APPENDIX TO THE MINUTES

HEALTH AND WELLBEING BOARD – 30 JULY 2018

PRESENTATIONS:

Jacky Bourke-White, CEO Age UK Lewisham and Southwark (pages 1 – 6)

Tracey Franklin, CEO, Inspire at St Peters (pages 7 – 9)

Sally Causer Executive Director, Southwark Law Centre (pages 10 -12)

Health & Wellbeing Board

Monday 30th July 2018

Jacky Bourke-White

Age UK Lewisham & Southwark CEO

Our Older People

A brief Profile of Southwark

Population: 306,745

- 35.9% born abroad with 13% born in Africa.
- In 11% of households no one has English as a first language
- Estimated that in 2015, 8,300 people from abroad and 24,300 from England moved into Southwark and
- 31,000 people moved out of the borough
- 1,222 charities with a registered address in the borough, and an estimated 4,500 voluntary and community groups
- 5,176,860 hours worked by volunteer hours annually
- 15% of households headed by someone with a disability of long term illness
- 44% of the population live in social housing and 24 % in private rented accommodation
- Ranked 41st on the Index of Multiple Deprivation

A brief Southwark older people profile

- Population Aged 65+ : 24,014
- Projected to grow by an additional 5000 older people by 2015.
- 6th most deprived across England
- Population 85+ predicted to rise by 30% by 2025
- 57% Female/ 43 % Male
- 81% are white, predicted to reach 66% by 2025
- Over ½ 65+ population in receipt of pension credit
- 12,500 living with a long term illness rising to over 17,000 by 20025
- 13% of the population 65+ receive support from adult social care every year
- I800 people living with dementia
- Hospital admission: 3,340 adults identified as being at high risk of hospital admission
- 5,173 falls and 296 hip fractures predicted in 2015/16 for 65+ in Southwark & Lambeth

Challenges our older people face

- Poverty- 6th most deprived older population across England
- Isolation - Greater proportion living alone (42.7%) than across England (34.4%)
- Loss of power & ability to be heard
- Growing number of older old people
- Multiple long term conditions
- Change – digital, environmental & social

Progress made & barriers

- ✓ Ethical homecare charter
- ✓ Age friendly borough
- ✓ Strong and growing partnership between social care, community and health

- Challenging economic environment in which we are working

What more needs to be done

- Re-examine commitments on age friendly borough
- Older persons reference group – e.g. Manchester & Hackney models

A Pipe Dream?

Changing our perception of what's acceptable for older people

- For those receiving 3 visits a day at least one of those to be 1 hour

- Every older person to be able to go out a minimum of once a week

Inspire
Young People

InSpire is a Community Organisation, 15 years old, serving SE17, via 2 centres - InSpire on Walworth Road and 2InSpire on the Aylesbury. We offer a range of free to access programmes for adults and young people, young people being 2/3 of what we do right now – youth work, estate-based youth clubs, youth arts, youth employment and advocacy for young parents.

We work with 800+ young people every year.

Defining 'young people' as those aged 8-24. Recognise this is large range, with very different, but closely connected needs. And needs not addressed follow them as they get older.

Four points to explore, all be it briefly:

1. What are the challenges facing young people?
2. What progress has been made?
3. What are the barriers to more effective action?
4. What more needs to be done and how can the HWB help?

1. What are the challenges facing young people?

- Regeneration and gentrification of Elephant and Castle, and SE17 in particular, but in fact across the Borough – making the most of opportunities (employment, training, creativity) and mitigating the challenges (feeling pushed out, feeling the regeneration is 'not for them', rising living costs, loss of housing/roots/community, loss of play spaces)
- Financial/Economic challenges – unaffordable rents (even affordable rent isn't really affordable) and basic living costs, those with LW jobs can't afford to live in the borough they grew up/work in; only young people living at home with supportive and comfortable parents can afford things like apprenticeships; employment opportunities on offer are not always what they want/need/can manage
- Crime and fear of crime – peer pressure, gangs and knife crime, postcodes, freedom of movement, other people's negative expectations
- Lack of role models – hardest to reach have low expectations, limited vision, unrealistic and unacceptable expectations of what and how relationships work (friends, family, lovers, professional relationships)
- Managing relationships - resilience, ability to negotiate and disagree - old fashioned youth work conversations/life skills work
- Challenges are not discreet, all connected
- Young people at intersections of multiple challenges have the hardest time

- Feels like a lack of holistic support for those with multiple needs - have to see a lot of different professionals for different things, professionals often limited by waiting lists, set timeframes that don't match with those of other interventions

2. What progress has been made?

- Diversity of VCS in Southwark, in SE17 lots of high impact projects on offer at various times and locations - youth employment programmes, youth arts, youth clubs, sports, after-school programmes
- Needs led service delivery
- VCS engaging with local businesses to increase opportunities (employment and youth projects, arts organisations/galleries)
- VCS organisations communicating with each other more
- Some formalising of local strategy and some coming together to ensure delivery isn't duplicated

3. What are the barriers to more effective action?

**some of these might appear contradictory, two sides of the same coin*

- Complex VCS, strength in diversity but challenge to ensure awareness, cross referral, working together, takes effort to avoid duplication or unconscious competition
- Finding specialists
- Holistic support (as opposed to generic)
- Long term funding and covering core costs (lots of good work has happened, almost all of it is getting by on repeated short-term funding, risk that good projects are lost due to resource issues)
- Other services being able to pick up their part – impact of long waiting lists, e.g. can't sustain a job until dealt with MH, but non-crisis MH waiting list is long, and recovery is long.

4. What more needs to be done and how can the HWB help?

- Using social regeneration projects to improve health and wellbeing, build confidence, invest in the people they will become
- Partnership working with non-health specialist services to achieve public health aims:
  - e.g. youth clubs, community groups – see it happening for mental health services for older people, be good to see it for youth
  -better referral pathways between specialist and non-specialist services
  - more support for those who are getting by but not thriving (e.g. not yet in crisis but held back by anxiety issues, and will be in crisis if not addressed)

-Commissioning long term projects, commissioning holistic projects, facilitating partnerships earlier on in the process

- Support VCS to recognise/measure/acknowledge the impact of youth clubs, youth work relationships and youth programmes on current and future wellbeing and in public health language.

Tracey Franklin, CEO, InSpire traceyfranklin@in-spire.org.uk
July 2018

Southwark Law Centre

Issue and Evidence: More recently arrived BAMER migrants and people with insecure immigration status

Key Challenges and Barriers

- Lack of knowledge of rights and access to services in the UK
- Language and cultural issues- e.g mistrust of authority
- No Recourse to public funds
- Complex immigration regulations which are difficult for health professionals to understand
- Long home office delays and general hostile environment
- Isolation and rise in hate crime
- Some groups e.g. migrants from LGBT community, women who have been victims of abuse facing multiple disadvantage and trauma

Evidence Base

Evidence on physical and mental health suggests there are poorer outcomes overall for non-UK born individuals residing in the UK compared to the UK population, but these vary according to migration histories and experience in the country. (Migration Observatory Nov 2014) T

For example: More than one in ten rough sleepers in London in 2015 were people from non-EU countries, most of whom had no recourse to public funds. (Homeless Link November 2016)

The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population. (Shelter report: homelessness A Silent Killer)

Whilst the vast majority will not become homeless, migrants, refugees and asylum seekers are particularly vulnerable to homelessness. This is due to a range of factors, both personal and structural, including a lack of support networks, such as friends and family, to turn to in a time of crisis; difficulties with language and a lack of familiarity with the British system, and not being entitled to benefits and services

The root cause of homelessness and destitution for many homeless patients is the lack of legal status in the UK. Disadvantaged people and the agencies who support them are often unaware of their rights and remedies, and because of ill health issues migrants may be unable to seek appropriate help.

There are often delays of many years in the Home Office making a decision on immigration applications. This leaves people in a state of limbo, unable to work or claim financial support, or to even begin the process of integration into the UK

Both socio-economic circumstances and immigration regulations affecting some migrant groups impact negatively on access to and use of health care.

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For example: Vulnerable women face charges for NHS maternity care which start at £4,000 and rise to £10,000 or more. Many of these women have lived in the UK for some years and include destitute asylum seekers and women brought to the UK by abusive partners. Research by Maternity Action and Doctors of the World has shown that charging for maternity care reduces the likelihood of vulnerable migrant women receiving essential maternity care. New requirements to produce ID before receiving care are an additional barrier to access for these women.

Illustrative Case studies

Southwark Law Centre (SLC) has a partnership with Kings Health Pathway team who support homeless patients in hospital settings. For many people they cannot be discharged from hospital onto the streets. Lack of immigration status was identified as the root cause of much of the homelessness particularly at the KCH site.

Some of the most recent referrals we have taken from KHP Pathway include:

1. A 21 year old girl, in hospital suffering from sickle cell crisis, who has leave to remain but with a condition of 'No Public Funds', which the KHP Pathway team considered was adding to her stress and contributing to her deteriorating health.

2. SLC is assisting a Turkish gentleman to make a 'No Time Limit' application, which if successful would confirm that he has a settled, lawful status in the UK, without any time limit. The client is elderly and has complex health problems, including dementia, a previous stroke, diabetes, two recent heart attacks and low mobility meaning he is a falls risk. He had been living in hostel accommodation, this was dangerous due to his health but he was not thought to be eligible for supported accommodation due to his immigration status. There had been a pattern of him being discharged to unsuitable accommodation and very quickly being readmitted to hospital. He had been visited in hospital by immigration officers who informed him he had no lawful basis to remain in the country. At the time of referral he had no documents other than his bus pass and did not recall his Home Office reference number of national insurance number or address history. We supported him to obtain evidence of his lawful residence in the UK since 1969, meaning he has settled status by virtue of Part 1 section 1(2) of the Immigration Act 1971. As a result he was able to be referred to a care home and now resides in supported accommodation. Through our investigations it transpired that the Home Office had destroyed the client's file (including evidence that he had made an immigration application in 1970 which remained outstanding).

3. SLC is assisting a Mexican asylum seeker who fears return to Mexico on the grounds of his sexuality. He was admitted to Guys and St Thomas's Hospital due to complications arising from HIV and malnutrition after a period of street homelessness and self-neglect. Following a referral through the GST Pathway team SLC were able to assist him to make an asylum claim and to access asylum support. The case is complex because the gentleman has a mental health condition and high levels of anxiety. At present his case has been refused by the Home Office but he has been given a right of appeal which has been exercised and an appeal date is awaited. Since his discharge and admittance to asylum support accommodation his health has

improved, he has gained weight and he regularly attends follow-up appointments at the hospital whilst maintaining his course of medication. The chances of his re-admittance to hospital currently appear remote.

What works well/ what progress has been made

Co-location of services such as the support that SLC provides in hospitals. This encourages good referral Pathways and enables some of the most vulnerable m embers of our community to be reached.

Hollistic approach to support as in that provided by Southwark Day Centres for Asylum Seekers – befriending, food, access to advice and health care.

Southwark council commitment to resettling 25 refugee families

Community Activists organising to sponsor a refugee family to come to the UK

What could Health and Well Being Board do?

- Encourage the CCG to work in partnership with the VCS support groups to build a better understanding of the needs of disadvantaged migrants
- Carry out research to improve the local evidence base on migrant health needs to identify gaps in service delivery and to build an evidence base to support commissioning arrangements and plans for future service provision. This could include co-commissioning and pooled resources to optimise service delivery and improve outcomes.
- Consider a social prescribing model with effective referral pathways to deal with some of the barriers that people face that may make them more of a drain on NHS resources e.g. do people need legal advice, support with financial help, befriending to reduce isolation etc
- Provide a programme of awareness training for frontline health workers on the issues facing more recently arrived migrants and the social prescribing model
- Explore how Southwark can become a Borough of Sanctuary for migrants

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