

## Health and Wellbeing Board

Thursday 14 March 2024

10.00 am

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

### Membership

Councillor Evelyn Akoto (Chair)	Cabinet Member for Health and Wellbeing
Dr Nancy Kuchemann (Vice-Chair)	Co-Chair Partnership Southwark and Joint Chair of the Clinical and Care Professional Leadership Group
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 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' NHS Foundation Trust
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
Ade Odunlade	Chief Operating Officer at South London & Maudsley
Sheona St Hilaire	Chair, Healthwatch Southwark
David Quirke-Thornton	Strategic Director of Children's and Adults' Services, Southwark Council
Alasdair Smith	Director of Children and Families, Southwark
Martin Wilkinson	Acting Place Executive Lead, Southwark, NHS SEL Integrated Care Board

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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### **Contact**

Email: [maria.lugangira@southwark.gov.uk](mailto:maria.lugangira@southwark.gov.uk)

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

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Members of the committee are summoned to attend this meeting

**Althea Loderick**

Chief Executive

Date: 6 March 2024



# Health and Wellbeing Board

Thursday 14 March 2024

10.00 am

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

## Order of Business

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2.	<b>APOLOGIES</b>	
	To receive any apologies for absence.	
3.	<b>CONFIRMATION OF VOTING MEMBERS</b>	
	Voting members of the committee to be confirmed at this point in the meeting.	
4.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
5.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
6.	<b>MINUTES</b>	1 - 7
	To agree as a correct record the open minutes of the meeting held on 16 November 2023.	
7.	<b>PUBLIC QUESTION TIME (15 MINUTES)</b>	
	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 is midnight Friday 8 March 2024.	

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14.	<b>ANY OTHER BUSINESS</b>	

Date: 6 March 2024



## HEALTH AND WELLBEING BOARD

MINUTES of the Health and Wellbeing Board held on Thursday 16 November 2023 at 10.00 am at Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

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### PRESENT:

Dr Nancy Kuchemann (Vice-Chair)  
Councillor Evelyn Akoto  
Councillor Jasmine Ali  
Councillor Maria Linforth-Hall  
Anood Al-Samerai  
Sarah Austin  
Peter Babudu  
Cassie Buchanan  
Sangeeta Leahy  
Althea Loderick  
Alasdair Smith  
Martin Wilkinson  
Genette Laws attending in place of David Quirke Thornton

### OFFICER SUPPORT:

Chris Williamson – Head of Health & Wellbeing  
Maria Lugangira – Principle Constitutional Officers

### 1. WELCOME AND INTRODUCTIONS

The vice-chair welcomed everyone to the meeting.

### 2. APOLOGIES

Apologies for absence were received from;

- Councillor Kieron Williams
- Sheona St Hilaire
- David Quirke-Thornton

### 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 20 July 2023 and extraordinary meeting on 3 August 2023, were approved as a correct record of the meeting.

### 7. PUBLIC QUESTION TIME (15 MINUTES)

From: Liliana Hera Calle, Co-Ordinator of Right To Food Southwark.

**Question:**

Malnutrition among older people and meals on wheels services

**Background**

This week, 6th- 12th November is the Malnutrition Task Force's National Awareness Week which is focusing on malnutrition among older people.

Right To Food Southwark contributed by holding a community lunch to discuss malnutrition among older people in Southwark and examining the best way to tackle this from a local perspective.

We heard that only two days of insufficient eating can lead to malnutrition. In Southwark, with one in three people over 60 living in income deprivation there will be thousands of older people at risk of, or living with malnutrition.

A third of people in England aged over 65 years are at risk of malnutrition when admitted to hospital. This rises to 50% of older people living in care homes. 70% of people weigh less on discharge from hospital. This translates to hundreds of Southwark's citizens.

We discussed many issues relating to aging in today's society that can lead to people eating less: lack of income, loneliness, social isolation, physical and mental wellbeing.

Most people who are malnourished live in working class communities but we find they are often not the people who come to community for help. Some feel shame of poverty and take pride in not asking for help.

We asked what one action could the Council take in order to tackle malnutrition among older people in Southwark?

The answer was: re-establish Meals on Wheels.

We are aware that this public service ended in 2018. We are aware that since then poverty has increased and the size of our older population is growing.

We ask the Health and Well Being Board:

1. Was an impact assessment carried out in 2018?
2. How does the Council monitor levels of hunger and malnutrition among older people?
3. Is the Council getting data from our hospitals?
4. Do you agree that Meals on Wheels service is needed or how are our older citizens coping?
5. If you agree, will you fund the re-establishment of a meals on wheels service?

**Response:**

The contract for Meals on Wheels was with a company called Apetitito ended October 2017.

The decision to end the contract with the provider was mutual. There was insufficient demand for the service and it was no longer financially viable for the provider to deliver the service at a reasonable cost. The unit cost of meals at the time would have been over £16 per meal at 2017 prices.

Demand for meals on wheels had reduced due the larger supermarkets and some small stores offering deliveries. The increasing range of readymade meals available on the market, which include low salt, low fat, gluten free, vegetarian, vegan and culturally specific options.

The service was replaced by:

- Wiltshire Farm Foods, an independently sourced food delivery.
- (Food to You) Shopping service arranged by Age UK.
- Increased Care provision to allow light meals to be prepared and served.
- Provision of microwaves and other gadgets, to support meal preparation.
- The provision of freshly cooked meals in our day services (that had previously been heating up meals, delivered by Apetitito).

Following the cessation contract, all service users who had been in receipt of meals on wheels from Apetitito were reviewed. The reviews indicated that their nutritional needs were successfully met, with alternative provision and arrangements as noted above.

We have social work teams based at both Kings and Guys and St Thomas' hospitals who support discharges from hospital. The team are able to access notes on a person's admission, including London Ambulance Service reports and any other medical assessments undertaken during their admission. This allows the team to

assess the care and support needs of the person. Any issues relating to malnutrition are usually in the context of a medical condition, as an indicator of fragility or self-neglect and low appetite.

Adult Social Care has no evidence to indicate that Meals on Wheels should be re-procured to support older adults who are Care Act Eligible, as the above services are able to support the need as appropriate.

Liliana Hera Calle, thanked the officers for their response and at the invitation of the chair followed up with a comment about community groups who have tenants association halls and provide meals. She suggested that perhaps this could be something the council could consider in of *terms of community* kitchens where older people who didn't want anything formal or could not afford Wiltshire Farm Foods, etc could turn up (where supported in their communities) without their finance being impacted.

## 8. UPDATE ON THE COMMUNITY HEALTH AMBASSADOR PROGRAMME

The Board considered the report and presentation, presented by Ginette Hogan – Public Health, supported by Isabel Hester from Healthwatch. The Board also heard from 2 health ambassadors Saidat and Franklin who explained their roles and involvement with the programme.

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.

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.

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

The Board thanked Saidat and Franklin for coming to address the Board and sharing their experiences.

**RESOLVED - That the Health and Wellbeing Board;**

1. Noted the update on the Community Health Ambassador Programme.
2. Supports the continued work of the Community Health Ambassador Programme.

**9. PREVENTING SUICIDES IN SOUTHWARK - OUR STRATEGY AND ACTION PLAN 2023-2028**

The Board considered the draft Preventing Suicides in Southwark Strategy which set out the current picture of suicides within the borough and outlines Southwark's approach to suicide prevention.

The Action Plan set 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.

**RESOLVED – That the Southwark Health and Wellbeing Board;**

1. Noted the findings within the draft “*Preventing Suicides in Southwark. Our strategy and action plan 2023-2028*” report (Appendices 1 to 3).
2. Approved and formally adopt the draft “*Preventing Suicides in Southwark. Our strategy and action plan 2023-2028*” report (Appendices 1 to 3).
3. Will receive an annual report outlining progress against the ‘*Preventing Suicide in Southwark*’ strategy and action plan.

**10. HEALTHWATCH SOUTHWARK PRESENTATION AND ACCESS TO HEALTH AND SOCIAL CARE SERVICES FOR LATIN AMERICAN COMMUNITIES IN SOUTHWARK REPORT**

The Board received a presentation from Anood Al-Samerai – Chair Community Southwark and Rumanjeet Kallar, Community Southwark. The Board also heard from Patricia a Health ambassador. Patricia explained to the Board her role in working as an ambassador supporting the Latin American community in Southwark.

The purpose of Healthwatch Southwark is to connect people to power so that they can make improvements in health and social care, especially for people who have been historically underrepresented.

The report also set out Healthwatch Southwark priority actions in order to help achieve the above – these are;

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.

To help ensure that Latin American communities in Southwark are included in studies on health inequalities, Healthwatch aims to;

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

The Board thanked Patricia for coming to address the Board and sharing her experience.

**RESOLVED – That the Health & Wellbeing Board noted the Healthwatch report on Access to Health and Social Care services for Latin American Communities in Southwark**

## 11. JOINT HEALTH AND WELLBEING STRATEGY PROGRESS REPORT

The Board considered the report, which was presented by the Head of Health & Wellbeing. The report set out the 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

He explained to the Board that for each of the above areas there a series of accompanying actions. The Public Health team work with partners across the system to gather updates for each of the actions.

With regards to proposed focus areas for future meetings, the following was raised;

- The apprentice levy - how is it being maximized
- Progress updates - can they be rag rated to see what is track and what isn't
- On the Improving Mental Health in Schools (IMHARS) programme a deep dive would be useful, i.e looking into (i) prevention (ii) looking more at clinical side e.g how long waiting lists.
- More detail on partnership working

**RESOLVED – That the Southwark Health and Wellbeing Board**

4. Noted progress against actions contained within the Joint Health and Wellbeing Strategy and areas that may require further development and focus.
5. Agreed areas which they would like to receive specific updates on at future meetings.
6. Agreed to receive an annual progress report, with twice yearly monitoring by Partnership Southwark Delivery Executive of actions within their remit.

**12. BETTER CARE FUND UPDATE**

The Board considered the report, which was present by the Acting Place Executive Lead, Southwark. The report set out the requirements around monitoring and delivery of the Better Care Fund (BFC) Plan 2023-2025

**RESOLVED – That the Health and Wellbeing Board;**

1. Noted the letter of agreement received from NHSE approving the Southwark 2023 – 2025 Better Care Fund (BCF) Plan (appendix 1 of the report).
2. Approved the Better Care Fund monitoring template for Q2 returned to NHSE, as required in the monitoring conditions (appendix 2 of the report).

Meeting ended at 12.00 pm

**CHAIR:**

**DATED:**

<b>Item No.</b> 8	<b>Classification:</b> Open	<b>Date:</b> 14 March 2024	<b>Meeting Name:</b> Health & Wellbeing Board
<b>Report title:</b>		Health & Wellbeing Board roles, functions and membership	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		<b>Chris Williamson</b> Head of Health & Wellbeing Southwark Council	

## RECOMMENDATION(S)

That the Health and Wellbeing Board;

1. Note the role and functions of Board as sent out in appendix 1, and agree the future focus on the wider determinants of health.
2. Agrees the proposed membership changes, specifically the addition of the Strategic Director for Environment, Neighbourhoods & Growth, and the removal of King’s College Hospital NHS Foundation Trust. The rationale for this change is set out in paragraphs 15 and 16 of this report.
3. Confirm the membership of Impact on Urban Health.

## BACKGROUND INFORMATION

4. The Department for Health & Social Care issued guidance on the role and functions of Health & Wellbeing Boards in November 2022.
5. This non-statutory guidance set out the roles and duties of Health & Wellbeing Boards and clarified their purpose within the new system architecture. It accompanies previously published statutory guidance on Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs).
6. The Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007, renaming ‘Joint Health and Wellbeing Strategies’ to ‘Joint Local Health and Wellbeing Strategies’. Statutory guidance on JSNAs and JLHWSs currently remains unchanged.
7. The guidance issued by the Department for Health & Social Care does not alter the statutory functions of the Health & Wellbeing Board. However, the guidance provides further clarification regarding the relationship between the Health & Wellbeing Board and the governance structures within the NHS. These are set out below.

## **KEY ISSUES FOR CONSIDERATION**

### ***Relationship with the NHS***

8. The Health & Wellbeing Board will continue the relationship it had with Southwark Clinical Commissioning Group, with South East London Integrated Care Board.
9. The Health & Wellbeing Board must be provided with a draft of the Integrated Care Board (ICB) Joint Forward Plan and provide a statement as to whether the Joint Local Health & Wellbeing Strategy has been taken proper account of within the forward plan.
10. The Integrated Care Board must consult the Health & Wellbeing Board as part of their annual report to NHS England, and demonstrate steps they have taken to implement the Joint Local Health & Wellbeing Strategy.
11. NHS England must consult the Health & Wellbeing Board for its' view on the ICB's contribution to the delivery of the Joint Local Health & Wellbeing Strategy.
12. The Health & Wellbeing Board retains responsibility for approval of the Better Care Fund plan for Southwark.

### ***Focus of the Health & Wellbeing Board***

13. Partnership Southwark Strategic Board was established following the Health & Care Act 2022. It is responsible for the planning and commissioning of local health and care services.
14. As the Partnership Southwark Strategic Board takes a focus on our local health and care system, it is important that the Health & Wellbeing Board now focuses its efforts on the wider determinants of health such as poverty, climate and air quality, community safety and housing.
15. In focusing on the wider determinants and ensuring the health and care system is taking account of these factors, the Board can make best use of its influence within the new system structures and the impact on our populations health.
16. Future meetings of the Board will also include a focus on priorities set out within the Joint Local Health & Wellbeing Strategy to ensure delivery of actions agreed in 2022.

### ***Changes to Health & Wellbeing Board Membership***

17. It is proposed that the Strategic Director of Environment, Neighbourhoods and Growth (ENG) becomes a member of the Health & Wellbeing Board. The portfolio of the ENG department includes Leisure, Community Safety, Environmental Health, Climate Change & Air Quality. These wider determinants of health have significant impact on the health and wellbeing of our residents. Inclusion of the Strategic Director will strengthen the Boards involvement and influence in these agendas.
18. It is proposed that King's College Hospital NHS Foundation Trust is removed from the Board. While the trust is a key part of our local health system, its focus is on secondary and tertiary care. The trust will remain a member of the Partnership Southwark Strategic Board, and will remain able to submit papers to the Health & Wellbeing Board as necessary in the future.
19. The responsibilities of the South East London ICB Place Executive Lead will in future be assumed by the Strategic Director of Integrated Health & Care from June 2024. This will include membership of the Health & Wellbeing Board.

### **Policy framework implications**

20. No direct policy framework implications as a result of this paper. Relevant implications will be set out in specific items brought to the Board.

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

#### **Community impact statement**

21. The Health & Wellbeing Board provides a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.

#### **Equalities (including socio-economic) impact statement**

22. The Public Sector Equality Duty requires public bodies to consider the diverse needs of groups and have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. Due regard involves considering the different needs of those protected characteristics in relation to the three parts of the duty.
23. The Equalities Act 2010 define the following as protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.
24. These protected characteristics are included within the Board's Joint Strategic Needs Assessment that has informed the Joint Local Health & Wellbeing Strategy.

### **Health impact statement**

25. The Health & Wellbeing Board provides a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities. Actions the Board is taking to improve health and wellbeing are set out in the Joint Local Health & Wellbeing Strategy. The Board has a particular focus on the wider determinants of health, such as poverty, climate and air quality, community safety and housing.

### **Climate change implications**

26. A principle underpinning the Joint Local Health & Wellbeing 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 strategy, and form part of the Board's discussions.

### **Resource implications**

27. No direct resource implications as a result of this paper.

### **Legal implications**

28. The Health & Wellbeing Board is a statutory committee of the Local Authority, established as a consequence of Section 194 of the Health and Social Care Act 2012, and is established as a committee of the council (section 102 of the Local Government Act 1972, subject to regulations issued by government).
29. The role and duties of the Board are set out in legislation and statutory guidance, and are included in Section 3L of the Council Constitution.

### **Financial implications**

30. No direct financial implications as a result of this paper.

### **Consultation**

31. Not applicable.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Assistant Chief Executive – Governance and Assurance**

32. As noted in the report, the Health & Wellbeing Board is established as a committee in Part 3L of the constitution. Changes to the membership of the Board can be put forward to Health & Wellbeing Board for agreement. If the changes to the membership are agreed consequential amendments will need to be made to the constitution to reflect this.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
<b>Southwark Council Constitution, Part 3L – Health &amp; Wellbeing Board</b>	Constitutional Services Governance and Assurance Southwark Council, 2nd Floor – Hub 2, 160 Tooley Street, London, SE1 2QH	Maria Lugangira, Principal Constitutional Officer, <a href="mailto:maria.lugangira@southwark.gov.uk">maria.lugangira@southwark.gov.uk</a>
<a href="#">Southwark Constitution: Part 3L Health and Wellbeing Board Mar 2023.pdf (southwark.gov.uk)</a>		
<b>Southwark Council Constitution, Part 7(Section8) – Committee Procedure Rules – Additional rules applying to Health &amp; Wellbeing Board (Section 102 Committee)</b>	Constitutional Services Governane and Assurance Southwark Council, 2nd Floor – Hub 2, 160 Tooley Street, London, SE1 2QH	Maria Lugangira, Principal Constitutional Officer, <a href="mailto:maria.lugangira@southwark.gov.uk">maria.lugangira@southwark.gov.uk</a>
<a href="#">Southwark Constitution: Committee Procedure Rules - Additional rules applying to Health &amp; Wellbeing Board</a>		
<b>Health &amp; Wellbeing Boards – Guidance</b>	Department for Health & Social Care	N/A
<a href="https://www.gov.uk/guidance/health-and-wellbeing-boards">Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)</a>		

## APPENDICES

No.	Title
Appendix 1	Health & Wellbeing Board Roles, Functions & Membership

## AUDIT TRAIL

<b>Lead Officer</b>	Chris Williamson, Head of Health & Wellbeing	
<b>Report Author</b>	Chris Williamson, Head of Health & Wellbeing	
<b>Version</b>	Final	
<b>Dated</b>	19 February 2024	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Assistant Chief Executive Governance and Assurance	No	N/A
Strategic Director, Finance	No	N/A
Deputy Head of Law	Yes	Yes
Cabinet Member	No	N/A
<b>Date final report sent to Constitutional Team</b>		1 March 2024



# Southwark Health & Wellbeing Board

## *Roles, Functions and Membership*

### **Background**

The Health and Wellbeing Board is a statutory partnership between the Council, NHS, community, voluntary and learning organisations in Southwark. The Board provides a place for partners to come together to take strategic decisions to improve health and wellbeing, reduce inequalities and promote the integration of health and social care.

This document provides additional detail to the formal Terms of Reference for the Board as set out in the Southwark Council Constitution. It further sets out the purpose, responsibilities, membership and working arrangements of the Board.

### **Aim of the Health & Wellbeing Board**

The overall aim of the Health & Wellbeing Board is to:

- Improve the health and wellbeing of the population of Southwark from pre-birth to end of life
- Reduce inequalities in health and wellbeing for Southwark residents
- Ensure the local community is fully involved in the above

The Board will achieve this by:

- Setting the strategic health and wellbeing priorities for the borough, including the key inequalities that need to be reduced
- Providing oversight of actions to improve health and wellbeing across the local health and care system, along with actions to tackle the wider determinants of health
- Ensuring residents and the community and voluntary sector are involved in decisions affecting health and wellbeing in the borough

## Roles and responsibilities of the Health & Wellbeing Board

The Health & Wellbeing Board has a number of roles and responsibilities that it undertakes to fulfil its aim to improve health and reduce inequalities. These roles are shaped by national legislation and statutory guidance.

1. Oversee the production and publication of the Joint Strategic Needs Assessment (JSNA) providing data, information and analysis on the needs and inequalities in the borough to support strategic planning, commissioning and provision of health, care and wellbeing services.
2. Produce and monitor the delivery of Southwark's Joint Local Health and Wellbeing Strategy (JLHWS) that sets the strategic priorities for the borough and actions to tackle the needs identified in the JSNA through local commissioning, policy change and other initiatives.
  - Develop and agree a strategy based on the needs, inequalities and priorities identified within the JSNA and the other supporting needs assessments.
  - Ensure the strategy is developed collaboratively with local people and organisations, including the local Healthwatch.
  - The Board will have on-going oversight to ensure delivery of priorities set out in the strategy.
3. The Board will influence the wider social, economic and environmental and economic factors that impact health and will work closely with other partners, such as the voluntary and community sector, Mayor of London, police and others.
  - Ensure that policy, commissioning and service delivery decisions undertaken by partners are informed by the Joint Strategic Needs Assessment and the Joint Local Health & Wellbeing Strategy.
4. The Board will ensure arrangements and action are in place to involve local people in improving health and wellbeing.
  - The Board will ensure the active and comprehensive adoption of co-production and co-design approaches in design and delivery of the Joint Local Health & Wellbeing Strategy.
  - The Board will ensure local people are involved in the design and delivery of other local plans and services that seek to improve health and wellbeing in the borough.
  - The Board will ensure that partners have an effective and aligned approach to community involvement and empowerment in health and wellbeing.

5. Encourage the development of integrated health and care services which are designed and delivered around the needs local people.
  - Provide advice, guidance, support and challenge around integrated commissioning and provision arrangements across health and care where these are in the best interests of local people.
  - When developing the health and care services, consider the extent to which needs could be met more effectively by arrangements under the Health and Care Act 2022, to pool or align health and care budgets through Partnership Southwark arrangements and mechanisms to facilitate integrated care (e.g. Section 75 agreements, Better Care Fund).
  - To provide oversight and monitoring of the Better Care Fund.
6. Provide oversight of relevant Council and NHS plans to ensure they address priorities identified in the JSNA and JLHWS unless there is a good reason not to.
  - Ensure plans and strategies of Partnership Southwark Strategic Board reflect the needs of local residents and priorities established in the JSNA and JLHWS.
  - Ensure plans and strategies of the South East London Integrated Care Partnership and Integrated Care Board reflect the needs of local residents and priorities established in the JSNA and JLHWS.
  - Partners will ensure that their service plans and system strategies are included in the Board's forward plan when significant changes are proposed.
7. Oversee local health protection arrangements.
  - The Health & Wellbeing Board will provide oversight for Southwark's Health Protection Board (HPB), ensuring effective arrangements are in place to manage risks to health.
  - The Board will receive an annual report including local outcome data and performance summaries for health protection.
  - The Board will receive updates from the Health Protection Board on health protection risks in the borough.

## Membership of the Health & Wellbeing Board

The Health & Wellbeing Board is chaired by Councillor Evelyn Akoto.

Southwark Health & Wellbeing Board Members	
1.	Chair, Cabinet Member for Health & Wellbeing (statutory member)
2.	Vice Chair, NHS co-chair of Partnership Southwark
3.	Deputy Leader and Cabinet Member for Children, Young People and Education
4.	Opposition Spokesperson for Health (Southwark Councillor)
5.	Southwark Council Chief Executive Officer
6.	Strategic Director of Children's and Adults' Services (statutory member)
7.	Strategic Director for Environment, Neighbourhoods & Growth
8.	Director of Children's Services (statutory member)
9.	Director of Public Health (statutory member)
10.	NHS South East London Integrated Care Board Place Executive Lead (statutory member)
11.	Guy's & St Thomas' NHS Foundation Trust representative
12.	South London & Maudsley NHS Foundation Trust representative
13.	Southwark Headteachers representative
14.	Healthwatch Southwark representative (statutory member)
15.	Community Southwark representative
16.	Impact on Urban Health representative

## Additional Information

The Health & Wellbeing Board will meet quarterly and in-person. Meetings will be themed around the priorities set out within the Joint Local Health & Wellbeing Strategy, with a particular emphasis on the wider determinants of health.

Further information on the role of the Health & Wellbeing Board is set out in the [Southwark Council Constitution](#).

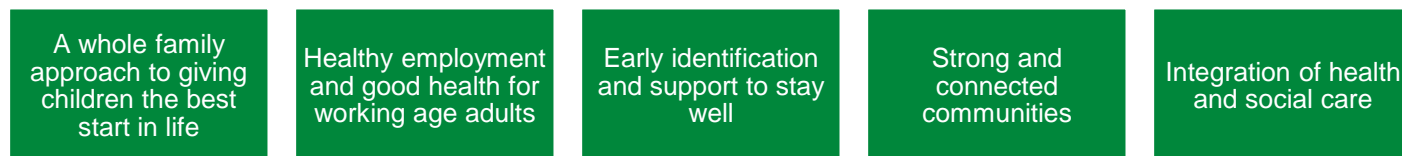
# Southwark Health & Wellbeing Board: Plan on a Page

## Our Vision

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

## Our Priorities

Our priorities are set out within the Joint Local Health & Wellbeing Strategy:



## Our Statutory Duties

The Health & Wellbeing Board has a number of duties required by law:

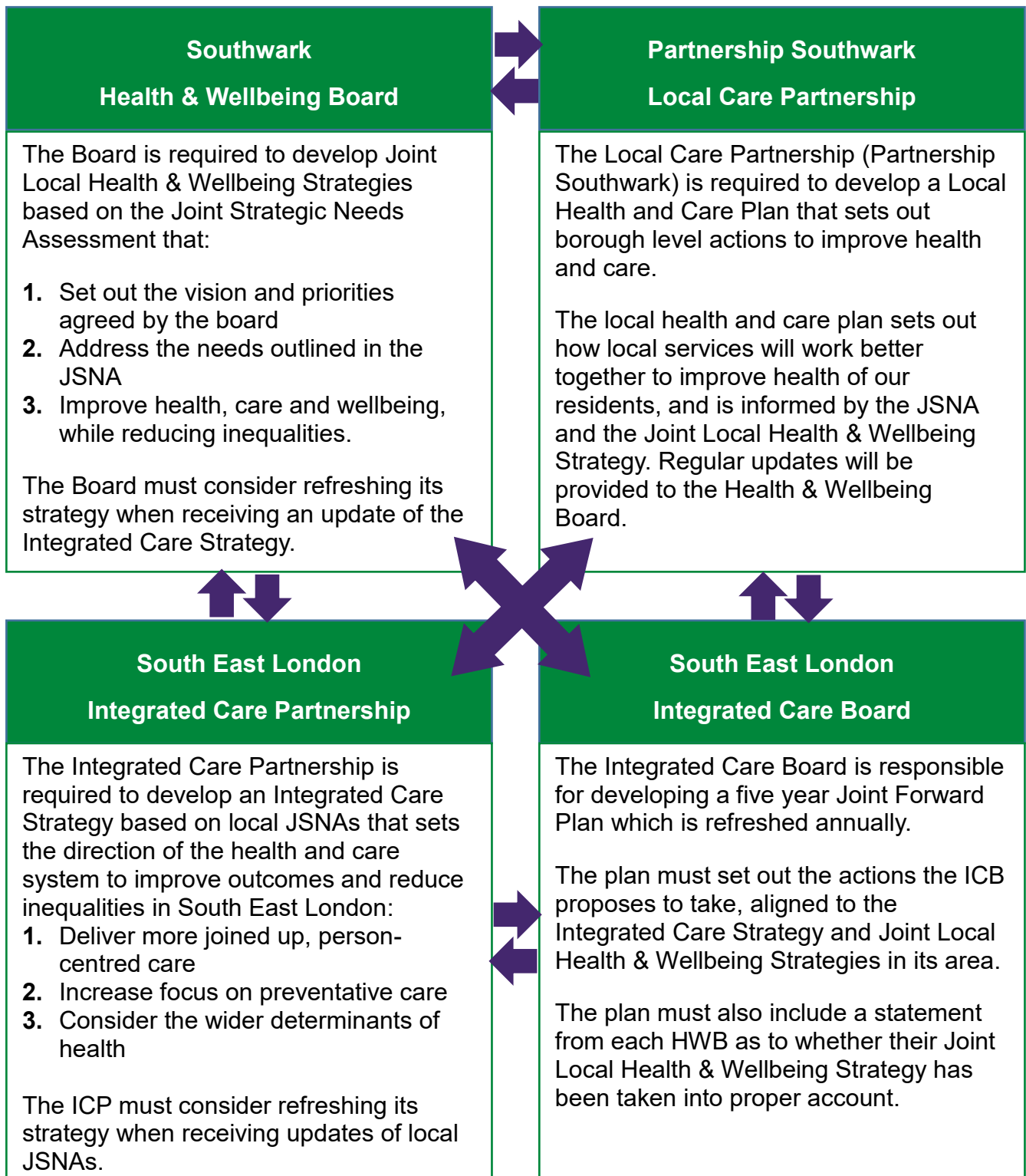


## Our Links with Partners

The Health & Wellbeing Board will also receive updates from our members and partners, including:



# Southwark Health & Wellbeing Board: Links with Partners



<b>Item No.</b> 9	<b>Classification:</b> Open	<b>Date:</b> 14 March 2024	<b>Meeting Name:</b> Health & Wellbeing Board
<b>Report title:</b>		Impact on Urban Health: Inequalities Research	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Peter Babudu - Impact on Urban Health Mike Rigby - Impact on Urban Health Nicky Duncanova - Impact on Urban Health Anne Kazimirski - Impact on Urban Health	

### RECOMMENDATION(S)

That the Health & Wellbeing Board;

1. Note the findings of the research and inequalities experienced by residents in Southwark.
2. Assess policy and service decisions against the experiences and concerns identified through this research.
3. Identify other forums where this research should be presented.

### BACKGROUND INFORMATION

4. While there have been improvements in health and wellbeing in Southwark over the last decade, we know that significant inequalities remain. These are both unfair and avoidable.
5. The COVID-19 pandemic and the rising cost of living have, and continue to, exacerbate the inequalities we see in the borough. Those from disadvantaged neighbourhoods along with residents from Black, Asian and other ethnic minority backgrounds are often those experiencing the poorest health and wellbeing.
6. While we have some local intelligence on the inequalities faced by our residents, we recognise there are significant gaps in our understanding. Impact on Urban Health has worked closely with Southwark Public Health Division and Lambeth to commission local research to give partners a better understanding of inequalities in our boroughs and the population groups most impacted.

### KEY ISSUES FOR CONSIDERATION

7. Opinium Research and ClearView were commissioned by Impact on Urban Health in 2023 to conduct research on the health and wellbeing of residents in Southwark and Lambeth. The research involved both a quantitative survey and a series of focus groups with local residents.

8. Focusing the research on issues that matter most to residents was a critical part of this work. ClearView worked with eight local residents and provided training in community research methodologies and the subject areas they would be investigating. To complement the quantitative research being managed by Opinium, focus groups hosted by ClearView which provided a deeper understanding of the issues residents find most pressing, such as housing, trust, and discrimination.
9. A quantitative survey of over 5,000 residents in Southwark and Lambeth was undertaken to build a holistic view of factors that affect health and wellbeing. The large sample size enabled detailed analysis of how a range of factors, such as age, ethnicity, socio-economic status, housing status or access to green space coincide to impact the health of our residents.
10. Two key themes have emerged from the research:
  - A person's likelihood of being in good health was most likely to be influenced by their degree of financial security, education level, housing tenure and conditions, ethnicity, gender, and LGBTQ+ status.
  - The insights into health and wellbeing provided by residents of Lambeth and Southwark highlight significant disparities in health influenced by a complex interplay of structural discrimination, trust in and access to healthcare, housing quality, and broader social and economic determinants of health.
11. Other specific findings include:
  - Overall, residents are positive about local services. However, 1 in 5 indicate a level of distrust in healthcare professionals, increasing further among younger adults and those from a Black ethnic background.
  - Over two thirds of residents are concerned about air pollution
  - A third of residents report feeling lonely either some, often, or all of the time. This compared to 22% in England.
  - Levels of good health are notably lower among residents in rented accommodation.

### **Policy framework implications**

12. While there are no direct policy framework implications, this research compliments and enhances our understanding of health and wellbeing in Southwark. Findings of this work should contribute to the development of local policies and services across the partnership.



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

### **Community impact statement**

13. Co-production with our communities is a key principle underpinning the Joint Local Health & Wellbeing Strategy. The focus and design of this research has been co-developed with local residents, reflecting their priorities as well as those of statutory partners.

### **Equalities (including socio-economic) impact statement**

14. The research was designed to enhance our understanding of local geographic and demographic inequalities across Southwark and Lambeth. By improving our understanding of local inequalities our partners are better able to tackle the root causes and tailor local support to the needs of our residents.

### **Health impact statement**

15. The research was designed to provide a better understanding of health status, access and experience of care services and issues relating to the wider determinants of health. In addition, the research enables partners to identify the intersectionality between issues and how they overlap and reinforce health inequalities in the borough.

### **Climate change implications**

16. No direct implications.

### **Resource implications**

17. No direct implications.

### **Legal implications**

18. No direct implications.

### **Financial implications**

19. No direct implications.

### **Consultation**

20. This research was developed in partnership with members of our community, with questions reflecting issues important to them. Over 5,000 residents across Southwark and Lambeth took part in the survey, ensuring the findings are representative of our population.

**BACKGROUND DOCUMENTS**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
None		

**APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Impact on Urban Health inequalities Research

**AUDIT TRAIL**

<b>Lead Officer</b>	Chris Williamson	
<b>Report Author</b>	Michael Rigby, Impact on Urban Health	
<b>Version</b>	Final	
<b>Dated</b>	28 February 2024	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Assistant Chief Executive Governance and Assurance	No	No
Strategic Director, Finance	No	No
List other officers here	N/A	N/A
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>		1 March 2024



# Health & Wellbeing Board | Southwark Council

Presented by: Mike Rigby, Niky Duncanova & Anne Kazimirski  
Date: 14<sup>th</sup> March 2024

Impact  
on **Urban**  
**Health**

A man in athletic wear (black tank top, black shorts, white socks, white sneakers, black cap, and glasses) stands with his back to the camera, looking out at a blurred city street scene with a red bus. The background is a blurred city street scene with a red bus and other vehicles, suggesting an urban environment.

## About Impact on Urban Health

At Impact on Urban Health, we work through partnerships at the local, national, and international levels, to learn how we can address inequalities in health that disproportionately affect people residing in cities. Our work is focussed in Lambeth and Southwark and seeks to make a positive impact on health and gain insights that inform strategies for better health and wellbeing in South London and beyond.

## Research Context

*What we know:*

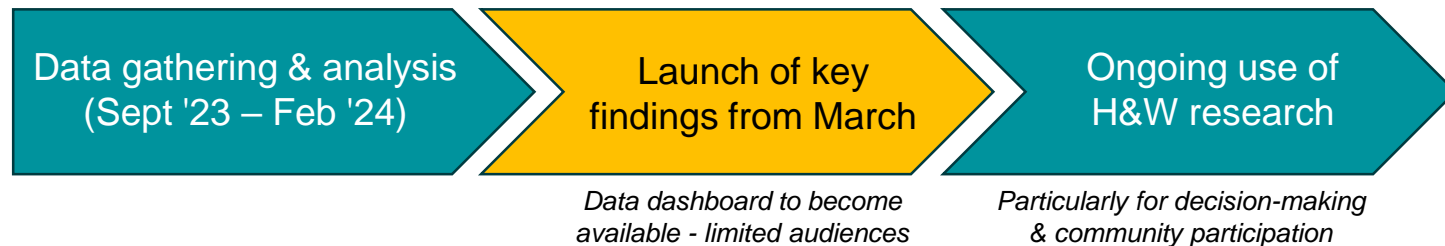
- [Our research](#), and other data, e.g. from the [ONS](#), shows that **inequalities are getting worse**
- Health outcomes can vary widely from one street to another, affected by social determinants

*Identifying a gap:*

- Data that exists on health at a **hyper-local level is limited**
- We need: better, richer, more culturally-sensitive data to understand residents' lives and design effective interventions

## Aims & Objectives

- **Aim:** gather baseline data to deepen our understanding of the intersecting factors that affect health in Lambeth & Southwark, in partnership with Lambeth & Southwark councils
- **Objective:** unlock improved local decision-making and service provision through community-informed and hyper-local data



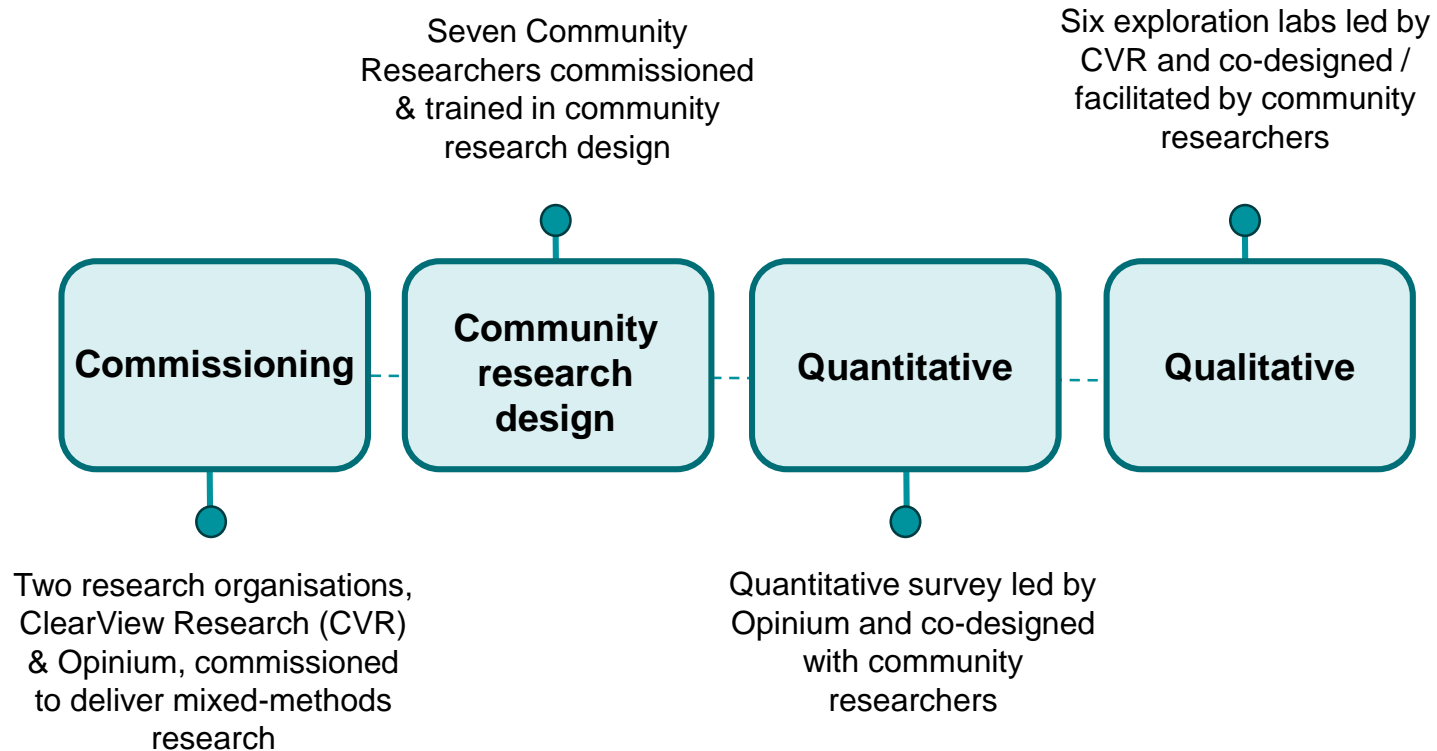


H&W Survey

# Key Findings

Impact  
on **Urban**  
**Health**

# Methodology





## Two key themes emerged

1

A person's likelihood of being in good health was most likely to be influenced by their degree of **financial security, education level, housing tenure and conditions, ethnicity, gender, and LGBTQ+ status.**

The insights into health and wellbeing provided by residents of Lambeth and Southwark highlight significant disparities in health influenced by a complex interplay of **structural discrimination, trust in and access to healthcare, housing quality, and broader social and economic determinants of health.**

2

## Living in Lambeth & Southwark

### Local Services

(See appendix graph 1)

- Overall, residents were positive about services available
- Public transport and green spaces received highest ratings
- However, 1 in 3 believe cycles lanes are poor, and 1 in 4 for sports facilities

### Air Pollution

(Graph 2)

- Over two thirds of residents in Lambeth (68%) and Southwark (68%) are concerned about air pollution locally

### Loneliness

(Graph 3)

- 33% of residents report feeling lonely 'some of the time' and 'often or all of the time' compared to 22% across England
- Loneliness is particularly high among those with mental health or physical/mobility conditions

## Housing and health

### Tenure Type

(See appendix graph 4)

- 77% of homeowners reported good health, compared to 61% of renters.
- Private renters reported better health (73%) than local authority renters (53%) and housing association renters (48%).



“It does massively impact your mental health, having to deal with the constant back and forth with your landlords and playing with incompetent employees. As tenants communicating with landlords, you do see some levels of progress, only for there to be a standstill then you find out you have to do it all over again. People have other personal issues that they're going through so this does take a mental toll.”

### Housing Condition

(Graph 5)

- Local authority renters expressed more worries about issues such as dampness and mould (31% vs. 27% for private renters)
- Private renters are primarily concerned about affordability (47% vs. 35% for local authority renters)
- These concerns are heightened for people with health conditions



“My son has breathing problems too. His room has so much mould and this is an old issue that has been (re-) occurring. At night, he can't sleep because of the smell. On one occasion, when he woke up to go to school [he said] 'Mum I can't breathe' and before I knew it, he collapsed. This has been an issue that keeps occurring. Any time it is cold, it keeps happening...He has problems with his sinus, and I know it has made it worse.”

## Trust and Access to Healthcare

### Trust in Healthcare Professionals

(See appendix graph 6)

- Overall, 74% of respondents expressed trust, while 21% indicated distrust
- Younger age groups (16-24-year-olds) showed the highest levels of distrust (31%)
- Trust levels were higher for men vs women and white respondents vs all other ethnicities
- Trust was also lower for: LGBTQ+ people, non-English speakers or those with lower fluency



What's interesting, (when) speaking to my White friends and colleagues, it seems particularly (with) the female ones. They don't experience the same issues as us, or their trust level is very high. But the number of times they go to a doctor, they get an appointment pretty quickly or they're getting referred. (I ask them) how have you managed to do that? You had a cough yesterday. Now you're seeing (someone).

### Access to Healthcare

(Graph 7)

- Nearly all residents required access to a GP (96%) or a pharmacist (96%) in the past two years.
- 42% found it hard to access mental health services, and 41% for GP services, with some demographic groups finding it more challenging than others



The appointment system (is) terrible. Sometimes you don't get any...You call them on the phone. Most of the times when you start to call them from 8:00am, you may still (have to queue) when you finally get someone on the phone. They tell you, oh, we're fully booked. But then they encourage you to ring at 8:00am...we don't trust them when it comes to appointments.

## Recommendation & discussion

1. We propose the H&W board commits to assessing policy and service decisions against the experiences shared in our findings once published, and whether they are likely to improve resident experiences, especially for the vulnerable groups highlighted.
2. We will be keen on regular feedback on the usefulness of the findings and the dashboard, and any gaps and suggestions for future potential repeats of this survey.



Thank you

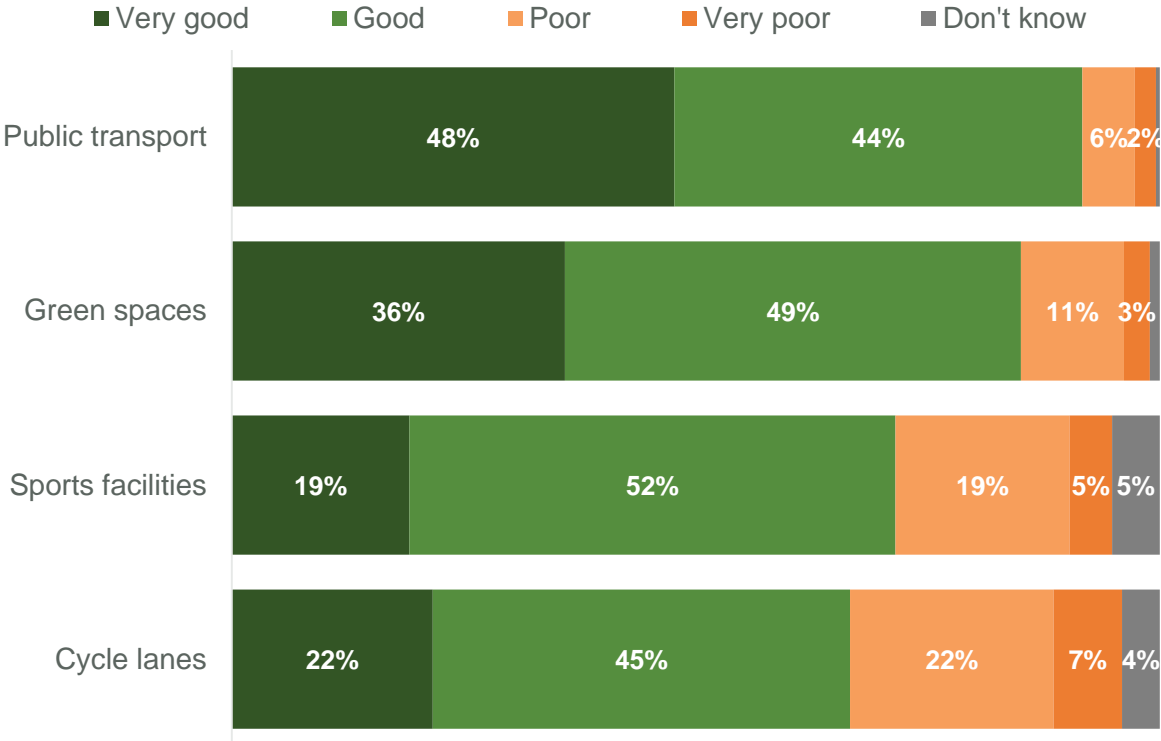
Impact on Urban Health  
Unlocking the potential  
for cities to be healthier

Urbanhealth.org.uk  
@ImpUrbanHealth

Impact  
on **Urban  
Health**

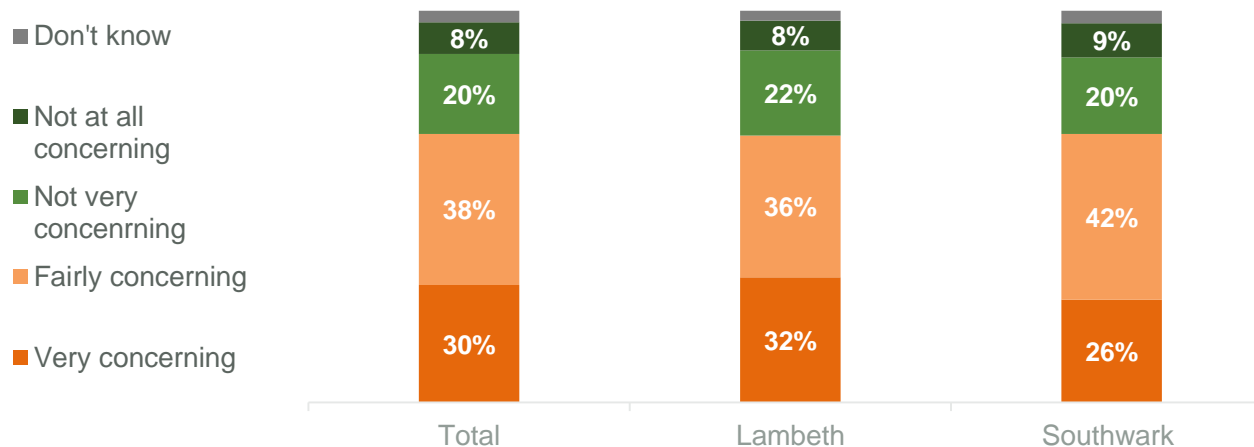
# Graphs Appendix: 1 – Local Services

“In your local area, how would you rate the following:



## Graphs Appendix: 2 – Air Pollution

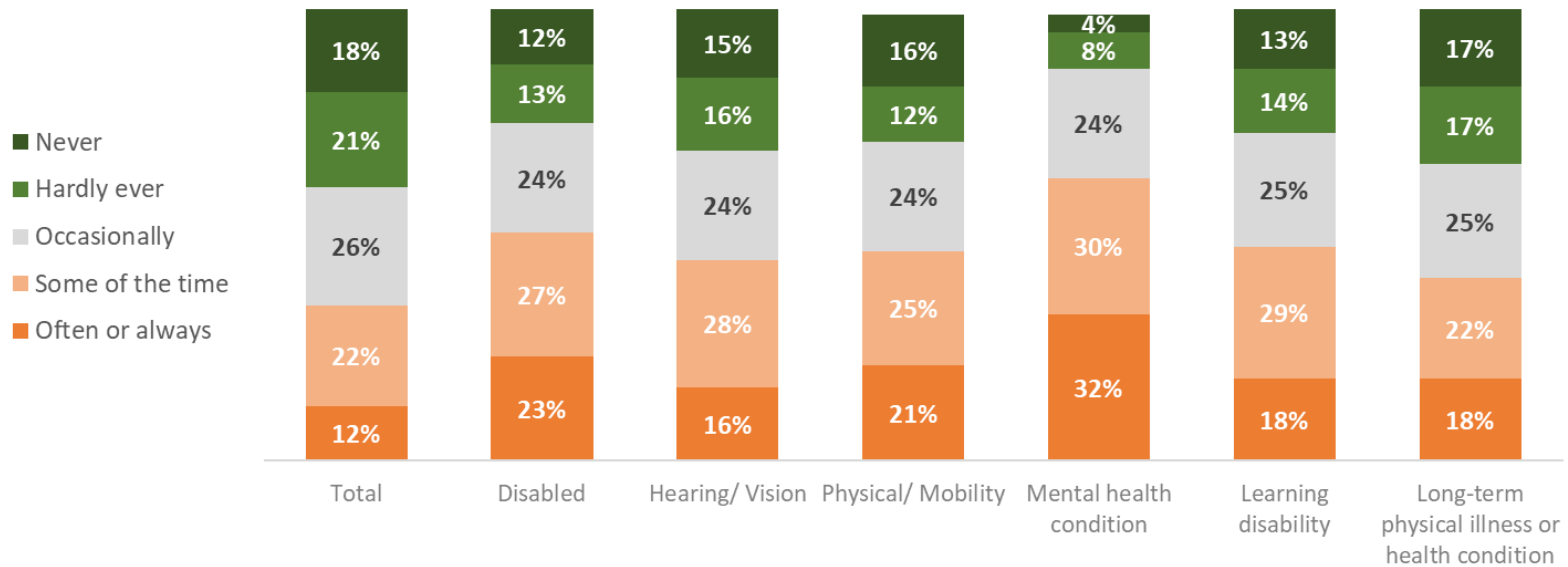
Levels of concern of air pollution in your local area





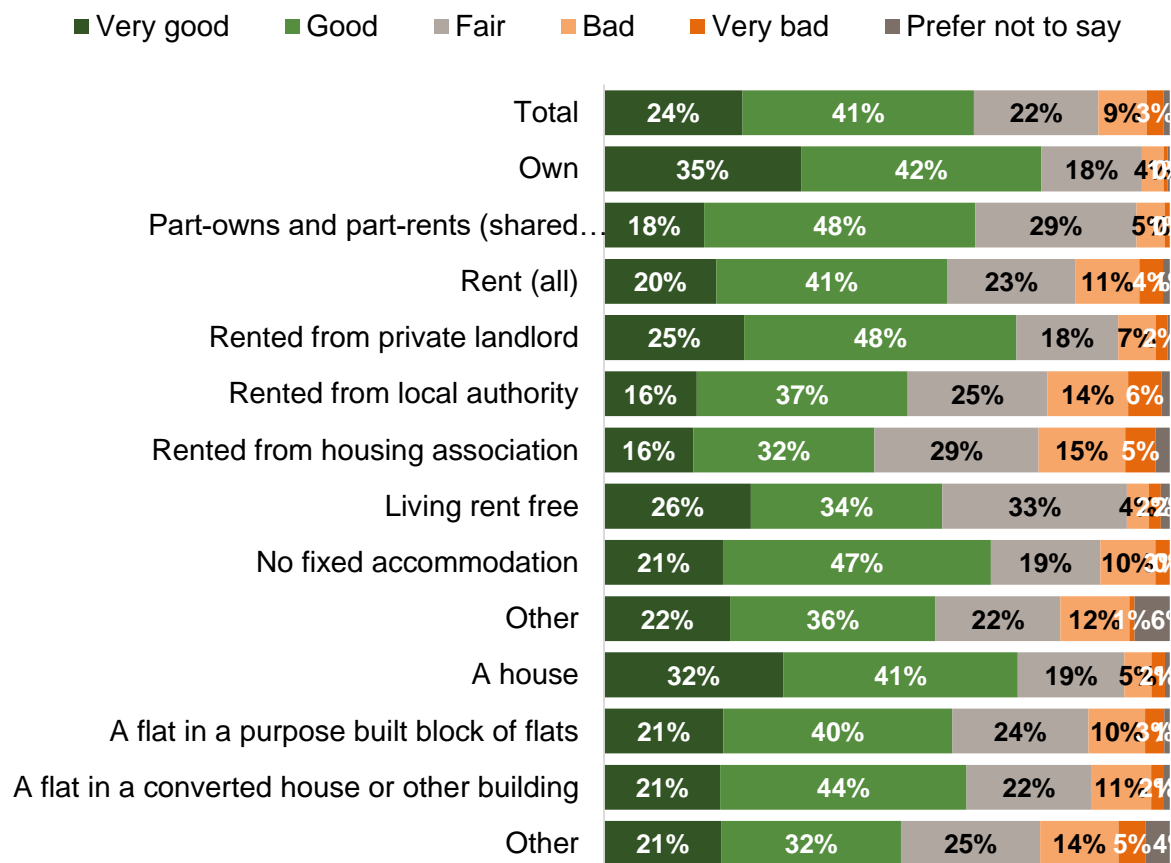
## Graphs Appendix: 3 – Loneliness

Reported levels of loneliness  
- Split by disability or condition type



## Graphs Appendix: 4 – Tenure Type

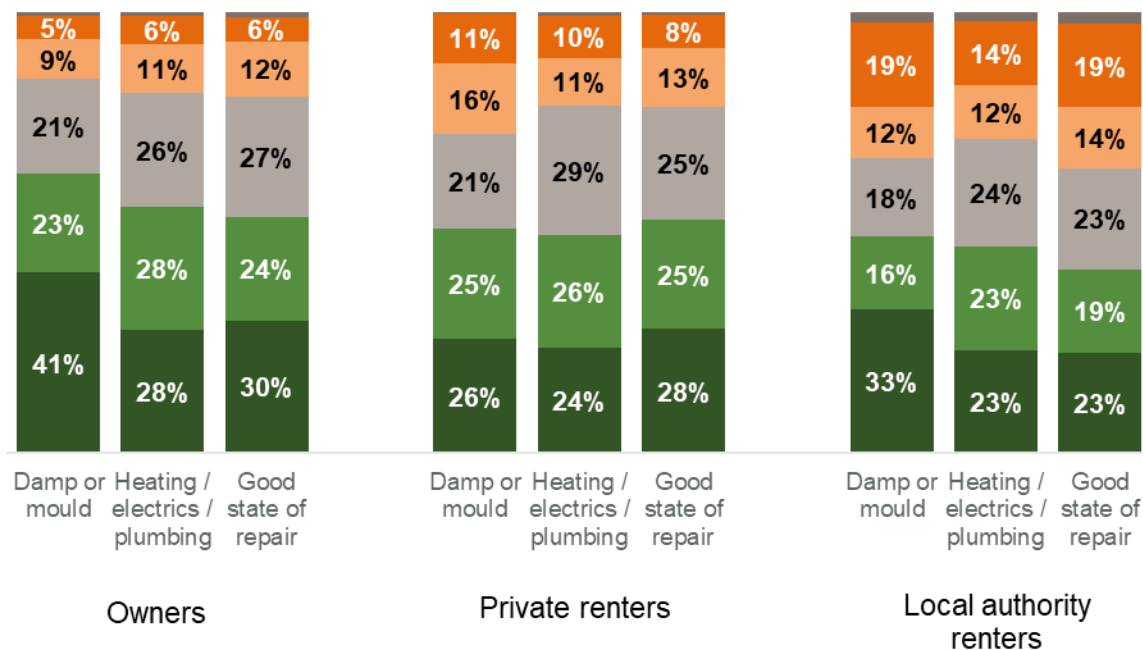
### “How is your health in general?” - Split by tenure type



## Graphs Appendix: 5 – Housing Condition

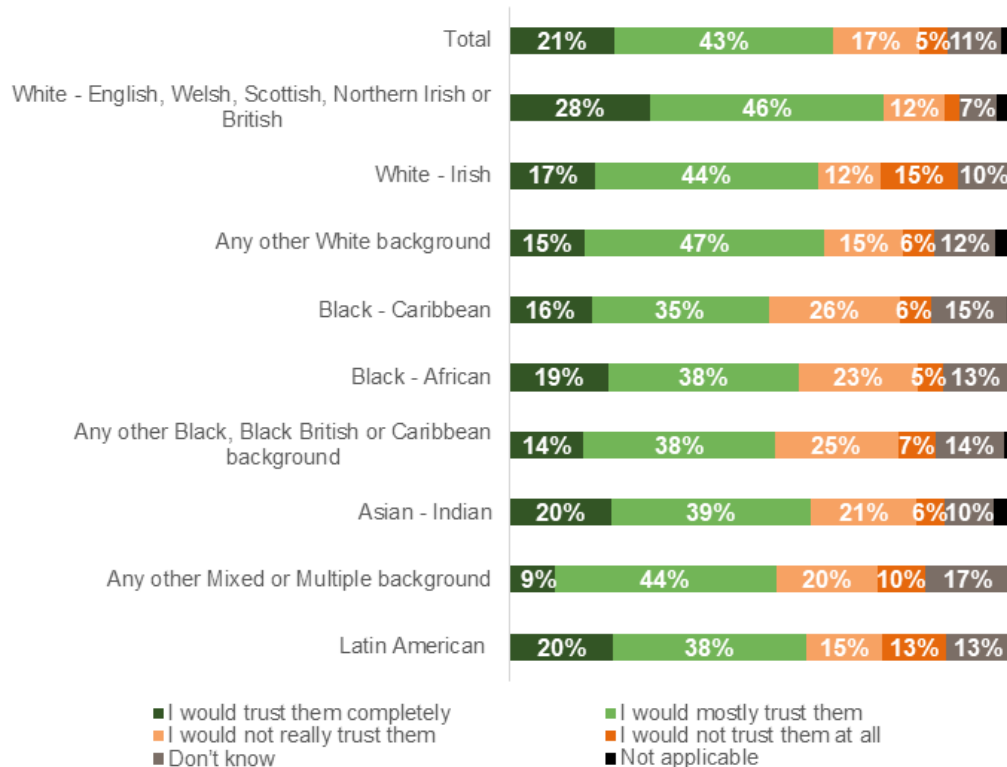
To what extent do you ever worry about...

- Not something I ever worry about
- Something I rarely worry about
- Something I occasionally worry about
- Something I often worry about



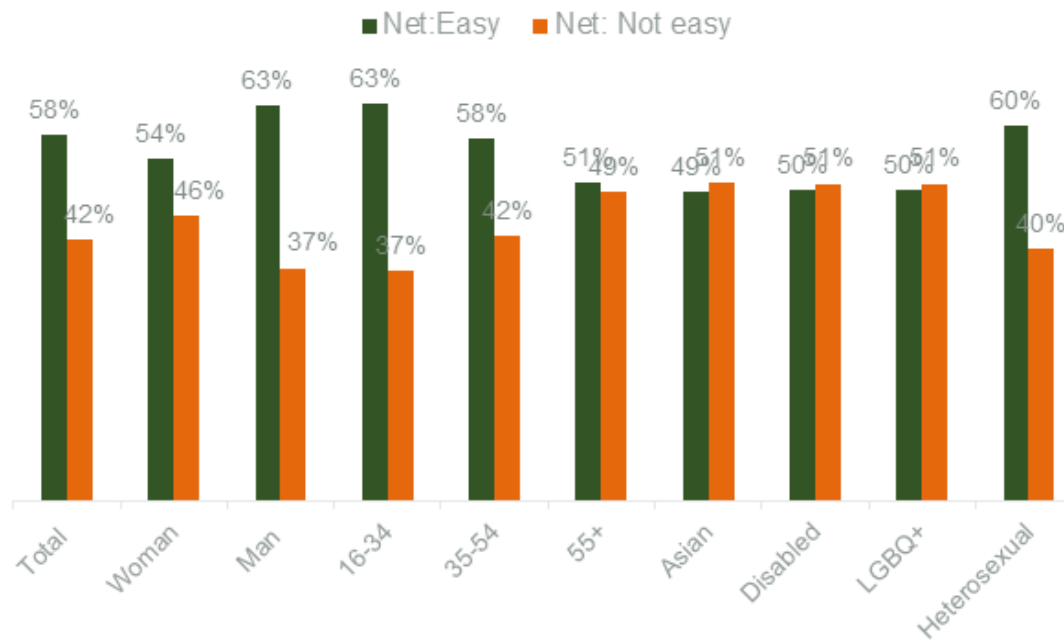
## Graphs Appendix: 6 – Trust

"To what extent would you trust healthcare professionals to be aware of issues affecting people from your background"  
- split by ethnicity (only groups with sufficient base sizes shown)



## Graphs Appendix: 7 – Healthcare Access

Ease of accessing GP services in the last two years  
(of those who have needed this service)  
- Various subgroups



<b>Item No.</b> 10	<b>Classification:</b> Open	<b>Date:</b> 14 March 2024	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Development of a Southwark Anti-Poverty Action Plan	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Councillor Evelyn Akoto Cabinet Member for Health and Wellbeing, and Chair of the Health and Wellbeing Board	

## RECOMMENDATION(S)

That the Southwark Health and Wellbeing Board;

1. Note the work already established across the borough to tackle poverty and its far-reaching impacts for residents.
2. Agree to establish a Southwark Anti-Poverty Action Plan (the Plan) as part of our joint response to the ambitions being developed through Southwark 2030, and to review the Plan as part of a new annual cycle.
3. Establish a task-and-finish group to develop the first iteration of the Plan. Also, identify representatives to join the group, which will present back to the Board in November 2024.

## BACKGROUND INFORMATION

4. Southwark’s Joint Health and Wellbeing Strategy 2022-2027 identifies that around 1 in 7 households in the borough have an income of less than £15,000 per year. Poverty thresholds as set out in the recent UK Poverty 2024 report from the Joseph Rowntree Foundation indicate that for many households this annual income would result in poverty, deep poverty or even destitution (UK Poverty 2024, JRF).
5. The Joint Southwark Needs Assessment (JSNA) Annual Report 2023 highlights the multiple impacts of poverty and the now enduring cost of living pressures on health and wellbeing, stating that *“Only by improving the social and economic conditions in which our residents live can we make meaningful and sustainable improvements in health and reduce inequalities”*.

6. The Southwark Economic Strategy 2022-2030 paints a picture of current circumstances for many residents, highlighting that significant increases to the cost of living threatened to bring more people into poverty and further impact those already in poverty.
7. The UK is now emerging from a second year of cost of living crisis measures. The Council is considering our response to what we expect to be enduring financial pressures which will continue to impact residents' lives in multiple ways. In light of anticipated reductions to financial support for the cost of living crisis from central government expected in the coming months, it is even more important to act now to develop a sustainable plan for a systems level response to poverty as one of the greatest of our shared challenges.
8. Southwark Council and our partners are already working together with communities and partners to develop Southwark 2030 - a shared vision for the borough. That vision will build on our shared commitment to tackle poverty, racism and discrimination, as well as inequalities in health, education, housing, and employment. In support of that, and recognising growing pressures across the system to do more with less, the Council is inviting partners to join us to develop a borough-wide plan around tackling poverty.

## **KEY ISSUES FOR CONSIDERATION**

### **Ambitions for the Southwark Anti-Poverty Action Plan**

9. The Southwark Joint Health and Wellbeing Strategy 2022-2027 sets out the strategic priorities for the Board, with a clear focus on wider determinants of health.
10. The Southwark Anti-Poverty Action Plan (the Plan) will provide a framework to enable the Board to consider our contribution to tackling poverty as both a wider determinant of - and causal factor in - poor health. The Plan will provide a clear point of focus for the Board to ensure the best efforts of colleagues from across our organisations are focused where they are needed most.
11. Once developed, the Plan will become a mechanism for assuring the Borough's response to ongoing cost of living pressures for residents, facilitating a joined-up approach as a tool for discussion at a strategic level. It will enable prioritisation based on shared vision, objectives, outcomes and measures of success.
12. Existing measures could be included, for example outcome frameworks and activities around healthy employment from Southwark's Joint Health and Wellbeing Strategy could be linked to the Plan and reviewed against other relevant outcome measures such as those tracked by Southwark Works, Southwark Stands Together and employment schemes.

13. A wide range of strategies and initiatives to tackle poverty are already in place across Southwark. Examples of some of the many activities identified in the mapping exercise are included below, grouped by type of activity with examples of each type:
- Support for residents who face the most barriers to employment
    - Work with employers for increased inclusive recruitment (Jobcentre Plus, Southwark Works)
    - Paid internships created; Council internships supporting young people from disadvantaged backgrounds
  - Support for residents hit hardest by the cost of living crisis
    - Direct support to low income and vulnerable households
    - One-off cash support for Southwark care leavers and those receiving domiciliary care, housing benefits and for school uniform grant top-up
    - Cost of living roadshows with Citizens Advice Southwark
    - Warm Hubs or Warm Spaces
  - Right to Food
    - Food vouchers (Council and partners)
    - Uptake of Healthy Start In Southwark (national scheme)
  - Sustainable food strategy
    - Food growing plots
    - Convenience stores signing up to stock healthier food
    - Dignity champions
  - Grow Southwark's health and care industries and jobs
    - SC1 Partnerships
    - Healthcare Sector-based Work Academy Programme (SWAP) at Southwark College in partnership with Guys and St Thomas' NHS Foundation Trust and Southwark Works
  - Childrens' services tackling future poverty
    - Family Hubs
    - SEN programmes
    - Leaving care services
    - Youth Justice services
    - Youth Carers Service
  - Local Welfare provisions such as Council Tax Reduction, Southwark's Local Welfare Assistance scheme and Discretionary Housing Payments.
14. Further work is required to more fully map and reflect the work of all partners and ensure a truly holistic picture of activity in the borough.
15. The Southwark Health and Wellbeing Board will have a key role in the identification, review and monitoring of outcomes from the Plan. The Plan will support existing strategies, providing a broader context for the work of individual teams and partners and linking existing strategies and activities such as the Southwark Joint Health and Wellbeing Strategy 2022-2027, the Southwark Council Cost of Living Fund, and the Southwark Economic Strategy 2022-2030.



16. The role of the Southwark Health and Wellbeing Board in overseeing the Plan could take a similar three-tiered approach to the Southwark Joint Health and Wellbeing Strategy in that there will be areas where the Board will drive and strengthen activities, areas where the Board will monitor progress on existing strategies and highlight when further detail is required, and areas where decision-making sits outside of the Board and therefore the Board's role will be to observe and influence.

## NEXT STEPS

### Developing the Plan

17. It is proposed that a task and finish group be set up to develop the Anti-Poverty Action Plan, building upon the initial mapping exercise and information gathered to ensure that all relevant stakeholders are identified and included in the process. A proposed timeline for this is outlined below:

Milestone	Timeline
Establish task and finish group to develop the first iteration of the Plan	March to June 2024
Review the Plan and align to Southwark 2030	June to July 2024
First review of the Plan by the Board	November 2024

### Annual review – what could it look like?

18. It is suggested that the review be undertaken by the Board periodically and ahead of increased winter pressures.
19. An annual review of the Plan by the Southwark Health and Wellbeing Board could include:
- Reviewing the Plan against agreed shared vision and outcomes;
  - Identifying any gaps in provision, providing direction, guidance or suggestions on how any gaps might be closed;
  - Identifying any relevant strategies or services not included in the Plan;
  - Identifying potential or actual duplication of effort across activities within the Plan, providing direction, guidance or suggestions on ways to reconcile duplication;
  - Identifying opportunities where teams or partners might work together to enhance existing provision.

### **Policy framework implications**

20. The Southwark Anti-Poverty Action Plan will draw together existing strategies and activities to enable a sustainable and joined-up approach, bringing together the numerous activities already taking place across the borough to address poverty thereby allowing for strategic oversight for our shared vision and outcomes.
21. A review cycle will provide an opportunity to enhance existing provision across a range of services. This will in turn support existing strategies such as the Southwark Joint Health and Wellbeing Strategy 2022-2027.
22. The shared vision and outcomes for the Plan will be aligned with the goals we will agree under Southwark 2030, and the Plan will form part of our shared response to those Southwark 2030 ambitions.

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

23. Members of the Board have worked with partners from across the borough to establish our shared Southwark 2030 vision and strategy, and Southwark and our strategic partners and leads are working together to tackle poverty, racism and discrimination, as well as inequalities in health, education, housing, and employment.
24. The Plan will contribute to that work, providing a framework to enable the Board to consider our contribution to tackling poverty as one of the wider determinants of health and a key element of Southwark's goal of closing the gap in life chances.

#### **Community impact statement**

25. The recommendations in this report aim to help the work across Southwark relating to tackling poverty to be as effective as possible, supporting a coordinated and comprehensive approach which can only be of benefit to residents and communities.
26. The Plan provides an opportunity to enhance existing provision across a range of services with a focus on tackling poverty as one of the greatest of our shared challenges as a borough.

#### **Equalities (including socio-economic) impact statement**

27. Southwark's Joint Health and Wellbeing Strategy 2022-2027 sets out our commitment to improving the health and wellbeing of all residents in Southwark, with a focus on reducing inequalities which are recognised to have been exacerbated by the cost of living crisis. The JSNA Annual Report 2023 highlighted how the cost of living crisis has disproportionality impacted low-income households.

28. The Plan will provide a framework to enable the Board to consider our contribution to tackling poverty as one of the wider determinants of health, to ensure the best efforts of colleagues from across our organisations are focused where they are needed most and ensuring that closing the gap in life chances is at the heart of all we are doing together.

#### **Health impact statement**

29. Southwark's Joint Health and Wellbeing Strategy 2022-2027 references poverty, low incomes and the wider determinants of health as having a significant influence on health outcomes.
30. Taking forward the recommendations in this report should help the work across Southwark around tackling poverty be as effective as possible. The Plan will provide a framework to enable the Board to consider our contribution to tackling poverty as one of the wider determinants of health to ensure the best efforts of colleagues from across our organisations are focused where they are needed most.

#### **Climate change implications**

31. There are no immediate climate change implications.

#### **Resource implications**

32. There are no resource implications as a direct result of this report.

#### **Legal implications**

33. There are no legal implications as a direct result of this report.

#### **Financial implications**

34. There are no immediate financial implications as a direct result of this report.

#### **Consultation**

35. This report follows a mapping exercise which was developed through engagement work across a range of departments and conversation with the Partnership Southwark leadership group.

**BACKGROUND DOCUMENTS**

Background Papers	Held At	Contact
None		

**APPENDICES**

No.	Title
None	

**AUDIT TRAIL**

<b>Lead Officer</b>	David Quirke-Thornton, Strategic Director for Children's and Adults' Services	
<b>Report Author</b>	Sarah Girling, Principal Programme Manager	
<b>Version</b>	Final	
<b>Dated</b>	01/03/24	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Assistant Chief Executive Governance and Assurance	No	No
Strategic Director, Finance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	1 March 2024	

<b>Item No.</b> 11	<b>Classification:</b> Open	<b>Date:</b> 14 March 2024	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Health Protection Report 2022/23: Summary for the Health and Wellbeing Board	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		<b>Sangeeta Leahy</b> Director of Public Health Southwark Council	

### RECOMMENDATION(S)

That the Health and Wellbeing Board;

1. Note the findings of the Health Protection Summary Report 2022/23 and health protection activity across the system during 2022/23, set out in appendix 1.
2. Agrees to receive a health protection report annually. For 2024/25 this would be at the meeting in December 2024.

### BACKGROUND INFORMATION

3. Oversight and assurance of the local health protection system is via the Health Protection Board, established in July 2022 and chaired by the Director of Public Health.
4. The Health Protection Board approved the full Health Protection Annual Report 2022/23 in December 2023.
5. This summary report provides an overview of health protection activities, incidents, challenges and achievements from April 2022 to March 2023.
6. The gap between the report date and submission to the Health and Wellbeing Board was to allow for the publication of relevant datasets. Future reports will be more timely, with submission during December of the report year.

### KEY ISSUES FOR CONSIDERATION

7. The scale of potential health protection threats faced locally and globally is significant, ranging from emerging illnesses and an increase in vaccine preventable infections, to adverse weather, antimicrobial resistance and chemical hazards. The impact of climate change is likely to amplify many of these threats.

8. A high level of health protection activity persists locally post-pandemic, and it is important to be prepared for and mitigate any health protection risks and challenges faced as an inner London borough.
9. There have been some adverse impacts exacerbated by the pandemic, such as reduced vaccination and breast screening coverage and an increase in some infections.
10. As was demonstrated in the Covid 19 pandemic, health protection issues often magnify health inequalities with disproportionate impacts on the already most socially disadvantaged. This relates to factors including increased exposure to hazards (eg through housing or employment conditions), low uptake of protective factors (eg vaccination) and reduced resilience (eg pre-existing poor health).
11. An effective health protection response requires a coordinated multi-partner approach, close working with our communities and using data to tailor our response for communities most affected or most vulnerable.

### **Policy framework implications**

12. The UK Health Security Agency (UKHSA) - the lead agency responsible for infectious diseases, chemical, biological, radiological and nuclear incidents - highlight three main goals in their 2023 strategy:
  - To be ready for and prevent future health security hazards.
  - To save lives and reduce harm through an effective response.
  - To build the UKs health security capacity.
13. The emphasis on effective and resilient health protection systems aligns with the local aim to support the UKHSA in protecting our residents, workforce and visitors to the borough against health protection threats.
14. The national risk register outlines some of the most serious risks facing the UK, including health protection threats such as pandemics, zoonotic illnesses and adverse weather. It highlights the importance of preparation and supporting communities.
15. More locally, the South East London Integrated Care System has a focus on protecting health and wellbeing and supporting people to stay healthy. Southwark Council, as outlined in the Council Delivery Plan, is committed to a healthy environment for its residents, supporting families and investing in our communities.

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

### **Community impact statement**

16. Health protection action across the system requires close working with communities to ensure activities are tailored towards those individuals, groups and communities most at risk.
17. Throughout 2022/23 there are numerous examples of work done to collaborate with and understand the needs of communities, particularly more marginalised groups, to make our health protection response accessible and acceptable.

### **Equalities (including socio-economic) impact statement**

18. Health protection programmes across Southwark strive to tackle inequalities of access and outcome at every opportunity.
19. Using a hyper-local approach, additional support and actions to mitigate impacts are taken with populations that have the poorest outcomes, with a focus on the most disadvantaged neighborhoods and communities in Southwark.

### **Health impact statement**

20. The aim of all areas of work contained in this report is to protect our residents, our workforce and visitors to the borough against health protection threats.

### **Climate change implications**

21. The impact of climate change is likely to amplify many health protection threats faced locally and globally making it essential to prepare for and respond to threats and risks as they arise.

### **Resource implications**

22. There are no direct resource implications arising as a result of this report.
23. Responding to emergencies and incidents as they arise requires additional staff time and resource across the system to support the response. The amount of resource required will vary depending on the incident.

### **Legal implications**

24. There are no legal implications arising as a result of this report.

## Financial implications

25. There are no direct financial implications arising as a result of this report.
26. Responding to emergencies and incidents as they arise will require additional finances to support the response. The amount of financial support required will vary depending on the incident.

## Consultation

27. The report was produced in collaboration with teams across the system, and relevant individuals and organisations were consulted with.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

## APPENDICES

No.	Title
Appendix 1	Health Protection Report 2022/23: Summary for the Health and Wellbeing Board

## AUDIT TRAIL

<b>Lead Officer</b>	Sarah Robinson, Head of Programmes for Health Protection	
<b>Report Author</b>	Sarah Robinson, Head of Programmes for Health Protection	
<b>Version</b>	Final	
<b>Dated</b>	February 2024	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Assistant Chief Executive Governance and Assurance	No	No
Strategic Director, Finance	No	No
List other officers here	N/A	N/A
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	1 March 2024	



# Health Protection Report 2022/23

## Summary for the Health and Wellbeing Board

Health Protection

Southwark Public Health

Version 2.0

February 2024

 @lb\_southwark  facebook.com/southwarkcouncil

Please cite as: **Health Protection Report 2022/23. Summary for the Health and Wellbeing Board.** Southwark Council: London, **February 2024, v2.0.**

# Oversight of the local health protection system is via the Health Protection Board, established in July 2022

## INTRODUCTION

This report is a summary of the Health Protection Annual Report 2022/23 that was approved by the Health Protection Board at the meeting in December 2023. It provides an overview of health protection activities, incidents, challenges and achievements between April 2022 and March 2023.

The scale of potential health protection threats faced locally and globally is significant, ranging from emerging illnesses, to adverse weather, antimicrobial resistance and chemical hazards. The impact of climate change is likely to amplify many of these threats.

Oversight and assurance of the local health protection system is via the Health Protection Board, which was established in July 2022 and is chaired by the Director of Public Health.

Figure 1: Health Protection Board structures at March 2023

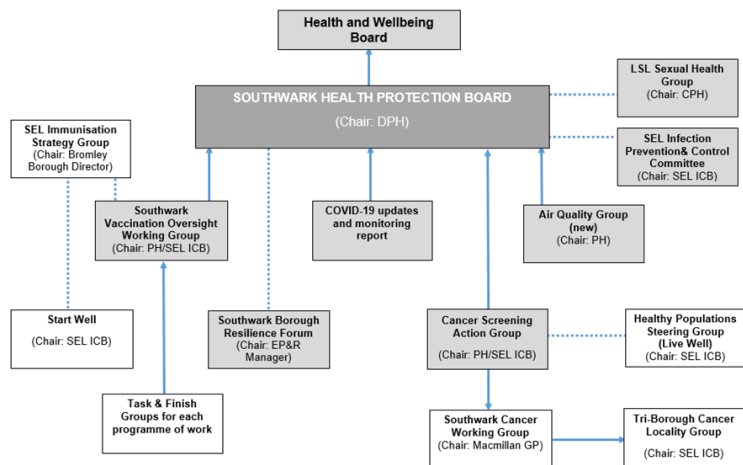


Table 1: Southwark Health Protection Board membership 2022/23:

Role	Organisation
Director of Public Health (Chair)	Southwark Council
Consultant Public Health – Health Protection	Southwark Council
Consultant Public Health – Healthy Adults	Southwark Council
Chief Operating Officer	SEL ICB
Quality Manager	SEL ICB
Head of Service Regulatory Services	Southwark Council
Head of Programmes for Health Protection	Southwark Council
Consultant in Public Health	SLHPT (UKHSA)
Infection Prevention & Control Lead	SEL ICB
Clinical and Care Professional Leads	SEL ICB
Head of Communications	Southwark Council
Emergency Planning & Resilience Manager	Southwark Council

# An increase in mpox cases and the finding of polio virus in a London sewage plant both required local action

## HEALTH PROTECTION INCIDENTS IN 2022/23

A number of health protection incidents occurred during 2022/23 that required on-going action across the local system throughout the period.

### Mpox (May 2022):

- Elevated and increasing number of mpox cases were seen in the UK, with most cases notified in London. Mpox (formerly called monkeypox) is a rare infectious disease, usually associated with travel to west and central Africa.
- Guidance was issued for those who had symptoms to call NHS 111, or a sexual health clinic, and to stay at home and avoid close contact with other people, resulting in significant capacity challenges for the NHS, including Southwark sexual health clinics.
- Communications were cascaded and guidance / advice provided, and in July 2022 the vaccination programme was introduced for those at higher risk. Local Southwark processes were developed which were shared across London.

### Polio (June 2022):

- Samples containing poliovirus (oral vaccine-derived) were discovered at a sewage plant in London, suggesting that poliovirus was spreading, most likely linked to oral polio vaccine received abroad.
- A mass vaccination campaign was launched to offer a booster to all children aged 1-9 years in London. In Southwark, primary care delivered the programme, with some outreach provided by GSTT.
- Local work to support the regional campaign included:
  - Analysis of data to ascertain neighbourhoods, ethnic groups and GP practices with lowest uptake.
  - Tailored (and translated) communications distributed widely.
  - Commissioning of two local VCS organisations to engage with communities.
  - Outreach vaccination clinics held in low uptake areas and for guests in Southwark asylum hotels.
- To date, no cases of paralytic polio have been reported in England<sup>1</sup>.

1. <https://www.gov.uk/government/news/polio-vaccine-catch-up-campaign-for-london-as-sewage-surveillance-findings-suggest-reduced-transmission#:~:text=No%20paralytic%20polio%20cases%20have,and%20more%20recently%20in%20Israel>

# An outbreak of diphtheria was managed alongside a significant increase in Group A Streptococcus infections

## HEALTH PROTECTION INCIDENTS IN 2022/23

### Diphtheria outbreak (November 2022):

- The UKHSA established a national enhanced incident to manage an outbreak of diphtheria associated with the Manston Immigration Centre. The recommendation was to provide antibiotics (within 10 days) and a single dose of a diphtheria containing vaccine for anyone who had left Manston or the Kent Intake Unit.
- A local working group was established and information and guidance was disseminated to initial accommodation centres (IACs), the health inclusion team (HIT) and the GP surgery linked with each IAC. Infection Prevention and Control (IPC) nurses visited each IAC and setting managers were contacted daily to identify any new arrivals who might have travelled through Kent, for follow up by HIT or primary care.
- Cases of diphtheria reduced to zero at the beginning of January 2023 and have remained low since<sup>1</sup>.

### Group A Strep (December 2022):

- Over the winter of 2022/23 there was a significant increase in cases of Group A Streptococcus (GAS) infections, including lower respiratory tract GAS, strep throat, scarlet fever and impetigo.
- There was a corresponding increase in cases of invasive Group A Strep (iGAS) particularly in children under 10 (iGAS is the most serious infection linked to GAS and can be fatal).
- A group was set up in Southwark to coordinate the response, promote cross-organisational working and to support primary care, and included stakeholders from SEL ICB, Public Health, PCNs and GPs. Communications were circulated widely, including information on symptoms, when to contact the NHS, the importance of self-isolation, good IPC and early treatment with antibiotics. Guidance and advice was provided to schools and nurseries when they reported cases or outbreaks.

1. <https://www.gov.uk/government/publications/diphtheria-cases-among-asylum-seekers-in-england-2022/diphtheria-cases-among-asylum-seekers-in-england-weekly-data-tables>

# The government's living with COVID-19 strategy changed the way outbreaks were managed and the local response

## COVID-19

The government's Living with COVID-19 Strategy came into effect on the 1 April 2022; the focus of this phase was on protecting those most at risk from serious illness and to manage the virus like other respiratory infections.

### The main guidance changes were:

- No legal requirement to isolate if you tested positive, although the advice was to try to stay at home for five days (adults) or three days (children) if unwell or tested positive.
- Free asymptomatic & symptomatic testing ended for most individuals and settings; free testing services closed. Routine and outbreak testing remained for some high-risk settings, including care homes.
- Contact tracing stopped along with support payment schemes.
- Most surveillance mechanisms that enabled local teams to monitor the pandemic were stopped.

The Southwark Outbreak, Prevention and Control Executive was stood down and the new Health Protection Board was established along with a separate COVID-19 Oversight Group (COG). The functions of the COG included surveillance, monitoring, review of guidance changes, triggers, with a focus on high risk settings.

Southwark Public Health Acute Response Team continued to be notified of outbreaks of COVID-19 in vulnerable settings, and this function has remained in place to respond to enquiries, support settings with new guidance and to continue to monitor and respond to outbreak notifications in high risk settings.

34 outbreaks of COVID-19 (defined as two or more linked cases within 14 days) were notified to the Public Health team between April 22 - March 23; half were in care homes for older adults. Numbers of outbreaks was highest in June-July 2022, mirroring an increase in regional and national cases during this time.

# Provisional data for London shows an increase in TB notifications during 2022/23

## TUBERCULOSIS

**Tuberculosis (TB) is a notifiable, infectious disease, caused by Mycobacterium tuberculosis bacteria. It usually affects the lungs (pulmonary TB), but can infect any part of the body. Two TB related conditions exist: latent TB infection and active TB disease.**

- TB can be treated with antibiotics, and there is a vaccine available (BCG), offered to those most at risk.
- The most recent confirmed data available is up to 2021, although provisional data exists up to 2023:
  - In England in 2021, TB incidence was 7.8 per 100,000, which is below the WHO threshold for a low incidence country ( $\leq 10/100,000$ ). TB incidence from 2011-21 decreased overall in England.
  - The main burden of disease remains concentrated in large urban areas (figure 2). The rate in Southwark in 2021 was 14.5 per 100,000 population.
  - Provisional data for London shows a 10% increase in TB notifications in the second quarter of 2023 (April to June) compared with the first quarter of 2022 (Figure 3).

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Figure 2: Three-year average TB notification rates by London LA, 2019 to 2021<sup>2</sup>

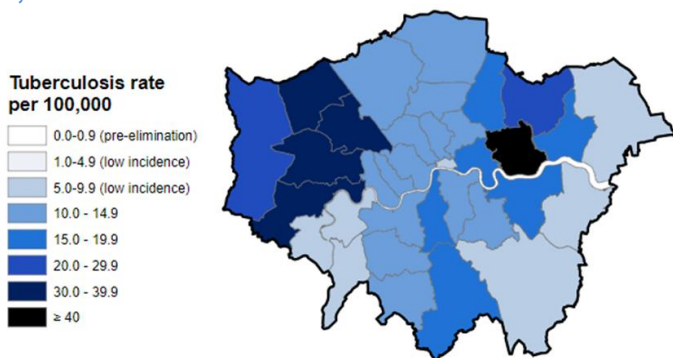
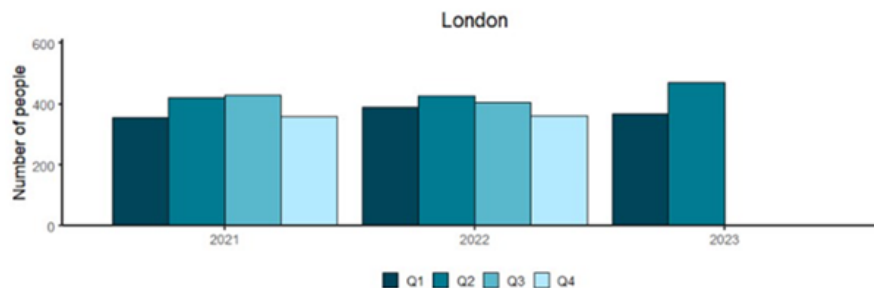


Figure 3: Number of TB notifications (provisional data), London 2021 to Q2 2023<sup>3</sup>



1. [Tuberculosis \(TB\): action plan for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97222/tb-action-plan-for-england-2018-2025.pdf)
2. [TB incidence and epidemiology in England, 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97222/tb-action-plan-for-england-2018-2025.pdf)
3. [National quarterly report of tuberculosis in England: Quarter 2, 2023 provisional data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97222/tb-action-plan-for-england-2018-2025.pdf)

# Local screening and case management for latent and active TB is in place for those seeking asylum

## TUBERCULOSIS

**Patterns of TB epidemiology in England in 2021 have similar geographic distribution, social and demographic factors to previous years:**

- The majority of people with TB in England were born outside the UK.
- TB in England continued to disproportionately affect the most deprived populations, including groups at risk of exclusion and other health inequalities.
- TB continues to be more common in males than females.
- Certain characteristics were associated with an increased risk of TB, including imprisonment, drug and alcohol misuse, homelessness, mental health needs and asylum seeker status.

### **Local screening and case management:**

- As part of the core health offer for asylum seekers and refugees arriving in Southwark, screening is in place to test for both latent TB and active TB. All those aged 5-65 years with no symptoms of active TB are tested for latent TB and if they have symptoms of active TB, they are referred to the TB/chest clinic for further assessment.
- The South London Health Protection Team, part of the UKHSA, manages local cases of active TB. They follow up on all cases and their close contacts are traced and screened. For infectious cases, a risk assessment is conducted to determine whether wider screening is necessary.

**In July 2021, the UKHSA and NHSE launched the TB action plan for England 2021 to 2026<sup>1</sup>, which laid out commitments to achieve the WHO TB elimination targets.**

1. [Tuberculosis \(TB\): action plan for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97424/tb-action-plan-for-england-2021-to-2026.pdf)  
2. [TB incidence and epidemiology in England, 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/tb-incidence-and-epidemiology-in-england-2021)

# Food safety inspections carried out found 97% of food businesses were compliant with hygiene requirements

## ENVIRONMENTAL HEALTH

**Environmental Health (EH) Services contribute to a number of key health protection functions, such as food safety, infectious disease control, health and safety, private sector housing standards and environmental protection.**

### **Food safety:**

- To protect the public from illness that can be associated with food, there are legal requirements governing all stages of the production, preparation and sale of food.
- Environmental Health Officers enforce these requirements, primarily through a series of routine inspections of food businesses and responding to complaints about food and allegations of food poisoning or food borne illness.
- UK food law require all food businesses to be registered with the local authority and are given a risk classification ranging from Category A to E with Category A businesses being the highest risk and Category E lowest. Higher risk businesses are inspected more frequently.
- For the period 2022/23, the EH team carried out 885 food safety inspections, which included all high risk food businesses.
- 97% of all food businesses were deemed broadly compliant with food hygiene requirements. This exceeded the national target of 75% set by the Food Standards Agency. Well regulated and compliant food businesses means there is less likelihood of food poisoning from food purchased from these businesses.
- Nearly 200 complaints of food poisoning were received during 2022-23, with all the allegations relating to single cases. There were no outbreaks of food poisoning during the period.

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# Scarlet fever accounted for more than a third of statutory disease notifications in 2022/23

## ENVIRONMENTAL HEALTH

### Infectious disease control:

- UK legislation identifies specific infectious diseases, which must be notified to the authority, and officers in the Food Safety Team deliver this function in partnership with the UKHSA South London Health Protection Team.
- During the period 2022/23, there were 364 infectious disease notifications received and processed in Southwark. Scarlet Fever was the single highest infectious disease notified accounting for 38% of the total notifications.
- Notified infections are managed by the UKHSA Health Protection Team and will include actions to prevent spread of infections, limit its effect on the population and protect high risk contacts.
- The local EH team provide support for the follow up of gastro-intestinal infections.

### Damp and mould:

- Excess moisture in a building can lead to damp and mould, exposure to which is harmful to health. Moulds produce tiny airborne substances called spores, which are irritants and sometimes can be toxic. They can cause an allergic reaction or even an asthma attack.
- The Council proactively inspect houses let in multiple occupation and single family properties that are high risk. They also hear about possible damp and mould concerns through routine inspections and/or complaints received. When hazards have been identified and the landlord fails to resolve the issue then EH Officers can serve an improvement notice on the Landlord.
- The majority of cases in 2022/23 were resolved quickly and informally, without the Council having to take formal action against the landlord or managing agent.

# New governance arrangements were introduced to provide assurance and take action on vaccination programmes

## VACCINATION PROGRAMMES

**In 2022-23, all vaccination programmes continued to be commissioned by NHS England's London screening and immunisations team. The Director of Public Health has a statutory duty to assure local immunisation programmes and promote action to reduce health inequalities.**

During 2022-23, the Southwark Vaccination Oversight Group was established and reports into the Health Protection Board, the Director of Public Health and the Chief Operating Officer of Partnership Southwark. The group's role is to support the assurance function of the Director of Public Health, and to manage a programme of interventions to reduce inequalities in vaccination uptake locally.

### **Vaccination programme delivery in 2022-23:**

- Routine childhood vaccinations including the 6 in 1<sup>1</sup> and MMR (measles, mumps and rubella) were delivered by general practice.
- The school age immunisations service is provided by Hounslow and Richmond Community Healthcare (HRCH), delivering school age vaccinations including HPV, Meningitis ACWY and the teenage booster.
- COVID-19 and flu vaccinations are delivered by general practice, community pharmacy, GSTT and maternity services, with HRCH delivering the school aged flu programme.
- The Health Inclusion Team offer routine and seasonal vaccinations in homeless settings and asylum seeker accommodation.
- During 2022-23, there was a shift away from a universal offer of COVID-19 vaccination to target those most at risk. Flu vaccination continued to be offered to an expanded cohort compared to before the COVID-19 pandemic, including 50-64 year olds.

23

1. The 6 in 1 vaccine protects against polio, diphtheria, tetanus, whooping cough and hepatitis B and Hib (a bacteria that can cause serious infections such as sepsis or meningitis).

# 2022-23 saw a decline in vaccine coverage, but significant local work was undertaken to tackle inequalities

## VACCINATION PROGRAMMES

### Seasonal vaccinations:

- COVID-19 autumn booster uptake in 2022-23 in Southwark was significantly below uptake of the primary course of COVID-19, with flu vaccination uptake also below 2021-22 levels, in line with regional and national trends.
- Significant inequalities in uptake remain, including around ethnicity, with Black ethnic groups least likely to take up the Autumn booster.
- Local work to tackle inequalities included a range of outreach events, wide communications push, attendance at cost of living roadshows and at warm spaces to offer vaccines, information & basic health checks, in-reach clinics in homeless hostels, and actions aimed at care staff.

### Childhood vaccinations:

- Coverage of childhood immunisations in Southwark is above the London average, but has been declining since 2015/16. The pandemic accelerated the downward trend, likely due to increased misinformation and growing vaccine fatigue. Local research and primary care data show inequalities exist around ethnicity and deprivation.
- In 2022/23, we supported the London polio booster campaign for 1-9 year olds, and delivered multiple projects to tackle inequalities, including carrying out a health equity audit for childhood immunisations.
- School age immunisations also declined in part due to a regional move to an online only consent process.
- We supported the school age programme by working with schools and HRCH to ensure better coordination, and training community health ambassadors to promote the HPV vaccine.

# Case numbers of syphilis and gonorrhoea have increased since 2021 and remain a high burden locally

## SEXUAL HEALTH

### Syphilis and gonorrhoea:

- Southwark has a high burden of syphilis and gonorrhoea diagnoses compared to England:
  - The rate of syphilis in Southwark in 2022 was 133 cases per 100,000 residents;
  - The rate of gonorrhoea in Southwark in 2022 was 1016 cases per 100,000 residents.
- Case numbers for both infections have increased since 2021, a trend consistent with the national picture.
- Gonorrhoea affects more men than women nationally, and almost half of all diagnoses are in gay, bisexual and other men who have sex with men (GBMSM). Rates of diagnosis are particularly high in people of Black Caribbean ethnicity or Mixed (Black Caribbean and White) ethnicity. Socio-economic factors and structural determinants of health are believed to be underlying ethnic differences in gonorrhoea rates<sup>1</sup>. Syphilis also disproportionately affects GBMSM, with three quarters of new syphilis diagnoses nationally occurring within this community in 2019<sup>2</sup>.
- Health impacts from untreated gonorrhoea include poor reproductive health, pain and infertility. Health impacts from untreated syphilis include significant problems within the brain, heart and nerves.

### Chlamydia:

- Chlamydia is one of the most commonly diagnosed sexually transmitted infections in the UK and in Southwark. Detection in Southwark has fallen recently, which may be associated with reduced testing in communities where the infection is most prevalent:
  - In 2022, there were 2,997 diagnoses per 100,000 female residents aged 15 to 24.
  - The detection rate was 4,636 in 2018.
  - Southwark is still among the top 20 best performing authorities nationally for this measure.
- Health impacts from untreated chlamydia include poor reproductive health, pain and infertility.

1. HIV Prevention England, 2023, Gonorrhoea Briefing paper.

2. PHE, 2019. Addressing the increase in Syphilis in England: PHE Action Plan.

# Southwark has the second highest rate of HIV in England, although *new* diagnoses are significantly decreasing

## SEXUAL HEALTH

### Human immunodeficiency virus (HIV):

- Southwark has high rates of HIV compared to England with 11 people per 1,000 living with diagnosed HIV in 2022: the second highest rate in the country. This position is improving.
- Co-ordinated work in Southwark, across London and nationally saw a 53% decrease in new HIV diagnoses in Southwark between 2016 and 2022, with diagnoses down from 55 to 26 diagnoses per 100,000. Southwark has the fifth highest rate of new HIV diagnoses in the country. National data from 2022 shows that HIV diagnoses have continued to fall in GBMSM groups, but have risen in heterosexual adults, particularly in women and people from ethnic minority groups, and this pattern is likely to be similar in Southwark.
- Testing promotes early diagnosis and in Southwark, HIV testing coverage compared to other areas in England is high, with 65% of eligible Southwark residents receiving tests in 2022, compared with 48% for England. Late diagnosis is the most significant predictor of HIV-related morbidity and short-term mortality.

### Local action:

- Southwark works with neighbouring boroughs Lewisham and Lambeth, and the South East London ICB under the joint sexual and reproductive health strategy to improve sexual and reproductive health in the borough and tackle inequalities.
- In 2022/23 GP champions were recruited in Southwark, work was undertaken to include HIV testing as part of NHS health checks and a communication and marketing campaign was conducted to reach communities that are at increased risk of HIV transmission.

1. HIV Prevention England, 2023, Gonorrhoea Briefing paper.  
2. PHE, 2019. Addressing the increase in Syphilis in England: PHE Action Plan.

# Southwark cancer screening coverage remains below national operational standards

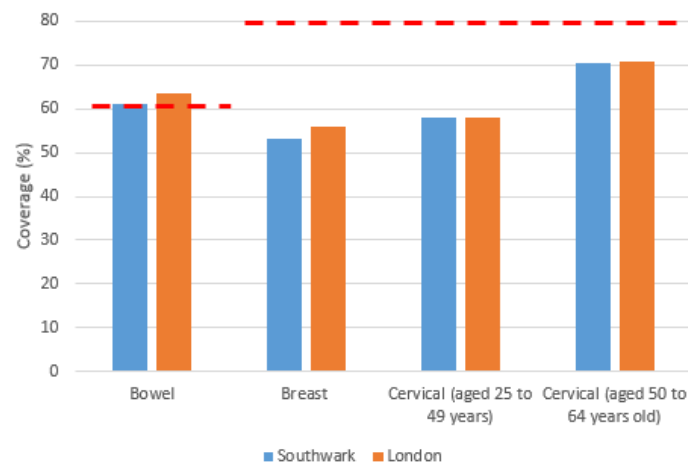
## SCREENING PROGRAMMES

In 2022-23, all cancer screening programmes continued to be commissioned by NHS England's London screening and immunisations team. The Director of Public Health has a statutory duty to assure local screening programmes and promote action to reduce health inequalities.

During 2022-23, the Southwark Cancer Screening Action Group was established to drive forward actions for cancer screening to improve coverage and tackle inequalities. The group reports into the Health Protection Board, the Director of Public Health and the Chief Operating Officer of the ICB and has strong links with NHSE and the SEL Cancer Alliance.

- Current coverage is low for breast and cervical screening programmes; although bowel screening meets the national operational target (figure 5).
- Coverage is lower for those with learning disabilities, severe mental illness, those who are more deprived, and those of non-White ethnicity.
- Local work focussed on improving uptake and tackling inequalities, this involved development of animations to tackle barriers to uptake, support with awareness campaigns, work to engage primary care and work with the community including a small grants programme.
- Southwark Public Health published a Cancer Screening Joint Strategic Needs Assessment (JSNA) in 2023 with recommendations for improving coverage and access.

Figure 5: Cancer Screening Programme, April 23  
(Red dashed line shows UK operational standard)



# Inequalities and other performance challenges exist for other screening and early diagnosis programmes

## SCREENING PROGRAMMES

**NHSE commission and quality assure Abdominal Aortic Aneurysm (AAA) Screening, Diabetic Eye Screening (DESP) and Antenatal and Newborn (ANNB) Screening. SEL NHS ICB commissions school-aged vision screening.**

- With the exception of school-aged vision programme, which is an opt-out programme, all programmes experience challenges with regard to coverage and inequalities.
- Mass recovery screening has improved uptake of AAA screening in Southwark, following the pandemic, however there are few permanent screening locations in Southwark and ethnic inequalities remain.
- DESP shows low uptake in certain ethnicities, deprived populations and young people. A provider change in July 2024 is possible.
- School-aged vision screening shows high coverage but access challenges remain for children who are not part of the main-stream school system.

### **Cancer early diagnosis work:**

- The Targeted Lung Health Check programme was trialled in North Southwark in 2022/23.
  - This programme aims to diagnose lung cancer at an earlier stage when it is more treatable. The programme will re-visit North Southwark, and visit South Southwark in 23/24.
  - By June 2023, nearly 3000 lung health checks had been completed in North Southwark.
- Partnership Southwark animations were developed to improve awareness of prostate cancer in black men and how to access testing.

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# A comprehensive action plan is in place to monitor and reduce air pollution towards legal limits in Southwark

## AIR QUALITY

**UK government policy framework for air quality sets out air quality standards and objectives for key pollutants. Where the objectives are unlikely to be met, the local authority must declare an Air Quality Management Area and identify and publish actions to reduce air pollution from the excessive pollutants.**

Since 2003, Southwark has declared an Air Quality Management Area, which, since January 2023, covers the entire borough.

There is an Air Quality Action Plan (AQAP) in place to monitor and reduce air pollution, and to help avoid exposure. Delivery of the AQAP is overseen by Air Quality Steering Group, chaired by the Director of Public Health, and this group identifies the challenges that Southwark will address with air quality projects. It identifies the areas that Southwark will try to tackle with air quality projects.



### **A number of projects were either completed, in progress or started during 2022/23, including:**

- Walworth Low Emission Neighbourhood
- Working with schools; air quality audits, a starter grant and upgrading to heating systems
- Updating Southwark's pool cars and commissioning of cargo bikes
- Assessing the potential for freight consolidation
- Kerb Dock trial
- River freight trials
- airTEXT air pollution alerts redevelopment
- Asthma clinic housing inspection referrals
- Assessing potential air quality improvements from Southwark Energy Centres.
- Pan-London wood burning campaign
- Modelling and reporting tool development
- Projects to monitor and understand construction and air pollution levels



# Adverse weather can impact health significantly and local plans are in place to support residents at risk

## ADVERSE WEATHER

In England, the UKHSA produces an annual adverse weather plan, which is adapted locally to ensure it is fit for purpose to support residents at risk. The plans centre around a four tier alert system, based on specific temperature thresholds (table 2). Alerts are issued by the Met Office when adverse weather is forecast.

### Adverse weather preparedness and response:

- Summer 2022 saw unprecedented high temperatures in London, including temperatures of 40°C between 18th and 20th July, which prompted a Level 4 heat warning. There were three other periods of heatwave temperatures (>28°C during the day followed by night-time temperatures >18°C).
- Southwark is at particular risk from hot weather, as an inner city borough with high housing density.
- There were four Level 3 cold weather alerts issued across winter 2022/23, including one cold spell that lasted 12 days.
- Local actions taken to protect health during adverse weather included signposting residents to cool and warm spaces, communicating advice to the public, signposting to cost of living and fuel poverty support, encouraging winter vaccination, and supporting rough sleepers.

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**Table 2: Hot and cold weather alert levels in 2022/23**

	Heatwave alert levels	Cold weather alert levels
0	Year round planning all year	Year round planning all year
1	Summer preparedness and action 1 June to 15 September	Winter preparedness and action 1 November to 31 March
2	Heatwave is forecast – alert & readiness 60% or greater risk of heatwave in next 2 to 3 days	Severe winter weather forecast – alert & readiness 60% or greater risk of cold weather in next 2 to 3 days
3	Heatwave action Heatwave temperature is reached	Severe weather action Cold weather alert temperature is reached
4	Major incident Severe/prolonged heatwave	Major incident Severe/prolonged cold weather

# A high level of health protection activity persists post-pandemic and programmes of work continue in 23/24

## CONCLUSIONS

**A broad array of health protection work was achieved during 2022/23, with some common themes emerging:**

- A high level of health protection activity persists post-pandemic.
- We have seen some post-pandemic fallout, for example the high number of Group A Strep cases and the impact on breast cancer coverage.
- Opportunities highlighted from the pandemic including the benefits of close working with communities to tailor our health protection responses to what is acceptable, accessible and understandable.
- It is evident that there is an ongoing need for vigilance as an inner borough within a global city such as London, for example mpox, diphtheria amongst asylum seekers and travel related infections.

**Across the Southwark system, we work most effectively through:**

- A coordinated multi-partner/agency approach.
- Working closely with our communities.
- Using data smartly and ensuring a systematic approach to action planning.
- Making every contact count and thinking broadly around the holistic needs of population groups who, quite commonly, may benefit from more than one health protection intervention.

**Programmes of work across all areas of health protection have continued in 2023/24, with organisations and teams working across the system to prevent and respond to all kinds of risks and working with our communities to ensure an equitable response and outcomes.**

## CONTACT DETAILS

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<b>Item No.</b> 12	<b>Classification:</b> Open	<b>Date:</b> 14 March 2024	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		South East London Integrated Care Board Joint Forward Plan – 2024/25 Refresh	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Martin Wilkinson, Acting Place Executive Lead, Southwark, NHS SEL Integrated Care Board	

**RECOMMENDATION(S)**

That the Health and Wellbeing Board;

1. Notes the draft NHS South East London Integrated Care Board Joint Forward Plan refresh for 2024/25.
2. Confirms that it considers that the refreshed Joint Forward Plan continues to take proper account of the priorities and actions outlined within the Southwark Joint Health & Wellbeing Strategy.

**BACKGROUND INFORMATION**

3. The Health and Wellbeing Board received a report on 20/07/23 setting out the details of the first Joint Forward Plan of NHS South East London Integrated Care Board (SEL ICB). This is a 5 year strategic plan for 2023/24 to 2028/29 setting out how the health needs of the population will be met. The Board confirmed that the Joint Forward Plan was considered to take proper account of Southwark’s Joint Health and Wellbeing Strategy - such agreement from local health and wellbeing boards being a national condition for the ICB to meet before finalising and publishing its plan.
4. It is also a statutory requirement for the ICB to refresh the Joint Forward Plan on an annual basis, and seek agreement from local Health and Wellbeing Boards that it continues to take proper account of the latest local Health and Wellbeing Strategies.
5. The review of the Southwark borough section of the Joint Forward Plan undertaken for the annual refresh identified that there is no cause to significantly change the 5 year strategy previously described in July 2023. However, the refresh does provide commentary on 2023/24 progress and specific plans for 2024/25 have been updated along with other minor updates to the commentary.

## KEY ISSUES FOR CONSIDERATION

6. The full Joint Forward Plan is a very large document and is more easily viewed in a navigable format on the ICS website [www.selondonics.org/joint-forward-plan](http://www.selondonics.org/joint-forward-plan).
7. The key issues for consideration for this board relate to the Southwark borough section of the plan (see **appendix 1**). This section was developed with Partnership Southwark and forms the basis of the Southwark Health and Care Plan approved by the Partnership Southwark Strategic Board on 6<sup>th</sup> July 2023.

### Key points of Joint Forward Plan

8. The Joint Forward Plan provides a strategic overview of key priorities and objectives for the next 5 years at SEL and borough level, and a summary of short term actions to deliver these. The plan covers a wide range of planning requirements to ensure that services are being developed that:
  - Meets the needs of our population
  - Demonstrates and makes tangible progress in addressing the core purpose of our wider integrated care system - improving outcomes in health and healthcare, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money and helping the NHS support broader social and economic development
  - Delivers national NHS Long Term Plan and wider priorities
  - Meets the statutory requirements of our Integrated Care Board
9. The plan builds on the work been done as a wider system and is driven by:
  - The SEL Integrated Care Partnership integrated care strategy (as presented to the Health and Wellbeing Board on 17<sup>th</sup> November 2022)
  - Borough based Local Health and Wellbeing Plans
  - Local Care Partnerships plans
  - SEL-wide pathways and services transformation work such as acute, urgent and emergency, cancer, primary care and enablers such as digital, workforce, medicines optimisation, mental health and estates

### Southwark borough section of the refreshed Joint Forward Plan

10. The Southwark section (**appendix 1**) sets the five key objectives underpinning the local plan, which correspond exactly to the Health and Wellbeing Strategy presented to this board in November 2023, namely:
  - A whole family approach to give children the best start in life
  - Healthy employment and good health for working age adults
  - Early identification and support to stay well
  - Strong and connected communities
  - Integration of health and social care

11. Focus areas for the term of plan include:

- Strategic collaboration, with an initial focus on mental health
- The Start Well, Live Well, Age Well and Care Well workstreams focusing on specific priorities for joint working across the partnership including 1001 days, mental health in children and young people, community mental health transformation, prevention, Vital 5, cancer screening, frailty and lower limb wound care.
- Enablers such as workforce, estates, finance and digital

12. Underpinning key principles include:

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

13. As part of the work underway by the ICB to refresh the plan the Southwark borough section has been fully reviewed. The refresh process did not identify the need for any significant changes from the 5 year strategy set out in the July 2023 plan. Minor changes to note are:

- The planning template contains one new page which sets out a summary of our key successes, challenges and learning from 2023/24 (see page 5, appendix 1)
- An increased emphasis on the need to tackle system-wide pressures arising from mental health complex care placements
- There have also been other minor updates and clarifications with regards to planned actions for 2024/25 and beyond, reflecting latest progress in the programme

### **Policy framework implications**

14. The requirement for a Joint Forward Plan arises from NHSE planning requirements established for Integrated Care Boards for 2023/24, updated on 27/12/23 to cover annual refresh requirements.

15. Health and Wellbeing Boards remain responsible for producing both joint strategic needs assessments and joint local health and wellbeing strategies which future iterations of the Joint Forward Plan are required to take into account.

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

### **Community impact statement**

16. The core purpose of the Joint Forward Plan underpinning the detailed workstreams is “improving outcomes in health and healthcare, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money and helping the NHS support broader social and economic development”.

### **Equalities (including socio-economic) impact statement**

17. The plan 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.

### **Health impact statement**

18. As stated within the plan the key population health and inequalities challenges it seeks to address are:
- High levels of health need, with a clear link across to the relatively high levels of deprivation and population diversity found in south east London.
  - Life expectancy for south east Londoners is below the London average for all boroughs except Bromley.
  - Differences in life expectancy are more marked for those born in the least and most deprived areas across south east London.
  - These factors drive significant inequalities, with a variance across boroughs including higher levels of need, challenge and opportunity across our inner south east London boroughs, but with clear inequalities and an inequalities gap evident within each of our six boroughs.
  - Known risk factors that drive poor health outcomes plus drive inequalities.
  - Inequalities evident in terms of access, experience and outcomes.

### **Climate change implications**

19. As set out in the Sustainability section of the plan the ICB Green Plan underpins actions for making progress towards NHS carbon neutral targets.
20. The Southwark section of the plan confirms individual organisations will be supported to implement their green plans in line with the Partnership Southwark environmental sustainability policy statement.
21. The stated ambition is to have made clear progress towards the NHS targets of a net zero carbon footprint by 2040 and the interim target of 80% reduction by 2028, and the council’s climate change plan and target for a

carbon neutral Southwark by 2030. This will be measured in part through progress on key domains of the ICS Green Plan including workforce and system leadership, air quality, travel and transport (staff and patients), estates and facilities, sustainable models of care (including prevention and lean service delivery), digital, medicines (20% of NHS carbon footprint), supply chain and procurement, food and nutrition, adaptation, green spaces.

### **Resource implications**

22. Officer time from all partners will be required to support the continued development and delivery of the Southwark section of the Joint Forward Plan.
23. 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**

24. The production of the Joint Forward Plan and its annual refresh fulfils one of the statutory obligations of the Integrated Care Board.

### **Financial implications**

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

### **Consultation**

26. The Joint Forward Plan published in July 2023 was subject to consultation and engagement as detailed in the plan. As the outcome of the refresh review did not lead to significant changes a new consultation process was not required.



**BACKGROUND DOCUMENTS**

Background Papers	Held At	Contact
None		

**APPENDICES**

No.	Title
Appendix 1	Southwark section of Joint Forward Plan, South East London Integrated Care Board (ICB) 2024/25

**AUDIT TRAIL**

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<b>Report Author</b>	Adrian Ward, Head of Place PMO, Southwark, NHS SEL, Integrated Care Board	
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<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Assistant Chief Executive Governance and Assurance	No	No
Strategic Director, Finance	No	No
List other officers here	N/A	N/A
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>		1 March 2024

# Partnership Southwark Overview

## Our population

We have 307,000 residents. Our population is comparatively young, with the average age (32.4 years) almost two years younger than London, and almost seven years younger than England. 39% of residents are aged 20-39, compared to 26% in England. We have a large Lesbian, gay, bisexual, transgender, queer or questioning and others (LGBTQ+) population – over 8% of our adults compared to 4% in London and 3% nationally. Latest estimates indicate that 51% of people living in Southwark have a white ethnic background compared to 81% nationally. Our diversity is greater among our children and young people, with roughly equal proportions of young people from white and black ethnic backgrounds. The latest population projections suggest that the population will continue to grow, with over 17,000 additional people living in the borough by 2030. Population growth is set to take place across almost all parts of the borough, but the largest increases are expected in redevelopment areas around Old Kent Road, Canada Water, and Elephant and Castle.

## Health outcomes for our population

### Strengths

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

### Challenges

- 1 in 4 children in reception are overweight
- 15,000 emergency attendances by children under 5 per year
- Second highest level of STIs and HIV in Eng.
- Around 2,400 admissions for ambulatory care sensitive conditions per year
- 55% of cancers diagnosed at stage 1 or 2
- Around 55,000 adults have a common mental health condition
- ASC provides support to 1500 unpaid carers
- Amongst the highest rate of emergency admissions for falls in London
- Highest rate of emergency admissions for dementia in London

## Inequalities within our borough

- Approximately 21% of Southwark’s population live in communities ranked within the most deprived nationally. This increases to 23% among those aged under 18
- Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in central and northern parts of Southwark particularly communities in Faraday and Peckham wards
- Residents from a Black African and Black Caribbean background are more likely to live in communities with high levels of deprivation, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services
- Southwark has the fourth highest LGBTQ+ population in the country, and we know that this group can suffer discrimination for access to services, as well as poorer health outcomes
- Southwark has the highest number of asylum seekers in accommodation centres in SEL. The population may have experienced conflict, violence, multiple losses, torture, sexual assaults, and/or risk of exploitation, as well as experiencing issues accessing health and care services

## What we've heard from the public

- Engagement has been undertaken through:
  - Southwark Stands Together
  - South London Listens
  - Southwark 2030
  - Partnership Southwark workshops around the partnership's engagement approach to priority workstreams
  - Partnership Southwark outreach work
  - Centric and Social Finance work with both Partnership Southwark and public health
- The high level feedback has been as follows:
  - Discrimination and structural racism are impacting access and experience of services
  - Vulnerable people are falling through gaps in support
  - Mental health and wellbeing for children, young people and adults is a priority
  - Services need to be culturally appropriate and accessible for all
  - Concern regarding rising cost of living, food poverty and affordable housing
  - Local communities and community autonomy is high valued
  - Power sharing between communities and services is needed when considering, designing and testing plans and services

# Southwark - Our objectives

## Our key objectives - what we want to achieve over the next five years

The top things that we want to achieve over the next five years are outlined in our Joint Health and Wellbeing Strategy, 2022-2027. These have been committed to by all Partnership Southwark members:

<p>•A whole family approach to give children the best start in life</p>	<p>•Healthy employment and good health for working age adults</p>	<p>•Early identification and support to stay well</p>	<p>Strong and connected communities</p>	<p>Integration of health and social care</p>
<p>• We want to ensure all families in Southwark receive access to good-quality maternity care, reducing differential outcomes between population groups. We want to build resilient families through holistic care in pregnancy and early years, improve mental health for the whole family and keep children safe through early identification and support for families at risk of adverse childhood experiences.</p>	<p>•Across the health and wellbeing economy, we want to increase access to good quality jobs, promote health through employment support, enable people to lead healthy lifestyles, building on the already strong work on the Vital 5, and promote and maximise access to leisure and physical activity.</p>	<p>•We want to ensure services prevent ill-health through early detection. We want to help people stay well through falls prevention, support for recovery from hospital admission, and wellbeing support for carers and families. We will have an enhanced focus on communities and neighbourhoods with poorer health to ensure better uptake of prevention and services to manage long-term conditions</p>	<p>•We want to ensure local people shape their local areas and services. We want to ensure that services are accessible to the most excluded groups and reduce social isolation and loneliness. We will develop strong collaborations between statutory services and the voluntary and community sector, undertake targeted work to remove barriers to services and focus work on addressing loneliness.</p>	<p>•The opportunities to deliver better outcomes for Southwark residents will be optimised through strengthening joined up care, exploring where care can be delivered at a neighbourhood level and strengthening how we involve local people in delivery of our work. By bringing NHS, council and voluntary and community organisations together, we can define the shared outcomes we want for our population and ensure the right leadership, accountability and oversight to support our work.</p>

# Southwark - Our priority actions

## Our priority actions

The following priority actions demonstrate how we will deliver our objectives, and is also be detailed in our local Health and Care Plan.

### Strategic collaboration

- Our most fundamental step towards true integration and better outcomes is embedding a new way of working. By this, we mean that we will be designing and producing services together with our community and across providers, to provide holistic and sustainable solutions
- We will start to explore what a “collaborative model” for Mental Health could be, and how this would fit with the agreed approach that we are taking, as outlined above.

### Wells workstreams

- Our Wells workstreams reflect the life course of our residents – start, live and age well, with some relying on care homes when they can no longer live in their own homes. As part of the Health and Care Plan development, we have focused the delivery of the Wells to align with the ambition within the Health and Wellbeing Strategy and identify the areas with the most potential for integration.
- Start Well: First 1001 days and Children & Young People’s mental health
- Live Well: Adults Community Mental Health Transformation, Cancer and Vital 5 (exploring a family approach)
- Age & Care Well: Neighbourhood Integrated Care including a focus on frailty, dementia, lower limb wound care, deprived neighbourhood outreach and workforce development

### Principles

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

# Southwark – Our progress to date

## Key Successes in Delivery in 2023/2024

Increased maturity of Partnership Southwark as an effective driver of integration including:

- agreement of the Southwark Health and Care Plan and the strengthening of associated programme arrangements for Start, Live, Age and Care Well
- concrete progress in priority areas including delivery of mental health teams in schools, 1001 days and vital 5, hypertension and cancer screening
- lower limb wound care model developed reflecting world class best practice
- development of collaborative neighbourhood working in mental health
- deepening integration of health and social care as reflected by new structure with joint place executive lead
- significant investment in health inequalities fund targeting improved outcomes for marginalised communities
- focus on prevention through a series of successful community health and wellbeing events in schools and community centres promoting uptake of vaccinations and healthy behaviours in our most deprived neighbourhoods
- progress on the Community Southwark ‘State of the sector report’ recommendations relating to funding, estates and engagement
- transfers of care patient experience project using innovative ethnographic research approach provided valuable insights for discharge improvement

## Key Challenges in Delivery in 2023/2024

System-wide demand pressures and financial constraints impact on our capacity to develop and deliver change programmes and invest sufficiently in prevention. Specific challenges included:

- adult mental health placement pressures leading to significant overspend across health and social
- Children and young people’s mental health 52 week waits reduction target impacted by growing demand
- supporting patient flow by ensuring sufficient community capacity to enable discharge from hospital
- financial constraints impact on potential for funding new models of care and programme resources
- data limitations arising from EPIC implementation and lack of analytics capacity impacted on development of comprehensive outcomes frameworks and population health approaches including Core20plus

## Learning and Implications for Future Delivery Plans

- we need to further deepen our integration at place level to drive joined up solutions that help reduce demand on our health and care services through integrated neighbourhood models providing proactive multi-disciplinary care need further development
- we will build on the learning from our 2023/24 Health Inequalities Fund programme to improve impact and ensure robust monitoring and evaluation arrangements
- continued need to focus our joint investments supporting discharge from hospital and avoiding admissions to support the urgent and emergency care system
- we have established an approach to working together on our organisational Green Plans which we want to incorporate further into our decision making
- the management cost reduction process has created uncertainty about support for ongoing programme plans which requires careful planning
- we are working to develop a plan to put in place from April 2024 shadow delegation of the health aspects of our joint management of mental health complex care placements within a framework agreed across partners, provided by South London Partnership, our local mental health provider collaborative

# Southwark priority 1: Strategic Collaboration

## Strategic collaboration – Mental Health

In Partnership Southwark, we are committed to reaching a place of true integration across the system. We recognise that this will not happen instantly, and will require significant work from all our partners in order to achieve our goals. We want to embed ourselves in communities, working at a neighbourhood level to support residents, identified populations and tackle inequalities. Residents are telling us that the system is too fragmented, with conflicting priorities and inequalities in terms of access and experience. As the demand for services increases, a lack of integration between services is going to exacerbate these concerns and mean that we are not giving the right focus on the outcomes for residents. We are already in a collaborative space for Children & Young People and Adults (particularly CMHT) due to the work which is being delivered by partners. We want to make the most of this momentum to explore how a strategic collaborative could work, including through examination of aligned funding models delivered through integrated provider arrangements focussed on delivering agreed population outcomes.

### How we will secure delivery

**Actions for 24/25**

- Undertake engagement workshops with key system partners. The aim of this work is to map what is already taking place, consider what we could do differently and think about a more formalised strategic form that could oversee this, leading to better performance and outcomes across the system. This will help to set our level of ambition for the strategic collaborative and create a delivery structure for getting there (e.g. an overarching steering group with a number of strands underneath this which feed in, such as MH Placements and substance misuse).
- Investment of health inequalities funding in grassroots organisations to support those with mental health issues

**Actions for 25/26**

- To be determined based on outcome of 2024/25 discussion with partners.

### Intended outcomes by 2028

- To reduce numbers of people reaching crisis point and give prompt and appropriate support for people in crisis
- To increase the number of people able to live independently
- To increase numbers of people living in stable and appropriate accommodation
- To improve mental health outcomes for people from black communities in Southwark
- To improve physical health for people with mental health issues
- To increase numbers of people in education, training, volunteering or employment

# Southwark priority action 2: Start Well 1001 Days Programme

## 1001 Days Programme

Within the overall Start Well workstream covering residents aged 0-25 years old, a specific programme focused on the first 1001 days of life (conception to 2 years old) has been identified as a priority within Southwark. The programme is specifically targeted at families in the Camberwell Green area and is utilising a neighbourhood approach to allow for tailored and creative approaches to meeting need. Camberwell Green has been selected as the initial area of focus as it is an area of high deprivation (most of the area is in the second most deprived quintile nationally) and:

- evidence shows that socioeconomic deprivation increases the risk of maternal perinatal mental illnesses,
- 16% of mothers living in Camberwell Green did not breast milk feed at all, 31% partially breast fed compared with 11% and 24% respectively for mothers in the second least deprived quintile (maternal population in the least deprived quintile is very small),
- Camberwell Green has the highest prevalence of obesity in Reception aged children in the borough.

Camberwell is also a community asset rich area with strong, well embedded, and trusted community groups and leaders making this an ideal area to trial the resident led, neighbourhood targeted programme approach. Proposed focuses for the programme are perinatal, parental and infant mental health; looking at local workforce development; and breast feeding and infant nutrition.

## How we will secure delivery

**Actions for 24/25**

- Agree the core essentials of the 1001 Days Approach and steps to setting up within other neighbourhoods to enable spread and scale the programme.
- Select next neighbourhood(s) to launch the programme within.
- Map and initiate relationship building with key partners in selected neighbourhoods.
- Launch streamlined listening phase, and agile approach to development of interventions plan in chosen neighbourhoods.
- Share key learning from neighbourhood working & resident led approach with system and wider partners.
- Continue to build and maintain relationships with residents and community groups in focus neighbourhoods and across system partners.
- Explore needs and opportunities for data sharing between system partners.
- Link with existing planning around workforce development to align plans.
- Integrate the 1001 Days approach and learning with relevant system programmes to ensure sustainability.

**25/26**

- By 25/26 we expect to be ready to have the 1001 Days Approach actively working in all neighbourhoods of the borough and fully integrated into existing programmes of work such as the Family Hubs programme.

## Intended outcomes by 2028

Through the areas of focus that have been proposed, our aim is that:

- By 2027, all women and their partners who live in Southwark will feel equipped and empowered to provide the best start in the first 1001 days of their children's lives through the provision and access of family-centred, integrated support and services that meet their specific needs.



## Children and Young People Mental Health

### Children and Young People Mental Health

The Southwark Partnership is known to serve children and young people at an elevated risk of mental health issues. Southwark young people are at a higher risk than the national rate of being first time entrants to the Youth Justice system, of homelessness and of attendance at Accident and Emergency. There are high rates of prevalence of being at risk of the ‘toxic trio’ (adult mental health, domestic abuse, alcohol / substance misuse) being amongst the highest rates in the country where all three risk factors are present.

#### How we will secure delivery

Actions for 24/25

- Active management of waiting lists and reduction in waiting times for service users
- Improving equality of access
- Supporting 16-25 year olds to access the right support
- Improving parental mental health to keep families strong linked to 1001 programme
- Support for Southwark schools – universal and targeted offer for pupils, staff and parents
- Supporting children responding to trauma and distress and crisis stepdown
- Supporting the emotional and mental wellbeing of young offenders (including prevention)
- Develop a seamless pathway for children and young people with eating disorders
- Ensure that the mental health needs of those attending Accident and Emergency are better met
- Improving the responsiveness of perinatal mental health support with link to 1001 programme

25/26

- On going delivery of 2024/25 programmes

#### Intended outcomes by 2028

- Young People are able to access holistic services which are structured around need rather than age
- Southwark system can demonstrate seamless, system wide collaboration in a joined-up vision and clear, sustainable investment through transparent decision making and collective accountability
- Families are able to access support for their mental health and wellbeing in a way that supports improved family outcomes
- Resilient and representative groups able to improve service users experience
- Improved connectivity and pathways between SEL commissioned services and local services to increase uptake
- Improve the mental health and wellbeing of families, children and young people, ensuring 100% of children and young people who need support can access emotional wellbeing or mental health services
- Keep children and young people safe through early identification and support for families at risk of adverse childhood experiences

# Southwark priority action 3: Live Well Community Mental Health Transformation

## Community mental health transformation

Working collaboratively with residents, Voluntary, community and social enterprise sector (VCSE) and local authorities, expand the provision of early intervention and community-based mental health support offers for adults through both statutory and non-statutory organisations, and across health and care services.

### How we will secure delivery

**Actions for 24/25**

- Embed service user and carer involvement into service design and review across the system e.g. through the launch of a Service Users Network.
- Neighbourhood team structures designed, tested and implemented, incorporating multi-disciplinary teams and capitalising on the combined resource of MH professionals across primary care, secondary care and local VCSE professionals.
- Review of referral processes between CMH services and secondary care with a view to streamline and reduce rates of unsuccessful referrals. Work with service users and residents with lived experience to ensure simple points of access across the system for self-referrals and referrals from other professionals.
- Develop improved relationships and systems for SMI health checks to take place with the most appropriate health care team.
- Finalise a proposal to measure outcomes across the system using the national outcomes framework metrics and existing system measures.
- Link with children and young people’s Emotional, Wellbeing & Mental Health Steering and Delivery Groups to join up work around young people’s transition from CAMHS to adult services

**Actions for 25/26**

- The 3-year implementation period of the CMH Transformation programme formally concludes on the 31<sup>st</sup> of March 2024 with service models incorporated into business as usual from 2024/25 onwards.
- Based on programme feedback explore preventative community based early support (health inequality fund investment) via grassroot organisations to reduce the number of residents experiencing mental health issues & requiring mental health crisis services.

### Intended outcomes by 2028

- Each neighbourhood in Southwark to have a fully established integrated community mental health teams bringing together health and social care and VCSE providers.
- Contacts through community mental health to have increased 5% on average every year, with contacts representing the demographics and need of the local population.
- Reduction in the inequality of service users’ access, experience and outcomes around CMH services. In particular, Southwark’s Black, Asian and Minority Ethnic communities and other groups that have previously been underserved.
- Care is continuous: service users have an ‘easy in, easy out’ experience when stepped up/down between primary and secondary care and vice versa.
- Mental health care is largely preventative and reduces the number of residents experiencing a mental health crisis.
- Links with the VCSE are improved, service-users are able to get support with wider issues such as housing.
- Improved mental and physical health and reduction in mortality, particularly among residents with SMI.

## Vital 5 – exploring a whole family approach

The Southwark Vital 5 programme aims to increase prevention and early detection in these five areas, as we know that identifying, recording, and sharing the Vital 5 data between all relevant partners and our patients, and acting on the results would make the biggest difference to people’s health and wellbeing and to the sustainability of health and social care. The Vital 5 programme will enable residents to know their Vital 5 status through accessible screening, having access to pathways of care and intervention that proactively meets their needs, reducing variation and inequity.

### How we will secure delivery

**Actions for 24/25**

- Lead the aims and objectives of the vital 5 programme within the Live Well workstream and strengthen alignment at borough level with SEL Vital 5 programme
- Increase uptake of NHS health checks by those with greater risks along with risk reduction interventions
- Work with colleagues across South East London and in Southwark to understand and share good practice and develop recommendations for piloting locally.
- Complete evaluation of digital health kiosks in the community.
- Embed agreed service delivery model incorporating the awareness and screening of the Vital 5 in the public health promotion outreach programme.
- Work jointly with primary care and data leads to facilitate a viable solution to enable safe data transfer of Vital 5 measurements and conversations into resident's primary care records.

**Actions for 25/26**

- Building on previous year’s work, lessons learnt and round up
- To be agreed in Q3 24/25
- Link health & wellbeing events to the Health Inequality funded grassroots organisations to accelerate focus on prevention through a series of community health and wellbeing events in schools & community centres promoting uptake of vaccinations & healthy behaviours in our most deprived neighbourhoods

### Intended outcomes by 2028

Southwark system in collaboration with SEL providing a seamless, system wide joined-up approach to delivery to screening and interventions, risk factor documentation and communication between services.

#### Local ambition:

- Residents in Southwark to be aware of what the Vital 5 is, and what their own measurements are
- A minimum of 55% of NHS Health Checks are undertaken by residents from Black, Asian and other ethnic minority backgrounds
- Fully embedded “Making Every Contact Count” approach to maximise interactions with patients across health and care system
- To provide culturally sensitive services for residents, offering easily accessible and exciting options for improving individual and family health.
- To have improved BMI monitoring that has enabled targeted action to reduce obesity rates

#### National ambitions:

- 80% of the expected number of people with high BP are diagnosed by 2029
- 80% of the total number of people diagnosed with high BP are treated to target as per NICE guidelines by 2029

## Cancer

The reduction of cancer screening inequalities across the borough of Southwark, with a particular focus on cohorts of patients with low uptake and engagement rates. We have been successful in securing cancer inequalities funding, which we plan to spend on numerous project and pilots. Our key target cohorts are patients with learning disabilities, SMI and patients who choose to not engage with screening programmes for a variety of reasons.

We also aim to improve quality of care in the community for those living with cancer by promoting community services, social prescribing and the importance of physical activity.

### How we will secure delivery

Actions for 24/25

- Utilising the inequalities funding over the next financial year, to ensure a targeted approach to inequalities reduction.
- Working with public health colleagues to align project aims to their JSNA documents.
- Ensure we use a people centred approach, conducting community engagement when necessary for successful project delivery.
- Work with South East London Cancer Alliance colleagues to ensure we are aligning with their forward view and strategic aims to ensure a joined-up approach.
- Working through project actions and forward view in our council and ICB cancer working group.
- Working closely and sharing learning with other boroughs in SEL.

Actions for 25/26

- As above

### Intended outcomes by 2028

Our 5 year aim, is to ensure that Southwark is benchmarked similar to SEL, London and national levels of uptake. Furthermore, we hope to be well underway to achieving national targets for cancer screening across the breast, bowel and cervical programmes. Whilst we aim for screening rates to increase, we are keen to ensure an even coverage of uptake across Southwark with a greater reduction of inequalities across the borough.

In addition, we hope for high quality cancer care reviews to be conducted routinely in the community. The promotion of local services, support and the importance of physical activity will be a routine part of cancer care in the community.

## Age & Care Well – Programme priorities

With an eye to Prevention, strength-based approaches and self-management, the aim is to help older people to remain active, productive, independent and socially connected for as long as possible and recognising whether it's between hospital and home or from one community services to another, services need to be consistently joined up and responsive to the individual needs of older people. The specific areas of focus will be scaling up the lower limb wound care model for Southwark, improving care and support for people with frailty through the development of an integrated model, and better coordination of services for those living with dementia. We also want to align with the ambitions of the Community Mental Health Transformation model to address mental health of older people, aligned with neighbourhood development initiatives.

### How we will secure delivery

**Actions for 24/25**

- Develop and test an improved integrated frailty pathway and develop recommendations for neighbourhood prototyping to test new service models
- Embedding service user and carer involvement in the design of new models of care
- Developing an outcomes framework which takes the system, workforce and individual service users and carers into account
- Implementing phase 1 & 2 of the lower limb wound care model that was successfully developed by the workstream in 2023/24, embedding new roles to develop a system led, more comprehensive model of practice
- Working with colleagues across SEL and in Southwark to understand good practice Align the Falls implementation and dementia care with the frailty pathway to help ensure a holistic approach
- Ensure the views of carers are fully reflected in the development of new care pathways

**Actions for 25/26**

- Develop the frailty workstream including technology as an enabler of integrated services to older people incorporating telehealth, telecare, equipment and other digital solutions
- Working with community mental health services to ensure older people's mental health services are optimised in the revised neighbourhood model.

### Intended outcomes by 2028

- There is improved access to specialist and comprehensive physical and mental healthcare & wellbeing services and to community activities where required.
- We will have an integrated lower limb wound care pathway which achieves better outcomes, including:
  - Better quality of care
  - Proactive management
  - Higher detection rates
  - Early intervention approach and reduction in crisis management
  - Fewer hospital admissions
- We will have implemented a transformed frailty pathway focusing on prevention and proactive care which covers mild, moderate and severe frailty. The model will be aligned to our improved dementia care pathway.
- We will have fewer avoidable admission to hospital for older people in relation to falls.
- Neighbourhood development approaches ensure good connectivity across the system.
- The Community Mental Health model will include older people, stopping people reaching crisis and ensuring they receive care closer to home.
- We will be able to demonstrate improvements across the range of measures in the outcomes framework that we have developed.

**Age & Care Well – Workforce Development**

The workforce across the health and care sector is a major priority and challenge for our local system, including individual providers as well as the large institutions. There is a keenness to optimise interprofessional practice and integration opportunities through neighbourhood approaches, also working innovatively to develop new and diverse roles and career pathways, apprenticeships and connecting further with communities and capitalising on the skills and passion of local people in Southwark.

**How we will secure delivery**

**Actions for 24/25**

- Progress and test neighbourhood service delivery
- Ensure workforce consideration are central to all workstreams, and reflected in the learning cycle of development, prototyping and evaluation of service improvements, including a focus on workforce equality and diversity objectives
- Maximise local employment opportunities, including through consideration of apprentice roles and VCSE roles
- Maximise opportunities for career development and advancement in integrated service models
- Establishing links with wider workforce planning strategies in Southwark, SEL and nationally and collaborate where it makes sense to do so
- Further developing neighbourhood champions to support healthy living initiatives and develop skills/professional opportunities for the community

**Actions for 25/26**

- Seek opportunities to fund innovative posts and VCSE roles supporting integrated services
- Ongoing development and delivery of workforce development plans

**Intended outcomes by 2028**

- We will have implemented our workforce initiatives which include a range of Voluntary and Community Sector partners to create a sustainable local workforce.
- There will be a proactive collaboration and recruitment into local care & health sector with local people (placements, apprenticeships, local training/engagement opportunities, tailored support in deprived neighbours to support into work)
- Establish neighbourhood networks of champions who outreach into their local communities.
- Evidence of interprofessional practice – which moves beyond multi- disciplinary approaches.
- We will have made demonstrable improvement in recruitment and retention rates in Southwark’s services for older people

## Partnership Southwark delivery of SEL pathway and population group priorities

It is recognised that delivery of our local forward view priorities depends on a combination of place level and system-wide plans. For a number of key pathways, population groups and enablers the benefits of geographical scale are recognised and SEL programmes are in place, and Southwark is committed to ensuring its place-based plans are fully aligned to these. This alignment is particularly important where there are substantial system level and place level workstreams such as in mental health, children and young people and primary care. All of our priorities are partnership focused and resident centred, working across Partnership Southwark to understand the best outcomes for the borough.

### Learning Disability & Autism

Southwark has a Learning Disabilities and Autism local lead role that supports the local delivery of the SEL programmes objectives, by, for example:

- supporting cases where mental health has deteriorated and there is a risk of admission to an inpatient unit
- operation of Dynamic Support Registers to identify risks of admission
- discharge planning for people who are inpatients in mental health hospitals back into community living with range of appropriate support
- inputting into SEL operational and strategic LeDeR pathways

### Cancer

Our focus is reducing late diagnosis rates through the reduction of cancer screening inequalities across the borough of Southwark, with a particular focus on cohorts of patients with low uptake and engagement rates. We have been successful in securing cancer inequalities funding, which we plan to spend on numerous project and pilots. Our key target cohorts are patients with learning disabilities, SMI and patients who choose to not engage with screening programmes for a variety of reasons.

### Urgent and Emergency Care

Southwark has a key role to play in helping maximise system capacity by reducing the number of preventable admissions, and ensuring the prompt discharge of people from hospital who are medically fit for discharge. Southwark's Better Care Fund and the associated Adult Social Care Discharge fund will be expanded in 2024/25 and set out the approach to providing integrated out of hospital health and care services that deliver these objectives. A discharge improvement programme will be part of the approach. Southwark will also seek to ensure we consistently meet or exceed the 70% 2-hour urgent community response standard.

### Primary care

Working in neighbourhoods will provide the population access to specialist care from a range of services in an accessible way, both in the local area and within a shorter waiting time. Practices working together in the neighbourhoods will enable a supportive environment for staff, clinical supervision, development pathways and opportunities within the workplace. This in turn will mean that staff retention will increase and bolster the workforce. An example from a patient perspective would be presenting at the practice with a musculoskeletal symptom and being offered a first appointment within 1 week with a physio. Being seen by the right person at the right time would then prevent further decline in symptoms and with an early treatment plan lead to better outcomes for the patient.

# Southwark enabler requirements (1)

## Workforce

Our Local Care Partnership has a demonstrated record of developing new roles that drive forward integration, for example our mental health support workers that bring together primary and secondary care. The individual members of our partnership are also at the leading edge of educating and training our future workforce.

As a partnership our aim is to continue to develop innovative roles and ways of working that support integration, including multi-disciplinary teams, and make best use of our constrained resources. We also have an ambition to explore areas of staff development that might benefit from doing more together, for example apprenticeships, where each partner has a successful programme.

As workforce is one of our system's most pressing issues and for important practical reasons, many of our partners look beyond our borough-level arrangements for collaboration and joint working on workforce. We would welcome a productive dialogue between the partnership and system wide forums on workforce plans, we would also like to see system collaboration inculcating a supportive environment for the cross organisational ways of working that are at the heart of integration. Issues relating to key worker housing also to be considered.

## Estates

The ICS South East London Estates Strategy and SEL PCN Estates Reviews identify our current priorities and baseline for the NHS community and primary care estate in Southwark. As a rapidly growing borough these priorities include development opportunities arising from regeneration and renewal.

The Local Care Partnership has a Local Estates Forum with wide engagement from partners and the SEL Estates team work alongside the Forum to maintain relationships and seek out opportunities for joint working.

The focus for development for Partnership Southwark is to use this work and priorities to:

- support integration and effective use of the Southwark estate. This includes making the best use of the opportunities presented by the growth in the health estate, and to make use of wider opportunities from the innovative use of the collective estate in Southwark.
- Continue to make progress towards the goal of reducing estates related emissions by 80% by 2032 in line with the ICS Green Plan. This will be achieved by optimising the use of our estates and identifying resources to enable our buildings to move towards net zero carbon emissions.



## Southwark enabler requirements (2)

### Digital

Contribute towards the delivery of the ICS and ICB digital plans and strategies; including roll out of the SEL Digital First programme, stock take of GP practice digital tools, review of social prescribing software, and promoting the use of the NHS App.

Provide proactive support for the development of business intelligence analytics to ensure robust data collection, to ensure the availability of data aligned to the achievement of national and local ambitions, and to feed into planning activities, including local identification of opportunities to tackle health inequalities.

Provide support to GP practices and the Southwark Primary Care Digital Group to inform a view of the digital estate across both Primary Care Networks (PCNs); ensure compliance with information governance across the estate; and replace outdated digital infrastructure so that the workforce can access a person's health and care record, and other information, with ease and from any location.

Deliver workforce training to ensure development and retention of organisational expertise in the use of digital tools, including ongoing work to embed Atamis contracts management and oversight of the procurement pipeline, improved supplier management, and compliance with statutory requirements.

### Finance

Contribute towards delivery of the ICS and ICB financial plans as set out in the Medium Term Financial Strategy (MTFS). Ensure Place delivery of a balanced financial plan and efficiencies expected as an ICB.

Partnership Southwark has an ambition to have an integrated financial plan and a strong financial standing that will enable us to deliver our collective priorities. Ensuring a collaborative approach to planning and contracting, as well as delivery, the Partnership recognises the very real challenges the local health and care economy faces and the need to work together to find solutions to jointly manage these issues across the LCP. Working collaboratively as six SEL places to manage financial risks across boroughs.

We are working to ensure Partnership Southwark LCP members (ICB, council and provider partners) plan and deliver services together in transparent ways as close to local people's homes as possible to deliver social value and mitigate our collective and individual financial risks for the benefit of the whole system.

We are working to increase ownership and accountability at a local level to achieve our shared priorities. This will provide opportunities for improvements by working in collaboration to redesign services, including with our local VCSE and residents.

Build on the local provider collaborative model for Mental Health. Implement the new Provider Selection Regime for procurement of NHS contracts.

## Southwark enabler requirements (3)

### Sustainability

Individual organisations will implement their green plans in line with the Partnership Southwark Environmental Sustainability Policy Statement agreed at the strategic board in January 2023. For the ICB this specifically includes the commitments in the ICS Green Plan and the Primary Care Green Plan.

A Partnership Southwark green champions network will be established for sharing best practice and identifying opportunities for collective working. A commitment to ensuring that sustainability implications are systematically considered in all decision making will be implemented.

Our ambition is to have made clear progress towards the NHSE targets of a net zero carbon footprint by 2040 and the interim target of 80% reduction by 2032 and the council's climate change plan and target for a carbon neutral Southwark by 2030. This will be measured through progress on key domains of the ICS Green Plan including workforce and system leadership, air quality, travel and transport (staff and patients), estates and facilities, sustainable models of care (including prevention and lean service delivery), digital, medicines (20% of NHS carbon footprint), supply chain and procurement, food and nutrition, adaptation, green spaces.

### Quality

The role of Partnership Southwark in promoting quality was discussed at a board development session in February 2024. The approach to quality within individual organisations was considered and the best approach to adding value through the partnership was explored.

There was consensus that the initial focus needed to be on quality within the health and care plan priorities, for example within the frailty deep dive and the continued development of the health and care plan outcomes

We will continue to build a community of learning and shared focus on quality that takes full advantage of the experience and skills of our diverse partners to help quality improvement drive our programme of integration and that supports a shared accountability for the wellbeing and experience of the population in their interactions with our services. This work will be aligned to our Health and Care Plan priorities, the needs and experiences of our population and underpinned by collaboration and mutual support between services.

## Medicines optimisation

Medicines optimisation is a key golden thread that runs through all our workstreams. Medicines prevent, treat and manage many illnesses and conditions and are the most common intervention in healthcare. Successful implementation of medicines optimisation relies on close collaboration and engagement, with shared-decision making between the residents in Southwark and all partners involved in medicines including all of our providers and community pharmacists who can play an important role in optimising adherence and reducing waste. Patient safety is paramount and should not be compromised at the expense of other factors influencing medicines choice. Clear communication is needed between SEL and place regarding delegation of this budget at place level.

## Safeguarding

Safeguarding Adults at Risk and Children and Young People should be the golden thread that runs through all activities of the ICB/ICS. The above cannot be done in isolation; it is only truly effective when we work collaboratively and restoratively with our partner agencies to recognise and promote the importance of a whole-family approach which is built on the principles of 'Reaching out – think family' to help protect all those at risk of harm, abuse or neglect. This approach is being embedded across all of our services, whilst focusing on developing evidence-based approaches to safeguarding practice that balances the rights and choices of an individual whilst also safeguarding children and young people from harm. Safeguarding is complex and challenging and our plans for the 5 years ahead within this Joint Forward Plan year are ambitious, but they are achievable and underpinned by strong partnership working across the health economy and wider system.

## Communications and engagement

Public engagement is a key cornerstone of our approach in Southwark. Ensuring we dedicate resource and time to public engagement to work towards a co-production approach will be vital in securing the best services for people and communities in the borough. We will seek to have people and communities within the partnership at every level to support involvement at the Strategic Board and Executive team to ensure we are able to listen to and learn from lived and learned experience as we develop, maintain and monitor services.

We will use the information from this meaningful engagement to inform our work to provide health and care services. We will also apply it to our communications activity to support the development of Partnership Southwark and to make sure that people across the borough are aware of, and understand what support is available to them. Our communications and engagement activity will also strive to support our work to tackle health inequalities in the borough by involving people from a broad range of communities and tailoring our communications to communicate effectively with our key audiences using the channels most suited to their expectations and needs.

<b>Item no.</b> 13	<b>Classification:</b> Open	<b>Date:</b> 14 March 2024	<b>Meeting name:</b> Health and Wellbeing Board
<b>Report title:</b>		Pharmaceutical Needs Assessment 2022–25 Supplementary Statement 1	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		<b>Sangeeta Leahy</b> Director of Public Health Southwark Council	

## RECOMMENDATION

1. That the Health and Wellbeing Board note the first Supplementary Statement of the Southwark Pharmaceutical Needs Assessment 2022–25.

## BACKGROUND INFORMATION

2. Production of a local Pharmaceutical Needs Assessment (PNA) is a statutory requirement of Health and Wellbeing Boards under the Health & Social Care Act (2012). The PNA is a structured assessment of local need for, and provision of, pharmaceutical services, mapped against local demographics, health needs and health services. The PNA is submitted to NHS England, and is used by them and local commissioners to plan local pharmacy service provision.
3. Southwark published its Pharmaceutical Needs Assessment 2022–25 on 5 Sep 2022 via the Southwark Council website.
4. Since publication, there have been a number of local pharmacy changes. These changes have been regulated and scrutinised by NHS England and routinely notified to the local authority.
5. NHS England requires the Health and Wellbeing Board to publish PNA Supplementary Statements, summarising changes that have occurred since the last full PNA.

## KEY ISSUES FOR CONSIDERATION

6. PNA 2022–25 Supplementary Statement 1 lists four changes of local pharmacy ownership. These are not anticipated to have any effect on local pharmaceutical service provision (based on evidence submitted to NHS England prior to sale approval).
7. This PNA Supplementary Statement also summarises new Census 2021 information on Southwark population changes since 2011. These changes were mostly anticipated and do not alter the original PNA’s assessment of

pharmaceutical service need or provision.

### **Policy framework implications**

8. There are no policy implications.

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

#### **Community impact statement**

9. There are no community implications.

#### **Equalities (including socio-economic) impact statement**

10. There are no equalities implications.

#### **Health impact statement**

11. There are no health implications.

### **Climate change implications**

12. There are no climate change implications.

### **Resource implications**

13. There are no resource implications.

### **Legal implications**

14. There are no legal implications.

### **Financial implications**

15. There are no financial implications.

### **Consultation**

16. The reported changes of pharmacy ownership were private business transactions regulated and scrutinized by NHS England, with no effect on local pharmacy service provision. When a routine local pharmacy change request is submitted, NHS England administers an appeal process involving other local pharmacies, and considers any responses before giving its final decision. Public consultation is not normally undertaken.
17. When pharmacies are newly opened or moved, NHS England is required by law to contact nearby pharmacies, the local HealthWatch organisation, the

local authority Health and Wellbeing Board, and in some cases nearby doctors' surgeries, to provide information and invite comment. In addition, public consultation is required by law, via contact with local councillors or the local authority, or with nearby doctors' surgery patient representative groups, in order to provide information and invite comment. Comments received are sent to the pharmacy applicant, who has a right to respond. Hearings (which the public may attend) are held if more information is needed or if strong views have been received. All comments received are taken into account during NHS England's final decision-making. This consultation process was followed for the distance-selling pharmacy application approved in October 2023; a hearing was not considered necessary.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Assistant Chief Executive – Governance and Assurance**

18. None sought

### **Strategic Director, Finance**

19. None sought

### **Other officers**

20. None sought

## **BACKGROUND DOCUMENTS**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
None		

## **APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Appendix 1 - Southwark's Pharmaceutical Needs Assessment

## AUDIT TRAIL

<b>Lead Officer</b>	Tom Seery	
<b>Report Author</b>	Lisa Colledge	
<b>Version</b>	Final	
<b>Dated</b>	23 February 2024	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Assistant Chief Executive Governance and Assurance	No	No
Strategic Director, Finance	No	No
List other officers here	N/A	N/A
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	1 March 2024	

# **Southwark's Pharmaceutical Needs Assessment**

**Supplementary Statement 1  
(6/09/22 – 1/03/2024)**



1 MARCH 2024

Since the publication of Southwark's Pharmaceutical Needs Assessment (PNA) on 5 September 2022, the following changes in pharmaceutical service have occurred. These changes do not represent a significant change in pharmaceutical provision within Southwark.

### PNA details

Date PNA Published	5/9/22
Date of Supplementary Statement	1/3/24
Supplementary Statement number	1

### Type of change

Service change	0
New opening	1
Pharmacy closure	1
Pharmacy relocation	0
Change in hours	0
Change in ownership	5

## Comments: Census 2021

Census 2021 was conducted on 21 March 2021. Local census data indicated that Southwark's population differed from expected patterns in several ways:

- Southwark's total population on census day was about 307,600, representing a 7% (about 19,300) increase since the 2011 census. The number of households increased by over 10,000 (8%).
- This total population number was 4% (about 12,400) lower than predicted from known population changes since the 2011 census. (In comparison, London's population was 2% lower than expected.)
- Since 2011, numbers of 0–4 yr children fell by 21% (about 4,400 fewer children), and numbers of 55–70 yr adults rose by 47% (about 12,500 more adults).

These findings should be considered alongside a number of influencing factors:

- *1. Impact of COVID-19 pandemic:*
  - Census 2021 was conducted when many COVID-19 restrictions were still in place. People were required to answer questions based on their place of residence on census day.
  - There is likely to have been substantial population movement and change since March 2021, notably: students returning to campus after a period of remote learning; a return of hospitality and entertainment sector workers; and return of people who left London temporarily during the pandemic.
  - Therefore, it is possible that the unexpected drop in Southwark population between 2020 population estimates and the 2021 census may only be short-term: population numbers may recover in subsequent years.
- *Accuracy of 2020 population estimates:*
  - The mid-2020 Southwark population estimate may not have accurately reflected the population impact of the UK's 2016 exit from the EU, or the age profile of associated international migration.
  - These factors would disproportionately affect boroughs with high levels of international migration, such as Southwark.

Other relevant census results included:

- The average age of Southwark residents increased by over one year, to 32.4 yr, between 2011 and 2021.

- Substantially fewer Southwark households were disadvantaged in 2021, in terms of employment, education, health and housing, compared with 2011 levels.
- 30% of Southwark residents reported a non-British nationality, the most common being Spanish (in 2011, it was Nigerian); Spanish was the most common language after English.
- The proportion of Southwark residents in good or very good health was 84%, up 4% from 2011.
- 3,000 more Southwark residents reported a disability that affected their daily lives a lot, compared with 2011 levels.

In summary, Census 2021 data showed an increase in the Southwark population since 2011, but not as much as expected. However, since March 2021 population levels may have risen more, due to pandemic-related factors. Numbers of older people appear to have risen substantially since 2011.

### **Comments: Pharmacy openings and closures**

Since publication of Southwark's Pharmaceutical Needs Assessment 2022–25, local pharmacy openings and closures have comprised:

- Opening of a distance-selling, internet pharmacy (with no over-the-counter retail facilities), based at 64 Borough High St, SE1 1XF. This pharmacy will provide additional online and postal pharmaceutical service provision within the borough and beyond.
- Closure of Lloyds Pharmacy, 43–45 Northcross Rd, SE22 9ET. The effects of this closure will be offset by services available from nearby Sogim Pharmacy, 102 Lordship Lane, SE22 8HF, less than 150 m away.

## Southwark

Date of notification	Type of change	Contractor/trading name at time of published PNA 2022–25 & address	New contractor trading name as after 5/9/22 & address (if different)	Current contract or owner name	Changes to opening hours	Service change
12/09/2022	Change of ownership	NHSE/I contractor name: Sheel Pharmacy Ltd; NHSE/I trading name: Sheel Pharmacy. 8 Nunhead Green, SE15 3QF	Nunhead Pharmacy Ltd T/A Sheel Pharmacy	Nunhead Pharmacy Ltd	No change	No change
23/02/2023	Change of ownership	NHSE/I contractor name: Lloyds Pharmacy Ltd; NHSE/I trading name: Lloyds Pharmacy. 18 Harper Rd, Rockingham Estate, SE1 6AD.	K.S.C. 1T Ltd	K.S.C. 1T Ltd	No change	No change
01/03/2023	Change of ownership	NHSE contractor name: Lloyds Pharmacy Ltd; NHSE/I trading name: Lloyds Pharmacy. 147–149 Peckham Hill St, SE15 5JZ.	Pharmtrack Ltd	Pharmtrack Ltd	No change	No change
09/08/2023	Change of ownership	NSHE/I contractor name: Lloyds Pharmacy Plc; NHSE/I trading name: Lloyds Pharmacy. 43–45 Northcross Rd, SE22 9ET.	NDC Health Ltd	NDC Health Ltd	No change	No change

Date of notification	Type of change	Contractor/trading name at time of published PNA 2022–25 & address	New contractor trading name as after 5/9/22 & address (if different)	Current contract or owner name	Changes to opening hours	Service change
30/10/23	New opening	N/A	Pharmaceutra Ltd, 64 Borough High St, SE1 1XF (distance-selling, internet pharmacy)	Pharmaceutra Ltd	N/A	N/A
31/10/23	Pharmacy closure	Lloyds Pharmacy, 43-45 Northcross Rd, SE22 9ET	N/A	N/A	N/A	N/A
13/11/23	Change of ownership	NHSE/I contractor name: Medimpo Ltd; NHSE/I trading name: Maddock Pharmacy, 5 Maddock Way, SE17 3NH	Pharmax (UK) Ltd	Pharmax (UK) Ltd	No change	No change

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**Neighbouring boroughs** (Lambeth/Lewisham/Tower Hamlets/City of London)

Date of notification	Type of change	Contractor/trading name at time of published PNA 2022–25 & address	New contractor trading name as after 5/9/22 & address (if different)	Current contract or owner name	Changes to opening hours
20/03/2023	Change of ownership	Unipharm Pharmacy. 290 Brixton Rd, SE9 6AG.	Sogim 3 Ltd	Sogim 3 Ltd	No change
29/9/23	Pharmacy relocation	Carunion Ltd, 286–287 Brockley Rd, SE4 2SA	Carunion Ltd, 291 Brockley Rd, SE4 2SA	Carunion Ltd	No change

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This supplementary statement to Southwark’s Pharmaceutical Needs Assessment is issued in accordance with paragraph 3D (3) in Part 1A of the NHS (Pharmaceutical Services) Regulations 2005.

If you require further information, please contact: [publichealth@southwark.gov.uk](mailto:publichealth@southwark.gov.uk)

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