutiny of the detailed ethnic groups showed that:

- Reductions seen in the Black / Black British category are a result of fewer Black Caribbean children being given fixed period exclusions. Black African and most of the other Black African subgroups saw increases. This mirrors DFE findings – as not only the number but the 'rate' of FPEs given to Black Caribbean children has fallen.
- The 'Other Ethnic Group', has a number of nationalities showing significant change over time, with the principal increase in the last two years being in the OLAM – Latin/South/C American subgroup, with minor fluctuations and decreases seen in the other groups.
- The proportion of FPEs given to White British children in Southwark secondary schools has also increased in the last year, with an additional small increase noted in the WTUC – Turkish Cypriot ethnic group.

Primary schools

In the primary phase, the rates of fixed period exclusions for many of the different ethnic groups have increased slightly, with the most notable increases seen in the Any Other Mixed Background and Mixed – White and Black African ethnicities. However, when comparing to the national average, it is clear that although rates increased for some groups, in most the rate in Southwark primary schools was lower than the national rate, with the exceptions being the Black Caribbean, Mixed White and Black Caribbean, Any other Mixed background, Any other white background, Any Other Ethnic Group and Chinese ethnic groups, all of which had slightly higher rates in Southwark than nationally.

Census data shows that generally between 77 and 85% of all FPEs given in Southwark primary schools are to Minority Ethnic pupils. The proportion rose to 84.5% in 2019/20 from 77.5% in 2018/19.

- Although proportions fluctuate, Black / Black British children consistently make up between 50 and 60% of all fixed period exclusions from Southwark primary schools and in the most recent two years children of dual heritage have represented over 20%.
- The number (and proportion) of Mixed White and Black Caribbean children has been steadily increasing by small increments year on year to the end of 2018/19. The greatest change in the Mixed category – and responsible for the increase seen in the most recent years is an increase in the 'Other Mixed background' category – which increased from 8 in 2018/29 to 24 in 2019/20.

Special schools

The rate of FPEs from Southwark special schools is only higher than the national rate in three categories, White and Black African, Any other Mixed background and Black African.

Data from the most recent census indicates that 75% of children attending Southwark special schools are Minority Ethnic; with the principal ethnicities in these schools being 'Other Black African' (23%), White British (16%), Black Caribbean (13%) and Any Other Black background (8%).

The proportion of FPEs given to Minority Ethnic children from Southwark special schools fluctuates year on year, with a range of 72% to 93%.

Managed Moves Update for Health & Social Care Scrutiny Commission 12/03/21

Definition

'*A pupil at any type of school can also transfer to another school as part of a '**managed move**' where this occurs with the consent of the parties involved, including the parents and the admission authority of the school. However, the threat of exclusion must never be used to influence parents to remove their child from the school*'[1]

There is no legal requirement for schools to inform the LA of a managed move. Schools are required to inform the LA when it removes a child from its school roll and one of the reasons allowed is when a child becomes registered at a different school but this information does not identify if this is a 'managed' move.

Southwark context

Secondary schools in Southwark have set up a Managed Move Forum, chaired currently by Ark All Saints which meets termly to discuss and agree managed moves of children. 9 schools choose to be part of the Managed Move Forum (Bacons, Ark Globe, STAC, Harris Academy Peckham, Ark All Saints, Harris Academy Bermondsey, Ark Walworth, Charter East Dulwich and Compass)
A member of the Family Early Help Education Inclusion Team attends the Forum to provide support where requested.

Data

Data is not routinely collated from the Managed Move Forum as this is a schools led initiative. Approximately 45 pupils were managed moved through this forum in 19/20 and 17 so far in 20/21.

Formal referrals of managed moves sent to, and recorded by the LA are limited:

	2019/20	2020/21
BCRB - Black Caribbean		1
OOEG - Other Ethnic Group		1
BOTH - Any Oth Black b'ground		1
BAFR - Black African	1	2
WEUR - White European	1	
WENG - White English	1	
BAOF - Other Black African	1	
MWBC - White & Black Caribbean	1	
Not recorded	1	
TOTAL	**6**	**5**

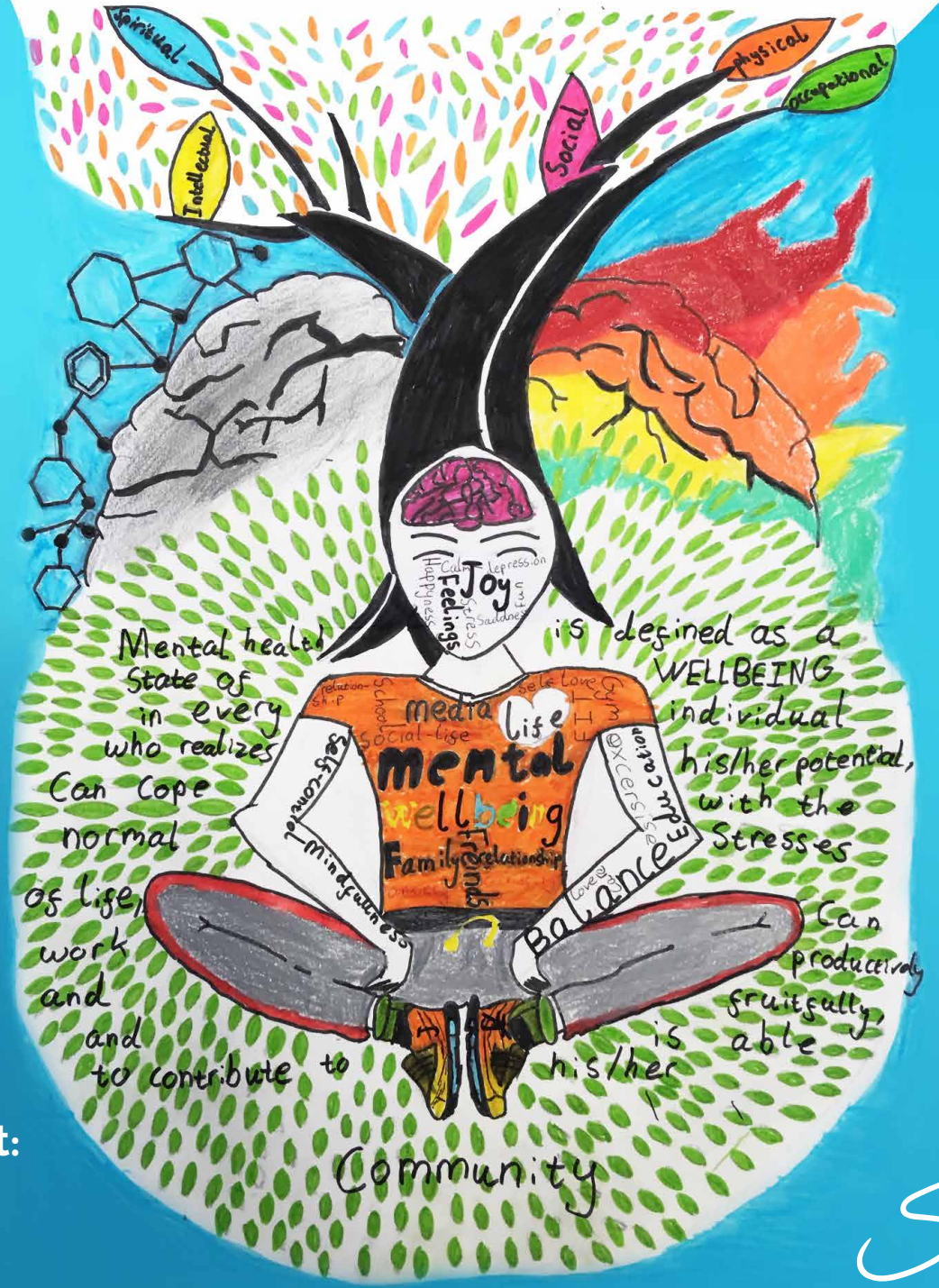
Jenny Brennan 12/03/21

[1] Exclusion from maintained schools, academies and pupil referral units in England
Statutory guidance for those with legal responsibilities in relation to exclusion September 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921405/20170831_Exclusion_Stat_guidance_Web_version.pdf

"Everything to gain and nothing to lose"

Mental wellbeing and resilience in young people:

a Southwark priority



2018 Annual Public Health Report:

Statistical Appendix

February 2019

Southwark Council
southwark.gov.uk

1. OVERVIEW

The statistical appendix to this year's Annual Public Health Report focuses on the demography and mental wellbeing of young people in the London Borough of Southwark. It seeks to provide an analysis of our population, along with the risk factors for, and inequalities in mental wellbeing in the borough. These quantitative data are intended to complement the narrative of the APHR, as well as qualitative findings from engagement with young people, completed as part of the APHR development.

The statistical appendix includes the following sections:

- The demography of children and young people in Southwark aged 10 to 17
- Mental wellbeing
- Factors influencing mental wellbeing

2. DEMOGRAPHICS

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 314,200 residents, Southwark is a patchwork of communities: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Towards the north, Borough and Bankside are thriving with high levels of private investment and development. Yet there remain areas affected by high levels of deprivation, where health outcomes fall short of what any resident should expect.

2.1 Current adolescent population

Approximately **24,200** young people aged between 10 and 17 are estimated to live in Southwark, representing almost 8% of our population.

Age	Males	Females	Total
10 years	1,770	1,750	3,520
11 years	1,610	1,560	3,170
12 years	1,650	1,570	3,220
13 years	1,480	1,430	2,910
14 years	1,440	1,420	2,860
15 years	1,480	1,310	2,790
16 years	1,430	1,370	2,800
17 years	1,490	1,430	2,920
All adolescents	**12,350**	**11,840**	**24,190**

Table 1: Mid-year resident population estimates by single year of age, 2017

2.2 Trends and projections of adolescents

While the number of people living in Southwark has increased significantly in recent years, there has been a much smaller increase in the number of adolescents. Since 2001 the number of people aged 10 to 17 living in the borough has increased by 6.7%, compared to an overall increase of 22% in the population as a whole.

Although the number of adolescents living in Southwark is projected to continue to increase in the medium-term, the pace of growth will remain lower than other age groups. By 2030, projections suggest the number of people aged 10 to 17 will increase by almost 17%, compared to an increase of 21% in the overall population.

2.3 Diversity of adolescents

Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds. Over 120 languages are spoken here, with just over 1 in 10 households having no members who speak English as a first language.

We know that the diversity of the borough varies markedly across age groups, and that our young people are much more diverse than our older population.

The number of adolescents in Southwark from a Black ethnic background is estimated to be almost double that of the general population, standing at over 40%. This is driven by a large Black African population, with almost a quarter of adolescents coming from this background.

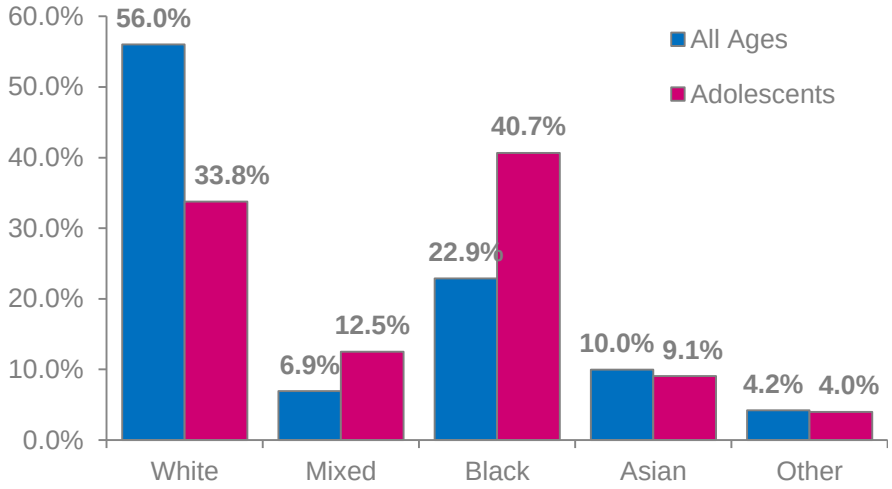


Figure 1: Ethnic diversity among adolescents in Southwark, 2017

2.4 Deprivation affecting children and young people

Deprivation has a significant impact not only on the health of our young people, but also their future life chances. Our most deprived communities are found in central and northern parts of the borough, including Elephant and Castle and Bermondsey in the north, through to Nunhead and Peckham in the east, and Camberwell in the west. Over 45% of our adolescents live in areas that fall within the most deprived quintile nationally, compared to 38% of our general population.

The latest child poverty statistics show that Southwark has the 5th highest proportion of children in low income families (25%) compared to other London boroughs. This accounts for over 13,000 children aged under 16 across the borough.

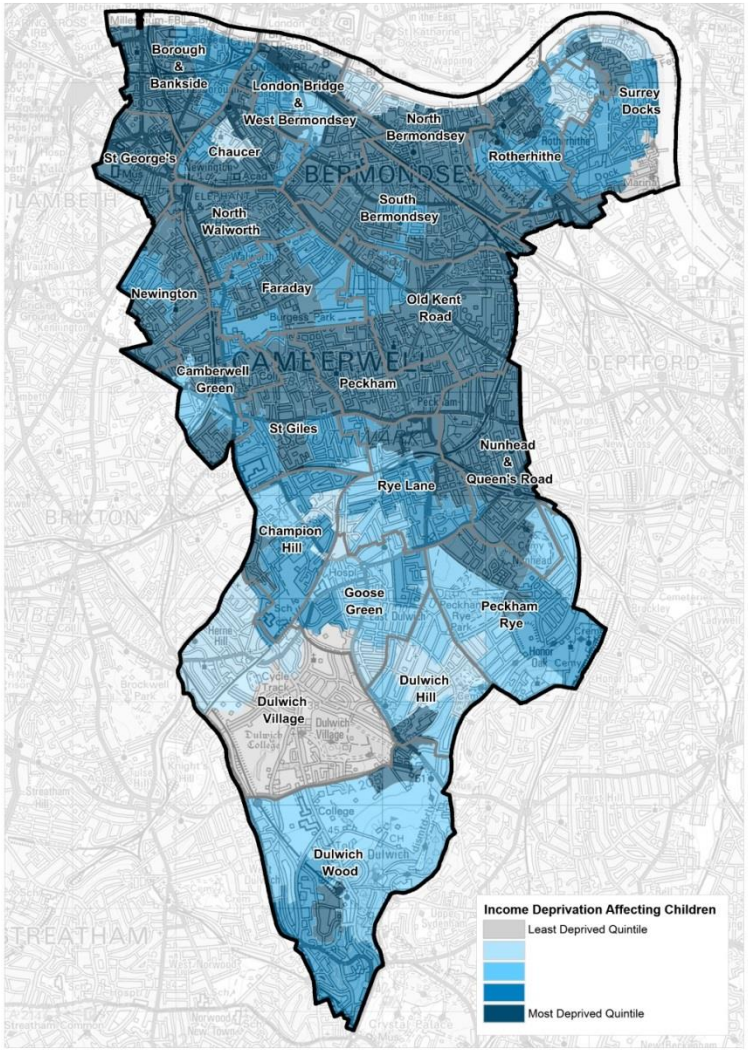


Figure 2: Income deprivation affecting children in Southwark, 2015. © OS Crown copyright and database rights 2018. Ordnance Survey (0)100019252.

3. MENTAL WELLBEING

3.1 Mental Wellbeing

Findings from the 2016 Schools Health Education Unit (SHEU) survey in Southwark reveal that levels of positive wellbeing locally are lower compared to other areas, with **37%** of pupils in Year 8 and Year 10 reporting high self-esteem compared to **42%** in the wider sample across England.

Results from the survey also highlight substantial inequalities in positive wellbeing between the sexes, with boys far more likely to have high levels of self-esteem when compared to girls (41% v 30%).

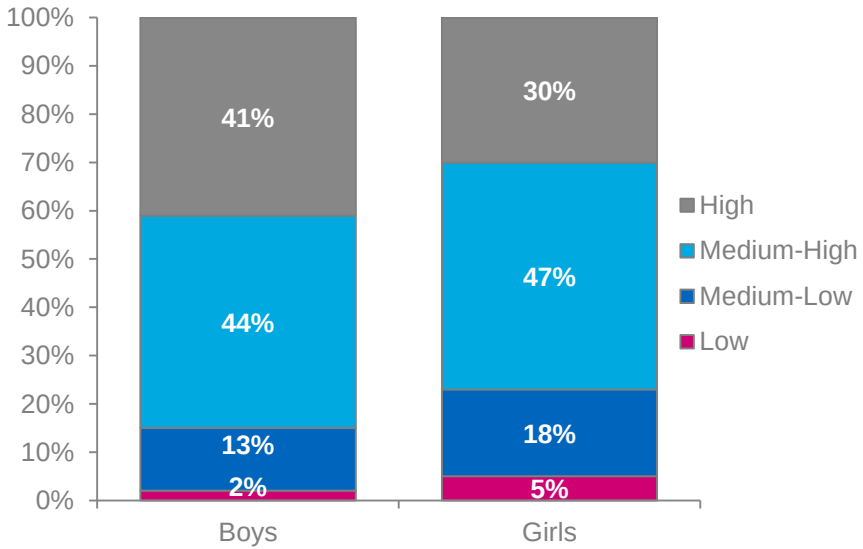


Figure 3: Levels of self-esteem in Southwark among pupils in Years 8 and 10

As part of the survey, pupils were asked how much they worry about a list of issues, ranging from exams, through to health, family, and financial problems. Out of the list of issues 84% of adolescents responded that they worry about at least one of the issues either "quite a lot" or "a lot", increasing to 90% of girls in Year 10.

The top three worries among those who said they worry about problems "quite a lot" or "a lot" are shown in the table below.

Concern	Boys	Girls	All
Exams and tests	47%	67%	57%
Family	38%	43%	41%
School-work	27%	46%	37%
The future	32%	41%	36%
Friends	25%	34%	30%

Table 2: Top five concerns among adolescents in Southwark in 2016.

Almost 1 in10 adolescents in Southwark (9%) stated that they did not have an adult they could trust to talk to if they had something that worried them.

4. FACTORS INFLUENCING MENTAL WELLBEING

4.1 Physical Health

While adolescence is generally a period of good overall health, young people can experience a range of physical health problems which can have a negative impact on their wellbeing.

It is estimated that just over **1 in 10** young people in Southwark have a long-term illness, disability or medical condition that has been diagnosed by a doctor, slightly below the London and national average.

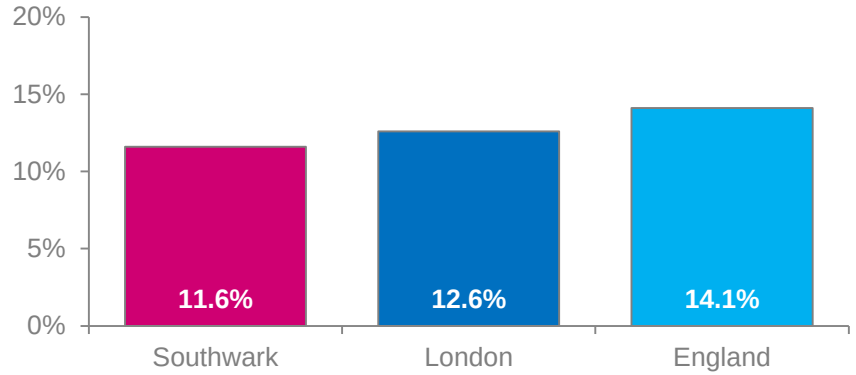


Figure 4: Percentage of 15 year olds with a long-term illness, disability or medical condition in 2014-15.

Asthma is the most common long-term condition among young people, and one of the most common reasons for emergency admission locally. In Southwark there are over **1,700** (5.5%) young people aged 10 to 19 with a diagnosis of asthma, though more may be living with the condition.

The number of attendances at emergency departments by adolescents in Southwark has increased by almost a quarter since 2013-14, with just over **9,200** attendances in the last financial year. Rates of ED attendance in Southwark among adolescents are significantly above national levels.

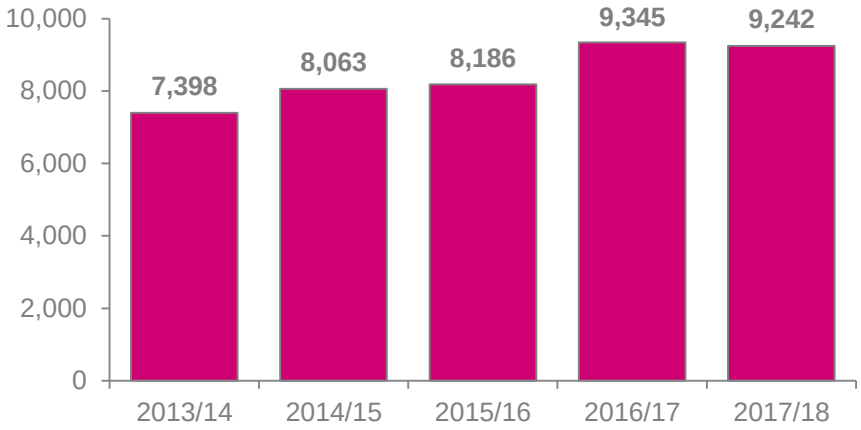


Figure 5: Number of emergency department attendances among those aged 10 to 17 in Southwark.

The reason for attendance was recorded in just over half of cases, with the top five diagnoses (in order) being:

- Sprain / ligament injury
- Dislocation / fracture / joint injury
- Gastro-intestinal conditions
- Contusion / abrasion
- Respiratory conditions

While there has been a substantial increase in emergency department attendances among adolescents over the last five years, the number of emergency admissions to hospital has remained broadly stable. In 2017-18 there were **879** emergency admissions among those aged 10-17 in Southwark.

Over the past five years, sickle cell disorders, abdominal and pelvic pain and asthma have been the main primary diagnosis on emergency admission in this age group.

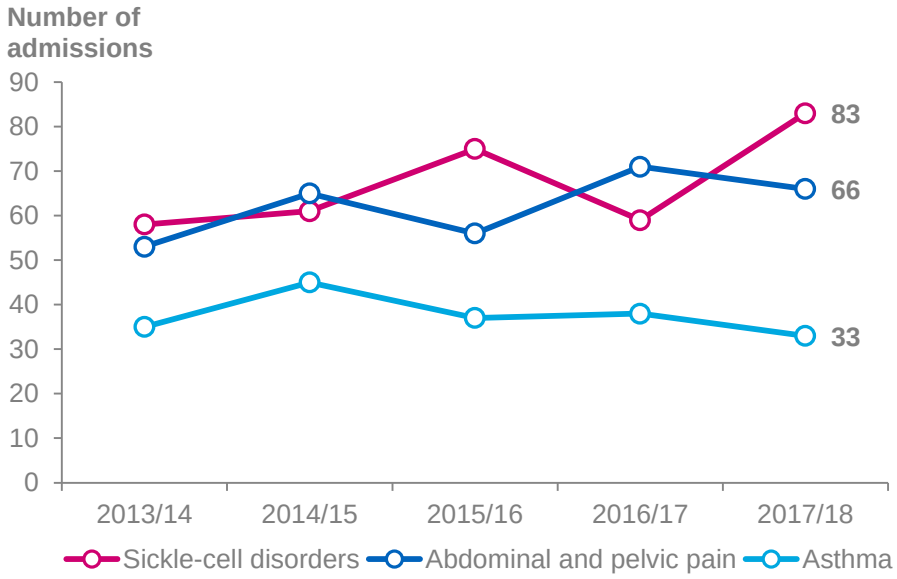


Figure 6: Top three causes of emergency admission among those aged 10 to 17 in Southwark.

Of those adolescents in Southwark who had an emergency hospital admission in 2017-18, the majority were only admitted once. However a small number (33 people) had more than three emergency admissions within the year.

Number of emergency admissions	Number of patients	Percentage of patients
1 admission	576	84.6%
2 admissions	72	10.6%
3 or more admissions	33	4.8%

Table 3: Number of repeat emergency admissions among those aged 10 to 17 in Southwark in 2017-18.

Sickle cell disorders accounted for the largest number of cases (30%) among those having an emergency admission more than three times within the year, followed by abdominal pain (7%).

4.2 Mental Health

As with physical health, poor mental health can negatively impact on an individual's wellbeing, particularly during periods of acute illness.

Results from the 2017 survey of the mental health of children and young people show that **14.4%** of children and young people in England aged 11 to 16 had a mental health disorder, with emotional disorders being the most prevalent. Table 4 illustrates the prevalence of the various categories of disorders along with estimates of how many children this would equate to in Southwark.

Mental Disorder	National Prevalence	Southwark Estimate
Any disorder	14.4%	2,550
Emotional disorders	9.0%	1,590
Behavioural disorders	6.2%	1,110
Hyperactivity disorders	2.0%	350
Other less common disorders	2.2%	390

Table 4: Prevalence of mental health disorders among those aged 11 to 16 in 2017 Note: An individual may have more than one disorder.

Assuming a similar prevalence of mental health disorders in Southwark, findings from the national survey would indicate that approximately **2,550** adolescents in the borough have a mental health disorder.

While boys are equally as likely to have any mental disorder as girls the pattern varies between conditions. Girls are more likely to experience emotional disorders (10.9% compared to 7.1%), with boys more likely to experience behavioural (7.4% compared to 5.0%) or hyperactivity disorders (3.2% compared to 0.7%).

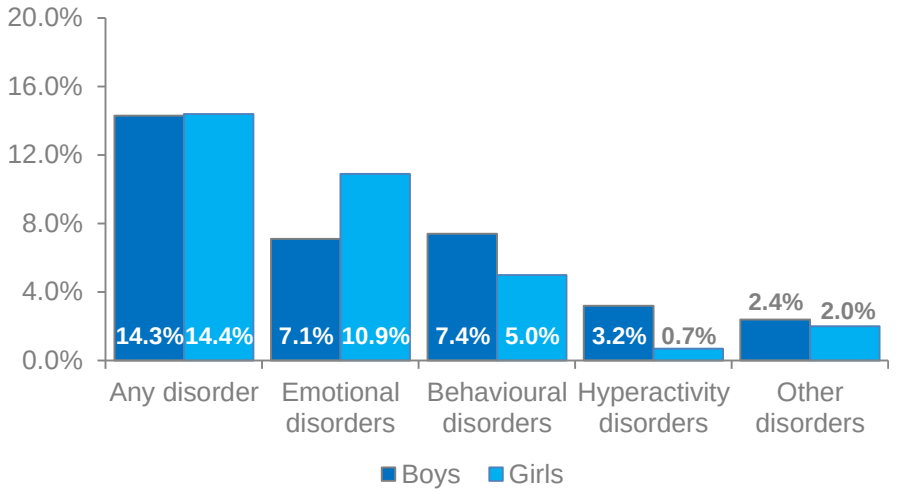


Figure 7: Prevalence of mental disorders by sex for those 11 to 16, 2017

Data regarding the ethnic and social background of young people with a mental disorder is only available for those aged 5 to 19, rather than for the specific adolescent cohort. The results from the survey indicate that the prevalence of disorders is higher among those from a White British background, and lower among those from Black / Black British or Asian / Asian British backgrounds. This pattern is evident for "any disorder", as well as for different types of disorder.

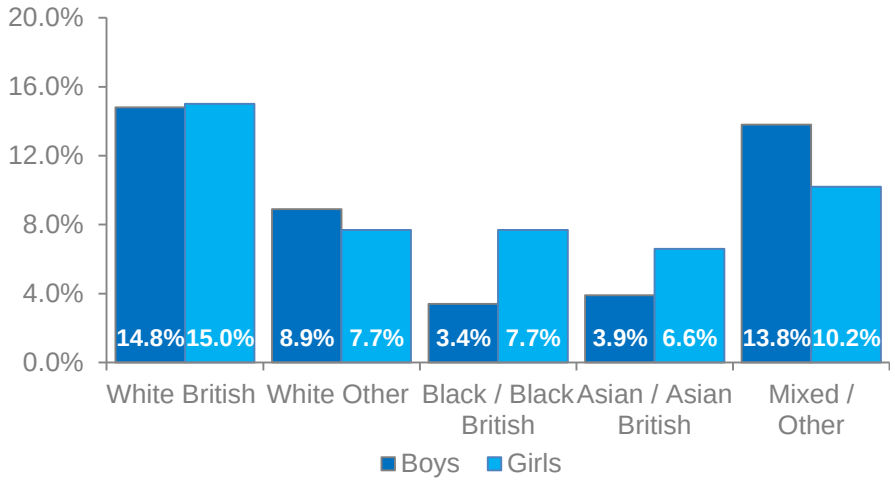


Figure 8: Prevalence of any mental disorder by ethnicity and sex, 2017

When comparing across income groups it is apparent that the proportion of children with a mental disorder in low income households is more than double the level of their counterparts in high income households (9% compared to 4.1%). However, the survey found no association with neighbourhood deprivation and the prevalence of mental disorders.

4.3 Lifestyles and Behaviours

The national survey of mental health of children and young people in England shows that alcohol and illegal drug use are much more common among adolescents with a mental disorder.

Findings from our local school survey in 2016 show that **8%** of secondary school pupils in Southwark had at least one alcoholic drink in the week prior to the survey; broadly comparable with national drinking patterns among young people.

The local survey also showed that **4%** of secondary school pupils got drunk on at least one occasion in the week prior to the survey, with levels slightly higher among girls than boys.

Hospital admissions among adolescents in Southwark for alcohol-specific conditions are amongst the lowest in London, and less than half the rate in England as a whole. As with drinking patterns, rates of admissions are slightly higher among girls than boys, though not significantly so.

The use of illicit drugs among adolescents in Southwark is much lower than the use of alcohol. In 2016, 3% of secondary pupils surveyed reported that they had taken an illegal drug in the last month, with cannabis being the drug most frequently used. However, there is a significant increase in use between year groups, with 12% of girls in Year 10 used illegal drugs in the last month, compared to 1% of girls in Year 8. The reported use of cannabis among boys is comparatively lower, increasing from 1% in Year 8 to 4% in Year 10.

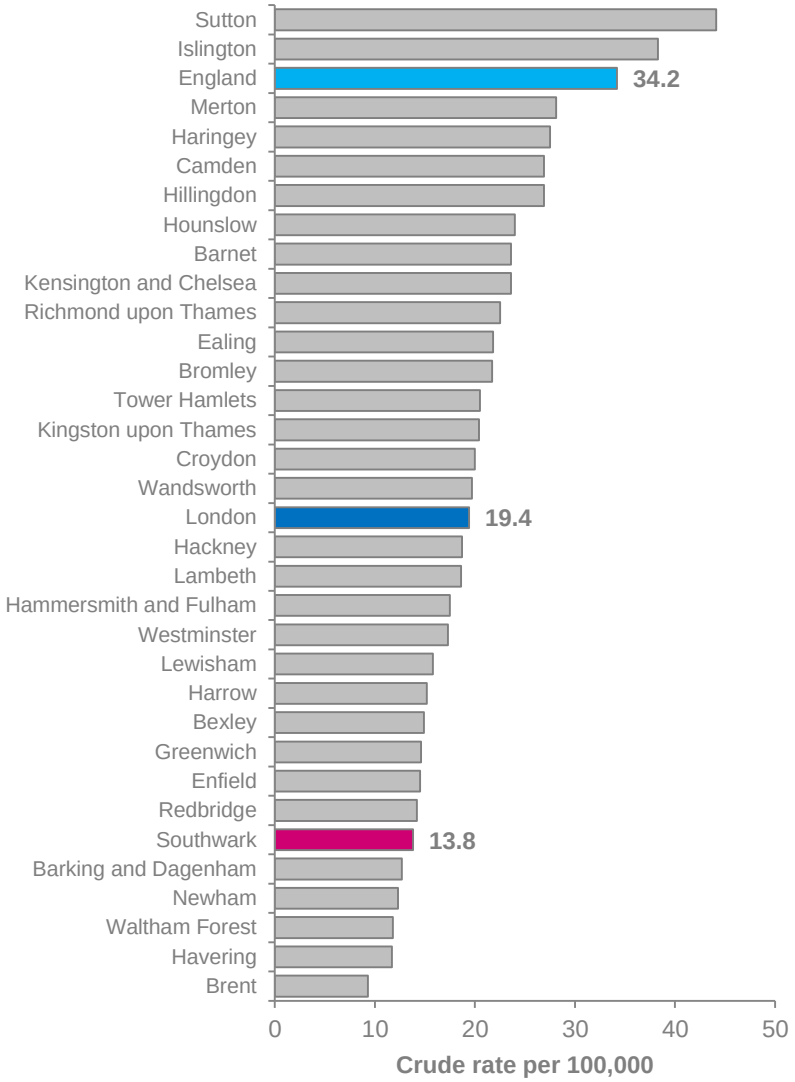


Figure 9: Admission episodes for alcohol specific conditions (u18's) in 2014-15 to 2016-17.

Maintaining a healthy weight is important for overall health and for wellbeing. Not only is being overweight or obese a risk factor for the development of long-terms conditions such as diabetes and heart disease, but it can also contribute towards low self-esteem and mental ill-health.

Levels of obesity among children entering adolescence in Southwark are significantly above the national average, with no significant change since measuring began in 2007-08. Latest figures show that approximately **1 in 4** children in Southwark in Year 6 are obese.

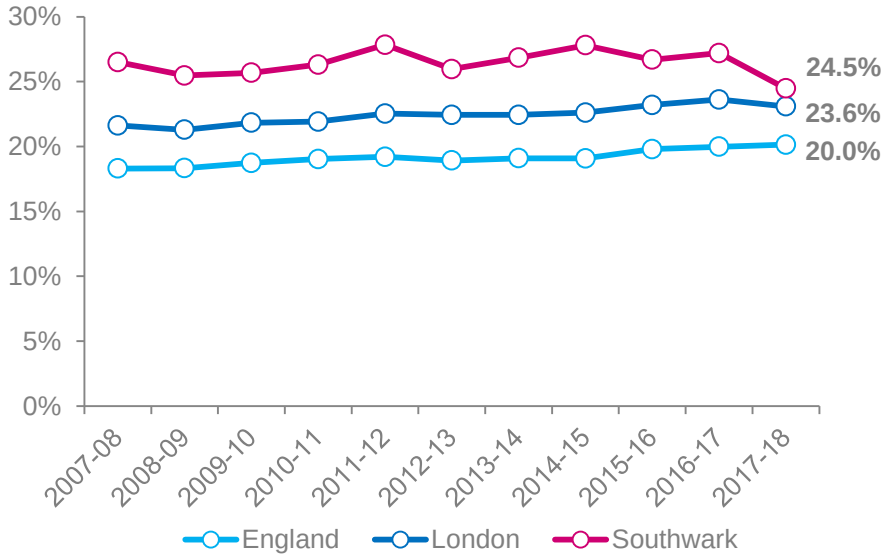


Figure 10: Percentage of children in Year 6 (aged 10-11) who are obese

Levels of obesity in the borough are particularly high in the north, from Elephant & Castle, through to Camberwell in the west and Peckham in the east.

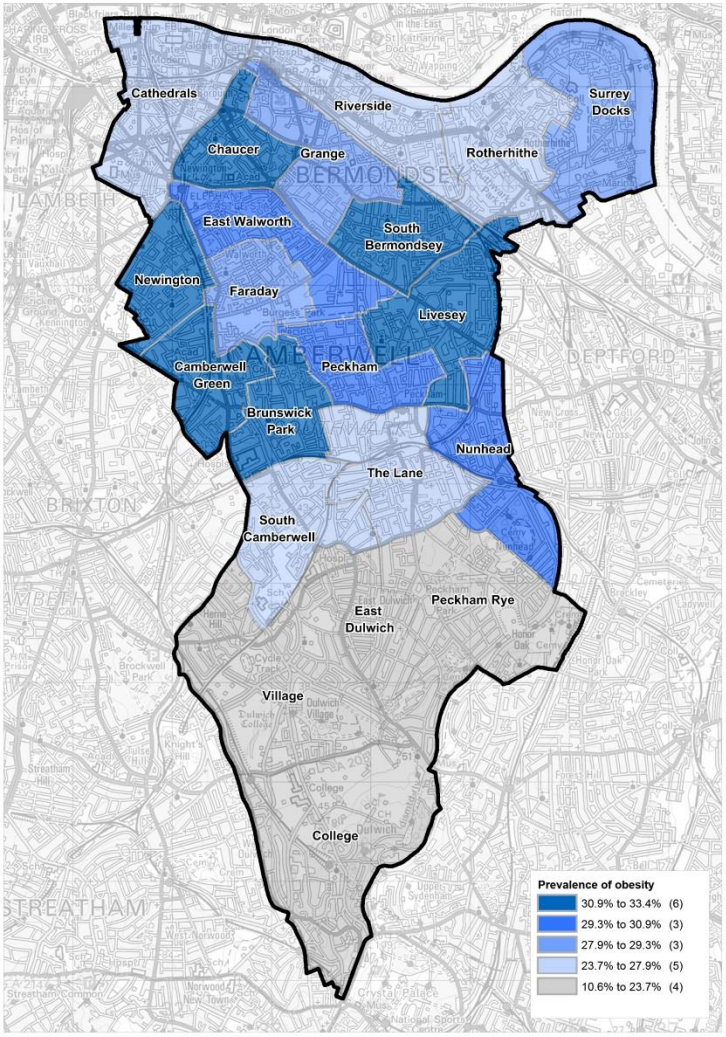


Figure 11: Percentage of children in Year 6 (aged 10-11) who are obese 2014-15 to 2016-17. © OS Crown copyright and database rights 2018. Ordnance Survey (0)100019252.

Physical activity is positively associated with wellbeing, and our local data shows that the overwhelming majority of adolescents in Southwark enjoy being physically active. However, we also know that too few of our young people meet the recommended amount of physical activity for healthy development and to maintain a healthy weight.

The Active Lives Survey in 2017-18 shows that **15.8%** of children and young people in Southwark are active for 60minutes or more every day, slightly below the national average of 17.5%, with almost **a third** being active for less than 30mins a day.

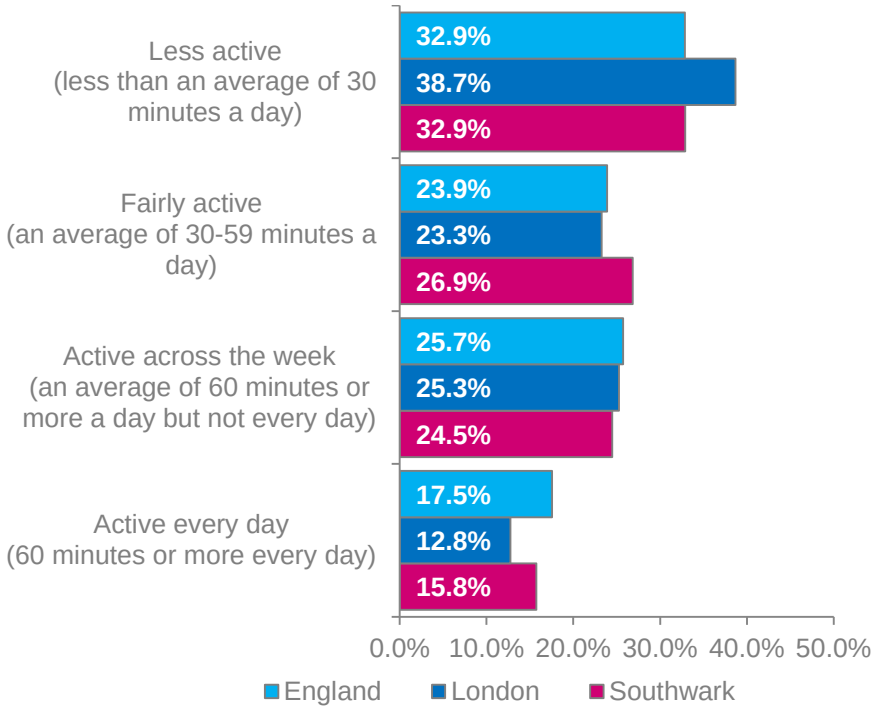


Figure 12: Activity levels among children and young people aged 5 to 16

National results from the Active Lives Survey also show that levels of physical activity decline significantly as children move into adolescence. By Years 9-11, 13.6% of young people in England meet the recommended guidelines, compared to 17.4% in Years 1-2.

The survey also highlights the significant inequalities that exist in adolescents in Years 9-11 meeting the recommended physical activity guidelines, particularly among girls from ethnic minority groups.

Ethnic Group	Boys	Girls
White British	16.2%	10.7%
White Other	20.3%	13.1%
Black	17.7%	8.8%
Asian	16.3%	6.4%
Mixed	14.0%	7.3%
Other	18.8%	10.8%

Table 5: Percentage of pupils in Years 9-11 in England who are active for 60minutes or more per day.

4.4 Relationships

Positive relationships are a key component of mental wellbeing in all age groups. The 2016 school survey asked pupils about negative behaviours they may have experienced in their relationships. The list of behaviours covered within the survey are shown in Table 6.

Negative Behaviours
Used hurtful or threatening language to me
Was angry or jealous when I wanted to spend time with friends
Kept checking my phone
Asked me to send them photos or videos of a sexual nature
Put pressure on me to have sex or do sexual things
Threatened to tell people things about me
Threatened to hit me
Hit me

Table 6: Negative behaviours experienced in relationships with boyfriend / girlfriends

Findings showed that almost a quarter (23%) of secondary pupils surveyed had experienced at-least one of the negative behaviours listed, with either a current or previous partner.

Pupils were most likely to have experienced their partner becoming angry or jealous when they wanted to spend time with friends (15%), followed by their partner checking their phone (11%). Approximately 1 in 20 pupils had experienced pressure to have sex, or to do sexual things, with similar numbers being threatened, or experiencing physical violence.

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Agenda Item 8

Item No.	Classification: Open	Date: 23/03/2021	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Vaping Safety	
Ward(s) or groups affected:		All Wards	
From:		Jin Lim, Director of Public Health (Acting) Farrah Hart, Consultant in Public Health (Behavioural and Digital Health)	

EXECUTIVE SUMMARY

A wide variety of e-cigarette types are available in the UK. UK legislation creates a strict regulatory framework for e-cigarette capacity, strength and safety, as well as providing information to retailers and consumers about problematic products that do not meet regulations.

In other countries where regulation is not as strict, there have been incidents of additives, that are banned in the UK, leading to cases of e-cigarette, or vaping, product use-associated lung injury (EVALI).

When used safely, according the regulations, e-cigarettes have the potential to play an important role in reducing smoking prevalence, which is the leading cause of death, ill health and health inequalities in England.

The use of e-cigarettes is not risk free; however, a growing body of evidence indicates that e-cigarettes are substantially less harmful to health than smoking, and that they can also be used as an effective aide to stop smoking.

RECOMMENDATION

It is recommended that members of the Health & Social Care Scrutiny Commission note this report and its content.

CONTEXT

E-cigarettes were invented in China in 2003 and became available in the UK in 2006. Since then, the e-cigarette market has expanded to include hundreds of different types of products including cigarette-like products, pen-like products, and a vast array of different atomisers and vaporisers, which are available from a range of retail outlets and online.

Regulatory framework

There are different regulatory frameworks for e-cigarettes across the world. The UK (and EU) has one of the strictest regulatory frameworks for e-cigarettes.

Non-nicotine containing vaping products fall under the General Product Safety Regulations 2005, enforced by local authority Trading Standards. Nicotine vaping products are regulated by the Revised European Union Tobacco Products Directive (2014/40/EC) (EUTPD), transposed into UK law by the Tobacco and Related Products Regulations 2016 (TRPR). The national competent authority for the TRPR regulations relating to vaping products is the Medicines and Healthcare products Regulatory Agency (MHRA), acting for the Secretary of State for Health and Social Care. Regulations for nicotine-containing products are summarised below:

Table 1: Summary of the nicotine-containing vaping product regulations[1]

Notification requirements • EC manufacturers must submit a range of details to MHRA before putting a product on the market and update when products are manufactured or withdrawn
Maximum capacities and nicotine strength allowed • Tank capacity: 2mL • E-liquid refill container capacity: 10mL • Strength of e-liquid: 20mg/mL
Other safety and quality standards • Child-resistant and tamper evident packaging • Prohibition of certain additives such as colourings • Protection against breakage and leakage, and a mechanism for ensuring re-filling without leakage
Information provision • Health warning and provision of information on pack or device/bottle
Advertising • All broadcast media and cross-border advertising prohibited • Domestic advertising allowed such as outdoor, posters, cinema, and so on • All advertising must adhere to a Committee of Advertising Practice Code • Health claims on advertising are allowed under strict conditions (see below)
Age of sale law • 18 years and proxy purchasing also prohibited
Public places • No legislation but local proprietors or organisations can decide

[1] Reproduced from Vaping in England: an evidence update including vaping for smoking cessation, February 2021 - A report commissioned by Public Health England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf

This means that the safety of e-cigarettes in the UK is different to e-cigarettes purchased in other countries where regulatory standards are different.

There have been incidents of serious harm linked to e-cigarettes in countries where regulation is less stringent – for example, the recent outbreak of e-cigarette, or vaping, product use-associated lung injury (EVALI) in the US, which was linked to the use of Vitamin E acetate in products. Vitamin E acetate is an additive that is used to vape THC – the active ingredient in cannabis. Vitamin E acetate is banned from UK regulated nicotine-containing e-cigarettes – for this reason, there have only been a couple of suspected cases of EVALI in the UK, with one only confirmed. It has been suspected that these are linked to unregulated products purchased online or via other black market means.

The MHRA has a public facing database of products that have been notified including a list of withdrawn notifications. Retailers are advised to check these lists when sourcing new supplies of any vaping product or vaping liquid. Consumers can also check these lists if interested.

CURRENT POSITION

Prevalence

Smoking prevalence among adults in England continues to fall and was between 13.8% and 16.0% in 2019/20, equating to about 6 to 7 million smokers. Vaping prevalence is lower than smoking prevalence - around 6% (between 5.5% and 6.3%), equating to about 2.7 million adult vapers in England.

The most common reasons for vaping reported in recent surveys were to quit (29.7%), stay off (19.4%) or reduce (11.2%) smoking tobacco[2].

Reviews of safety

Evidence so far indicates that e-cigarettes are far less harmful than smoking as they do not contain tobacco or involve combustion.[3],[4] There is no smoke, tar or carbon monoxide, and studies looking at key toxicants have generally found much lower levels than in cigarettes. They do contain nicotine, which is addictive, but is not responsible for the major health harms from smoking.

A safety review by the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) in 2020 considered the absolute risks associated with vaping products as well as relative risks compared with tobacco

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[2] ibid

[3] Burstyn I. Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks(link is external). BMC Public Health. 2014;14(1):18.

[4] Shahab L, Goniewicz ML, Blount BC, et al. Nicotine, carcinogen, and toxin exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study. Ann Intern Med 2017;166(6):390-400.

cigarettes. It also considered possible risks to bystanders when vaping products are used[5].

The review concluded that the risk of adverse health effects from vaping products is expected to be much lower than from cigarettes. The review found that exposure to particulate matter and nicotine could be associated with adverse health effects and that the effects of inhaling flavouring ingredients is uncertain in those who use e-cigarettes. The COT also suggested people who had not smoked tobacco but vaped would likely experience some adverse health effects. The review conceded that for most health effects, the risks to bystanders will probably be low, although exposure to nicotine in ambient air may occur in some individuals (as would be the case for conventional cigarette smoke).

The role of e-cigarettes in smoking cessation

PHE identifies that: "alternative delivery devices such as nicotine vaping products could play a critical role in reducing the enormous health burden caused by cigarette smoking which remains the largest single risk factor for death and years of life lived in ill-health and a leading cause of health inequalities in England, and the second most important risk factor for death and Disability Adjusted Life Years globally".

A UK randomised controlled trial in 2019 compared the use of e-cigarettes or a nicotine replacement therapy (patches, gum, inhalators, etc.) alongside behavioural support for a minimum of 4 weeks. Amongst the 886 participants, 1 year abstinence rates were 83% higher in the e-cigarette group[6].

PHE recommends that combining e-cigarettes (the most popular source of support used by smokers in the general population), with stop smoking service support (the most effective type of support), should be a recommended option available to all smokers.

They recommend that Stop smoking practitioners and health professionals should provide behavioural support to smokers who want to use an e-cigarette to help them quit smoking.

In 2013, The National Institute for Health and Care Excellence (NICE) commented[7]:

"Although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations, many people have found them helpful to quit smoking cigarettes. People using e-cigarettes should stop smoking tobacco completely, because any smoking is harmful.

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[5] COMMITTEE ON TOXICITY OF CHEMICALS IN FOOD, CONSUMER PRODUCTS AND THE ENVIRONMENT (COT), (2020) Statement on the potential toxicological risks from electronic nicotine (and non-nicotine) delivery systems (E(N)NDS – e-cigarettes) https://cot.food.gov.uk/sites/default/files/2020-09/COT%20E%28N%29NDS%20statement%202020-04.pdf

[6] Hajek, P., et al., A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. N Engl J Med, 2019. 380(7): p. 629-637.

[7] National Institute for Health and Care Excellence (2013) Tobacco: harm reduction approaches to smoking (PH45).

"The evidence suggests that e-cigarettes are substantially less harmful to health than smoking but are not risk free. The evidence in this area is still developing, including evidence on the long-term health impact"

NICE currently is examining vaping products as part of producing its updated guideline 'Tobacco: preventing uptake, promoting quitting and treating dependence (update)' .The publication of this has been delayed until September 2021.

Public perceptions

Perceptions of the harm caused by vaping compared with smoking are increasingly out of line with the evidence, with just 29% of current smokers believing that vaping is less harmful than smoking, 38% believing vaping to be as harmful as smoking, 18% not knowing whether vaping or smoking is more harmful and 15% of smokers believing vaping to be more harmful than smoking. Misperceptions may be more pronounced among smokers from social grades C2, D and E[8].

CONCLUSION

There is a growing evidence base that e-cigarettes are significantly less harmful than conventional cigarettes. E-cigarettes do not contain tobacco, which contains the bulk of cancer-causing compounds. They do contain nicotine, which is addictive, but is not responsible for the major health harms from smoking. E-cigarettes are likely to play an increasingly important role in helping smokers to quit.

[8] Vaping in England: an evidence update including vaping for smoking cessation, February 2021 - A report commissioned by Public Health England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf

Agenda Item 9

Scrutiny review proposal

What is the review?

Health Inequalities BAME young people

What outcomes could realistically be achieved? Which agency does the review seek to influence?

CAMHS
Council
NHS Southwark Clinical Commissioning Group (SCCG)
Health & Wellbeing Board
Partnership Southwark

When should the review be carried out/completed?i.e. does the review need to take place before/after a certain time?

End of administrative year

What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

Full investigation

What are some of the key issues that you would like the review to look at?

BACKGROUND

This review will build upon lines of enquiry from the previous years review of Mental Health of children and young people 0 – 25 years which particularly focused on BAME and male; given the poorer mental health outcomes for BAME people and the higher suicide rate of boys & men.

The past enquiry took as it starting point the commitment made in November 2018 Health and Wellbeing Board to 'set a shared ambition to meet 100% target of children and adolescents with MH needs and that they would aim to achieve this by 2020', followed by a later decision in June this year to adopt the Thrive Mode:

http://moderngov.southwark.gov.uk/documents/s83473/Report%20Children

%20and%20Young%20Peoples%20Mental%20Health%20and%20Wellbeing.pdf

A summary of that year's work is attached as an appendix.

CURRENT REVIEW

In the context of the above this review intends to continue the focus on the mental health of BAME young people .

In addition the review intends to look as the health inequalities of BAME young people using a race equality frame work , to understand the impact of discrimination and deprivation , and how these can be addressed.

The impact of Covid on BAME young people will also be considered

Who would you like to receive evidence and advice from during the review?

Health and Social Care on delivery of the joint all age (cradle to grave) Mental Health strategy here:

http://moderngov.southwark.gov.uk/documents/s73442/Appendix%202%20Southwark%20Joint%20Mental%20Health%20and%20Wellbeing%20Strategy%202018-2021.pdf

The council's & CCG integrated leads for Children & Young People and Mental Health

Southwark Clinical Commissioning Group (SCCG) on Partnership Southwark, with a particular focus on the strand working with young people to prevent and mitigate Adverse Childhood Experiences (ACE) - and the any work done or planned on with the community and voluntary sector on this e.g. consultation/engagement/delivery.

Officer report on the Impact of lock down / Covid 19 on Domestic Abuse and how this has affected children and young people.

Public Health data on health inequalities.

SLaM

CAMHS

Young people

Parents and carers of adolescents

Voluntary sector and community groups working with young people and parents on mental health

Healthwatch

Young Minds

Place2Be

CALM

Black Thrive

https://lawrencereview.co.uk/

Pem People, Nicholas Okwulu

Any suggestions for background information? Are you aware of any best practice on this topic?

Visit **Wigan Deal** to look at community and prevention work (completed in 2019)

Early Intervention Foundation work on Adverse Childhood Experiences and more recent work on race and ethnicity

file:///H:/Downloads/adverse-childhood-experiences-summary.pdf

https://www.eif.org.uk/blog/early-intervention-race-and-ethnicity-making-it-work-for-all-children

This found that :

- Black, Asian and ethnic minority households in the UK are more than twice as likely to live in poverty as their white counterparts, and socioeconomic context has a huge impact on children's development.
- Black Caribbean children are more than twice as likely to receive a permanent school exclusion than the school population as a whole.
- 50% of young people held in youth custody are from a BAME background.

Race Equality Foundation reports including Racial disparities in mental health: Literature and evidence reviewTracey Bignall, Samir Jeraj, Emily Helsby and Jabeer Butt

GLA report Connecting up the care

Supporting London's children exposed to domestic abuse, parental mental ill-health and parental substance abuse.
January 2020

BARONESS DOREEN LAWRENCE
AN AVOIDABLE CRISIS
The disproportionate impact of Covid-19 on Black,
Asian and minority ethnic communities

What approaches could be useful for gathering evidence? What can be done outside committee meetings?
e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Officer presentations

Community engagement : visits and invites

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2021-22

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