

Health and Wellbeing Board

Thursday 16 November 2023

10.00 am

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

Membership

Councillor Kieron Williams (Chair)	Leader of the Council
Dr Nancy Kuchemann (Vice-Chair)	Co-Chair Partnership Southwark and Joint Chair of the Clinical and Care Professional Leadership Group
Councillor Evelyn Akoto	Cabinet Member for Health and Wellbeing
Councillor Jasmine Ali	Deputy Leader and Cabinet Member for Children, Education and Refugees
Councillor Maria Linforth-Hall	Opposition Spokesperson for Health
Anood Al-Samerai	Chair, Community Southwark
Sarah Austin	Chief Executive of Integrated and Specialist Medicine for Guy's and St Thomas' NHS Foundation Trust
Peter Babudu	Executive Director of Impact on Urban Health, Guy's and St Thomas' Foundation
David Bradley	Chief Executive of South London and Maudsley NHS Foundation Trust
Cassie Buchanan	Southwark Headteachers Representative
Clive Kay	Chief Executive, King's College Hospital NHS Foundation Trust
Sangeeta Leahy	Director of Public Health , Southwark Council
Althea Loderick	Chief Executive, Southwark Council
James Lowell	Place Executive Lead
Sheona St Hilaire	Chair, Healthwatch Southwark
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Alasdair Smith	Director of Children and Families
Martin Wilkinson	Chief Operating Officer, Southwark, NHS SEL Integrated Care Board

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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

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Contact

Email: maria.lugangira@southwark.gov.uk

Webpage: [Health and Wellbeing Board - Southwark Council](#)

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 8 November 2023



Health and Wellbeing Board

Thursday 16 November 2023

10.00 am

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

Order of Business

Item No.	Title	Page No.
1.	WELCOME AND INTRODUCTIONS	
2.	APOLOGIES	
	To receive any apologies for absence.	
3.	CONFIRMATION OF VOTING MEMBERS	
	Voting members of the committee to be confirmed at this point in the meeting.	
4.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
5.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
6.	MINUTES	1 - 8
	To agree as a correct record the open minutes of the meeting held on 20 July 2023 and Extraordinary meeting held on 3 August 2023.	
7.	PUBLIC QUESTION TIME (15 MINUTES)	
	To receive any question from members of the public which have been submitted in advance of the meeting in accordance with the procedure rules. The deadline for receipt of public questions in midnight Friday 10 November 2023.	

Item No.	Title	Page No.
8.	UPDATE ON THE COMMUNITY HEALTH AMBASSADOR PROGRAMME	9 - 14
	To note the update on the Community Health Ambassador Programme.	
9.	PREVENTING SUICIDES IN SOUTHWARK - OUR STRATEGY AND ACTION PLAN 2023-2028	15 - 106
	To note and approve the draft " <i>Preventing Suicides in Southwark. Our strategy and action plan 2023-2028</i> ".	
10.	HEALTHWATCH SOUTHWARK PRESENTATION AND ACCESS TO HEALTH AND SOCIAL CARE SERVICES FOR LATIN AMERICAN COMMUNITIES IN SOUTHWARK REPORT	107 - 165
	Presentation from Southwark Healthwatch and Access to Health and Social Care Services for Latin American Communities in Southwark report	
11.	JOINT HEALTH AND WELLBEING STRATEGY PROGRESS REPORT	166 - 203
	To note the update and progress report.	
12.	BETTER CARE FUND UPDATE	204 - 226
	To note the update and approve the Better Care Fund monitoring template.	

Date: 7 November 2023



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Thursday 20 July 2023 at 3.00 pm at Southwark Council, 160 Tooley Street, London SE1 2QH / HYBRID

PRESENT: Dr Nancy Kuchemann
Councillor Evelyn Akoto
Councillor Jasmine Ali
Councillor Maria Linforth-Hall
Anood Al-Samerai
Sarah Austin
Cassie Buchanan
Sangeeta Leahy
James Lowell
Sheona St Hilaire
David Quirke-Thornton
Alasdair Smith

OFFICER Chris Williamson – Head of Health and Wellbeing
SUPPORT: Maria Lugangira – Principal Constitutional Office

1. WELCOME AND INTRODUCTIONS

The Vice-Chair welcomed everyone to the meeting.

2. APOLOGIES

Apologies for absence were received from;

- Councillor Kieron Williams
- Althea Loderick
- Martin Wilkinson
- Anna Garrod

3. CONFIRMATION OF VOTING MEMBERS

Those listed as present were confirmed as the voting members.

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

There were none.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

6. MINUTES

RESOLVED - That the minutes of the meeting held on 16 March 2023, were approved as a correct record of the meeting.

7. PUBLIC QUESTION TIME (15 MINUTES)

There were none.

8. COMMUNITY UPDATE: BUILDING TRUST THROUGH COMMUNITY ENGAGEMENT

The Board considered the report, which provided a summary of a project that explored how the health and care system can strengthen its engagement work with local communities to build trust.

Initial engagement through Southwark Stands Together (SST) highlighted that distrust in health and care services can exacerbate existing health inequalities. Through this engagement, local residents shared that distrust can stem from:

- Poor experiences of services
- Lack of continuous feedback loops in previous engagement work
- The long-term impact of colonialism, racist medical practices and racism denial.

Southwark Council commissioned Social Finance and Centric to explore how the health and care system can strengthen its engagement work to rebuild trust.

As a result of this work six recommendations were developed and they described principles to prioritise in engagement work and reflect what local communities said was important to rebuild trust:

1. Demonstrable commitment to on-going engagement
2. Connected engagement work
3. Language and terminology
4. Outreach
5. Investment in community capabilities and training
6. Funding for voluntary and community sector

This work has been shared with health and care partners and the recommendations have helped shape Partnership Southwark's approach to incorporating lived experience into ways of working.

A summary of this work will be published on South East London Integrated Care System's website to ensure learning is shared.

RESOLVED – That the Southwark Health and Wellbeing Board note the recommendations from the project undertaken by Social Finance and Centric.

9. BETTER CARE FUND 2023/24 - 2024/25

The Board discussed and considered the report.

Due to the quorum rules around decision making, which require 5 voting members of the board to be physically present in the room, the report could not be formally agreed as only 3 voting members were present.

The board discussed the presentation of the template and whether there was a way the information could be presented in a more user-friendly format. There was an understanding that part of the issue regarding the template arose from having to use language prescribed by NHS England and the DoHSC.

The consensus was that further discussions were needed to suggest these NHS colleagues, the voluntary sector and council officers with a view to working together to see how such information could be presented in a way that is accessible.

The board agreed the report *in principal* with a further agreement to reconvene an extraordinary meeting to formally approve the report and its recommendations.

RESOLVED –

- 1. That the board agree the report *in principal*.**
- 2. That the board agreed to reconvene an extraordinary meeting of the Health and Wellbeing Board to formally agree the Better Care Fund 2023/24 – 2024/25 and its recommendations.**

10. JOINT FORWARD PLAN 2023/24 SOUTH EAST LONDON INTEGRATED CARE BOARD

The Board considered the report. As part of the planning process for the Joint Forward Plan it's a requirement that each Health and Wellbeing Board in the ICS provide a statement confirming that the plan has properly taken in to account the borough's health and wellbeing strategy.

RESOLVED –

1. **The Board notes the South East London Integrated Care Board Joint Forward Plan 2023/24.**
2. **The Board notes the letter dated 14 June 2023 from the Chair of the Health and Wellbeing Board to the Chief Executive of South East London Integrated Care Board confirming the Joint Forward Plan takes 'proper account' of the priorities and actions outlined within the Southwark Joint Health & Wellbeing Strategy.**

11. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ANNUAL REPORT 2023

The Head of Health and Wellbeing, presented the Joint Strategic Needs Assessment Annual Report, which provided a broad overview of health and wellbeing in Southwark. It further provide an analysis of Southwark's changing population, along with details of the health inequalities that exist in the borough.

The report also forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and supports the monitoring of key health and wellbeing outcomes set out in the Joint Health & Wellbeing Strategy (JHWS) and other local strategies and plans.

In addition to the JSNA Annual Report, a number of in-depth projects have been recommended for the JSNA programme over the coming months, they include:

- Children & Young People's Mental Health & Wellbeing: this needs assessment is currently being finalised and focuses on children and young people under 25.
- LGBTQI+: This proposed needs assessment will build on the new demographic data released through the 2021 Census and seek to establish the health and wellbeing needs of this population group.
- Neighbourhood Profiles: A series of neighbourhood profiles are proposed to supplement this annual report. They will provide summaries of demographics, health and wellbeing for communities across the borough and support neighbourhood work.
- On-going monitoring of the cost of living crisis: It is proposed the monitoring of the cost of living crisis continues to support the local response.

RESOLVED - That the Board;

1. **Noted the findings of the JSNA Annual Report 2023, and agreed an annual update.**

2. **Noted the population groups and communities identified with the poorest outcomes.**
3. **Noted and agreed the JSNA projects recommended for the coming months.**

12. ANNUAL PUBLIC HEALTH REPORT

The Board considered the Annual Public Health Report, which this year highlighted, air quality as a significant public health concern, and (i) noted the progress that has been made, (ii) addressed what more can be done by individuals, businesses, organisations, and stakeholders to contribute to cleaner air in Southwark.

Further detailed in the report was the following:

- a) Sources and trends: an overview of sources of indoor and outdoor pollutants, as well as a summary of changes in pollutant levels over time, predictions for future levels, and geographical patterns.
- b) Air quality and health: a summary of the health effects of poor air quality and associated health inequalities. This section also introduces the relationship between air quality and climate change, and highlights community views on air quality.
- c) Action to improve air quality: an overview of the council's work on air quality to date, covering monitoring air quality; developments and buildings; cleaner transport; schools, health services, and communities; awareness raising; inspiring and influencing; and indoor air pollution.
- d) Recommendations: a series of ten top tips for individuals, organisations, businesses, and stakeholders working on air quality to contribute to cleaner air in Southwark.

RESOLVED - The board note the findings of the Annual Public Health Report (APHR) and support the recommendations set out on pages 25-27.

13. ANY OTHER BUSINESS

There was none.

Meeting ended at 4.53pm

CHAIR:

DATED:



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Thursday 3 August 2023 at 11.00 am at 160 Tooley Street, London SE1 2QH / HYBRID

PRESENT: Dr Nancy Kuchemann
Councillor Evelyn Akoto
Sangeeta Leahy
David Quirke-Thornton
Martin Wilkinson

OFFICER Chris Williamson – Head of Health and Wellbeing
SUPPORT: Beverly Olamijulo – Constitutional Officer

1. WELCOME AND INTRODUCTIONS

The Vice-Chair who presided over the meeting welcomed everyone to the meeting.

2. APOLOGIES

Apologies for absence were received from:

Councillor Kieron Williams (Chair)
Councillor Maria Linforth-Hall
Anood Al-Samerai
Althea Loderick
Sarah Austin
Cassie Buchanan
Anna Garrod
James Lowell
Sheona St Hilaire
Alasdair Smith

3. CONFIRMATION OF VOTING MEMBERS

Those listed as presented were confirmed as the voting members.

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

There were none.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

6. PUBLIC QUESTION TIME (15 MINUTES)

There were none.

7. BETTER CARE FUND 2023/24 - 2024/25

The Board considered the report that remained unchanged from the previous board meeting in July. The minor amendments to Appendix 2 of the report were noted.

The Strategic Director of Children and Adult Services thanked officers for the important work on social care and welcomed the Better Care Fund.

RESOLVED:

1. That the Health and Wellbeing Board agreed to the 2023/24 – 2024/25 Better Care Fund (BCF) planning templates as set out in Appendices 1 and 2 of the report.
2. That the Board agreed the BCF 2022/23 year-end return submitted to NHSE as set out in Appendix 3 of the report.

8. ANY OTHER BUSINESS

There were none.

Meeting ended at 11.15 am

CHAIR:

DATED:

Item No. 8	Classification: Open	Date: 16 November 2023	Meeting Name: Health and Wellbeing Board
Report title:		Update on the Community Health Ambassador Programme	
Ward(s) or groups affected:		All	
From:		Sangeeta Leahy Director of Public Health Southwark Council	

RECOMMENDATION(S)

1. That the Health and Wellbeing Board notes the update on the Community Health Ambassador Programme.
2. That the Health and Wellbeing Board supports the continued work of the Community Health Ambassador Programme.

BACKGROUND INFORMATION

3. The Community Health Ambassador programme was commissioned during the pandemic to disseminate accurate COVID-19 related public health messaging. The programme was designed to reach sections of the community not reached by NHS or media sources and was a key part of our Outbreak, Prevention and Control Plan.
4. Further funding for the programme was provided through the Department of Levelling Up, Housing and Communities Community Vaccine Champions grant, and more recently through the South East London Integrated Care Board (SEL ICB) health inequalities funding.
5. The Southwark Joint Health and Wellbeing Strategy includes the commitment to “*Extend the Community Health Ambassadors Programme, empowering more people to increase uptake of vaccinations and cancer screening and health improvement opportunities in their communities, focusing on areas with poorer health and higher levels of deprivation*”.
6. The programme is delivered in partnership with Healthwatch Southwark / Community Southwark, through the employment of a Community Health Ambassador Officer who coordinates the network on a day-to-day basis.
7. The programme has expanded in size and scope since it was first established. Since the programme’s inception, 277 people have signed up and 148 are currently registered. Ambassadors have been actively engaged in a wide range of health and wellbeing priorities, including

mental health, cancer screening, cost of living support, Long-Covid, and a range of vaccination programmes. Ambassadors have sent out on average 45 messages to their communities on monthly basis through direct messaging, social media posts, face-to-face conversations, handing out leaflets, and more.

8. The aim of the programme is to address inequalities in access to information and services by creating a pool of trained and trusted volunteers that support their communities. The ambassadors also work to ensure that their communities' needs are communicated to statutory services via Healthwatch Southwark, Community Southwark and Public Health.
9. One of the principles of the programme is to invest in the skills and knowledge development of volunteer ambassadors through a comprehensive training. This has included courses on:
 - Adult and Youth Mental Health First Aid
 - Adult and Adolescent Suicide First Aid
 - Making Every Contact Count
 - Level 2 Understanding Health Improvement
 - Long-COVID
 - Vaccination programmes
10. In total 42 Ambassadors have taken part in mental health training, 27 have completed Making Every Contact Count training, 28 have taken part in Suicide First Aid training. Five ambassadors also completed a course in community research skills, two of whom went on to support a hospital discharge project.
11. Other key developments within the programme have included the employment of two paid ambassador roles, that are based at Healthwatch / Community Southwark for three days per week. These roles allow more ambassadors to deliver enhanced engagement and health promotion work, with the support of the Community Health Ambassador Officer.
12. There are also paid opportunities for ambassadors to participate in a wide range of events and activities, supporting the Council, NHS and partner organisations to engage more effectively with communities.

KEY ISSUES FOR CONSIDERATION

13. The Community Health Ambassador Programme is funded until March 2024 and further funding will be necessary to continue the work.
14. Health and Wellbeing Board partner organisations are be well placed to assist in the recruitment of new Ambassadors by promoting the programme to their networks.
15. Health and Wellbeing Board partners are encouraged to request

ambassadors support at future community events or outreach work by their organisations / teams.

Policy framework implications

16. The Southwark Joint Health and Wellbeing Strategy includes the commitment to “Extend the Community Health Ambassadors Programme, empowering more people to increase uptake of vaccinations and cancer screening and health improvement opportunities in their communities, focusing on areas with poorer health and higher levels of deprivation”.
17. Through their role in understanding the needs of their communities, and communicating these back to statutory services, the ambassador programme also contributes to other areas of the Joint Health and Wellbeing Strategy. Specifically, the aim to ‘*Ensure people shape their local areas and services through collaboration and co-design*’.
18. The [South East London ICS People and Communities Strategic Framework](#) sets out three commitments in engagement work:
 - Being accountable and transparent
 - Decision-making and priority setting in partnership with people and communities
 - Working with communities in new ways to transform health and care

The work of the Community Health Ambassador programme is reflective of these principles.

19. The Council Delivery Plan also includes a commitment to continue the work of the Community Health Ambassador Programme, and supports the principle of ‘Creating a People-Powered Southwark’.

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

Community impact statement

20. The Community Health Ambassadors have made a substantial and valued contribution to the health and wellbeing of their communities. The network of members are broadly representative of Southwark residents (around 73% identify as Black, Asian or minority ethnic), and they are well connected in their communities, with over 80% being involved in a VCS organisation, and over 40% in a faith group. They continue to support a wide range of community events and activities.

Equalities (including socio-economic) impact statement

21. One of the aims of the Community Health Ambassador Programme is to contribute to a reduction in health inequalities by ensuring that support and signposting reaches community members who may not be reached through

traditional means of engagement and communication. The programme also aims to increase community trust in the services and messaging aimed at improving health and wellbeing in the borough.

22. The ambassadors come from a range of backgrounds reflective of the wider population of the borough. They work across all population groups within Southwark, particularly those deemed most vulnerable to health inequalities; ethnic minority groups across all ages; older residents and those living in certain localities within Southwark.

Health impact statement

23. The communities represented by the Community Health Ambassadors are significantly disadvantaged by various health inequalities, resulting in poorer health outcomes. The coordination of the network is essential to its efficient operation and will help to ensure that more residents of Southwark are reached in targeted and meaningful ways, which can support the health and well-being of the residents most at risk.

Climate change implications

24. There are no immediate climate change implications.

Resource implications

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

Legal implications

26. There are no legal implications.

Financial implications

27. There are no financial implication of this report.

Consultation

28. Ambassadors are regularly surveyed and maintain contact through a WhatsApp group, so that they can help to guide the programme and specify which topics are of interest to them and their communities, as well as the training needed to support their work.
29. An in-depth evaluation of the programme by the University of East London has been commissioned, with findings due in the new year. The evaluation will include participatory research with ambassadors, the communities they represent, and partner / stakeholder organisations, to gain a clearer understanding of the impact of programme and to make recommendations to help shape the future development of the work.

30. The objectives of the evaluation are to:
- Explore the impact of the ambassadors on their local communities with a focus on health equity.
 - Develop recommendations for programme improvement, including the ambassadors' experience.
 - Where appropriate, gather evidence for the business case to continue the work of the programme as well as making a contribution to the wider evidence base on the effectiveness of champions programmes.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive – Governance and Assurance

31. None sought

Strategic Director, Finance

32. None sought

Other officers

33. None sought

Background Papers

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Ginette Hogan, Public Health	
Report Author	Ginette Hogan, Public Health	
Version	Final	
Dated	1 November 2023	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive Governance and Assurance	No	No
Strategic Director, Finance	No	No
List other officers here		
Cabinet Member	No	No
Date final report sent to Constitutional Team		6 November 2023

Item No. 9	Classification: Open	Date: 16 November 2023	Meeting Name: Health and Wellbeing Board
Report title:		Preventing Suicides in Southwark. Our strategy and action plan 2023-2028	
Ward(s) or groups affected:		All	
From:		Sangeeta Leahy Director of Public Health Southwark Council	

RECOMMENDATION(S)

1. That the Southwark Health and Wellbeing Board note the findings within the draft "*Preventing Suicides in Southwark. Our strategy and action plan 2023-2028*" report (Appendices 1 to 3).
2. That the Southwark Health and Wellbeing Board approve and formally adopt the draft "*Preventing Suicides in Southwark. Our strategy and action plan 2023-2028*" report (Appendices 1 to 3).
3. That the board receives an annual report outlining progress against the '*Preventing Suicide in Southwark*' strategy and action plan.

BACKGROUND INFORMATION

4. Every suicide is a tragic event with devastating effects on families, friends and communities. In Southwark, we know that many suicides are preventable with timely, evidence-based support.
5. Health and Wellbeing Boards are required by the Department of Health and Social Care to develop Suicide Prevention Strategies and Action Plans to reduce the risk of suicide, attempted suicide and self-harm in their locality.
6. This report has been prepared by the Director of Public Health and has been approved by the Strategic Director of Children and Adults Services and Cabinet Member for Health and Wellbeing.
7. The draft Preventing Suicides in Southwark Strategy describes the current picture of suicides within the borough and outlines Southwark's approach to suicide prevention.
8. The Action Plan sets out what will be delivered across the borough over the next 5 years to reduce the risk of suicide, attempted suicide and self-harm in Southwark.

KEY ISSUES FOR CONSIDERATION

9. The Southwark Health and Wellbeing Board approve, and formally adopt, the “*Draft Preventing Suicides in Southwark. Our strategy and action plan 2023-2028*” report (Appendices 1 to 3).

Policy framework implications

10. Our ambition is to prevent suicide, attempted suicide and self-harm and ensure residents receive access to good quality and timely support. In order to achieve this vision, we have set out actions around five priority areas for action:
 1. Reducing the risk of suicide, attempted suicide and self-harm in high risk groups;
 2. Preventing suicide in high-risk locations and reducing access to the means of suicide;
 3. Reducing the risk of suicide, attempted suicide and self-harm among children and young people (CYP), and providing support to educational settings;
 4. Monitoring and collecting data on suicide, attempted suicide and self-harm; and,
 5. Supporting the media in delivering sensitive approaches to suicide and suicidal behavior.
11. The priority areas were informed by the recommendations outlined in the 2012 and 2023 national Suicide Prevention Strategies and tailored to local needs, as identified through stakeholder engagement, community engagement and data analysis.
12. Our draft 5 year Action Plan (Appendix 2) brings together key activities to reduce self-harm and suicide in Southwark and sets out committed actions across our five key priority areas. The Southwark Suicide Prevention Stakeholder group will meet on a six-monthly basis to monitor progress against the strategy and review the actions identified.

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

Community impact statement

13. Each and every death by suicide is a tragic loss that has a major impact on our community.
14. This strategy will help to reduce the risk of suicide, attempted suicide and self-harm in our community and ensure residents receive access to good quality and timely support. Our draft 5 year Action Plan (Appendix 2) provides specific examples of how the strategy will deliver positive impacts for our community.

15. The community was involved in the development of the strategy and action plan and will continue to play a key role during its implementation.

Equalities (including socio-economic) impact statement

16. A Joint Equality and health analysis has been completed which found no negative equalities impacts as a result of the strategy. The strategy will undergo continuous evaluation through regular meetings of the Southwark Suicide Prevention Stakeholder Group. If any negative equalities impacts arise, these will be addressed by the stakeholder group.

Health impact statement

17. This strategy will help to reduce the risk of suicide, attempted suicide and self-harm in our community and ensure residents receive access to good quality and timely support.

Climate change implications

18. There are no immediate climate change implications.

Resource implications

19. There are no resource implications as a direct outcome of this report. The outcomes within the action plan are able to be delivered through the implementation of projects and work plans already agreed by council departments or partner organisations. Resources have already been identified to complete these actions.

Legal implications

20. There are no legal implications.

Financial implications

21. There are no financial implications.

Consultation

22. Engagement and consultation with a wide range of residents has played an important part in the development of the strategy. An online consultation survey was open between 23 June 2023 and 20 August 2023 in which 44 people responded. In addition, we organised community focus groups and visited community events to hear people's views. We also engaged with a range of external and internal stakeholders including key community, statutory and non-statutory organisations which are detailed in the strategy documents. The Southwark Suicide Prevention Stakeholder Group developed and signed off on the strategy. Some key members of the partnership are provided below:

- Metropolitan Police Service
- South London and Maudsley NHS Trust
- Southwark Council Public Health
- South East London Integrated Care System
- Thrive London
- Southwark Council Education
- Southwark Council Children and Adult Social care
- Southwark Council Communications
- Voluntary and Community Sector organisations
- British Transport Police
- Southwark Council Drugs and Alcohol Team
- Southwark Council Commissioning teams
- Network Rail
- London Southbank University

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive – Governance and Assurance

23. N/A

Strategic Director, Finance

24. N/A

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark's Joint Health and Wellbeing Strategy 2022 – 2027	Southwark Council	Paul Hudson, Public Health Policy Officer for Mental Health
https://www.southwark.gov.uk/assets/attach/177533/Southwark-s-Joint-Health-Wellbeing-Strategy-2022-27.pdf		

APPENDICES

No.	Title
Appendix 1	DRAFT Preventing Suicides in Southwark Strategy 2023-2028
Appendix 2	DRAFT Our Action Plan. Preventing Suicides in Southwark 2023-2028
Appendix 3	DRAFT Data and Supporting Evidence. Preventing Suicides in Southwark 2023-2028.

AUDIT TRAIL

Lead Officer	Arrthi Pangayatselvan, Consultant in Public Health	
Report Author	Paul Hudson, Public Health Policy Officer for Mental Health	
Version	Final	
Dated	3 November 2023	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive Governance and Assurance	Yes	N/A
Strategic Director, Finance	Yes	N/A
Cabinet Member	Yes	N/A
Date final report sent to Constitutional Team		6 November 2023

DRAFT: Preventing Suicides in Southwark Strategy 2023- 2028

Content warning

This strategy contains sensitive content relating to suicide, self-harm and mental health, including local data on numbers and means of suicide. If you are affected by any of the issues raised, there are services that can help:

- [Samaritans](https://www.samaritans.org/)¹ are open every day of the year, you can phone them for free on 116 123 or email jo@samaritans.org (response time: 24 hours).
- [Mind](https://www.mind.org.uk/information-support/helplines/)², the mental health charity, offers support by phone at 0300 123 3393 or online.
- [NHS mental health](https://www.nhs.uk/mental-health/)³ information and support.
- [The Listening Place](https://listeningplace.org.uk/)⁴ offer free face-to-face support for people who feel life is no longer worth living.

DRAFT

¹ <https://www.samaritans.org/>

² <https://www.mind.org.uk/information-support/helplines/>

³ <https://www.nhs.uk/mental-health/>

⁴ <https://listeningplace.org.uk/>

Executive summary

A partnership approach

No single organisation has the ability to deliver effective suicide prevention in isolation. The combined knowledge, expertise and resource of organisations across the public, private and voluntary sectors are essential to reducing the number of suicides in Southwark. Following the development of the Southwark Suicide Prevention Strategy for 2017-2022, a suicide prevention stakeholder group was established, consisting of the partners outlined below:



The 2017-2022 Southwark Suicide Prevention Stakeholder Group

The stakeholder group was responsible for overseeing the implementation of the action plan and monitoring progress against the actions identified.

This strategy builds on the work of the previous five-year strategy, and was developed by Southwark Council in partnership with the suicide prevention stakeholder group, to:

- Better understand our local population and their needs.
- Identify key priority areas to focus on over the next five years.
- Develop an action plan outlining how this vision will be achieved.

The stakeholder group will meet on a six-monthly basis to monitor progress against the strategy and review the actions identified.

Our vision and areas for action

Our ambition is to prevent suicide, attempted suicide and self-harm and ensure residents receive access to good quality and timely support.

In order to achieve this vision, we have set out actions around five priority areas for action:

- 1 Reducing the risk of suicide, attempted suicide and self-harm in high risk groups
- 2 Preventing suicide in high-risk locations and reducing access to the means of suicide
- 3 Reducing the risk of suicide, attempted suicide and self-harm among children and young people, and providing support to educational settings
- 4 Monitoring and collecting data on suicide, attempted suicide and self-harm
- 5 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

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Appendices 1-4 (listed below) are available as separate downloads.

- *Appendix 1: Our Action Plan*
- *Appendix 2: Data and Supporting Evidence*

Introduction

With nearly 15 people taking their life every day in England (1), suicide and self-harm are major public health concerns. Following several years of declining suicide rates, the number of suicides registered in England increased in 2018 and 2019. In 2021, London had the lowest suicide rate out of all the regions in England, but there is some variation across the capital. Over the last two decades, suicide rates in Southwark have been similar to the London average (2).

There is no single cause of suicide, and it is not usually caused by a single circumstance or event. Instead, there are a wide range of psychological, social, economic and cultural risk factors that can increase the risk of suicidal behaviour. Risk factors can include:

- Difficult life events such as a traumatic childhood experience or experiences of physical or emotional abuse
- Problems with money, work or housing
- Misusing drugs or alcohol
- Having a long term condition or a mental health condition such as depression
- Social disconnectedness, such as social isolation or poor social support

These factors are rarely separate single issues. Issues are often connected, creating distinct experiences for each individual. When issues overlap, this can increase an individual's risk. These risk factors are unequally distributed across the population, meaning there are particular groups of people who are more likely to die by suicide. Prevention strategies should take this into account and target those who are most in need (3).

Self-harm is defined as an intentional act of self-poisoning or self-injury, excluding attempted suicide. There are many reasons why someone will self-harm. Self-harm can present in many forms, some of which are not always obvious, such as over-exercising, disordered eating or misusing drugs or alcohol. Not all incidences of self-harm have suicidal intent, but there is a strong link between self-harm and subsequent death by suicide, making it an important risk factor to consider (4).

This strategy builds on the foundations provided by Southwark's Suicide Prevention Strategy for 2017-2022, which resulted in the formation of a multi-agency suicide prevention stakeholder group. The current stakeholder membership is provided below:



The current Southwark Suicide Prevention Stakeholder Group (2023)

In Southwark, all members of the stakeholder group are committed to taking a many-sided approach to reduce the incidence of self-harm and suicide across the borough, ranging from promoting mental wellbeing to providing treatment and care for those with mental health conditions and a history of self-harm.

The stakeholder group met twice in 2023 to develop and approve the strategy. The stakeholder group will meet on a six-monthly basis to monitor progress against the strategy and review the actions identified.

Our vision

Every suicide is a tragic event with devastating effects on families, friends and communities. In Southwark, we know that many suicides are preventable with timely, evidence-based support.

Our ambition is to prevent suicide, attempted suicide and self-harm and ensure residents receive access to good quality and timely support.

In order to realise our vision, Southwark Council has developed this strategy and action plan in partnership with the Suicide Prevention Steering Group, in order to:

- Better understand our local population and their needs
- Identify the key priority areas to focus on over the next five years
- Develop an action plan outlining how this vision will be achieved

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Six myths about suicide

There are a number of common misconceptions around suicide. It is important that the facts around suicide are widely understood to reduce stigma and allow appropriate support to be provided when someone is in need. These myths and facts have been sourced from the World Health Organization (5).

Myths	Facts
<p>People who talk about suicide do not intend to do it.</p>	<p>People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel there are no other options.</p>
<p>Most suicides happen suddenly without warning.</p>	<p>There are often warning signs prior to someone taking their own life. It is important to understand what the warning signs are and how to look out for them.</p>
<p>Someone who is experiencing suicidal thoughts or feelings is determined to die.</p>	<p>On the contrary, people experiencing suicidal thoughts or feelings often have mixed feelings about living or dying. Someone may act impulsively, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.</p>
<p>Once someone is suicidal, they will remain suicidal.</p>	<p>Heightened suicide risk is often short-term and situation specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.</p>
<p>Only people with mental health disorders experience suicidal thoughts and feelings.</p>	<p>Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental health disorders are not affected by suicidal thoughts, and not all people who take their own lives have a mental health disorder.</p>
<p>Talking about suicide can encourage people to think about suicide.</p>	<p>Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink their decision, thereby preventing suicide.</p>

Policy context

National policy context

In September 2023, HM Government published a new **5-year cross-sector Suicide Prevention Strategy for England** (6). The strategy was informed by the mental health call for evidence launched in 2022 (7). Over the next 5 years, priority areas for action include:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

In September 2012, HM Government published a **national Suicide Prevention Strategy**, focusing on six key actions areas (8). In January 2017, the scope was extended to include self-harm (1):

1. Reducing the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk.

The 2012 national strategy was used to inform the Preventing Suicides in Southwark Strategy 2023-2028 over the two years it was in development.

In the **Five Year Forward View for Mental Health** published in 2016, the independent Mental Health Taskforce set a national ambition to reduce the suicide rate in England by 10% by 2020/21 (9). Recommendations were made for local government to contribute to the above ambition by putting in place a multi-agency suicide prevention plan by 2017.

In October 2016, Public Health England and the National Suicide Prevention Alliance published a **guidance and support manual for local suicide prevention planning**, with an updated version published in 2020 (10). The guidance focuses on three main recommendations:

1. Establishing a multi-agency suicide prevention group
2. Completing a suicide audit
3. Developing a suicide prevention strategy and/or action plan that is based on the national strategy and local data

In 2019, NHS England's **Mental Health Implementation Plan** set out plans to invest £57 million in suicide prevention, through supporting all local authorities to develop suicide prevention plans and establish suicide bereavement support services (11).

A **Cross-Government Suicide Prevention Workplan** was also developed, which commits every area of Government to take action on suicide and sets out clear deliverables and timescales against which the commitments of the Suicide Prevention Strategy are monitored (12).

The **fifth progress report on the national Suicide Prevention Strategy** was published in March 2021 (1). This report highlighted an increase in the number of suicides registered in England in 2018 and 2019. It also emphasised the challenges that local and national stakeholders have faced in supporting suicide prevention strategies alongside managing COVID-19 and its consequences.

Regional policy context

South East London (SEL) Integrated Care System (ICS) is the area-based agency bringing together all of the organisations responsible for delivering health and care for our communities. SEL ICS covers six regional London boroughs: Lambeth, Southwark, Lewisham, Greenwich, Bexley and Bromley. Partners from across the ICS, including commissioners, local authority public health teams and mental health specialists from the area's NHS trusts have come together to develop a broader **SEL Suicide Prevention Programme**. This programme supports collaborative working and the allocation of funding from the Suicide Prevention National Transformation Programme. This includes

Launched in December 2016, **Thrive LDN** is a city-wide public mental health partnership to ensure all Londoners have an equal opportunity for good mental health and wellbeing. Suicide prevention is one of six specific areas of focus for the initiative (13), and their work in this area includes:

- #ZeroSuicideLDN – a campaign to encourage all Londoners to take free training to help them develop skills and confidence to identify warning signs and feel comfortable having conversations about suicide.

- An Information Sharing Hub – to enable effective bereavement support and the improvement of suicide prevention work throughout London.
- Suicide Prevention Education programme – to provide education to schools, colleges and London Universities.
- Reducing Access to Medication as a Means - to help community clinicians and primary care staff to design and implement a resource that reduces access to medication as a means of suicide for those people identified as at risk.
- Real-time suicide surveillance system – co-hosted by the Metropolitan Police to record individual suspected suicides.

Good Thinking is an online mental wellbeing platform, launched in 2017, that helps Londoners look after their mental health and wellbeing in a way that works for them. The range of resources include NHS-approved apps, articles, blogs, podcasts, self-assessments, videos and printable workbooks.

Local policy context

In 2021, the SEL ICS and Southwark Council launched a **Joint Mental Health and Wellbeing strategy for 2021-2024**. The strategy aims to improve the mental health and wellbeing of the whole population across Southwark, reduce inequalities and ensure mental health is given equal priority to physical health (14). The strategy highlights the major impact of the pandemic on people's mental health and the importance of responding to emerging local needs and priorities, setting out these ambitions within the context of the new ICS. Action planning has been informed by significant engagement with local communities via the Southwark Stands Together programme and the South London Listens campaign. The fifth workstream of the plan focuses on Averting Crisis and Reducing Suicide, and contains five priorities:

- Recovery of services to pre-pandemic levels of activity
- Build on lessons learned during the pandemic
- Review the Public Health COVID-19 Impact Assessment to ensure it takes account of all population groups impacted by the pandemic (including new groups presenting in crisis)
- Address the issue of older people presenting in crisis at A&E
- Address the increase in alcohol-related attendance at A&E due to injuries, suicidal ideation, liver/alcohol related illness or losing access to mental health services because of substance misuse

In 2022, Southwark's Health and Wellbeing Board launched a **Joint Health and Wellbeing Strategy 2022-2027**. The strategy sets out Southwark's commitment to improving the health and wellbeing of all residents in Southwark, with a focus on reducing inequalities that we have seen exacerbated by the COVID-19 pandemic,

and more recently by the rising Cost of Living Crisis. The strategy sets out 5 drive areas which are the focus of the delivery and monitoring of the strategy (15):

- Drive 1: A whole-family approach to giving children the best start in life
- Drive 2: Healthy employment across the health and wellbeing economy and good health for working age adults
- Drive 3: Early identification and support to stay well
- Drive 4: Strong and connected communities
- Drive 5: Integration of Health and Social Care

To develop and implement an evidence-based suicide prevention strategy and action plan to reduce risk of self-harm and prevent incidences of suicide was listed as an action in the Strategy's Action Plan.

Other relevant, recent pieces of local work include:

- The Southwark **Community Mental Health Transformation Programme**, led by South London and Maudsley NHS Foundation Trust (SLaM), which includes plans to develop new models of integrated primary and community care for adults and to improve mental health service provision for children and young people (CYP).
- The SEL ICS **Children and Young People Mental Health and Emotional Wellbeing Plan** (16)
- A health needs assessment of **Children and Young People's Mental Health**, to be published later in 2023

Suicide Prevention Strategy and action plan 2017-2022

Southwark's previous Suicide Prevention Strategy and action plan was published in March 2018 and focused on the seven key priority areas set out in the national Suicide Prevention Strategy.

During the first two years of the strategy, the stakeholder group met on a 6-monthly basis to review progress and discuss key areas for action. Meetings were paused during the height of the COVID-19 pandemic. Key actions taken since this strategy was published include:

- 50 Community Health Ambassadors were provided with either Mental Health First Aid (MHFA) and/or suicide prevention training.
- Southwark GPs were provided with annual training focusing on mental health.
- The Improving Mental Health and Resilience in Schools (IMHARS) programme was launched, investing £2 million in preventative mental health and wellbeing resources for Southwark schools. 100% of schools in Southwark are accessing the offer, and more than 485 people have been trained in MHFA through the programme.

- The Southwark Mental Health Support Team (MHST) supports 12 schools in Southwark, and has delivered training covering how to talk to students about suicide and self-harm to 270 staff.
- A new Bereavement Support Service for those affected by suicide was rolled out across South East London, led by SEL ICS and delivered by SLaM and Mind.
- SLaM and Southwark Council Public Health reviewed the case notes of patients aged 12-26 who presented to King's College hospital due to self-harm to identify risk factors and triggers for suicide (see Appendix 2).
- Data monitoring was enhanced with access to the London-wide Suicide Surveillance hub (RTSS data) managed by Thrive LDN and hosted by the Metropolitan Police (see Appendix 2).
- A crisis pathway mapping exercise was led by the SEL Clinical Commissioning Group and SLaM in 2019 with the aim of identifying gaps in the current crisis services available in Southwark.
- A borough-wide rapid response service for people presenting in crisis at primary care, and a community sanctuary providing peer and crisis support, were established as part of the Community Mental Health Transformation Programme.
- More than 55 people attended MHFA training for voluntary and community sector (VCS) organisations and frontline workers supporting refugees and asylum seekers.

This Suicide Prevention Strategy and action plan for 2023-2028 builds on these existing national, regional and local strategies and aims to provide a holistic approach to improving suicide prevention and reducing its impact on our communities.

Understanding suicide and self-harm in Southwark

Local data on the number of suicides, the context in which they occur, the groups most at risk and how this changes over time is critical for effective suicide prevention work.

Appendix 2: *Data and supporting evidence. Preventing Suicides in Southwark 2023-2028*, contains a full analysis of the local data, including data on deaths registered as suicides and suspected suicides.

Interpreting suicide patterns

Definitions

Suicide: Suicide is defined by the Office for National Statistics (ONS) as a death with an underlying cause of intentional self-harm (ages 10 years and over) or with an underlying cause of event of undetermined intent (ages 15 years and over).

Attempted suicide: Act of self-poisoning or self-injury with suicidal intent that is not fatal.

Suicidal ideation: Recurring thoughts or preoccupation with suicide.

Self-harm: Self-harm is defined as an intentional act of self-poisoning or self-injury, excluding attempted suicide.

In England and Wales, all suspected suicides are subject to a coroner inquest, which seeks to identify the cause of death, prior to registration of the death. Given the time lag between the occurrence of a suicide and its registration as a death, figures from the ONS and Primary Care Mortality Dataset present deaths registered within a particular year, rather than the deaths which occurred in that year (17).

It is also commonly acknowledged that official statistics under-report the actual number of suicides. Misclassification of deaths, for example where a death is coded as 'accidental' or 'undetermined intent' rather than 'suicide', is a key reason for this.

The picture in Southwark

The key statistics from Appendix 2 are summarised here and in the following section:

- Over the five-year period 2017-2021, on average, 21 suicides were registered amongst Southwark residents each year (2).
- Since 2001–3, there has been no statistically significant difference between three-year suicide rates for Southwark, London and England, and Southwark levels have generally remained statistically similar over this time period (Figure 1).

- In 2019-21, although Southwark had the 5th highest suicide rate of the London boroughs, this difference was not statistically significant compared to almost all other Boroughs (2).
- Between 2010/11 and 2019/20, the rate of admission of Southwark residents to an acute hospital due to self-harm increased from 59 per 100,000 people to 123 per 100,000 (Figure 2). In 2020/21, the rate decreased to 88 per 100,000.

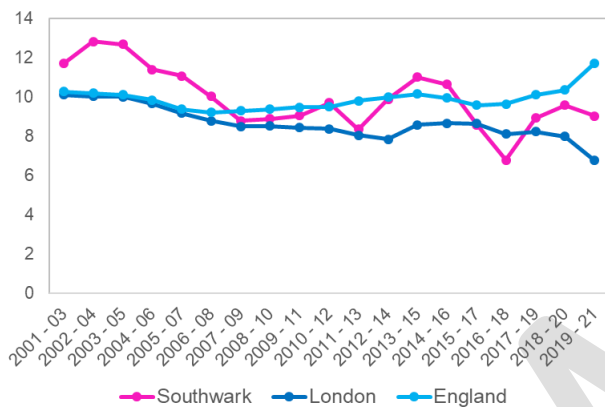


Figure 1. Three-year, age-standardised mortality rate per 100,000 from suicide and undetermined injury, for 10+ year old persons in Southwark, London and England, for deaths registered between 2001–3 and 2019–21 (2).

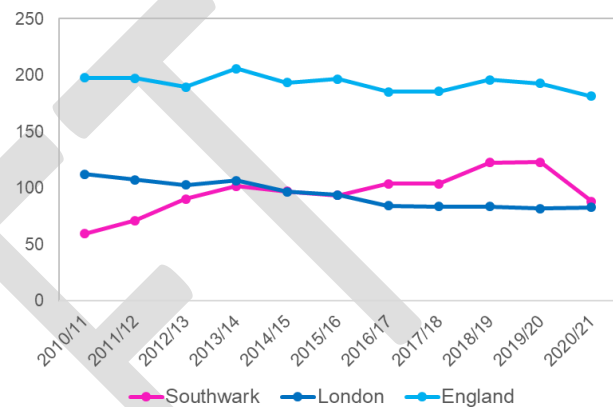


Figure 2. Directly age-standardised emergency hospital admission rate for intentional self-harm per 100,000 in Southwark, London and England, 2010/11 – 2020/21 (23).

Risk factors for suicide

The reasons why people take their own lives can be complex. There are a wide range of psychological, social, economic and cultural risk factors that can increase an individual's level of risk (Figure 3).

Often no single cause explains why someone has taken their own life. Usually several risk factors add together to increase an individual's risk. At the same time, the presence of risk factors does not necessarily lead to suicidal behaviour (5). For example, it is estimated that 80-90% of people who die by suicide are experiencing a mental health condition (18). However, only a small proportion of those with depression will attempt suicide.

The national Suicide Prevention Strategy outlines a number of population groups that are at a higher risk of suicide and/or require a tailored approach to their mental health so as to reduce their suicide risk. For many of these groups, the higher risk of suicide is reflected in Southwark's local data. The below groups will be prioritised in our work to prevent suicides in Southwark.

Groups at high risk of suicide

Middle-aged men

Over the last 10 years (2012 to 2021), Southwark suicide rates were three times higher in males than females (19), mirroring the national picture (20). Nationally since 2010, men aged 45 to 64 years have had the highest age-specific suicide rate (20). In Southwark, men aged 30 and over experienced a significantly higher rate of suicide than men aged 10 to 29 (19) (Appendix 2). Factors associated with suicide among men include economic issues such as debt, social isolation, drug and alcohol misuse, family and relationship problems, and depression, particularly if it remains untreated (21).

People in the care of mental health services, including inpatients, or people with untreated depression

Of the individuals who died by suspected suicide in Southwark in 2020-21, 30% were known to mental health services, 21% were reported to have disclosed suicidal ideation prior to death and 12% had a documented history of previous attempted suicide (22).

People with a history of self-harm

In 2021/22, the rate of hospital admission due to intentional self-harm was 93 per 100,000 people, giving Southwark the 9th highest rate out of the 33 London boroughs (23). Although not all incidences of self-harm have suicidal intent, there is a strong link between self-harm and subsequent death by suicide. At least half of people who take their own life have a history of self-harm (1). The risk of suicide is particularly high in the first year after self-harm, especially in the first month (1). Risk factors and triggers for self-harm identified in 10-24 year olds reporting to A&E in Southwark due to self-harm are detailed in *Appendix 2: Data and supporting evidence*.

People in contact with the criminal justice system

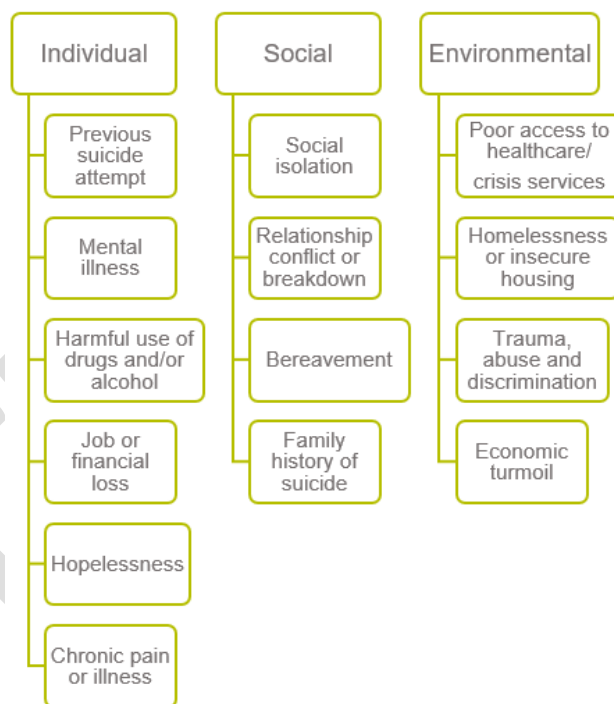


Figure 3. Key risk factors for suicidal behaviour. Adapted from World Health Organization, Preventing suicide: a global imperative (5).

People in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population. In 2020-21, 23% of individuals who died by suspected suicide in Southwark had previous recorded contact with the police (22).

Specific occupational groups

Some occupational groups are at a particularly high suicide risk, which is thought to be in part due to ease of access to the means of suicide. These include construction and building finishing trades, medicine, nursing and social care, veterinary medicine and agriculture.

Unemployment is also associated with increased risk of suicidal behaviour. In Southwark in 2020/21, 7.9% of working-age economically active adults were unemployed, in comparison to 5.2% for England (24).

Groups that required a tailored approach to improve mental health and reduce suicide

Children and young people (CYP)

Although CYP do not have as high a rate of suicide as other age-groups, the rate of suicide in under 25s across England is increasing (1). For young people, risk factors include adverse childhood experiences, stressors such as academic pressures and relationship difficulties, and recent events such as bereavement. Due to a high prevalence of adverse childhood experiences amongst children in care and care leavers, this group are more at risk of self-harm and completing suicide (25).

In 2021/22, the rate of admission for self-harm amongst 10 to 24 year old Southwark residents was more than double the overall all-ages admission rates (26) (Appendix 2). Within this group, 15-19 year olds had over double the rate of admissions for self-harm than the 10-14 or 20-24 age groups.

Survivors of abuse or violence, including sexual abuse

Violence and abuse can lead to social isolation and exclusion, poor educational achievement, conduct, behavioural and emotional problems in children, and antisocial and risk-taking behaviour, all of which are associated with a heightened suicide risk.

Veterans

In the 2021 census, around 1.1% of the Southwark population reported that they had previously served in the armed forces (27). One recent study shared by the Office for Veterans' Affairs suggests that in general, veterans are at no greater risk of suicide than the general population, but the risk is higher in younger veterans and those leaving after a short career (28).

People living with long-term physical health conditions

Around a quarter of mental health patients who die by suicide have a major physical illness (29), and between 2011 and 2021, disabled people had much higher rates of suicide compared to non-disabled people (30). In 2019, 16,000 people registered with a Southwark GP were included in the care co-ordination cohort for those with multiple long-term conditions (approximately 5% of the population) (31).

People in difficult social and/or economic circumstances

Southwark is the 72nd most deprived out of 326 England local authorities and ninth most income deprived out of 33 London local authorities (31). Approximately 21% of Southwark's population live in communities ranked within the most deprived nationally.

A research study focussing on adults in Lambeth and Southwark found that nearly all indicators of low socio-economic status (for example, household income, education and employment status) were significantly associated with a greater frequency of suicidal ideation and suicide attempts (32). Benefits status was the socio-economic indicator most strongly associated to both suicidal outcomes.

People who misuse drugs or alcohol

It is estimated that approximately 3,500 people in Southwark regularly used drugs in 2020-21 (33). In 2018-2019, there were an estimated 4,052 adults in Southwark with an 'alcohol dependency', equivalent to 2% of the adult population (33).

The link between alcohol and drug misuse and suicide is well established. Between 2007 and 2017, around 54% of all people who died by suicide and were in contact with mental health services in the 12 months prior to death had a history of either alcohol or drug misuse (34). In Southwark in 2020-21, 17% of individuals who died by suspected suicide had a reported history of drug use (22).

LGBTQIA+ people

As of March 2021, more than 1 in 12 Southwark residents aged 16+ identified as having a non-heterosexual (LGB+) identity and 1 in 80 residents aged 16+ had a gender identity different from their sex registered at birth (27). According to a study of 5,375 people across Great Britain by Stonewall in 2018, 12% of trans people and 2% of LGB+ people who aren't trans had made an attempt to take their own life in the past year (35).

Black, Asian and minority ethnic groups and asylum seekers

Southwark has an ethnically diverse population, with 49% of residents having a Black, Asian or minority ethnic background, compared with 16% across the whole of England (31). According to ONS data, higher rates of suicide are seen amongst people of Mixed/Multiple or White ethnic groups (36; 30). However, it is widely considered that evidence about suicide rates across ethnic groups is hampered by issues with data collection and presentation, and that the data can show a more complex picture when considering other characteristics

alongside ethnicity (such as age or gender). In Southwark in 2020-21, 75% of people who died by suspected suicide were white, 16% were Black, and 18% were Asian (22).

Approximately 0.6% of the total population of Southwark recorded their ethnicity as “Gypsy or Irish Traveller” or “White Roma” in the 2021 Census (27). Although data is lacking, this group is thought to experience disproportionately high levels of suicide. One study involving 88 participants from the Gypsy, Roma and Traveller community across England, Scotland and Wales found that 28% of respondents had lost at least one relative to suicide (37).

There is a high prevalence of mental health conditions amongst asylum seekers and refugees. In September 2022, there were five initial accommodation centres for asylum seekers in Southwark, hosting just under 1,000 residents (38). Local attention was drawn to the mental health needs of unaccompanied asylum seeking children after a cluster of suicides in this group between 2017 and 2019 in London (38).

Mothers in the perinatal period

Between 2017 and 2019, maternal suicide was the leading cause of direct (pregnancy-related) death in the year after pregnancy (39). Although the scale of perinatal mental health problems in Southwark is unknown, national estimates predict that perinatal mental health problems (which increase the risk of suicide) affect between 10-20% of women during pregnancy and the first year after having a baby (40).

Autism

Evidence suggests autistic people, including autistic children and young people, may be at a higher risk of dying by suicide compared with those who are not autistic. Undiagnosed or late-diagnosed autism may be a preventable risk factor for suicide and, therefore, earlier identification and timely access to autism assessment services is vital (6).

Key groups requiring special consideration in the strategy that were identified during our public consultation

People experiencing loneliness and/ or social isolation

There is a range of quality in evidence, but The Loneliness and Social Isolation in Mental Health Network has found association between loneliness and (41):

- a range of mental illnesses including dementia, paranoia, psychosis, anxiety, depression and becoming depressed (people reporting loneliness are more at risk of becoming depressed and depressed people are more at risk of becoming lonely)
- suicidal thoughts, behaviours, and attempts
- all health outcomes

Older Adults

Over recent years, the national suicide rate for those aged 65-74 and 75 and over have been lower than in those aged 25 to 44 and 45 to 64 (20). In Southwark, suicide rates are statistically similar for 10-29 year olds, 30-59 year olds or 60+ year olds (*Appendix 2: Data and Supporting Evidence*). However, older people are especially vulnerable to loneliness and social isolation. Older adults are also at greater risk of being digitally excluded from mental health and wellbeing support services.

People experiencing homelessness or insecure housing

The daily lives of people experiencing homelessness are stressful, dangerous, traumatic, and often take a toll on their mental health. In 2021, there were an estimated 99 suicide deaths amongst homeless people in England and Wales, accounting for 13.4% of all homeless deaths (42).

People experiencing domestic violence

Research on intimate partner violence, suicidality and self-harm showed that past-year suicide attempts were 2 to 3 times more common in victims of intimate partner violence than non-victims. It highlighted deaths in male and female victims, children and young people in households impacted by domestic abuse, and among perpetrators. It highlighted deaths in male and female victims, children and young people in households impacted by domestic abuse, and among perpetrators (43).

Impact of the COVID-19 pandemic on suicide rates

Data based on the date of death instead of the registration date shows no evidence that the number of suicides in England and Wales increased during the first year of the COVID-19 pandemic (17; 44). In fact, between April and December 2020, the age-standardised suicide rate was significantly lower than the same period in 2018 and 2019 (44). This trend was primarily driven by a decrease in male suicides. However, the effects of the pandemic are still being disproportionately felt by the most vulnerable in society, exacerbating factors known to be related to suicide (45).

What the community told us

Engagement and consultation with a wide range of residents has played an important part in the development of our strategy. An online consultation survey was open between 23 June 2023 and 20 August 2023 in which 44 people responded. In addition, we organised community focus groups and visited community events to hear people's views. How, why and who we consulted, along with our full findings of our public consultation are reported in *Preventing Suicides in Southwark Strategy: 2023-2028. Public Consultation Report*, which is available on the Southwark council website. A brief summary of what the community told us they wanted to see is provided below:

- Add people experiencing loneliness and or social isolation, older adults, people experiencing homelessness or insecure housing and people experiencing domestic violence to our list of priority groups
- Offer Suicide prevention and mental health training being to key community groups
- More being done to promote mental health services and community support to residents
- More being done to raise awareness of mental health issues and support in a culturally appropriate way
- Involving the community to tackle the stigma and shame in different community groups around mental health and suicide
- More support to connect people who may be experiencing social isolation and loneliness
- Work to tackle the root causes of mental health issues and suicide, for example substance misuse, poor quality housing, financial issues and insecure immigration status

These findings have been used to develop our key priorities and five year action plan.

What can be done to prevent suicides and self-harm?

Spectrum of prevention

Actions to prevent suicide can include promoting resilience and mental wellbeing, limiting exposure to the risk factors described in the previous section, supporting those with mental and physical health conditions, limiting access to means of suicide or high-risk locations, or acting after someone has self-harmed, attempted suicide or died by suicide to prevent future risk (Figure 4). Actions covering this spectrum of intervention can be found in our suicide prevention action plan.

Importance of protective factors

In addition to the risk factors described in the previous section, there are also a number of protective factors that support the development of resilience and positive mental wellbeing and reduce the risk of suicide. These include:

- A healthy prenatal and childhood environment
- Social relationships
- Feelings of belonging and being connected to others
- Healthy lifestyles
- Employment prospects
- Healthy workplaces

The development of such resilience should begin in pregnancy and span the life course. Therefore, in order to reduce the risk of suicide, we need to focus on improving population health and wellbeing. In building protective environments, we can also enable our residents to better contribute to their community, develop meaningful social networks and relationships, and reach their full potential.

This premise underpins many other Southwark borough plans and strategies, including the Joint Health and Wellbeing Strategy 2022-2027 and Joint Mental Health and Wellbeing Strategy 2021-2024. We believe that a holistic approach to supporting good health and wellbeing and reducing health inequalities will have a positive impact on reducing suicides in Southwark. This Suicide Prevention Strategy aims to build upon and complement these other strategies.

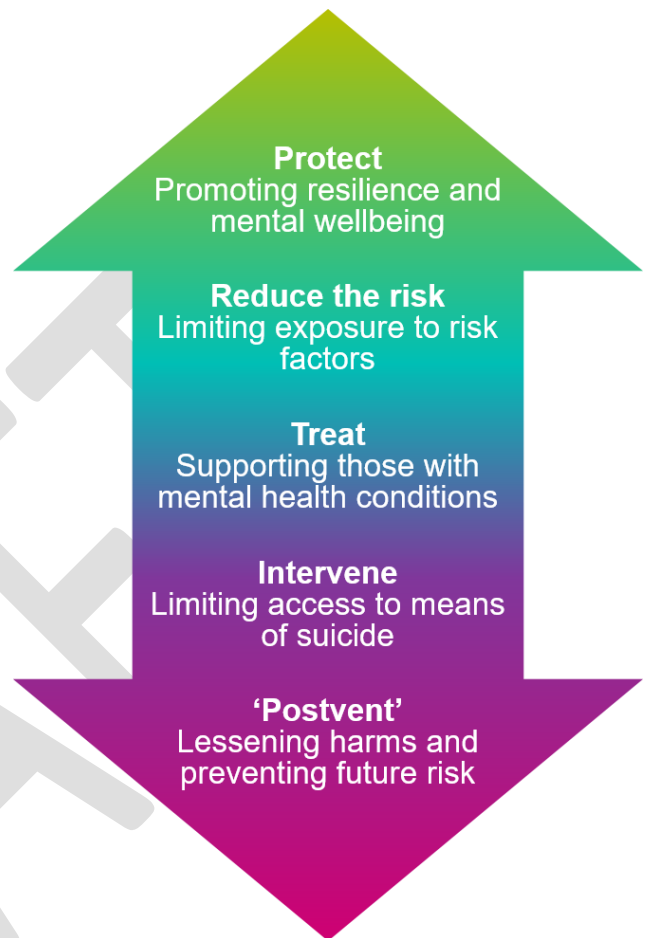


Figure 4. Ways to prevent suicide at different intervention points.

A preventative approach focussing on building mental resilience and wellbeing will be reliant on effective collaboration that engages partners outside of traditional health and social care. Hence, the suicide prevention stakeholder group brings together a wide range of partners, including the NHS, voluntary and community sector organisations, education and children and adult social care teams.

Another core asset that is essential for delivery of preventative solutions for people at risk of suicide is Southwark's strong and vibrant voluntary and community sector. The stakeholder group is committed to ensure its work serves all communities in Southwark, especially those with the greatest needs, and that strategies, services and activities are designed accordingly. To this end, over the next five-years, a suicide prevention community network will be established (see Appendix 1 - Action 1.14). The network will bring together organisations who work with those at greatest risk of suicide as well as people with lived experience of self-harm and suicide, to embed individual and population-specific insights into Southwark's suicide prevention work.

National guidance

There are a number of national guidance documents and frameworks to support multi-agency suicide prevention partnerships to develop action plans based on evidence-based interventions:

- Public Health England (PHE) guide to local suicide prevention planning (10).
- Samaritans and University of Exeter independent progress report on Local Suicide Prevention Planning in England (46).
- PHE guide to preventing suicides in public spaces (47).
- The Health Education England (HEE) and National Collaborating Centre for Mental Health (NCCMH) self-harm and suicide prevention frameworks (48).
- National Institute for Health and Care Excellence (NICE) suicide prevention guidance (49).

What we plan to do

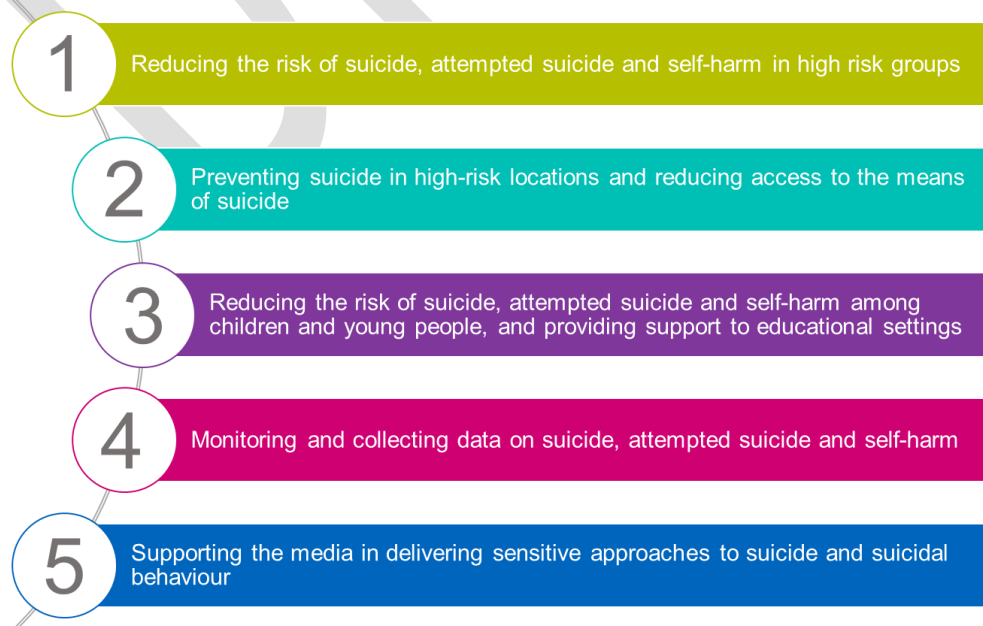
Strategy development

The development of this strategy, which took place over the course of two years, involved:

- Reviewing progress against the previous strategy to identify the priority areas where there are opportunities to build on previous successes or make improvements.
- Meetings of the suicide prevention stakeholder group to better understand local needs and opportunities for service provision, and co-produce the action plan.
- Collating and analysing data from a range of sources (Appendix 2) to better understand local needs, including who is at highest risk of suicide and what are the most common means and locations, in order to target our actions accordingly.
- Identification of examples of best practice and evidence-based interventions from national guidelines.
- Individual consultation with stakeholders to refine actions and agree Key Performance Indicators
- A public consultation exercise, which took place over June, July and August 2023. This included an online consultation survey and focused engagement activity with specific groups.

Priority areas

Our action plan (Appendix 1) brings together key activities to reduce self-harm and suicide in Southwark and sets out committed actions across five key priority areas. The priority areas were built around recommendations outlined in the national Suicide Prevention Strategy and tailored to local needs, as identified through stakeholder engagement, community engagement and data analysis.



1. Reducing the risk of suicide, attempted suicide and self-harm in high risk groups

In order to ensure our actions target those at greatest need, the suicide prevention stakeholder group have identified five high-risk groups, informed by the national Suicide Prevention Strategy and local data, to focus on:

- a. People who have presented to healthcare or other settings following self-harm or attempted suicide, or disclosed self-harm or attempted suicide to relatives, friends, professionals or others
- b. Those with mental health conditions, including those known to mental health services
- c. People with drug and alcohol problems
- d. People in contact with the criminal justice system
- e. People belonging to particular demographic groups that are known to experience higher rates of suicide and/or require a tailored approach to suicide prevention.

2. Preventing suicide in high-risk locations and reducing access to the means of suicide

The data included in Appendix 2 give information about the location and means of suicides that have taken place in Southwark. More than half of incidents involving suicide and self-harm in those known to mental health services between 2019 and 2021 took place in the home (50). However, understanding where the high-risk locations are for incidents that take place outside of the home offers an opportunity to develop targeted intervention approaches. Actions under this priority area focus on reducing suicides and self-harm associated with bridges, riverside areas and tall buildings.

3. Reducing the risk of suicide, attempted suicide and self-harm among children and young people (CYP), and providing support to educational settings

This priority area is a new addition to the areas identified in the previous five-year strategy. Rates of self-harm in 10-24 year olds have increased in Southwark over the last decade (23). Given CYP have access to different mental health and other public services to adults, a tailored approach to suicide prevention in this group is required.

The Southwark Joint Mental Health and Wellbeing Strategy 2021-2024 sets out priorities for improving CYP mental health services. However, there are also opportunities for suicide prevention outside of formal mental health services, for example, within schools. This is especially important as young people who die by suicide are less likely to have been in contact with mental health services in the year prior to their death than adults (51).

The actions relating to this priority area aim to complement those in progress as part of the SEL CYP Transformation Plan and CYP Mental Health and Emotional Wellbeing Plan and the 2023 Mental Wellbeing of Children & Young People in Southwark health needs assessment.

4. Monitoring and collecting data on suicide, attempted suicide and self-harm

In order to best target and allocate resources efficiently, a comprehensive local understanding of the risk factors for suicide and high-risk groups is required. Actions under this priority area focus on sharing intelligence between stakeholders to enable services and initiatives to be designed with population needs in mind. In the future, increasing national, regional and local interest around sharing and linking data from different sources may offer opportunities for improved surveillance and research in relation to suicide and self-harm.

5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

A number of research studies have provided evidence that irresponsible media reporting relating to suicide can provoke further suicidal behaviour (52). Samaritans' 10 top tips for media reporting are (53):

1. Avoid reporting methods of suicide
2. Include references to suicide being preventable and signpost sources of support
3. Steer clear of language that sensationalises or glorifies suicide
4. Don't refer to a specific site or location as popular or known for suicides
5. Avoid dramatic, emotive or sensational pictures or video footage.
6. Avoid excessive amounts of coverage and overly prominent placement of stories
7. Treat social media with particular caution
8. Including content from suicide notes or similar messages left by a person who has died should be avoided
9. Speculation about the 'trigger' or cause of a suicide can oversimplify the issue and should be avoided
10. Young people are more susceptible to suicide contagion

The Southwark Suicide Prevention stakeholder group are committed to working with Samaritans' Media Advisory Team to ensure appropriate media reporting of suicidal behaviour in Southwark.

Our multi-stakeholder action plan sets out the actions we have developed against each of these priority areas. See *Appendix 1: Our Action plan. Preventing Suicides in Southwark 2023-2028*.

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Appendix 1: Our Action plan. Preventing Suicides in Southwark 2023-2028.

The following action plan brings together key activity to reduce self-harm and suicide in Southwark and sets out recommendations for action across five key priority areas. The priority areas were built around recommendations outlined in the national Suicide Prevention Strategy and tailored to local needs, as identified through stakeholder engagement and data analysis.

1. Reducing the risk of suicide, attempted suicide and self-harm in high risk groups

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
People who have presented to healthcare or other settings following self-harm or attempted suicide, or have disclosed self-harm or attempted suicide to relatives, friends, professionals or others					
1.1. Conduct a review of the services available to individuals facing crisis and their families. The review will: <ul style="list-style-type: none"> • Complement and build on previous crisis service mapping exercises • Map all services across the spectrum of crisis service provision (from community to secondary care) • Outline which services are/are not available to CYP, people with specific diagnoses (e.g. personality 	<ul style="list-style-type: none"> • Mapping of current services with gaps in crisis service provision and recommendations identified • Recommendations presented to stakeholder group and suicide prevention community network 	March 2025	Southwark Council Public Health	<ul style="list-style-type: none"> • SLaM (Crisis Services Improvement) • ICB/Partnership Southwark • Primary care • Community Network members • Children and Young People's Emotional 	Joint Mental Health and Wellbeing Strategy 2021-2024 – Workstreams 3 and 5

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
<p>disorders), those who have previously attempted suicide and those already known to mental health services, in order to identify gaps for these groups</p> <ul style="list-style-type: none"> • Include an engagement exercise to understand service users' experiences of the crisis services 				Wellbeing and Mental Health Steering Group	
<p>1.2. Raise awareness of crisis pathways and services (including those available for people with specific diagnoses or groups that are excluded from general services), amongst relevant healthcare professionals and other people who work with at-risk individuals.</p>	<ul style="list-style-type: none"> • Development of a usable resource (e.g. a flowchart) detailing information about crisis services • Dissemination of resource to healthcare professionals and others who work with at-risk individuals • Promote Southwark Community Sanctuary to local VCS organisations who are now able to refer individuals to the service 	End of strategy	<p>SLaM</p> <p>Southwark Council Public Health</p> <p>Southwark Council Communications</p> <p>SEL ICS Communications</p>	<ul style="list-style-type: none"> • SLaM (Crisis Services Improvement) • Primary care • Community Network members 	Joint Mental Health and Wellbeing Strategy 2021-2024 – Workstreams 3 and 5
<p>1.3. Upon launch of the “111 press 2” service across South London, work with partners to raise awareness of this service amongst healthcare professionals and residents.</p>	<ul style="list-style-type: none"> • Proportion of residents who are aware of the service 	End of strategy	<p>SLaM (Crisis Services Improvement)</p> <p>Southwark Council Communications</p>	<ul style="list-style-type: none"> • Southwark Public Health • Community Network members 	

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
1.4. Review SLaM policies on assessment and management of risk of self-harm and suicide, in line with NICE guidelines on Self-harm: assessment, management and preventing recurrence and NCISH guidance on assessment and response to clinical risk in mental health services.	<ul style="list-style-type: none"> Review completed and shared with stakeholder group 	December 2025	SLaM (Suicide Prevention Group)		
1.5. New SEL Mental Health Self-Harm Pilot (which includes Southwark)	<ul style="list-style-type: none"> MH liaison nurse to provide specialist self-harm support to patients 	End of 2024/25	SEL ICB Suicide Prevention Steering Programme		
1.6. Southwark Suicide Prevention Stakeholder members to share learning across system wide partnership groups (for example Southwark Safeguarding Adults and Children boards), this could include learning from rapid reviews and serious case reviews.	<ul style="list-style-type: none"> Summary of new learning shared with stakeholder group members annually 	End of strategy	All stakeholders		
Those with mental health conditions, including those known to mental health services					
1.7. Raise awareness of, and improve access to, community mental health services, including through development of integrated neighbourhood teams and new roles including primary care mental health	<ul style="list-style-type: none"> Establish integrated neighbourhood teams Develop and embed new roles including primary care mental 	End of strategy	ICS (Southwark Place) SLaM (Community)	<ul style="list-style-type: none"> Southwark Public Health Primary care 	Community Mental Health Transformation Programme

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
practitioners and wellbeing hub outreach workers.	health practitioners and wellbeing hub outreach workers		Transformation Steering Group)		Joint Mental Health and Wellbeing Strategy 2021-2024 – Workstreams 2 and 8
1.8. Ensure front line staff and volunteers who come into contact with people at risk of suicide are equipped to provide appropriate support by providing Mental Health First Aid (MHFA) and suicide prevention training to front-line staff across the Council, other public services and voluntary community sector organisations (VCS) organisations. The uptake of free online training (such as the Zero Suicide Alliance Suicide Awareness Training) will also be encouraged into these groups.	<ul style="list-style-type: none"> • 1000 people trained in MHFA • 1000 people trained in suicide prevention • 90% of people who respond to post-training survey indicating that they feel confident in using the skills learnt • 80% of those who complete the training offered 3-month check-in session • Training offer to extend to voluntary community sector organisations who support higher risk residents, the social housing sector, the criminal justice sector, teams who support those in difficult economic circumstances, faith and community communities and those who work in construction industries • Zero Suicide Alliance Suicide Awareness Training to be promoted 	End of strategy	Southwark Council Public Health	<ul style="list-style-type: none"> • Community Network members • Southwark Council Communications 	Joint Mental Health and Wellbeing Strategy 2021-2024 – Workstream 1

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
	across the Borough and to all council staff				
1.9. Reduce social isolation and loneliness, by creating a place where people feel connected and where loneliness is tackled as early as possible.	<ul style="list-style-type: none"> Delivery of Making Every Contact Count training to staff working regularly with people at risk of severe loneliness or isolation. 		Southwark Council Public Health	<ul style="list-style-type: none"> Community Network members 	Southwark's Joint Health and Wellbeing Strategy 2022 - 2027
People with drug and alcohol use disorders					
1.10. Develop an action plan to support individuals with dual diagnoses (mental health conditions and drug or alcohol problems), which aims to: <ul style="list-style-type: none"> Improve system working and reduce barriers to care between drug and alcohol support and recovery services, mental health services and primary care. Support implementation of a dual diagnosis pathway in line with the recommendations from the Independent review of drugs by Dame Carol Black. 	<ul style="list-style-type: none"> National Drug and Alcohol Treatment Monitoring System performance data linked to data on mental health service use amongst clients accessing substance misuse treatment 	End of strategy	Southwark Combatting Drugs Partnership	<ul style="list-style-type: none"> Southwark Public Health ICS SLaM 	<p>Joint Mental Health and Wellbeing Strategy 2021-2024 – Workstream 15</p> <p>Combatting Drugs Partnership</p>
1.11. Provide suicide prevention and trauma-informed care training to members of the drug and alcohol workforce	<ul style="list-style-type: none"> Number of substance misuse staff trained in suicide prevention and trauma-informed care 	End of strategy	Southwark Council Drug and Alcohol Team	<ul style="list-style-type: none"> Southwark Public Health 	
1.12. Support SEL Reducing Access to Medication as Means of Suicide (RAMMS) Initiative.	<ul style="list-style-type: none"> MECC, Suicide Prevention and MHFA training offered to all Southwark-based pharmacists 	End of 2025	Southwark Council Public Health		

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
			SEL ICS Mental Health Transformation		
People in contact with the criminal justice system					
1.13. Organise a roundtable of partners from across the criminal justice system to consider actions to prevent suicide and self-harm amongst people in contact with the system. Relevant partners include the HM Prison and Probation Service, Criminal Justice Boards, prison governors, custody officers and support services, Youth Offending Service and institutions, Criminal Justice Mental Health Service, Appropriate Adult scheme, HM Courts & Tribunals service, relevant voluntary organisations and people with lived experience.	<ul style="list-style-type: none"> Roundtable complete Actions and plan for follow-up written up and disseminated Offer of Suicide Prevention, MECC and MHFA training made to roundtable members 	December 2025	Southwark Council Public Health	<ul style="list-style-type: none"> Criminal Justice partners ICS Community Network members 	
People belonging to particular demographic groups that are known to experience higher rates of suicide and/or require a tailored approach to suicide prevention					
1.14. Establish a suicide prevention community network, including people with lived experience and VCS organisations working with those at greatest risk of suicide and self-harm. The network will support a co-production approach to suicide and self-harm prevention, and will	<ul style="list-style-type: none"> Network established and Terms of Reference agreed Network meetings held every 6 months Network used to promote council Offer of Suicide Prevention, MECC and MHFA training 	End of 2024	Southwark Council Public Health	<ul style="list-style-type: none"> Community Network members ICS 	Joint Mental Health and Wellbeing Strategy 2021-2024 – Workstreams 2 and 8

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
work with the stakeholder group to ensure the action plan and activities of individual stakeholders are delivered equitably and address local needs.	<ul style="list-style-type: none"> Ensure representation from a range of ethnic and religious groups who can promote conversation and discussion from a religious perspective, and in a culturally sensitive manner 				
<p>1.15. Mapping of community-based initiatives to support groups at risk of poor mental health and loneliness to:</p> <ul style="list-style-type: none"> Understand provision currently available Identify gaps and propose mitigations 	<ul style="list-style-type: none"> Report outlining results of mapping and proposed recommendations published Report presented to suicide prevention stakeholder group and Community Mental Health Transformation delivery group. 	March 2025	Southwark Council Public Health	<ul style="list-style-type: none"> Community Network members ICS 	Joint Mental Health and Wellbeing Strategy 2021-2024 – Workstreams 2 and 8
<p>1.16. All Southwark Suicide Prevention stakeholder group and community network members implementing suicide prevention and/or mental health promotion activities to:</p> <ul style="list-style-type: none"> Review which high risk groups they are reaching (defined in section Understanding suicide and self-harm in Southwark in main strategy document) Ensure there are sufficient activities designed to reach the most at-risk groups, particularly men over the age of 30 	<ul style="list-style-type: none"> Reports on provision for high-risk groups presented to Southwark Suicide Stakeholder Group Results collated by Public Health, gaps identified and recommendations made 	<p>June 2024</p> <p>December 2024</p>	Southwark Council Public Health	<ul style="list-style-type: none"> All stakeholders Community Network members 	

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
<ul style="list-style-type: none"> Ensure their data collection protocols enable monitoring of whether high risk groups are being reached 					
<p>1.17. Develop local processes to identify and give support to people bereaved or affected by a suspected suicide, including sign-posting them to the South East London Suicide Bereavement Service.</p>	<ul style="list-style-type: none"> Support offered to people bereaved by suicide documented through SEL ICS incident reports Referral rates to South East London Suicide Bereavement Service Raise awareness of 'Help is at Hand' and provide printed copies to key groups and professionals in Southwark (resource supported by OHID and National Suicide Prevention Alliance) 	Ongoing, report annually	SEL ICB Suicide Prevention Steering Programme Group Southwark Council Public Health	<ul style="list-style-type: none"> All stakeholders SEL Suicide Bereavement Service SLaM Southwark Public Health Primary care Community Network members 	
<p>1.18. Develop online and physical materials to raise awareness of local mental health services, free suicide prevention training and national mental health campaigns, specifically targeting high-risk locations and those at greatest risk of suicide, attempted suicide and self-harm. As part of this, work with community health ambassadors to ensure culturally appropriate messaging to different community groups.</p>	<ul style="list-style-type: none"> Develop a mental health services leaflet and translate into at least four different languages widely spoken in Southwark. Launch google ads campaign pilot to promote mental health in Southwark with aim of wider roll out if successful i.e. increased website traffic to Southwark Council Mental Health pages. 	End of 2024 End of 2023	Southwark Council Communications Southwark Council Public Health Community Health Ambassadors	<ul style="list-style-type: none"> Community Network members 	

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
1.19. Stakeholder group and community network members to share best practice for supporting staff who have worked with individuals who have died by suicide, or witnessed or responded to a suicide, and consider putting processes in place to support these individuals. Support could include help with their own mental wellbeing, or training to support with procedural aspects of responding to suicides.	<ul style="list-style-type: none"> One stakeholder group and community network meeting to focus on sharing processes for supporting staff All stakeholders and community network members to review processes for supporting staff 	End of strategy		<ul style="list-style-type: none"> All stakeholders Community Network members 	
1.20. Provide targeted suicide prevention training to Southwark barbers	<ul style="list-style-type: none"> At least 15 barbers trained in a suicide prevention half day course 	March 2024	Southwark Council Public Health		
1.21. Develop local suicide cluster response plans to ensure a rapid multiagency response to a potential or actual suicide cluster.	<ul style="list-style-type: none"> Reflect on previous cluster responses on a regional and local level and disseminate learning to key local stakeholders Create local response guidelines based on national guidance to include: <ul style="list-style-type: none"> Key components of a local response Data sharing principles Multiagency response group membership list 	<p>November 2023</p> <p>March 2024</p>	Southwark Council Public Health	<ul style="list-style-type: none"> SEL ICB SLaM CAMHS Council Children's and Adults' Services Council Education Psychology Team 	

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
	<ul style="list-style-type: none"> Cluster risks assessment tool Sample Standing Agenda/ Terms of Reference/ Action Logs/ 				
1.22. Promote the uptake of trauma-informed practice training to front line staff in Southwark	<ul style="list-style-type: none"> Promote the free, pre-recorded Nicola Lester Psychological Trauma Consultancy trauma-informed practice training hosted on Thrive London's website through the Southwark Safeguarding Partnership's Learning Network. 	April 2024	Partnership Southwark Southwark Council Public Health	<ul style="list-style-type: none"> Southwark Safeguarding Partnership 	

2. Preventing suicide in high-risk locations and reducing access to the means of suicide

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders
Bridges/riverside areas				
2.1. Liaise with City of London Public Health team about ongoing research to understand why suicidal people come to the bridges in Southwark, and identify opportunities for intervention.	<ul style="list-style-type: none"> Review of research complete, recommendations identified and presented to the stakeholder group 	December 2024	Southwark Council Public Health	
2.2. Work with City of London Public Health team to recruit volunteers for a pilot of a bridge patrol programme.	<ul style="list-style-type: none"> Number of volunteers recruited from Southwark 	December 2024	Southwark Council Public Health	<ul style="list-style-type: none"> Samaritans Community Network members

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders
2.3. Work with City of London Public Health team and City of London Police to identify riverside businesses or organisations that could offer physical spaces or rooms to act as 'places of safety' that people experiencing a mental health crisis can be taken to while their mental health needs are assessed.	<ul style="list-style-type: none"> Number of hubs set up in Southwark 	December 2024	Southwark Council Public Health	
2.4. Promote Thames Skills Academy training, including Intervention Training for a Safer Thames, to relevant Council staff and riverside businesses.	<ul style="list-style-type: none"> Training advertised through internal communications and external communications targeted at businesses 	December 2023	Southwark Council Public Health	<ul style="list-style-type: none"> Community Network members
Tall buildings				
2.5. Provide suicide prevention training to resident association members, housing officers and other community leaders.	<ul style="list-style-type: none"> All housing officers offered training 15 resident association members/community leaders who live in high-risk locations trained 	End of 2025	Southwark Council Public Health	<ul style="list-style-type: none"> Tenants and Residents Associations Housing Community Network members
2.6. Develop a guide to support Council call handlers, including housing officers, to manage resident declarations of intention to attempt suicide or self-harm.	<ul style="list-style-type: none"> Guide developed ensures that members of staff know what to do if a resident says they intend to harm themselves with a simple six point plan Guide to covers appropriate signposting, escalation to emergency services and staff support following such an incident 	January 2024	Southwark Council Public Health Samaritans	<ul style="list-style-type: none"> SEL ICB Southwark Council customer contact teams Southwark Council Housing

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders
Rail				
2.7. Build and maintain relationships between Southwark Council, Network Rail, British Transport Police and Transport for London to enable the Council to support ongoing suicide prevention initiatives and facilitate efficient responses to cases or clusters of suicide, attempted suicide or self-harm.	<ul style="list-style-type: none"> All rail stakeholders represented at every stakeholder group meeting 	Ongoing	Southwark Council Public Health Network Rail British Transport Police	

3. Reducing the risk of suicide, attempted suicide and self-harm among children and young people (CYP), and providing support to educational settings

In addition to working towards the priorities set out in the Joint Mental Health and Wellbeing Strategy (Workstream 14: Children’s and Young People’s Services) and the Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2023-2025, partners will aim to:

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
Supporting educational settings					
3.1. Continue roll out of Mental Health Support Team (MHST) programme across Southwark schools, identify and embed lessons learned from this programme, and widen access to suicide and self-harm prevention training.	<ul style="list-style-type: none"> One new MHST established, enabling roll out to 12 more schools Develop and disseminate report summarising the lessons learned from this programme with proposed next steps 	March 2024 December 2024	Partnership Commissioning team / Groundwork	<ul style="list-style-type: none"> Children and Young People’s Emotional Wellbeing and Mental Health Steering Group 	SEL ICS CYP Local Transformation Plan 2023-2025 (Priority Action 6) SEL ICS CYP Mental Health and Emotional Wellbeing Plan (Transformation Priority 5)

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
3.2 Share relevant learning from Child Death Overview Panel (CDOP) child suicides reviews with relevant members of suicide prevention group.	<ul style="list-style-type: none"> Key learning summarised for all Southwark CDOP reviewed child suicides and key learning shared with key stakeholders 	End of strategy	Southwark Council Public Health Child Death Overview Panel	<ul style="list-style-type: none"> All stakeholders 	
3.3. Ensure that the school nursing specification integrates mental health promotion within the wider health offer, and that school nurses are appropriately supported to assist in early-identification, intervention and referral of students at-risk of suicide and self-harm.	<ul style="list-style-type: none"> School nursing specification for 2024/25 contains reference to the role of school nurses in mental health promotion All school nurses offered suicide prevention training 	End of 2024 March 2025	Southwark Council Public Health	<ul style="list-style-type: none"> Education (Southwark Education Learning and achievement (SELA) & Schools) South East London Integrated care system (SEL ICS) Children and Young People's Emotional Wellbeing and Mental Health Steering Group 	Draft Southwark's Joint Strategic Needs Assessment 2023: Mental Wellbeing of Children and Young People in Southwark

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
3.4. Support the implementation of the draft Children and Young Person (CYP) Mental Health Joint Strategic Needs Assessment (JSNA) recommendations.	<ul style="list-style-type: none"> Southwark Suicide Prevention Steering Group to support the development and implementation of CYP mental health actions following publication of CYP Mental Health JSNA 	End of strategy	All stakeholder Southwark Public Health	<ul style="list-style-type: none"> Children and Young People's Emotional Wellbeing and Mental Health Steering Group 	Draft Southwark's Joint Strategic Needs Assessment 2023: Mental Wellbeing of Children and Young People in Southwark
3.5. Improve awareness of mental health support services amongst schools, students, parents, children in alternative provision and those not in education.	<ul style="list-style-type: none"> Map all commissioned emotional wellbeing and mental health provisions (including IMHARS, SLAM, and the Nest's In reach Service) in schools across Southwark and for children in alternative provision and not in education. A directory of services will be created and updated once a year, with children and young people involved in the co-design of the future format (i.e. app). 	<p>March 2024</p> <p>March 2024 onwards</p>	Partnership Commissioning Team	<ul style="list-style-type: none"> Education Southwark Public Health Community Network members Children and Young People's Emotional Wellbeing and Mental Health Steering Group 	Southwark Partnership Local Transformation Plan
3.6. As part of developing local suicide cluster response plans (see action 1.20), work closely with schools to ensure they are supported in identifying and	<ul style="list-style-type: none"> Schools input into local response plans Schools made aware of finalised plans and procedures to identify and respond to clusters 	End of 2024	Southwark Council Public Health	<ul style="list-style-type: none"> SEL ICS Southwark Public Health South London and Maudsley 	

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
responding to single cases and clusters of suicides			Education (SELA)	NHS Foundation Trust (SLaM) <ul style="list-style-type: none"> Children and Young People's Emotional Wellbeing and Mental Health Steering Group 	
3.7. Ongoing development of Improving Mental Health and Resilience in Schools (IMHARS) programme to prioritise tackling and preventing inequalities by focusing on disadvantaged CYP and families, and pupils with special educational needs and disabilities.	<ul style="list-style-type: none"> Continue offering the Mental Health First Aid (MHFA) two-day course (aligned to i-Thrive) to schools, building on the current 400+ MHFAiders across educational settings. Target of 100% of schools participate in the MHFA course (course delivered in Southwark minimum every half term). Minimum x5 (primary) and x7 (secondary) per school. Target to offer 200 MHFA refresher courses in Southwark (every 2/3 years). 	End of strategy	Education (SELA) (Standards 0-19)	<ul style="list-style-type: none"> Schools Children and Young People's Emotional Wellbeing and Mental Health Steering Group 	

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
Supporting parents and families					
3.8. Build on the Family Hubs training offer for practitioners and those supporting parents with children under 2 yrs to include suicide prevention training. Consolidate available partnership CYP mental health training into a concise package and schedule.	<ul style="list-style-type: none"> Provide Mental Health First Aid training and suicide prevention training to practitioners 	End of strategy	Children and Young People's Emotional Wellbeing and Mental Health Steering Group		Draft CYP Mental Health JSNA
Supporting vulnerable at-risk CYP					
3.9. Expand the 16-25 Young People service to host dual trained Mental Health workers, 50/50 across adult mental health and CAMHS.	<ul style="list-style-type: none"> Groups to target include: <ul style="list-style-type: none"> Individuals who are seen by the open access service The Nest that require additional support but do not meet adult mental health thresholds Individuals that are being held by CAMHS but are over 18 Cases that are discussed in the 0-25 advisory panel Care Leavers 	End of 2024	Director of CAMHS / Partnership Commissioning Team Programme Lead Children and Young People's Emotional Wellbeing and Mental Health Steering Group		Southwark Partnership Local Transformation Plan
3.10. Offer Youth Mental Health First Aid Training and Suicide Prevention training staff who work with vulnerable groups	<ul style="list-style-type: none"> Uptake of offer from alternative provision providers, Youth Justice services and other VCS organisations who work with 	End of strategy	Southwark Public Health	<ul style="list-style-type: none"> Education Southwark Public Health 	

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
	vulnerable children and young people			<ul style="list-style-type: none"> Community Network members Children and Young People's Emotional Wellbeing and Mental Health Steering Group 	
3.11. Utilise existing links between the Council and care leavers to increase awareness of mental health services and ways to improve mental wellbeing amongst this group.	<ul style="list-style-type: none"> Mental health messaging included in regular communications between Council and care leavers through the Careleavers Opportunity Board and the Southwark Care Leavers Newsletter 	Ongoing	Southwark Council Communications Southwark Public Health	<ul style="list-style-type: none"> Children and Young People's Emotional Wellbeing and Mental Health Steering Group 	
Supporting CYP in crisis					
3.12. Open new Crisis House for young people serving population of Lambeth, Lewisham and Southwark, providing an alternative place of Safety.	<ul style="list-style-type: none"> New Crisis House opens 	March 2024	SEL Integrated Care Board		SEL CYP Mental Health and Emotional Wellbeing Plan (Transformation Priority 9: Accident & Emergency Department Presentations)
3.13. Take a collaborative approach to reduce the risk of suicide, attempted and self-harm in students attending London South Bank University (LSBU).	<ul style="list-style-type: none"> Improve the awareness and understanding of student MH referral pathways, transitions and 	January 2025	London South Bank University (LSBU)		

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders	Overlap with other Borough activities
	<p>continuity of care between LSBU and MH providers in Southwark.</p> <ul style="list-style-type: none"> • Improve the awareness of LSBU MH services across MH providers in Southwark. • Mental Health First Aid and Suicide Prevention Training offered to LSBU student facing staff. • LSBU to work towards and achieve accreditation around the University Mental Health Charter • LSBU to develop a Suicide Safer Strategy 	<p>January 2025</p> <p>End of strategy</p> <p>January 2025</p> <p>March 2024</p>	<p>Southwark Council Public Health</p> <p>Southwark Suicide Prevention Stakeholder group</p>		

4. Monitoring and collecting data on suicide, attempted suicide and self-harm

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders
4.1. Perform analysis of Thrive LDN real-time suicide surveillance data biannually	<ul style="list-style-type: none"> Analysis presented to stakeholder group and community network biannually 	Ongoing	Southwark Council Public Health	<ul style="list-style-type: none"> Thrive LDN
4.2. Provide an annual data report to the stakeholder group and community network	<ul style="list-style-type: none"> Annual data report presented to stakeholder group and community network 	Ongoing	Southwark Council Public Health	<ul style="list-style-type: none"> ICS Southwark Council Drug and Alcohol team Network Rail British Transport Police Thrive LDN
4.3. Share annual data reports between the Combatting Drugs Partnership (CDP) and suicide prevention stakeholder group to identify shared risk factors and areas of need	<ul style="list-style-type: none"> Suicide prevention data report presented to CDP annually CDP data report presented to suicide prevention stakeholder group annually 	Ongoing	Southwark Council Drug and Alcohol team Southwark Public Health	
4.4. Work with HM Coroner to conduct a suicide audit.	<ul style="list-style-type: none"> Suicide audit complete and presented to stakeholder group 	December 2025	Southwark Council Public Health	
4.5. Facilitate surveillance of serious incidents involving intentional self-harm or attempted suicide at rail stations or railway lines through sharing of incident reports.	<ul style="list-style-type: none"> Protocol for sharing incident reports agreed British Transport Police send notifications to Public Health following serious incidents involving 	Completed Ongoing	Network Rail British Transport Police	<ul style="list-style-type: none"> Southwark Public Health

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders
	death or serious injury on railway or underground lines in Southwark <ul style="list-style-type: none"> Network Rail send monthly report on incidents involving intentional injury or death to Public Health 	Ongoing		

5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Action	Key Performance Indicators	Timeframe	Owner	Other stakeholders
5.1. Promote Samaritans' media guidelines for reporting suicide amongst local news outlets	<ul style="list-style-type: none"> Numbers of local news stories relating to suicide meeting the criteria set out in Samaritans' '10 top tips for reporting suicide' 	Ongoing	Samaritans	Southwark Council Press team
5.2. Encourage local media to provide information about sources of support and contact details of help lines when reporting a story related to mental health or suicide	<ul style="list-style-type: none"> Proportions of local news stories relating to suicide or mental health providing information about sources of support 	Ongoing	Samaritans	Southwark Council Press team

Next steps

Evaluation

The suicide prevention stakeholder group will each meet every 6 months to assess progress against the action plan. An evaluation framework will be used to monitor progress against the Key Performance Indicators set out in the action plan.

Evaluation will happen alongside regular reporting of the datasets outlined in the table below, as well as a suicide audit, if access to HM Coroner's data is granted (Action 4.4).

Source of local data	Data to be included in annual reporting	Time period
Office for National Statistics	<ul style="list-style-type: none"> Numbers of suicides and comparison of suicide rate with London, England and other London boroughs Suicide death registration delay 	Annually
Primary Care Mortality Dataset	<ul style="list-style-type: none"> Rate of suicide by age, sex and Index of Multiple Deprivation (IMD) quintile of residence Percentage of suicide deaths by means of suicide 	Annually
Thrive LDN real-time suicide surveillance dataset	<ul style="list-style-type: none"> Total number and rate of suicide in Southwark by age, sex, ethnicity, modality of death, area of residence, and location of suicide Information on whether individuals were known to mental health services, the police and/or substance misuse teams 	Biannually
SEL ICS Serious Incidence Report for SLaM	<ul style="list-style-type: none"> Number of serious incidents involving self-harm, attempted suicide or suicide among mental health (SLaM) service users 	Annually
Drug and Alcohol team	<ul style="list-style-type: none"> Number of suspected suicides among individuals known to drug and alcohol services 	Annually
British Transport Police and Network Rail monitoring of railway and underground incidents	<ul style="list-style-type: none"> Incidents on rail or underground resulting in death or serious injury, including information on location, age, gender, previous suicidal behaviour, and who intervened. 	Annually
Hospital Episode Statistics dataset	<ul style="list-style-type: none"> Rate of admissions for intentional self-harm, by time point and age group 	Annually

At the time of writing, England's national suicide prevention strategy is due to be published in late 2023. We will review our strategy against the new national strategy, to ensure our work is being informed by the most up-to-date evidence and guidance, within 12 months of the national strategy being published.

Leadership and Governance

Coordination of the suicide prevention stakeholder group and community network, data reporting and evaluation will be led by Southwark Council Public Health team. The suicide prevention stakeholder group is

accountable to Southwark's Health and Wellbeing Board, and will regularly liaise with the Community Mental Health Transformation delivery group.

The terms of reference of the community network will be co-produced with its members. Discussions and outputs from the community network will be used to inform the actions of the stakeholder group.

DRAFT Appendix 2: Data and Supporting Evidence

Preventing Suicides in Southwark 2023-2028

Southwark Public Health

September 2023

 @lb_southwark  facebook.com/southwarkcouncil

CONTENT WARNING

This strategy contains sensitive content relating to suicide, self-harm and mental health, including local data on numbers and means of suicide.

If you are affected by any of the issues raised, there are services that can help:

- The [Samaritans](#) are open every day of the year, you can phone them for free on 116 123 or email jo@samaritans.org (response time: 24 hours).
- [Mind](#), the mental health charity, offers support by phone at 0300 123 3393 or online.
- [NHS mental health](#) information and support.
- [The Listening Place](#) offer free face-to-face support in London for people who feel life is no longer worth living.

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This slide deck is an appendix to the Preventing Suicides in Southwark strategy and action plan 2023 - 2028

INTRODUCTION

These slides provide an overview of suicide and self-harm in Southwark.

- These slides should be read alongside the Preventing Suicides in Southwark strategy and action plan 2023-2028.
- The aim of these slides is to provide an overview of national and local context.
- Data will be monitored on an ongoing basis, as set out in the final slide.
- Definitions from the Office of National Statistics have been set out here.

Suicidal act: Refers to all suicides and suicidal attempts.

Suicide: In the UK, suicide is defined as deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of undetermined intent (ages 15 years and over).

Attempted suicide: Act of self-poisoning or self-injury with suicidal intent, that is not fatal.

Suicidal ideation: Recurring thoughts or preoccupation with suicide.

Self-harm: Self-harm is defined as an intentional act of self-poisoning or self-injury, excluding attempted suicide.

This appendix includes data on registered deaths, suspected suicides and data predicted through modelling

INTERPRETING SUICIDE DATA

The way suicide data is collected and reported should be considered when interpreting suicide data:

- There is often a time lag between the occurrence of a suicide, the coroner's inquest and registration of the death.
- Figures from the ONS and the Primary Care Mortality Dataset present deaths registered within a particular year, rather than the deaths which occurred in that year.
- Misclassification of deaths, for example where a death is coded as 'accidental' or 'underdetermined intent' rather than 'suicide', can result in under-reporting of the actual number of suicides

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On average, 14 people took their own life each day in 2021 England-wide; rates were much higher in males than females

NATIONAL PICTURE: TIME TREND

England-wide, suicide rates have fluctuated over time. In 2021 in England, an average of 14.3 people took their own life every day: 10.6 males and 3.8 females.

- In England in 2021, there were 5,219 deaths due to suicide or injury of undetermined intent, equivalent to a rate of 10.5 per 100,000 people (for 10 year olds and older; age-standardised rates).
- Suicide rates were nearly 3 times higher in males (15.8 per 100,000; 3,852 deaths) than females (5.5 per 100,000; 1,367 deaths).
- In 2021, suicide rates were highest in the North East (14.1 deaths per 100,000) and North West (12.9 per 100,000) regions, and lowest in London (6.6 per 100,000).

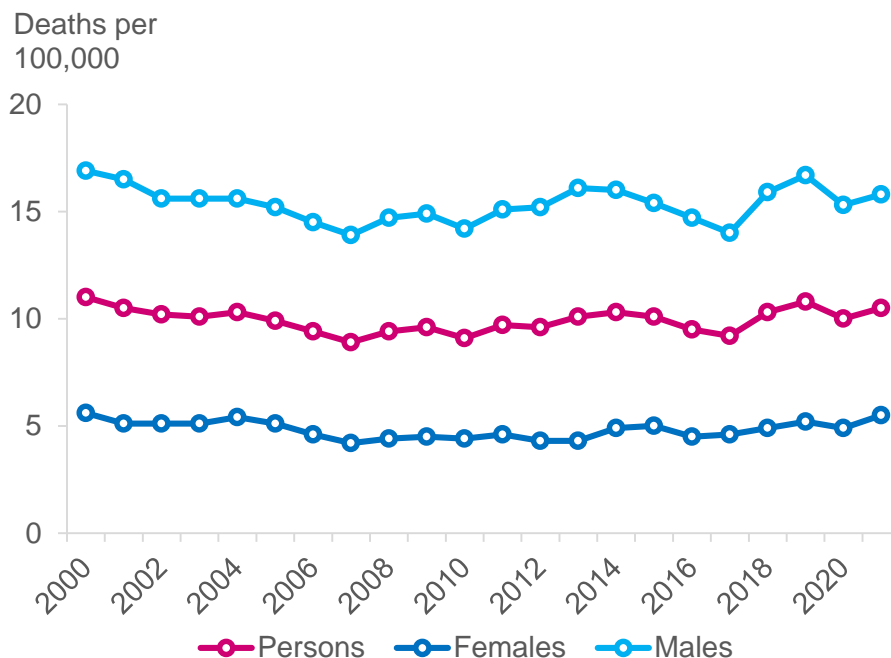


Figure 1: Age-standardised mortality rates for completed suicide per 100,000 for 10+ yr old persons, females and males, in England, for deaths registered between 2000 and 2021

Reference

1. Suicides in England and Wales: Dataset. Office for National Statistics, 2022. Figures include all deaths from intentional self-harm for persons aged 10 yr and over, and deaths due to injury or poisoning where the intent was undetermined for those aged 15 yr and over.

England-wide, suicide rates have risen substantially over 10 years in 15–24 yr, 30–34 yr and 60–64 yr groups

NATIONAL PICTURE: AGE

England-wide, over the last 10 years, suicide rates have significantly increased in:

- 15–19 yr olds, by three-quarters (to 6.2 per 100,000)
- 20–24 yr olds, by almost one-third (to 9.8 per 100,000)
- 30–34 yr olds, by over two-fifths (to 11.3 per 100,000)
- 60–64 yr olds, by over one-quarter (to 10.8 per 100,000)

Reference

1. Suicides in England and Wales: Dataset. Office for National Statistics, 2022. Figures include all deaths from intentional self-harm for persons aged 10 yr and over, and deaths due to injury or poisoning where the intent was undetermined for those aged 15 yr and over. Whiskers represent 95% confidence intervals. Slide 7

Nationally, suicide rates are highest in mid-life, for both females and males

NATIONAL PICTURE: AGE & SEX

In 2021, England suicide rates were highest among those in middle-age, for both females and males; rates also rose in 85+ yr old males.

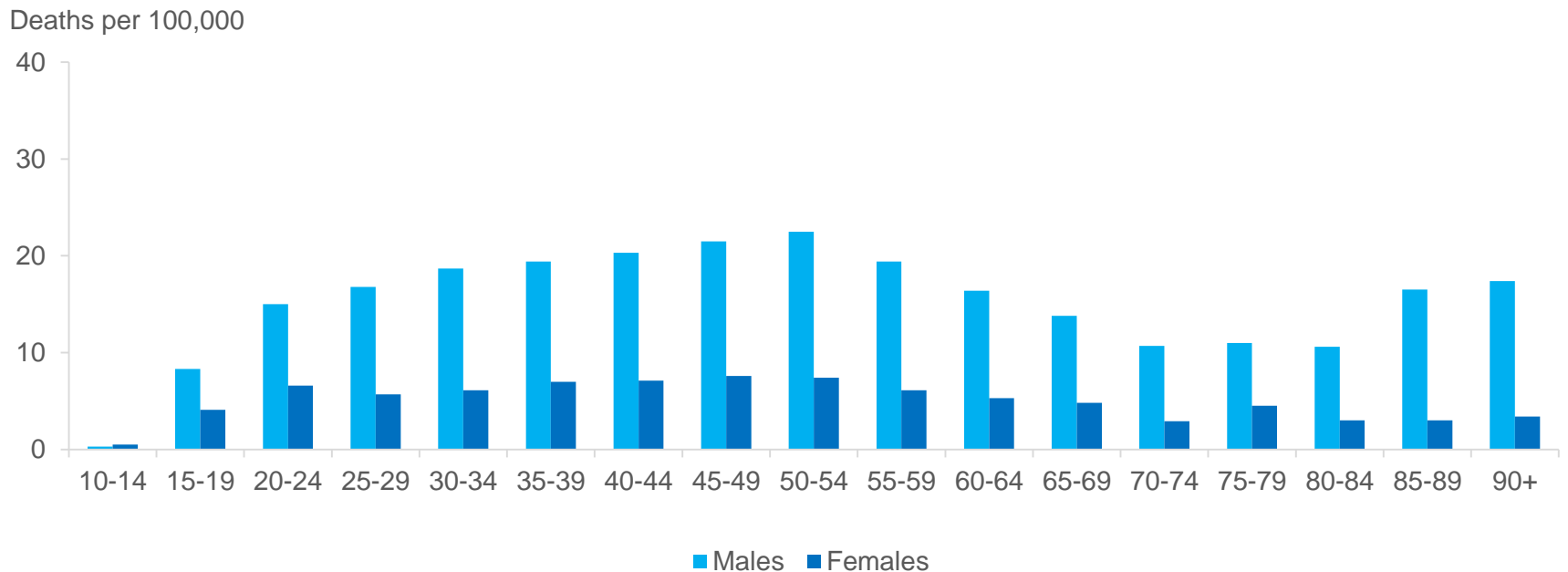


Figure 3: Age-specific suicide rates per 100,000 in England, by sex, for deaths registered in 2021

Reference

1. Suicides in England and Wales: Dataset. Office for National Statistics, 2022. Figures include all deaths from intentional self-harm for persons aged 10 yr and over, and deaths due to injury or poisoning where the intent was undetermined for those aged 15 yr and over.

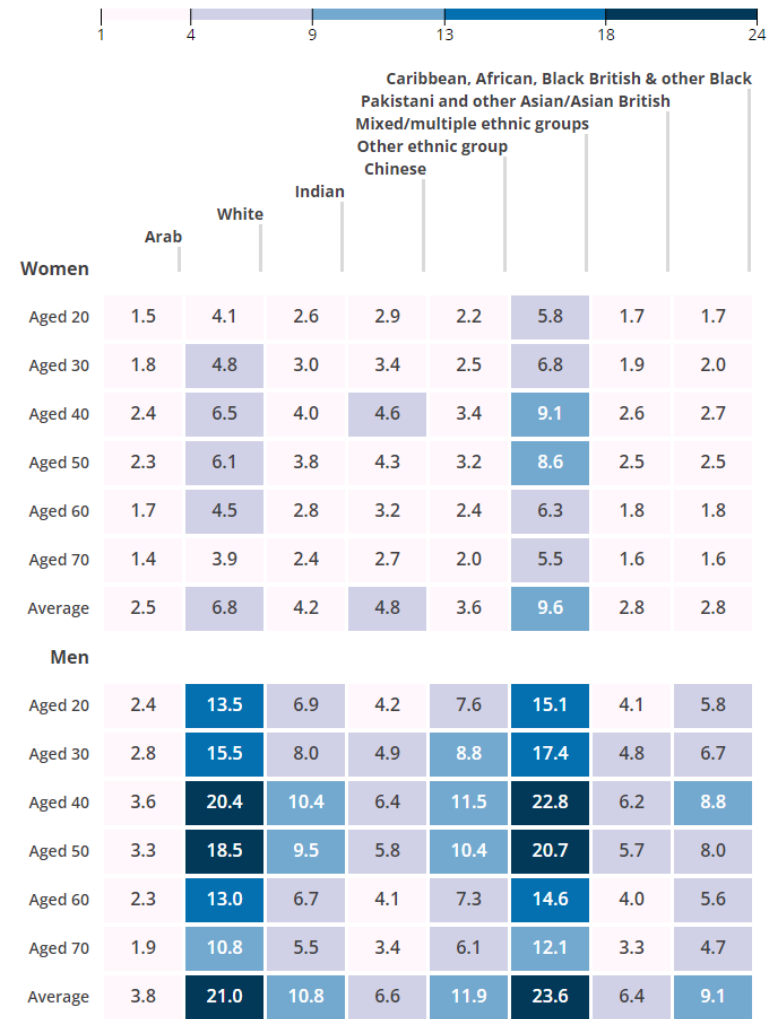
Nationally, estimated suicide rates are highest in Mixed/Multiple and White ethnic groups

NATIONAL PICTURE: ETHNICITY

In England & Wales, estimated suicide rates are highest among Mixed/Multiple ethnic groups (men: 24 per 100,000; women: 10 per 100,000) and White groups (men: 21 per 100,000; women: 7 per 100,000).

- These are estimated, average figures based on 2011 to 2021 data. Ethnicity is not recorded on death registrations, so actual reported data is not available at a national level.
- Due to differences in population demographics, suicide rates in different ethnic groups probably vary by geographic location.
- Information on the ethnicity of those who died by suicide in Southwark is shown on slide 17.

Figure 4: Estimated rates of suicide per 100,000 people by ethnicity in England and Wales, 2011-2021.



Reference

- Sociodemographic inequalities in suicides in England and Wales: 2011 to 2021. Office for National Statistics, 2023. This data was estimated using statistical models to estimate rates of suicide across different groups, using the 2011 Census and death registration data linked by NHS number for people in England and Wales.

In 2021, hanging/asphyxiation was the most common suicide method among both females and males

NATIONAL PICTURE: METHODS

Across England and Wales in 2021, hanging was the most common suicide method among both females and males.

- Suicides involving hanging were substantially more common among males than females.
- Poisoning was the next most common method overall; levels were twice as high among females than males.

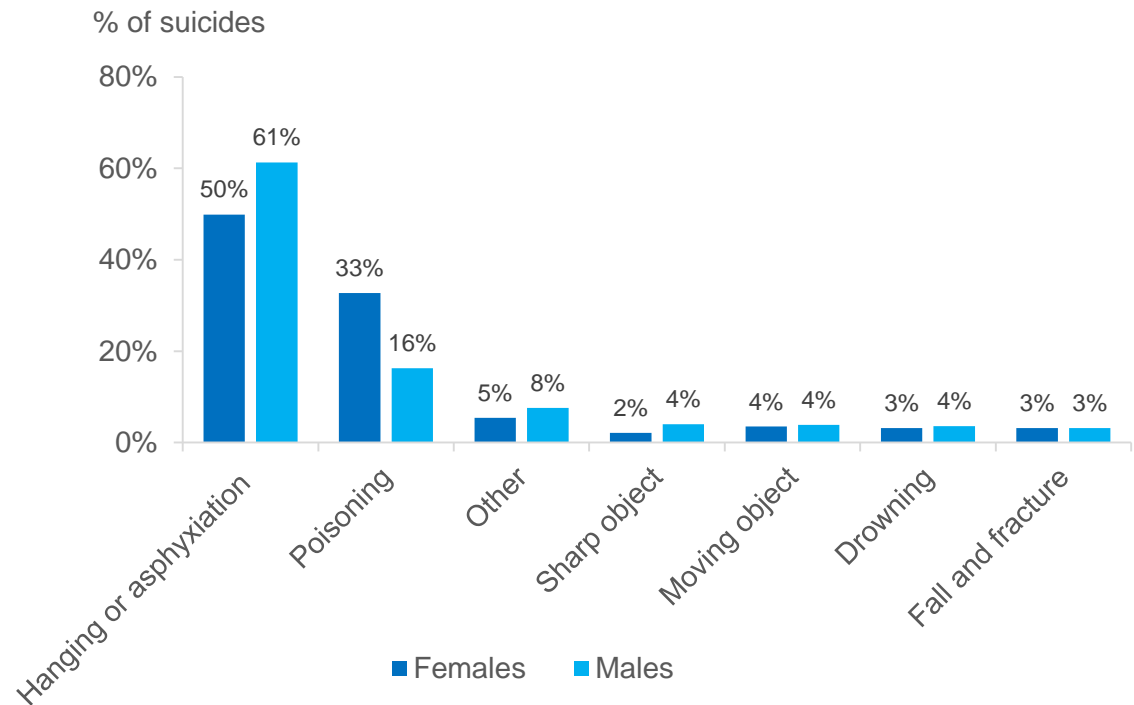


Figure 5: Percentage of suicides in England and Wales by method and sex, for 10+ yr olds in England and Wales, for deaths registered in 2021

Reference

1. Suicides in England and Wales: Dataset. Office for National Statistics, 2022. Figures include all deaths from intentional self-harm for persons aged 10 yr and over, and deaths due to injury or poisoning where the intent was undetermined for those aged 15 yr and over.

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Southwark's 3-yr suicide rate has been similar to London and England levels, and generally stable, for the last 19 years

LOCAL PICTURE: SUICIDE TIME TREND

The Office for National Statistics (ONS) publishes yearly suicide data for local authorities.

- Since 2001–3, there has been no statistically significant difference between 3-yr suicide rates for Southwark, London and England, and rates of suicide amongst Southwark residents have generally remained statistically similar over time.
- Southwark had a far longer suicide death registration delay in 2021 than in 2020; Southwark's 2021 median delay (436 days) was over double London (181 days) and England (180 days) levels.
- In 2021, 13 suicides in Southwark residents were registered; actual suicide numbers will differ due to reporting delays.



Figure 6: 3-year, age-standardised mortality rate per 100,000 from suicide and undetermined injury, for 10+ yr old persons with a usual residence in Southwark, London and England, for deaths registered in 2001–3 to 2019–21

Reference

- Suicides in England and Wales by local authority. Office for National Statistics, 2022.
- Note: the median value represents the mid-point value in a list of numbers sorted from highest to lowest (50% of values lie above the median value and 50% lie below). Chart whiskers represent 95% confidence intervals. The area is based on the persons usual residence as provided by the informant upon registration in England and Wales.

Southwark's 2019–21 3-yr suicide rate was statistically similar to almost all other boroughs, London and England

LOCAL PICTURE: SUICIDE ACROSS LONDON

The most recent Office for Health Improvement and Disparities (OHID) data shows that:

- In 2019–21, although the suicide rate amongst Southwark residents was the 5th highest of any London borough (9.0 per 100,000; 70 deaths), rate differences from almost all other boroughs were statistically insignificant.
- The suicide rate amongst Southwark's residents was statistically similar to neighbouring boroughs Lewisham and Lambeth.
- Likewise, the suicide rate for Southwark residents was statistically similar to London or England levels.

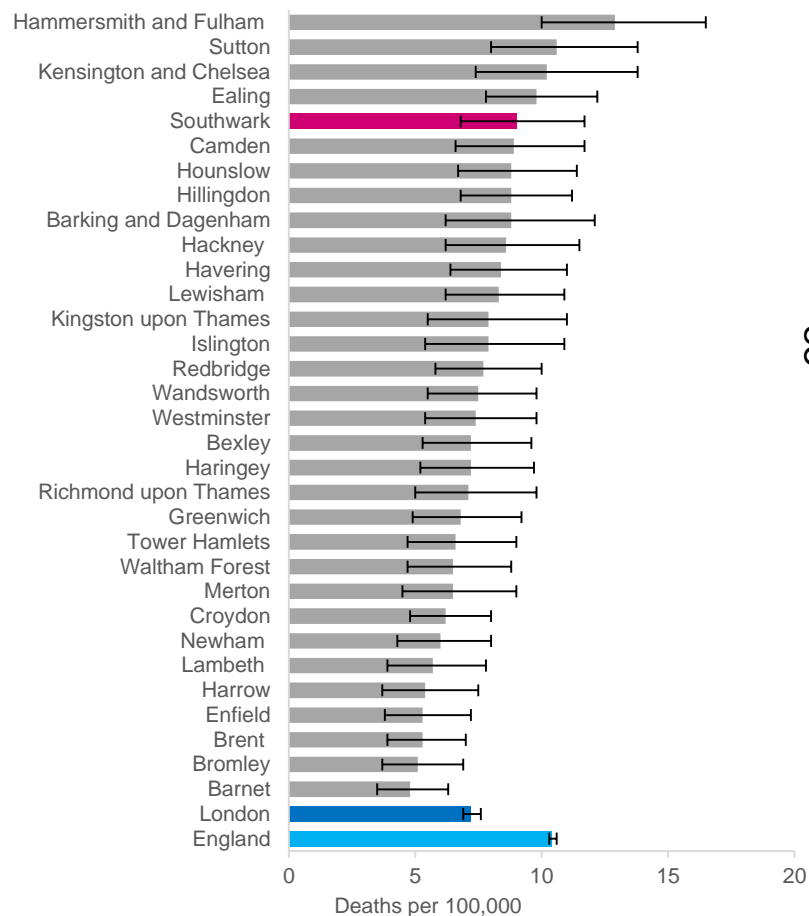


Figure 7: 3-year, age-standardised mortality rate per 100,000 residents from suicide and injury of undetermined intent, for 10+ yr olds in London boroughs, London overall and England, for deaths registered in 2019–21

Reference

1. Suicides in England and Wales by local authority. Office for National Statistics, 2022. Whiskers represent 95% confidence intervals.

Over the last 10 years, Southwark male suicide rates have been triple female rates

LOCAL PICTURE: SUICIDE BY AGE AND SEX

The Primary Care Mortality Dataset has data on all registered Southwark deaths.

- Over the last 10 years of data (2012 to 2021), suicide rates in Southwark residents were three times higher in males than females, overall and for under-30 yr, 30–59 yr and over-60 yr groups.
- Rates were lower in under-30 yr males than in older men; female rates were similar across age groups.
- 5-yr average suicide rates showed no statistically significant time trends, comparing 2008-12 to 2017-21, for 10-29 yr olds, 30-59 yr olds or 60+ yr olds; in 2017-21, rates were statistically similar for all three age groups.

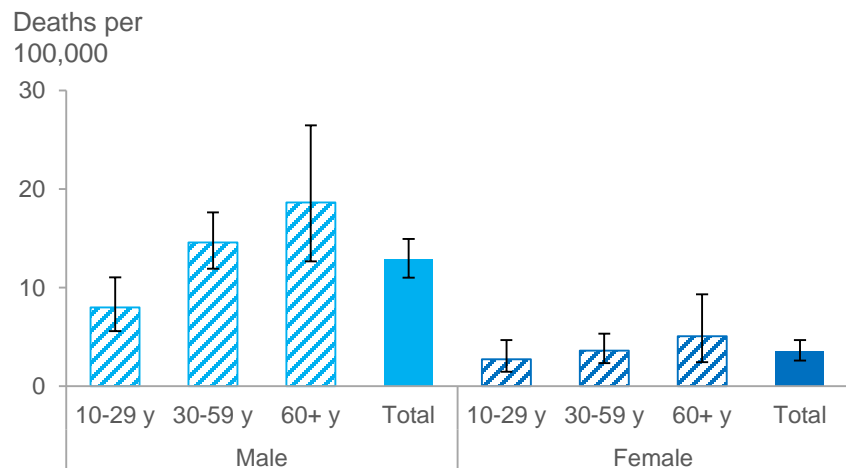


Figure 8: Total 10-yr Southwark suicide deaths per 100,000 residents by age group and sex, 2012 to 2021

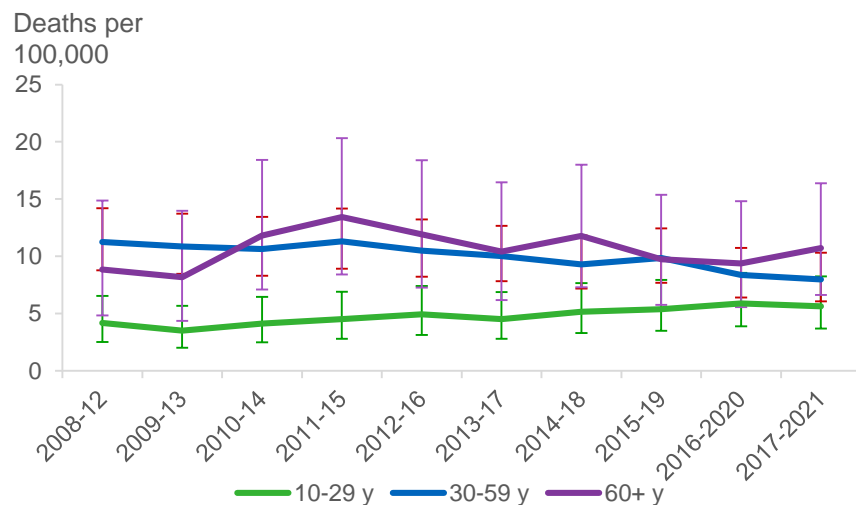


Figure 9: 5-yrly Southwark suicide deaths per 100,000 residents by age group, 2008-12 to 2017-21, by death registration year

References

- Primary Care Mortality Dataset, NHS Digital, 2008–2021. Whiskers represent confidence intervals.
- ONS, 2022. Mid-year population estimates.

10-yr suicide levels for more deprived neighbourhoods were statistically similar to those for less deprived areas

LOCAL PICTURE: SUICIDE BY DEPRIVATION

Address data within the Primary Care Mortality Dataset allows investigation of the link between deprivation and suicide rates.

- Over the 10 years 2012 to 2021, Southwark neighbourhoods classified in the 1st, 2nd and 3rd most deprived fifths of English neighbourhoods had suicide rates between 7.3 and 7.4 per 100,000, compared with a rate of 4.7 per 100,000 for neighbourhoods in the 4th and 5th fifths combined.
- Although levels for neighbourhoods in the 1st, 2nd and 3rd quintiles were over 50% higher than those for less deprived neighbourhoods, these differences were not statistically significant so may have been due to chance.

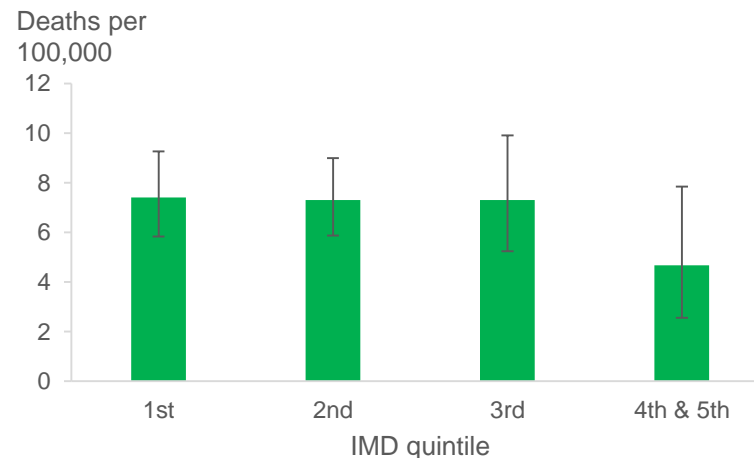


Figure 10: Total 10-yr Southwark suicide deaths per 100,000 residents by Index of Multiple Deprivation (IMD) quintile of residence, 2012 to 2021, by year of death registration (1st = most deprived; 5th = least deprived)

References

- Primary Care Mortality Dataset, NHS Digital, 2008–2021. Whiskers represent confidence intervals.
- ONS, 2022. Mid-year population estimates. Whiskers represent 95% confidence intervals.

Over the last 10 years, Southwark suicide deaths most commonly involved hanging or poisoning

LOCAL PICTURE: SUICIDE METHODS

Primary Care Mortality Dataset data also records suicide method.

- Over the 10 years from 2013 to 2022, hanging was the most common method involved in Southwark residents' suicide deaths, accounting for over two-fifths (44%) of deaths.
- Poisoning was the second most common method, accounting for over 1 in 6 (18%) deaths.
- Similarly, in 2021, across England and Wales, suicides most commonly involved hanging (58%) or poisoning (21%).

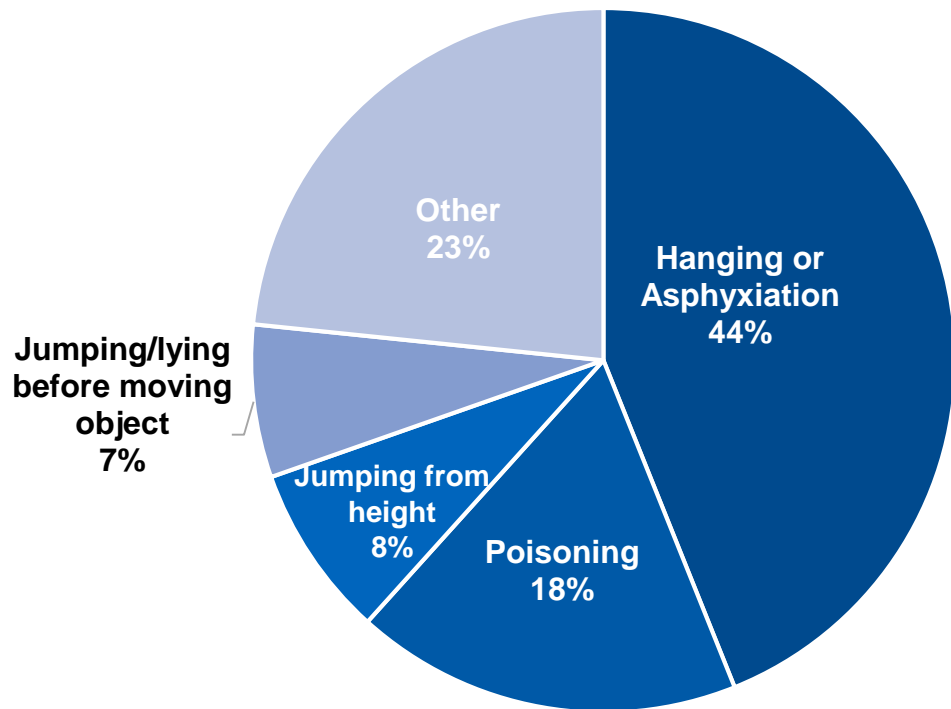


Figure 11: Percentage of suicide deaths in Southwark by method, 10-year total (2013 to 2022, by death registration year)

References

- Primary Care Mortality Dataset, NHS Digital, 2008-2019.
- Suicides in England and Wales: Dataset. Office for National Statistics, 2022.

The RTSS dataset is jointly provided by the Metropolitan Police and Thrive LDN

LOCAL PICTURE: SUICIDE THRIVE LDN 1

Thrive LDN Real-Time Suicide Surveillance (RTSS) dataset

- The RTSS dataset includes real-time reporting of suspected suicides from the Metropolitan Police.
- It also includes non-statutory reporting from mental health providers and other services indicating whether individuals who have taken their own life were known to the respective services, and providing corresponding details.
- The dataset includes individual-level information, including age, sex, ethnicity, modality of death, area of residence, and location of suicide.
- Thrive LDN report that the dataset is believed to accurately capture the majority of suicides, through it is possible that some suicides within mental health provider settings are not captured.
- The dataset reports from January 2020 onwards.

68

References

1. Real-Time Suicide Surveillance Dataset, Thrive LDN, 2021

According to the RTSS dataset, there were 51 suicides amongst Southwark residents between Jan 20 – Dec 21

LOCAL PICTURE: SUICIDE THRIVE LDN 2

Thrive LDN Real-Time Suicide Surveillance (RTSS) dataset

- For the period 1 January 2020 – 31 December 2021, there were 51 suicides reported in the RTSS dataset for Southwark residents.
- 24 were reported in 2021, contrasting with the 13 suicides that were registered in 2020 according to the ONS (slide 13).
- 75% of suicides involved men.
- 75% of people who took their own lives were white, 16% were Black, and 8% were Asian*

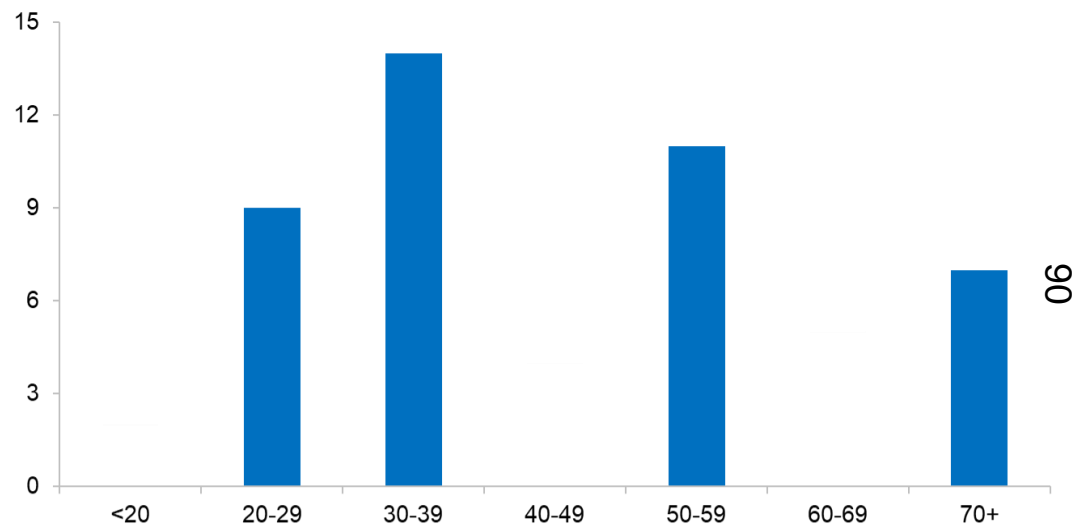


Figure 12: Number of suicides in Southwark by age group, 2020-21*.

*Figures removed for the <20 years, 40-49 years and 60-69 years age groups for confidentiality purposes owing to <6 suicides in each age group.

References

1. Real-Time Suicide Surveillance Dataset, Thrive LDN, 2021

* Note that while it would be possible to report intersectional data looking at combined effects of age, gender and ethnicity, these numbers cannot be reported due to confidentiality. National data on combined effects of age, gender and ethnicity can be found on slide 11.

Thrive LDN Southwark data for 2020-21 confirmed that hanging and poisoning were the most common methods

LOCAL PICTURE: SUICIDE THRIVE LDN 3

Thrive LDN Real-Time Suicide Surveillance (RTSS) dataset

- Thrive LDN data showed that hanging (42%) and poisoning (21%) were the most common methods involved in Southwark residents' suicide deaths in 2020-21.
- Suicides involving jumping from a height (9 cases) accounted for 17% of completed suicides – this was higher than the Southwark historical average and the national average amongst registered deaths.
- This may partly relate to a cluster of suicides in a single housing estate during this time period.

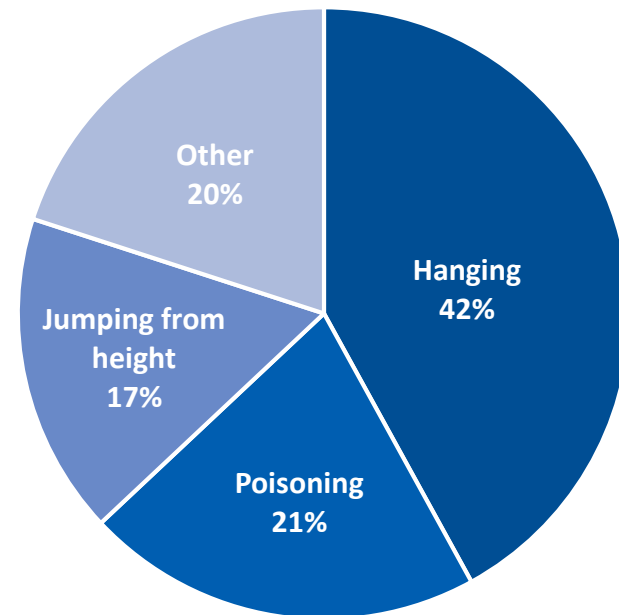


Figure 13: Suspected suicides in Southwark by method, 2020-21

Reference

1. Real-Time Suicide Surveillance Dataset, Thrive LDN, 2021

Of people with suspected mental health problems dying by suicide, one-third were known to mental health services

LOCAL PICTURE: SUICIDE THRIVE LDN 4

The Thrive LDN Real-Time Suicide Surveillance (RTSS) dataset gives information from mental health services and police reports.

- In 2020-21, of Southwark residents dying by suicide who had a known or suspected mental illness, almost one-third (30%) were known to mental health services.
- Over one-fifth (21%) of all Southwark individuals dying by suicide in 2020-21 were reported to have disclosed suicidal ideation prior to death, most commonly to relatives, while one-eighth (12%) had a documented history of previous attempted suicide.
- Almost one-quarter (23%) of individuals had previously recorded contact with police, and over one-sixth (17%) had a reported history of drug use. (Police data is probably an underestimate as it relies on on-scene reporting.)

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Reference

1. Real-Time Suicide Surveillance Dataset, Thrive LDN, 2021.

A serious incident report analysis revealed that more than half of serious incidents take place in the home

LOCAL PICTURE: SUICIDE ICS DATA

South-East London ICS Serious Incident Report

- South-East London CCG undertook an analysis of reports of serious incidents involving suicide and self-harm between January 2019 and September 2021 among people known to mental health services within South East London.
- This revealed that more than half of serious incidents took place in the home, with 38% of individuals having a documented history of suicidal ideation.
- The risk of a serious incident was highest in the 48 hours after being seen by a service, and persisted to 4-5 days after being seen.
- Individuals who died by suicide were more likely to be white, though ethnicity reporting was incomplete.
- The highest risk groups were males aged 46-55 years and females aged 46-55.

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References

1. South East London CCG review of reported incidents of self-harm and suicide, 2022

The Hackney and City team undertake enhanced surveillance of incidents involving bridges in London

LOCAL PICTURE: SUICIDE BRIDGE SURVEILLANCE DATA

Enhanced Surveillance Data for Bridges in London

- The Hackney and City team undertake enhanced surveillance of incidents involving bridges in London via reporting through the City of London Police and mental health personnel.
- The majority of incidents relating to bridges involve individuals living outside of London.
- Between 2019-21, 34 incidents involving bridges were reported to involve Southwark residents.
- The majority of these individuals were adolescents or young adults:
 - 6 individuals were aged under 20 years;
 - 18 individuals were aged 20-29 years;
 - 6 individuals were aged 30-39 years.
- The majority of incidents (24) involved two particular bridges.
- There were a greater number of incidents in 2021 (17 incidents) compared with 2019 (7 incidents) and 2020 (9 incidents).

References

1. Hackney and City Surveillance Data (not published)

Network Rail provide monitoring incidents involving the railway

LOCAL PICTURE: SUICIDE RAILWAY SURVEILLANCE DATA

Enhanced Surveillance Data for Southwark Overground Railway Stations on the Kent Line

- Network Rail provide monitoring of incidents involving the railway.
- They provide data on all incidents involving railway stations in Southwark, but do not record the borough individuals live within.
- In the six-year period 2015/16-2020/21, there were 62 incidents (range 7-14 incidents per annum) involving railway stations on the Kent Route in Southwark, including 5 suspected suicides.
- There was variation in the number of incidents at each station, with one station in particular experiencing over 4 times as many incidents as any other station
- Please note that data on deaths and serious injuries on the London Underground system is collected by the British Transport Police (BTP) and have been shared with Southwark Council since May 2023. However, this data is not currently available for publication.

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References

1. Network Rail surveillance data (not published)

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Southwark self-harm hospital admission rates doubled between 2010/11 and 2019/20, while London levels fell

LOCAL PICTURE: SELF-HARM TIME TREND

Previous OHID data gave information on hospital admissions of Southwark residents due to intentional self-harm.

- Between 2010/11 and 2019/20, admissions of Southwark residents to hospital due to self-harm more than doubled, from 59 per 100,000 to 123 per 100,000.
- Over these same years, admission numbers rose from 172 to 400.
- Between 2019/20 and 2020/21, Southwark rates decreased from 123 per 100,000 to 88 per 100,000 (270 admissions), probably affected by factors related to the Covid pandemic.
- Note that this data only reflects the minority of self-harm episodes that result in hospital admission, and relies on accurate clinical coding of self-harm episodes.

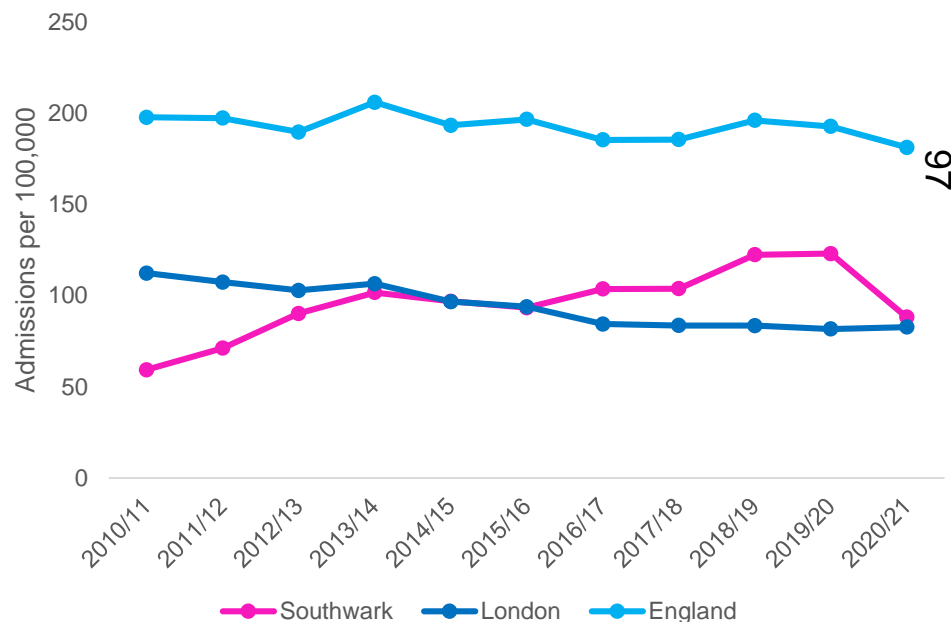


Figure 14: Directly age-standardised emergency hospital admission rate for intentional self-harm per 100,000, all ages, in Southwark, London and England, 2010/11 – 2020/21

Reference

- Office for Health Improvement and Disparities, 2022. Suicide Prevention Profile. Note: population numbers have since been retrospectively revised based on Census 2021 findings, so 2021/22 rates cannot be compared to the above data.

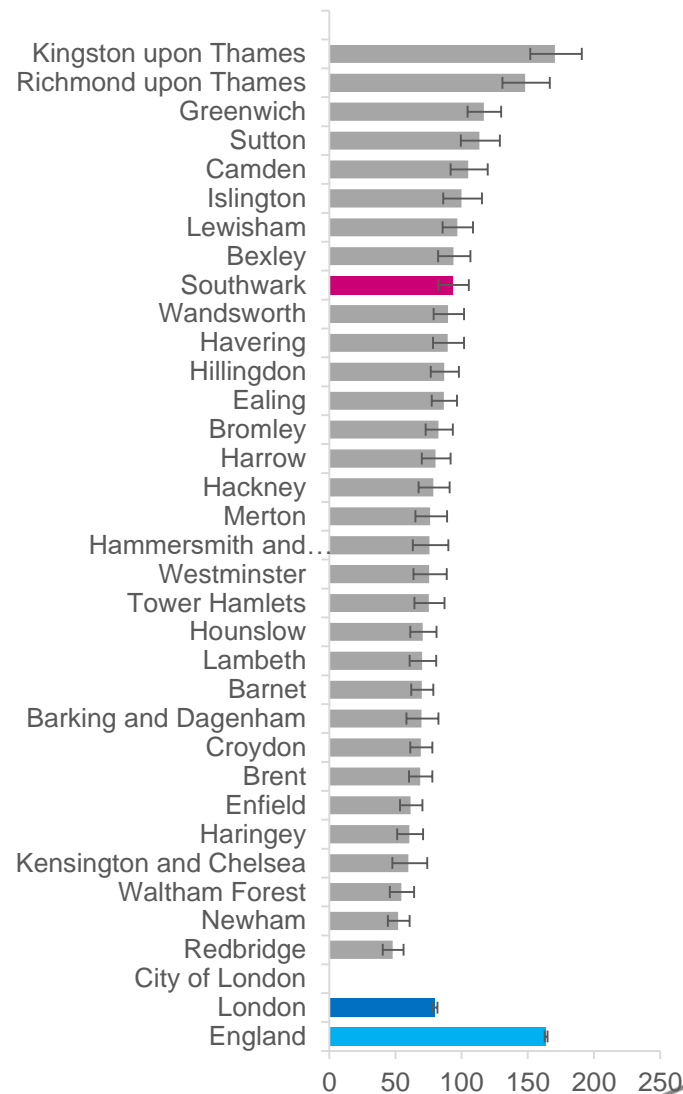
In 2021/22, Southwark ranked 9th across London boroughs for self-harm hospital admission rate

LOCAL PICTURE: LONDON SELF-HARM

OHID data shows that:

- In 2021/22, Southwark ranked 9th across all London boroughs for all-age hospital admissions for intentional self-harm (93 per 100,000 residents).
- Southwark levels were statistically significantly lower than the top 2 boroughs, and significantly higher than the 14 lowest boroughs.
- Southwark levels were significantly higher than London (80 per 100,000) but lower than England (164 per 100,000).

Figure 15: Directly age-standardised emergency hospital admission rates for intentional self-harm for Southwark residents, all ages, per 100,000 residents, for London boroughs, London and England, 2021/22



Reference

1. Public Health Profile. Office for Health Improvement and Disparities, 2023.

Self-harm admission rates for Southwark 10–24 year olds fell by over one-third between 2018/19 and 2020/21

LOCAL PICTURE: CYP SELF-HARM 1

Hospital admissions statistics show:

- In recent years, emergency hospital admission rates for intentional self-harm among children and young people (10-24 years) living in Southwark have fallen by over one-third, from 309 per 100,000 (170 admissions) in 2018/19 to 192 per 100,000 (104 admissions) in 2020/21 (note that 2020/21 figures may have been affected by COVID-19 pandemic related factors).
- Up to 2018/19, Southwark CYP self-harm admissions rates had almost tripled in 7 years, from 109 per 100,000 (62 admissions) in 2011/12 to 309 per 100,000 (170 admissions) in 2018/19.

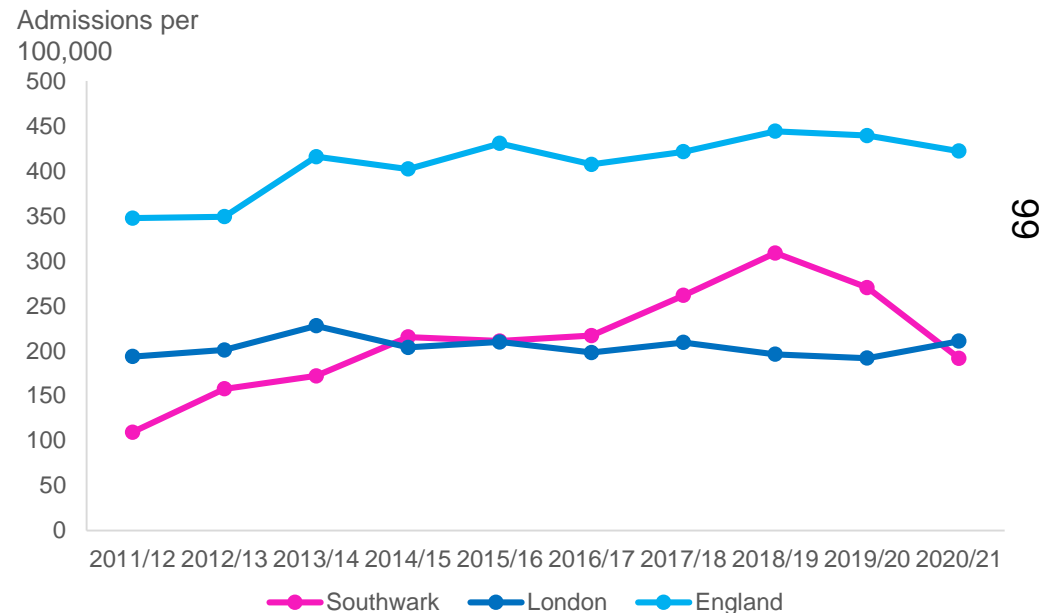


Figure 16: Emergency hospital admissions for intentional self-harm per 100,000 residents, among 10-24 year olds with in Southwark, London and England, 2011/12 to 2020/21

Reference

1. Office for Health Improvement and Disparities, 2021. Suicide Prevention Profile. Note: since publication of the above data, population numbers have been retrospectively revised based on Census 2021 findings, so 2021/22 rates are not comparable to the above data.

Hospital admission levels for self-harm are much higher in Southwark 15–19 yr olds than older or younger children

LOCAL PICTURE: CYP SELF-HARM 2

OHID self-harm hospital admissions data gives rates for different CYP age groups.

- In 2021/22, Southwark 15-19 yr olds had over double the rate of hospital admission for intentional self-harm (409 per 100,000 residents; 65 admissions) compared with younger and older children.
- Levels of admission for self-harm amongst 10 to 24 yr olds were more than double overall, all-ages self-harm admission rates.
- Southwark's 2021/22 hospital self-harm admission rates for all three CYP age groups were similar to London levels and lower than England levels.

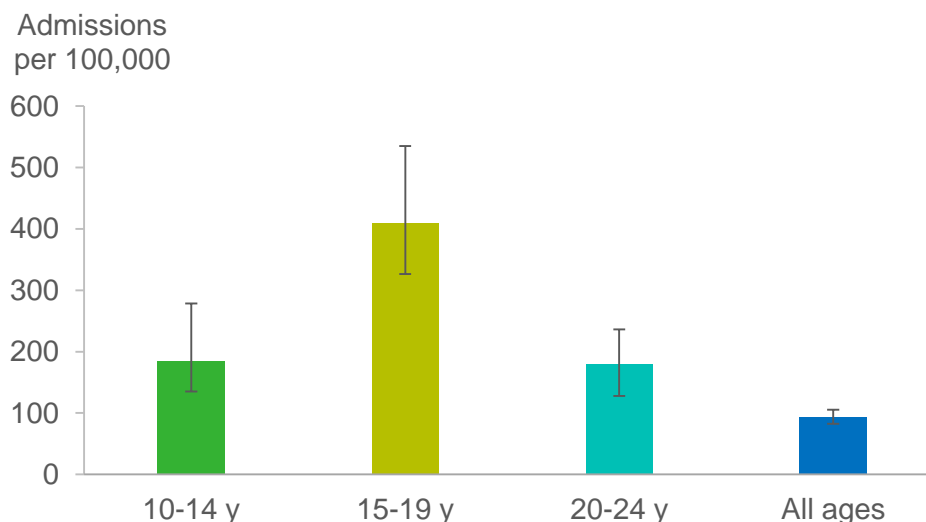


Figure 17: Hospital admissions of Southwark residents as a result of intentional self-harm, per 100,000 residents, for child and young person age groups and overall, in 2021/22

Reference

1. Local Authority Health Profile; Child & Maternal Health profile. Office for Health Improvement and Disparities. 2023

In 2019 SLaM and Southwark Public Health undertook a case note review of 100 patients aged 10-24 years

LOCAL PICTURE: SELF-HARM CASE NOTE REVIEW 1

Case Note Review of Self-Harm A&E Attendances Among 10-24 year olds

- In 2019, SLaM and Southwark Public Health undertook a case note review of 100 consecutive patients aged 10-24 years who attended A&E departments in Southwark due to intentional self-harm and who were reviewed by liaison psychiatry teams.
- 80% of patients had a history of mental illness, with 1/2 having a history of depression and/or anxiety and 1/4 having a history of personality disorder.
- 70% of patients had previously sought help for mental illness, with 30% being previously known to CAMHS and the remainder to primary/community care. 60% had a documented history of self-harm.
- 65% of presentations took place in the evening or overnight.
- Few patients were referred to community organisations.

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References

1. Self-harm in young people in Southwark: A case note review. Southwark Public Health, 2019

In 2015-16, CYP A&E attendances for self-harm were commonly linked to low mood, school pressure and relationship issues

LOCAL PICTURE: SELF-HARM CASE NOTE REVIEW 2

A case note review of Southwark self-harm A&E attendances by 10-24 year olds between 2015 and 2016 gave information on what had prompted these injuries.

- In this review, the most common documented triggers for self-harm were:
 - Low mood (linked to 23% of A&E attendances)
 - School pressures (20%)
 - Relationship difficulties (20%)
 - Difficulties at home (17%)

Reference

1. Southwark Public Health, 2019. Self-harm in young people in Southwark: A case note review.

The most common risk factors for self harm included parental separation and drug and alcohol use

LOCAL PICTURE: SELF-HARM CASE NOTE REVIEW 3

Case Note Review of Self-Harm A&E Attendances Among 10-24 year olds

- The most common background risk factors for self-harm were:
 - Parental separation (32%)
 - Alcohol or drug use (25%)
 - History of abuse (24%)

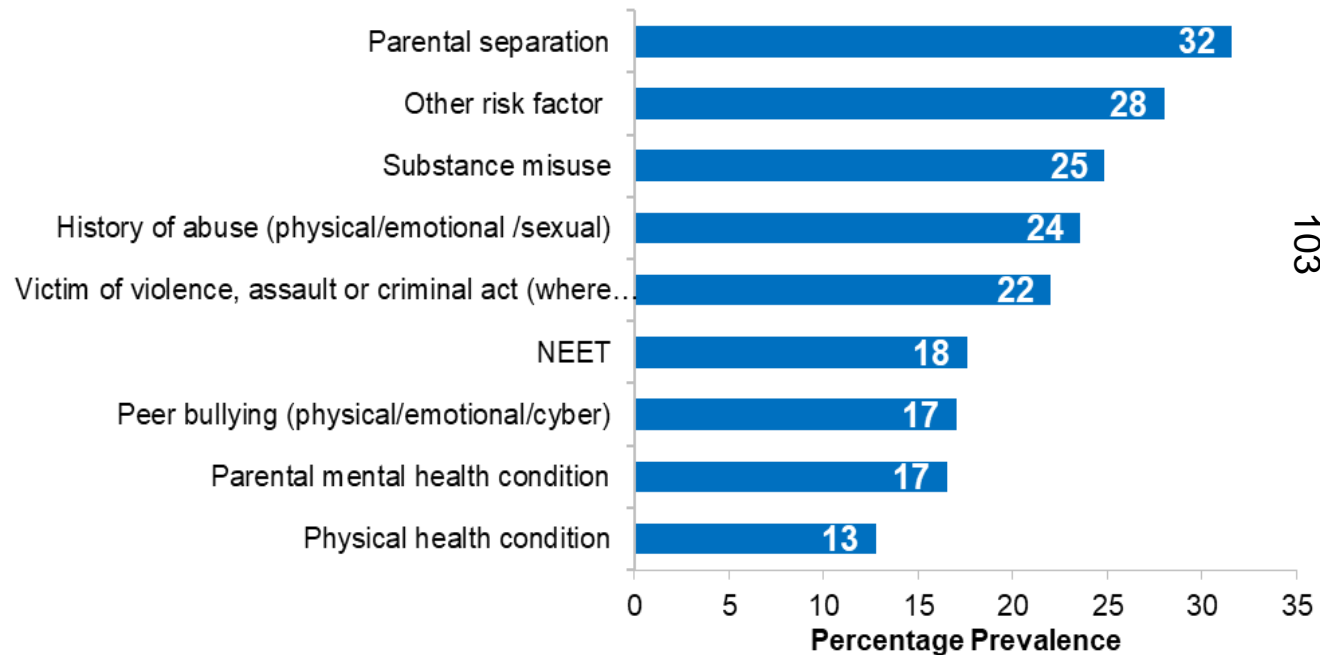


Figure 18: Documented risk factors for self-harm among 10-24 year old patients attending A&E departments in Southwark, 2015-2016

References

1. Self-harm in young people in Southwark: A case note review. Southwark Public Health, 2019

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Public health will provide annual data reports to the suicide prevention stakeholder group

ONGOING DATA MONITORING

Source of local data	Data to be included in annual reporting	Time period
Office for National Statistics	<ul style="list-style-type: none"> Numbers of suicides and comparison of suicide rate with London, England and other London boroughs Suicide death registration delay 	Annually
Primary Care Mortality Dataset	<ul style="list-style-type: none"> Rate of suicide by age, sex and Index of Multiple Deprivation (IMD) quintile of residence Percentage of suicide deaths by means of suicide 	Annually
Thrive LDN real-time suicide surveillance dataset	<ul style="list-style-type: none"> Total number and rate of suicide in Southwark by age, sex, ethnicity, modality of death, area of residence, and location of suicide Information on whether individuals were known to mental health services, the police and/or substance misuse teams 	Biannually
SEL ICS Serious Incidence Report for SLaM	<ul style="list-style-type: none"> Number of serious incidents involving self-harm, attempted suicide or suicide among mental health (SLaM) service users 	Annually
Drug and Alcohol team	<ul style="list-style-type: none"> Number of suspected suicides among individuals known to drug and alcohol services 	Annually
British Transport Police and Network Rail monitoring of railway and underground incidents	<ul style="list-style-type: none"> Incidents on rail or underground resulting in death or serious injury, including information on location, age, gender, previous suicidal behaviour, and who intervened. 	Annually
Hospital Episode Statistics dataset	<ul style="list-style-type: none"> Rate of admissions for intentional self-harm, by time point and age group 	Annually

Find out more at
southwark.gov.uk/JSNA

People & Health Intelligence Section
Southwark Public Health

 @lb_southwark  facebook.com/southwarkcouncil

healthwatch Southwark

PRESENTATION

Why look at strategy?

Purpose

Lots of good work, but not clearly focused.

What is different about Healthwatch Southwark compared to any other Healthwatch in the country?

Greater motivation for the team, following high staff turnover. A statutory function, but why do we do it?

Priorities

Three staff (manager, engagement officer, researcher), but lots of priorities.

Thinking about the type of research we do, how this is decided and how it impacts.

Partnerships

A clearer logic for being hosted by Community Southwark.

Better links with Ambassadors project.

Lots of meetings, how to use these relationships for communities.



The Research

Briefing calls

Document review

- Annual reports
- Strategic plans
- Policies and procedures
- Healthwatch England objectives and strategic aims

On-line survey

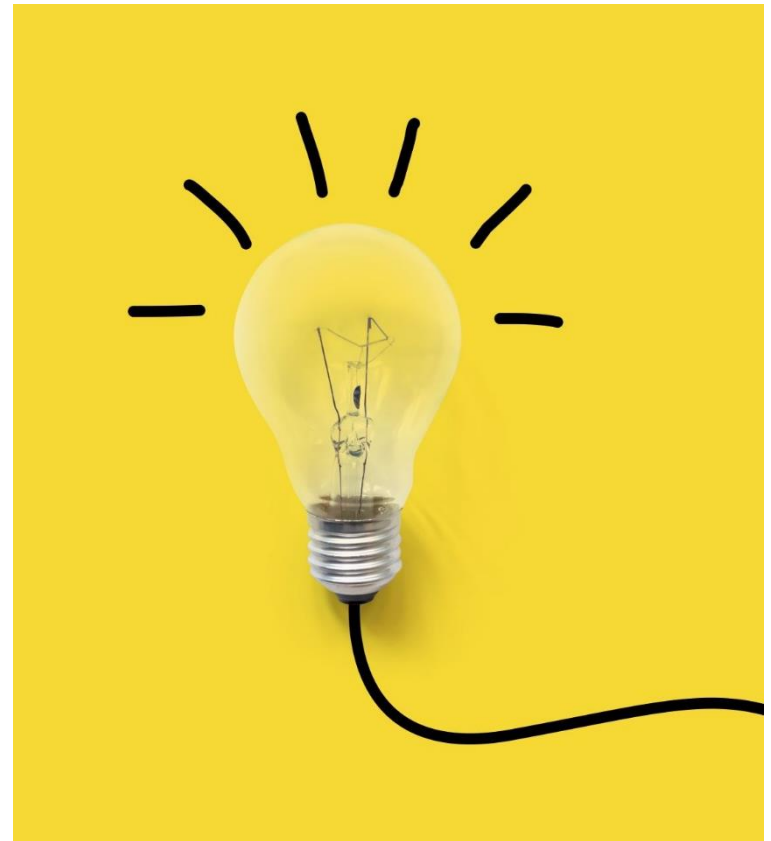
- Anonymous
- Number of responses: 19 (15 complete, 4 partial)
- Profile (complete surveys)
 - 2 Community Southwark
 - 3 NHS Trust
 - 3 Healthwatch (2 Southwark, 1 other)
 - 3 Partnership Southwark
 - 3 Southwark Council
 - 1 Southwark Health and Wellbeing Board

In-depth interviews

- Anonymous
- Number of responses: 8
- Profile
 - 2 Community Southwark
 - 5 Healthwatch Southwark
 - 1 Partnership Southwark

Strategic Planning workshop

- Attendees: 15 (7 in person, 8 online)



Connecting people to power to make change

Healthwatch Southwark Purpose: To connect people to power so that they can make improvements in health and social care, especially for people who have been historically underrepresented.

To achieve this we need to:

1. **Build and maintain relationships with communities** which have historically been under-represented in decision-making (e.g. BAME, disabled). This should be done through community outreach, such as going to and organising events, and through social media.
2. **Use the powers and position of Healthwatch** to make sure the voices of under-represented individuals and groups are heard by Health and Social Care providers.
3. **Present evidence** with communities through written reports, videos, focus groups, campaigns, and events.
4. **Give individuals and groups the information they need** about how to access services and engage with providers.
5. **Have a well-supported team** with efficient processes committed to working with the communities we serve.



Priority Actions

Connecting people to power to make change

1. Build and maintain relationships with under-represented communities

- Listen to local people by being present in the community, involved in local events and community gatherings.
- Work more closely with VCS groups and make better use of CS links.
- Co-host events with VCS groups – like that with the Latin American community.
- Use events to follow up with the community on current reports and research and ask for their ideas.

2. Use our powers and position to make sure voices are heard

- Work in partnership with Health and Social Care providers, whilst making clear that our role is to make sure community voices are heard.
- Forge relationships and attend meetings with healthcare organisations, other SE London HWs, universities.
- Host focus groups/ town halls and invite those with power to make change.
- Use our 'enter and view' powers.
- Request formal responses to our evidence.

3. Present evidence to influence change

- Focus on one or two community-led topics
- Template to explain research priority and direction based on community input. Also, to clarify objectives, research methods, check for duplication, and whether Enter and View is required.
- Use tech e.g. online feedback forms, direct messaging, transcription, social media.
- Present research creatively and with communities through stories, focus groups and videos, as well as written reports.

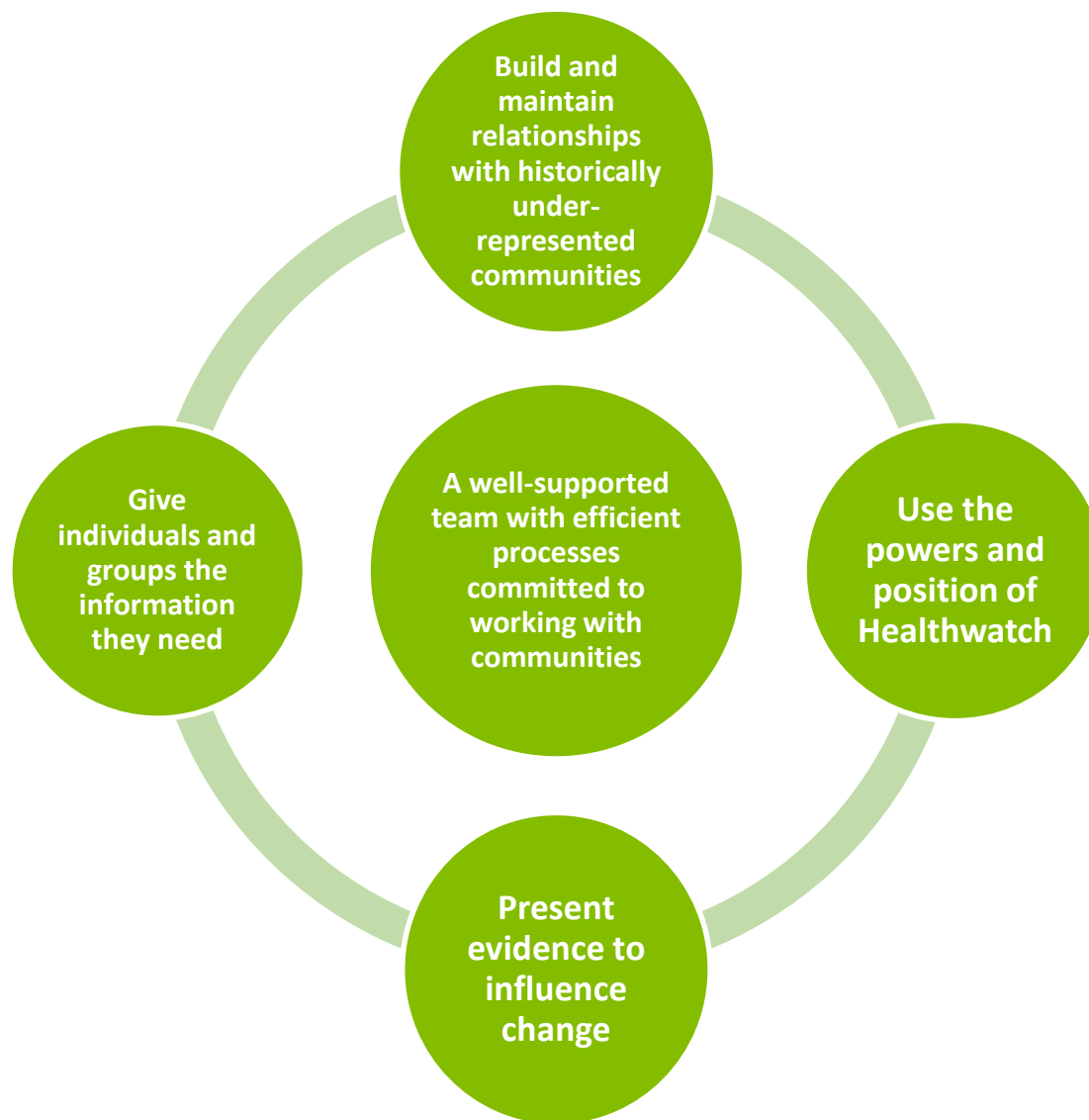
4. Give individuals and groups the information they need

- Clear information about how to access services and engage with providers.
- Focus on accessibility – keep reports short and succinct using quantitative and qualitative data with visuals.
- Clear signposting processes and training.
- Feedback sessions with public after reports have been finalised to show HWS has listened and utilised their feedback.
- Keep an archive of projects and track progress of their recommendations.
- Continue to produce monthly newsletters.
- Translate whenever possible.

5. A well-supported team with efficient processes working with communities

- Write down processes, including new staff guide, and project management.
- Greater clarity of role and autonomy
- Better use of software, databases with CS, truncate list of software used
- Training for staff
- Review monitoring and outputs in line with strategy
- Support Advisory Board with recruitment, training, quality framework.
- Build volunteer capacity.
- Involve staff in decision making.
- Website accessibility

Connecting people to power to make change



Access to Health and Social Care Services for Latin American Communities in Southwark Report



Why we did this project?



Latin American communities in Southwark should be heard, as they are missing from most studies on health inequalities.

Our aims:

- **Develop relationships.**
- **Provide a platform.**
- **Find out the issues and share them**
- **Help Latin American communities develop direct links to influence services.**



Methodology



A **survey** of people's experiences.



A **focus group** to address questions.



1-1 interviews to gain in-depth personal accounts.

This produced data focused on how people described their experiences.

Overall, we engaged with 67 Latin American residents in Southwark.



Challenges



We could not communicate directly with many respondents due to language barriers and our Community Health Ambassadors struggled to interpret dialects.



Community partners had limited capacity due to their own workloads.



Some community partners were reluctant to participate due to negative experiences working on similar projects in the past.

Solutions



Our partners from diverse, local Latin American organisations helped with interpretation.

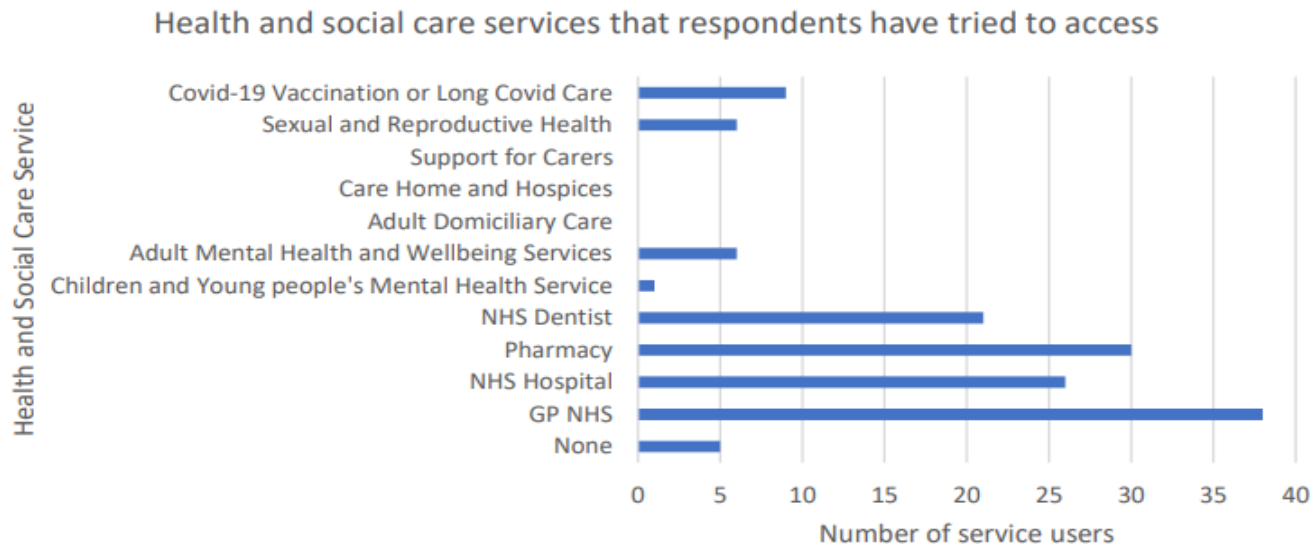


We supported community partners by facilitating networking opportunities and co-producing our Latin American Health event.

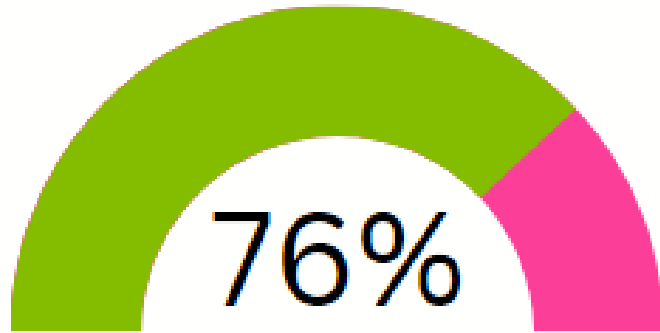


Key findings

- **91%** of respondents have tried to access at least one healthcare service in the last year.
- **70%** of respondents have tried to access a GP.
- Significant difference from Trust for London's (2016) finding that 1 in 6 Latin Americans in London have never been to a GP (Trust for London 2011).



Key findings



of respondents **experienced barriers or challenges** to accessing health and social care services.

Of these respondents, **the majority** experienced barriers to **accessing GPs.**



Themes

The barriers to accessing health and social care services can be grouped into three core issues:



1. Communications



2. Diversity and Inclusion



3. Appointments and Charges



Communications

Language Barriers

- Prevent people from communicating with healthcare staff and completing paperwork.
- Interpreters are not always available and reliable.
- Lack of healthcare information available in Spanish and Portuguese.

Entitlements

- Lack of information about services that migrants can use.

Online Communications

- E-letters, video/telephone appointments etc. are difficult to use, particularly for elderly people.
- High levels of digital exclusion in the Latin community.



Diversity and Inclusion



Staff behaviour

- Respondents felt discriminated against by healthcare staff, e.g. being rushed or not taken seriously.
- Most reports of rude staff behaviour were regarding GP receptionists.

Diversity monitoring

- Latin Americans have been excluded from and misrepresented on diversity monitoring forms, meaning that the different needs of Latin American communities have not been accounted for.

“We face discrimination because of how we look and how we speak and sometimes receptionists lack empathy or understanding about our experiences. They assume that we should all know how the healthcare system works.” - Quote from a respondent



Appointment and Charges



Appointments

- Complicated GP appointment booking process, long waiting times and lack of information provided during appointments.

Referrals and Staff Continuity

- Lack of communication between staff causes delayed and inconsistent treatment.

Charges

- GP charges for letters affect people's ability to access benefits etc.

These challenges are **made more significant by issues specific to the Latin American community**, e.g., waiting times for appointments are longer to facilitate interpreters.

“As elderly grandparents, we have to rely on our children to book and attend appointments with us because of our lack of English...trying to get an appointment at a time that suits them proves very difficult, so they have to take time off work to accompany us.” - Quote from a respondent



Recommendations



Communications

1. Provide information about healthcare services in Spanish and Portuguese online, in community media and in places that Latin Americans already visit.
2. Make interpreters more easily available and hire more Spanish-speaking staff.
3. Provide information about migrants' entitlements to healthcare in Spanish and Portuguese.
4. Reintroduce postal letters.
5. Increase face-to-face appointments.
6. Work with Latin American community organisations to share information.



Recommendations



Diversity and Inclusion

7. Record Latin American countries of origin and dialects spoken in diversity monitoring.
8. Diversity and inclusion training for healthcare staff.

Appointments and Charges

9. A GP booking system which gives patients more flexibility for when they can make a booking and the date and time of appointments.
10. Improve staff continuity and administration to make referrals easier.
11. Scrap charges for letters and documents, particularly for low-income patients.

Summary

- ❖ Most respondents have struggled to access healthcare, particularly **GPs**.
- ❖ Issues with communication, diversity and inclusion, and appointments and charges.
- ❖ The most significant challenge to Latin American healthcare access is **language barriers**.

Next steps



This report can be found on our:



[Website](#)



September newsletter

We will:



Share our findings with the community.



Present to key decision-makers and await formal responses.



Track progress of recommendations with feedback from the community.



HWS Latin American Health Event



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How to contact us



Call us: 020 3848 6546



Email us:
info@healthwatchesouthwark.org



For more information visit:
<https://www.healthwatchesouthwark.org>



Access to Health and Social Care Services for Latin American Communities in Southwark Report



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1. Executive Summary

This project explores the accessibility of health and social care services for Latin American communities in Southwark. It responds to feedback we have received that levels of Latin American engagement with health and social care services remain low.

The research was conducted through a written survey of people's experiences accessing health and social care services across Southwark, identifying challenges to accessibility for themselves and their communities. We also held a focus group to address questions around accessibility for this group. Finally, we undertook 1-1 interviews to gain in-depth personal accounts of accessing health and social care services. Overall, **we engaged with 67 Latin American residents in Southwark.**

Our findings demonstrate that **the majority of respondents have experienced barriers to accessing healthcare**, particularly primary care services such as GPs. We hope that these findings can contribute to further work on Latin American communities, to understand their wants and needs, as well as how best to support them.

The foremost challenge identified by respondents is language barriers, referring to difficulties accessing interpreters, and information and paperwork in Spanish. **A lack of information around migrants' entitlements** to health and social care in the UK, as well as services' overreliance on **online and telephone communications**, further prevents this group from accessing health and social care.

Our second key finding is that many Latin Americans have experienced **hostile behaviour from service providers**, particularly in GP surgeries. Respondents described feeling discriminated against because they are Latin American, especially if they do not have full English proficiency. This aligns with Trust for London's (2016) finding that 70% of Latin Americans in London perceive discrimination to be a major barrier to improving their quality of life. Respondents also explained that the needs of individual communities are not met because **diversity across the Latin American community, including dialects and countries of origin, is not captured by diversity monitoring**. As a result, many respondents expressed feelings of alienation and distrust towards healthcare providers.

Finally, we received feedback that service users are struggling to **navigate GP booking systems, referrals processes and charges for health documents**. These issues are exacerbated by additional challenges faced by Latin American communities including low-paid work and lack of access or ability to use digital technology, which negatively impacts their ability to access health and social care.

Based on these findings, we have developed a set of recommendations with respondents to address the key issues flagged. These include the provision of **translated informational materials**, increasing the **availability of interpreters and**

Spanish-speaking staff, and providing diversity and inclusion training for service providers. Our findings indicate that **liaising with Latin American community organisations** would be an effective strategy for health and social care providers to improve accessibility for Latin American communities in Southwark. The full list of recommendations is set out in section four.

2. Introduction

This project contributes to Healthwatch Southwark’s priority to identify and reduce health inequalities for underrepresented communities in Southwark. Health inequalities refer to “unfair and avoidable differences in health across the population and between different groups within society” (NHS England 2021). These include the health conditions they may experience and the care that is available to them. People living in areas of high deprivation, particularly those from Black, Asian and ethnic minority backgrounds, are most at risk of experiencing health inequalities (NHS England 2021).

Following the Covid-19 pandemic, efforts have been made at the national and local levels to address health inequalities. In our borough, Southwark Council has investigated systemic bias in health service commissioning, drafting a health inequalities framework and strategy to address social determinants of inequalities. In 2018, the Southwark Clinical Commissioning Group created an information pack containing data on several healthcare areas to highlight opportunities for tackling health inequalities (Southwark CCG 2018). However, this did not specifically explore inequalities for Latin American communities.

This report identifies barriers to health and social care access for Latin Americans in Southwark, as previous studies have underrepresented this group. It is our aim to increase the visibility of these issues and generate targeted recommendations to make the provision of health and care services more appropriate to the Latin American community in Southwark’s needs.

Southwark has one of the largest populations of Latin Americans in the United Kingdom (Trust for London 2011). In the 2021 Census, 9,200 people recorded their ethnicity as Latin American or Hispanic. We lack precise data on the size of Southwark’s Latin American population due to this grouping of ‘Hispanic’ (people who speak Spanish and/or are descended from Spanish-speaking populations) and ‘Latin American’ (people who are from or are descended from people from Latin America) (Southwark Council 2023). Each of these terms include diverse groups of people who are obscured from view in existing data.

2.1 Why We Did This Project

Healthwatch Southwark has been struggling to engage with Latin American communities in Southwark, who are largely absent from demographic datasets and studies on health inequalities. We have developed this project with the aim to:

- Develop relationships and partnerships with residents from Latin American communities in Southwark.
- Provide a platform for these groups to present their own perspectives.
- Find out the current key issues, needs and priorities of Latin American communities so we can share them with decision makers (services providers/ stakeholders/commissioners) to drive change.
- Help Latin American communities in Southwark develop direct links with key stakeholders, to directly influence health and social care services on their own terms.

2.2 Background Research

The Latin American population in London are often considered an “invisible community,” as they are missing from most demographic data (Trust for London 2011). For example, Latin Americans were not included in Southwark Council’s 2019 report on health inequalities (Southwark Council 2019) because they were not recognised as an ethnic group in diversity monitoring until 2021.

Whilst five London Boroughs, including Southwark, have officially recognised Latin Americans as an ethnic group; this recognition has not been fully rolled out in the form of monitoring across public services (IRMO 2021). As a result, there is minimal data on Latin American experiences of public services, meaning their “needs have largely been ignored” (Trust for London 2016).

Trust for London and the Latin American Women’s Rights Service (LAWRS) commissioned a comprehensive study into the economic and social features of Latin Americans titled, “No Longer Invisible,” from Queen Mary University of London. This study found that levels of access to health services for Latin Americans in London remain low, as around one in five are not registered with a GP and nearly seven in ten have not used a dentist (Trust for London 2011). A follow-up study conducted in 2016 found that one in six Latin Americans are not registered with a GP (Trust for London 2016).

2.3 Methodology

Between December 2022 and June 2023, we engaged with 67 Latin American residents by conducting a survey, 1-1 interviews and a focus group. Most participants were recruited by our Latin American Community Health Ambassadors and community partners, who appealed to their networks for respondents.

The survey asked a mixture of closed (yes or no) and open questions to allow people to share more detail about their personal experiences (see Appendix 2 for the full survey). We received a total of 38 survey responses, generating both quantitative and qualitative data. Whilst this project relies predominantly on qualitative analysis to capture stories and opinions, quantitative data is useful for identifying general patterns in service usage and users' feedback.

We also conducted 15 1-1 structured interviews to gain in-depth insight into specific experiences and views held by Latin American service users. These interviews were conducted by our Spanish-speaking Community Health Ambassadors and community partners from local Latin American organisations to accommodate the language barrier, enabling respondents to share more confidently. Our Community Health Ambassadors translated responses into English for analysis.

Finally, we held a focus group with 14 participants to gain more nuanced feedback by encouraging respondents to clarify and develop their stories and perspectives. This focus group was held in both English and Spanish, with our community partners translating during discussion.

2.4 Analysis

We have used thematic analysis to process our qualitative data, focusing on how people described their experiences and what this revealed about health and care services. We took an inductive approach to this, allowing the data to determine our themes as we aim to keep community feedback at the core of our work.

We began our analysis by coding the data, assigning codes to describe the ideas expressed in sections of text. We then produced broader themes by grouping codes, providing an overview of key ideas and recurring issues. We reviewed our themes against our entire dataset to check for missing ideas, ensuring that our themes gave helpful and accurate representations of the data.

2.5 Challenges

We experienced several challenges to community engagement that delayed the completion of this project. For example, we had not anticipated that respondents

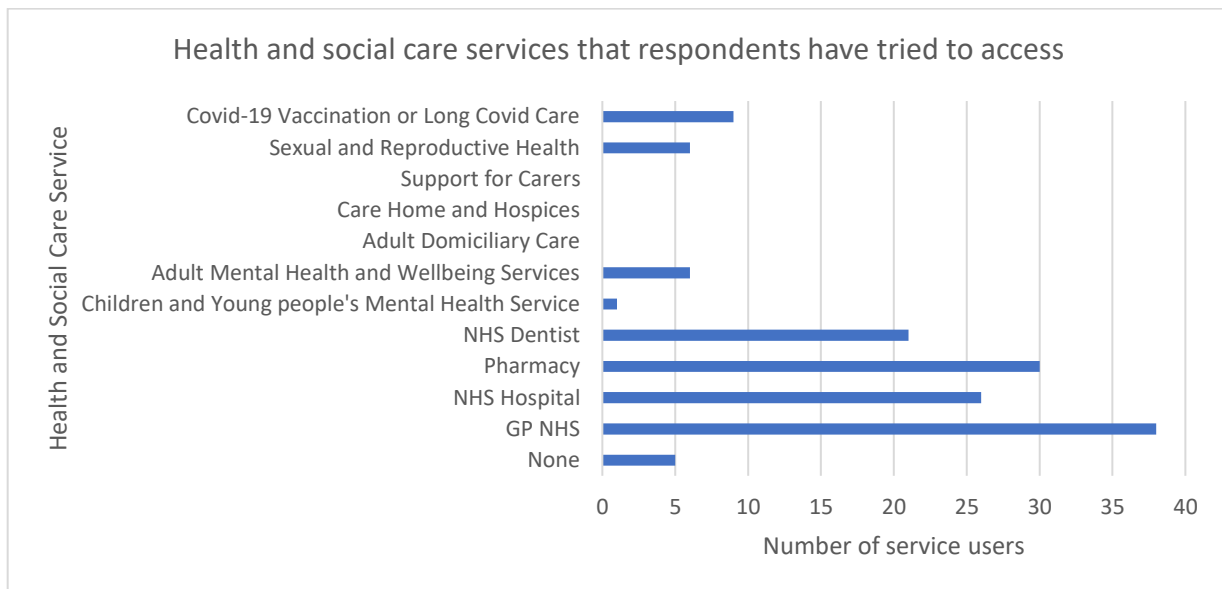
would speak different dialectics, which our Community Health Ambassadors struggled to translate. Support from our Latin American community partners was essential to resolving this; however, our inability to communicate directly with many participants can be identified as a limitation of this project.

Furthermore, the critical role of community groups to our engagement with Latin Americans posed further challenges due to the limited capacity of these groups. Some organisations were cautious to engage with us due to negative experiences in the past working on similar projects, where they did not see the results of their contributions. We have worked to avoid this by keeping reciprocity at the core of our engagement strategy, for example by facilitating networking opportunities for our community partners and co-producing the Latin American Health Event of September 2023. We will continue this relationship to support further work with Latin American communities in Southwark.

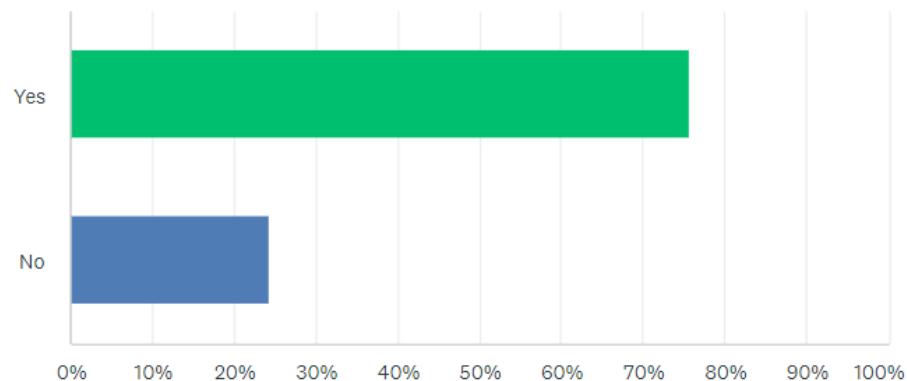


3. Findings

We asked our survey and interview respondents to list any health and social care services they had tried to access in the last 12 months. Of the 53 respondents, 38 had tried to access a GP, 30 had tried to access a pharmacy and 26 had tried to access a hospital. Nine respondents had tried to access Covid-19 vaccination or Long Covid care, five respondents had tried to access Sexual and Reproductive Health services, and another five respondents had tried to access Adult Mental Health services. Five respondents said they had not tried to access any health and social care services in the last 12 months. This demonstrates that 91% of respondents have tried to access at least one healthcare service in the last year. These findings show significant deviation from Trust for London's 2016 finding that 1 in 6 Latin Americans in London have never been to a GP (Trust for London 2011).



We then asked respondents if they had experienced any challenges or barriers to accessing health and social care services, to which 76% responded YES.



The barriers described can be grouped into three core issues: communications, diversity and inclusion, and appointments and charges. Every interviewee who responded YES described experiencing at least one of these issues, though the majority of accounts referenced multiple. The discussion of our findings and recommendations will therefore be structured according to these three groups, supported by case studies to demonstrate how they interlink.

3.1 Communications

3.1.1 Language Barriers

Language barriers were the most frequently identified challenge to accessing healthcare services for Latin Americans in Southwark, as many community members do not have full English proficiency. This inhibits people from making appointments, completing paperwork and communicating with healthcare staff. It also contributes to a lack of understanding about which services are available and how to navigate those services.

“The community needs a lot of help, to complete forms, to call the GP, and to get the services that they need. The big problem for the Latin American community is the language barrier.”

Firstly, language barriers prevent access to healthcare services because informational materials, booking forms, medical history forms etc. are not provided in Spanish and Portuguese. This creates a lack of knowledge across the community about available services and how to access them, and means that many Latin Americans are dependent upon interpreters to access healthcare.

The availability and quality of interpretation services were repeatedly flagged as additional challenges, causing extended waiting times for appointments and mistranslations during appointments where interpreters were unfamiliar with regional dialects.

“My son has to call the GP for me and ask for an appointment with a translator. He has sometimes been told there was no translator available. Therefore, my son has had to act as translator. When the translator is present, I am not 100% comfortable due to situations of wrong translation that my friends have experienced.”

“Translators are terrible, if no one is available, the appointment gets rescheduled. I once had a misdiagnosis because of the misinterpretation.”

As a result, many people are forced to rely on friends and family members to support their access to healthcare. This causes additional challenges for people who lack support networks and must navigate the healthcare system independently.

Case Study:

“Not being able to speak English and communicate our needs has been extremely frustrating and had a big impact on our children who have special needs. We don’t have relatives or friends in the UK to guide us through the system and pursuing support for our children has been challenging. Sometimes when we request appointments, there is no translator available. We have had to use Google translator when seeing the doctors, but this isn’t reliable. We have been sent home with advice that we are not happy with, resulting in my child having to go to A&E. I missed a dentist appointment because I misunderstood the date (due to language barrier), and I received a letter explaining that they will discharge my children if it happens again. I was very worried as I couldn’t explain because they don’t have a translator. Not understanding where to seek help and being isolated has caused my wife to have depression and anxiety. We met some people in church who helped us translate at the GP.”

This case study demonstrates the impact that language barriers can have on people’s health and wellbeing. The sentiments expressed here have recurred throughout our data, with several others describing feelings of isolation and distress at being unable to access healthcare services due to language barriers.

As indicated in this example, community support is key to facilitating healthcare access for Latin Americans who do not have English proficiency.



Carlos Corredor, Chairman of Aymara Social Enterprise, explained, *“People come to us as a contact point to open everything for them. Many people have the need because they are alone here and cannot speak English. They are locked out of everything; they do not know (health services) exist or how to navigate them because there is no information in Spanish. Community groups are providing the service of directing people to healthcare for free. The community trusts Latin American speakers, so this is very important.”*



“Where there are more Latinos in one area, they should tailor their services to the community that live around here. There are two GP practices (Nexus) in Southwark that have noticed the community need and employed Spanish staff including doctors, which has revolutionized the GP.”

3.1.2 Entitlements

Respondents flagged that many Latin American migrants in the UK do not use healthcare services as they are unclear about their entitlements and cannot access information about them due to language barriers and fear surrounding their migrant status.

Case Study:

“We arrived in the UK in 2021 after fleeing conflict in El Salvador. We were placed in temporary accommodation by the Home Office and moved to Southwark two months after arriving in the UK. We are in the process of applying for asylum and currently rely on the Home Office to get through every day. We’ve had very little information about health services, and we don’t know how the health and social care system works in the UK. Since arriving in the UK, we have not used the GP or visited the hospital as we have fears of being denied an appointment or being charged if we see the doctors due to our immigration status. I had an accident on the road whilst riding my bike in 2022. The police advised me to attend A&E, but I didn’t due to my fears of being charged. I have been left with permanent back pain following the accident and I still haven’t had an appropriate assessment or treatment for this. I have been treating my pain with painkillers, but I feel I need to be seen by a doctor. Dina (community organiser) has now explained how the health care system works and reassured us that we won’t be charged for accessing the doctors. She is going to help us register with a GP and a dentist.”

This case study demonstrates how multiple barriers can interlink to prevent vulnerable people from accessing healthcare services. The critical role of community organisations in supporting accessibility for Latin Americans is also reiterated here and was affirmed by several respondents who have supported individuals with similar cases.

3.1.3 Online Communications

Online communications such as e-letters, e-consult forms, telephone/video appointments and the use of apps to upload documents and images have become increasingly common in healthcare following the Covid-19 pandemic. This poses a further challenge to Latin Americans in Southwark, as four in ten Latin Americans in London have reported having no internet at home and 15% having no IT equipment at home (IRMO 2021).

Several elderly respondents and respondents who support elderly people flagged this as a barrier to accessing healthcare services,



“Everything is online, they don’t send letters anymore. I’ve been missing appointments because I don’t have a letter and I struggle online.”



3.2 Diversity and Inclusion

3.2.1 Staff Behaviour

Many respondents flagged hostile behaviour from service providers as a barrier to accessing healthcare services. Respondents expressed that they felt discriminated against because they are Latin American, especially if they do not have full English proficiency. They described feeling rushed and dismissed by staff who lacked compassion for their circumstances.

A recurring theme was that people felt they did not receive appropriate treatment from primary services because they were not taken seriously by staff, forcing them to attend A&E. This contributes to a common perception across the Latin American community that quality public healthcare is not available to them.



“We face discrimination because of how we look and how we speak and sometimes receptionists lack empathy or understanding about our experiences, and they assume that we should all know how the healthcare system works.”



“My grandmother suffers from dementia, and she has been badly treated by receptionists and nurses during appointments.”

“I asked for a translator for my autistic son and that was a terrible experience, the attitude and tone of the lady who should be helping us was terrible.”

3.2.2 Diversity Monitoring

Latin Americans have been absent from and misrepresented on diversity monitoring forms, meaning that the different needs of Latin American communities have not been accounted for. For example, where countries of origin and dialects spoken by Latin Americans have not been recorded, several respondents have experienced mistranslations by interpreters who could not accommodate regional dialects.

Where Latin Americans feel misrepresented or ignored by service providers, they become increasingly disenchanted with healthcare services as their needs go unmet.

“When you register as a new patient, ethnicity is not recorded. You have to fill the box ‘other’. Latin American should be an option on the forms.”

“There is different terminology depending on the different regions and the different dialects. The system won't recognize that.”

“Latin Americans have different experience to Spanish people from Europe. But we are all grouped together, so our needs cannot be met.”



3.3 Appointments and Charges

3.3.1 Making Appointments

In 2022, Healthwatch Southwark published a report examining people's experiences of accessing GP services after the lifting of lockdown restrictions in July 2021. Our findings flagged the following key issues: difficulty navigating appointment booking processes, lack of available appointments, long waiting times, being unable to speak directly to a GP, the impersonal nature of phone appointments and lack of information provided during appointments.

These issues were echoed by our Latin American respondents during research for this project; however, our findings indicate that they are exacerbated by additional barriers experienced by Latin Americans that we have outlined previously. For example, navigating booking processes is made increasingly difficult by language barriers, and waiting times for appointments are extended to facilitate interpreters.

Several respondents highlighted the 8am call-in system (where patients call their GP surgery at 8am to book same-day appointments) as particularly difficult to navigate. This is because many Latin Americans rely on their English-speaking relatives to make bookings and attend appointments with them to support interpretation. Additionally, many Latin Americans work in low-paying jobs, meaning they must combine several jobs with different employers and work unsociable and unpredictable hours, further complicating their ability to utilise this system (Latin American Women's Rights Service 2015).



“Booking appointments is a struggle as it's very hard to understand the receptionist because of the language barrier. I'm unable to explain as English is not my first language. Receptionists lack compassion when speaking to you and get frustrated because they are unable to understand my little English. Appointments are only available on a daily basis and only 5-6 appointments are given out within an hour time frame. It puts me in a vulnerable position asking work for permission to leave early especially not speaking great English. It makes me feel embarrassed having to speak English to the management team and explain that the GP has given me an appointment that I have to rush to.”



“As elderly grandparents, we have to rely on our children to help us book appointments and attend appointments with us because of our lack of English. On many occasions, trying to get an appointment at a time that suits them proves very difficult, so they have to take time off work to accompany us.”

As a result, several respondents explained that they felt forced to go to A&E for issues that should be treated by primary care services. Others feel forced to use private healthcare instead of NHS services to avoid these issues.

“The answer a lot of the time is to go to A&E. Receptionists dismiss us to A&E even when it is not an emergency, but we do not feel good to go to the hospital for this.”

“Because we can’t speak the language, we don’t know about the system, they try to make us pay. You have to go private to get an appointment.”

3.3.2 Referrals and Staff Continuity

Staff rotation during treatment can exacerbate the impact of language barriers for Latin American patients, as they may find it difficult to repeatedly explain their case to different staff. This also contributes to feelings of disenchantment towards service providers, as patients are unable to build relationships with staff.

Several respondents flagged a related issue with referrals between primary and secondary services, describing the process as complicated and stressful to navigate because of a lack of communication between services.

“After three years I received one appointment. The GP checked me and sent me to the hospital (King’s College London). When I went in for surgery, the doctor said, “I don’t know, what happened to you?” They had no knowledge of my case.”

3.3.3 Charges

Many GP surgeries charge for letters such as evidence of a medical issue, sometimes costing more than £50 per document. These letters can be requested by the Council, employers, schools and universities, and are often needed to support benefits and housing claims. This disproportionately impacts Latin American communities who are overrepresented in low-paid roles and can directly impact their earnings (LAWRS 2015).



“Letters for the Council cost £60 and take 2 weeks to be ready.”



Recommendations

Our findings indicate that the majority of respondents have experienced barriers to accessing healthcare services. These barriers include:

- Language barriers i.e. communicating with healthcare staff, accessing healthcare information and completing/understanding paperwork.
- Lack of information about migrants’ entitlements.
- Online communication i.e. e-letters and e-consult forms, video/telephone appointments.
- Inhospitable behaviour from healthcare service providers, i.e. dismissive of patients’ concerns.
- Lack of representation in diversity monitoring.
- Complicated appointments systems, referrals and lack of staff continuity.
- GP charges for documents.

We asked respondents for suggestions on how to make healthcare services more accessible to Latin American communities in Southwark. Based on their responses, as well as our own analysis of the findings, we have compiled a summary of targeted recommendations set out below.

We recognise that these recommendations are ambitious, but important to accurately represent what Latin American communities in Southwark want to see change in health and social care services. We will share this with local stakeholders and partners, and work collaboratively to fulfil these recommendations.

Communications

Spanish is the second most common language in Southwark after English and is spoken as a main language by over 13,000 residents (Southwark Council 2023). Portuguese is the fourth most common language in Southwark, spoken by 3,600 residents (Southwark Council 2023). We have therefore prioritised Spanish-speakers in our recommendations. For example, we have advised that GP surgeries should recruit more Spanish-speaking staff and provide translated written materials such as leaflets and forms in Spanish and Portuguese, as this should be easier to achieve.

Recommendation 1: Provide information about health and social care services in Spanish and Portuguese online, in community media and in hard copies disseminated in spaces that are frequented by Latin American communities.

Recommendation 2: Improve accessibility of interpreters. Recruit more Spanish-speaking staff where possible, as respondents specified they want to be able to communicate with healthcare providers directly. Primary care services should reflect local communities and Spanish-speaking staff should be available on site.

Recommendation 3: Provide information about migrants' entitlements to health and social care in Spanish and Portuguese. Co-ordinate with Latin American community organisations and the Home Office to disseminate this information.

Recommendation 4: Reintroduce offline communications such as postal letters.

Recommendation 5: Increase the availability of face-to-face appointments, particularly for patients with additional needs.

Recommendation 6: Liaise with Latin American community organisations to disseminate information to Latin Americans in Southwark and facilitate ongoing review of health and social care accessibility for this group.

Diversity and Inclusion

Recommendation 7: Revise diversity monitoring forms to include Latin Americans and capture internal differences such as country of origin and dialects spoken.

Recommendation 8: Facilitate diversity and inclusion training for service providers, particularly patient-facing staff such as receptionists. This training should include a focus on cultural awareness and supporting people who do not have English proficiency. Latin American community organisations/members should be deliverers of this training where possible.

Appointments and Charges

Recommendation 9: Implement a GP booking system which permits advance bookings throughout the day, providing patients with more flexibility for when they can make bookings via telephone, as well as for the date and time of appointments. Ideally, this could be delivered through existing work programmes.

Recommendation 10: Improve staff continuity and handovers to streamline referrals, particularly for patients with additional needs.

Recommendation 11: Scrap charges for letters and other documentation, particularly for low-income patients.

6. Next Steps

This report will be published on our website and monthly e-bulletin, and presented at the following:

- Healthwatch Southwark Latin American Health Event in September 2023.
- Partnership Southwark Strategic Board Meeting
- Partnership Southwark / Southwark Council Engagement Advisory Group
- Southwark Council Health and Wellbeing Board
- Southwark Council Health Scrutiny Committee
- Voluntary and Community Sector Lead, Southeast London Integrated Care System
- NHS Trust Liaison Meeting - King's College Hospital, Guy's & St Thomas' Trust and South London & Maudsley.
- POhWER Quarterly Meeting
- King's Community and Health Research Board
- King's College Hospital Patient Experience Committee Meeting
- Community Southwark's Latin American Network
- Southeast London Healthwatch Staff Network

Future research on health and social care access for Latin American communities in Southwark could expand on the number of people interviewed/surveyed, and explore the views of men, people with disabilities, and Black Latin Americans, as they remain underrepresented within this study.

Acknowledgements

Healthwatch Southwark volunteers contributed enormously to this project, and we could not have done it without them.

Community Engagement: Maria Linforth-Hall/ Patricia Cuenca/ Carlos Corredor/ Zaida Florian/ Dina Loren/ Nita Hernanz/ Lina Ausma/ Zahari Inocente/ Marian Yglesias.

Community organisations: IRMO/ Aymara/ BLAS/ Dominicanos en accion/ PACT/ Extra Media/ AGE UK.

Background research: Amy Cotter/ Kai Witter.

If you have any questions or comments on the report or any of the issues raised, please contact Ruman Kallar (Healthwatch Southwark Research & Projects Officer) at ruman@healthwatchsouthwark.org

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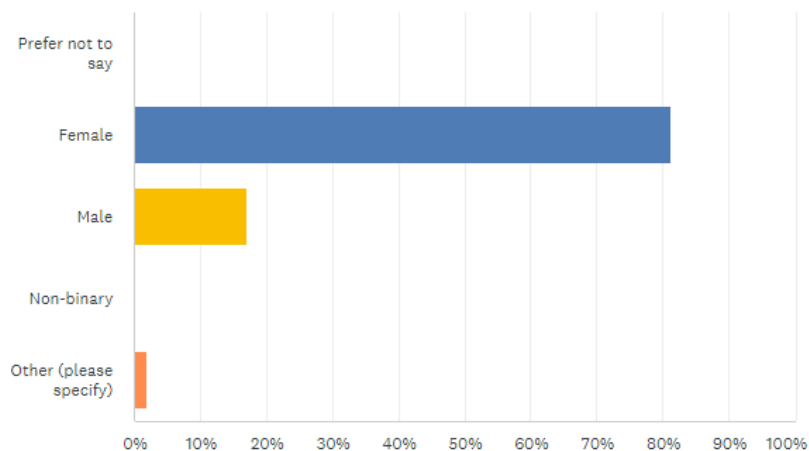
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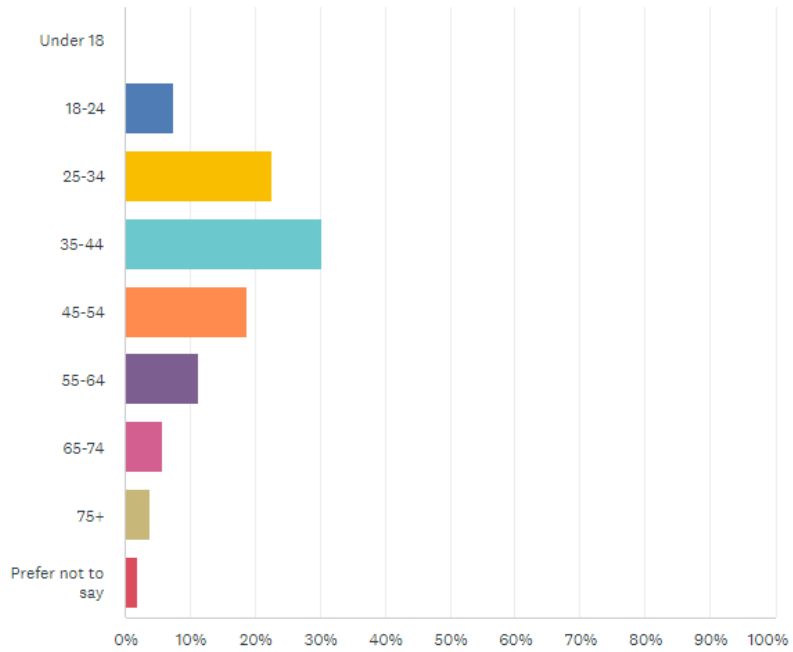
Appendices

Appendix 1- Equalities Data

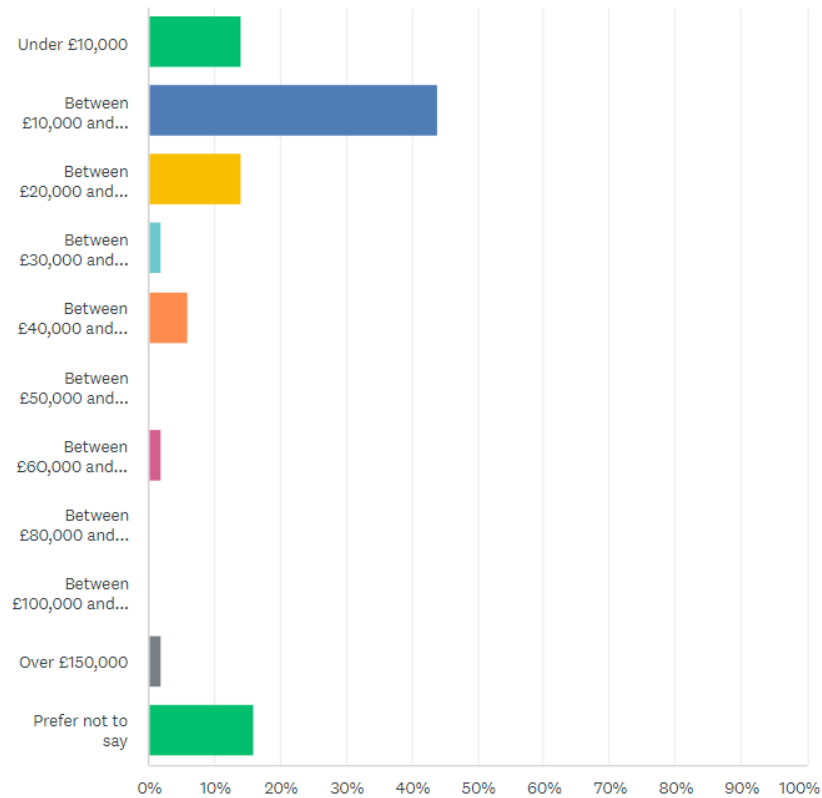
Gender



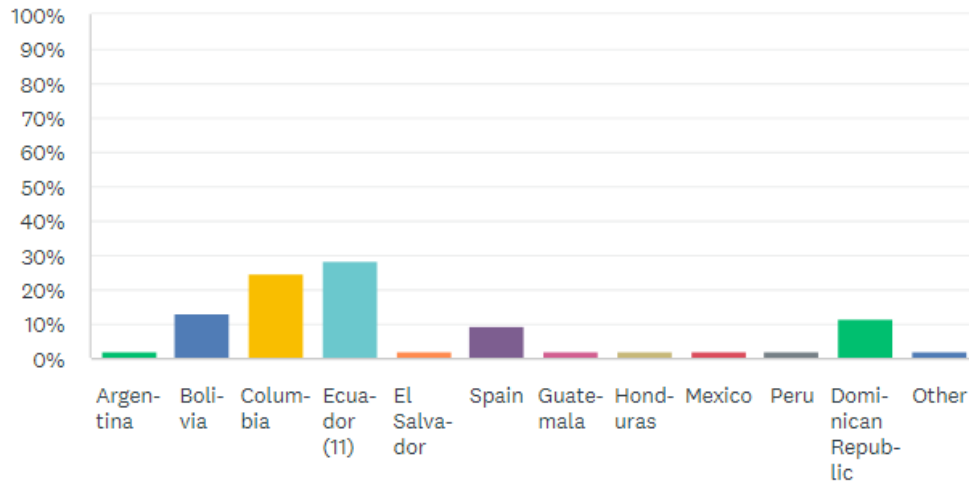
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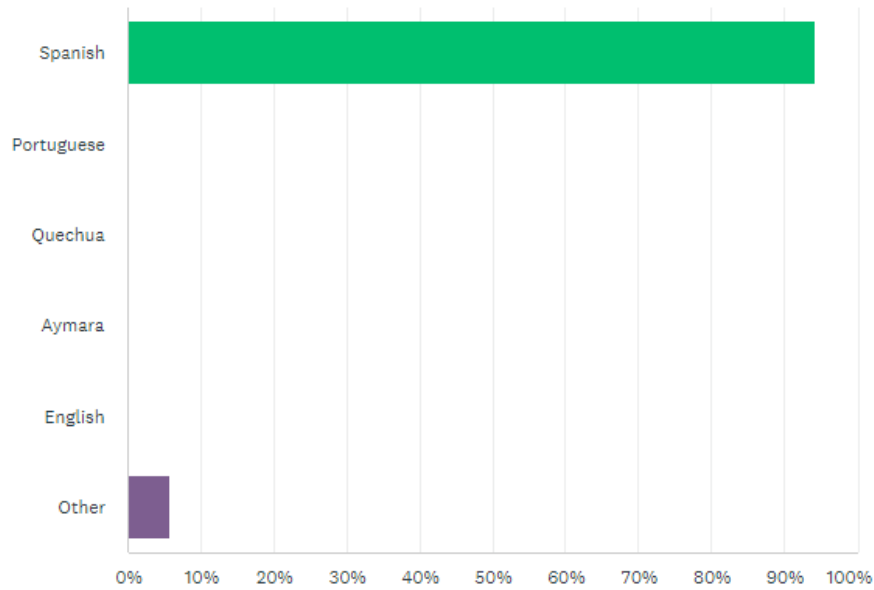
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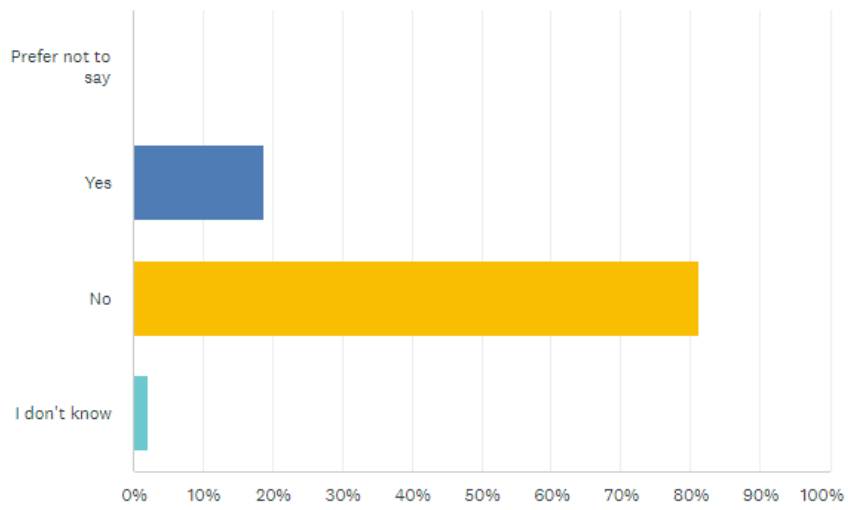
Country of Origin



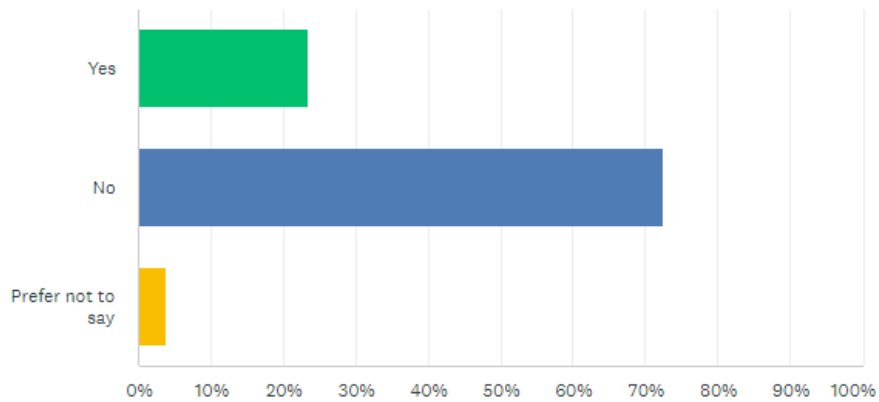
Language(s) Spoken.



Disabilities



Unpaid Caring Responsibilities



Appendix 2- Survey

*** 1. Please list the health and social care services you have used or tried to access in the last 12 months.**

- GP
- NHS Hospital
- Pharmacy
- NHS Dentist
- Children and young people's mental health services
- Adult mental health and wellbeing services
- Adult domiciliary care
- Care homes, and hospices.
- Support for carers
- Sexual and reproductive health
- COVID-19 vaccination or Long Covid care
- Other
- I did not use any health and social care services in the last 12 months.

Please provide the names of the services used

2. Did you experience any challenges/barriers when accessing any of these services?
Examples: translation issues, inability to get a timely appointment, staff behaviour etc.

- Yes
- No

If yes, please tell us below

3. Were there any aspects of the services you used that you were happy with? Example: interpreter was provided quickly, care was good. (If yes then please state what they were)

Yes

No

If yes then please state what these were

4. What improvements would you like to see to make your health or social care experience better?

5. Have you used any local community services that have helped you to access health and social care services or provided a health related service ?

Yes

No

If Yes then please provide the name of the organisation and how they helped you

6. Are there any barriers/challenges that people from your community (people from your country of origin) in Southwark might face when accessing health and social care services?
(Optional)



7. What is your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

8. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work
- Prefer not to say

9. What is your total household income:

- Under £10,00
- Between £10,000 and £19,999
- Between £20,000 and £29,999
- Between £30,000 and £39,999
- Between £40,000 and £49,999
- Between £50,000 and £59,999
- Between £60,000 and £79,999
- Between £80,000 and £99,999
- Between £100,000 and £149,999
- Over £150,000
- Prefer not to say

10. What is your gender/gender identity?

- Female
- Male
- Non-binary
- Other (please specify)

- Prefer not to say

* 11. What is your country of birth?

- Argentina
- Aruba
- Bahama
- Belize
- Bolivia
- Brazil
- Columbia
- Costa Rica
- Cuba
- Chile
- Ecuador
- El Salvador
- Spain
- Guatemala
- Guyana
- French Guiana
- Haiti
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Portugal
- Puerto Rico
- Dominican Republic
- Dominica
- Suriname
- Trinidad and Tobago
- UK
- Uruguay
- Venezuela
- Other
- Prefer not to say

Other (please specify)

12. What language do you speak?

- Spanish
- Portuguese
- Quechua
- Aymara
- English
- Other

13. Do you consider yourself to have a disability?

- Yes
- No
- I don't know
- Prefer not to say

14. Do you have any unpaid caring responsibilities?

- Yes
- No
- Prefer not to say

15. Where do you live in Southwark?

- Peckham
- Camberwell Green
- East Walworth
- Bermondsey
- Rotherhithe
- East Dulwich
- Borough
- Nunhead
- Peckham Rye
- The Lane
- Dulwich Village
- College
- South Camberwell
- South Bermondsey
- Livesey
- Grange
- Riverside
- Cathedrals
- Newington
- Faraday
- Brunswick Park
- Other (please specify)

The survey is anonymous. However, if you would like to be involved in this project and support the work, we will discuss the community's issues when accessing mental health services in more depth in the Focus Group sessions. Please leave your contact details below if you wish to be contacted about this work.

16. Address

Name

Email Address

Phone Number

Thank you for completing our survey! Your feedback will help drive improvements in health and social care services to ensure they meet your needs.

Copy of page: Survey

* 17. Please list the health and social care services you have used or tried to access in the last 12 months.

- GP
- NHS Hospital
- Pharmacy
- NHS Dentist
- Children and young people's mental health services
- Adult mental health and wellbeing services
- Adult domiciliary care
- Care homes, and hospices.
- Support for carers
- Sexual and reproductive health
- COVID-19 vaccination or Long Covid care
- Other
- I did not used any health and social care services in the last 12 months.

Please provide the names of the services used

18. Did you experience any challenges/barriers when accessing any of these services?
Examples: translation issues, inability to get a timely appointment, staff behaviour etc.

- Yes
- No

If yes, please tell us below

19. Were there any aspects of the services you used that you were happy with? Example: interpreter was provided quickly, care was good. (If yes then please state what they were)

Yes

No

If yes then please state what these were

20. What improvements would you like to see to make your health or social care experience better?

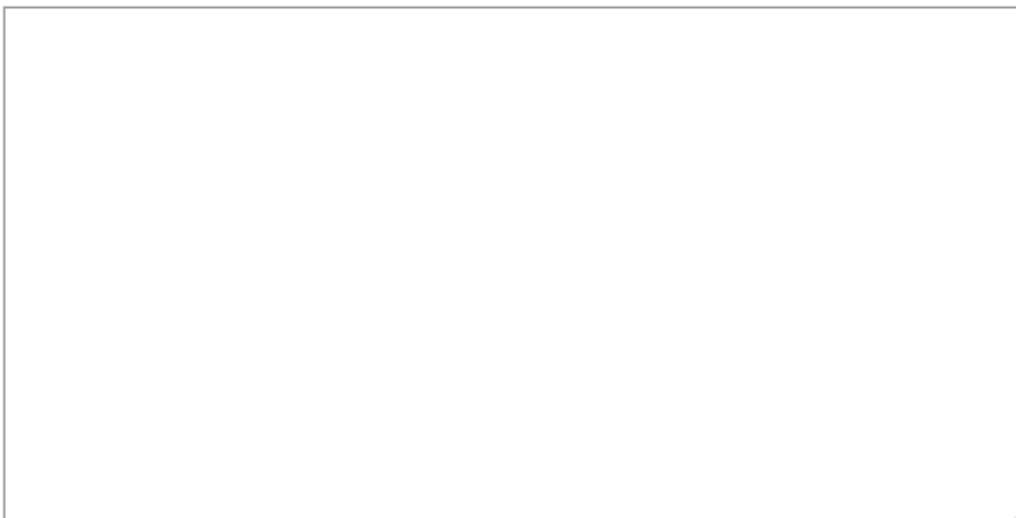
21. Have you used any local community services that have helped you to access health and social care services or provided a health related service ?

Yes

No

If Yes then please provide the name of the organisation and how they helped you

22. Are there any barriers/challenges that people from your community (people from your country of origin) in Southwark might face when accessing health and social care services?
(Optional)



23. What is your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

24. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work
- Prefer not to say

25. What is your total household income:

- Under £10,00
- Between £10,000 and £19,999
- Between £20,000 and £29,999
- Between £30,000 and £39,999
- Between £40,000 and £49,999
- Between £50,000 and £59,999
- Between £60,000 and £79,999
- Between £80,000 and £99,999
- Between £100,000 and £149,999
- Over £150,000
- Prefer not to say

26. What is your gender/gender identity?

- Female
- Male
- Non-binary
- Other (please specify)

- Prefer not to say

* 27. What is your country of birth?

- Argentina
- Aruba
- Bahama
- Belize
- Bolivia
- Brazil
- Columbia
- Costa Rica
- Cuba
- Chile
- Ecuador
- El Salvador
- Spain
- Guatemala
- Guyana
- French Guiana
- Haiti
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Portugal
- Puerto Rico
- Dominican Republic
- Dominica
- Suriname
- Trinidad and Tobago
- UK
- Uruguay
- Venezuela
- Other
- Prefer not to say

Other (please specify)

28. What language do you speak?

- Spanish
- Portuguese
- Quechua
- Aymara
- English
- Other

29. Do you consider yourself to have a disability?

- Yes
- No
- I don't know
- Prefer not to say

30. Do you have any unpaid caring responsibilities?

- Yes
- No
- Prefer not to say

31. Where do you live in Southwark?

- Peckham
 Camberwell Green
 East Walworth
 Bermondsey
 Rotherhithe
 East Dulwich
 Borough
 Nunhead
 Peckham Rye
 The Lane
 Dulwich Village
 College
 South Camberwell
 South Bermondsey
 Livesey
 Grange
 Riverside
 Cathedrals
 Newington
 Faraday
 Brunswick Park
 Other (please specify)

The survey is anonymous. However, if you would like to be involved in this project and support the work, we will discuss the community's issues when accessing mental health services in more depth in the Focus Group sessions. Please leave your contact details below if you wish to be contacted about this work.

32. Address

Name

Email Address

Phone Number

Thank you for completing our survey! Your feedback will help drive improvements in health and social care services to ensure they meet your needs.

Item No. 10	Classification: Open	Date: 16 November 2023	Meeting Name: Health and Wellbeing Board
Report title:		Joint Health and Wellbeing Strategy Progress Report	
Ward(s) or groups affected:		All	
From:		Sangeeta Leahy Director of Public Health Southwark Council	

RECOMMENDATION(S)

1. The Southwark Health and Wellbeing Board notes progress against actions contained within the Joint Health and Wellbeing Strategy and areas that may require further development and focus.
2. The Board discuss and agree any areas which they would like to receive specific updates on at future meetings.
3. The Board agree to receive an annual progress report, with twice yearly monitoring by Partnership Southwark Delivery Executive of actions within their remit.

BACKGROUND INFORMATION

4. The Joint Health and Wellbeing Strategy 2022-27 was approved by the Board in November 2022.
5. The strategy sets out five ‘Drive’ areas that are the focus of the strategy delivery:
 - Drive 1 – A whole-family approach to giving children the best start in life
 - Drive 2 – Healthy employment across the health and wellbeing economy and good health for working age adults
 - Drive 3 – Early identification and support to stay well
 - Drive 4 – Strong and connected communities
 - Drive 5 – Integration of health and social care
6. Each of these drive areas has a series of accompanying actions. The Public Health team have worked with partners across the system to gather updates for each of the actions.

KEY ISSUES FOR CONSIDERATION

7. The attached report includes an overview of progress against all the actions outlined within the Joint Health & Wellbeing Strategy, grouped into the five drive areas.
8. In addition, the report highlights areas of good progress and potential areas for further development against each of the five drive areas. These are intended to act as examples to aid discussion.
9. It is proposed that Partnership Southwark Delivery Executive will remain responsible for overseeing the delivery of the strategy action plan – where the actions are within the remit of the Executive. Where this is not the case, Public Health will liaise with the relevant partner and organisation to monitor delivery.
10. Six-monthly progress reports will be presented to the Partnership Southwark Delivery Executive, with an annual progress report presented to the Health and Wellbeing Board. These reports will be co-ordinated by Public Health. Exception updates may be provided to the Health & Wellbeing Board as required.
11. The action plan will be updated in future to ensure it continues to reflect local priorities. This will be reviewed by the Board regularly, as part of the progress updates.

Policy framework implications

12. There is a statutory responsibility for the Board to produce a Joint Health and Wellbeing Strategy that addresses the needs and improves the health of our population.
13. The strategy and action plan have been provided to colleagues developing the South East London Integrated Care Strategy to ensure local priorities are fed into these system wide priorities.

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

Community impact statement

14. The action plan includes a section around strong and connected communities, focused on collaboration and co-design, accessibility of services to marginalised groups and reducing social isolation and loneliness. These actions reflect what people have said are important to them during community engagement which has helped to shape the strategy.

15. Community empowerment and co-production is a key principle underpinning the strategy as set out in the [executive summary](#), and delivery of the action plan should ensure that communities are a key part of driving change.

Equalities (including socio-economic) impact statement

16. The strategy aims to tackle health inequalities that lead to differences in health and life expectancy within the borough. The strategy takes a community and place focus, which involves providing additional support to the population groups that have the poorest outcomes and focusing on the most disadvantaged neighbourhoods in Southwark.

Health impact statement

17. The action plan is focused on improving health through five key areas. Actions will continue to be monitored through progress updates to the Partnership Southwark Delivery Executive and the Health & Wellbeing Board. Changes in population health outcomes will continue to be monitored through the [Joint Strategic Needs Assessment Annual Report](#).

Climate change implications

18. A principle in the strategy is that sustainability and tackling climate change should be an integral part of protecting and improving health. This should be taken into account in delivery of the action plan.

Resource implications

19. Officer time in each organisation will continue to be required to support the delivery of the action plan.
20. Any new projects/initiatives that arise through the action plan that require additional or reallocation of funding would need to be considered through the appropriate budget, monitoring and governance processes.

Legal implications

21. The strategy and action plan fulfil one of the Board's statutory duties to prepare and publish a Joint Health & Wellbeing Strategy.

Financial implications

22. Any financial decisions that relate to the delivery of the action plan will be taken separately and through the relevant partner governance mechanisms.

Consultation

23. The Strategy has already been shaped by extensive community engagement, including listening and engagement exercises conducted

through Southwark Stands Together, South London Listens and the 'Understanding Southwark' research. In addition, community researchers have worked with the Public Health team and colleagues in Partnership Southwark to identify opportunities to work with local communities in driving health improvements and strengthening community engagement.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive - Governance and Assurance

24. None sought.

Strategic Director of Finance

25. None sought.

Other officers

26. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Joint Health & Wellbeing Strategy Executive Summary	Public Health / Southwark Council	Chris Williamson
https://www.southwark.gov.uk/assets/attach/177534/Southwark-s-Joint-Health-Wellbeing-Strategy-Executive-Summary.pdf		
Southwark Joint Strategic Needs Assessment Annual Report 2023	Public Health / Southwark Council	Chris Williamson
https://www.southwark.gov.uk/assets/attach/206524/JSNA-Annual-Report-2023.pdf		

APPENDICES

No.	Title
Appendix 1	Southwark Joint Health and Wellbeing Strategy 2022-27 – Progress Update: November 2023

AUDIT TRAIL

Lead Officer	Chris Williamson, Head of Health and Wellbeing	
Report Author	Chris Williamson, Head of Health and Wellbeing	
Version	Final	
Dated	6 November 2023	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
List other officers here	N/A	N/A
Cabinet Member	No	No
Date final report sent to Constitutional Team	6 November 2023	

Southwark Joint Health & Wellbeing Strategy 2022-2027

Progress Report: November 2023

This report provides a progress update on actions listed in our Joint Health & Wellbeing Strategy

BACKGROUND

- The [Joint Health & Wellbeing Strategy 2022-27](#) was approved by the Health & Wellbeing Board in November 2022.
- The strategy provides the strategic vision for both improving health & wellbeing and reducing health inequalities in the borough.
- The strategy outlines five priority areas:
 1. A whole-family approach to giving children the best start in life
 2. Healthy employment and good health for working age adults
 3. Early identification and support to stay well
 4. Strong and connected communities
 5. Integration of health and social care
- This report outlines progress in delivering the actions listed under each of the five priority areas.

There has been progress against actions under each priority within our Joint Health & Wellbeing Strategy

HEADLINES: EXAMPLES OF PROGRESS



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

The Improving Mental Health in Schools (IMHARS) programme has 100% of local schools engaged and 104 schools have received IMHARS funding for, or have, a Mental Health First Aider, benefiting over 35,000 children and young people.



Healthy employment and good health for working age adults

During the summer a successful 'health in the park' campaign was delivered, promoting leisure services and offering a range of 'come and try activities' in park settings, promoting venues and encouraging more participation.



Early identification and support to stay well

Targets for Community Health Ambassadors have been exceeded, with ambassadors providing advice and signposting to residents across the borough.



Strong and connected communities

Southwark's Right to Food Action Plan was approved in June and is now being implemented.



Integration of health and social care

Partnership Southwark is embedding the Community & Voluntary Sector within its structures, ensuring residents are involved in decisions relating to health & wellbeing.

However, there are areas where further development is required to ensure delivery

HEADLINES: EXAMPLES FOR FURTHER DEVELOPMENT



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

Further work is planned to identify opportunities to strengthen how data on adverse childhood experiences is shared between services. It is anticipated this will be implemented by summer 2024.



Healthy employment and good health for working age adults

Further work is required to identify and utilise opportunities to use the apprenticeship levy in Partnership Southwark and voluntary and community sector roles.



Early identification and support to stay well

Further work is required to improve referrals to the 'Hospital Buddies' programme which provides support to older people before and after elective surgery.



Strong and connected communities

Further work is required to promote cost of living support available to residents through other health professionals, such as pharmacists and dentists.



Integration of health and social care

Fully embedded multi-disciplinary teams (including primary care, secondary care, social care) within neighbourhood settings are expected by April 2025.

It is recommended the PS Executive Delivery Group oversee the strategy, reporting up to the HWB Board

HEADLINES: SUMMARY

- This report presents a high level summary against actions outlined within the Joint Health & Wellbeing Strategy since it was approved in November 2022..
- A number of general points for discussion:
 - There has been progress against many of the actions outlined in the strategy, however there are a number of areas where scoping is still underway and may require further development.
 - The narrative provided by partners as part of their update is variable. This will partly reflect the nature of the actions agreed by the Board, however Public Health will work with colleagues to strengthen this.
 - It is recommended the Partnership Southwark Delivery Executive receive a minimum of two updates per year on progress, and identify resources to ensure delivery.
 - It is recommended the Health & Wellbeing Board receive an annual progress report.

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

Aim: Ensuring all families benefit from access to good quality maternal care and support to maximise maternal wellbeing and reducing differential outcomes for Black women in maternity care

Action	Owner	Progress Update
Review causes of inequalities in and between maternal access, outcomes and experience	Public Health	A Southwark Maternity Commission has been established to investigate the access, experience and outcomes of local maternity services for our residents; particularly those from an ethnic minority and disadvantaged backgrounds. The commission will be chaired by the lead Cabinet Member for Health & Wellbeing with the first meeting scheduled for 17 November 2023. The commission aims to finalise their report and recommendations by the end of 2024.
Scope and develop collaborative maternity partnership		
Develop action plan to tackle local inequalities in maternal access, outcomes and experience		

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

Aim: Ensuring all families benefit from access to good quality maternal care and support to maximise maternal wellbeing and reducing differential outcomes for Black women in maternity care

Action	Owner	Progress Update
<p>Deliver action plan to implement national recommendations on maternity services</p>	<p>South East London Maternity & Neo-natal system</p>	<p>SEL LMNS has a significant work programme that incorporates both the delivery of national expectations and local needs. The 3-year maternity and neonatal delivery plan published in March 2023 has superseded all other national recommendations, providing a report that encompasses all previous asks on the services.</p> <p>The LMNS are working through the recommendations and supporting partners to deliver on these. Quality and safety is overseen by a 6 weekly surveillance group with membership from senior leaders, governance managers, and specialist staff to review and discuss key issues.</p> <p>A range of working groups are in place to ensure delivery, including: Continuity of carer, Maternal Medicine, Equity & Equality, Workforce & Education, Maternity Voice Partnerships, along with others.</p> <p>Good progress has been made on engagement with underrepresented groups and this will feed into action plans. A national and local challenge remains continuity of carer.</p>

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

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

Action	Owner	Progress Update
Develop children and family centres to facilitate multi-disciplinary working in geographical areas with the highest levels of deprivation	Children & Family Services	As part of the Family Hub Transformation Programme the Council is working in collaboration with partners to re-define our borough model for Early Help and support. This ongoing programme of work will define our refreshed Early Help Strategy.

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

Aim: Improve the mental health and wellbeing of families, children and young people, ensuring 100% of CYP who need support can access services

Action	Owner	Progress Update
Increase the number of Mental Health Support Teams in schools	Children & Young People Mental Health Working Group	The number of schools supported increases each term, expanding from 16 schools in July 2023 to 20 schools this term.
Ensure that the improving mental health in schools (IMHARS) support package and Mental Health Support Teams offer is comprehensive and equitable		The IMHARS offer has 100% of schools engaged with Southwarks Wellbeing First: IMHARS programmes and wider offer. 104 schools have received IMHARS funding for or have a Mental Health First Aider benefiting over 35k children and young people. 85+ schools have achieved Southwark's 'Wellbeing First IMHARS' or Healthy Schools London awards and 125+ delegates from 60+ schools have participated in 'Wellbeing First: IMHARS' training/ CPD/ workshops. For the MHST schools are selected based on identified need or where there are increased levels of exclusion, 62 referrals were accepted last term with the main reason for referral being anxiety followed by behaviour. The ethnicity of those being supported is broadly in line with the local school population.

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

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

Action	Owner	Progress Update
<p>Redevelop an early identification and prevention approach to Adverse Childhood Experiences in Southwark</p>	<p>Partnership Southwark: Start Well</p>	<p>As part of the Family Hub Transformation Programme, the Council is working in collaboration with partners to re-define our borough model for Early Help and support, including for children experiencing ACEs, this ongoing programme of work will define our refreshed Early Help Strategy.</p>
<p>Identify opportunities to strengthen how data on adverse childhood experiences is shared between services</p>		<p>This work is currently being scoped. It is anticipated this will be implemented by summer 2024.</p>

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

Aim: Accelerate the reduction in childhood excess weight and obesity in Southwark

Action	Owner	Progress Update
Extend the motivational interviewing work which supports pathway into child weight management programme	Public Health	Motivational interviewing training was delivered in September 2022 with staff delivering phone calls to families and the child weight management programme. All families with children measured as overweight/obese through NCMP have been contacted. Over 2,700 families were contacted with over 800 accepting a motivational interviewing conversation.
Strengthen National Child Measurement Programme (NCMP) pathway, building on best practice in other areas		A working group between Public Health, School Nursing and Everyone Health has been established, and a range of actions are being implemented. One aim was to improve the quality of data collected, in particular family contact details; this is being enacted by School Nursing who share information with Everyone Health to ensure as many families can be supported as possible. Future work includes an evaluation of the current child weight management programme planned for Spring 2024, and a campaign with primary care to increase awareness and understanding of NCMP and improve support available for families.

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

Aim: We will increase access to good quality jobs, creating new routes to employment and providing support to those facing barriers to good quality jobs, including those facing systemic inequality such as ethnic minorities, older people, and others.

Action	Owner	Progress Update
Explore opportunities to use the apprenticeship levy in Partnership Southwark and voluntary and community sector roles	Partnership Southwark: Delivery Executive	There has been no tangible progress to date in developing apprenticeship programme in Partnership Southwark. However, there has been a review of the local apprenticeship offer across key partners in the borough including NHS trusts, Integrated Care System and Council. This review will form the basis of future work and opportunities continue to be explored.
Develop an inclusive apprenticeship programme within the social care workforce, focusing on staff who may have been excluded from traditional university routes	Adult Social Care	An apprenticeship programme for social care and occupational therapy was established in 2022 and is now in the second year of intake. There is currently 1 apprenticeship position for social work and 1 for occupation therapy. These positions are currently only open to internal staff within the council, due to funding arrangements.

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

Aim: We will increase access to good quality jobs, creating new routes to employment and providing support to those facing barriers to good quality jobs, including those facing systemic inequality such as ethnic minorities, older people, and others.

Action	Owner	Progress Update
Implementation of Workforce Race Equality Standard in Adult Social Care as an early adopter local authority	Adult Social Care	<p>Southwark Children and Adult Social Care were a pilot site for the Social Care Workforce Race Equality Standard (WRES) following a successful Department of Health and Social Care (DHSC) bid. The council completed the annual workforce data submission, and an action plan which was approved in November 2021.</p> <p>However, earlier this year it was announced DHSC will not be continuing to lead on the WRES and the leadership/ management will transfer to Skills for Care. Children’s and Adults Social Care are now completing a stock-take and evaluation of WRES engagement, and the relationship with Southwark Stands Together (SST).</p>

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

Aim: We will increase access to good quality jobs, creating new routes to employment and providing support to those facing barriers to good quality jobs, including those facing systemic inequality such as ethnic minorities, older people, and others.

Action	Owner	Progress Update
<p>Support the development, delivery and utilisation of the Health & Care Jobs Hub to provide targeted support towards employment in the health economy</p>	<p>Partnership Southwark: Delivery Executive</p>	<p>Health & Care Jobs Hub works across the 6 South East London boroughs and run various projects with stakeholders including GSTT and Southwark Works. A six week employability program at Southwark College has been initiated; this position is followed by a guaranteed interview for a job at GSTT (if available) or bank position at GSTT. During the period 2022-2023, 20 residents from Southwark have obtained jobs at GSTT. Further, a six week employability programme in Primary Care (GSTT) is being developed, with a pilot expected to be launched in 2024. Further work is needed to ensure progress of successful applicants is tracked accurately for future evaluation of these programmes.</p>

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

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

Action	Owner	Progress Update
All anchor institutions to proactively provide accessible information for wellbeing and employment support, such as information on the Keeping Well Hub	Partnership Southwark: Delivery Executive	Our Anchor Alliance involves the South East London Integrated Care Board, King’s College London and NHS trusts and local authorities across south east London. In summer 2023 an engagement campaign was launched to shape the priorities and objectives for the anchor programme’s work and to ensure the needs and voices of local communities are heard and responded to.

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

Action	Owner	Progress Update
Roll out Residential Care Charter to ensure fair pay for care staff	Children & Adult Services Commissioning	There are 16 adult care homes in Southwark in total (1 temporarily closed due to rebuilding work). 7 homes out of 15 are signed up to Southwark’s Residential Care Charter. As of October 2023, 301 service users of the 317 that we fund are living in a Charter compliant home. In terms of staff, over 520 people (nearly 80%) are working in homes that are fully compliant with the Charter.

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

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

Action	Owner	Progress Update
Evaluate stop smoking provision and implement recommendations to improve access and outcomes for at risk groups	Public Health	A service review was completed in late 2022 to identify key areas for improvement in local services. Following review, various recommendations have been developed and are being implemented. In-reach work to a homeless hostel in Peckham was carried out to give support to those struggling with tobacco addiction. More face to face stop smoking clinics are being rolled out across the borough. A targeted insight and marketing campaign to routine & manual and young adult smokers in Southwark has been commissioned; these are two groups who have disproportionately high smoking rates.
Provide specialist training to non-alcohol specialist healthcare professionals on initiating conversations about alcohol use	Drug & Alcohol Action Team	Southwark are engaging in SEL alcohol working group to respond to alcohol related needs. Further work remains to define the type of training to be offered. It is expected that training programmes could be trialled later this year, with the bulk of training to be offered during 2024-2025.

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

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

Action	Owner	Progress Update
Undertake collection of data across communities and groups to inform and understand current levels of participation and engagement in physical activity and sport	Leisure Services	Implementation of a data collection system at all leisure sites has enabled the service to collate information on the location, type of use and frequency of current participants. This analysed to help understand current patterns of usage and gaps across different communities. The leisure services team are working with colleagues in children's services, adult and social care and public health to gain insights from all available data on physical activity participation levels.
Connect communities and promote opportunities to engage in physical activity and sport, particularly for unrepresented groups and those in greatest need		In the summer, leisure services supported the 'health in the park' campaign with public health colleagues to deliver 'come and try activities' across a range of park settings, promoting venues and encouraging more participation. The leisure services team are supporting council members and attending community forum events to showcase the new opportunities following transfer of services back into the council in June 2023. A new website and App have been developed to engage more communities, including an online physical activity platform.

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

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

Action	Owner	Progress Update
Improve the signposting and promotion of the Council's sport and leisure offer by the wider health & care system	Leisure Services	Leisure services are working with Everybody Health to deliver commissioned services around exercise referral and weight management. There is also work underway with schools to improve delivery of the KS2 School Swimming programme and introducing a digital monitoring system, which help to identify gaps in achievement.
Review the current targeted leisure offer, following insourcing of leisure provision in June 2023, with a view to further promoting services to target those who are least active, have poorer health or greater health risks		The service and delivery of activity programmes transferred in June 2023 and followed the same programme of delivery. Leisure services are now using knowledge of operating the service for three months to understand the programme opportunities and determine the best way to reach those who most need to benefit from access to activity that is more physical. The discovery and planning work for this strategy will take place over the next five months, towards a launch in Spring 2024.
Evaluate access to Exercise on Referral ensuring services is reaching target groups	Public Health	A communications campaign targeting Black, Asian & Ethnic minority groups in promoting the Exercise on Referral service is being considered.

Priority 3: Early identification and support to stay well

Aim: Ensure that there are effective and accessible services that help prevent illness, including immunisations, screening and measures to tackle “The Vital 5”

Action	Owner	Progress Update
Increase uptake of NHS health checks by those with greater risks along with risk reduction interventions	Public Health	Southwark takes a targeted approach to NHS Health Checks and prioritises offers to residents with a higher predicted risk of developing cardiovascular disease or Type 2 diabetes. In 2022/23, providers exceeded targets, with 69% of health checks undertaken by black, Asian and minority ethnic residents. The providers also achieved the 25% target of case-finding those with high risk for CVD and Type 2 diabetes.
Extend the Community Health Ambassadors Programme, empowering more people to increase uptake of vaccinations and cancer screening and health improvement opportunities		In 2022/23, targets were exceeded with 54 new Ambassadors recruited and 53 community events supported. Attendance at events has been encouraged through comprehensive training packages for Ambassadors e.g. on vaccination, cancer screening and health promotion outreach.
Pilot and evaluate a weight management programme for men aged 45+, targeting black, Asian and minority ethnic groups		A pilot weight management programme was delivered from November 2022 to January 2023 targeting men from black ethnic groups. Following from this, a two year weight management programme for men over 45 from ethnic minority groups is being developed, utilising insights & findings from the evaluation of the pilot. Further, a pilot weight management programme for people of Latin American background is also being developed.

Priority 3: Early identification and support to stay well

Aim: Ensure that there are effective and accessible services that help prevent illness, including immunisations, screening and measures to tackle “The Vital 5”

Action	Owner	Progress Update
Develop and pilot healthy eating and physical activity interventions with faith groups and evaluate the outputs and outcomes	Public Health	An evidence review on health interventions with Faith groups has been completed. Initial market engagement and options analysis has also been carried out to help shape the design of the interventions. Further market engagement is planned in the coming months.
Develop and deliver a Targeted Lung Health Check programme for people aged between 55-74 years who are current or ex-smokers	Guys and St Thomas' NHS Foundation Trust	Southwark's Stop smoking service and pharmacies have taken referrals from high and low risk pathway patients from the targeted lung health checks (TLHC). Everyone Health and Bonamy pharmacy have worked together with the TLHC planning team to coordinate smooth patient referrals and treatment and have seen over 100 patients. Final data is yet to be collated as patients are still working through their 12 week support journey.
Evaluate peer mentor programme for substance misuse in hostel and hospital settings	Drug & Alcohol Action Team	Peer mentors are now in place at both hospital trusts, along with a peer mentor programme for hostels. This began with a Health advocate working at Joe Richards House, with their role focusing on supporting 5 ways to wellbeing. This has been expanded to Norcotte House and Manor Place Women's Hostel. This work will be reviewed as part of on-going provision.

Priority 3: Early identification and support to stay well

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

Action	Owner	Progress Update
<p>Complete system-wide scoping activity to identify opportunities to integrate mental health in all policies, to improve the social determinants of poor mental health</p>	<p>Public Health</p>	<p>Mental health has been incorporated into various work programmes. Examples include joining income maximisation/debt advice with other services e.g. food hubs, warm spaces, and the Back on Track project that offers a breathing space and debt advice to people with long-term health conditions who are in payment arrears. Vital 5 checks taking place with the health promotion outreach van include a mental health questionnaire and signposting if appropriate. Community Health Ambassadors have also received training in relation to mental health and suicide prevention.</p>
<p>Develop and implement an evidence-based suicide prevention strategy and action plan to reduce risk of self-harm and prevent incidences of suicide</p>	<p>Partnership Southwark: Delivery Executive</p>	<p>A Suicide Prevention Strategy has been developed for approval by the Health & Wellbeing Board. The strategy has been developed through collating/analysing national and local data, identifying examples of evidence-based interventions, incorporating national guidance and working with local stakeholders.</p>

Priority 3: Early identification and support to stay well

Aim: Focus on preventing admission to hospital for falls

Action	Owner	Progress Update
Deliver public awareness campaign focused on how to reduce falls risk and services that can reduce risk	Guys and St Thomas' NHS Foundation Trust	Southwark (and Lambeth) falls prevention leaflets have been publicised and circulated, including at GSTT events. Further, the GSTT external website has been updated with information on falls prevention.
Deliver education and training on falls risk and availability of local services and prevent incidences of suicide		An e-Learning package for delivering education and training on falls risk is currently going through a review phase. Following this review, a pilot e-Learning will be uploaded to the Southwark learning resource domain in October/November 2023. The aim is for all teams including Council staff, external carers and the voluntary sector to be able to access this resource when it is made live. Funding will be required to maintain offer of awareness sessions to support take up of e-Learning.

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

Action	Owner	Progress Update
Develop the signposting to Ageing Well Southwark to ensure that a greater number of carers know how to access support	Adult Social Care	In 2022-23 the Council supported almost 5,000 carers, working with Southwark Carers and other voluntary organisations. The focus of our work is now on ensuring the adequacy of the advice and information offered to unpaid carers is comprehensive and meets their needs.

Priority 3: Early identification and support to stay well

Aim: Provide the right support to help people to recover from admission to hospital

Action	Owner	Progress Update
<p>Further embed the hospital discharge and community support guidance throughout the Southwark system</p>	<p>Partnership Southwark: Age Well</p>	<p>The Avon Unit is in operation and working well to deliver an assessment unit for discharge. There is ongoing work with a 'Discharge Operational Delivery Group' involving partners in GSTT, KCH and Lambeth Council. This group is working collaboratively on work streams to improve pathways and fine tune processes.</p> <p>Work is underway to co-produce actions with residents to improve the experience of hospital discharge. These actions will be based on community research undertaken earlier this year which was presented to Partnership Southwark Strategic Board in September.</p>
<p>Pilot a 'Hospital Buddies' programme offering volunteer support to older people before and after elective surgery</p>		<p>The 'Hospital Buddies' service was scoped via consultation with a wide range of providers. Volunteers have been recruited and trained and extensive promotion to potential referrers has been undertaken. Staff have been recruited and inducted to deliver the service. Although work is underway, the service does not receive referrals which renders the outputs and outcomes off track.</p>

Priority 4: Strong & Connected Communities

Aim: Strengthen how we involve local communities to help us better understand their needs and to co-design and implement services to meet their needs

Action	Owner	Progress Update
Establish a new approach to embedding community voices in shaping and implementing health and care priorities	ICB Communications & Engagement Team	<p>Partnership Southwark has continued to develop its approach to embedding community voices in shaping and implementing health and care priorities. At the strategic level, this has included the appointment of Voluntary and Community Sector representatives at senior decision making levels within the partnership; at the Partnership Southwark Strategic Board and the Partnership Southwark Executive Group.</p> <p>At the project level, the partnership have sought to work closer with people and communities earlier in our projects. This has included supporting and delivering outreach to inform the 1,001 days programme, along with the development of a co-design approach to the programme. The partnership are looking to evaluate and extend this way of working to the other five priority programmes within where possible.</p>

Priority 4: Strong & Connected Communities

Aim: Ensure that services are accessible to and meet the needs of all

Action	Owner	Progress Update
Mental health practitioners to be embedded in communities and neighbourhoods through Be Well Hubs	Community Mental Health Transformation Programme Delivery Group	<p>There are now Mental health practitioners in both North and South Southwark based in practices within the respective neighbourhoods. The delivery group are now in a phase of refining the roles and support around them.</p> <p>There is a clinical service lead, consultant psychiatrist, primary care lead, clinical directors from the PCN and federation managers involved in the oversight group and development.</p>
Complete needs assessment to better understand health needs of refugees, asylum seekers and vulnerable migrants in the borough	Public Health	A needs assessment was completed in summer 2023, involving partners across the borough and St George's University. In addition to a review of data and evidence, 63 stakeholders from a range of organisations including the NHS, Southwark Council and the voluntary sector were interviewed for the project. The recommendations from the needs assessment are being taken forward by a range of groups including the Asylum Seekers Health & Wellbeing Working Group and Southwark Refugee & Asylum Seeker Multi-Agency Partnership.

Priority 4: Strong & Connected Communities

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

Action	Owner	Progress Update
Support model of social prescribing that helps to connect local residents to relevant services that can tackle loneliness and social isolation	Partnership Southwark: Delivery Executive	Both Primary Care Networks in Southwark established social prescribing teams in April 2023. These teams have expanded over time and are embedded within general practice, receiving high referrals for a range of needs.
Delivery of Making Every Contact Count training to staff working regularly with people at risk of severe loneliness or isolation	Public Health	A training programme will begin in early 2024, completing by November 2025. Staff working with those at risk of loneliness will be high priority to receive the training early in the programme.

Aim: Ensure that services are accessible to and meet the needs of all

Action	Owner	Progress Update
Develop and implement a Right to Food Action Plan. This will include: 1. Children's food 2. Food for older and disabled people 3. Healthy food neighbourhoods and physical access to food 4. Cash first approaches	Public Health / Southwark Food Action Alliance	Right to Food action plan was approved at Southwark Council Cabinet in June 2023 and is currently being implemented. The plan focuses on the four priority areas and covers action such as improving uptake of Healthy Start vouchers and signing up more convenience stores to act as "Good Food Retailers".

Priority 4: Strong & Connected Communities

Aim: Work together to mitigate the impacts of the cost of living crisis for people in Southwark

Action	Owner	Progress Update
Undertake analysis of the likely health impacts of the cost of living crisis, identifying those who will be most impacted	Public Health	Analysis of the impact of the Cost of Living Crisis has been conducted through 2023 and informed the development of the local support offer, including initiatives such as warm spaces, and financial support programmes. This analysis is under regular review and has been included in the recent JSNA annual report.
Ensure those working directly with residents most affected are aware of the support offer available in Southwark		Information sessions on support were delivered to a wide variety of attendees including adult social care, housing colleagues, faith organisations and VCS colleagues. A targeted session was delivered to GP Practice Managers. Further work is required to reach other health professionals such as pharmacists and dentists.
Identify health and wellbeing partners who can refer people into the Southwark Council Cost of Living Fund		Information was provided to a range of health and wellbeing partners during the 2022-23 winter. Evaluation of the community referral pathway for the Cost of Living Fund found that awards from the fund were distributed as expected across tenure, household composition and disability in 2022-23. The pathway will reopen in November 2023 and further information about becoming a referral partner will be shared with health and wellbeing partners shortly.

Priority 5: Integration of health and social care

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

Action	Owner	Progress Update
Develop and pilot approaches to co-located multi-disciplinary teams (including primary care, secondary care, social care) in neighbourhood settings.	Partnership Southwark: Delivery Executive	A local 'delivery group' has been established with representatives from across primary care to develop and pilot a long-term strategic programme for delivering health and social care in neighbourhood settings. Work remains to engage with other providers across the system e.g. social care, VCSE. A fully embedded approach is expected by April 2025.
Develop and implement a person-centred model for community mental health, based around primary care networks and neighbourhoods	Community Mental Health Transformation Delivery Group	A model has been implemented via the various work streams e.g. Mental health practitioners, wellbeing hub support workers, increased workforce within the Primary Care Mental Health Teams, hoarding worker and rapid response. The delivery group are at a phase of evaluation of the above work streams as well as of our contract with Black Thrive and other VCSE organisations
Increase nursing care provision in the borough	Children & Adult Services Commissioning	The Avon Unit provides a new 16 bed nursing assessment unit in the borough. The facility includes re-ablement beds, that provide support to residents to re-gain their independence after a stay in hospital. It also provides discharge to assess beds, that offer support to residents whilst their longer term care needs are being assessed. There are ongoing discussions with providers to increase capacity during the winter period and beyond.

Priority 5: Integration of health and social care

Aim: Strengthen how we involve local communities to help us better understand their needs and to co-design and implement services to meet their needs

Action	Owner	Progress Update
Establish a new approach to embedding community voices in shaping and implementing health and care priorities	ICB Communications & Engagement Team	Partnership Southwark has continued to develop its approach to embedding community voices in shaping and implementing health and care priorities. At the strategic level, this has included the appointment of Voluntary and Community Sector representatives at senior decision making levels within the partnership; at the Partnership Southwark Strategic Board and the Partnership Southwark Executive Group. At the project level, the partnership have sought to work closer with people and communities earlier in our projects. This has included supporting and delivering outreach to inform the 1,001 days programme, along with the development of a co-design approach to the programme. The partnership are looking to evaluate and extend this way of working to the other five priority programmes where possible

Priority 5: Integration of health and social care

Aim: Strengthen how we involve local communities to help us better understand their needs and to co-design and implement services to meet their needs

Action	Owner	Progress Update
<p>Pilot a new approach to engagement and neighbourhood working through the We Walworth programme and a second neighbourhood pilot</p>	<p>Partnership Southwark: Delivery Executive</p>	<p>The We Walworth, Partnerships for People & Place project funded by the Department for Housing, Levelling Up and Communities has now finished. The evaluation of this project is currently being finalised. The findings will be shared with partners in due course and will inform further developments of our engagement and neighbourhood approach.</p> <p>Work continues on the Walworth Living Room project and work with Pembroke House. The approach has a focus on wellness, and the research project is inviting people to consider in what social contexts they feel safe and well. Fifteen residents are being trained in community and participatory research and will be leading the research as part of this project.</p> <p>The results will be used to build a pilot initiative that focuses on how the community can take care of each other before needing medical intervention.</p>

Priority 5: Integration of health and social care

Aim: Ensure partners are able to hold each other to account in delivering good care to our residents

Action	Owner	Progress Update
<p>Establish transparent governance arrangements following the formation of the Local Care Partnership</p>	<p>Partnership Southwark: Delivery Executive</p>	<p>Our Local Care Partnership – Partnership Southwark – was established in July 2022 following the national re-organisation of the NHS.</p> <p>The partnership is managed by the Place Executive Lead who is a senior officer within South East London Integrated Care Board. A strategic board provides direction and oversight, bringing together partners from the NHS, Council and Voluntary & Community Sector.</p> <p>The partnership has made a commitment to establishing a joint Strategic Director post in 2024/25 that will be accountable to both the Local Authority and Integrated Care Board. The post will drive the further integration of planning and service delivery for the benefit of local residents.</p>

Priority 5: Integration of health and social care

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

Action	Owner	Progress Update
Set out how budgets can be aligned and or pooled under the Partnership Southwark Health and Care Plan	Partnership Southwark: Delivery Executive	The Health & Care Plan was approved at the Partnership Southwark Strategic Board in July 2023. Through the Joint Commissioning Oversight Group, Better Care Fund Planning Group and Partnership Southwark Strategic Board, the partnership continue to discuss opportunities to align and / or pool budgets across the health and care system to support the delivery of priorities set out in the Health & Care Plan and achieve the best outcomes for our residents. These discussions will continue, with future proposals brought to the Partnership Southwark Strategic Board or Health & Wellbeing Board as appropriate.
Increase voluntary contributions to the Better Care Fund (BCF)	South East London Integrated Care Board & Adult Social Care	In the 2023/24 planning round, the option of further expansion of the BCF was considered. However, it was decided that any further expansion of pooled budget arrangements are best pursued using bespoke local arrangements outside the national BCF framework. This is due to the administrative delays and restrictive planning and assurance requirements associated with the BCF processes. This conclusion was reported to the Board and agreed at their meeting in January 2023.

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Item No. 12	Classification: Open	Date: 16 November 2023	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund update	
Ward(s) or groups affected:		All	
From:		<p>Martin Wilkinson, Chief Operating Officer, Southwark, NHS SEL Integrated Care Board</p> <p>Genette Laws, Director of Commissioning, Children and Adults, Southwark Council</p>	

RECOMMENDATIONS

1. That the Health and Wellbeing Board note the letter of agreement received from NHSE approving the Southwark 2023 – 2025 Better Care Fund (BCF) Plan (**appendix 1**).
2. That the Health and Wellbeing Board approve the Better Care Fund monitoring template for Q2 returned to NHSE, as required in the monitoring conditions (**appendix 2**).

BACKGROUND INFORMATION

3. The Better Care Fund (BCF) was first established in 2015/16 as a national policy initiative to drive forward the integration of health and social care services by requiring local councils and local NHS commissioners to agree a pooled budget and an associated plan for community based health and care services.
4. The Health and Wellbeing Board agreed the BCF Plan 2023-2025 at its meeting of 3rd August 2023. The plan was submitted and reviewed under the national assurance process and received formal agreement on 3rd October 2023, as set out in the attached letter of approval (appendix 1). The letter of approval also sets out requirements around monitoring and delivery.
5. The BCF is subject to a quarterly monitoring process and it is a requirement that the Health and Wellbeing Board approve the monitoring templates. The quarter 2 template (appendix 2) was submitted to NHSE on 31st October, indicating it is subject to Health and Wellbeing Board approval.

KEY ISSUES FOR CONSIDERATION

BCF approval letter from NHSE

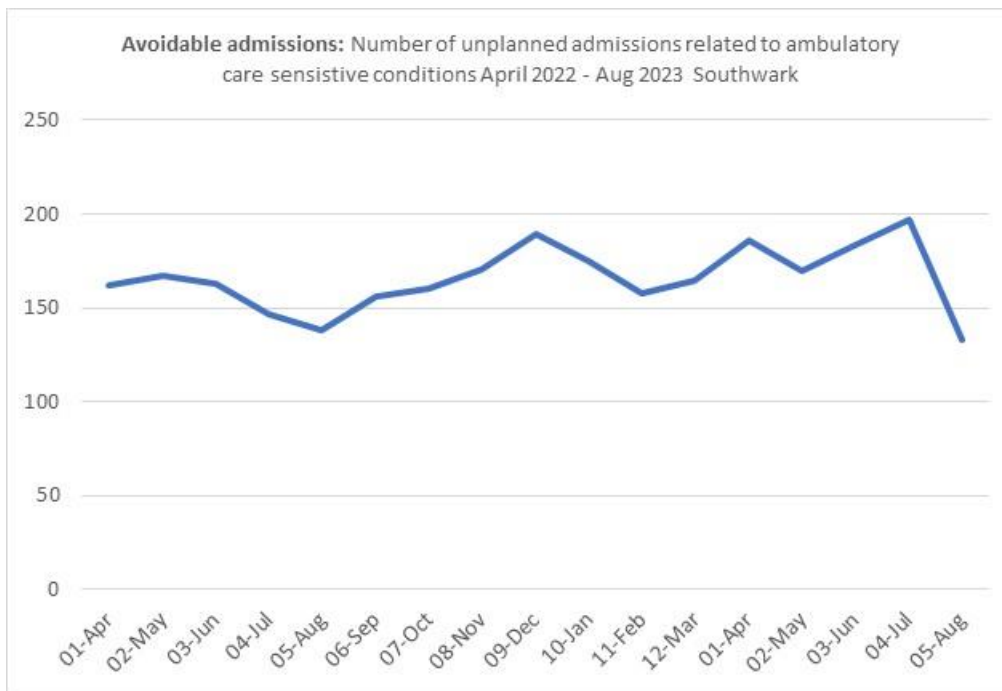
6. The BCF approval letter from NHSE addressed to the chair of the board is attached for information (appendix 1). Key points to note, aside from the approval, include requirements around:
- finalising the Section 75 agreement for the pooled budget
 - delivering the plan in line with national conditions
 - reporting requirements including quarterly monitoring and additional discharge fund monitoring
 - escalation processes

Quarter 2 monitoring template

7. The key points to note in the quarterly monitoring template (appendix 2):
- **National conditions:** on course to be met in Southwark, with the Section 75 agreement scheduled for agreement on 3/11/23.
 - **Metrics:** the targets for discharges to normal place of residence, reablement and admissions to care homes are currently on track to be delivered. Performance on “avoidable admissions” to hospital for chronic ambulatory care sensitive conditions is showing a 12% increase on the same period last year and not on track to meet target (see para 8 for additional analysis). The rate of admissions due to falls are currently similar to last year and not on track to meet target.
 - **Demand and capacity for intermediate care:** the return provided an opportunity to revise the data originally provided with the BCF plan. No changes have been made to for Southwark. However, as explained in the original plan, there are a number of known gaps in local validated data around discharge at borough level and for community health intermediate care services. The introduction of a new electronic patient record system (EPIC) by local trusts that is underway is expected to help tackle this issue. Further work to enable the development of more sophisticated demand and capacity modelling will be undertaken as improved data becomes available.

Additional analysis on “avoidable admissions” for ambulatory care sensitive conditions

8. The analysis below shows the monthly trend on this measure since April 2022, and the growth in underlying condition types compared to the same period last year.

Chart 1: Trend in total “avoidable admissions” April 2022 – August 2023**Table 1: Avoidable Admissions: underlying conditions - comparison of year to date totals at August 2022/23 v 2023/24**

Avoidable Admissions Type	M5 22/23	M5 23/24	growth (number)	growth (%)
COPD	152	166	14	9%
Diabetes	117	121	4	3%
Heart Failure	137	118	-19	-14%
Asthma	72	110	38	53%
Hypertension	56	83	27	48%
Anaemia	61	79	18	30%
Epilepsy	78	72	-6	-8%
Atrial Fibrillation	61	66	5	8%
Angina	24	44	20	83%
Total	777	869	92	12%

9. Key BCF funded services that directly prevent admissions include community health urgent community response services, step up intermediate care and re-ablement and self-management for people with long term conditions.

Additional Discharge Fund update

10. As mentioned in the agreement letter the discharge fund has been subject to separate fortnightly activity and spend reporting, which Southwark has been complying with. This information does not require Health and

Wellbeing Board approval. The latest return shows £1.9m spend to 8th October, against full year budget of £4.1m and associated activity in the previous 2 week. See Appendix 3 *for* information.

Policy framework implications

11. There are no policy framework implications associated directly with this BCF monitoring report.
12. The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2023 to 2025 on 4th April 2023. The government issued the document “BCF Planning Requirements 2023/25” to local systems requiring the development of plans at Health and Wellbeing Board level. The document sets out the purpose of the BCF in terms of driving forward the national integration agenda. The BCF plan submitted reflects local policy on integration as set out in the draft Health and Care Plan and is consistent with the national framework.

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

Community impact statement

13. There is no community impact arising directly from this BCF monitoring report.
14. The BCF plan provides funding for essential community support for people with health and social care needs. This has benefit to all people with protected characteristics, particularly services provided for older people, and people with disabilities and mental ill-health. The BCF also funds a range of voluntary sector services promoting community resilience, including the older people’s community hub.
15. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018 under Southwark’s ethical care charter. This workforce has a high proportion of women and people from the black and minority ethnic communities. This principle is being expanded in the current plan to care home staff through additional funding for the Residential Care Charter.

Equalities (including socio-economic) impact statement

16. The way that BCF contributes to the equalities and health inequalities objectives of the draft Health and Care Plan and the Health and Wellbeing Strategy is set out in the full BCF plan.

Health impact statement

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

of health or care services. The plan sets out how the BCF aligns to the delivery of the Health and Wellbeing Strategy.

Climate change implications

18. The BCF plan will be delivered in line with the Partnership Southwark policy statement on environmental sustainability which incorporates the green policies of partnership organisations.

Resource implications

19. There are no resource implications associated with this report.

Consultation

20. There are no consultation requirements associated with this.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive – Governance and Assurance

21. None sought

Strategic Director, Finance

22. None sought

Other officers

23. None sought

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
BCF background documents	Tooley St	Adrian Ward Adrian.ward@selondonics.nhs.uk

APPENDICES

No.	Title
Appendix 1	Better Care Fund letter of approval
Appendix 2	Better Care Fund Q2 monitoring template
Appendix 3	Additional Discharge Fund monitoring template

AUDIT TRAIL

Lead Officer	Martin Wilkinson, Chief Operating Officer, Southwark, NHS SEL Integrated Care Board Genette Laws, Director of Commissioning, Children and Adults, Southwark Council	
Report Author	Adrian Ward, Head of Place PMO (Southwark), NHS South East London Integrated Care Board	
Version	Final	
Dated	01/11/23	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive Governance and Assurance	N/A	
Strategic Director of Finance	N/A	
Cabinet Member	No	
Date final report sent to Constitutional Team	6 November 2023	

NHS England
Wellington House
133-155 Waterloo Road
London,
SE1 8UG
E-mail:
england.bettercarefundteam@nhs.net

To: *(by email)*
Cllr Kieron Williams, Chair, Southwark
Health and Wellbeing Board
Andrew Bland, Integrated Care Board
Chief Executive or Representative(s)
Althea Loderick, Chief Executive,
Southwark Council

03 October 2023

Dear Colleagues,

BETTER CARE FUND 2023-25

Thank you for submitting your Better Care Fund (“**BCF**”) plan for regional assurance and approval. I am pleased to let you know that following this process, your plan has been classified as ‘**approved**’. You should now proceed to finalise your section 75 agreements with a view to these being signed off by 31 October 2023.

We are grateful for your commitment to developing and producing your agreed plan and we recognise that there are many pressures on local system colleagues, despite the early publication of the planning requirements.

The BCF is the only mandatory policy to facilitate the integration of health, social care and housing funding. This is the second time that the BCF Policy Framework covers two financial years to align with NHS planning timetables and to give areas

the opportunity to plan more strategically.

BCF Conditions for financial year 2023/4

The BCF funding from NHS England for the financial year 2023/24, which includes additional discharge funding, can now be formally released subject to compliance with the following conditions (referred to as “the **BCF Conditions**”):

- The BCF funding is used in accordance with your final approved plan.
- The national conditions (“the **National Conditions**”) set out in the BCF Policy Framework for 2023-25 and further detailed in the BCF Planning Requirements for 2023-25 continue to be met.
- Satisfactory progress is made towards meeting the performance objectives specified in your BCF plan.
- Reports on your area’s progress and performance are provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the BCF overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.

Escalation

The BCF Conditions have been imposed through NHS England’s powers under sections 223G and 223GA of the NHS Act 2006. This means that if the BCF Conditions are not complied with NHS England can, under section 223GA:

- withhold any payment, if any of the BCF Funding has not already been made available to the ICB;
- recover any of the funding (either from the current financial year or a subsequent financial year); and/or
- direct the ICB or ICBs in your Health and Wellbeing Board area as to the use of the funding.

Where an area is not compliant with one or more BCF Conditions or there is a material risk that a BCF Condition will not be met, an area may enter into escalation, as outlined in the BCF Planning Requirements 2023-25. This could lead to NHS England exercising the powers outlined above. Any intervention will be proportionate to the risk or issue identified.

Local authority funding for financial year 2023/4

Grants to local government (improved Better Care Fund, Additional Discharge Fund

and Disabled Facilities Grant) will continue to be paid to local government under s31 of the Local Government Act 2003, via the Department of Levelling Up, Housing and Communities, with a condition that they are pooled into one or more pooled funds under section 75 of the NHS Act 2006 and spent in accordance with your approved BCF plan.

Reporting and compliance

Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your local Better Care Manager (“**BCM**”). Following regional assurance, we are asking all BCMS to feed back to local systems where the process identified areas for improvement in plans, including where systems may benefit from conversations with other areas. Nationally, we will also be reflecting on the data and what further support we can consider in the future.

Reporting on the overall BCF programme for 2023-25 will resume in September with quarterly reporting and an end of year return. In preparation for winter and to ensure ongoing alignment with urgent and emergency care recovery plans, the Quarter 2 report will include a check that your Intermediate Care Capacity and Demand plans are still fit for purpose as we enter months where capacity is often stretched. Your refreshed Intermediate Care Capacity and Demand plan needs to be submitted by 31 October 2023. All templates and guidance will be published on the Better Care Exchange. Further information on quarterly and end of year reporting will be confirmed in due course.

You will be aware that there are additional reporting requirements for the Additional Discharge Fund. The Government maintains a strong interest in improving timely discharge of patients; details of additional reporting on this part of the fund have been published. NHS England also requires a monthly return on packages provided to date, spend to date and forecast spend data on an ICB footprint. There is a commitment to review these reporting arrangements for 2024-25.

BCF Conditions for financial year 2023/24

As explained above, the BCF Policy Framework covers the financial years 2023/24 and 2024/25. NHS England expects that before any BCF funding for 2024/25 is made available it will write to areas to notify them that the BCF Conditions for 2023/24 set out in this letter will also apply to 2024/25.

If your area is in breach of its BCF Conditions or there is a material risk that it will breach a BCF Condition, then further conditions may be applied to BCF funding for

2024/25.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,

A handwritten signature in black ink that reads 'N Hunt'.

Nicola Hunt

Senior Responsible Officer for the Better Care Fund
NHS England

Copy (by email) to:

Caroline Clarke, Regional Director, NHS England
Rosie Seymour, Programme Director, Better Care Fund team, Better Care Fund
Programme, NHS England
Andre Lotz and Nicole Valenzuela-Sotomayor, Better Care Managers, Better Care
Fund Programme, NHS England

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

1. Guidance for Quarter 2

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

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

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

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

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

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

Checklist (2. Cover)

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

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

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

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

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

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.

This section is split into 3 separate tabs:

5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update our records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Southwark
Completed by:	Adrian Ward
E-mail:	adrian.ward@selondonics.nhs.uk
Contact number:	0208 176 1349
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Thu 16/11/2023

<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Southwark

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	03/11/2023

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Southwark

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

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	222.0	187.0	225.0	195.0	249.3	Not on track to meet target	Local data for the year to August shows an increase of 92 avoidable admissions, 12% growth on the same period last year, against the target of a 5% annual decrease. The main conditions involved are COPD, Diabetes and Heart Failure. There have been increases in admissions for angina, asthma and hypertension in Q1. This will be the subject of further analysis with	The long term trend on this measure is positive despite the short term increase. The BCF funds a range of services that support the objective of preventing admissions, including community health urgent community response, step-up intermediate care and reablement and self-management support for people with long term conditions.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.8%	96.8%	96.8%	96.8%	97.21%	On track to meet target	n/a - strong performance	Southwark maintains very high performance on this measure reflecting the strength of the home first support offer.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,843.0	500.1	Not on track to meet target	Local data shows there were 127 admissions in Q1 which is 6% above the target to reduce the 22/23 rate by 5%. However this is not a statistically significant change on last year.	The BCF provides funding for the GSTT falls service. In addition a range of BCF funded services are focussed on reducing falls risks such as intermediate care and reablement, community equipment and telecare.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)					540	On track to meet target	Pressure to discharge out of hospital, increased level of patients with high needs.	The annual rate of 540 relates to 169 placements. Predicted annual rate based on 6 months data is 492 and that relates to a predicted estimate of 154 placements. The council is
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services					90.0%	On track to meet target	On course to deliver target	The Year to date to Aug shows an average of 95%. This is in line with consistent and strong performance in this area.

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Southwark

Community	Previous plan					Refreshed capacity surplus:					
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Capacity - Demand (positive is Surplus)											
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	120	120	120	120	120	120	120	120	120	120
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	83	76	76	76	66	83	76	76	76	66
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0
Urgent Community Response		120	120	120	120	120	120	120	120	120	120
Reablement & Rehabilitation at home		83	76	76	76	66	83	76	76	76	66
Reablement & Rehabilitation in a bedded setting		0	0	0	0	0	0	0	0	0	0
Other short-term social care		0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

5.1 Assumptions

<p>1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections? No change on BCF plan</p>
<p>2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?) Demand: No change on BCF plan Capacity: No change on BCF plan</p>
<p>3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan? Impact of 23/24 interventions factored into original plans. Winter plans will further strengthen the delivery of BCF plans.</p>
<p>4. Do you have any capacity concerns or specific support needs to raise for the winter ahead? Concerns about step down intermediate care capacity including bedded step down capacity being mitigated by implementation of Additional Discharge Fund and winter offer plans. Availability of suitable Nursing Care Home options for high complexity needs patients also likely to continue to drive discharge delays.</p>
<p>5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data). As set out in the BCF submission there remain a number of data challenges to enable the development of more sophisticated demand and capacity modelling. There are ongoing concerns about data on community health services that it is expected will be progressed through the implementation of EPIC electronic patient record system. The EPIC system is also currently being introduced in our 2 acute trusts. Validated data on discharges and discharge delays at a borough level is a current gap. Further local work on demand and capacity analysis will be undertaken as data improves.</p>
<p>6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge? Projections assume all discharged patients provided with appropriate step down provision. Data improvements required to factor in the unmet need relating to delayed patients to strengthen the demand and capacity model.</p>

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing – (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Cells	Guidance
Cells B2-B5	Please select the return date and complete your Health and Wellbeing board, contact name and e-mail address
Section 1	<p>Please report on the capacity that LAs and ICBs have commissioned from the Discharge Fund that was available to patients during the reporting period. This excludes any spend on care that is not available to support discharges during this reporting period, but includes any care purchased during a previous reporting period but which is available in the current reporting period.</p> <p>For Pathway 1 services, please report the total number of contact hours available to patients during the reporting period. This would be a combination of short term domiciliary care, reablement at home or rehabilitation at home.</p> <p>For Pathway 2 and Pathway 3 services, please report the number of beds available to patients during the reporting period (if this changes over the reporting period, i.e. increased from 6 beds available first week to 10 in the second week, please provide the average over the reporting period - in this case that is 8 beds available).</p>
Section 2	Please provide the value of spend, from each of the LA and ICB allocations of the 2023-24 Discharge Fund, formally committed or contracted to date during this financial year, by service type. The categories for service types are aligned to the BCF and that should be used for guidance on categorisation of spend. Payments do not have to have been made for spend to be recorded here.
Section 3- Additional Narrative	Please describe progress so far with delivering activities using the funding, and any challenges in delivering the intended impact of the fund.

Discharge Fund 2023-2024 Reporting Template (Fortnightly)	
Return Submission Date	16 October 2023
Health and Wellbeing Board	Southwark
Contact name	Adrian Ward
Email	adrian.ward@selondonics.nhs.uk

Section 1. Total amount of care purchased from Discharge Fund that is available during the reporting period: 25 September – 8 October

Discharge setting	Unit	Number	Notes
Home care or domiciliary care (Pathway 1)	Total contact hours	544	
Home-based intermediate care services (Pathway 1)	Total contact hours	394	
Bed-based intermediate care services (Pathway 2)	Beds	19	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (Pathway 3)	Beds	30	

Section 2. Total spending formally committed to or contracted to date from the discharge fund by scheme type

Scheme type	Spend from ICB allocation to date	Spend from LA allocation to date	Total spending to date	Notes
Home care or domiciliary care (Pathway 1)		£143,501	£143,501	
Home-based intermediate care services (Pathway 1)		£104,110	£104,110	
Bed based intermediate care services (Pathway 2)	£410,335	£138,465	£548,800	
Residential placements (Pathway 3)		£683,479	£683,479	
Workforce recruitment and retention		£98,904	£98,904	
Assistive technologies and equipment		£0	£0	
Voluntary and community support		£10,411	£10,411	
All other spend	£236,607	£123,630	£360,237	
Total	£646,942	£1,302,500	£1,949,442	

Section 3. Additional Narrative

Please use the space below to describe progress using the discharge fund in the following areas.

In your response, please include details about any developments, changes or milestones achieved when spending the fund and how these are supporting the reduction of discharge delays.

Theme	Answer	Update (if there is new developments to share)
1a. Securing additional workforce, or increasing hours worked by existing workforce	No Change	The situation in terms of the recruitment of Occupational Therapist has improved with the input of additional resources and the development of a recruitment microsite. It still takes a long time to recruit new staff, but the number of staff leaving the sector is declining
1b. Progress in commissioning short-term domiciliary social care and home-based reablement or rehabilitation services for Pathway 1 discharges	No Change	The recruitment and embedding of Occupational Therapists in Reablement is beginning to show positive results. Home Care agencies workforce is stabilising
1c. Commissioning bed-based reablement or rehabilitation services for Pathway 2 discharges	No Change	A newly commissioned residential care provider has agreed to deliver bed based reablement
1d. Commissioning short-term residential/nursing care for Pathway 3 discharges	No Change	Newly commissioned residential care provider had agreed to dual registration of homes to deliver both residential and nursing

2a. Please describe any new or innovative initiatives to improve discharges	No Change	The establishment of a hospital transfer of care team manages both hospital discharges, CHC assessments and 6 week reviews
2b. Please describe any barriers/challenges you have faced in spending the discharge fund	No Change	Short term funding inhibits stability and long term planning. Many services can not easily be stood down or set up in response to short term funding. Short term funding does not support stability in the workforce.
3. How confident are you that funding is helping to reduce discharge delays, on a scale of 1 to 5? Where 1 is least confident and 5 is most confident. Please provide a reasoning for your rating in (column E).	4	The level of acuity of those being discharged remains high and this combined with reduce social networks of many people mean that they have little community support in place to support a discharge home so that Discharge to Assess Beds and residential care become the more ideal option. This funding provides the bases to ensure the council can commission sufficient amounts of the provision.

Local authority	Report due	Spend and activity reporting period
Barking and Dagenham		30-May-23 1 April – 21 May
Barnet		12-Jun-23 22 May – 4 June
Barnsley		26-Jun-23 5 June – 18 June
Bath and North East Somerset		10-Jul-23 19 June – 2 July
Bedford		24-Jul-23 3 July – 16 July
Bexley		07-Aug-23 17 July – 30 July
Birmingham		21-Aug-23 31 July – 13 August
Blackburn with Darwen		04-Sep-23 14 August – 27 August
Blackpool		18-Sep-23 28 August – 10 September
Bolton		02-Oct-23 11 September – 24 September
Bournemouth, Christchurch and Poole		16-Oct-23 25 September – 8 October
Bracknell Forest		30-Oct-23 9 October – 22 October
Bradford		13-Nov-23 23 October – 5 November
Brent		27-Nov-23 5 November – 19 November
Brighton and Hove		11-Dec-23 20 November – 3 December
Bristol, City of		02-Jan-24 4 December – 17 December
Bromley		15-Jan-24 18 December – 31 December
Buckinghamshire		29-Jan-24 1 January – 14 January
Bury		12-Feb-24 15 January – 28 January
Calderdale		26-Feb-24 29 January – 11 February
Cambridgeshire		11-Mar-24 12 February – 25 February
Camden		25-Mar-24 26 February – 10 March
Central Bedfordshire		09-Apr-24 11 March – 24 March
Cheshire East		22-Apr-24 25 March – 31 March
Cheshire West and Chester		
City of London		
Cornwall & Scilly		
County Durham		
Coventry		
Croydon		
Cumberland		
Darlington		
Derby		
Derbyshire		
Devon		
Doncaster		
Dorset		
Dudley		
Ealing		
East Riding of Yorkshire		
East Sussex		
Enfield		
Esex		
Gateshead		
Gloucestershire		
Greenwich		
Hackney		
Hallam		
Hammersmith and Fulham		
Hampshire		
Haringey		
Harrow		
Hartlepool		
Havering		
Herefordshire, County of		
Hertfordshire		
Hillingdon		
Hounslow		
Isle of Wight		
Islington		
Kensington and Chelsea		
Kent		
Kingston upon Hull, City of		
Kingston upon Thames		
Kirklees		
Knowsley		
Lambeth		
Lancashire		
Leeds		
Leicester		
Leicestershire		
Lewisham		
Lincolnshire		
Liverpool		
Luton		
Manchester		
Medway		
Merton		
Middlesbrough		
Milton Keynes		
Newcastle upon Tyne		
Newham		
Norfolk		
North East Lincolnshire		
North Lincolnshire		
North Northamptonshire		
North Somerset		
North Tyneside		
North Yorkshire		
Northumberland		
Nottingham		
Nottinghamshire		
Oldham		
Oxfordshire		
Peterborough		
Plymouth		
Portsmouth		
Reading		
Redbridge		
Redcar and Cleveland		
Richmond upon Thames		
Rochdale		
Rotherham		
Rutland		
Salford		
Sandwell		
Sefton		
Sheffield		
Shropshire		
Slough		
Southall		
Somerset		
South Gloucestershire		
South Tyneside		
Southampton		
Southend-on-Sea		
Southwark		
St. Helens		
Staffordshire		
Stockport		
Stockton-on-Tees		
Stoke-on-Trent		
Suffolk		
Sunderland		
Surrey		
Sutton		
Swindon		
Tameside		
Telford and Wrekin		
Thurrock		
Torbay		
Tower Hamlets		
Trafford		
Wakefield		
Walsall		
Waltham Forest		
Wandsworth		
Warrington		
Warwickshire		
West Berkshire		
Westmorland and Furness		
West Northamptonshire		
West Sussex		
Westminster		
Wigan		
Wiltshire		
Windsor and Maidenhead		
Wirral		
Wokingham		
Wolverhampton		
Worcestershire		
York		

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