Open Agenda

Health and Wellbeing Board

Thursday 18 July 2024
10.00 am
Southwark Council, 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
Althea Loderick	Chief Executive, Southwark Council
Toni Ainge	Acting Strategic Director of Environment, Neighbourhoods and Growth, Southwark Council
Hakeem Osinaike	Strategic Director of Housing, Southwark Council
David Quirke-Thornton	Strategic Director of Children's and Adults' Services, Southwark Council
Sangeeta Leahy	Director of Public Health, Southwark Council
Alasdair Smith	Director of Children and Families
Anood Al-Samerai	Chief Executive, Community Southwark
Peter Babudu	Executive Director of Impact on Urban Health, Guy's and St Thomas' Foundation
Cassie Buchanan	Southwark Headteachers Representative
Louise Dark	Chief Executive for Integrated and Specialist Medicine Clinical Group, Guy's and St Thomas' NHS Foundation Trust
Ade Odunlade	Chief Operating Officer, South London & Maudsley NHS Foundation Trust
Sheona St Hilaire	Chair, Healthwatch Southwark

Southwark Council

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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

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Access

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Contact

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

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 10 July 2024

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Thursday 18 July 2024
10.00 am
Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

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2.	**APOLOGIES** To receive any apologies for absence.	
3.	**CONFIRMATION OF VOTING MEMBERS** To confirm the voting members of the Board	
4.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members of the Board to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
6.	**MINUTES** To agree as a correct record the open minutes of the meeting held on 14 March 2024	1 - 6

Item No.	Title	Page No.
7.	**PUBLIC QUESTION TIME (15 MINUTES)** To receive any question from members of the public which have been submitted in advance of the meeting and in accordance with the procedure rules. The deadline for receipt of public question is midnight, Monday 15 July 2024.	
8.	**JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ANNUAL REPORT 2024**	7 - 85
9.	**SOUTHWARK 2030 STRATEGY - ENDORSING STRATEGY AND DEVELOPING AN OUTCOMES FRAMEWORK**	To Follow
10.	**HEALTH AND WELLBEING IN LEISURE SERVICES - THE DEVELOPMENT OF A NEW LEISURE STRATEGY**	86 - 98
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Date: 10 July 2024

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Agenda Item 6

Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Thursday 14 March 2024 at 10.00 am at Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Evelyn Akoto (Chair)
Dr Nancy Kuchemann
Councillor Maria Linforth-Hall
Cassie Buchanan
Sarah Austin
Sangeeta Leahy
Althea Loderick
Sheona St Hilaire
Alasdair Smith
Martin Wilkinson
Michael Parsons (attending in place of Peter Babudu)
Genette Laws (attending in place of David Quirke-Thornton)

OFFICER SUPPORT: Chris Williamson, Assistant Director of Public Health
Maria Lugangira, Principal Constitutional Officer

1. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2. APOLOGIES

Apologies for absence were received from;

- Councillor Jasmin Ali
- Peter Badudu
- David Quirke-Thornton
- Ade Odunlade
- Anood Al-Samerai

3. CONFIRMATION OF VOTING MEMBERS

Those listed as present were confirmed as the voting member.

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

There was none.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

6. MINUTES

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

7. PUBLIC QUESTION TIME (15 MINUTES)

There were none.

8. HEALTH & WELLBEING BOARD ROLES, FUNCTIONS AND MEMBERSHIP

The Board considered the report which provided an update on the changes to the Board's membership. Amongst the key changes were;

- The addition to the Board of the (Acting) Strategic Director of Environment, Neighbourhoods (ENG). This portfolio includes Leisure, Community Safety, Environmental Health, Climate Change & Air Quality. The rationale being that these wider determinants of health have a significant impact on the health and wellbeing of our residents and the inclusioin Strategic Director will strengthen the Boards involvement and influence in these agendas.
- Removal of King's College Hospital NHS Foundation Trust from the Board. The rationale being that 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.
- 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.

RESOLVED - That the Health and Wellbeing Board;

1. Notes 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. Confirms the membership of Impact on Urban Health.

9. IMPACT ON URBAN HEALTH: INEQUALITIES RESEARCH

The Board considered the report and presentation, presented by Mike Rigby, Niky Duncanova & Anne Kazimirski from Impact on Urban Health (IoUH) team. Impact Urban Health, works through partnerships at the local, national, and international levels, to learn how they can address inequalities in health that disproportionately affect people residing in cities. Their work is focused 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

The presentation covered IoUH aim and objective.
Their aim**:** gather baseline data to deepen our understanding of the intersecting factors that affect health in Lambeth & Southwark, in partnership with Lambeth & Southwark councils
Their objective: unlock improved local decision-making and service provision through community-informed and hyper-local data

Highlighted amongst the key finding of their research were 2 key emerging themes

- 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.

RESOLVED - That the Health & Wellbeing Board;

4. Note the findings of the research and inequalities experienced by residents in Southwark.

5. Assess policy and service decisions against the experiences and concerns identified through this research.

10. DEVELOPMENT OF A SOUTHWARK ANTI-POVERTY ACTION PLAN

The Board considered the report which provided details of the development and ambitions for the Southwark Anti-Poverty Action Plan (the Plan). The Plan will provide a framework to enable the Board to consider Southwark's contribution to tackling poverty as both a wider determinant of - and causal factor in - poor health. It'll also provide a clear point of focus for the Board to ensure the best efforts of colleagues from across the organisations are focused where they are needed

most.

With regards to its development, 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.

There are already a wide range of strategies and initiatives in place, in Southwark to tackle poverty. 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. The Health and Wellbeing Board will have a key role in the identification, review and monitoring of outcomes from the Plan.

RESOLVED - 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.

11. HEALTH PROTECTION REPORT 2022/23: SUMMARY FOR THE HEALTH AND WELLBEING BOARD

The Board considered the report which provided an overview of health protection activities, incidents, challenges and achievements from April 2022 to March 2023. Further details were set out in appendix 1 of the report

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

- A high level of health protection activity persists post-pandemic.
- There has been 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.
- Evidence 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, it works 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.

RESOLVED - That the Health and Wellbeing Board;

6. 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.

7. Agrees to receive a health protection report annually. For 2024/25 this would be at the meeting in December 2024.

12. SOUTH EAST LONDON INTEGRATED CARE BOARD JOINT FORWARD PLAN - 2024/25 REFRESH

The Board considered the report that provide an overview of the Joint Forward Plan. The Plan provides a strategic overview of key priorities and objectives for the next 5 years at South East London (SEL) and borough level, and a summary of short term actions to deliver these. It covers a wide range of planning requirements to ensure that services are being developed that the key areas such as the following are covered;

- Meeting the needs of our population
- Demonstrating and making 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

The Southwark section of the Plan sets the five key objectives underpinning the local plan, which correspond to the Health and Wellbeing Strategy:-

- 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

RESOLVED - That the Health and Wellbeing Board;

8. Notes the draft NHS South East London Integrated Care Board Joint Forward Plan refresh for 2024/25.

9. Confirmed that it considered refreshed Joint Forward Plan continues to take proper account of the priorities and actions outlined within the Southwark Joint Health & Wellbeing Strategy.

13. PHARMACEUTICAL NEEDS ASSESSMENT 2022-25 SUPPLEMENTARY STATEMENT 1

The Board considered the report which provided Pharmaceutical Needs Assessment (PNA) 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.

NHS England requires the Health and Wellbeing Board to publish PNA Supplementary Statements, summarising changes that have occurred since the last full PNA

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

14. ANY OTHER BUSINESS

The chair on behalf the Board extended their warm thanks Sarah Austin, Chief Executive Integrated and Specialist Medicine for Guy's and St Thomas' NHS Foundation Trust who was retiring after 46 years in the NHS.

Meeting ended at 11.15am

CHAIR:

DATED:

Agenda Item 8

Meeting Name:	Health and Wellbeing Board
Date:	18 July 2024
Report title:	Joint Strategic Needs Assessment (JSNA) Annual Report 2024
Ward(s) or groups affected:	All
Classification:	Open
Reason for lateness (if applicable):	NA
From:	**Chris Williamson** Assistant Director of Public Health Southwark Council **Tom Seery** Senior Programme Manager for Knowledge & Intelligence Southwark Council

RECOMMENDATION(S)

1. That The Health and Wellbeing Board note the findings of the Joint Strategic Needs Assessment (JSNA) Annual Report 2024, and agree an annual update.

2. That the Health and Wellbeing Board the population groups and communities identified with the poorest outcomes.

3. That the Health and Wellbeing Board agree the Joint Strategic Needs Assessment projects recommended for the coming months.

BACKGROUND INFORMATION

4. This report has two main objectives:

   - To update the board on changing patterns of health and inequalities in the borough, as outlined in the JSNA Annual Report 2024.

   - To outline next steps for the JSNA programme and proposed projects for the year ahead.

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

6. Local areas are free to undertake JSNAs in a way best suited to their local circumstances. There is no template or format that must be used and no mandatory data to be included.

7. In Southwark, the JSNA aligns to four key themes which cover the breadth of issues affecting health & wellbeing:
   - Domain 1 - population groups
   - Domain 2 - behaviours and risk factors
   - Domain 3 - wider determinants of health
   - Domain 4 - health conditions and healthcare

KEY ISSUES FOR CONSIDERATION

JSNA Annual Report

8. The JSNA Annual Report provides an update on health and wellbeing in Southwark. It seeks to provide an analysis of our population, along with details of the health inequalities that exist in the borough.

9. The report forms part of the borough's Joint Strategic Needs Assessment work programme, and informs local action to improve health and wellbeing in Southwark.

10. The report provides an overview of our changing population:

    - The median age of our residents (33.4 years) is more than two years younger than London, and almost seven years younger than England.

    - Around half (51%) of people living in Southwark have a White ethnic background compared to 81% nationally.

    - The largest ethnic group other than White is 'Black, Black British, Caribbean or African', accounting for one-quarter (25%) of Southwark residents.

    - Over 80 languages are spoken in the borough. Of the 53,700 Southwark residents whose main language is not English, 10,200 (19%) cannot speak English well or have no English proficiency.

    - Southwark has the fourth largest LGB+ population and the fifth largest trans population of any English local authority: 8.1% residents aged 16+ (nearly 21,000 people) identify as non-heterosexual, and 1.2% (over 3,000 people) report a gender identity different to their birth sex registration.

- Over 18,000 residents provide unpaid care, equivalent to 6% of Southwark's population. Around a quarter of unpaid carers in the borough provided more than 50 hours of care per week.

11. Across the borough there have been improvements in health and wellbeing over the last decade, and there are many areas of success that should be celebrated:

    - Life expectancy is comparable to the London and England average.
    - Levels of relative deprivation in the borough continue to reduce.
    - Child vaccination rates are generally comparable to or better than the London average.
    - Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
    - Preventable mortality has reduced by more than 40% between 2001 and 2022.

12. Southwark also benefits from a wide range of social and physical assets that help our communities to maintain and sustain good health and wellbeing, from our extensive network of community, voluntary and faith organisations through to our libraries, leisure centres, parks and green spaces.

13. There are a diverse range of high quality open spaces in Southwark, from the Thames pathway to our extensive network of parks and community gardens. These outdoor spaces are complimented by a range of modern leisure facilities such as the Castle Leisure Centre and Peckham Pulse. Such assets provide opportunities for physical activity, sport and play, helping to reduce stress and prevent the development of long-term conditions.

14. Although there have been improvements in health outcomes in Southwark, many challenges remain:

    - Improvements in life expectancy have stalled, with no notable increase over the last decade. This mirrors regional and national trends.
    - Female residents are spending less years in good health. Female healthy life expectancy has reduced by 8.8 years for the 3 years up to 2020.
    - The prevalence of long-term conditions such as cancer, chronic kidney disease, mental health & obesity are increasing.
    - Poverty is a leading cause of the poor health and premature mortality

we see in the borough, and many of our residents live in financial hardship. In 2021/22 over a third of children in the borough were living in poverty after adjusting for housing costs.

- There remain significant inequalities in access, experience and outcomes within the borough.

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

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

17. As part of our approach to tackle inequalities in Southwark, we have identified key population groups which face significant health inequalities in not only health outcomes, but also in their access and experiences of services which should be there to support them:

    - Asylum Seekers & Refugees
    - Black, Asian and minority ethnic groups
    - Carers
    - LGBTQIA+
    - Residents with disabilities
    - Rough Sleepers

JSNA Programme

18. As part of last year's JSNA programme, a number of in-depth projects have been completed, in addition to a number of projects that are nearing completion. These include:

    - Neighbourhood and Multi-Ward profiles: A series of profiles have been developed that provide summaries of demographic, health and wellbeing, and social determinant data for smaller geographical areas in the borough.

    - Latin American communities: This report is in its final stages and serves as the UK's first holistic JSNA report of the health needs of Latin American communities. It aims to provide a baseline profile of the health experiences of Latin American communities within Southwark and proposes actions for addressing inequalities in service access and availability.

- LGBTQIA+: This report is in its final stages pending stakeholder engagement. The needs assessment combine 2021 Census data to describe LGBTQIA+ population demographics, as well as health & wellbeing data gathered from healthcare services and local research.

19. Over the coming year a number of in-depth projects are recommended for the JSNA programme, including:

    - Preventing long-term conditions in later life: This needs assessment will consider the interaction between ageing and the development of long-term conditions and frailty, with a focus on identifying recommendations for local services that serve residents aged 50+ to help reduce and delay the development of long-term conditions and frailty amongst this population.

    - Adult Social Care: It is recommended a needs assessment is developed in collaboration with Adult Social Care colleagues to understand the needs and experiences of residents who are accessing, or would benefit from social care.

    - Hot Weather: This proposed needs assessment will collate data on the vulnerability of Southwark residents, services and the local built environment to increasing summer temperatures, and draw on best practice from across the UK and beyond to identify adaptations to meet local need and improve resilience.

    - Cost of Living: It is proposed that work will be undertaken to monitor the financial pressures and impacts on residents to inform the development of the Anti-Poverty Action Plan.

    - Ethnicity Profiles: A series of profiles are proposed to supplement this year's annual report. They will improve more detailed understanding of health & wellbeing inequalities between ethnic groups.

Policy framework implications

20. The JSNA process should underpin the development of the Joint Health & Wellbeing Strategy of the Health & Wellbeing Board and other local plans and policies designed to improve health and wellbeing in the borough.

21. The JSNA should inform plans of the Council and NHS partners, including the emerging South East London Integrated Care System.

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

Community impact statement

22. Lead authors for each JSNA project included within the future programme are encouraged to engage with partners, community and voluntary organisations, and residents in the development of their reports.

Equalities (including socio-economic) impact statement

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

Health impact statement

24. The JSNA programme is designed to consider the direct and indirect influences on health and wellbeing in the borough i.e. health and its wider determinants.

Climate change implications

25. The JSNA programme will include work assessing the wider determinants of health, including environmental impacts e.g. air quality.

Resource implications

26. The JSNA is undertaken in-house and led by the Public Health Division on behalf of the Health & Wellbeing Board. While the majority of the resource for producing the JSNA will come from within Public Health, co-production is an important aspect to the development of JSNA projects. There is an expectation that partners will play an active role in the development of projects within their area of expertise.

27. We are also improving our cross-council collaboration for JSNA projects, working with teams across the council to identify core areas of work. Through this co-production process the JSNA can better reflect the local picture and ensure recommendations for future action have the support of all partners.

Legal implications

28. Local authorities and the NHS have equal and joint duties to prepare the Joint Strategic Needs Assessment, through the Health & Wellbeing Board, outlined in the Health and Social Care Act 2012.

Financial implications

29. There are no financial implications. The JSNA programme is delivered in-house, led by the Public Health Division with contributions from partners.

Consultation

30. The JSNA work programme will be developed following the engagement of key partners across Southwark Council, NHS and other partners. Lead authors for each project included within the programme will engage with partners and residents in the development of their reports.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive – Governance and Assurance

31. None sought.

Strategic Director of Finance

32. None sought.

Other officers

33. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
JSNA Annual Report 2024	Public Health Division, Children & Adults Department	Tom Seery Tom.seery@southwark.gov.uk

No.	Title
Appendix 1	Joint Strategic Needs Assessment (JSNA) Annual Report 2024

AUDIT TRAIL

Lead Officer	Sangeeta Leahy – Director of Public Health	
Report Author	Tom Seery - Senior Programme Manager for Knowledge & Intelligence	
Version	Final	
Dated	05 July 2024	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Assistant Chief Executive Governance and Assurance	No	No
Strategic Director of Finance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		8 July 2024

JSNA Annual Report 2024

Southwark's Joint Strategic Needs Assessment

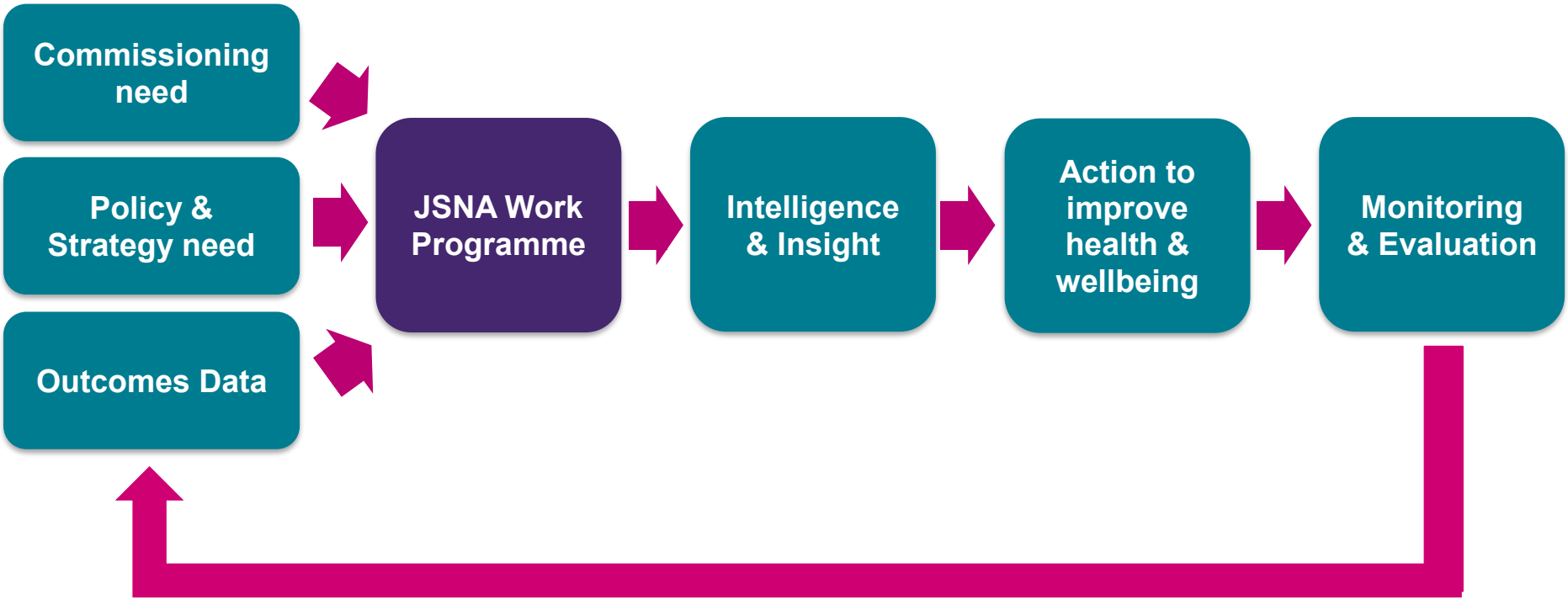
OVERVIEW OF HEALTH & WELLBEING

PUBLIC HEALTH DIVISION
CHILDREN & ADULTS DEPARTMENT
LONDON BOROUGH OF SOUTHWARK

1. BACKGROUND

The JSNA Annual Report provides a broad overview of health and wellbeing in Southwark. It seeks to provide an analysis of our changing population, along with details of the health inequalities that exist in the borough.

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



2. CONTENTS

3. SUMMARY

3.1 Overview of Southwark

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

Our population is young, diverse and growing, with large numbers of young adults, from a wide range of ethnic and social backgrounds.

- The median age (33.4 years) is more than two years younger than London, and almost seven years younger than England.
- Around half (51%) of people living in Southwark have a White ethnic background compared to 81% nationally.
- The largest ethnic group other than White is 'Black, Black British, Caribbean or African', accounting for one-quarter (25%) of Southwark residents.
- Over 80 languages are spoken in the borough. Of the 53,700 Southwark residents whose main language is not English, 10,200 (19%) cannot speak English well or have no English proficiency.
- Over 40 distinct religions are reported by Southwark residents.
- Southwark has the fourth largest LGB+ population and the fifth largest trans population of any English local authority: 8.1% residents aged 16+ (nearly 21,000 people) identify as non-heterosexual, and 1.2% (over 3,000 people) report a gender identity different to their birth sex registration.
- Over 18,000 residents provide unpaid care, equivalent to 6% of Southwark's population. Around a quarter of unpaid carers in the borough provided more than 50 hours of care per week.

3.2 Achievements

Across the borough there have been some improvements in health and wellbeing over the last decade:

- Life expectancy is comparable to the London and England average.
- Levels of relative deprivation in the borough continue to reduce.
- Child vaccination rates are generally comparable to or better than the London average.
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
- Preventable mortality has reduced by more than 40% between 2001 and 2022.

3.3 Assets

Southwark benefits from a wide range of social and physical assets that help our communities to maintain and sustain good health and wellbeing.

- The borough has an active and large range of community, voluntary and faith organisations working to support local residents. Embedded within, and trusted by our communities, these groups are key partners in efforts to tackle the inequalities we see in Southwark.

- There are a diverse range of high quality open spaces in Southwark, from the Thames pathway to our extensive network of parks and community gardens. These outdoor spaces are complimented by a range of modern leisure facilities such as the Castle Leisure Centre and Peckham Pulse. Such assets provide opportunities for physical activity, sport and play, helping to reduce stress and prevent the development of long-term conditions.

- Southwark also has a network of modern libraries located across the borough. These facilities provide spaces for the whole community to use, whether that be through baby sensory sessions, community group activities, or accessing local council services.

- The borough is also home to a number of world-class health and care facilities, from our large hospital trusts, through to our community based clinics and hubs. These services provide our residents with access to high quality support and care for those in need.

These are just some examples of the social and physical assets in Southwark that partners and residents can draw on as we seek to improve health and reduce inequalities in our borough.

3.4 Challenges

Although there have been improvements in health outcomes in Southwark, many challenges remain:

- Improvements in life expectancy have stalled, with no notable increase over the last decade. This mirrors and regional national trends.

- Female residents are spending less years in good health. Female healthy life expectancy has reduced by 8.8 years for the 3 years up to 2020.

- The prevalence of long-term conditions such as cancer, chronic kidney disease, mental health & obesity are increasing.

- Poverty is a leading cause of the poor health and premature mortality we see in the borough, and many of our residents live in financial hardship. In 2021/22 over a third of children in the borough were living in poverty after adjusting for housing costs.

- There remain significant inequalities in access, experience and outcomes within the borough.

These inequalities are both avoidable and unfair. While inequalities vary across different issues, there are a number of communities and population groups within the borough that consistently experience poorer outcomes than others.

Geographic Inequalities

The map opposite highlights the areas of the borough that fall within the 20% most disadvantaged nationally. These are concentrated across the central and northern parts of Southwark. 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 these neighbourhoods. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of disadvantage also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood and Downtown estate in Surrey Docks.

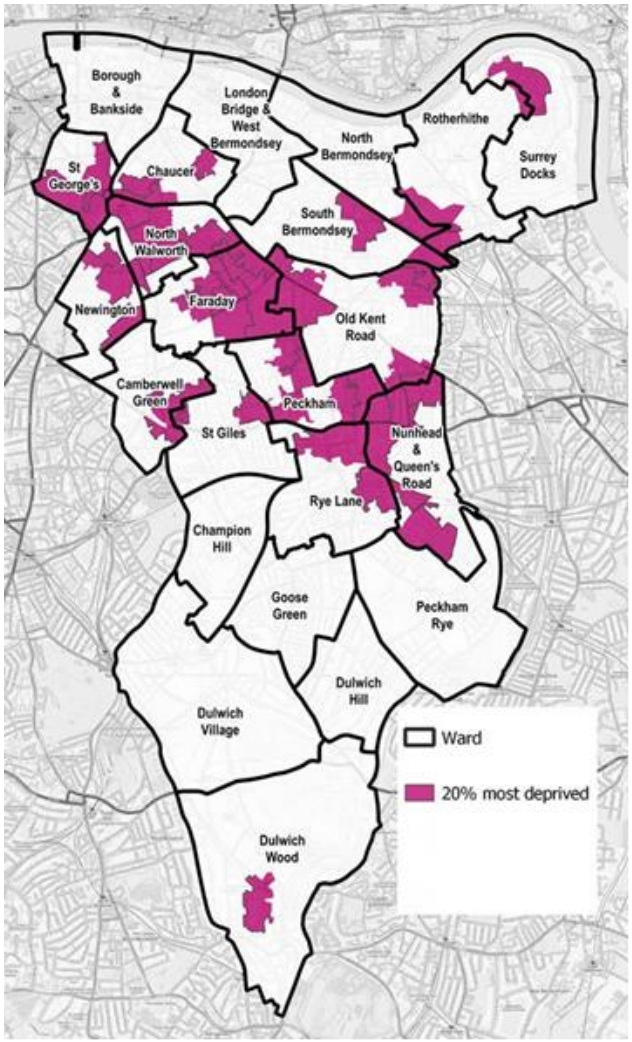


Figure 1: 2019 Index of Multiple Deprivation quintiles for Southwark LSOAs. Source: Ministry of Housing, Communities and Local Government 2019. English Indices of Deprivation. **© OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.**

Population Inequalities

There are key population groups in the borough which face significant inequalities in not only health outcomes, but also in their access and experience of services which should be there to support them.

Carers	Residents with disabilities	LGBTQIA+	Asylum Seekers & Refugees	Rough Sleepers	Black & Ethnic Minorities
Those providing unpaid care are more likely to report poor health than those not providing care. They are also more likely to experience loneliness and social isolation. The number of cared-for people is increasing and surviving longer but with more health issues, so carers' burden and duration of care are growing.	Residents with physical and/or learning disabilities are more likely to experience a range of health conditions and have a lower life expectancy than the general population. Those with disabilities often experience barriers when accessing services, from transport through to the understanding of staff.	Key health challenges disproportionately impact those identifying as LGBTQIA+, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing services.	Asylum seekers and refugees have multiple, complex health and wellbeing needs. They often experience trauma-related mental health issues and challenges with social integration. They often have poor access to services as a result of language barriers, difficulty navigating an unfamiliar health system.	Those sleeping rough are much more likely to die young, with an average age of death of 47 years of age, compared to 77 amongst the general population. People who experience homelessness often struggle to access quality health and care and often attend emergency care.	Residents from ethnic minority backgrounds are more likely to live in disadvantaged communities, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.
Over 18,000 residents provide some level of unpaid care, equivalent to 6% of the population Nearly a quarter provide over 50 hours of care a week, equivalent to nearly 5,000 residents.	Over 42,000 residents recorded a disability at the time of the 2021 Census Old Kent Road, South Bermondsey and Nunhead & Queen's Road, have the highest levels Of those in Southwark who were disabled at the time of the Census, half were aged 50 or over.	Approximately 21,000 residents identify as gay, lesbian, or bisexual – 4th largest in England. Approximately 3,200 residents identify as trans or non-binary - 5th largest in England. The Burgess Park area has the largest community in Southwark.	By September 2022 the asylum seeking population in Southwark increased to almost 2,000 In addition there are hundreds of Afghan and Ukrainian refugees in the borough.	In 2022/23 Southwark had the 6th largest rough sleeper population in London, with 549 individuals identified. The majority were male (86%) and more than half were from an ethnic minority background (56%).	Around half of residents identify as from a Black, Asian or ethnic minority background. The largest single group is Black African (16%). There is a significant Latin American community in the borough, with 9,200 residents. Around 40% of people living in the borough were born outside the UK.

Intersectionality

It is important to acknowledge that neighbourhoods and population groups facing inequality are not homogenous. Within-group experiences and outcomes can vary, e.g. depending on specific ethnic, gender identity or sexual orientation group. When planning interventions, services and strategies to improve outcomes and reduce inequalities, it is important to consider how different demographic and social characteristics overlap and intersect, magnifying disadvantage.

Wider Determinants of Health

Despite the cost of living crises, many of Southwark's socio-economic outcomes are comparable to regional and/or national averages. However, borough-wide averages can mask significant inequalities experienced by many Southwark residents. Over a third of Southwark children live in poverty, and significant numbers live in homes suffering from food insecurity – exacerbated by the cost of living crisis.

The importance of addressing the wider determinants of health was clearly outlined in the Marmot Review in 2010: "*This link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus*." What was true in 2010 remains true today. 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.

3.5 Other JSNA Work

Several more in depth needs assessments have been completed in the last year, focusing populations or health areas where there are specific needs or inequalities in the borough, and align with the priorities set out in our Joint Health and Wellbeing Strategy.

In the past year, health needs assessments completed as part of Southwark's JSNA programme included:

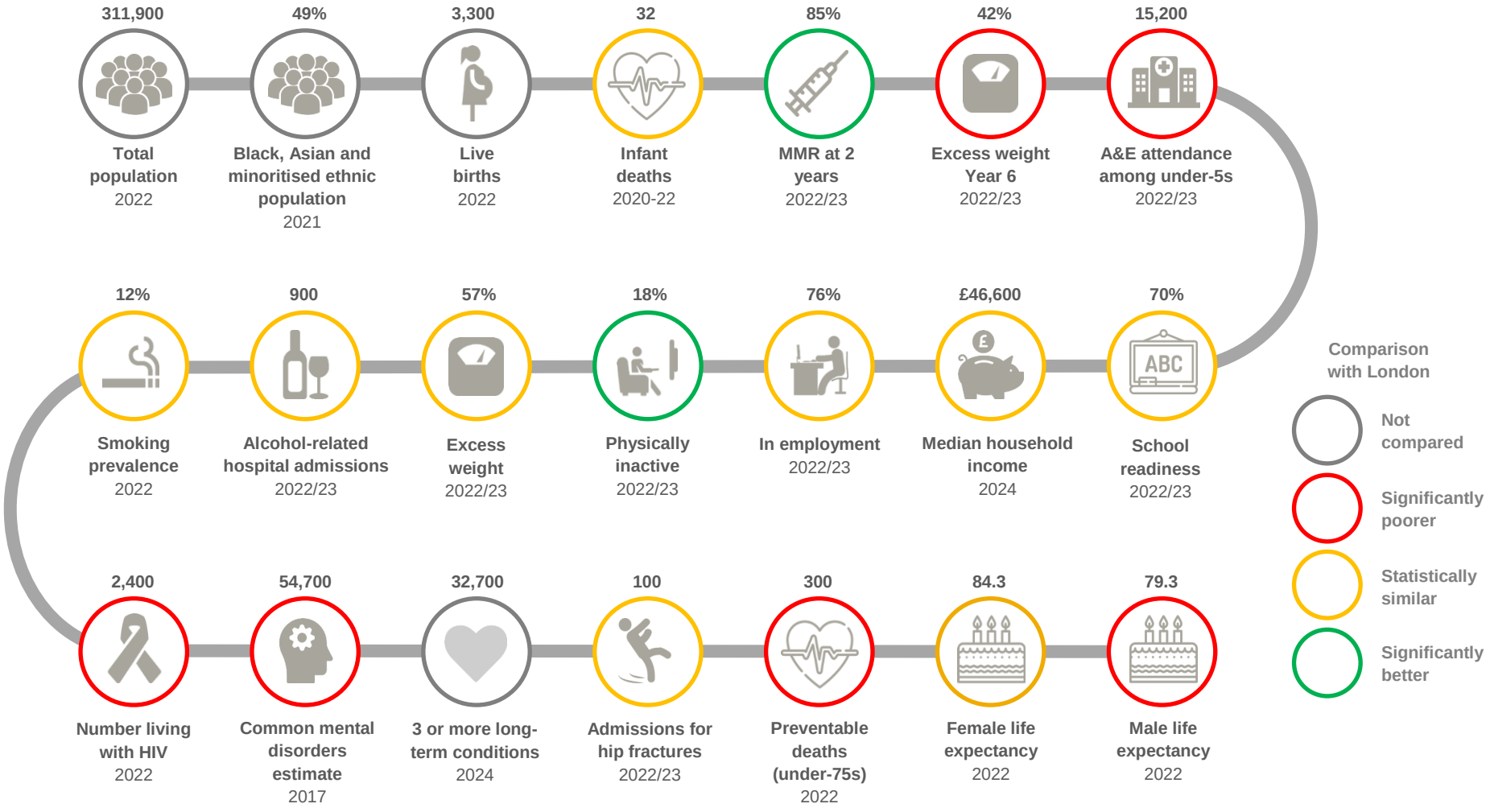
- Neighbourhood profiles
- Children and young people's mental health
- Cancer screening

These are accessible via: www.southwark.gov.uk/jsna

In addition to these publications, additional in-depth needs assessments are underway, including:

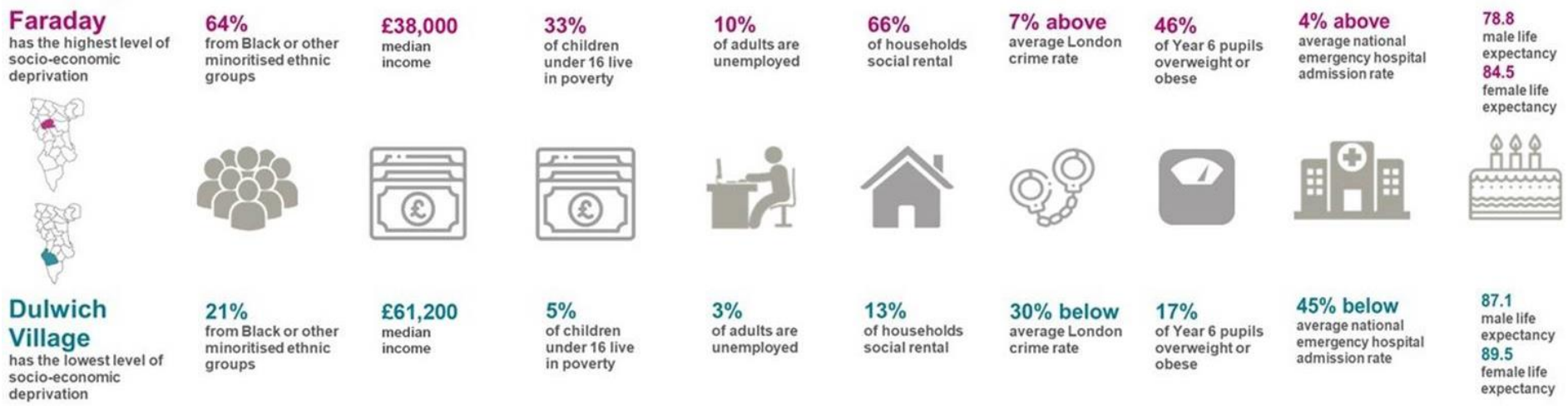
- LGBTQIA+ groups
- Latin American communities
- Severe Mental Illness

4. SOUTHWARK HEALTH & WELLBEING INFOGRAPHIC



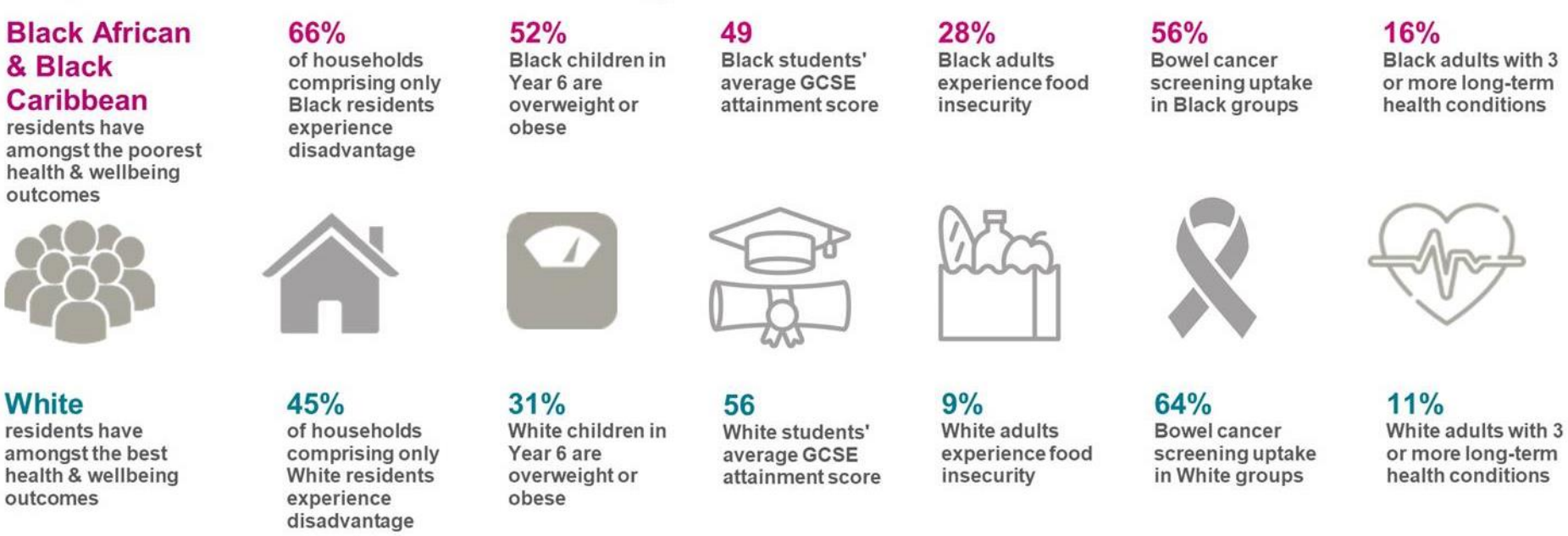
5. HEALTH & WELLBEING GEOGRAPHIC INEQUALITY INFOGRAPHIC

There is a wide and growing range of data that highlights the geographical inequality in health and wellbeing outcomes in the borough, often linked to socio-economic disadvantage. Southwark's multi-ward area profiles give further details.



6. HEALTH & WELLBEING ETHNICITY INEQUALITY INFOGRAPHIC

Local data on inequalities between demographic groups highlights the poorer outcomes among those from Black African and Black Caribbean backgrounds. However, this data is limited at a local level, often relying on bespoke data collection or research projects.



7. PEOPLE

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

7.1 Current population

Home to some 311,900 people, Southwark has a comparatively young population. The median age (33.4 years) is more than two years younger than London, and almost seven years younger than England.

311,900

Population in 2022

33.4 years

Median age in 2022

Figure 2: Southwark population estimate, 2022
Source: ONS 2023. Population estimates for England and Wales: mid-2022.

Figure 2 shows the age structure of Southwark compared to England (black outline). The chart demonstrates that the low average age in the borough arises not from large numbers of children, but from a large number of young working-age residents: 41% of the Southwark population is aged 20 to 39.

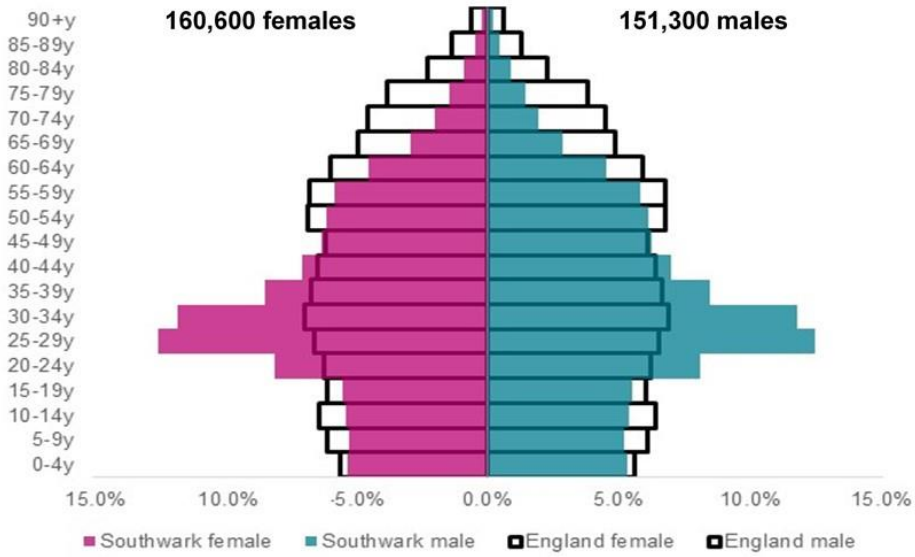


Figure 3: Age structure of Southwark compared to England, 2022
Source: ONS 2024. Mid-year population estimates, mid-2022.

7.2 Population Change

The population of Southwark grew by 6% between 2012 and 2022, in line with both London and national averages. However, the change over the decade has not been uniform. Over the ten-year period, the most significant changes in Southwark age structure have been among adults aged 55 to 69 yr, and children under 5 yr.

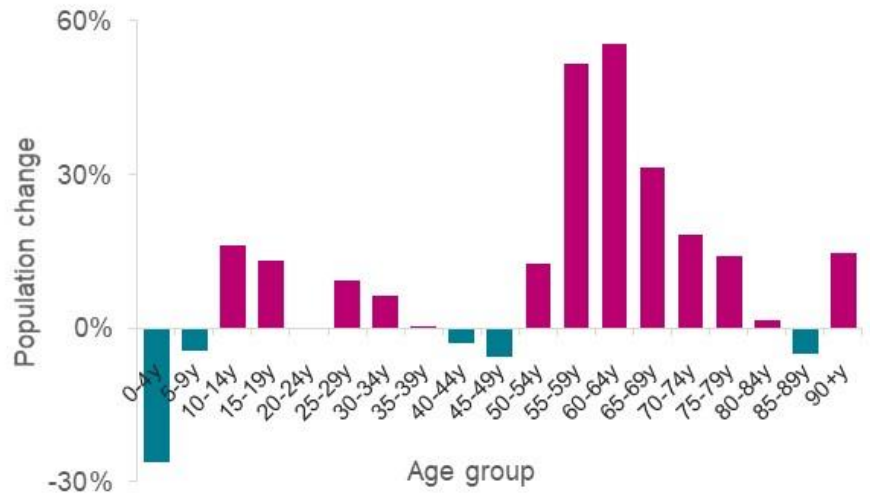


Figure 4: Percentage change in Southwark population by age, 2012 to 2022
Source: ONS 2023. Mid-year population estimates, 2012 and 2022.

The latest population projections suggest that our population will continue to grow over the next decade. 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.

7.3 Ethnicity, languages and country of birth

Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds.

Data from the 2021 Census shows that 51% of people living in Southwark have a White ethnic background compared to 81% nationally. Just over a third (36%) of residents identify as 'White: English, British, Welsh, Scottish or Northern Irish' ethnicity.

The largest ethnic group other than White is 'Black, Black British, Caribbean or African', with one-quarter (25%) of Southwark residents reporting this as their ethnicity compared to only 14% of residents across London and 4% of residents nationally. Almost one-fifth (16%) reported 'African' ethnicity and 6% reported a 'Caribbean' ethnicity.

For the first time, the 2021 Census provided data on the number of residents identifying as Hispanic or Latin American. In total, about 9,200 people in Southwark recorded this ethnicity.

The diversity of Southwark is much greater among our children and young people, with roughly equal proportions of young people from White and Black ethnic backgrounds, and 14% with mixed or multiple ethnicities.

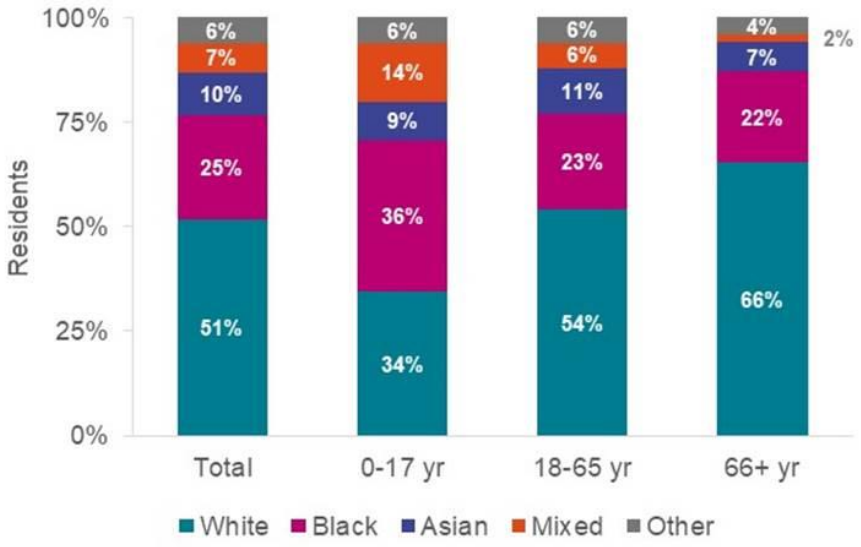


Figure 5: Southwark population by broad ethnic group and age, 2021
Source: ONS 2023. Census 2021 – Age and ethnic group

Over 80 languages are spoken as main languages in Southwark, with 79% of the population speaking English as their main language. The most common language after English was Spanish, which has almost doubled since 2011 and spoken as a main language by over 13,000 residents. Somali was the most common African language spoken.

The top five main languages (other than English) spoken at the time of the 2021 Census were:

- Spanish (13,000)
- Italian (4,300)
- Portuguese (3,600)
- French (3,500)
- Chinese (excl. Cantonese and Mandarin) (2,200)

Of the 53,700 Southwark residents whose main language is not English, 10,200 (19%) cannot speak English well or have no English proficiency.

A large proportion of our residents were also born overseas, with 40% of Southwark's residents born outside the UK, Channel Islands and Ireland. The top country of birth outside the UK and Ireland was Nigeria, making up around 4% of Southwark residents. Italy, Jamaica, Spain and Ghana also made up a notable proportion of Southwark's population. Around 8% of residents were born in the Americas or the Caribbean, with over half of these residents being born in countries in South America.

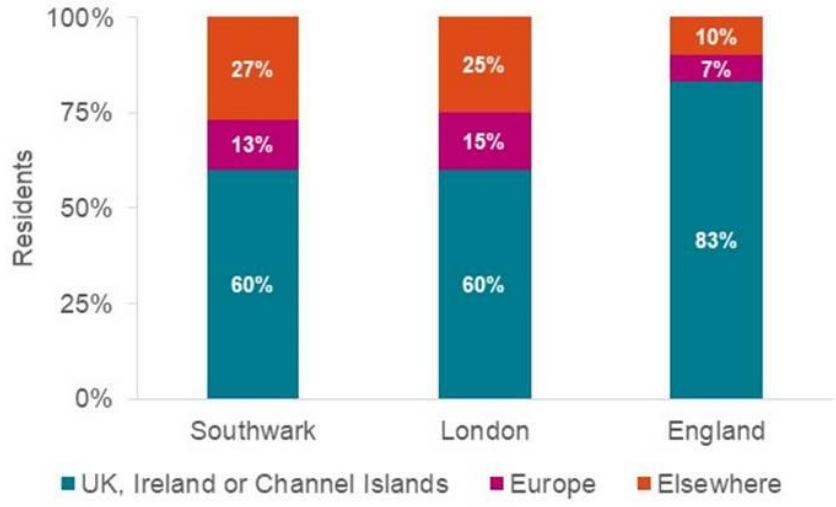


Figure 6: Residents' country of birth as a proportion of total population, 2021
Source: ONS 2022. Census 2021 - International migration, England and Wales

7.4 Religion & Faith

There were over 40 distinct religions identified among Southwark residents by the 2021 Census.

In 2021, 43% of residents reported their religion to be Christian, a drop of 10% since the 2011 Census.

'No religion' was the second most common option reported among Southwark residents, representing over one third (36%) of the population, substantially larger than across London (27%), but similar to the proportion nationally (37%).

Over 29,600 Southwark residents reported their religion to be Muslim, equating to approximately 10% of the population. Those with Muslim or Hindu religion made up a notably smaller proportion of the population in Southwark than was seen across London.

7.5 Sexual Orientation

Southwark is ranked fourth in England for proportion of residents identifying with a non-heterosexual orientation, most frequently lesbian, gay or bisexual. In Southwark, 8% of residents (nearly 21,000 people) aged 16+ have a non-heterosexual sexual identity. Within this population, 56% identified as lesbian or gay and 40% identified as bisexual or pansexual. 6% of Southwark women identify as LGB+ overall, though this reaches 12% within the 16-24 age bracket. More men identify as LGB+: 10% of male residents overall, peaking at 13% within the 35-44 age bracket. The Burgess Park area of Southwark has the largest LGB+ population within the borough.

Figure 7: Residents identifying with a non-heterosexual sexual identity
Source: ONS 2023. Census 2021 - Sexual orientation, England and Wales

7.6 Gender Identity

Southwark is the fifth highest ranking local authority in England for residents identifying as trans or non-binary. Within the borough 3,200 residents reporting a gender identity different from their sex registered at birth. Half of these used no specific gender identity term, the rest used 'trans woman', 'trans man' or 'non binary'. Despite having a relatively high proportion of the population with gender identities that differed from sex assigned at birth, the numbers are likely to be underestimates as many residents declined to answer the question.

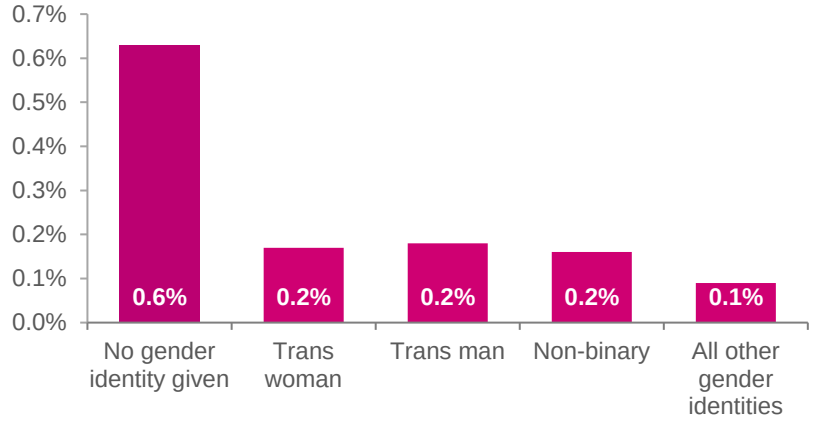


Figure 8: Proportion of Southwark residents who reported a gender identity different to their sex assigned at birth.
Source: ONS 2023. Census 2021 – Gender identity, England and Wales.

7.7 Disability & Impairment

The 2010 Equality Act defines a disability as a physical or mental impairment which has a substantial and long-term negative effect on a person's ability to do normal daily activities.

In 2021 over 42,000 Southwark residents (14%) recorded a disability. This is a similar proportion to London but slightly less than the national average of 17%. Almost a quarter of households (33,000) had at least one resident with a disability.

The neighbourhoods with higher proportions of disability are Old Kent Road, South Bermondsey and Nunhead & Queen's Road, where in some areas 17-23% of residents were disabled.

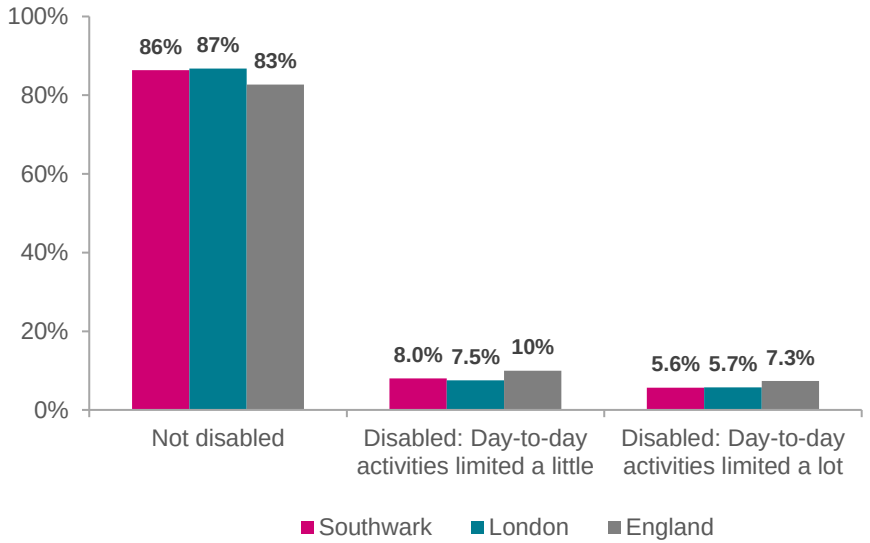


Figure 9: Proportion of Southwark, London and England residents who were disabled at the time of the census.
Source: ONS, 2023. Census 2021 – Health, disability and unpaid care, England and Wales.

Of those in Southwark who were disabled in 2021, half were aged 50 or over. Levels of disability among residents of different ethnicities broadly mirror that of the general population in the borough.

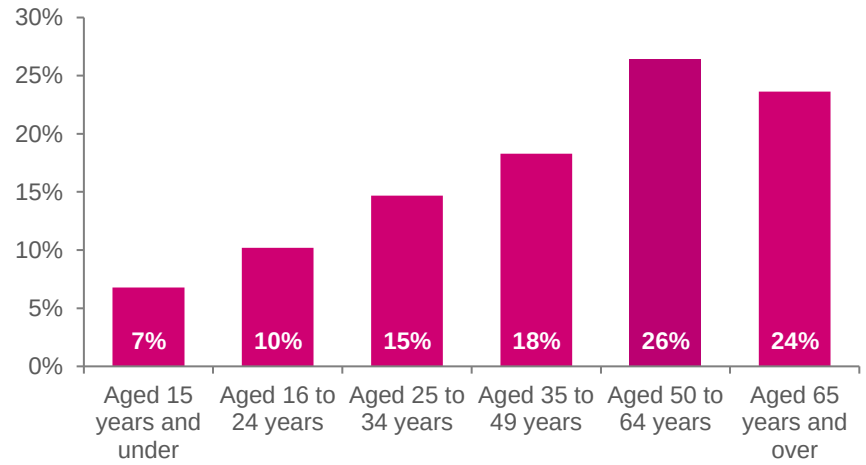


Figure 10: Disabled residents of Southwark by age group.
Source: ONS 2023. Census 2021 – Age and disability

The Family Resource Survey by the Department of Work and Pensions, collects data on what disability/disabilities people have. The latest national survey was conducted in 2022/23.

For disabled working-age adults, 47% reported a mental health impairment, the most prevalent category among this age group. This was closely followed by a mobility impairment, at 41%. The third most likely impairment type related to stamina, breathing or fatigue, at 34%. Local patterns of disability are likely to broadly reflect these categories.

7.8 Carers

Unpaid or informal carers play an integral role in supporting the family members and friends they care for. According to data gathered by the 2021 Census, over 18,000 residents provide some level of unpaid care, equivalent to 6% of Southwark's population.

While this is similar to the 2011 Census, there has been an increase in the hours of care provided over the decade. In 2021, around a quarter (26%) of unpaid carers provided 50+ hours of care per week, equivalent to nearly 5,000 residents.

The increased demand for care disproportionately affects women, people from Black African ethnic backgrounds, and those who themselves live with disability and complex care needs.

7.9 Housing and households

A 'household' is defined as one person living alone, or a group of people living at the same address who share cooking facilities and a living room or dining area. In Southwark in 2021, there were approximately 130,800 households, an increase of over 10,000 since 2011.

In 2021 Southwark ranked highest of all local authorities in England for the proportion of households which rent accommodation from the Council, at 27%. When including households rented from the Council and Housing Associations, (i.e. all socially rented households) this increases to 40%, equating to 52,000 socially rented households in the borough.

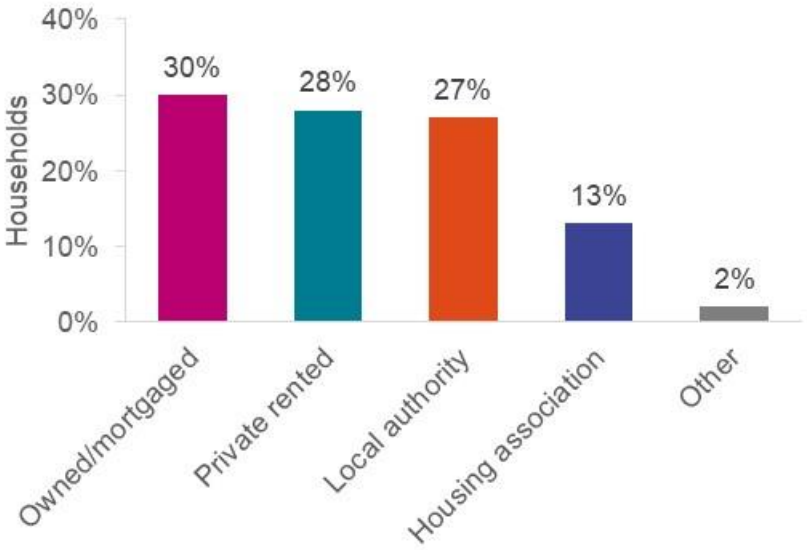


Figure 11: Housing tenure profile in Southwark in 2021
Source: ONS 2023. Census 2021 – Housing, England and Wales

There has been an increase of 9,000 privately rented households since 2011, making up 28% of households in the borough.

In 2021 around one-third of Southwark residents were living alone; slightly higher than both the London and national average. This includes over 9,500 households (7%) of a person aged 66 or over living alone.

One quarter of households included at least one dependent child with a tenth of households being lone parent households with dependent children, equivalent to 12,000 households.

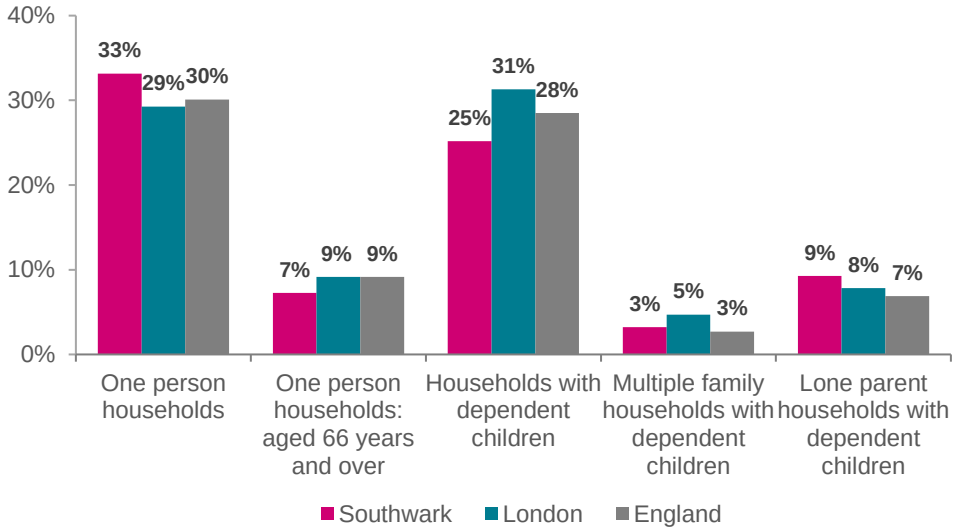


Figure 12: Proportion of households with selected household compositions, in Southwark, London and England.
Source: ONS 2022. Census 2021 – Household and resident characteristics, England and Wales.

Household disadvantage measured by taking a number of factors into account, including employment, education, health and disability and housing quality (overcrowding, shared dwelling or no central heating). In 2021, 51% of Southwark households were classed as disadvantaged, similar to the London and England averages. In Southwark, 12% of households (approximately 16,000) are classed as overcrowded, higher than the London and England averages.

8. PLACE

8.1 Deprivation

The Indices of Deprivation (IoD) is the official measure of relative deprivation in England, encompassing a wide range of indicators assessing living conditions.

Southwark's relative deprivation levels have improved since 2015, but it remains one of the most deprived areas in England.

Table 1: Indices of Deprivation – Southwark ranking in 2015 & 2019
Source: Ministry of Housing, Communities & Local Government

Measure	Ranking out of 317 local authorities	Ranking out of 317 local authorities
	IoD 2015	IoD 2019
Rank of average rank	23rd	43rd
Rank of average score	40th	72nd

It is important to acknowledge that the Indices of Deprivation measures relative deprivation. While the ranking of Southwark has improved relative to other local authorities, this does not necessarily indicate that there has been a reduction in absolute levels of deprivation.

Approximately 21% of Southwark's population live in communities ranked within the most deprived fifth nationally. This increases to 23% among those aged under 18.

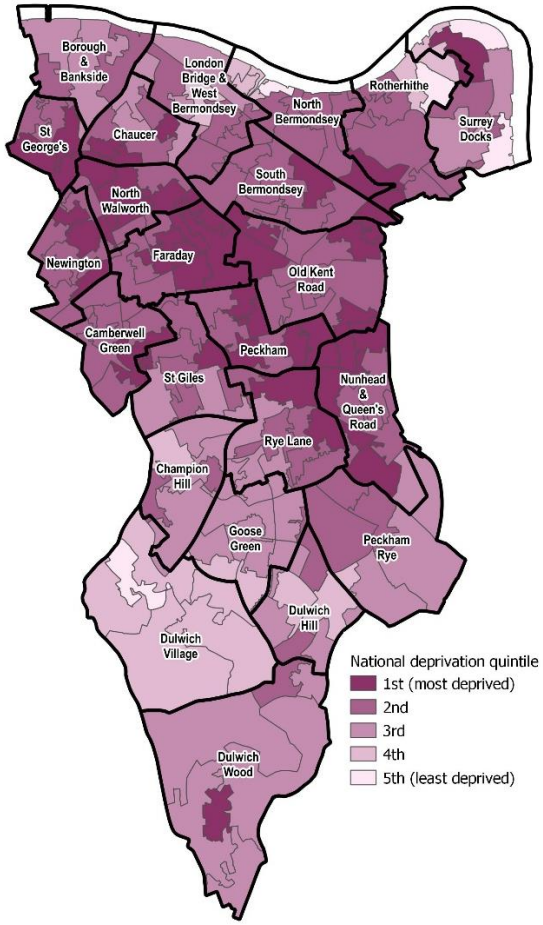


Figure 13: 2019 Index of Multiple Deprivation quintiles for Southwark LSOAs. Source: Ministry of Housing, Communities and Local Government 2019. English Indices of Deprivation. **© OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.**

8.2 Employment & Income

Figures for 2023 show that economic activity levels in Southwark are similar to London and England. For the year up to 31st December 2023, 78.4% of the population aged 16+ were economically active, 76.5% of whom were in employment.

Table 2: Economic activity of the population aged 16+ in Southwark, London and England, 2023
Source: ONS annual population survey 2023

Measure	Southwark Number	Southwark %	London	England
Economically active	**192,700**	**78.4%**	**78.6%**	**78.8%**
In employment	188,100	76.5%	74.6%	75.8%
Unemployed	7,600	3.9%	5%	3.7%
Economically inactive	**51,900**	**21.6%**	**21.4%**	**21.2%**

Despite economic activity levels in Southwark reflecting similar levels to the region, we have seen a continued reduction since 2020. For the year up to December 2023, there has been a 2% reduction in economically active residents, following a similar trend to the regional and national picture.

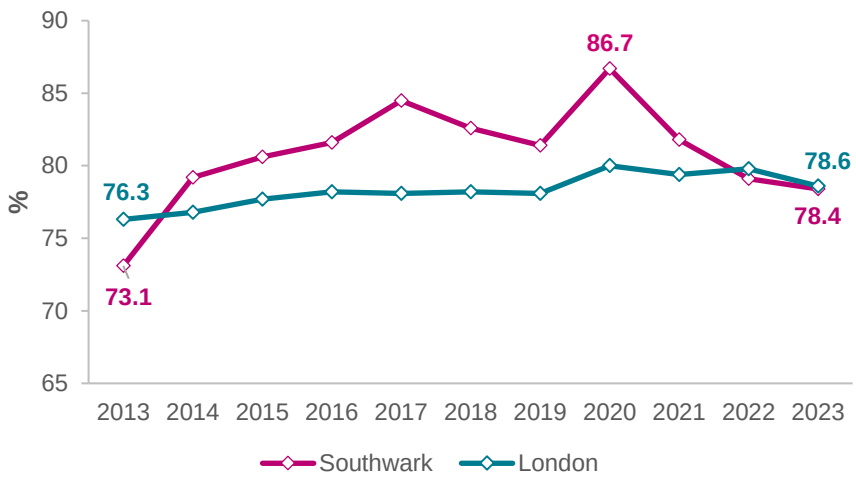


Figure 14: Economically active residents aged 16+ in Southwark and London: December 2013 – December 2023
Source: ONS annual population survey 2023

The median (average) household income in Southwark in 2024 was £46,634, higher the UK average of £37,861. However, there was a wide range of incomes in Southwark, with around 1 in 30 (3%) households in the borough having a total income of less than £15,000 per year.

Figure 15: Percentage of Southwark households by income bracket, 2024
Source: CACI Paycheck Directory, 2024.
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While average income in Southwark is higher than UK levels, there are significant geographical inequalities within the borough, with median income highest in Dulwich Village (£61,229) and lowest in Peckham (£36,405).

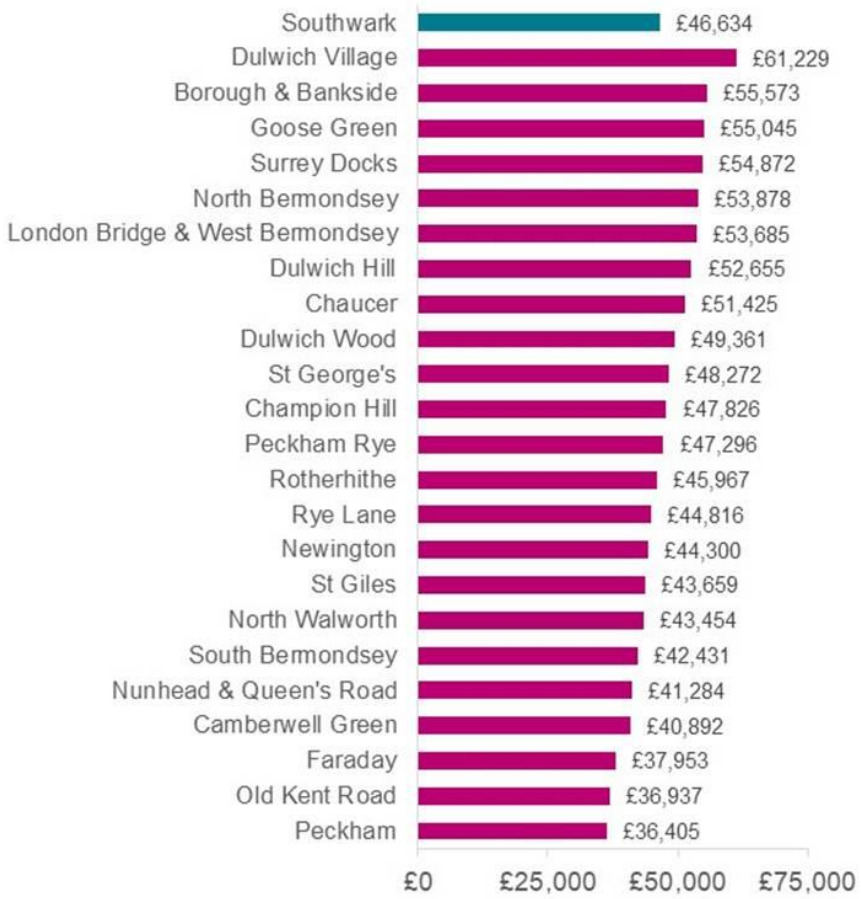

Figure 16: Median gross household income by ward, 2024.
Source: CACI Paycheck Directory, 2024.
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8.3 Child Poverty

Children are classed as growing up in poverty if their family income is below the poverty line: earning 60% below the median income. The data here examines child poverty after housing costs of rent, water rates, mortgage interest payments, buildings insurance payments, ground rent and service charges are taken into account.

In 2022/23 approximately 23,400 children aged 0-15 in Southwark were living in poverty, after housing costs were factored in, equating to 37.5% of children in the borough. Southwark ranked 8th highest of the London boroughs for child poverty after housing costs in 2022/23.

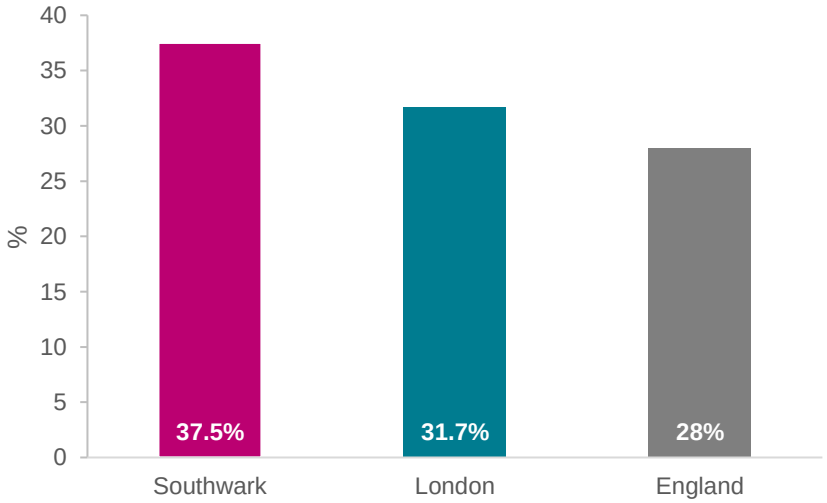

Figure 17: Percentage of children (aged 0-15 yr) living in poverty after housing costs are taken into account, in Southwark, London and England, 2022/23.
Source: End Child Poverty, 2024. Local child poverty rates after housing costs.

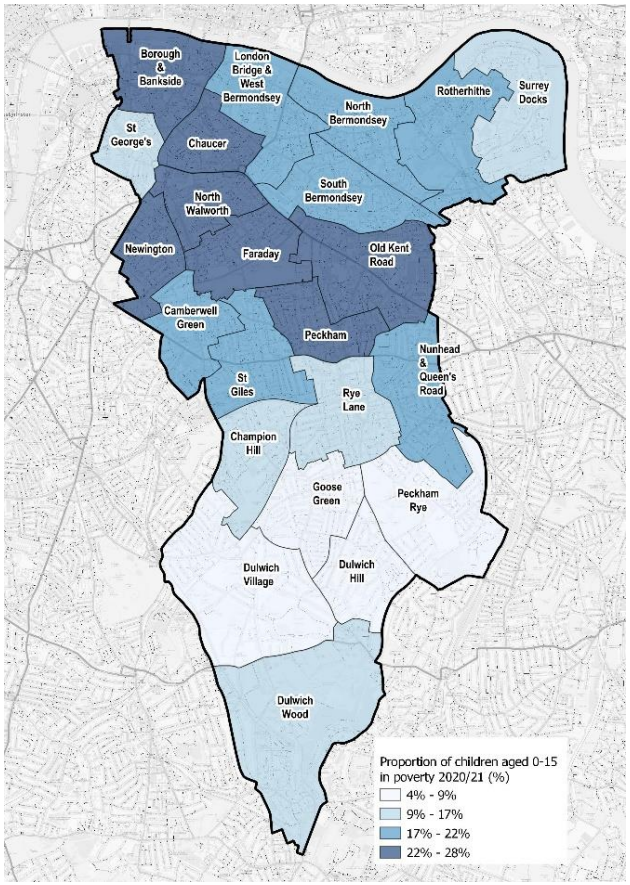

Figure 18: Percentage of children aged 0-15 yr living in poverty (relative low income families) by ward, before housing costs 2020/21
Source: Department for Work and Pensions 2023. Children in low income families: Relative low income 2021/22. Accessed via StatXplore.
ONS, 2022. 2021 Census – Population and household estimates, England and Wales.
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8.4 Cost of Living Crisis

What is the cost of living crisis?

The on-going cost of living crisis has been defined by large and rapid increase to peoples' day-to-day costs across almost all spending categories, most notably housing, fuel and food costs.

Russia's invasion of Ukraine and subsequent sanctions limited supply of gas across Europe. This contributed to a rise in fuel costs for transport, homes and businesses. Increased fuel costs have since had a knock-on effect, increasing prices of goods and services across multiple industries.

Who is most affected by the crisis?

While prices have risen for everyone, those on lower incomes are more affected, as a greater proportion of their expenditure is spent on essentials such as household bills and food. Furthermore, fuel and food have also seen some of the highest price rises, above the average inflation rate. Those on low incomes are less likely to have room to cut back, as many will have already been limiting their spending before the cost of living crisis.

Within Southwark, Old Kent Road, Faraday, Peckham and Camberwell Green wards have the highest proportions of residents on low incomes. Polls by the Greater London Authority have found that those on incomes of less than £20,000; those who are deaf or disabled and those who live in socially rented properties are more likely to be struggling financially than the average Londoner. Those who are on low incomes but above the threshold for means-tested cost of living support as well as those without recourse to public funds are also likely to have been impacted more heavily by the crisis.

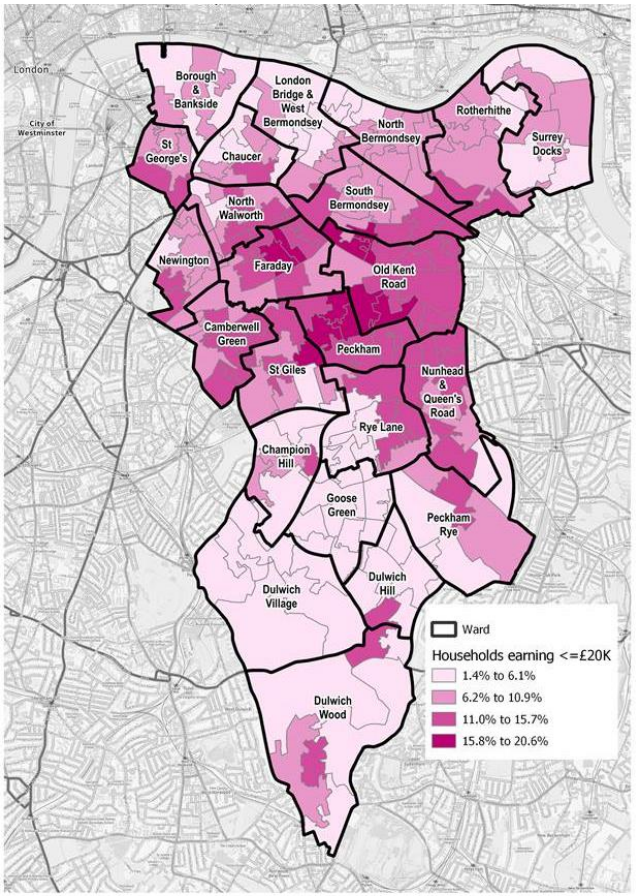

Figure 19: Percentage of Southwark households with total gross income £20,000 or less, by Lower Super Output Area, in 2024.
Source: CACI Paycheck Directory, 2024.
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What is the impact on food security?

The cost of living crisis has exacerbated food insecurity, with food prices rising by an average of 25% between January 2022 and January 2024. This will impact low income households the most, as they spend a greater proportion of their income on essentials such as food.

A study by Trust for London estimated that on average, low income households spend 17% of their weekly expenditure on food compared to only 8% of high income households. Furthermore, costs have risen above the average inflation rate for many essentials such as milk, bread, oils and fats making higher costs unavoidable for many.

More recently however, food prices have stabilised and in some cases reduced – for example, the cost of 2 pints of milk fell 5% between Apr 2023 and Apr 2024.

Surveys by the Greater London Authority provide insights on how the cost of living crisis is affecting Londoners. Of respondents who report as financially struggling, 60% said they were buying less food and essentials to manage living costs. In January 2023, 13% of Londoners said they had regularly or occasionally gone without food or relied on outside support such as from food banks.

The Survey of Londoners estimated adult food insecurity to be 16% in Southwark in 2021/22, equivalent to 41,000 residents aged 16+ yr. The survey also found that approximately 2% of residents across Southwark and Lambeth had used a food bank in the past 12 months to collect food, and 1% had used food banks for other services such as counselling.

Table 3: Cost of common grocery items in May 2023 and May 2024, plus annual change in price.
Source: ONS 2024. Shopping prices comparison tool.

Product	Average price		Annual growth
	May 2023	May 2024	
A dozen eggs	£3.26	£3.35	3%
White sliced bread	£1.35	£1.35	0%
Butter	£2.31	£2.18	↓ 6%
Baked beans	£1.07	£0.98	↓ 8%
Semi-skimmed milk (2 pints)	£1.29	£1.25	↓ 3%

8.5 Homelessness

Southwark has the eighth largest population of rough sleepers in London. In 2023/24 549 individuals were identified by outreach teams as rough sleepers in the borough, a 26% increase on the year before. Of the rough sleepers identified, 66% were new rough sleepers and 19% were classed as living on the streets (having been seen for a minimum of two consecutive years). Levels of rough sleeping are generally highest in the north west of the borough, around Borough & Bankside, London Bridge & West Bermondsey and St George's, with pockets in Faraday, Old Kent Road, Rye Lane and Champion Hill.

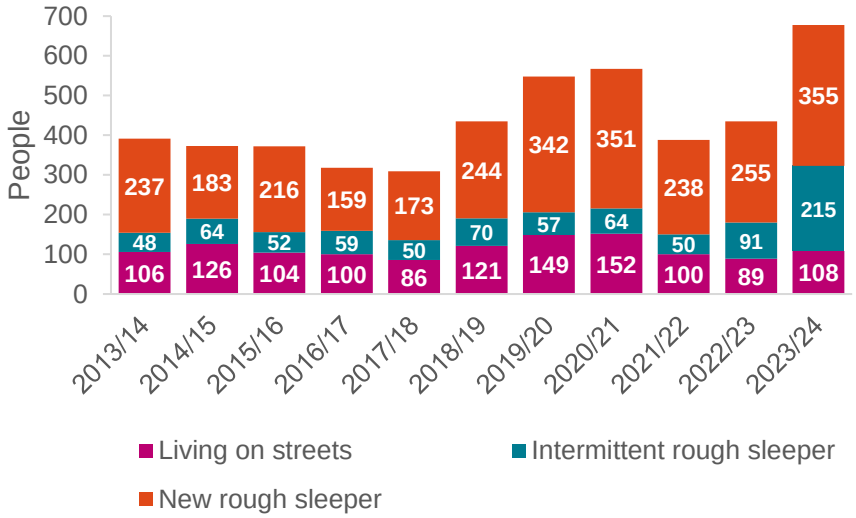

Figure 20: Numbers of rough sleepers identified by outreach teams in Southwark, 2013/14 to 2023/24.
Source: GLA, 2024. Rough sleeping in London (CHAIN reports).

In 2023/24, most rough sleepers identified in Southwark were male (88%). A third (33%) were 26-35 years old, with a similar number aged 36-45 years old (32%). The main ethnic groups were White (45%, including 22% White-British) and Black (32%).

The most common support need for those rough sleepers receiving an assessment was mental health (49%). However a third (33%) had more than one support need related to mental health, drugs or alcohol, reflecting the complexity of the health needs for this population group.

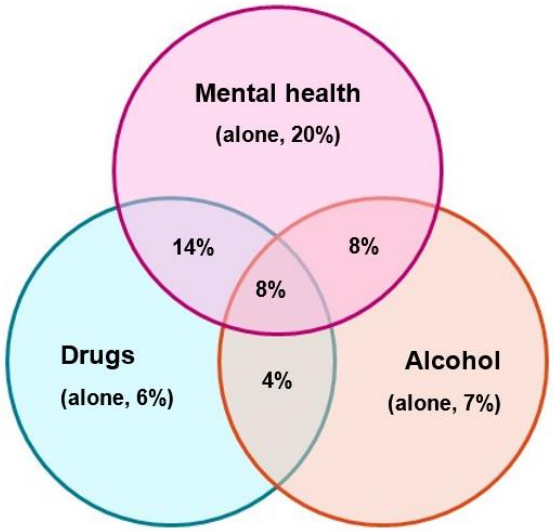

Figure 21: Recorded support needs of Southwark rough sleepers with needs assessed, 2023/24.
Source: GLA, 2024. Rough sleeping in London (CHAIN reports)

8.6 Crime

Crime can have a significant impact on the health and wellbeing of residents and communities. In 2023, there were over 37,100 offences recorded in Southwark. This was equivalent to 119 offences per 1,000 population, a rate significantly higher rate than the London average of 101 offences per 1,000 population.

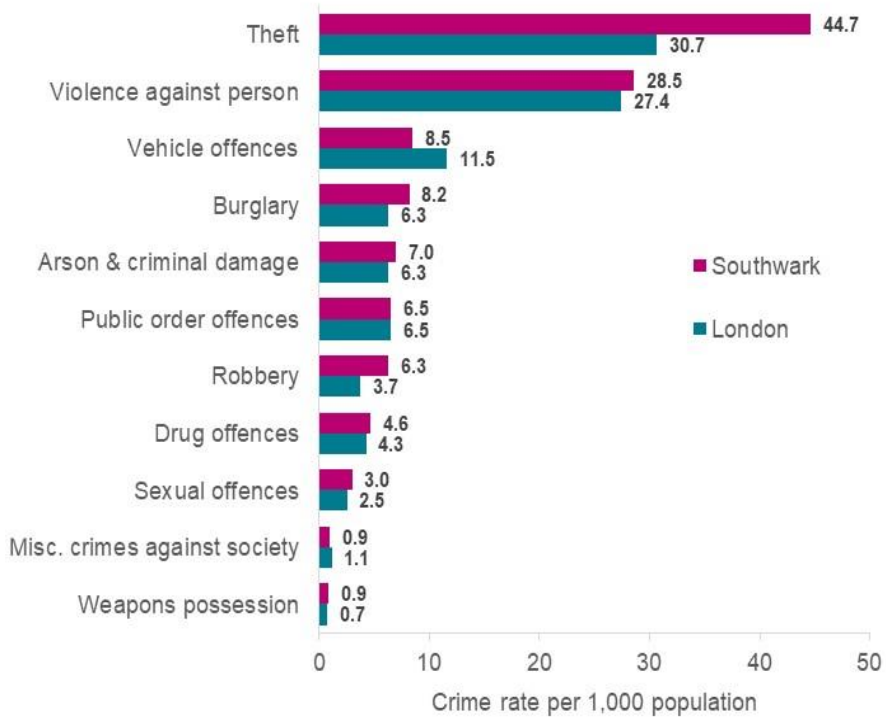

Figure 22: Crime rate for Southwark and London, 2023.
Source: GLA, London Datastore, 2024. Crime Dashboard.

The pattern of recorded offences in Southwark follows that for London as a whole, with theft and violence against the person being the most common types of crime.

In 2023, there were about 13,900 recorded cases of theft in Southwark and about 8,900 cases of violence against the person. Across the borough, the highest crime rates were in Borough & Bankside, St George's and London Bridge & West Bermondsey.

Emergency hospital admissions for violence (including sexual violence) are comparable to London and England averages. Over the three-year period 2020/21–2022/23, there were 380 such admissions of Southwark residents. The number of hospital admissions related to violence among residents has fallen by almost 60% since monitoring began in 2009/10.

8.7 Air Quality

There is strong evidence showing the harmful effects of air pollution on health. These include exacerbation of respiratory conditions (such as asthma and chronic respiratory disease) and increased emergency hospital admission rates.

London-wide, levels of the pollutants nitrogen dioxide (NO_2) and particulate matter of diameter 10 μm or less (PM_{10}) exceed national air quality standards. Southwark's largest single source of air pollution is road transport, contributing one-third of $PM_{2.5}$ emissions. Domestic and commercial fuels, used mostly in cooking and heating, also contribute substantially to levels of NO_2, PM_{10} and $PM_{2.5}$.

Figure 23: Main sources of outdoor air pollution

While short-term exposure to air pollution is known to harm health, the relative risk of long-term exposure is much greater, contributing to the initiation, progression and exacerbation of disease. Nitrogen dioxide is linked to lung damage, while $PM_{2.5}$ and PM_{10} are associated with respiratory disease, lung damage and cancer.

As well as harming health, long-term exposure to air pollution increases the risk of premature death. Exposure to air pollution is estimated to reduce average UK life expectancy by 6 months. The effect of particulate matter $PM_{2.5}$ on mortality is higher in Southwark than across London and England (as shown in the figure below), but the impact has reduced since 2010 due to falling emission rates.

Figure 24: Percentage of adult deaths attributable to $PM_{2.5}$ air pollution in Southwark, London and England, 2022.
Source: OHID, 2024. Public Health Outcomes Framework

Southwark has seven Air Quality Focus Areas which have specific targets set for air pollution levels.

More information on the health impact of air quality is available in the 2023 Annual Public Health Report, available at: www.southwark.gov.uk/aphr.

9. COMMUNITY VOICE

There has been a wide range of community engagement over the last year, through which local residents have raised their views and concerns regarding health and wellbeing in the borough. This on-going engagement has highlighted a number of common themes, building on those identified in the last JSNA Annual Report. These include:

- The importance of community connectedness and mutual care, to improve local support networks and tackle social isolation.
- Access to good, healthy, affordable food.
- Good quality, safe, affordable housing.
- Safer, cleaner, more walkable local streets.
- Free or low-cost access to leisure centres.
- A good variety of fitness activities to help people stay physically and mentally well.
- Concerns about good mental health (at all ages), and better access to mental health support.
- Tackling barriers to healthcare, particularly access to local GPs (e.g. language barriers).
- Health provision within community venues
- A more coordinated approach to services, including co-production with residents and those with lived experience, plus better feedback on how participants' voices shape local service development.

Partners across the health and care system must ensure the concerns and priorities raised by residents are addressed through development of local services and plans. Partners need to work together and with communities, to address the extent of inequalities that exist in health care and health outcomes.

9.1 Rebuilding Trust through Community Engagement and Empowerment

Southwark Council commissioned Social Finance and Centric to develop and test approaches to community engagement and co-production with seldom-heard communities. A focus of this work was on building trust with residents from Black, Asian and other minoritised ethnic groups, via community engagement, as an essential foundation for action to reduce health inequalities in Southwark.

A set of recommendations were developed through one-to-one engagement and workshops, led by community researchers. This work re-iterated the importance of:

- Embedding community engagement throughout the work of health and care organisations, with processes that prioritise accountability and transparency.
- Connecting engagement across organisations, meaning residents can engage with the wider health and care system.
- Helping communities to engage through prioritising accessible language and outreach to existing community spaces.

9.2 Southwark Stands Together

Southwark Stands Together is a borough-wide initiative, established in 2020 in response to the murder of George Floyd and the resulting Black Lives Matter movement. It aims to put tackling racial inequalities at the forefront of our work to deliver a fairer and more equal society for all.

Some of the initiative's recommendations addressed inequalities faced by residents from Black, Asian and other minoritised ethnic groups, within the health and care sectors. These were:

- Develop a strong partnership approach across the whole health sector addressing the wider health inequalities that disproportionally impact Black, Asian and minority ethnic communities, and their physical, mental and emotional wellbeing.
- Recognise that discrimination can occur in many different ways, from front line to backroom functions; adopt and embed organisation wide approaches to improve the experience of Black, Asian and minority ethnic communities.
- Work with key partners to ensure health services and initiatives are culturally appropriate and accessible for Black, Asian and minority ethnic residents.
- Increase uptake of preventative programmes such as screening, health improvement and education (i.e. myth busting and health literacy) amongst Black, Asian and minority ethnic communities.

The Southwark Stands Together programme has delivered positive health and wellbeing initiatives, including introduction of community health ambassadors, a network of local volunteers who provide accurate health information and resources to their local communities.

9.3 Southwark 2030

The Southwark 2030 programme aims to establish the vision and priorities for the borough through to the end of the decade. The programme has sought views from a wide range of groups, providing opportunities for local people, community groups, business and public services to share their ambitions for the borough.

Engagement involved a range of formats: in-depth individual conversations; pop-up engagement stands at specific events involving harder-to-reach groups (e.g. Eid festivities); workshops; and a survey delivered via online and hard copy formats.

In addition, a wide range of community groups hosted listening events gathering views from friends, neighbours and communities on how Southwark could be improved. A total of 38 listening sessions took place, attended by over 800 people. A school toolkit was also developed to involve children and young people in the process.

As a result of survey results and community engagement, a number of co-designed goals with residents and partners were identified to help deliver on the Southwark 2030 vision. These draft goals include:

- Decent homes for all
- A good start in life
- A safer Southwark
- A strong and fair economy
- Staying well
- A healthy environment

The draft goals are underpinned by three principles that align with those of the Joint Health & Wellbeing Strategy: reducing inequality, empowering people, and investing in prevention.

9.4 Southwark Maternity Commission

The Maternity Commission was established earlier this year to understand the health inequalities in maternity care in the borough, especially amongst Black and Brown women and people who give birth. Since January, it has engaged with and heard from over 600 residents and frontline professionals through a series of four well-attended public meetings in the community, targeted surveys and specially-commissioned insights research. There remain two further separate information-gathering meetings with fathers and maternity care innovators later in July.

Five key themes have emerged from the work to date:

- Tackling discrimination
- Ensuring women are listened to and supported to speak up
- Providing women with the right information at the right time
- Joining up Council and NHS services better
- Supporting the workforce to provide compassionate, kind and high quality care

Working with a broad stakeholder group, the emerging themes are being used to develop recommendations to the Council, local NHS Trusts, Local Maternity and Neonatal System, Integrated Care Board and Central Government. The Commission report will be launched at the final meeting at the end of September, after which the recommendations will be brought to the Health & Wellbeing Board to support action planning and implementation.

9.5 Engagement with Latin American & LGBTQIA+ Residents

Mabadiliko is a local Community Interest Company that works to raise awareness of cultural biases and prejudices and to create workplaces and communities that are inclusive and provide equity for all racial groups. The organisation was commissioned by the NHS to undertake engagement with Latin American and LGBTQIA+ residents in the borough to explore 4 main research questions:

1. What types of preventative healthcare services and support are required – linked to what are their health priorities? And therefore, what types of services would they want?
2. How can we maximise access to support? What are the barriers to access and engagement? How can we overcome barriers to ensure services help people stay well for longer?
3. What are the key principles for service design? E.g. Language requirements? Cultural tailoring requirements?
4. How can Southwark best support outcomes that matter?

The research highlighted continued stigma and discrimination experienced by residents, and a lack of cultural sensitivity in the delivery of services. Residents also emphasised the need for broader policy and systems changes to address the social determinants of health inequities they faced, such as in housing and employment.

Both groups called for meaningful, ongoing partnership between borough decision-makers in the development of policy and services to address their needs.

The work is contributing towards the development of two in-depth health needs assessments, however highlights of the recommendations from this research is shown below.

Latin American Residents

- Provide accessible and culturally tailored health education programs that promote preventative health measures.
- Ensure the consistent availability of reliable translation services and increasing the number of bilingual healthcare providers.
- Develop clear guides on navigating the UK healthcare system and simplifying the process of accessing services.
- Provide ongoing cultural competence training for healthcare professionals and encouraging a more holistic and culturally sensitive approach to care.
- Collaborate with trusted community organisations to conduct outreach and provide health information and support.
- Develop integrated care models that address the diverse health needs of Latin American communities, including physical, mental, and social well-being.
- Advocate for policies and programs that address the broader social determinants of health, such as affordable housing, living wage employment, and access to education and language support services.

LGBTQIA+ Residents

- Establish mandatory LGBTQIA+ cultural competency training and certification requirements for all healthcare providers and staff, with regular assessments and accountability mechanisms.
- Increase dedicated funding and resources for LGBTQIA+ specific health clinics, community centres, and other organisations that provide culturally relevant services and programming for LGBTQIA+ communities in Southwark.
- Develop and implement targeted outreach, navigation, and case management services to help LGBTQIA+ individuals in Southwark, particularly those from marginalised communities, connect with appropriate and affirming healthcare providers and resources.
- Establish clear policies and guidelines for creating welcoming, inclusive, and affirming healthcare environments for LGBTQIA+ patients in Southwark, including requirements for gender-neutral facilities, inclusive intake forms and electronic health records, and visible signs of LGBTQIA+ allyship.
- Develop and expand LGBTQIA+-specific mental health support services in Southwark, including access to culturally competent therapy, counselling, and peer support groups.
- Develop and implement comprehensive LGBTQIA+ data collection and monitoring systems across all services, with a focus on identifying and addressing disparities in access, outcomes, and experiences of care.

9.6 Summary

There are a number of recurring themes which cut across the various engagement programmes that have taken place with residents, including the need to:

- Embed meaningful partnership with residents in the work of health and care organisations, with processes that focus on co-production rather than engagement, and which prioritise accountability and transparency.
- Connect partnership with residents across organisations, meaning they can engage with the wider health and care system.
- Help communities to collaborate through prioritising accessible language and outreach to existing community spaces.

10. STARTING WELL

10.1 Births

The total number of babies born in Southwark has been decreasing year on year over the past 10 years. There were 3,393 live births in 2022, down from 5,030 in 2012, a drop of one-third (34%). Note that Southwark's local birth information comes from NHS sources, which exclude home births and those in private facilities; numbers differ from Office for National Statistics data.

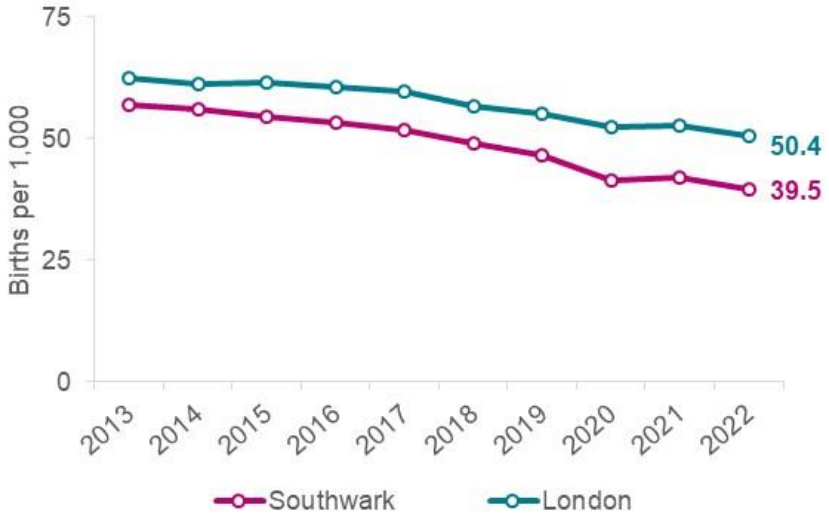

Figure 25: General fertility rate (live births per 1,000 females aged 15–44 yr) for Southwark and London, 2013 to 2022.
Source: OHID, 2024. Child & Maternal Health Profiles

The decline in the fertility rate in Southwark is seen across all age groups, but particularly among younger women. The average age of mothers giving birth in Southwark in 2022 was around 33 years.

Across the borough, there is substantial variation in the birth rate. The 2020–22 the birth rate was almost three-times higher in Dulwich Hill (62.9 births per 1,000) compared to Borough & Bankside (22.5 births per 1,000).

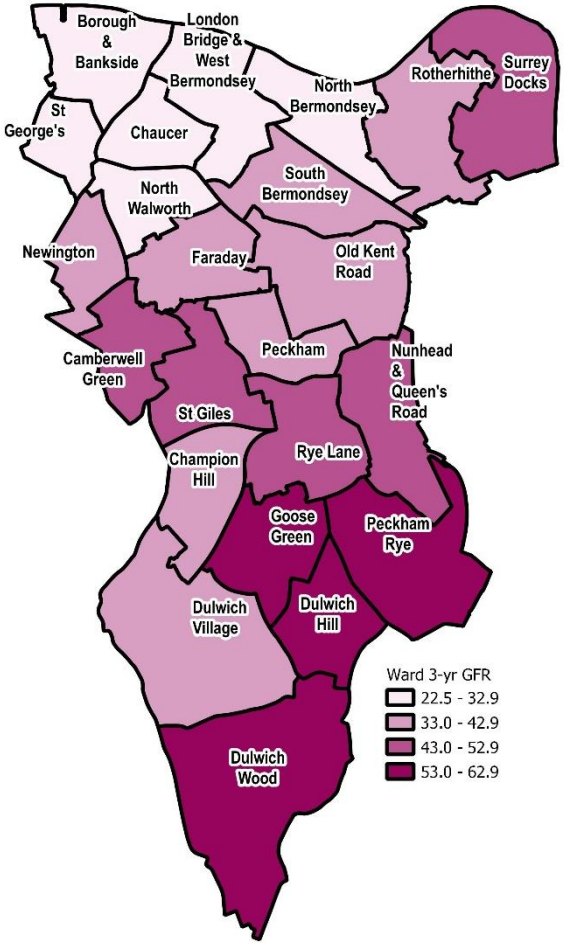

Figure 26: 3-yr average general fertility rate (GFR) by Southwark ward, 2020–2022.
Source: NHS Digital, 2023. Local birth files.
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New mothers in Southwark come from a diverse range of backgrounds. In 2022, three-fifths (61%) were born in Europe – most (72.9%) of these mothers were born in England. The most common non-UK countries of birth of mothers were Nigeria, Sierra Leone, Ghana, France and Afghanistan.

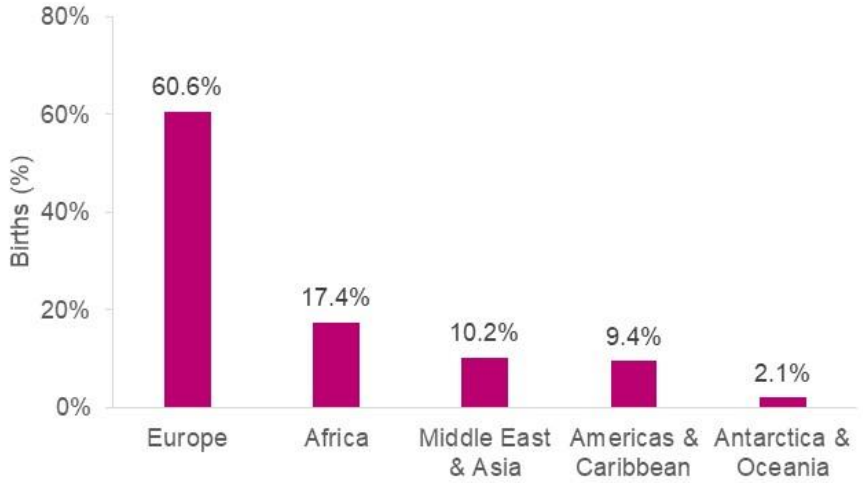

Figure 27. Southwark 2022 births by mother's continent of birth.
Source: NHS Digital, 2023. Local birth data.

Stillbirths are thankfully rare, with 45 cases in the three-year period 2020–22, and rates are comparable to London and England. However, there are significant inequalities, with almost two-thirds (65%) of stillbirths among women and people not born in the UK, and over one-third of these to women and people born in African countries.

10.2 Infant mortality

Infant mortality refers to deaths within the first year of life. It includes:

- Perinatal mortality - deaths within the first 7 days
- Neonatal mortality - deaths under 28 days
- Post-neonatal mortality - deaths between 28 days and one year.

There has been a significant reduction in infant mortality in Southwark since 2001, with rates falling by almost two-thirds; though improvements have slowed in recent years. The inequality gap with England has now reversed, with levels of infant mortality in the borough now below the national average.

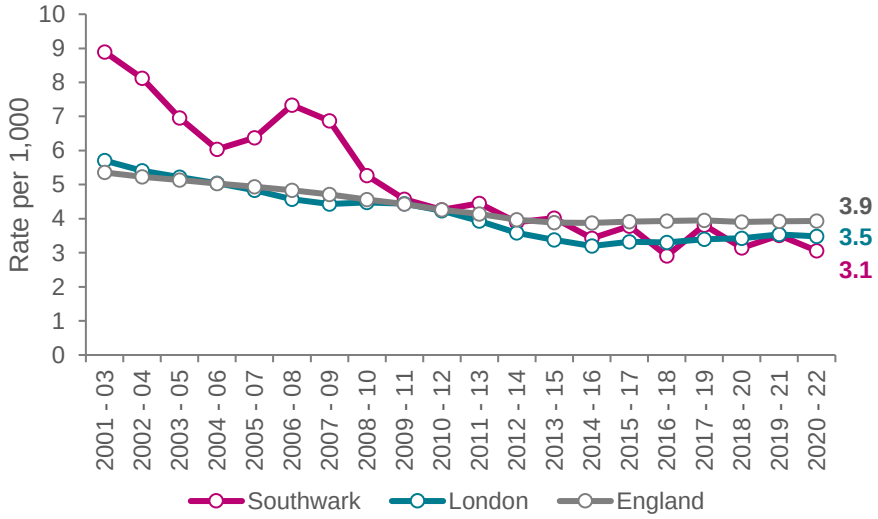

Figure 28: Infant deaths under 1 year of age, per 1,000 live births
Source: OHID, 2024. Public Health Outcomes Framework.

Between 2020 and 2022 there were 32 infant deaths locally, with half of these deaths occurring within the first 7 days of life.

10.3 Childhood vaccinations

Vaccination is the safest and most effective way of protecting individuals and communities from vaccine-preventable diseases.

Uptake of childhood vaccinations in Southwark is generally comparable to London averages but below England averages and target levels. Levels of childhood 5-in-1 vaccination (covering diphtheria, tetanus, pertussis, polio and Haemophilus influenza type B) have generally fallen in recent years, but less so in Southwark than across London and England.

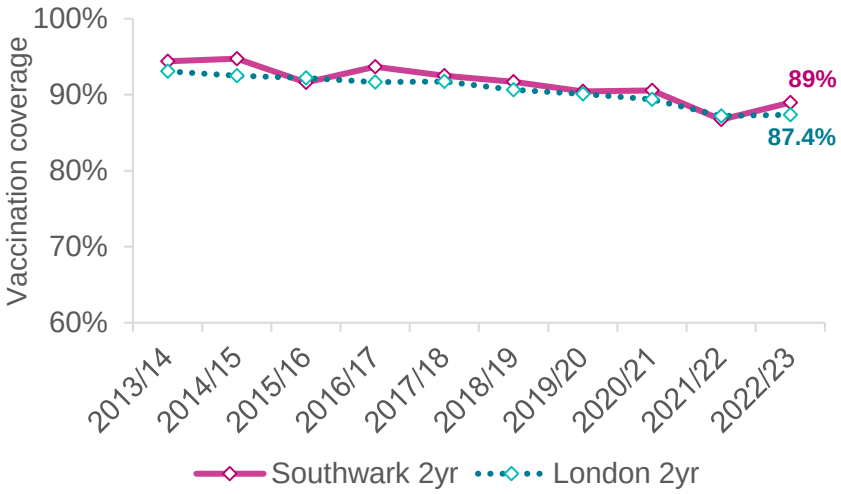

Figure 29: Childhood 6-in-1 vaccination coverage at 2 years of age, for Southwark & London: 2013/14 to 2022/23.
Source: NHS England, 2023. Child Vaccination Coverage Statistics, 2010-11 to 2022-23.

Southwark levels of childhood measles, mumps and rubella (MMR) vaccination have fallen in recent years (as have London and England levels), but stabilised over the last 2 years. However, levels are far below the 95% threshold needed for herd immunity.

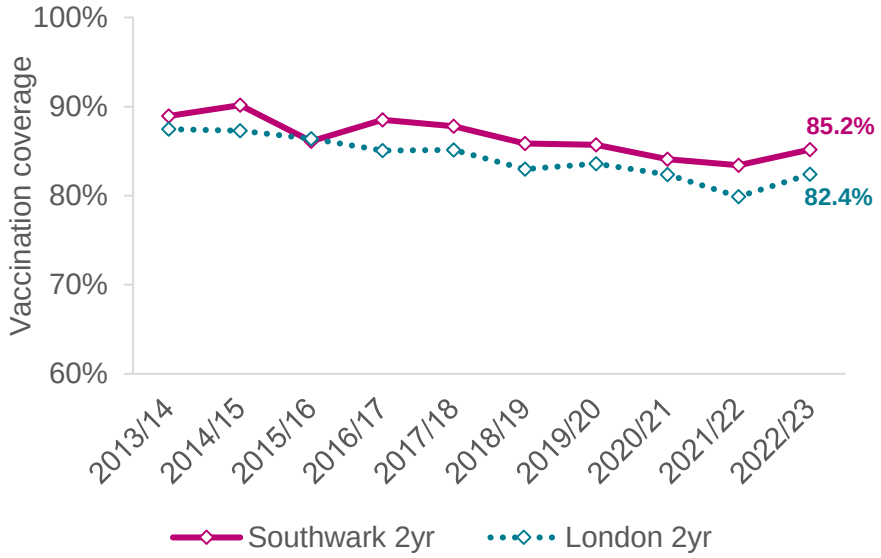

Figure 30: Childhood MMR vaccination coverage at 2 years of age, for Southwark & London: 2013/14 to 2022/23.
Source: NHS England, 2023. Child Vaccination Coverage Statistics, 2010-11 to 2022-23.

Levels of child flu vaccination have fallen substantially in Southwark in recent years (from a post-pandemic high point), in line with falling London levels.

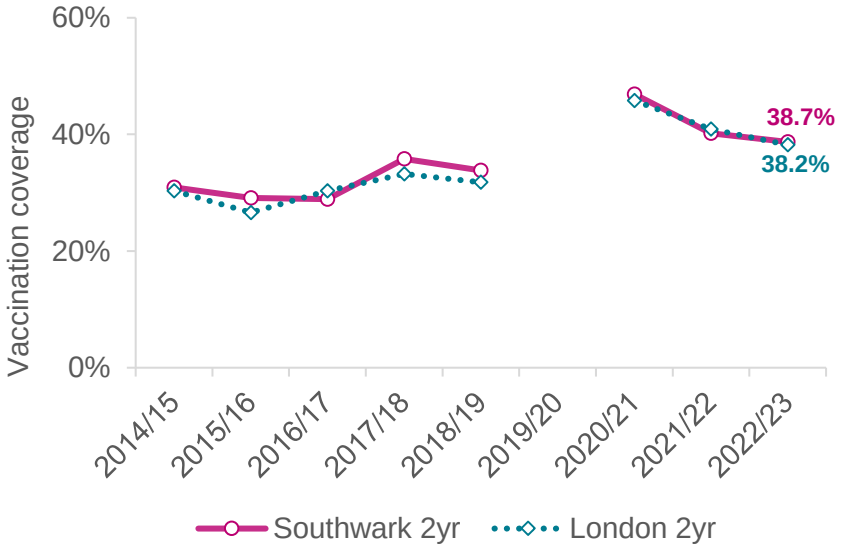

Figure 31: Childhood flu vaccination coverage at 2 and yr of age, for Southwark & London: 2014/15 to 2022/23. (2019/20 data not available.)
Source: NHS England, 2023. Child Vaccination Coverage Statistics, 2010-11 to 2022-23.

While efforts have been made to improve uptake among vulnerable groups, inequalities remain. Children with additional health, social or safeguarding needs, new migrants to Southwark, and later-born children of large families are all at higher risk of going unimmunised.

10.4 Healthy weight

Excess weight in childhood typically persists into adulthood and is associated with increased risk of a range of health consequences, including type 2 diabetes, hypertension and heart disease. In Southwark, levels of excess weight among Year 6 pupils are consistently above London and national levels, although levels in Reception pupils are now comparable to London.

In 2022/23, 1 in 5 (21.7%) Reception pupils were overweight or obese, with levels increasing to over 2 in 5 (41.5%) among Year 6 pupils. Over the last 15 years, excess weight levels have fallen among Southwark Reception pupils, but this improvement has not been reflected among Year 6 pupils.

Within the borough there are significant inequalities in the prevalence of excess weight, with children from Black ethnic groups significantly more likely to be overweight or living with obesity compared to the Southwark average. Those living in more disadvantaged areas are also more likely to be overweight or living with obesity than those living in more affluent communities. Over the 3 years 2020/21–2022/23, over half (52.9%) of Year 6 pupils in Old Kent Road were overweight or obese, triple the level in Dulwich Village (17.2%).

Figure 32: Prevalence of excess weight (overweight or obesity) in Reception and Year 6 pupils in Southwark, London and England, 2006/07 to 2022/23. Source: OHID, 2024. Child health profiles.

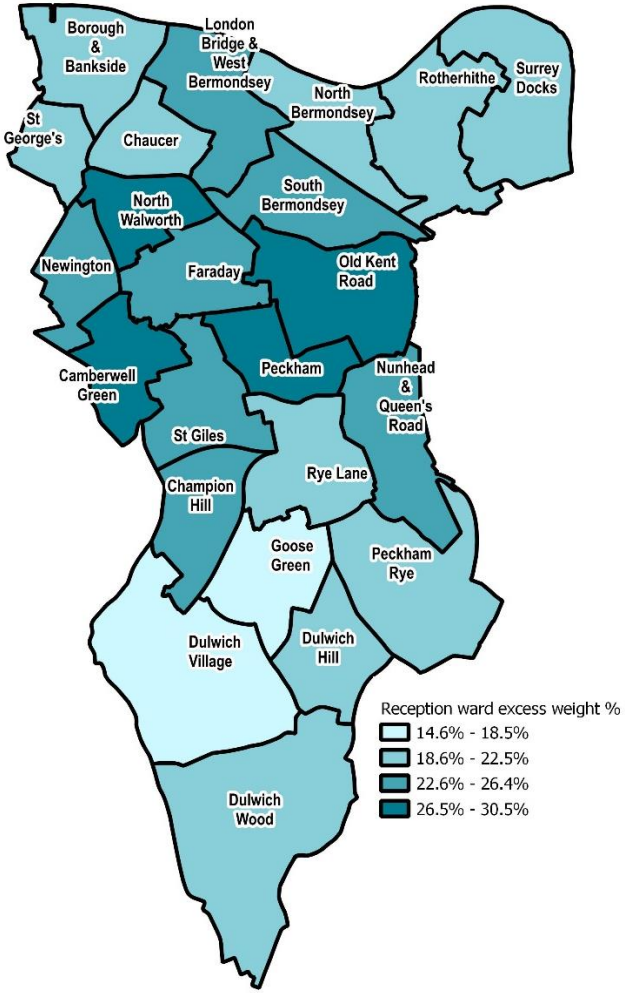

Figure 33: Excess weight (overweight or obese) prevalence in Southwark Reception pupils, 2020/21 to 2022/23.
Source: OHID, 2024. Local Health Profile
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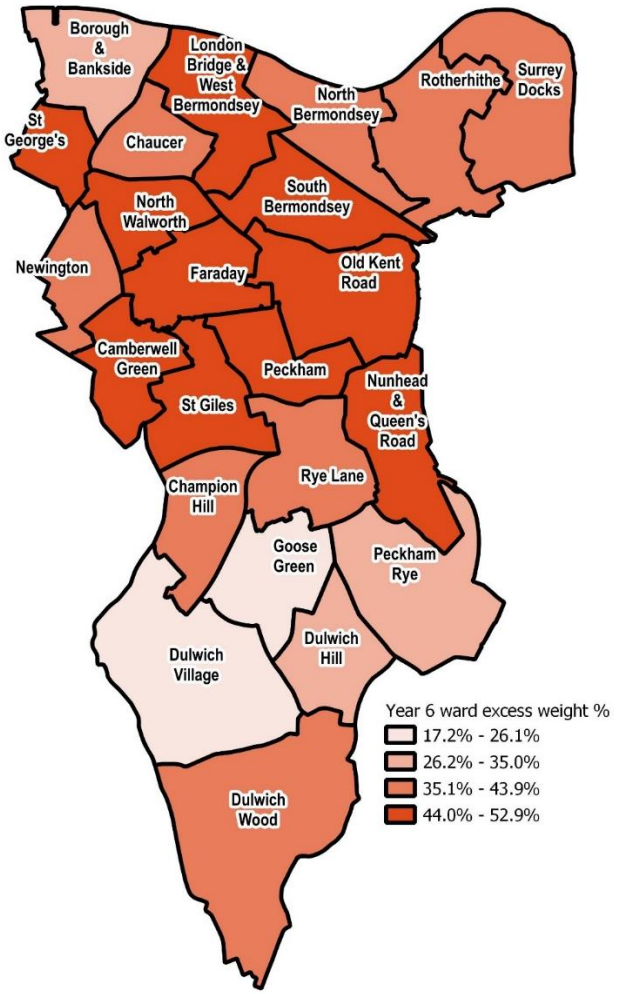

Figure 34: Excess weight (overweight or obese) prevalence in Southwark Year 6 pupils (right), 2020/21 to 2022/23.
Source: OHID, 2024. Local Health Profile
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10.5 Vulnerable Children

Children in Need

A child in need is defined as "*…a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled.*"

On 31st March 2023, there were 2,741 children in need in Southwark, with levels substantially higher than London and England. This is down 63 from the 2,804 children assessed as being in need in March 2022. For Southwark children in need, the most common primary need was abuse or neglect, reflecting the national picture. The figure opposite shows Southwark children's primary needs at assessment, for 2023; in addition, smaller numbers were identified as being in need due to low family income or socially unacceptable behaviour.

In addition to the primary need, a range of factors that contribute to the child being in need are recorded as part of the assessment. The top five contributory factors identified for Southwark children in need in 2023 were:

- Domestic abuse (1,428 cases)
- Parental or adult mental health (693 cases)
- Emotional abuse (623 cases)
- Physical abuse (555 cases)
- Child's mental health (469 cases)

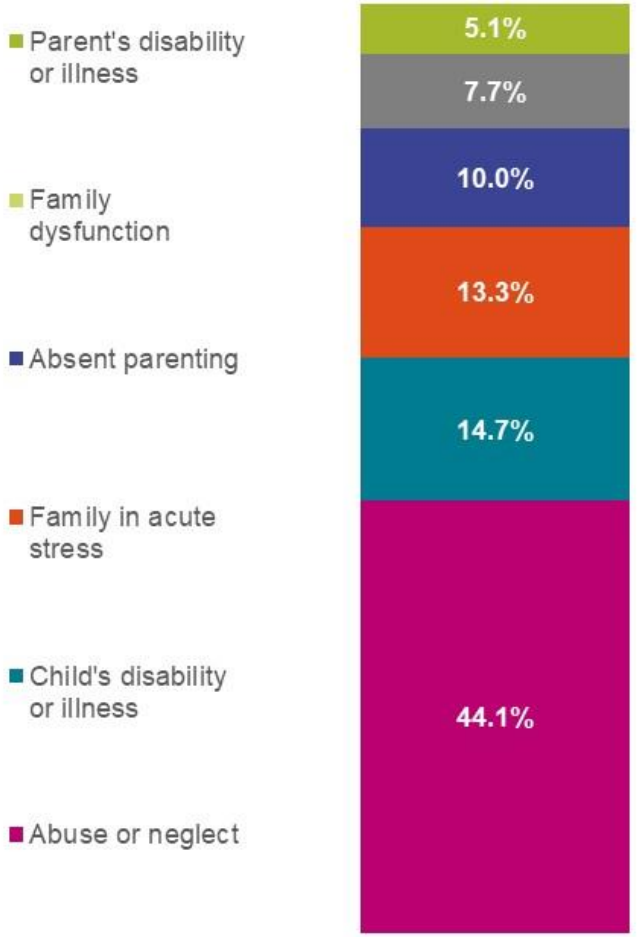

Figure 35: Southwark 2023 child in need assessment episodes, by primary need identified.
Source: Department for Education, 2023. Children in Need 2022 to 2023.

Child Protection Plans

Children at risk of significant harm have a child protection plan, the aim of which is to:

- To ensure the child is safe and prevent any further significant harm by supporting the strengths of the family, by addressing the risk factors and vulnerabilities and by providing services to meet the child's assessed needs
- To promote the child's welfare, health and development
- Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

At the end of March 2023, there were 661 children in Southwark with a child protection plan. The most common underlying cause was emotional abuse, followed by neglect.

10.6 Healthcare use

In 2022/23, there were 1,415 emergency hospital admissions of Southwark children under the age of 5. Borough admission rates were significantly lower than London and England averages however there are substantial inequalities, with significantly higher levels seen in the north of the borough.

A&E attendances in young children are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care. In 2022/23, there were 15,175 attendances to A&E by Southwark children aged 0-4, with rates significantly higher than both London and England levels.

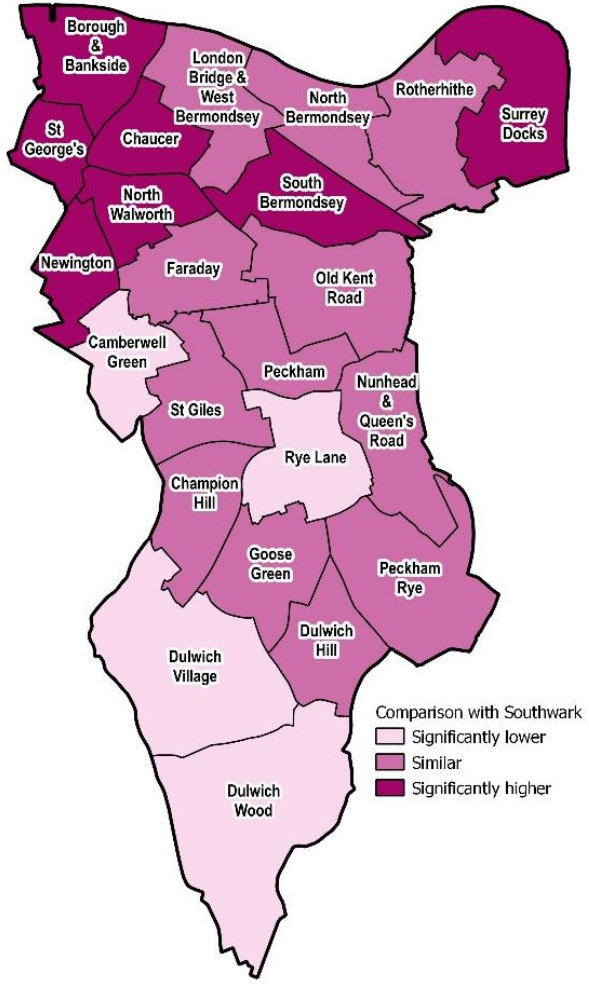

Figure 36: Southwark 0–4 yr emergency hospital admission rate per 1,000 population by ward, compared with Southwark average, 2016/17–2020/21. Source: OHID 2024. Local Health - Small Area Public Health Data.

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11. LIVING WELL

11.1 Risk factors

Data from the Global Burden of Disease study shows the top risk factors for poor health. Southwark is similar to the national picture, with tobacco, overweight/obesity, risky alcohol consumption, high blood sugar and poor diet being the top five risk factors affecting healthy living in the borough.

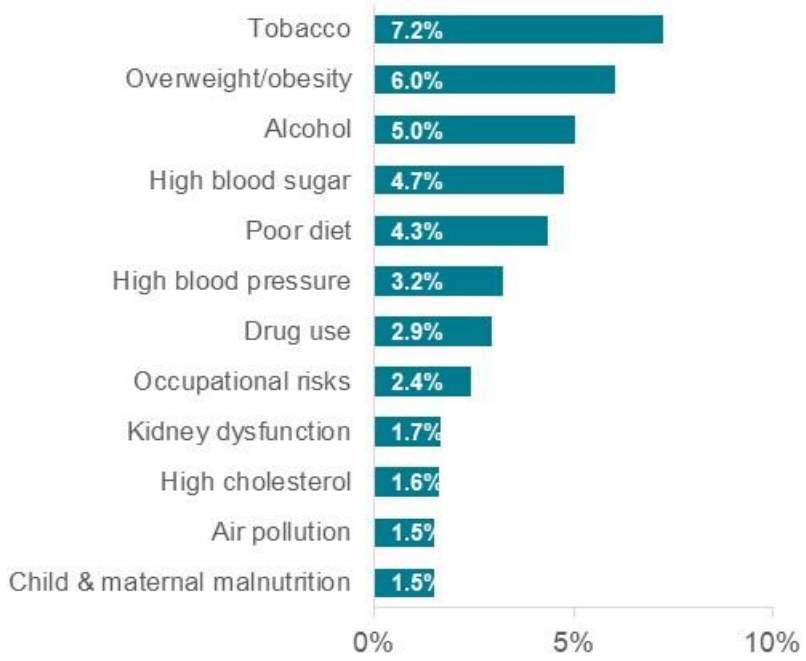

Figure 37: Risk factors causing greatest loss of years of life due to disability or premature death (Disability-Adjusted Life Years) in Southwark, 2021. Source: IHME 2024. Global Durden of Disease Compare tool

The figure below shows the prevalence of key behavioural risk factors in Southwark adults, compared with London and England levels.

1 in 10 (11.6%) Southwark adults smoke, increasing to 27% among routine & manual workers, similar to London and England levels.

Over half (56.5%) of Southwark adults are overweight or obese, lower than London and England levels.

There were 1,749 alcohol-specific hospital admissions in Southwark in 2022/23, significantly higher than England.

1 in 3 (34.3%) Southwark 16+ yr olds eat their recommended '5-a-day', similar to London and England.

Over 1 in 6 (17.9%) Southwark adults are inactive, lower than London and England levels.

40 Southwark residents died of drug misuse over 2020–22; levels were similar to London and England.

Figure 38: Behavioural health risk factor levels in Southwark. Source: OHID 2024. Public Health Profiles.

11.2 Sexual health

Poor sexual and reproductive health has a significant impact on Southwark residents' wellbeing. The borough has the second highest level of sexually transmitted infections (STIs) in England, after Lambeth. Levels of diagnosed infections in Southwark are over twice the London average and more than five times the national average.

In 2023, there were over 8,200 new STI diagnoses among residents, a 4% increase compared with 2022. In Southwark within the last year, there has been a:

- 5.4% increase in gonorrhoea diagnoses
- 3.0% increase in chlamydia diagnoses
- 2.4% increase in genital warts diagnoses
- 10.3% drop in syphillis diagnoses

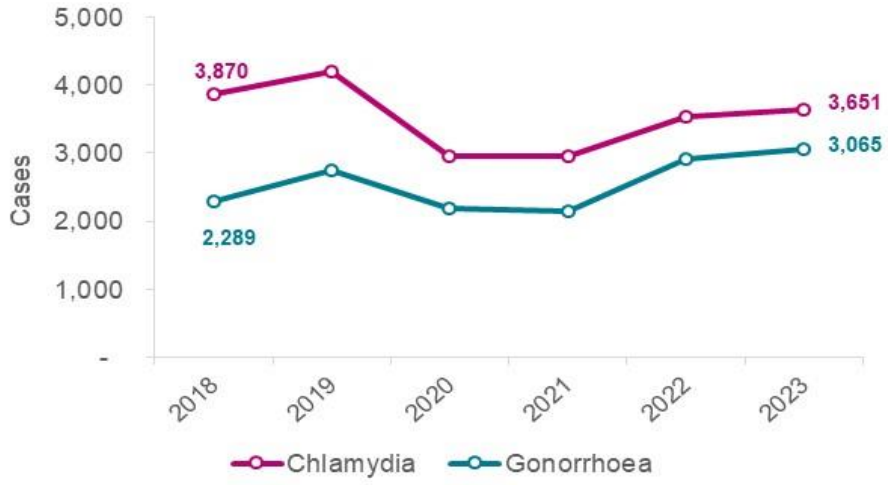

Figure 39: Annual number of diagnosed cases of chlamydia and gonorrhoea in Southwark residents, 2018–2023.
Source: OHID, 2024. Sexual and Reproductive Health Profiles

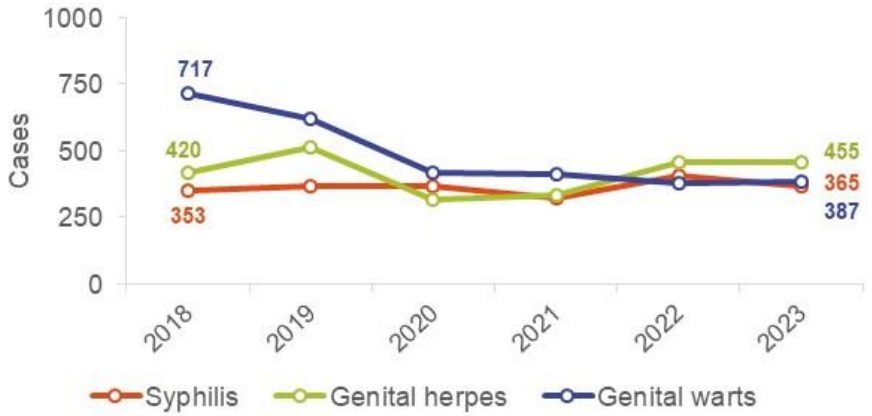

Figure 40: Annual number of diagnosed cases of syphilis, genital herpes and genital warts in Southwark residents, 2018–2023.
Source: OHID, 2024. Sexual and Reproductive Health Profiles

STI test numbers have continued to increase since 2020. Between 2022 and 2023, there was a 9.3% increase in STI testing in the borough (excluding chlamydia testing in under-25s).

Local STI infections are highest among:

- Men: account for over three-quarters (77.0%) of cases
- 25–34 year olds: over two-fifths (42.3%) of cases
- Gay and bisexual men: over half (55.4%) of cases

2023 data showed that new STI diagnosis rates were not equal across Southwark: the highest levels were seen in north-west and west-central areas of the borough.

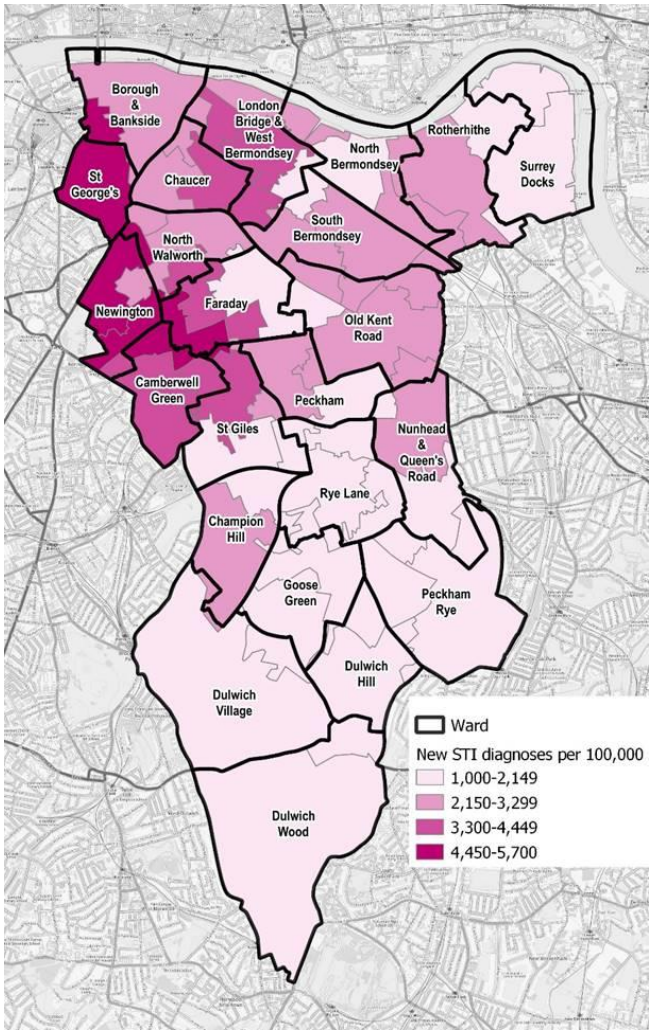

Figure 41: Prevalence of new STI diagnoses in all-age Southwark residents, per 100,000 population, by Middle Super Output Area, 2023
Source: UKHSA 2023.
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HIV

In addition to high levels of sexually transmitted infections, Southwark also has high levels of HIV. The borough has the second highest prevalence rate in England, after Lambeth. Southwark rates of diagnosed HIV are over double London levels and over five times higher than the England average.

In 2022, there were 2,880 residents with diagnosed HIV; 2022 data indicated highest prevalence in the north-west and centre-west of the borough. There were 78 new diagnoses in 2022, giving a rate of 25.5 per 100,000, the fifth highest level of new diagnoses in London.

Levels of HIV testing in the borough are significantly higher than London and England averages, with 65.1% of eligible specialist sexual health service attendees accepting an HIV test in 2022.

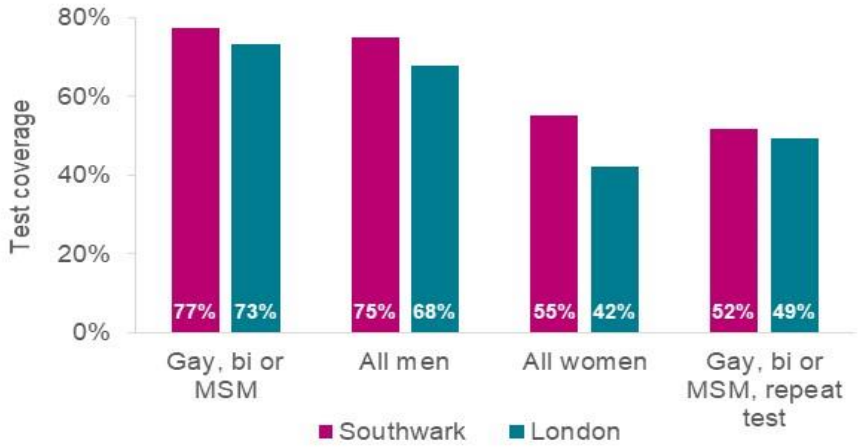

Figure 42: HIV testing coverage among those eligible for an HIV test in specialist sexual health services, by sexual identity group, for Southwark and London, 2022.
Gay, bi or MSM = gay or bisexual men, and other men who have sex with men.
Source: OHID 2024. Sexual and Reproductive Health Profiles.

Late diagnosis of HIV is an important predictor of poor health and premature death. In 2020–22, 41% of Southwark adults diagnosed with HIV received a late diagnosis, comparable to London (39.4%) and England (43.3%).

Almost one-third (31.9%) of gay, bisexual and other men who have sex with men received a late diagnosis in 2020-22, lower than levels for heterosexual or bisexual women (48.6%) and heterosexual men (76.2%).

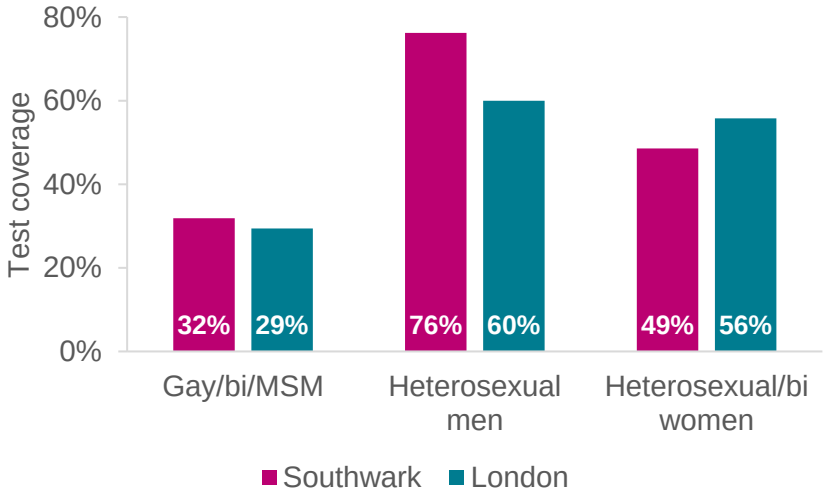

Figure 43: Percentage of HIV cases (15+ yr, first diagnosed in UK) with a late diagnosis, by sexual identity group, in Southwark and London, 2020–22.
Bi = bisexual; MSM = men who have sex with men; het = heterosexual.
Source: OHID 2024. Sexual and Reproductive Health Profiles.

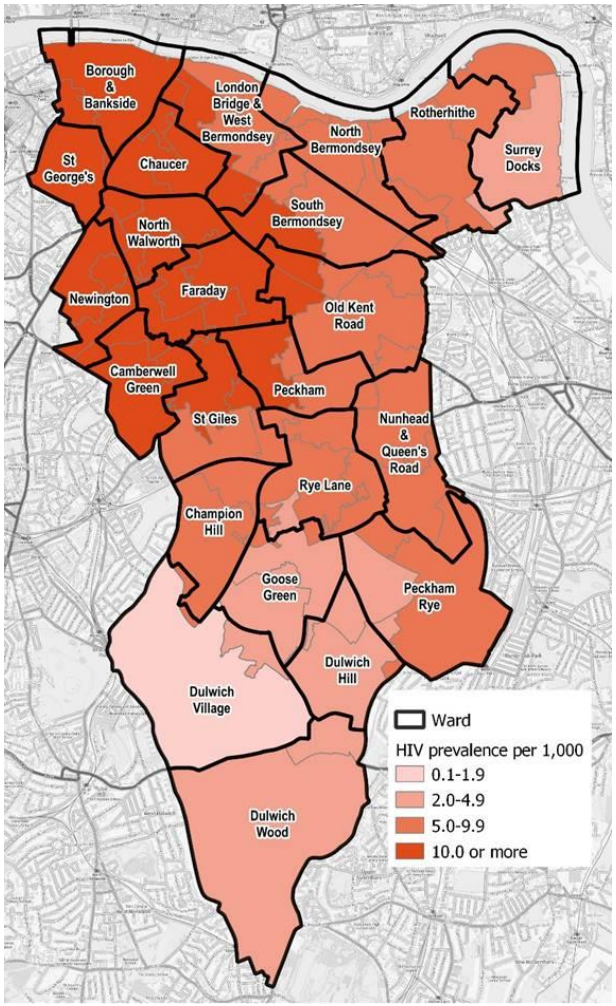

Figure 44: Diagnosed HIV prevalence per 1,000 population for all-age Southwark residents by Middle Super Output Area, 2022.
Source: UKHSA 2024.
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11.3 Long-term conditions

The Department of Health & Social Care defines a long-term condition (LTC) as: "*…one that cannot currently be cured but can be controlled with the use of medication and/or other therapies.*" Long-term conditions are the main driver of cost and activity in the NHS, and have a significant impact on people's health and wellbeing.

Over 111,000 Southwark GP patients are living with one or more long-term condition; over 32,000 are living with three or more. The most commonly diagnosed long-term conditions among Southwark GP patients are hypertension, depression and obesity. They are the most prevalent conditions in both the North and South Southwark Primary Care Networks, as well the most diagnosed conditions England-wide.

Hypertension

Hypertension (high blood pressure) is the most prevalent long-term condition in the borough, and a key risk factor for life-threatening conditions such as heart attacks and strokes. Hypertension disproportionately affects those from Black groups. Almost 1 in 5 (18.3%) of Southwark GP-registered patients from Black groups have diagnosed hypertension, compared with 1 in 10 (9.4%) in White patients, 1 in 13 (7.6%) in Asian patients, and 1 in 20 in mixed ethnicity (5.5%) and other ethnic group (5.1%) patients.

Depression

People from Black, Asian and other minoritised ethnic groups are known to be at greater risk of poor mental health due to greater exposure to risk factors (especially poverty, discrimination and unpaid care work) and poorer access to support services (often due to stigma and cultural barriers). However, depression diagnosis levels are disproportionately low among those from non-White groups: these patients make up over half (51.0%) of all Southwark GP patients, but only around one-third (36.8%) of patients with diagnosed depression.

Obesity

Obesity reduces life expectancy and increases the risk of cancer, chronic diseases and poor mental health. In Southwark, recorded obesity rates are more than twice as high in GP patients from Black groups (14.4%) compared with White groups (6.9%); levels are lower in those from Asian (5.6%), mixed (5.4%) and other (4.5%) ethnic groups.

Diabetes

Diabetes mellitus is the fourth most common long-term condition in Southwark. Type 2 diabetes is most common type of diabetes, with over 19,600 local people diagnosed with this condition. A further 24,300 local GP patients have known raised blood sugar (i.e. non-diabetic hyperglycaemia), putting them at risk of developing diabetes. Diabetes causes cardiovascular, kidney, foot and eye diseases which greatly reduce quality of life. Type 2 diabetes onset can be prevented or delayed by lifestyle changes. Southwark GP patients from Black community groups have over double the type 2 diabetes rate (9.9%) of White patients (3.9%); Asian patients also have higher levels (7.1%).

Figure 45: Patient numbers for most prevalent long-term conditions diagnosed by Southwark GPs, 31 May 2024.
Source: South East London Integrated Care System, 2024. Comorbidities dashboard.

The diagnosed prevalence of many long-term conditions has increased over time. Over the last 3 years, the 3 leading causes of long-term conditions in Southwark have seen notable increases. For the most recent year up to April 2024, hypertension, depression and obesity have seen an increased prevalence of more than 1,000.

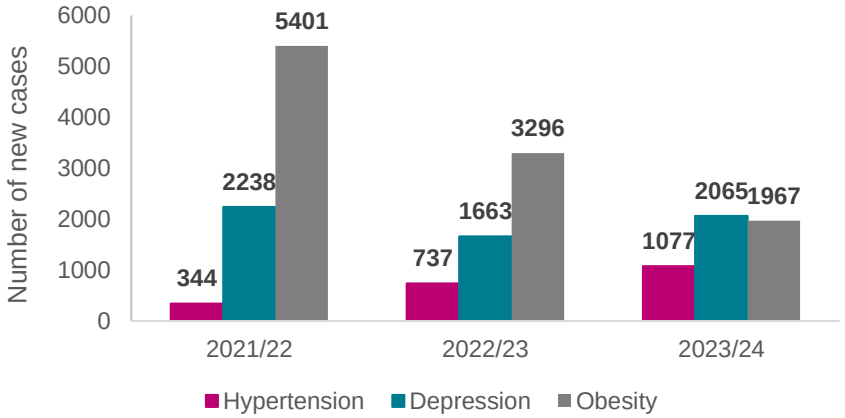

Figure 46: Yearly increase of diagnosed hypertension, depression and obesity for Southwark GP patients: 2021/22-2023/24
Source: South East London Integrated Care System, 2024. Comorbidities dashboard.

Multi-morbidity

Multi-morbidity refers to living with multiple long-term health conditions. Research on the development of multiple long-term conditions continues to expand; key findings from national and local data indicate that:

- People in the UK are developing multiple long-term conditions at an increasingly younger age.
- Nationally, people from Black, Asian and minoritised ethnic groups are more likely to develop multiple long-term conditions, and to develop them at a younger age, than those from White groups.

- Multiple long-term conditions are more common in communities experiencing higher levels of socio-economic disadvantage. Progression to two (or more) long-term conditions happens up to 10 years earlier among people living in the most disadvantaged areas of the country, compared to those in the most affluent areas.
- Certain long-term conditions are linked: having one increases the likelihood of developing other, associated conditions.

In Southwark, around 111,400 people have been diagnosed with one or more long-term conditions; about 32,700 people have three or more.

Locally, more than half (54.8%) of local GP patients with one or more long-term conditions are female; under half (45.2%) are male. Levels are similar among patients with three or more long-term conditions (54.2% are female; 45.8% are male).

Southwark GP patients from a Black ethnic background are over-represented among those with long-term health conditions. They account for over one-third (34.2%) of those with one or more long-term conditions, and over two-fifths (41.5%) of those with three or more long-term conditions, despite making up only one-quarter (26.9%) of the GP patient population.

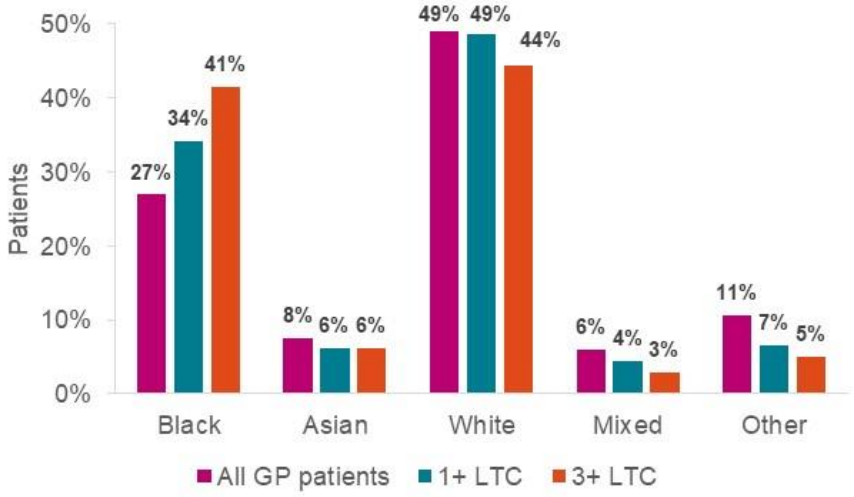

Figure 47: Percentage of Southwark GP patients by ethnic group, for all registered patients, those with 1 or more long-term conditions (LTC), and those with 3 or more LTC.
Source: South East London Integrated Care System, 2024. Comorbidities Dashboard.

As populations age, so too does the number of people with multiple long-term conditions. This change requires a shift towards better co-ordinated and more holistic care, rather than just higher numbers of disconnected care episodes, in order to best support population health. Research increasingly emphasises the importance of addressing patients' social and economic context, in order to prevent, and slow progression of, multiple long-term conditions.

Ambulatory care sensitive conditions

The term ‘ambulatory care sensitive conditions’ refers to long-term conditions that should not normally require hospitalisation. These include diseases, such as diabetes and hypertension, which can be effectively managed within the community.

Reducing the number of hospital admissions for ambulatory care sensitive conditions is a key NHS goal. In 2023/24, there were roughly 2,000 unplanned hospital admissions of Southwark residents due to these conditions. Local admission rates (882 per 100,000). are higher than the South East London average (682 per 100,000).

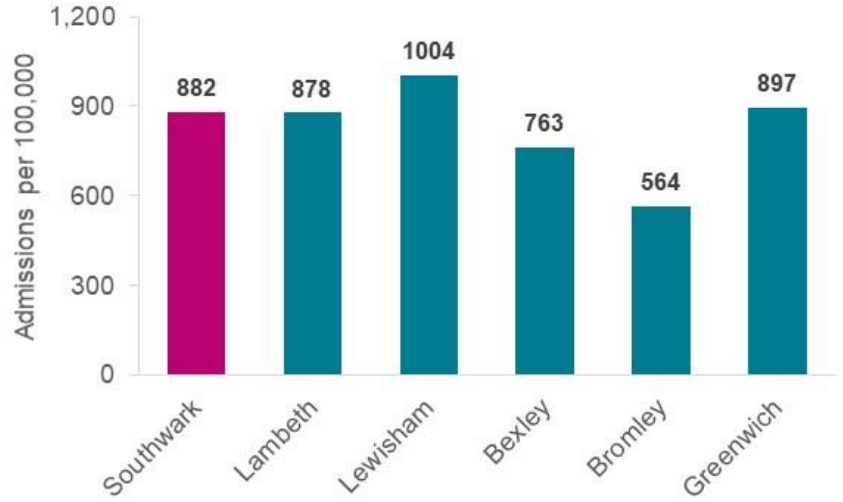

Figure 48: Indirectly standardised rate of unplanned admissions for ambulatory care sensitive conditions per 100,000 residents, for South East London Integrated Care System residents, by borough, for 2023/24.
Sources: SEL ICS, 2024, Unplanned ACSC Admissions Report; ONS, 2023, 2022 mid-year population estimates for England and Wales.

11.4 Hospital waiting times

Patients who have been referred by their GP for specialist consultant treatment, but whose treatment has not yet started, may be waiting for different events in their patient journey, such as diagnostic investigations, a consultant assessment, or hospital admission for a medical procedure. All these 'incomplete pathways' collectively make up the NHS waiting list. The NHS Constitution states that 92% of patients referred for consultant-led treatment should be seen within 18 weeks of their referral date.

Hospital waiting lists were rising before the COVID-19 pandemic and have continued to deteriorate since then. England-wide, over 7.5 million patients were estimated to be waiting to start treatment in April 2024; three-fifths (58.3%) had been waiting for 18 weeks or less and two-fifths (41.7%) had been waiting more than 18 weeks.

Current waiting times at Southwark's local hospital trusts are similar to the national average. In April 2024, almost 244,000 people were waiting for treatment at either Guy's & St Thomas' Hospital NHS Foundation Trust or King's College Hospital NHS Foundation Trust; within-18-week proportions were 56% and 57% respectively.

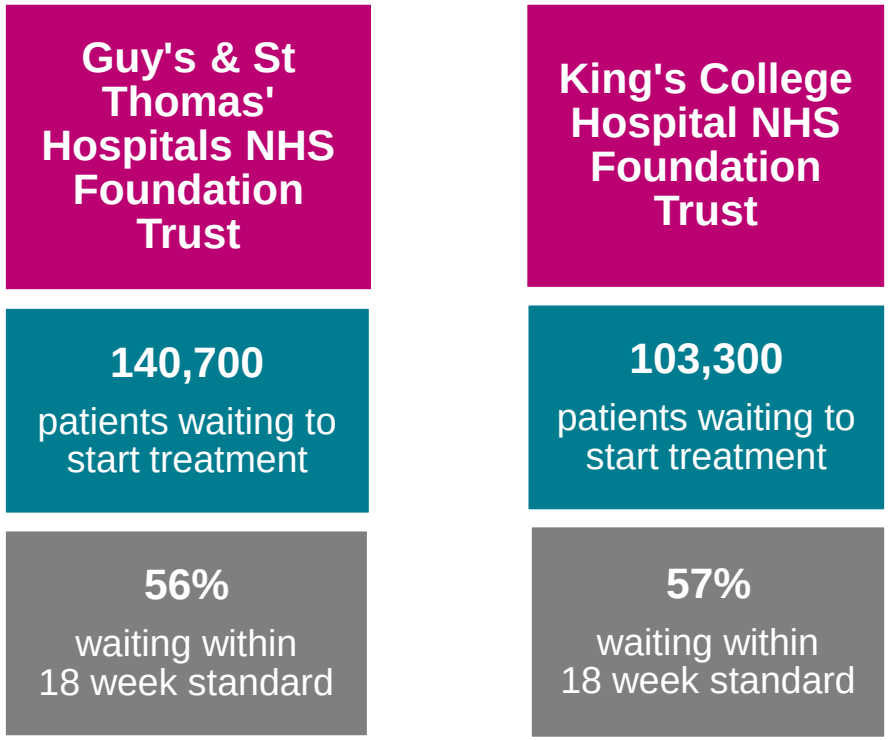

Figure 49: Waiting times data for consultant-led referral to treatment, for King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust (all sites), April 2024.
Source: NHS England, 2024. Consultant-led Referral to Treatment Waiting Times Data 2024-25.

11.5 Cancer

In 2022/23, about 7,400 Southwark GP patients had a cancer diagnosis (2.1%), lower than London (2.4%) and England (3.5%) levels.

Among all Southwark GP patients in May 2024, the most prevalent forms of cancer were prostate (18.6%) and breast (18.0%).

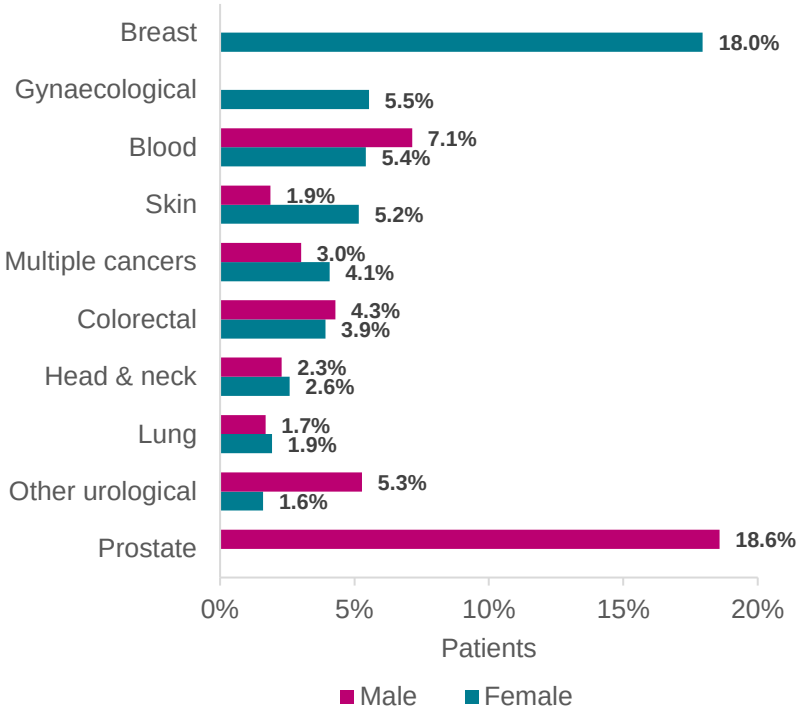

Figure 50: Percentage prevalence of cancers by site and gender, for all Southwark GP patients, May 2024.
Source: South East London Integrated Care System, 2024. Cancer Population Insights Dashboard.

The prevalence of cancers differs between men and women; both genders have high levels of blood and colorectal cancers.

In 2022/23, the overall incidence of new cancer cases in Southwark (254 per 100,000) was lower than levels in South East London (329 per 100,000) and England (456 per 100,000).

National evidence shows that age is one of the largest risk factors for the development of cancer, with more than a third of all cancers occurring in those aged 75 and over. There is also a strong association between cancer incidence and socio-economic disadvantage. In 2023 evidence from Cancer Research UK cited an estimated 33,000 extra cancer cases UK-wide each year due to socio-economic deprivation – nearly 1 in 10 of all cases.

Cancer prevalence rates vary between different ethnic groups with those from a White ethnic background having a significantly higher cancer prevalence (3.0%) than those from non-White ethnic background (1.9%). Differences in age structure and healthcare access should be considered when interpreting these between-group differences.

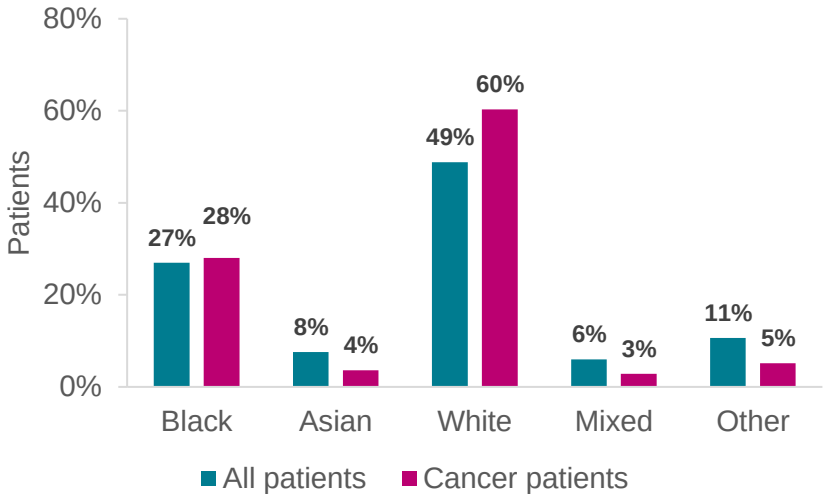

Figure 51: Prevalence of ethnic group for all Southwark GP patients and for those with diagnosed cancer, May 2024.
Source: South East London Integrated Care System, 2024. Cancer Population Insights Dashboard.

Cancer screening is a vital tool which enables cancer diagnosis at an earlier and more treatable stage. Screening is currently available for bowel, breast and cervical cancers. In 2023, Southwark bowel and breast cancer screening rates were significantly lower than London and England levels; cervical cancer screening rates were similar to London but significantly lower than England.

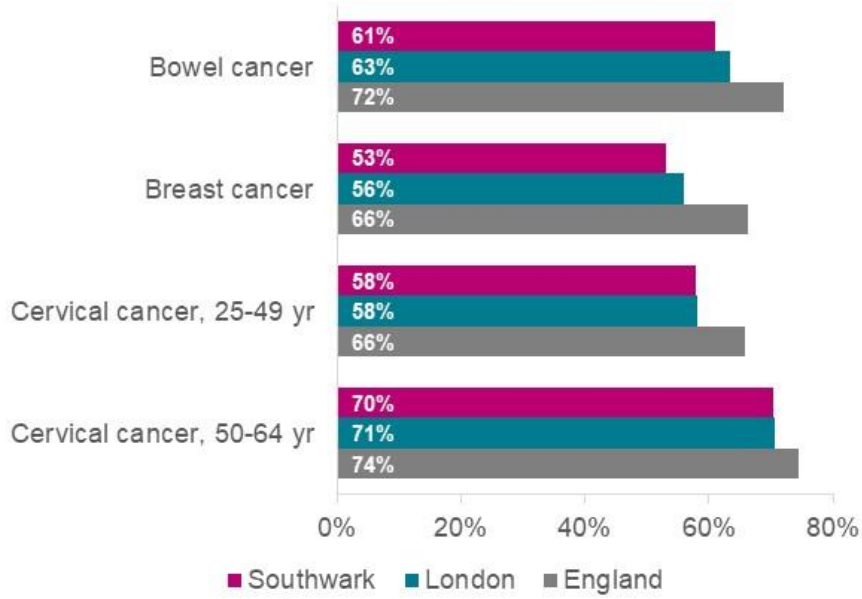

Figure 52: Proportion of eligible residents receiving screening for bowel, breast and cervical cancer, for Southwark, London and England, in 2023.
Source: OHID, 2024. Public Health Outcomes Framework.

South East London provides data on cancer screening coverage for local GP patients from different ethnic groups. Although the figures provided are estimates, the large gap between cervical cancer screening coverage in Black patients (three-quarters; 74%) versus patients from Asian and other ethnic groups (about one-half; 55% for each) is notable.

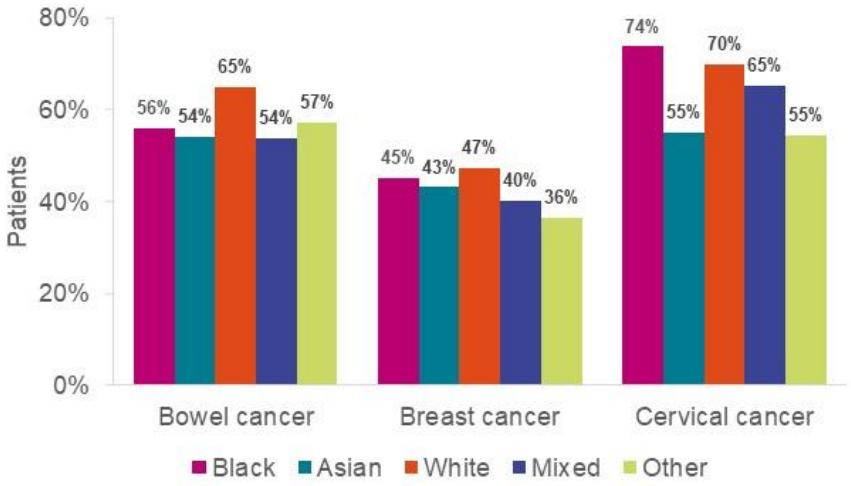

Figure 53: Estimated proportion of eligible Southwark GP patients receiving screening for bowel cancer, breast cancer and cervical cancer, May 2024. Source: South East London Integrated Care System 2024. Cancer Population Insights Dashboard.

Early cancer diagnosis improves the chances of a good health outcome. The NHS Faster Diagnosis Framework aims for 75% of cancers to be diagnosed early (i.e. at stage 1 or 2) by 2028. Early diagnosis levels vary by cancer type and gender. In 2021, the percentage of common cancers in South East London diagnosed early were:

- Breast cancer: 59.7% (female)
- Uterine cancer: 59.7% (female)
- Cervical cancer: 36.9% (female)
- Prostate cancer: 38.0% (male)
- Other urological cancer: 17.7% (female); 19.7% (male)
- Bowel cancer: 28.8% (female); 31.9% (male)
- Lung cancer: 31.5% (female); 24.4% (male)
- Skin cancer: 5.5% (female); 4.1% (male)

11.6 Mental Health

Mental illness covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. It is estimated that 1 in 4 people will experience a mental health problem in any given year.

In 2017, about 54,700 people in Southwark aged 16+ had a common mental disorder (CMD), equating to an estimated prevalence of 21% within the population. This was significantly higher than the estimated prevalence for London (19%) and England (17%). The prevalence of common mental disorders in Southwark residents aged 65 or more was estimated at 13%, significantly higher than London (11%) and England (10%).

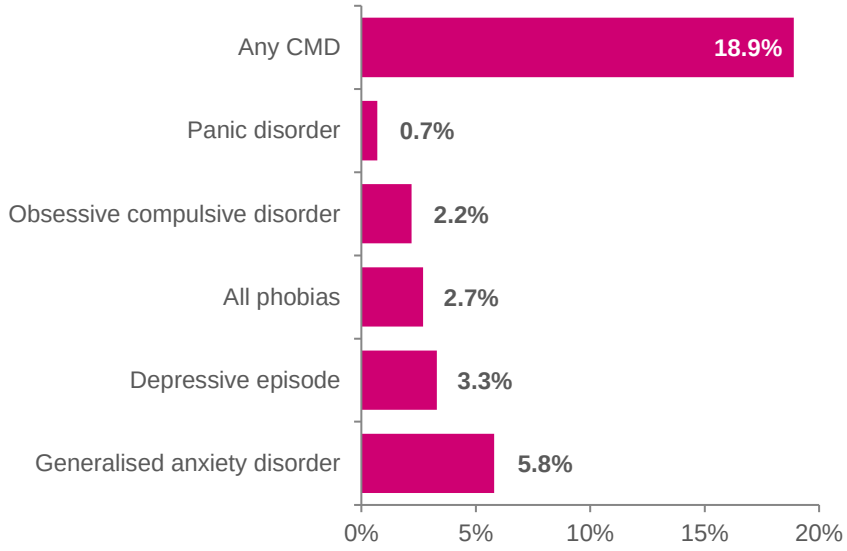

Figure 54: Common mental disorder (CMD) prevalence in London adults. Source: NHS Digital, 2016. Adult Psychiatric Morbidity Survey, 2014.

The 2014 English Adult Psychiatric Morbidity Survey (APMS) found that 1 in 6 adults had a common mental disorder in the week prior to the survey, rising to almost in 1 in 5 adults in London. The prevalence of different disorders is shown in the figure above; generalised anxiety disorder was the most common. All types of common mental disorders are more common in women: 1 in 5 women report experiencing them, compared to 1 in 8 men. The gender gap is particularly pronounced among those aged 16–24: in this age group, more than three times as many young women experience common mental disorders compared with young men.

The same survey also found that almost a quarter (23%) of adults from Black community groups reported experiencing a common mental disorder in the past week, substantially higher than levels among White British (17%) and White Other (14%) groups; levels among those from Mixed and Other (20%) ethnic groups were also higher, while reported levels among Asian groups (18%) were comparable. Results for the 2022 Adult Psychiatric Morbidity Survey are expected in mid-2025.

Among Southwark GP patients aged 10–29 diagnosed depression is more than twice as common in females (9.2%); almost 4,900 people) than males ((4.5%); almost 2,200 people).

Local survey results for 2023 suggest that 17% Southwark adults have a mental health condition which has lasted longer than 12 months. Of Southwark and Lambeth survey respondents reporting a long-term mental health condition, two-fifths (41%) also had a long-term physical health condition, 1 in 4 (27%) also had a physical or mobility condition, and 1 in 5 (22%) also had a learning disability. Over half (54%) survey respondents reported using mental health services over the last 2 years, but of those who did, half (50%) reported that accessing the

service was not easy. Mental health service use was more likely among Southwark and Lambeth respondents who were:

- Younger than 35;
- Disabled;
- Living with learning disabilities;
- Unpaid carers;
- LGBTQ+;
- from White backgrounds;
- Struggling financially;
- At the lowest and highest ends of the income scale.

Southwark NHS therapy services

The NHS Talking Therapies programme (formerly Improving Access to Psychological Therapies; IAPT) provides psychological therapy services to those with depression or anxiety.

In 2022/23, over 12,500 people were referred to Southwark Psychological Therapy Services. While referral rates for residents from a White or Black ethnic backgrounds are reflective of our population, we see lower referrals among residents from Asian backgrounds.

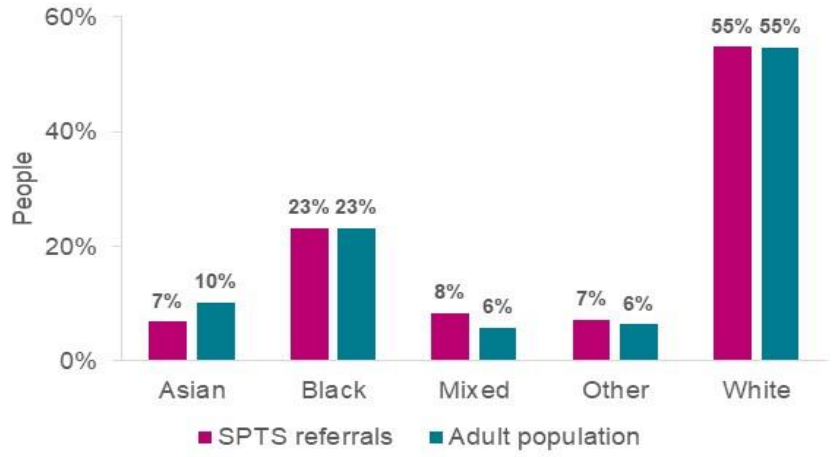

Figure 55: Proportions of 2022/23 referrals to Southwark Psychological Therapy Services (SPTS), and 2021 Southwark 16+ yr residents, by ethnic group.
Sources: NHS Digital, 2024, NHS Talking Therapies for Anxiety and Depression Annual Reports 2022-23; ONS, 2023, Custom Data Tool (accessing Census 2021 data).

As real population levels of common mental disorder are expected to be substantially higher in people from Black, Mixed and Other ethnic groups, local Talking Therapies data suggest that referral levels in those groups are disproportionately low.

Referral rates among females in 2023/24 were at least double their male counterparts for almost all age groups.

Figure 56: Proportion of total Southwark Psychological Therapies Services referrals in 2022/23, by gender-specific age group.
Source: NHS Digital, 2024. NHS Talking Therapies for Anxiety and Depression Annual Reports 2022-23.

Severe Mental Illness (SMI)

Severe mental illness (SMI) refers to a range of conditions including schizophrenia, bipolar affective disorder and depression with psychosis. In 2022/23, just under 4,000 Southwark GP patients had a diagnosed severe mental illness.

This cohort has significant health needs and experiences substantial socio-economic disadvantage: almost 3 in 10 (29.0%) live in neighbourhoods which are among the most socio-economically disadvantaged, compared with 1 in 4 (24.5%) of all Southwark GP patients.

There are also strong ethnic inequalities in severe mental illness prevalence. Almost 4 in 10 (39%) severe mental illness patients are from Black ethnic backgrounds, compared with 1 in 4 (25.5%) of all Southwark GP patients. Southwark also has a notably higher percentage of SMI patients from Black ethnic backgrounds when compared to South East London. Patients from Asian, White and Other ethnic groups are under-represented based on general GP patient population levels.

Figure 57: Proportion of Southwark & South East London SMI patients by broad ethnic group: 2022/23
Source: South East London Integrated Care System, 2024. SMI dashboard.

In terms of age, severe mental illness is most prevalent among those aged 41–60. This group make up over 4 in 10 (46%) of all severe mental illness patients (compared with 1 in 4 (26.6%) of GP patients generally).

Residents diagnosed with SMI should be offered an annual health check, covering 6 core components:

- Lipid profile
- Smoking Status
- Blood Pressure
- Body Mass Index
- Blood Glucose
- Alcohol Consumption

In 2022/23, only about half (51.8%) of Southwark SMI patients received an annual health check. This was the highest when compared to all other South East London boroughs but below the national average (54.8%). Females (57%) were more likely to receive all 6 health checks when compared to males (47%). There was little difference in receiving all 6 health checks between ethnic groups.

In 2020-22, there were 535 premature deaths in Southwark among residents who had been referred to mental health services in the 5years prior to death. Rates in Southwark (124.0 per 100,000) are significantly higher than London (110.3 per 100,000) and England (111.2 per 100,000).

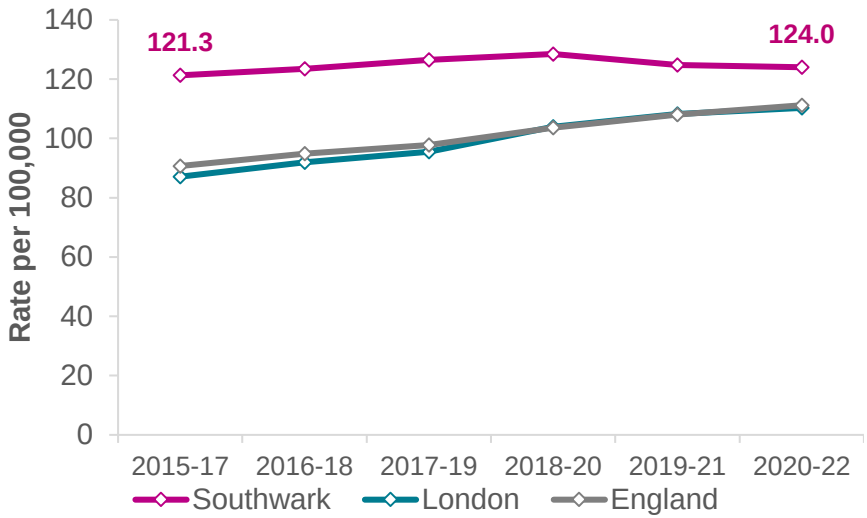

Figure 58: Directly age-standardised premature mortality rate per 100,000 population for adults (18–74 yr) with severe mental illness in Southwark, London and England, 2015–2022.
Source: OHID, 2024. Severe Mental Illness profile.

South London and Maudsley NHS Foundation Trust

The main provider for acute mental health care in Southwark is South London and Maudsley NHS Foundation Trust (SLaM). In 2022-23, 527,920 people were in contact with mental health services provided by SLaM.

Between January and March 2024, there were over 26,400 referrals to SLaM. In 2022/23, SLaM had 6,130 acute admissions for care, and received 2,545 referrals on the Early Intervention for Psychosis pathway.

Self-harm

Self-harm is one of the top 5 causes of acute medical admission in England. Research suggests that people attending Accident & Emergency due to self-harm have a 66-fold higher risk of suicide in the following year, compared with general population risk.

In 2022/23, there were 200 emergency hospital admissions for intentional self-harm in Southwark, with a rate of 59.6 emergency admissions per 100,000 population. Southwark's rate was comparable to London levels and significantly lower than England.

Over half (55.0%; 110) of these admissions were for residents aged 10–24. In this age bracket, Southwark's self-harm emergency admissions rate (195.9 per 100,000) is similar to London levels and significantly lower than England.

Suicide

The three-year suicide rate in Southwark has remained similar over the past 20 years, and in 2020–22 was comparable to London levels and significantly lower than England. In 2023, there were 24 reported deaths of Southwark residents by suspected suicide, nearly double the number reported in 2022 (13). Actual numbers of suicide deaths will vary due to absent or delayed reporting.

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

12. AGEING WELL

12.1 Adult Social Care

Adult Social Care provide information, advice and services to local residents to support them to remain independent. In 2023/24 there were 1,082 people who requested and started using a service for short and long term support, down by 43 from the previous year. In 2023/24, the percentage of service users by age group was similar to 2022/23.

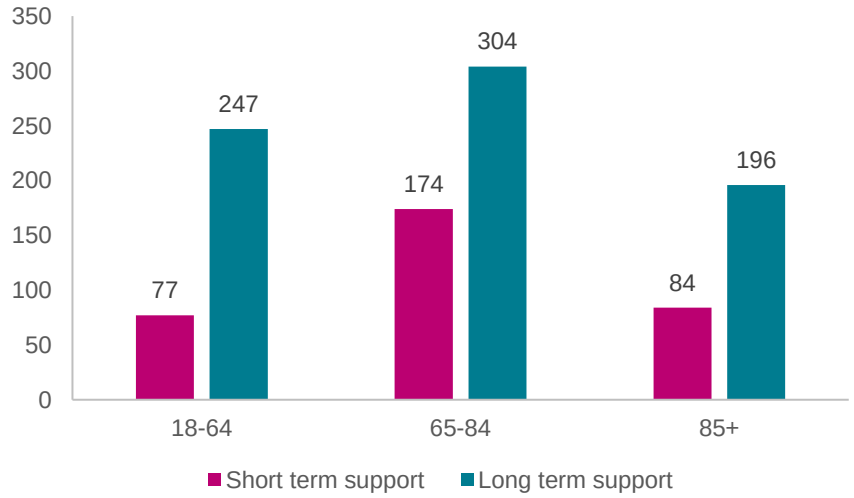

Figure 59: New service users (short & long term support) who started between April 2023 and March 2024, by age group.
Source: Southwark Adult Social Care Division

Adult Social Care provided support to 5,650 long-term service users in 2023/24, down by 166 from the previous year. The most common primary support reason was for older people and physical disability (68%). The next most common reason for support was learning disability, with the majority of these service users being aged 18-64.

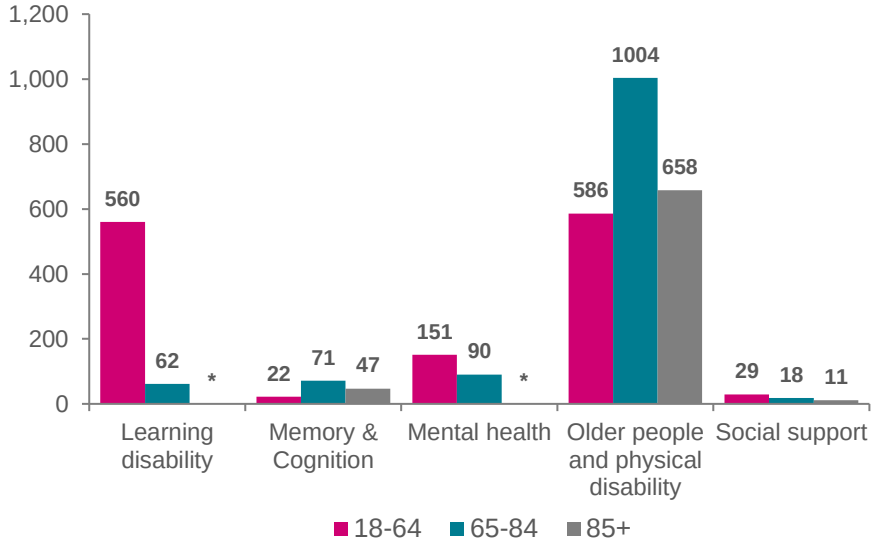

Figure 60: Primary support reason for long-term service users in 2023/24, by age group.
Source: Southwark Adult Social Care Division
***Denotes small numbers which have been supressed**

Adult Social Care also provide support to those providing unpaid care. In 2023/24 Southwark supported 175 newly identified unpaid carers, similar to the previous year (178).

12.2 Falls

Falls are the largest cause of emergency hospital admissions among older people and can significantly affect longer term outcomes. Those aged over 65 are at greatest risk of falling, with around a third of this group falling at least once a year, increasing to around half among those aged 80 and over.

Despite the latest figures showing that there were 485 admissions in Southwark between 2022/23, this figure is down from 560 in the previous year. Admission rates also increase significantly with age, mirroring the national pattern. Rates among those aged 80 and over are more than four times those under 80. Rates of admissions for 65-79 year olds are similar to regional and national levels, whilst rates for residents aged 80+ are below regional and national levels.

Figure 61: Emergency admissions due to falls in those aged 65-79 and 80+ 2022/23.
Source: OHID, 2024. Productive & Healthy Ageing Profile.

Since 2010 the level of emergency admissions due to falls in the borough has fallen by 25% among those aged 65-79 and by 20% among those 80+, reversing the gap between Southwark and London.

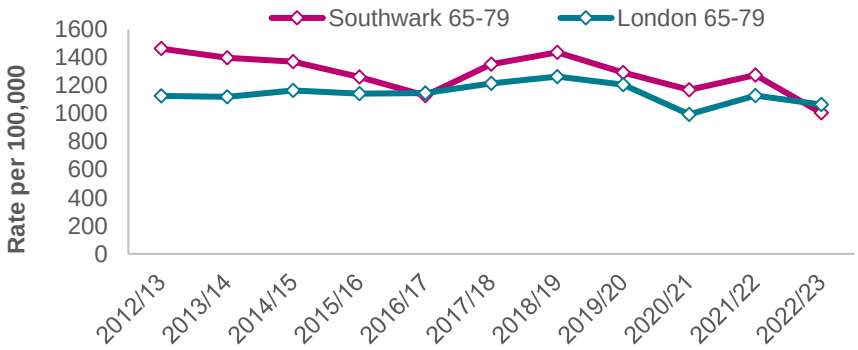

Figure 62: Emergency admissions due to falls in those aged 65-79: 2022/23.
Source: OHID, 2024. Productive Healthy Ageing Profile.

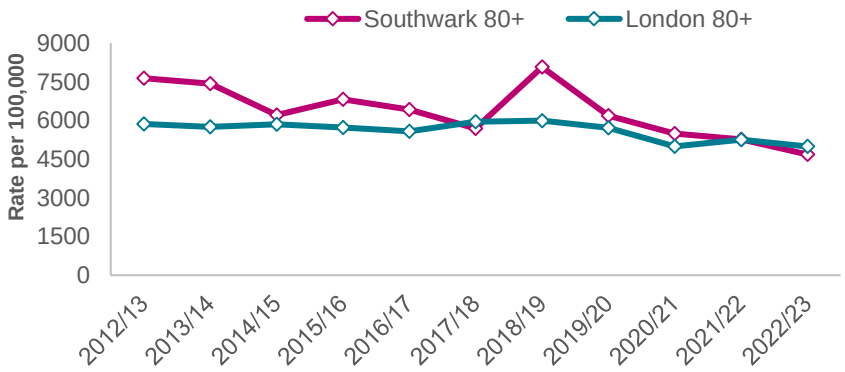

Figure 63: Emergency admissions due to falls in those aged 80+: 2022/23.
Source: OHID, 2024. Productive Healthy Ageing Profile.

12.3 Dementia

Dementia is a group of symptoms characterised by difficulties with one or more areas of mental function. These areas may include memory, language, ability to complete activities of daily living, behavioural changes including self-neglect and out of character behaviour and psychiatric problems. Because they are less able to perform activities of daily living, people with dementia often require additional community support and long-term care.

Figures for 2024 show over 1,800 people in Southwark are estimated to have a dementia diagnosis. Research shows a timely diagnosis of dementia can have a significantly positive impact on a person's quality of life. Latest estimates suggest that over three-quarters (71%) of those thought to be living with dementia in Southwark have received a diagnosis; higher than regional (67%) and national levels (65%).

In 2019/20 there were over 1,620 emergency hospital admissions by Southwark residents with a diagnosis of dementia. The borough has the highest rate of emergency hospital admission for dementia in the capital with rates significantly above both London and England.

12.4 Mortality

Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided by public health and primary prevention interventions

In 2022 there were 272 deaths among those aged under 75 in Southwark that were considered preventable, 100 less deaths than the previous year. At a rate of 146 per 100,000 the preventable mortality rate in Southwark was higher than London but lower then England.

Figure 64: Preventable mortality: under 75 mortality rate from all causes considered preventable, per 100,000 population. Age standardised mortality rate: 2022
Source: OHID, 2024. Public Health Outcomes Framework.

The most recent year has seen a sharp reduction in the rate of preventable mortality, with levels dropping by 15%, mirroring patterns in London and England.

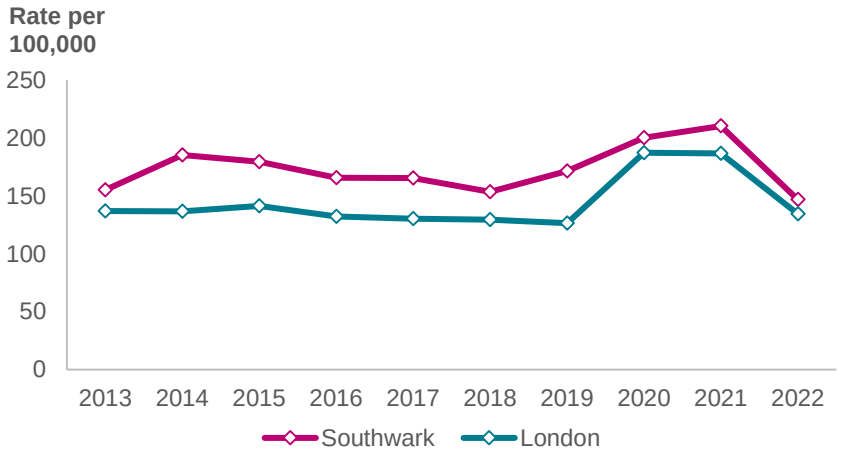

Figure 65: Preventable mortality: under 75 mortality rate from all causes considered preventable, per 100,000 population in Southwark & London. Age standardised mortality rate: 2013-2022
Source: OHID, 2024. Public Health Outcomes Framework.

Preventable mortality rates are also broken down by 4 key disease groups: cardiovascular, cancer, liver and respiratory diseases. Preventable mortality in Southwark is statistically similar to both London and England for all four disease groups.

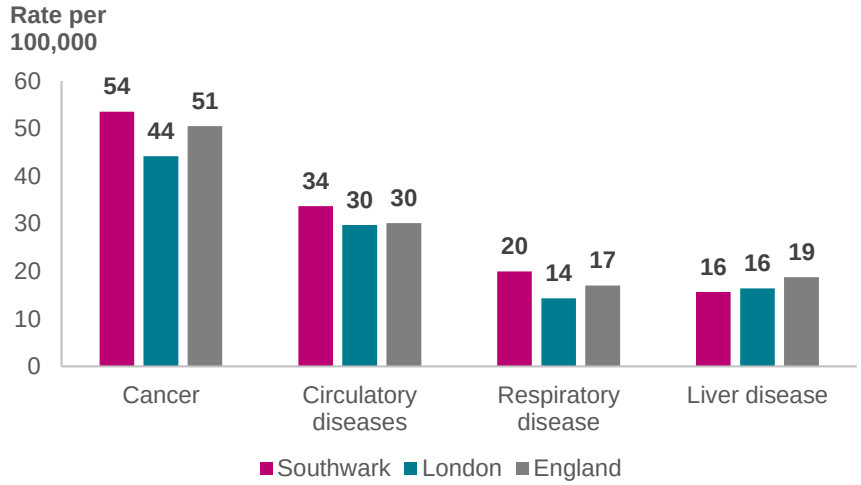

Figure 66: Preventable mortality among those aged under 75 per 100,000 residents, by condition: 3-year average (2020-22). Age standardised mortality rate. Source: OHID, 2024. Public Health Outcomes Framework.

Cancer remains the leading cause of preventable mortality in those under 75, both locally and nationally, but has seen a noticeable reduction over the last decade. Only causes of preventable mortality by circulatory disease has seen an increase in recent years, with the most recent data (2020-22) being at its highest rate of mortality since 2014.

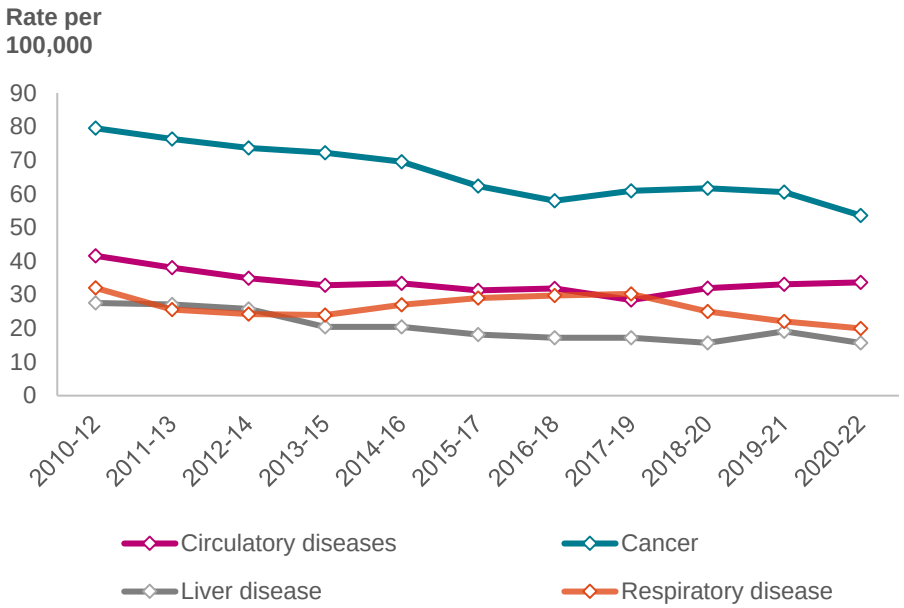

Figure 67: Preventable mortality among those aged under 75 per 100,000 residents, by condition: 3-year average (2013-15 - 2020-22). Age standardised mortality rate. Source: OHID, 2024. Public Health Outcomes Framework.

Geographical inequalities in preventable mortality mirror many of the underlying health issues in the borough, with levels often highest in our more disadvantaged communities. Dulwich Village Ward has the lowest rate of preventable mortality whilst Nunhead & Queen's Road has the highest rate of preventable mortality in the borough.

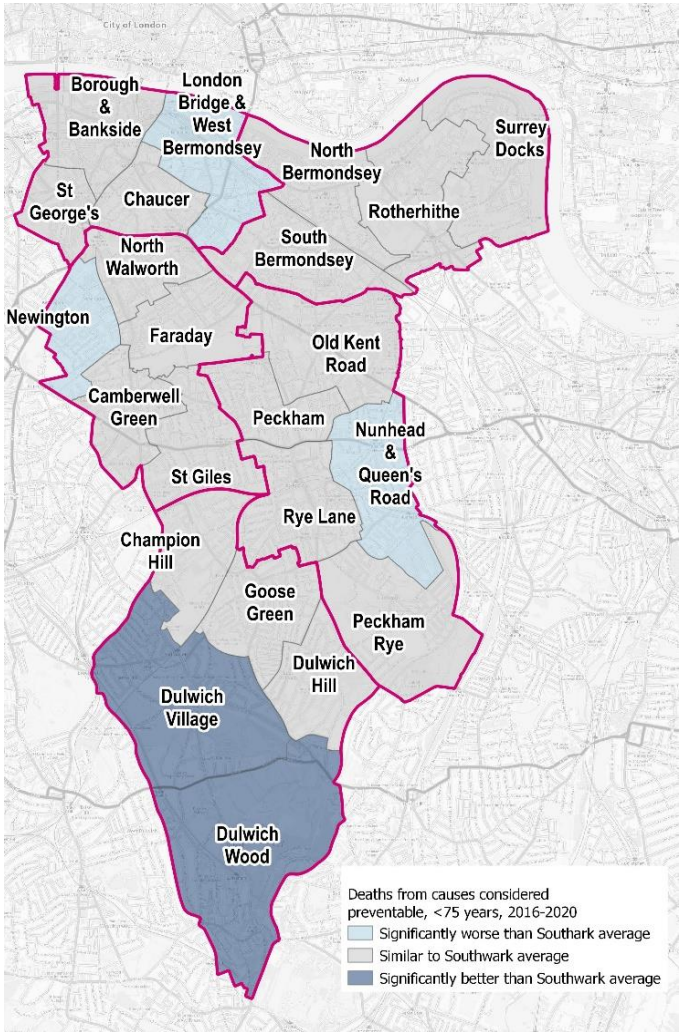

Figure 68: Significance of mortality rate from all causes considered preventable in residents under 75 years old, by ward of residence in comparison to the Southwark average (2016-2020).
Source: OHID 2024. Local Health – Small Area Public Health Data.
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12.5 Life expectancy

Life expectancy is often used as the overarching measure of the health of the population. In 2020-22, life expectancy at birth was 78.4 years for men and 83.2 years for women in Southwark. Female life expectancy was higher than England and comparable to London. Male life expectancy was comparable to England but lower than London.

Until 2011 there was a consistent pattern of increasing life expectancy in both Southwark and England, along with a closing of the inequality gap. While the COVID-19 pandemic has impacted the most recent life expectancy figures, trends shows that there has been a longer-term pattern of stalling in life expectancy locally and nationally, with no discernible improvement over the last decade.

National analysis suggests there is no single cause driving this slow down, with factors including:

- Slowing down in improvements in premature mortality from heart disease and stroke
- Slowing down of improvements in mortality among younger adults under the age of 60
- Increases in winter deaths in 2014-15 through to 2017-18

The analysis also showed impact of this slowing down in improvements has been greatest amongst the most disadvantaged communities, exacerbating inequalities.

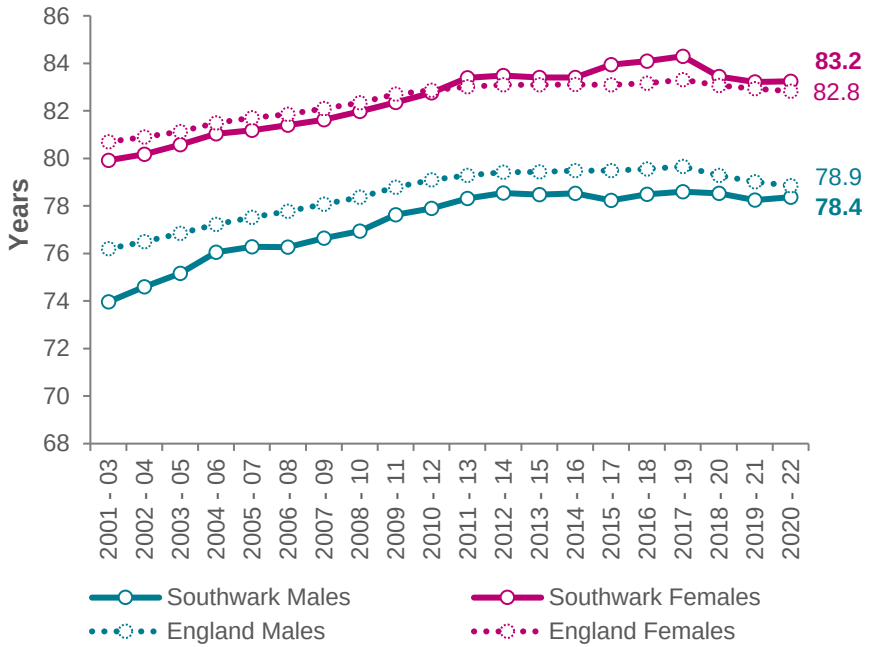

Figure 69: Female & Male Life expectancy at birth in Southwark: 2001-03 to 2020-22. Source: OHID 2024. Productive Healthy Ageing Profile.

Life expectancy is not uniform across the borough. Based on 2016–20 data, male life expectancy is highest in Dulwich Village ward (87.1 years) with men in Nunhead & Queen's Road living more than 10 years less (75.3 years). Female life expectancy is highest in Champion Hill (89.8 years), almost 10 years higher than London Bridge & West Bermondsey (80.0 years).

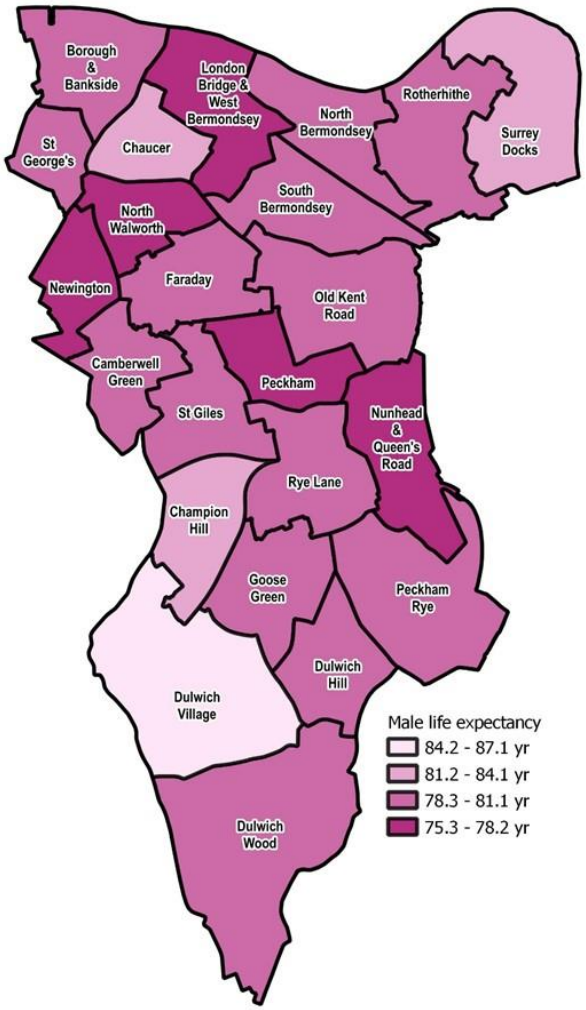

Figure 70: Male life expectancy at birth by ward, 2016–20.
Source: OHID, 2024. Local Health.
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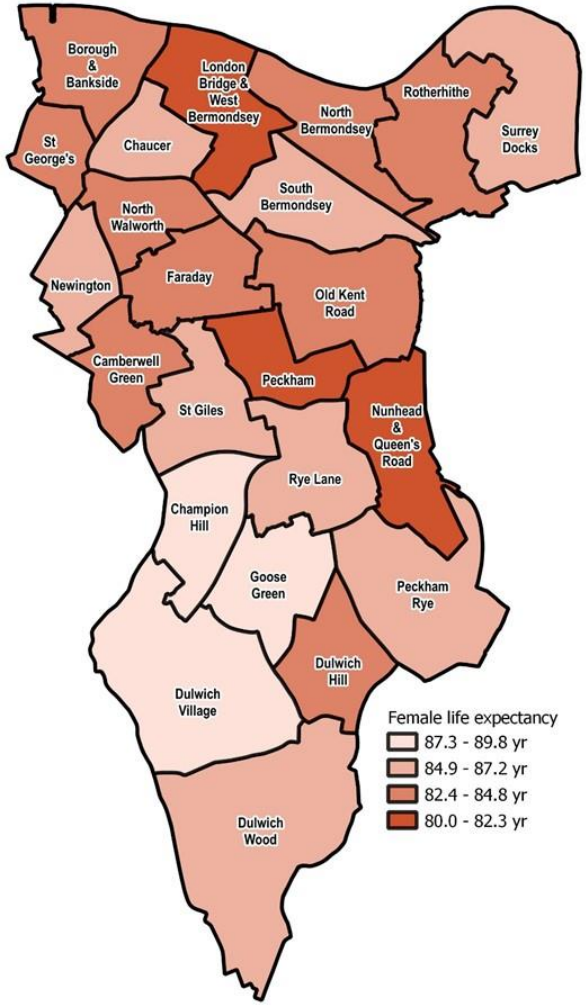

Figure 71: Female life expectancy at birth by ward, 2016–20.
Source: OHID, 2024. Local Health.
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The length of the time spent living in good health is also an important factor. Healthy life expectancy is often considered a measure of whether we are adding life to years, as well as years to life. Despite Southwark females living more years than males, these extra years are spent in poorer health.

Southwark females spend less years in good health when compared to London and England. Southwark males spend similar years in good health when compared to London and England.

Figure 72: Female & Male Healthy Life expectancy at birth in Southwark, London & England: 2018-2020.
Source: OHID 2024. Productive Healthy Ageing Profile.

Female healthy life expectancy in Southwark has dropped by 8.8 years since 2017, with the most recent year being similar to male healthy life expectancy. A gradual increase up to 2017 saw females reporting living 8.4 years longer in better health than males, indicating a stark inequality. However, for the 4 years up to 2020 the gap in healthy life expectancy reduced, with males indicating 1.4 more lived years in good health.

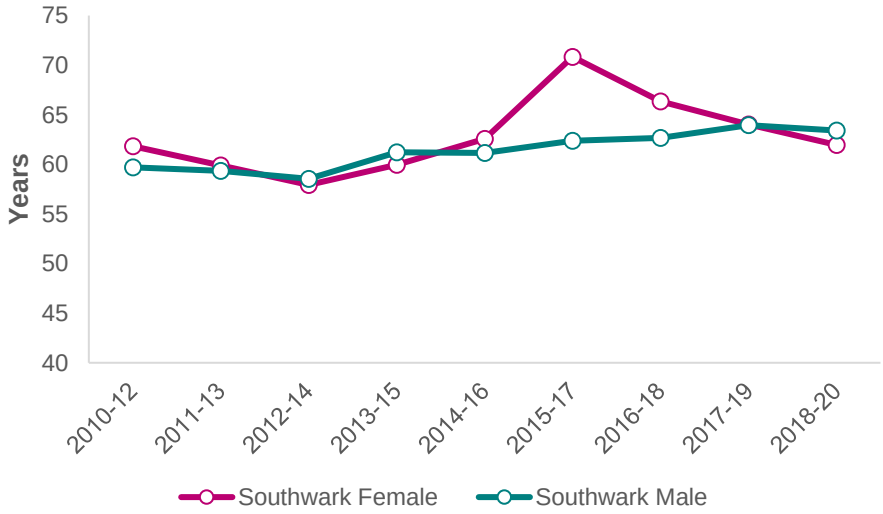

Figure 73: Female & Male Healthy Life expectancy at birth in Southwark: 2010-12 – 2018-2020.
Source: OHID 2024. Productive Healthy Ageing Profile.

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Find out more at:

southwark.gov.uk/jsna

OVERVIEW OF HEALTH & WELLBEING
PUBLIC HEALTH DIVISION
CHILDREN & ADULTS DEPARTMENT
LONDON BOROUGH OF SOUTHWARK

Agenda Item 10

Meeting Name:	Health and Wellbeing Board
Date:	18 July 2024
Report title:	Health and Wellbeing in Leisure Services – the development of a new Leisure Strategy
Ward(s) or groups affected:	All
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	**Sophia Looney** Interim Director of Leisure Southwark Council

RECOMMENDATION(S)

1. That the Health and Wellbeing Board note the ongoing activity in Leisure which is successfully delivering relevant components of the existing Health and Wellbeing Strategy action plan.

2. That the Health and Wellbeing Board provide feedback related to how the development of a new Leisure Strategy can be closely aligned with the Borough's ambitions in respect of Health and Wellbeing and in particular, provides feedback in respect of:

    - The applicability of the Local Government Association's Health in all Policies framework to Southwark's Leisure Services;
    - How best to generate an evidence base to develop interventions that work;
    - How best to create genuinely innovative thinking and collaboration; and
    - Who else should be deeply involved in this work to ensure its best impact.

BACKGROUND INFORMATION

3. Leisure services in Southwark are comprised of a number of front line, operational services that deliver high quality, excellent leisure based activities and facilities throughout the borough. They provide opportunities for all our residents to participate in a wide range of universal activities, ranging from sport and exercise, reading and learning through to play and youth services.

4. Between these services, there are currently over 7 different strategies and plans which shape their direction of travel. Some are required by statute or London – regional requirements, others are required to ensure we are well placed to secure external funding and all play a significant role in outlining the focus of the services and the intended outcomes.

5. We are seeking to consolidate these plans into one overarching strategic framework for all leisure services, to provide this direction for the coming years and to more explicitly align to the Council's own new strategic framework, as set out in Southwark 2030 and the existing borough's Health and Wellbeing Strategy. In addition, with the successful insourcing of the leisure centres in the last year, by bringing them alongside the other leisure services we already directly operate, we have a significant new opportunity to maximize the impact our services have on the health and wellbeing of our local residents.

6. The process of this strategy development is just commencing. This paper and associated presentation is an opportunity for the Health and Wellbeing Board to provide early contributions to the development of the strategy to ensure we genuinely centralize the consideration of health. By doing so, we hope to deliver against the Health and Wellbeing Strategy's ambition to embed the consideration of health in all areas of the council's services.

KEY ISSUES FOR CONSIDERATION

7. Current services offer a range of activities and targeted interventions which explicitly target health and wellbeing, many in partnership with Public Health team. These are widely successful and are growing in their reach and participation. Our offer, broadly, is universal and we have good uptake.

8. There are now new opportunities to build on this current practice as we develop our strategy. As part of our strategy development we are considering:

   - Where we can make better connections between different services – building on for example where we are already running fitness classes in our Libraries and creating joint roles across Public Health and our Leisure teams;
   - Where we can focus on the wider social determinants of health, rather than just physical activity, building on practice such as our digital literacy and financial resilience work, and apply nationally recognized tools such as the Local Government Association's Health in all Policies framework and assessment to understand what else we could do better;
   - Where we can be more targeted in the development of our offer, delivering more effectively and narrowing the inequality gap, for example working with Black tri Tribe and the Black swim association to ensure our swimming offer is appropriately targeted and marketed to encourage and enable fuller participation for those people who are currently under represented in our service offer;
   - Where we can be even more targeted in our offer to ensure we support a wider, whole-system approach to prevention and enable cost to be taken out of the system's demand-led and acute services; and
   - Building a stronger data and intelligence base for all our work, working in partnership with academics to secure research funding and/or capability to build our understanding of what works and what impact we are having.

9. To move this work forward, we welcome the Board's contribution to our developments with a particular focus on how we can take a broader view, maximize what we already do well and how to create the space to innovate and explore what really works for local people.

Policy framework implications

10. The purpose of this early discussion paper is to seek opportunities to align the development of a leisure strategy to the existing Strategic policy framework, including new national government policy, the Southwark 2030 strategy and the existing Health and Wellbeing Strategy 2022 – 2027.

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

Community impact statement

Equalities (including socio-economic) impact statement

Health impact statement

11. The focus of this early discussion paper is to seek ideas and to influence the further development of the Leisure Strategy to ensure it maximizes the potential to impact positively on health of local people and reduces health inequalities. Full community, equalities and health impact statements will be completed as part of the strategy's ongoing development.

Further guidance

12. None required as this is an early discussion paper.

Climate change implications

13. There are no climate change implications from this early discussion paper. Any climate implications will be managed as part of the further development of the Leisure Strategy.

Resource implications

14. There are no resource implications because this is a early discussion paper. Any resource implications would be contained with subsequent papers when the Leisure Strategy is drafted and developed.

Consultation

15. Consultation on the development of a Leisure strategy will take place once the preliminary work related to the development of the strategy is completed and alignment with Southwark 2030 is complete.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

16. None required as discussion report

Head of Procurement

17. No procurement implications from this paper.

Assistant Chief Executive, Governance and Assurance

18. No Governance or Assurance implications from this paper.

Strategic Director, Finance

19. No financial implications from this paper.

Other officers

20. None required

BACKGROUND DOCUMENTS

21. Southwark's Joint Health and Wellbeing Strategy 2022 – 2027

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Health and Wellbeing Strategy 2022 - 2027 www.southwark.gov.uk/jhws	Southwark Public Health, 160 Tooley Street	Chris Williamson Chris.williamson @southwark.gov.uk
Health in all policies: a manual for local government | Local Government Association	Local Government Association	N/A

APPENDICES

No.	Title
Appendix 1	Presentation: Leisure Directorate – delivering health in all policies

AUDIT TRAIL

This section must be included in all reports.

Lead Officer	Sophia Looney, Interim Director of Leisure
Report Author	Sophia Looney, Interim Director of Leisure
Version	Final
Dated	5 July 2024
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director of Finance	No	No

Date final report sent to Constitutional Team	8 July 2024

Leisure Directorate – delivering health in all policies

Health and Wellbeing Board
Discussion
July 2024

Southwark Council

What are Leisure Services?

Libraries

- 12 libraries, including 2 new facilities and the home library service
- 3 libraries with health kiosks providing guidance and signposting
- Refurbishment programme
- Heritage and archive services

Culture, Arts and Events

- Community celebration fund
- Black cultural conversation
- Festivals and celebrations – Gala, Rally through to small scale community events
- Film
- Cultural roundtable

Youth and Play

- Directly provided youth centres
- Directly provided adventure play
- Commissioned VCFS delivery of youth and play services
- Youth Parliament and Young Cabinet

Leisure centres

- Eight well used and well established centres
- Gym refurbishment investment
- De-carbonization programme
- Canada Water – new centre development

Parks and natural environment

- 220 Community gardens and 17 food growing groups
- Biodiversity
- Trees
- Outdoor sports facilities, including football pitches, tennis courts and basketball
- Playgrounds

Cemetery and crematorium

- Burial and cremation services
- Maintenance and enhancement of cemeteries
- Longer term burial capacity

South Dock Marina

- Provision of berths for up to 200 boats
- Boat yard providing boat repair and maintenance services and space for businesses
- Working towards developing ‘marine centre of excellence’ on the Thames

Universal provision

- Most of what we do is available to all
- We are increasingly looking to be more targeted with a specific provision for communities most in need
- We are increasingly seeking a focus on prevention, to use low-cost targeted interventions to reduce pressure in the whole system

What's the opportunity?

New government manifesto:

- Prevention focus
- Access to nature, tree planting
- 'holiday hope' programmes of activity
- MH-focused hubs for young people

Southwark 2030:

- Six goals including staying well, a good start in life and a health environment
- Principles – reducing inequality, empowering people and investing in prevention

Southwark's Health and Wellbeing Strategy:

- Embedding an approach to tackling health inequalities across all our policy making, services and delivery
- Drive 1, 2, 3 & 5 including best start in life, connected communities, healthy employment and good health for working age adults and support to stay well

The insourcing of our leisure centres

- Enabling us to become data driven
- Providing us with the direct levers to make change happen across a much broader range of functions

A new leisure strategy, which places reducing health inequalities and improving health outcomes at its heart for all our leisure functions

Not just health in all policies, we have it in delivery already… with a focus on the wider determinants of health

Youth and play

- Expanding and increasing hot and cold food offer from youth centres and play provision
- Delivery of a programme of grants – Positive Futures for Young People Fund (PFYPF) – for organisations delivering wide range of activities for young people across the borough to support participation and access. Includes specific LGBTQ+ programme of grants.
- Investing in the refurbishment of some youth provision to enhance access to promote participation in full programmes of activity including food, sport and creative arts
- Enhancing the Damilola Taylor centre to create a 'healthy centre' for young people

Libraries & Culture

- Exercise classes in libraries – expanding programme of partnership
- Continued deployment of SISU health kiosks in three libraries to enable signposting to health services
- First library service in London to be accredited as Libraries of Sanctuary
- Financial resilience and digital support through banking services partnership with Barclays
- Exploring 'creative health' approaches working with public health and the Southbank with a focus on Mental Health

Leisure Centres

- Major focus on improving access for underrepresented groups through improving data and insight
- Introducing targeted swimming lessons for children who can't swim and provision of free/reduced cost costumes
- Work with Black Swim Association and Black tri tribe to increase access and reduce inequalities
- Establishing a joint role across leisure and Public Health
- Exercise on prescription – reviewing the approach in partnership

Parks and natural environment

- Enhanced provision and better access to facilities for sport including refurbished and better managed tennis courts across the borough and the completion of the Burgess Park Sports centre giving access to multiple all weather pitches for football and basketball.
- Establishment and continuation of grant funding programmes to enhance community facilities through capital grants programme and new programme of revenue-based grants launching in July 2024
- Community gardening programmes established and supported throughout the borough
- Over 100,000 trees planted!

We are delivering against existing targets in the HWB strategy action plan successfully, and seeking opportunities to be more focused – with prevention being at the core of our provision

Southwark Leisure - YouTube

How can we bring this to life?

Taking a broader view

- Looking at the **wider determinants**, not just physical activity
- Seeking opportunities to connect across all leisure services, not individual services by focusing on the **outcomes** we want to achieve
- Test our approach with external help – Health In All Policies workshop?

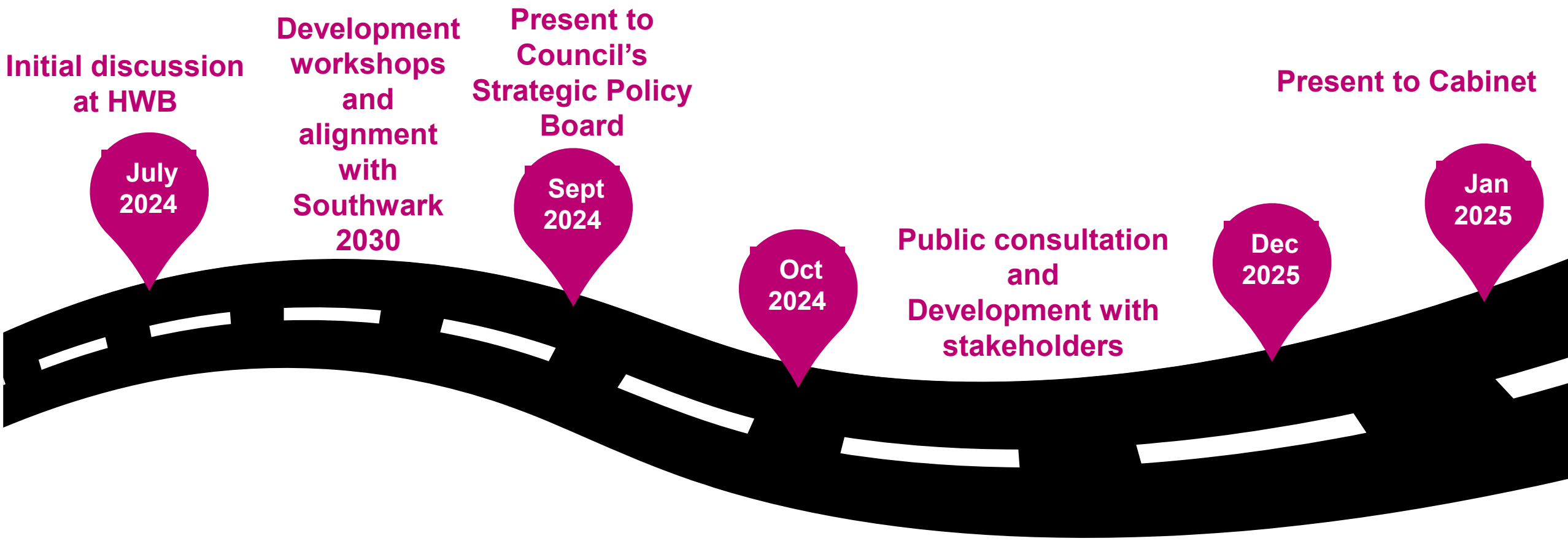
Maximising on what we already do

- Review what we do already – **could we do more** for limited or no further investment?
- Work with our (community) partners to understand how we could tweak our existing offer to **target or focus our work better** to reach into those groups who have poorer health outcomes and thereby support a prevention approach

Experimenting and exploring

- Building **better data and intelligence** about what works and the impact that we have – **partner with academics to exploit their research** to enhance our interventions
- **Iterate and develop our practice and interventions as we learn**

Our (indicative) timeline from here



* Subject to change – depending on the developmental workshops

Questions for the Board

In developing our strategy….

- **How wide should we go** with a health in all policies approach?
  - who should be part of that thinking?
  - how helpful would a ‘health in all policies’ workshop be?

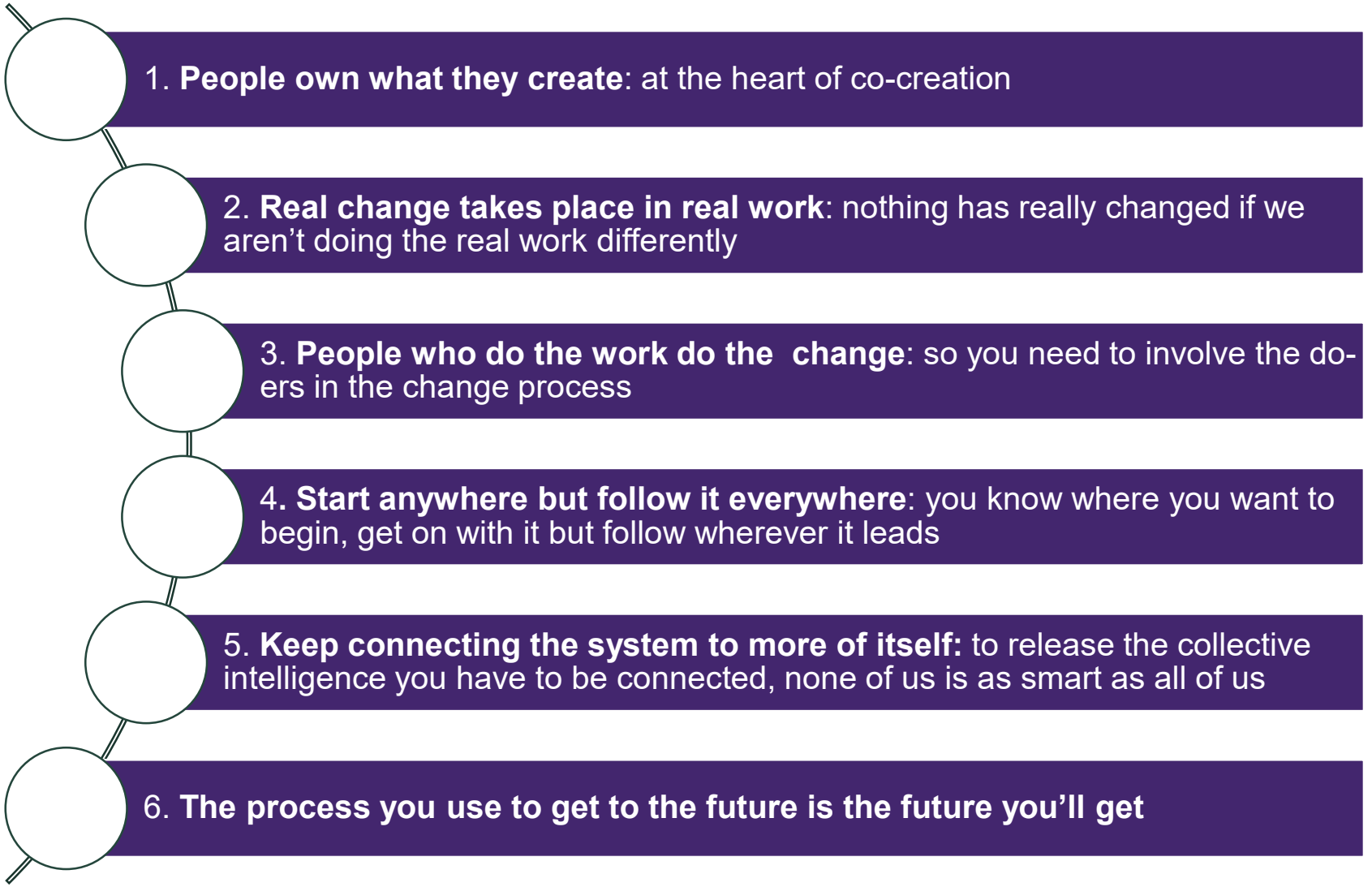
- How can we ensure we **generate an evidence base** to build interventions that work?
  - is there a different approach in the short, medium and long term?
  - who can support us in this?

- How can we create **genuinely innovative thinking** and involve the front line workforce?
  - how can we best collaborate?

- Who from across the system would like to work with us to **actually use these levers to turn the dial**?

Approaching complex change – some of our thinking

Myron's Maxims



Agenda Item 11

Meeting Name:	Health and Wellbeing Board
Date:	18 July 2024
Report title:	Better Care Fund Plan 2023 to 2025: • 2024/25 Refresh Template • 2023/24 Monitoring Reports
Ward(s) or groups affected:	All
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	**Genette Laws**, Director of Integrated Commissioning Southwark Council and NHS SEL ICB

RECOMMENDATIONS

1. That the Health and Wellbeing Board approve the 2024/25 Better Care Fund (BCF) planning template (appendix 1).

2. That the Health and Wellbeing Board approve the BCF 2023/24 Quarter 3 return (appendix 2) and the 2023/24 year end return (appendix 3) submitted to NHSE.

3. That the Health and Wellbeing Board agree to delegate the approval of future quarterly BCF monitoring returns to the Strategic Director of Children and Adult Services (the Director of Adult Social Services for Southwark) and the Place Executive Lead / Strategic Director for Integrated Health and Care for the ICB and Council.

BACKGROUND INFORMATION

4. The Better Care Fund (BCF) was first established in 2015/16 as a national policy initiative to drive forward the integration of health and social care services. It requires local councils and NHS commissioners to agree a pooled budget and an associated plan for integrated community based health and social care services. It is a condition of the BCF that the Health and Wellbeing Board agrees the BCF plan and monitoring reports.

5. The Health and Wellbeing Board agreed the full two-year BCF Plan for 2023-2025 at its meeting of 3rd August 2023. The plan was subsequently submitted to NHSE, reviewed under the national assurance process to ensure conditions are met, and received formal agreement on 3rd October 2023. At its meeting on 16th November 2023 the board noted the letter of approval and agreed to the Quarter 2 BCF monitoring return submitted to NHSE.

6. Although the current 2023 -2025 BCF is a two year plan, planning guidance was issued in March 2024 requiring a 2024/25 "refresh" plan by 18th June 2024 covering any changes required to the initial plan.

7. The total value of the BCF and sources of funding for 2024/25 are as set out in the table 1.

Table 1: BCF 2024/25: Funding Sources	Income	Expenditure
Disabled Facilities Grant	£1,839,162	£1,839,162
Minimum NHS Contribution	£29,686,191	£29,686,191
iBCF	£17,847,349	£17,847,349
Additional LA Contribution	£1,265,000	£1,265,000
Additional ICB Contribution	£1,200,520	£1,200,520
Local Authority Discharge Funding	£4,170,284	£4,170,284
ICB Discharge Funding	£2,963,000	£2,963,000
Total	**£58,971,506**	**£58,971,506**

8. Expenditure is allocated cross a range of core budget areas for community health and social care, covering 90 schemes as set out in the expenditure template.

9. A "plan on a page" summary of the BCF Plan is set out in **appendix 4**.

KEY ISSUES FOR CONSIDERATION

2024/2025 BCF Plan Refresh

10. The full 2024/25 BCF refresh template (see **appendix 1)** was developed through the BCF Planning Group and agreed by the Director of Adult Social Services and the Chief Executive of NHS South East London Integrated Care Board prior to submission to NHSE on 18th June. As stated on the template, the plan is subject to agreement by the Health and Wellbeing Board, which is a condition of NHSE approval. There was not a board meeting scheduled prior to submission to secure advance approval hence it was agreed to take to the next scheduled Board meeting in July. Following NHSE approval expected in August, delivery of the plan will be subject to a Section 75 pooled budget agreement between the council and the ICB.

11. The refresh planning process has not resulted in substantial changes to the overall approach to the BCF in Southwark originally agreed by the board in August 2023.

12. **Additional Discharge Fund**: The previously draft allocation of the £3m growth in this areas has been finalised taking into account latest information to ensure funding is prioritised for areas of greatest impact in supporting safe and timely discharge from hospital, building on our learning from 2023/24. The following areas have been funded by growth in the fund:

    - care home capacity
    - care home charter supporting recruitment and retention

- double handed care at home
- Transfers of Care Assessment Team
- extra care and step down flats
- reablement
- homeless discharge services
- complex high needs discharge packages
- community equipment services
- a new joint care home liaison team to support safe and seamless transfers from hospitals to care homes

13. **Other core BCF budget changes:** in addition to the discharge fund changes, the expenditure template reflects some changes on the original plans for other budgets. These relate mostly to the consolidation of various similar budgets, finalised uplifts based on increased staffing and contract costs, savings and service commissioning changes. There have also been minor changes to income relating to final grant settlements and additional contributions levels.

14. **Performance metrics:** the targets set in the template reflects a similar level of challenge to 2023/24, aiming for reductions in admissions for falls by older people and avoidable admissions for ambulatory care sensitive conditions, maintaining strong discharge rates to the patient's normal place of residence and minimising avoidable admissions to care homes. The expenditure template also includes data on projected outputs associated with the fund, such as numbers of people provided discharge support.

15. **Capacity and demand projections for intermediate care:** this section shows a) the projected numbers of discharges from hospital for Southwark residents into different types of discharges services, and b) the projected numbers of referrals from the community into intermediate care services aimed at preventing admission. As stated in the template there are challenges in providing some of the data in the format requested and this will be revisited later in the year when system reporting is expected to be optimised.

BCF Quarterly Monitoring Returns

16. The BCF 2023/24 Quarter 3 monitoring return **(appendix 2)** and the 2023/24 year end return **(appendix 3)** have also been previously submitted to NHSE, subject to agreement by the board.

17. The returns provide confirmation that the 2023/24 BCF expenditure was being delivered to plan and in line with national conditions. Progress on the performance metrics is also reflected. The returns highlight that it was not possible to report on a number of targets from October 2023 due to the implementation of the new patient data system. This is in the process of being rectified for 2024/25.

18. It is an NHSE requirement that the Health and Wellbeing Board either directly approve the monitoring return at a meeting, or that approval of the return is delegated, allowing authorisation of the submission of the return

on behalf of the board. As set out in the recommendations, it is requested that the board consider delegating authorisation of future monitoring returns to the joint approval of the Director of Adult Social Services and the ICB Place Executive Lead/ Strategic Director for Integrated Health and Care for the ICB and Council. This would enable timely authorisation of submissions. It is also considered that due to the detailed nature of the templates this approach would free up space on the board agenda to focus on broader priorities within the health and wellbeing strategy. Copies of the monitoring reports would be provided to members of the board for information under any such delegation arrangement.

Policy framework implications

19. The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2023 to 2025 on 4th April 2023. The government issued the document "BCF Planning Requirements 2023/25" to local systems requiring the development of plans at Health and Wellbeing Board level. An Addendum to the policy framework covering the 2024/25 refresh was published on 28th March 2024. The documents set out the purpose of the BCF in terms of driving forward the national integration agenda. The BCF plan submitted reflects local policy on integration as set out in the draft Health and Care Plan and is consistent with the national framework.

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

Community impact statement

20. The BCF plan provides funding for essential community support for people with health and social care needs. This has benefit to all people with protected characteristics, particularly services provided for older people, and people with disabilities and mental ill-health. The BCF also funds a range of voluntary sector services promoting community resilience, including the older people's community hub.

21. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018 under Southwark's Ethical Care Charter. This workforce has a high proportion of women and people from the global majority communities. This principle is being expanded in the current plan to care home staff through additional funding for the Residential Care Charter.

Equalities (including socio-economic) impact statement

22. The way that BCF contributes to the equalities and health inequalities objectives of the draft Health and Care Plan and the Health and Wellbeing Strategy is set out in the full 2023-25 BCF plan.

Health impact statement

23. The Better Care Fund provides funding for a range of core community-based health and social care services which have the objective of promoting improved health and wellbeing outcomes for all Southwark residents in need of health or care services. The full 2023-25 BCF plan sets out how the BCF aligns to the delivery of the Health and Wellbeing Strategy.

Climate change implications

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

Resource implications

25. The table in paragraph 7 sets out the breakdown of the funding sources and the planned expenditure against each for 2024-25. Detailed information is available on the planned expenditure within the 2024/25 BCF template in Appendix 1.

Consultation

26. The full 2023-25 BCF plan sets out consultation undertaken through local partnership arrangements.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive, Governance and Assurance

27. None sought

Strategic Director of Finance (22EN2024-25)

28. The Strategic Director of Finance notes the recommendations of this report, the 2023-24 year end position detailed in Appendix 3 as well as the quarter 3 return detailed in Appendix 2. The Strategic Director of Finance also notes the provisional 2024-25 BCF plan highlighted in Appendix 1 which provides a comprehensive breakdown of how funds will be allocated alongside the expected outputs for the 2024-25 financial year.

29. The pooled budget and income streams now represent a significant proportion of the partnerships core funding, in which the Better Care Fund, Improved Better Care Fund and the Discharge Fund contributes in excess of £43m of the council's Adult Social Care budget. Therefore, it is important for officers to ensure expenditure is in line with the allocated plan and monitored and reported through the respective governance pathways.

30. The Strategic Director of Finance would welcome the continuation of the two year planning template in order to ensure additional clarity and financial confidence into the budget setting process. Given the financial turbulence present in the system, a longer term view on budget planning is encouraged in future years.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
BCF background documents	160 Tooley St	Adrian Ward Adrian.ward@selondonics.nhs.uk

APPENDICES

No.	Title
Appendix 1	BCF 2024/25 Planning Template
Appendix 2	BCF Q3 monitoring return 2023/24
Appendix 3	BCF Year End monitoring return 2023/24
Appendix 4	BCF summary “plan on a page”

AUDIT TRAIL

Lead Officer	Genette Laws, Director of Integrated Commissioning, Southwark Council and NHS SEL ICB
Report Author	Adrian Ward, PMO Lead (Southwark), NHS South East London Integrated Care Board
Version	Final
Dated	05/07/2024
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	No	N/a
Strategic Director of Finance and Governance	No	N/a
List other officers here	N/a	N/a
Cabinet Member	No	N/a
Date final report sent to Constitutional Team / Scrutiny Team		05/07/2024

Appendix 1

BCF Planning Template 2024-25

1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

6. Please ensure that all boxes on the checklist are green before submission.

7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn ""yellow"". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£)2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

https://future.nhs.uk/bettercareexchange/view?objectId=143133861

- Technical definitions for the guidance can be found here:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls

- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
- We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: https://future.nhs.uk/bettercareexchange/view?objectID=116035109

Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to usual place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. Areas should agree ambitions for a rate for each quarter of the year.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet where available else we will use the previously entered plan data.

4. Residential Admissions:

- This section requires inputting the expected and plan numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

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

			Complete:
Health and Wellbeing Board:	Southwark		Yes
Completed by:	Adrian Ward		Yes
E-mail:	adrian.ward@selondonics.nhs.uk		Yes
Contact number:	0208 176 5349		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Thu 18/07/2024	<< Please enter using the format, DD/MM/YYYY	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Evelyn	Akoto	evelyn.akoto@southwark.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Andrew	Bland	andrew.bland@selondonics.nhs.uk	Yes
	Additional ICB(s) contacts if relevant		Darren	Summers	darren.summers@selondonics.nhs.uk	Yes
	Local Authority Chief Executive		Althea	Loderick	althea.loderick@southwark.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		David	Quirke-Thornton	david.quirke-thornton@southwark.gov.uk	Yes
	Better Care Fund Lead Official		Adrian	Ward	adrian.ward@selondonics.nhs.uk	Yes
	LA Section 151 Officer		Clive	Palfreyman	clive.palfreyman@southwark.gov.uk	Yes
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	Director of Integrated Commissioning		Genette	Laws	genette.laws@southwark.gov.uk	

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: Southwark

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£1,839,162	£1,839,162	£0
Minimum NHS Contribution	£29,686,191	£29,686,191	£0
iBCF	£17,847,349	£17,847,349	£0
Additional LA Contribution	£1,265,000	£1,265,000	£0
Additional ICB Contribution	£1,200,520	£1,200,520	£0
Local Authority Discharge Funding	£4,170,284	£4,170,284	£0
ICB Discharge Funding	£2,963,000	£2,963,000	£0
Total	**£58,971,506**	**£58,971,506**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£8,435,974
Planned spend	£8,722,382

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£20,612,377
Planned spend	£21,401,059

Metrics >>

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	242.0	223.0	230.0	222.0

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,616.0	1,532.0
	Count	475	468
	Population	31312	32533

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	96.8%	96.8%	96.8%	96.8%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1,016	473

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	0
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Southwark

Hospital Discharge

Capacity - Demand (positive is Surplus)	Capacity surplus. Not including spot purchasing												Capacity surplus (including spot puchasing)												Average LoS/Contact Hours		Checklist
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Full Year	Units	Complete:
Reablement & Rehabilitation at home (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Contact Hours per package	Yes
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Contact Hours per package	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34	Average LoS (days)	Yes
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Average LoS (days)	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-13	-14	-13	-9	-11	-12	-15	-16	-14	-14	-11	-12	0	0	0	0	0	0	0	0	0	0	0	0	43	Average LoS (days)	Yes

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

VCS schemes to help people settle in after discharge (Safely Home, British Red Cross, Irish Pensioners). Handy Persons, Blitz clean. Estimated at 5% of PD discharges, approximately 90 per month.

Yes

Capacity - Hospital Discharge

Service Area	Metric	Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing												Checklist
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	199	198	189	199	195	189	209	200	188	203	197	196	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0													Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0													Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	6	6	6	6	6	6	7	6	6	7	6	7	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0													Yes
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0													Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	6	3	2	2	0	3	4	4	6	13	14	13	9	11	12	15	16	14	14	11	12	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0													Yes

Demand - Hospital Discharge

Please enter refreshed expected no. of referrals:

Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Total Expected Discharges:	Total Discharges	**1900**	**1937**	**1838**	**1904**	**1866**	**1855**	**2045**	**1923**	**1844**	**1958**	**1676**	**2023**	Yes
Reablement & Rehabilitation at home (pathway 1)	Total	**199**	**198**	**189**	**199**	**195**	**189**	**209**	**200**	**188**	**203**	**197**	**196**	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	118	121	108	115	118	115	125	115	111	115	120	119	Yes
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	61	57	61	64	57	54	64	61	57	64	57	57	Yes
	OTHER	20	20	20	20	20	20	20	24	20	24	20	20	Yes
Short term domiciliary care (pathway 1)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**6**	**6**	**6**	**6**	**6**	**6**	**7**	**6**	**6**	**7**	**6**	**7**	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	3	3	3	3	3	3	4	3	3	4	3	4	Yes
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	2	2	2	2	2	2	2	2	2	2	2	2	Yes
	OTHER	1	1	1	1	1	1	1	1	1	1	1	1	Yes
Other short term bedded care (pathway 2)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**13**	**14**	**13**	**15**	**14**	**14**	**17**	**16**	**17**	**18**	**15**	**18**	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	8	9	8	9	9	9	10	9	10	10	9	10	Yes
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4	4	4	5	4	4	5	5	5	6	5	6	Yes
	OTHER	1	1	1	1	1	1	2	2	2	2	1	2	Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Southwark

Community — **Refreshed capacity surplus:**

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours	
Full Year	Units
0	Contact Hours
0	Contact Hours
0	Contact Hours
34	Average LoS
0	Contact Hours

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes

Please enter refreshed expected capacity:

Capacity - Community													
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	39	37	44	45	34	39	37	24	34	48	79	40
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	42	47	45	45	40	52	45	43	41	30	40	44
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	1	0	0	1	0	0	1	0	0	1
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist
Yes
Yes
Yes
Yes
Yes

Please enter refreshed expected no. of referrals:

Demand - Community												
Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	39	37	44	45	34	39	37	24	34	48	79	40
Reablement & Rehabilitation at home	42	47	45	45	40	52	45	43	41	30	40	44
Reablement & Rehabilitation in a bedded setting	0	0	1	0	0	1	0	0	1	0	0	1
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Checklist
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: Southwark

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Southwark	£1,839,162
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£1,839,162**

Complete:

Yes

Local Authority Discharge Funding	Contribution
Southwark	£4,170,284

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS South East London ICB	£2,971,000	£2,963,000	ICB changed borough allocation calculation for 24/25
Total ICB Discharge Fund Contribution	£2,971,000	£2,963,000	

Yes

iBCF Contribution	Contribution
Southwark	£17,847,349
Total iBCF Contribution	**£17,847,349**

Yes

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Southwark	£1,287,225	£1,265,000	Minor reduction related to changes to services funded by additional contribution.
Total Additional Local Authority Contribution	**£1,287,225**	**£1,265,000**	

Yes

NHS Minimum Contribution	Contribution
NHS South East London ICB	£29,686,191
Total NHS Minimum Contribution	**£29,686,191**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
NHS South East London ICB	£1,200,520	£1,200,520	
Total Additional NHS Contribution	**£1,200,520**	**£1,200,520**	
Total NHS Contribution	**£30,886,711**	**£30,886,711**	

Yes

	2024-25
Total BCF Pooled Budget	**£58,971,506**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2024-25 Update Template

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: Southwark

<< Link to summary sheet

Running Balances	2024-25 Income	Expenditure	Balance
DFG	£1,839,162	£1,839,162	£0
Minimum NHS Contribution	£29,686,191	£29,686,191	£0
iBCF	£17,847,349	£17,847,349	£0
Additional LA Contribution	£1,265,000	£1,265,000	£0
Additional NHS Contribution	£1,200,520	£1,200,520	£0
Local Authority Discharge Funding	£4,170,284	£4,170,284	£0
ICB Discharge Funding	£2,963,000	£2,963,000	£0
Total	**£58,971,506**	**£58,971,506**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25 Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£8,435,974	£8,722,382	£0
Adult Social Care services spend from the minimum ICB allocations	£20,612,377	£21,401,059	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	No	Yes		Yes		Yes	No

>> Incomplete fields on row number(s):

273, 274, 277, 278, 279

									Planned Expenditure													
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Previously entered Outputs for 2024-25**	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25 (£)	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
1	Enhanced Intervention Services - ICB element	MDT providing enhanced psycholgical support for people with learning disabilities and challenging behaviour	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£241,331	£230,231	100%	Yes	revised allocation of uplifts reflecting contract adjustments
2	Admissions avoidance - ERR and @home	Community health services enhanced rapid response and @home service	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		2100	2100	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£5,330,018	£5,457,924	49%	Yes	revised allocation of uplifts reflecting contract adjustments
3	GP Support @ Home Acuity	Service provides acute clinical care @ home. Multidisciplary team providing quality care at the persons ow home	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£279,633	£266,771	3%	Yes	revised allocation of uplifts reflecting contract adjustments
4	@Home Geriatric Assessment	Service providing geriatric assessment and advance care planning in a persons own home	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£33,093	£31,571	0%	Yes	revised allocation of uplifts reflecting contract adjustments
5	@Home Integrated Care Fellows	At home integrated Clinical Care Fellows expertise	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£91,005	£86,819	1%	Yes	revised allocation of uplifts reflecting contract adjustments
6	Falls service	Southwark community rehab and falls service: specialising in preventing falls, supporting people who have previously had a fall, illness or condition. Also supporting people who have had	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£905,452	£504,605	54%	Yes	Reflects updated Southwark element of joint contract.
7	Occupational Therapy- Southwark Community Rehab and Falls Service	OT working with falls service supporting people who after an injury or illness have functional, cognitive and phsychological conditions	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£51,706	£125,824	39%	Yes	Increase in service for falls
8	Tissue Viability - Community	Service providing treatment, advice and education on treatment of wounds and pressure ulcers in community	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£61,722	£66,076	39%	Yes	revised allocation of uplifts reflecting contract adjustments
9	Therapies - Foot Health Community	Assess, treat and advise people with foot conditions. Podiatrists who support foot and lower limb care.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£69,195	£74,076	39%	Yes	revised allocation of uplifts reflecting contract adjustments
10	Palliative Care @ Home	Service provides palliative nursing care at home, also support for families of people who are seriously ill.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£350,360	£562,226	29%	Yes	Reflects updated Southwark element of joint contract.
11	Self-management	Self-management for people with long term conditions	Prevention / Early Intervention	Other	Self-management courses/resource		0		Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£172,259	£0	0%	Yes	Contracts ended
12	EIS - Speech & Language Therapist	GSTT therapist working in EIS team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£68,820	£65,915	100%	Yes	revised allocation of uplifts reflecting contract adjustments
13	Neuro-rehab team - GSTT	Support workers for GSTT community neuro-rehab team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£217,333	£207,336	100%	Yes	revised allocation of uplifts reflecting contract adjustments
14	Community Equipment Service	ICES Contract - CCG costs - BCF additional contribution	Assistive Technologies and Equipment	Community based equipment		3120	1991	Number of beneficiaries	Community Health		NHS			Private Sector	Additional NHS Contribution	Existing	£1,200,520	£1,200,520	100%	Yes	metric calculation revised
15	Community Equipment Service	ICES Contract - CCG costs - BCF core contribution	Assistive Technologies and Equipment	Community based equipment		880	725	Number of beneficiaries	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£313,205	£437,258	100%	Yes	Amount increased to meet major growth in costs incurred under new contractor
16	Behavioural Support - LD and autism	Community team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			Local Authority	Minimum NHS Contribution	Existing	£100,000	£100,000	100%	No	
17	Dementia - Enhanced Neighbourhood Support	Integrated Care Planning and Navigation	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£184,177	£184,177	53%	No	
18	Homecare Quality Improvement	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages		113699	123505	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,330,840	£2,291,153	11%	Yes	Output increased based on overall homecare budget for 24/25

19	Residential & Nursing	Residential and Nursing Placements	Residential Placements	Care home		55	78	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,943,455	£3,039,996	12%	Yes	revised plan for 24/25 for budget change (inflationary uplift)
20	Protect Adult Social Care - Residential Care	Residential Care	Residential Placements	Care home		48	48	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,479,452	£2,378,895	22%	Yes	revised plan for 24/25 for budget change
21	Mobilisation - Intermediate and Nursing Care	Nursing and reablement placements	Residential Placements	Care home		2		Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	New	£100,000	£100,000	1%	No	
22	Discharge to Assess - Council Costs	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£573,036	£540,600	100%	Yes	budget same as 23/24
23	Reablement - OT Team ICS	Intermediate Care Services	Community Based Schemes	Integrated neighbourhood services			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£490,613	£488,276	100%	Yes	budget increased for inflation
24	Hospital discharge Team	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,973,974	£1,964,575	90%	Yes	budget increased for inflation
25	Housing Worker Discharge Team	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£55,125	£54,863	100%	Yes	budget increased for inflation
26	Intermediate Care	Intermediate Care Services	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		300	0	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,278,166	£1,205,817	84%	Yes	budget same as 23/24
27	Night Owls - overnight intensive homecare	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		13000		Hours of care (Unless short-term in which	Social Care		Joint	50.0%	50.0%	Local Authority	Minimum NHS Contribution	Existing	£241,000	£241,000	99%	No	
28	Reablement Team	Intermediate Care Services	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		525	525	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£2,135,254	£2,125,086	100%	Yes	budget increased for inflation
29	Community Mental Health Services	Community Based Schemes	Community Based Schemes	Integrated neighbourhood services			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£735,958	£694,300	61%	Yes	budget same as 23/24
30	Enhanced Psychological Support for those with LD	LD clients	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£29,000	£29,000	5%	No	
31	Learning Disability - Personal Budgets	Personalised Budgeting and Commissioning	Personalised Care at Home	Physical health/wellbeing			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£237,080	£223,660	6%	Yes	budget same as 23/24
32	Mental Health Reablement	Community Based Schemes	Reablement in a persons own home				0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£170,374	£160,730	8%	Yes	budget same as 23/24
33	Mental Health - Personal Budgets	Personalised Budgeting and Commissioning	Personalised Care at Home	Mental health /wellbeing			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£674,160	£636,000	42%	Yes	budget same as 23/24
34	Mental Health Broker	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£66,150	£65,835	100%	Yes	budget increased for inflation
35	Mental Health Complex Cases Worker	Community Based Schemes	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£55,125	£54,863	100%	Yes	budget increased for inflation
36	Mental Health Discharge Worker	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£55,125	£54,863	100%	Yes	budget increased for inflation
37	Psychiatric Liaison (AMHPs and reablement)	Community Based Schemes, admissions avoidance	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£330,750	£329,175	36%	Yes	budget increased for inflation
38	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Other	Carers				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,000,000	£1,000,000	100%	No	
39	Service Development and Change Management	Funding for integration projects	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£45,000	£45,000	4%	No	
40	Carers Strategy	Carers Services	Carers Services	Respite services		125		Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£450,000	£450,000	87%	No	
41	Unpaid Carers	Support for carers of people with dementia	Carers Services	Respite services		30		Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£100,000	£100,000	100%	No	
42	Community Equipment	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment		280	981	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£562,000	£787,951	22%	Yes	updated metrics based on 23/24 output and increased budget
43	Telecare	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		105		Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£623,995	£623,995	59%	No	
44	Voluntary Sector Prevention Services	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing			0		Social Care		Joint	28.0%	72.0%	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£1,081,251	£1,131,251	87%	Yes	budget increased for inflation
45	Voluntory Sector Carers work	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing					Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£400,000	£400,000	100%	No	
46	iBCF funding plans - home care	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages		521608	603655	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	iBCF	Existing	£10,327,850	£11,198,498	42%	Yes	updated as per BCF Planning group decision
47	iBCF funding plans - nursing care homes	Residential Placements	Residential Placements	Nursing home		79	86	Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£4,174,334	£5,024,334	17%	Yes	updated as per BCF Planning group decision
48	iBCF funding plans - Transformation fund to improve the health, wellbeing and resilience of	Community Based Schemes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Social Care		LA			Local Authority	iBCF	Existing	£250,000	£0	100%	Yes	changed as per ASC Planning group decision
49	iBCF Reablement and Intermediate bed based care	Intermediate Care Services	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		151	151	Number of placements	Social Care		LA			Private Sector	iBCF	Existing	£999,749	£345,021	100%	Yes	changed as per ASC Planning group decision
50	Residential care for older people	Residential Placements	Residential Placements	Care home		8	18	Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£400,000	£754,728	2%	Yes	changed as per ASC Planning group decision
51	Nursing Care for older People	Residential Placements	Residential Placements	Nursing home		6	6	Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£300,000	£0	3%	Yes	changed as per ASC Planning group decision

52	Home care for older people	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages		44083	44083	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	iBCF	Existing	£870,648	£0	4%	Yes	changed as per ASC Planning group decision
53	Flexicare - Housing Based Scheme	Extracare - Flexi-care	Residential Placements	Extra care		22		Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£524,768	£524,768	24%	No	
54	Disabled Facilities Grants	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG grants		150	150	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG	Existing	£1,686,144	£1,839,162	100%	Yes	budget updated to match grant determination
55	Community Equipment	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment		280	431	Number of beneficiaries	Social Care		LA			Local Authority	Additional LA Contribution	Existing	£246,850	£260,000	10%	Yes	updated metrics based on 23/24 output
56	Telecare	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		105	98	Number of beneficiaries	Social Care		LA			Local Authority	Additional LA Contribution	Existing	£444,626	£300,000	42%	Yes	Application of Local Authority additional contribution reviewed taking into account budget changes
57	Voluntary Sector Prevention Services	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing			0		Social Care		LA			Local Authority	Additional LA Contribution	Existing	£482,749	£148,000	39%	Yes	Application of Local Authority additional contribution reviewed taking into account budget changes
58	Voluntory Sector Carers work	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing			0		Social Care		LA			Local Authority	Additional LA Contribution	Existing	£113,000	£0	28%	Yes	budget transferred to other schemes
59	Further investment into Nursing Care	Further investment into the Nursing Care sector (24/25 subject to review) to allow for a new care home within the borough to populate their beds faster than the contractual obligation in	Residential Placements	Nursing home		22	33	Number of beds	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£1,183,580	£1,377,015	3%	Yes	updated metrics in line with increased budget
60	Improvements in Reablement Outcomes	Further investment into reablement packages to improve outcomes (24/25 subject to review). This would increase the speed and accessibility of people being discharged into the	Home-based intermediate care services	Reablement at home (to support discharge)		44	64	Packages	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£332,000	£200,000	10%	Yes	updated metrics based on 23/24 output
61	Enhanced resources into Homecare	Enhanced investment into double handed care placements (24/25 subject to review) to allow for more effective discharge to an "at home" setting and to ensure we have more beds	Home Care or Domiciliary Care	Domiciliary care packages		9328	25372	Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£366,317	£470,673	1%	Yes	updated metrics in line with increased budget
62	Maximising the use of Extra Care and sheltered accommodation	Investment in Extra Care Housing, Sheltered and Alms housing (24/25 subject to review) to facilitate higher acuity discharges from hospital – additional staffing to support discharges	Housing Related Schemes				0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£127,820	£77,000	4%	Yes	budget same as 23/24
63	Residential Care Charter	Accelerated investment in to the LA's in-borough provider's (24/25 subject to review) in providing a supplement which would impact front line staff in order to boost recruitment and	Workforce recruitment and retention				0	WTE's gained	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£249,000	£500,000	50%	Yes	budget increased to support more provider's joining the Residential Care Charter
64	Hospital Buddies	Supports to those who are due to be admitted to hospital for elective surgery, with discharge preparation (24/25 subject to review).	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£33,200	£0	100%	Yes	this is now scheme 88
65	Double Handed Care	Occupational Therapist based in the ToC Review team (24/25 subject to review) to look at all new residents being discharged with double handed care with the view to being	Other				0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£91,300	£107,843	100%	Yes	revised plan for 24/25 for budget change
66	Transfer of Care Assessment Team	Community based team to complete assessments in the community as a part of the D2A model to facilitate quick and safe discharges. (24/25 subject to review). 1 manager and 2	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£290,500	£249,030	10%	Yes	revised plan for 24/25 for budget change
67	Cost of Living Crisis Worker	Non-qualified staff member to support people who are due to be discharged from Hospital or recently discharged with the current cost of living Crisis. (24/25 subject to review).	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£58,100	£35,000	100%	Yes	budget same as 23/24
68	Step Down Flats	To fund 7 step down flats in extra care sheltered housing. (24/25 subject to review).This will enable pathway 1 discharges where people cannot return home for various	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		35	35	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£313,737	£200,000	25%	Yes	revised plan for 24/25 for budget change
69	Increased Brokerage Support	This additional funding helped to provide the right care and the right time for the right people and speed up pathway 1 and 3 discharges at the most pressured times. (24/25 subject	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£45,650	£27,500	4%	Yes	budget same as 23/24
70	Retention initiative for OT Workers	Investment into earmarked initiative for Occupational Therapists retention payment to assist in retaining staff please. (24/25 subject to review)	Workforce recruitment and retention				0	WTE's gained	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£66,400	£40,000	0%	Yes	budget same as 23/24
71	Further Investment into Residential Care	Further investment into the Residential Care sector (24/25 subject to review) to allow for a new provider within the borough to populate their beds faster than the contractual	Residential Placements	Care home		11	11	Number of beds	Social Care		LA			Local Authority	Local Authority Discharge Funding	New	£996,000	£726,223	2%	Yes	revised plan for 24/25 for budget change
72	Mental Health Discharge Housing Workers	MH Discharge workers to support MFFD homeless on the ward and those currently in B&B. (24/25 subject to review). Facilitate discharge from the ward and work with Homeless	Housing Related Schemes				0		Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	Existing	£74,321	£60,000	2%	Yes	Adjusted following revision of scheme mid-year.
73	Expand step down housing	Step down flats (24/25 subject to review) - Create capacity in complex care placement for MFFD patients currently on the ward	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		0	48	Number of placements	Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	Existing	£268,486	£233,000	8%	Yes	Adjusted following revision of scheme mid-year.
74	Expand step down housing options	Placement review workers (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	Existing	£66,889	£36,000	1%	Yes	Adjusted following revision of scheme mid-year.
75	Additional Home Treatment Team (HTT) capacity	HTT advanced practitioners to support individuals discharged to step down accommodation (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	Existing	£74,321	£60,000	2%	Yes	Adjusted following revision of scheme mid-year.
76	Shared lives support	Step down service for people discharged from hospital. (24/25 subject to review). Increase housing capacity for discharge to the community and offer psychosocial support to users	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	Existing	£37,347	£0	0%	Yes	scheme was one year only
77	Outreach Service	Kings Outreach Therapy Service (KCH led across Lambeth & Southwark) (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing	£285,601	£169,000	6%	Yes	Scheme retained at original team size.
78	Pathway 2 & 3 Discharges	Placements, hotels, equipment inc homeless and NRPF (24/25 subject to review)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support admission		0	0	Number of placements	Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing	£650,313	£0	0%	Yes	Budget consolidated for P2&3 schemes row 80
79	Pathway 2 & 3 Discharges	Placements, and bed based intermediate care (24/25 subject to review)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support admission		0	0	Number of placements	Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing	£278,705	£0	0%	Yes	Budget consolidated for P2&3 schemes row 80
80	Pathway 2 & 3 Discharges	Placements, and bed based intermediate care (24/25 subject to review)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support admission avoidance)		0	22	Number of placements	Community Health		NHS			Private Sector	ICB Discharge Funding	Existing	£870,841	£1,350,000	46%	Yes	Budget consolidated for P2&3 schemes row 80 : Funding to enable timely and seamless discharge for complex patients where there is no established pathway. Focussed on patients most at risk of being stranded in hospital for a lengthy period after discharge ready date.
81	Homeless discharge service	Accommodation and support to enable discharge of homeless patients ready for discharge (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Community Provider	ICB Discharge Funding	New	£364,175	£355,000	12%	Yes	Uplifted to refelct new commissioning arrangements

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme		Expenditure for 2024-25 (£)	% of Overall Spend
82	Care Home Therapy Services	Additional therapy team to support care homes in prevention of admissions and falls	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New		£68,500	100%

83	Equipment Provision to support discharges	Placements Equipment to support discharges	Assistive Technologies and Equipment	Community based equipment			497	Number of beneficiaries	Community Health		NHS			Private Sector	ICB Discharge Funding	New		£300,000	10%
84	Pathway 2 & 3 Discharges	Placements and discharge improvement plans	Bed based intermediate Care Services (Reablement, rehabilitation, wider	Bed-based intermediate care with rehabilitation (to support discharge)			6	Number of placements	Community Health		NHS			NHS Community Provider	ICB Discharge Funding	New		£340,000	13%
85	Hospital discharge Team	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Additional LA Contribution	New		£209,000	100%
86	Reablement Team	Intermediate Care Services	Home-based intermediate care services	Reablement at home (accepting step up and step down users)			86	Packages	Social Care		LA			Local Authority	Additional LA Contribution	New		£348,000	100%
87	Care Home Liason service - LA funding	Joint scheme for pathway 3 discharge improvements supporting interface between care homes and hospitals.	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Local Authority	Local Authority Discharge Funding	New		£60,000	50%
88	Care Home Liason service - ICB funding	Joint scheme for pathway 3 discharge improvements supporting interface between care homes and hospitals.	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Community Health		NHS			NHS	ICB Discharge Funding	New		£60,000	50%
89	Voluntary sector support to hospital discharge	Supports to those who are due to be admitted to hospital for elective surgery, with discharge preparation	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)					Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge Funding	New		£100,000	100%

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: Southwark

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

Actuals for 2023/24 demand have been estimated using a range of data sources from acute, community and social care sources. The actuals form the basis of 2024/25 projections, incorporating an uplift based on SELICB Operating Plan assumptions about discharge growth. Acute and community data was only available for Q1 and Q2 due to issues arising from the implementation of the EPIC data system.
Capacity is projected to match demand, reflecting the expectation that all discharges will be supported with appropriate provision. Due to data limitations it is not currently possible to identify shortfalls in capacity causing delays beyond the discharge ready date.
The new metrics around contact hours per reablement/rehab referral and time from referral to service start can not yet be collected in the current system.
When the EPIC system is optimised and data available we will undertake a refresh of our demand and capacity plan.
It should be noted that a revised approach to estimating the demand and capacity data has resulted in significant imporvements and consequent changes from the 23/24 estimates.

Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?

The Additional Discharge Fund has been focussed on addressing gaps in intermediate care that are known to be the key operational causes of delayed transfer of care. The 16 bed Avon unit within our re-commissioned residential care home provider has been a notable success in supporting discharge since July through the provision of bedded reablement and Discharge to Assess placements. Significant investment into residential care, nursing care, home care, reablement, discharge to assess, extra care/step down flats is based on our understanding of key gaps and blockages to discharge. The ICB budget for complex P2 and P3 discharges has been increased, targetting a cohort who are frequently stranded in hospital for a significant period after discharge ready date.

What impacts do you anticipate as a result of these changes for:

i. Preventing admissions to hospital or long term residential care?

A number of services are anticipated to help offset the projected increase in underlying demand, for example;
Urgent Community Response services funded through the BCF are focussed on supporting people at immediate risk of admission.
The Discharge to Assess bedded unit is expected to increase the number of care home discharges that lead to a successful return to independent living at home rather than a care home admission, or hospital re-admission.
The additional funding for reablement services will increase potential capacity for community referrals for people at risk of admission.
The Core BCF provides substantial base funding for home care and related services that enable people to remain living at home independently and safely.

ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?

The Discharge to Assess bedded units have addressed a significant gap in discharge step down options for those people whose needs are too high for a Home First discharge to assess pathway, but for whom a discharge into a traditional care home placement would not be an appropriate option.
The additional funding for residential care, nursing care and home care will provide extra capacity for discharge.

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

The 6 boroughs within the SELICB footprint have worked together to ensure the urgent and emergency care trajectories within the ICB Operating Plan reconcile to borough Demand and Capacity trajectories with respect to discharge of borough residents by trust and pathway type, which is based on data projections provided by trusts. This has been triangulated against local community health and social care data.
The inetgrated team working on the BCF capacity and demand template include the people responsible for providing Market Sustainability Improvement Fund activity data and will ensure the two align.
The joint BCF Planning Group has oversight of the demand and capacity data.

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?	**Yes**

Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.

The SELICB Operational Plan trajectories for discharge by pathway have been disaggregated to borough level using estimates of the proportion of total patients in local trusts who are Southwark residents. This has been used as a control total for expected demand for different types of intermediate care, and calculating the expected capacity the system will need to provide to meet demand.

Approach to using Additional Discharge Funding to improve

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

Investment of the £7.1m 2024/25 Additional Discharge Funding was focussed on addressing known gaps in capacity and other barriers to discharge, taking into account the effectiveness of schemes funded during 2023/24. This investment includes expanding Nursing Care capacity (£1.2m). Residential Care capacity (£0.7m), Care home charter supporting recruitment and retention (£0.5m), Double handed care placement at home (£0.5m), Transfers of Care Assessment Team (£0.25m), Extra care/step down flats (£0.4m), Reablement (£0.2m), Mental health step down flats and related support (£0.4m), funding for ICB funded intermediate care and complex P2 and P3 discharges (£1.3m) Homeless discharge services (£0.37m), Community Equipment (£0.3m), Kings Outreach Therapy service (£0.17m). Investments in these schemes enables Southwark to facilitiate a safe and effective discharge out of actue hospitals in a timely manner, reducing the length of stay whilst ensuring residents needs are met and they do not remain in an acute setting when no longer meet the criteria to reside.

Please describe any changes to your Additional discharge fund plans, as a result from

- **Local learning from 23-24**
- **the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**

The changes to Additional Discharge Funding for 24/25 reflect local learning about which services are able to respond quickly and flexibly to new investment to address discharge pressures. Mid-year evaluation of schemes was undertaken to confirm effectiveness of investment and suitability for rolling forward into 24/25.
The national evaluation report was reviewed and noted. The report reaffirmed the importance of providing stable long term financial planning arrangements for service providers. The borough has tried to provide planning stability within the limitations of the national framework for discharge funding by confirming in principle agreement to roll forward funding at an early stage where possible.

Ensuring that BCF funding achieves impact

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?

BCF Planning Group meets monthly providing oversight of in-year monitoring reports.
The lead organisation for each scheme holds the budget and its delivery is incorporated into the organisation's governance arrangements for ensuring value for money.

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: Southwark

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	Complete:
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	254.5	234.9	225.0	195.0	The target is to achieve a 5% reduction on the last available actuals for that quarter. As Q3 and Q4 not available for 23/24 from local trusts, 22/23 Q3 & Q4 data used. It is considered that this is a stretching target, but achievable based on benchmarking evidence.	A range of BCF services and related partnership improvement workstreams directly and indirectly support the objective of reducing avoidable admissions. e.g. Urgent Community Response, Age Well (frailty and falls), neighbourhood working and long term condition management. There is a current focus on preventing avoidable respiratory admissions, which account for a high proportion of the total (COPD & Asthma being one third of the admissions).	Yes
	Number of Admissions	546	504	-	-			
	Population	306,374	306,374	-	-			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Indicator value	242	223	230	222			Yes

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

			2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value		1,843.0	1,616.0	1,532.0	Draft proposal is for a 5% annual reduction in the rate of falls admissions which benchmarking suggests is achievable. The 2023/24 baseline is an estimate using the last 12 months of available data (Oct 22 to Sept 23). Note that there has been a significant rebasing of the population estimate used for this metric.	Falls prevention is a key focus of the Partnership Southwark Age Well frailty workstream and agencies working with older people are focussed on this objective. The GSTT community falls service is funded from the BCF. Services such as ICES and telecare have a strong falls prevention element.	Yes
	Count		450	475	468			Yes
	Population		25,997	31312	32533			Yes

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	97.2%	97.0%	96.8%	96.8%	Existing target retained as Southwark performance to Q2 remained one of the highest nationally. Stretching to maintain performance, particularly in the context of increased usage of bedded intermediate care.	The BCF continues to fund the provision of high intensity home based support services enabling an effective and safe home first approach in the vast majority of discharges from hospital. For example, home based reablement and intermediate care, intensive home care, double handed care, overnight home care.	Yes
	Numerator	5,096	5,032	5,343	5,201			
	Denominator	5,243	5,186	5,520	5,373			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Quarter (%)	96.8%	96.8%	96.8%	96.8%			
	Numerator	5,493	5,445	5,626	5,476			Yes
	Denominator	5,675	5,625	5,812	5,657			Yes

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1015.5	539.7	491.8	473.4	The target is to maintain the number of care home placements at 2023/24 levels. This is considered a stretching target given demographic pressures of the aging population and increased levels of acuity. To note that 22/23 actual is overstated.	The underlying growth in demand pressure will be offset by the continuation of the iBCF funded Avon Unit, which will have a full year impact in 2024/25. The provision of Extra Care and step down flats will contribute further capacity, together with additional resources to support home first discharge to assess and reablement from the discharge fund. Urgent Community response will also continue to help prevent avoidable admissions to care homes.	Yes
	Numerator	264	169	154	154			Yes
	Denominator	25,997	31,312	31,312	32,533			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.

Better Care Fund 2024-25 Update Template

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Southwark

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet	Yes	See full 2023 -2025 Plan			Yes
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update						
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes				Yes
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes				Yes
Additional discharge funding	PR5	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes				Yes
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	PR 4 and PR6 are dealt with together (see above)						
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?		Yes				Yes
Agreed expenditure plan for all elements of the BCF	PR8	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12		Yes	Note that the summary expenditure table pulls through an incorrect total for NHS minimum contribution spending, and DFG grant value differs from local records.			Yes
Metrics	PR9	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?		Yes				Yes

Appendix 2

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

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

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

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

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%.
Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

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

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

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

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

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

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

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

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

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

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

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

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

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

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

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K**. Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Southwark	
Completed by:	Adrian Ward	
E-mail:	adrian.ward@selondonics.nhs.uk	
Contact number:	0208 176 5349	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Thu 14/03/2024	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:	Southwark

			Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes		Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off			Yes
Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Southwark

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

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

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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	222.0	187.0	225.0	195.0	249.3	234.0	Data not available to assess progress	Q3 data currently unavailable due to issues with implementation of EPIC patient data system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Deep dive analysis of underlying data has improved understanding of the hot spots leading to Q1 and Q2 growth and helped inform an action plan for reducing avoidable COPD admissions.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.8%	96.8%	96.8%	96.8%	97.2%	97.1%	Data not available to assess progress	Q3 data currently unavailable due to issues with implementation of EPIC patient data system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Evaluation of impact of Additional Discharge Fund schemes undertaken as part of 2024/25 planning has confirmed that investment is providing improved capacity in step down services.	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,843.0	500.1	445.8	Data not available to assess progress	Q3 data currently unavailable due to issues with implementation of EPIC patient data system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Partnership Southwark development of Age Well Frailty programme compliments the established falls prevention work and incorporates a Proactive Care approach.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				540	2022-23 ASCOF outcome: 1015.5		On track to meet target	The pre-populated 2022/23 ASCOF data is incorrect as the final adjusted rate was 490. Challenges include pressures to discharge out of hospital, and increased level of patients with high needs.	The annual target rate of 540 relates to 169 placements. The projected annual rate based on 9 months data is 469 or 147 placements. This improvement may be linked to implementation of new step down capacity in the Avon unit, leading to a reduction in	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				90.0%	2022-23 ASCOF outcome: 69.4%		On track to meet target	The pre-populated 2022/23 ASCOF data is not correct as the final adjusted figure was 92%.	The year to date shows an average of 89%. This is in line with consistent and strong performance in this area.	Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Southwark

Checklist						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
2	Admissions avoidance - ERR and @home	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£5,044,499	£3,783,374	2,100	1575	Packages	No	
14	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Additional NHS Contribution	£1,200,520	£1,459,614	2,862	3702	Number of beneficiaries	No	
15	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£296,427	£361,048	807	1044	Number of beneficiaries	No	
18	Homecare Quality Improvement	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£2,114,000	£1,668,426	107,309	86,255	Hours of care (Unless short-term in which case it is packages)	No	
19	Residential & Nursing	Residential Placements	Care home	Minimum NHS Contribution	£2,691,939	£2,151,075	55	59	Number of beds/placements	No	
20	Protect Adult Social Care - Residential Care	Residential Placements	Care home	Minimum NHS Contribution	£2,254,877	£1,729,995	48	41	Number of beds/placements	No	
21	Mobilisation - Intermediate and Nursing Care	Residential Placements	Care home	Minimum NHS Contribution	£100,000	£75,000	2	2	Number of beds/placements	No	
26	Intermediate Care	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£1,205,817	£904,363	300	224	Packages	No	
27	Night Owls - overnight intensive homecare	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£241,000	£180,750	13,000	9864	Hours of care (Unless short-term in which case it is packages)	No	
28	Reablement Team	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£2,033,575	£1,525,181	525	393	Packages	No	
40	Carers Strategy	Carers Services	Respite services	Minimum NHS Contribution	£450,000	£337,500	125	108	Beneficiaries	No	
41	Unpaid Carers	Carers Services	Respite services	Minimum NHS Contribution	£100,000	£75,000	30	10	Beneficiaries	No	
42	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£562,000	£562,607	250	736	Number of beneficiaries	No	Planned output updated as original output of 250 was incorrect
43	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£623,995	£467,996	98	76	Number of beneficiaries	No	
46	iBCF funding plans - home care	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£10,327,850	£8,151,018	523,990	420,493	Hours of care (Unless short-term in which case it is packages)	No	
47	iBCF funding plans - nursing care homes	Residential Placements	Nursing home	iBCF	£4,174,334	£3,604,282	79	64	Number of beds/placements	No	
49	IBCF Reablement and Intermediate bed based care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	iBCF	£999,749	£749,812	151	113	Number of placements	No	
50	Residential care for older people	Residential Placements	Care home	iBCF	£400,000	£362,175	8	9	Number of beds/placements	No	
51	Nursing Care for older People	Residential Placements	Nursing home	iBCF	£300,000	£255,453	6	5	Number of beds/placements	No	
52	Home care for older people	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£870,648	£685,163	44,420	32,346	Hours of care (Unless short-term in which case it is packages)	No	

53	Flexicare - Housing Based Scheme	Residential Placements	Extra care	iBCF	£524,768	£393,576	22	15	Number of beds/placements	No	
54	Disabled Facilities Grants	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,686,144	£1,184,691	150	98	Number of adaptations funded/people supported	No	Increased cost of buidling, supplies and labour has resulted in an increased cost of adaptations and therefore less adaptations being completed for the spend.
55	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£246,850	£442,048	250	323	Number of beneficiaries	No	
56	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Additional LA Contribution	£444,626	£333,470	98	54	Number of beneficiaries	No	Reduced numbers due to digital switchover and lack of availability of equipment from previously commissioned provider.
59	Further investment into Nursing Care	Residential Placements	Nursing home	Local Authority Discharge Funding	£713,000	£535,238	22	14	Number of beds/placements	No	
60	Improvements in Reablement Outcomes	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£200,000	£150,137	44	378	Packages	No	Planned output was incorrect.
61	Enhanced resources into Homecare	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£220,673	£165,656	9,238	10782	Hours of care (Unless short-term in which case it is packages)	No	
63	Residential Care Charter	Workforce recruitment and retention		Local Authority Discharge Funding	£150,000	£112,603		0	WTE's gained	No	
68	Step Down Flats	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£188,998	£141,878	35	26	Number of placements	No	
70	Retention initiative for OT Workers	Workforce recruitment and retention		Local Authority Discharge Funding	£40,000	£30,027		0	WTE's gained	No	
71	Further Investment into Residential Care	Residential Placements	Care home	Local Authority Discharge Funding	£600,000	£450,411	11	40	Number of beds/placements	No	Planned output was exceeded.
73	Expand step down housing	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£144,500	£196,875	48	36	Number of placements	No	
78	Pathway 2 & 3 Discharges	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£350,000	£303,000	10	20	Number of placements	No	
79	Pathway 2 & 3 Discharges	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£150,000	£0	3	0	Number of placements	No	scheme merged scheme 80
80	Pathway 2 & 3 Discharges	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£468,689	£472,712	6	9	Number of placements	No	

Appendix 3

Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

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

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

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

Note on entering information into this template

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

Data needs inputting in the cell
Pre-populated cells
Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

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

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and spend from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

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

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

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

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

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

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

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

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

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

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Additional Discharge Fund.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2023-24 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.

- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to year-end.

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units

Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column K.** Enter the amount of spend to date on the scheme.
- **Outputs delivered to date in column N**. Enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commisioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: https://future.nhs.uk/bettercareexchange/view?objectID=202784293

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their P0 capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

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

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

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

Please highlight:
4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.

SCIE - Integrated care Logic Model

HM Government

NHS England

Better Care Fund 2023-24 Year End Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Southwark	
Completed by:	Adrian Ward	
E-mail:	adrian.ward@selondonics.nhs.uk	
Contact number:	0208 176 5349	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Thu 18/07/2024	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Southwark

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes

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

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Southwark

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

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

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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	222.0	187.0	225.0	195.0	Data not available to assess progress	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Analysis of underlying data has improved understanding of the conditions leading to Q1 & Q2 growth and helped inform an action plan for reducing avoidable respiratory admissions.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.8%	96.8%	96.8%	96.8%	Data not available to assess progress	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Evaluation of impact of Additional Discharge Fund schemes undertaken as part of 2024/25 planning has confirmed that investment is providing improved capacity in step down services.	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,843.0	Data not available to assess progress	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Partnership Southwark development of Age Well Frailty programme compliments the established falls prevention work and incorporates a Proactive Care approach.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				540	On track to meet target	Target achieved: rate of 492 per 100,000 over 65s (154 admissions compared to target maxium of 169)	In this area Southwark has demonstrated an improved position on planned performance. It is considered that the reduction of permanent admissions is due to the addition of the D2A and Reablement beds at the Avon Unit from July 2023 leading to an increased number of residents returning to the community.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				90.0%	On track to meet target	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE. 89% is an estimate.	Our estimated figure is close to our target and in line with on-going high performance. The slight dip is based on increased dependency of residents	Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board: Southwark

Income

	2023-24	
Disabled Facilities Grant	£1,833,277	
Improved Better Care Fund	£17,847,349	
NHS Minimum Fund	£28,095,959	
Minimum Sub Total		£47,776,585

	Planned		Actual			
NHS Additional Funding	£1,200,520		Do you wish to change your additional actual NHS funding?	No		
LA Additional Funding	£1,287,225		Do you wish to change your additional actual LA funding?	No		
Additional Sub Total		£2,487,745				£2,487,745

	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£50,264,330	£50,264,330

Additional Discharge Fund

	Planned		Actual			
LA Plan Spend	£2,502,171		Do you wish to change your additional actual LA funding?	No		
ICB Plan Spend	£1,599,000		Do you wish to change your additional actual ICB funding?	No		
Additional Discharge Fund Total		£4,101,171				£4,101,171

	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£54,365,501	£54,365,501

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	

Expenditure

	2023-24
Plan	£54,218,368

Do you wish to change your actual BCF expenditure?	Yes
Actual	£54,365,501

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	Adjustment relates to the mid-year uplift in DFG. Note there was also significant overspend for BCF schemes relating to equipment, nursing home and residential care home expenditure and home care reflecting high levels of pressure on resources. However these overspends are funded from mainstream resources so are not technically accounted for as part of the BCF.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Southwark

Checklist | Yes | Yes | Yes | Yes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
2	Admissions avoidance - ERR and @home	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£5,044,499	£3,783,374	£5,044,499	2,100	1,575	2100	Packages	No	
14	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Additional NHS Contribution	£1,200,520	£1,459,614	£1,200,520	2,862	3,702	4936	Number of beneficiaries	Yes	Problems with new ICES provider being addressed. Note Q3 spend re-allocated to core Equipment budget (scheme 15)
15	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£296,427	£361,048	£296,427	807	1,044	1392	Number of beneficiaries	Yes	Problems with new ICES provider being addressed
18	Homecare Quality Improvement	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£2,114,000	£1,668,426	£2,114,000	107,309	86,255	107309	Hours of care (Unless short-term in which case it is packages)	No	
19	Residential & Nursing	Residential Placements	Care home	Minimum NHS Contribution	£2,691,939	£2,151,075	£2,691,939	55	59	78	Number of beds/placements	No	
20	Protect Adult Social Care - Residential Care	Residential Placements	Care home	Minimum NHS Contribution	£2,254,877	£1,729,995	£2,254,877	48	41	48	Number of beds/placements	No	
21	Mobilisation - Intermediate and Nursing Care	Residential Placements	Care home	Minimum NHS Contribution	£100,000	£75,000	£100,000	2	2	2	Number of beds/placements	No	
26	Intermediate Care	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£1,205,817	£904,363	£1,205,817	300	224	300	Packages	No	
27	Night Owls - overnight intensive homecare	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£241,000	£180,750	£241,000	13,000	9,864	13000	Hours of care (Unless short-term in which case it is packages)	No	
28	Reablement Team	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£2,033,575	£1,525,181	£2,033,575	525	393	525	Packages	No	
40	Carers Strategy	Carers Services	Respite services	Minimum NHS Contribution	£450,000	£337,500	£450,000	125	108	125	Beneficiaries	No	
41	Unpaid Carers	Carers Services	Respite services	Minimum NHS Contribution	£100,000	£75,000	£100,000	30	10	30	Beneficiaries	No	
42	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£562,000	£562,607	£562,000	250	736	981	Number of beneficiaries	No	
43	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£623,995	£467,996	£623,995	98	76	98	Number of beneficiaries	No	
46	iBCF funding plans - home care	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£10,327,850	£8,151,018	£10,327,850	523,990	420,493	523990	Hours of care (Unless short-term in which case it is packages)	No	
47	iBCF funding plans - nursing care homes	Residential Placements	Nursing home	iBCF	£4,174,334	£3,604,282	£4,174,334	79	64	79	Number of beds/placements	No	
49	IBCF Reablement and Intermediate bed based care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	iBCF	£999,749	£749,812	£999,479	151	113	151	Number of placements	No	
50	Residential care for older people	Residential Placements	Care home	iBCF	£400,000	£362,175	£400,000	8	9	9	Number of beds/placements	No	
51	Nursing Care for older People	Residential Placements	Nursing home	iBCF	£300,000	£255,453	£300,000	6	5	6	Number of beds/placements	No	
52	Home care for older people	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£870,648	£685,163	£870,648	44,420	32,346	44420	Hours of care (Unless short-term in which case it is packages)	No	
53	Flexicare - Housing Based Scheme	Residential Placements	Extra care	iBCF	£524,768	£393,576	£524,768	22	15	22	Number of beds/placements	No	
54	Disabled Facilities Grants	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,686,144	£1,184,691	£1,833,277	150	98	150	Number of adaptations funded/people supported	No	
55	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£246,850	£442,048	£246,850	250	323	431	Number of beneficiaries	No	
56	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Additional LA Contribution	£444,626	£333,470	£444,626	98	54	98	Number of beneficiaries	No	
59	Further investment into Nursing Care	Residential Placements	Nursing home	Local Authority Discharge Funding	£713,000	£535,238	£713,000	22	14	22	Number of beds/placements	No	

60	Improvements in Reablement Outcomes	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£200,000	£150,137	£200,000	44	378	64	Packages	No	
61	Enhanced resources into Homecare	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£220,673	£165,656	£220,673	9,238	10,782	9238	Hours of care (Unless short-term in which case it is packages)	No	
63	Residential Care Charter	Workforce recruitment and retention		Local Authority Discharge Funding	£150,000	£112,603	£150,000		-	0	WTE's gained	No	
68	Step Down Flats	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£188,998	£141,878	£188,998	35	26	35	Number of placements	No	
70	Retention initiative for OT Workers	Workforce recruitment and retention		Local Authority Discharge Funding	£40,000	£30,027	£40,000		-	0	WTE's gained	No	
71	Further Investment into Residential Care	Residential Placements	Care home	Local Authority Discharge Funding	£600,000	£450,411	£600,000	11	40	6	Number of beds/placements	No	
73	Expand step down housing	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£144,500	£196,875	£233,000	48	36	48	Number of placements	No	
78	Pathway 2 & 3 Discharges	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£350,000	£303,000	£303,000	10	20	20	Number of placements	No	
79	Pathway 2 & 3 Discharges	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£150,000	£0	£0	3	-	0	Number of placements	Yes	Business case for step down rehab beds not agreed in 2023/24. Funding redirected to alternative P2 & P3 discharge schemes (80))
80	Pathway 2 & 3 Discharges	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting	Bed-based intermediate care with rehabilitation (to support	ICB Discharge Funding	£468,689	£472,712	£617,569	6	9	10	Number of placements	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board: Southwark

Estimated demand - Hospital Discharge

Service Area	Metric	Prepopulated from plan: Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Q2 Refreshed planned demand Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	154	160	153	141	146	181	165	190	172	170	170	195
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	19	19	19	19	19	18	19	19	18	19	18	19
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	20	22	22	12	15	13	20	20	14	22	17	17

Actual activity - Hospital Discharge

Actual activity (not spot purchase):

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	185	187	193	208	160	184	179	164	161	118	190	209
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	3	2	1	10	10	11	5	4	9	8	5	4
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	20	20	11	14	7	13	15	16	19	16	18	18

Actual activity - Hospital Discharge

Actual activity in spot purchasing:

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: Southwark

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	**Metric**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Social support (including VCS)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	120	120	120	120	120	120	120	120	120	120	120	120
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	93	110	110	89	75	71	77	83	76	76	76	66
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:											
Service Area	**Metric**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	39	37	44	45	34	39	37	24	34	48	79	40
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	42	47	45	45	40	52	45	43	41	30	40	44
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	1	0	1	0
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

8. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Southwark

Part 1: Delivery of the Better Care Fund

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

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF Planning Group that oversees the pooled budget is an effective integrated forum, and the BCF has prompted discussions at the Health and Wellbeing Board and Partnership Southwark about further alignment of resources and joint development of services to improve outcomes.	Yes
2. Our BCF schemes were implemented as planned in 2023-24	Agree	There were areas of overspend and slippage that were managed within the budget in line with the S75 agreement, but in overall terms the plan was implemented as agreed. A number of areas spent significantly more than the BCF budget and the overspend was funded from mainstream sources e.g. ICES, Care Packages	Yes
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	The BCF provided funding for areas of integrated working including hospital discharge, reablement, intermediate care and community health, including the integrated Intermediate Care Southwark service.	Yes

Part 2: Successes and Challenges

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

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	2. Strong, system-wide governance and systems leadership	Development of LCP governance, including agreement to the new Partnership Southwark place structure with joint ICB Place Execuitve lead and Council Strategic Director post from June 2024, and joint Director of Commissioning post further strengthening the integrated commissioning team function. The Partnership Southwark Strategic Board and Delievry Executive governance arrangements have matured, overseeing governance arrangements for the development and delivery of the new Health and Care Plan programmes (Start Well, Live Well and Age and Care Well).	Yes
Success 2	6. Good quality and sustainable provider market that can meet demand	Commissioning of services using BCF Additional Discharge Fund have helped meet demand for step down services, including significant investment into residential care, nursing care, home care, reablement, discharge to assess, extra care/step down flats. The 16 bed D2A and reablement unit (the Avon Unit) within our re-commissioned main residential care home provider has been a notable success. The Council has also purchased a large local Nursing Home building to ensure its continued use as a care facility. A new Nursing Care Home has also been succesfully established in the borough.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	6. Good quality and sustainable provider market that can meet demand	Despite the successes in commissioning nursing care described above the availability of suitable nursing care placements for high needs patients is still the most significant cause of delayed transfers from hospital, reflecting London-wide market capacity issues and high demand from all boroughs. Similar issue with high needs bedded rehabilitation unit. Problems with the Community Equipment provider during the year were also a major challenge.	Yes
Challenge 2	3. Integrated electronic records and sharing across the system with service users	The EPIC patient record system implementation across GSTT and KCH acute and community services has created a significant challenge since October in terms of data availability and full functionality. It is expected that during 2024/25 the system will be fully optimised bringing a range of benefits, boosting the positive work that has been undertaken on data sharing e.g. London Care Record and enabling improved demand and capacity modelling.	Yes

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

Appendix 4

Better Care Fund 2024/25: Summary

Objective 1: to enable people to stay well, safe and independent at home for longer

Objective 2: to provide people with the right care, at the right place, at the right time.

Pooled Budget of £58.9m

Where the funding is from:

- NHS minimum contribution: £29.7m
- Council IBCF grant £17.8m
- Additional Discharge Fund £7.1m
- Additional contributions £2.5m
- Disabled Facilities Grant £1.8m

National Conditions

- A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board.
- Plan supports the 2 key objectives.
- Maintaining the NHS's minimum contribution to adult social care and investment in community health services.
- Compliance with detailed planning guidance confirmed through NHSE assurance process.
- Pooled budgets in an agreement known as a section 75.
- Plan must meet national planning guidance and be approved by NHSE.

How it is spent:

The BCF funds a wide range of core budgets aimed at supporting discharge, admissions avoidance and community support:

Social Care £44.6m including:

- Home care, reablement and intermediate care, residential and nursing care, hospital discharge and transfers of care teams, equipment and telecare, flexi care and step down flats, discharge to assess, mental health and voluntary sector services.

Community health £12.5m including:

- GSTT community health including @home, urgent community response, falls service, palliative care at home, equipment, mental health discharge, step down flats, complex health discharge placements, homeless discharge support.

Housing adaptations: £1.8m:

- Disabled Facilities Grants (for non-council housing) to enable people with disabilities to live at home.

Local BCF priorities

- Ensuring a good quality and sustainable care sector, particularly for care homes
- Ensuring carers are supported
- Delivery of discharge improvement plans for minimising delayed transfers of care
- Alignment with the Southwark Health and Wellbeing strategy and Partnership Southwark Health and Care Plan
- Improving prevention and addressing health and well-being inequalities
- Further development of integrated commissioning and alignment of resources
- Development of integrated neighbourhood models of care

Key targets and metrics

- "Avoidable admissions" for ambulatory sensitive conditions
- Emergency hospital admissions due to falls in people aged over 65
- Discharge to usual place of residence
- Admissions to residential and care homes
- Output measures for BCF schemes
- Projected capacity and demand for care services supporting discharge and preventing admission
- Effectiveness of reablement
- Timely discharge (new national measure in development)