

Partnership Southwark Recovery Plan - Delivery Update

February 2021

Partnership
Southwark



Working together to improve health and
wellbeing for the people of Southwark

OUR
VISION

...to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.

Addressing Inequalities

actively listening and responding to partners and residents
in support of Southwark Stands Together and in building broader community engagement

Safeguarding our communities and those who support them

mitigating and managing any second wave of COVID-19
with dedicated support to those who are vulnerable or at risk

Start Well

supporting children and young people - "keeping families strong"

Live Well

supporting working age adults with joined up services that tackle the causes of ill-health and promote wellbeing

Age Well

neighbourhood-based networks to keep people as healthy and independent as possible in their home

Care Well

supporting those in care and residential settings for older people and physical disabilities, mental health and learning disabilities

Safeguarding our communities and those who support them

- We are undertaking a coordinated approach to communications and engagement around Covid-19 vaccinations – including collecting intelligence, raising awareness and access, and addressing vaccine hesitancy (of residents and health and care professionals) through targeted and wide-ranging communication and engagement approaches.
- We are part of the coordination and implementation group for the Community Support Alliance to help take forward the recommendations following the September Cabinet Report, with the Partnership Southwark Programme Director helping lead one of the working groups.
- We have regular touchpoints across our partner organisations and key stakeholders to ensure we are keeping abreast of potential issues and gaps in our approach and sharing learning.
- We recognise the need to collate the latest intelligence and data on population need/experience from across the partnership – (particularly within Public Health) so that we are using this to inform our approach for the delivery of the recovery plan and horizon scanning.
- The task and finish group for the mental health and wellbeing strategy refresh will inform key priorities for delivery in each of our recovery plan work streams – recognising that this cross-cuts all of our population-based workstreams.



Start Well: Supporting children and young people – ‘keeping families strong’

- The work-streams for (1) Under 5s; (2) Primary School children; and (3) Secondary school students (11 to 18) are paused during this third national lockdown and focusing on safe and collaborative delivery of services while schools are closed.
- At the last SCYPP meeting, the discussion was about opportunities for collaboration and mutual support for the workforce to support our CYP and families, as well as a presentation from the Guys and St Thomas’s Charity about their developing Adolescent Mental Health programme.
- Front line staff are continuing to deliver under challenging circumstances. There is a noted increase in demand for services including child protection plans and mental wellbeing and mental health services.
- For Safeguarding there has been an increase in Child Protection plans during pandemic – 100 more than in March 2020, an increase of a third.
- Domestic violence has increased, as has self-harm in adolescents.
- Lack of visibility is a hidden harm - School nursing team down 25% through redeployment and school closure is a noted hidden harm concern. The ability of health visiting – working on how best to develop an approach support parents who can, in turn, support CYP.
- Essential services have maintained face-face contact during this lockdown and that demonstrates the learning from the first lockdown but this may become less universal as time goes on. Child Protection is often not the most helpful response to a family’s needs and there is a potential this will overwhelm the system and reduce opportunities to engage from a position of support rather than censure.
- There is an acknowledged need to plan a response to the emerging mental health demand, that is likely to emerge as pent-up demand for children as they return to school.
- Concerns about attendance of CYP with MH needs at A&E attendance, however, The Nest and the Children Workforce Practitioners have points of self-referral – young people are quite welcoming of that. Lots of children are happy to have remote access as are parents undertaking virtual workshops. Kooth is also available as an on-line offer.
- Education colleagues are supporting remote learning (which must be blended and not screen-time only. They are working in partnership to secure laptops for the digitally excluded. There is also the challenge for some children who live in Southwark and attend school out of borough.

Live Well: Supporting working age adults

- We are progressing work to help improve community mental health services and links with primary care and the voluntary community sector at a neighbourhood level (incl. bid for mental health transformation investment monies co-developed with partners)
- We have invested in a hosted post within Community Southwark to undertake a scoping exercise to inform our refreshed approach to integrated social prescribing and re-establish the Southwark social prescribing network
- We have started to identify the range of initiatives and projects focused on working age adults within our partner organisations with a view to facilitating less fragmentation, enhanced awareness and impact (e.g. PAUSE and multiple disadvantage, Southwark food action alliance, Southwark health inequalities framework, the Healthy population programme, which includes diabetes, screening, healthy weight, and the work outlined above).
- The refresh of the All Age MH strategy will inform the future programme of this cell in relation to the impact of the pandemic on the wellbeing for working age adults in relation to anxiety about catching the virus, grief from bereavement, (fear of) unemployment, worries about debt, inter-generational discord/violence from overcrowding
- It is anticipated that there will be an increase in co-morbidities/complex needs of those that have recovered from Covid, which the Live Well Work stream will coordinate a response to.

Age Well: Supporting our older and frail populations

- Working together to support discharge pathway and Winter/Covid responses, learning from Covid wave one and using operational information to inform joint commissioning. This work is being led at a South East London level and systems are working closely together to share best practice.
- The multi-agency hospital discharge hubs across GSTT and KCH are working efficiently, with daily escalation meetings to senior leaders to facilitate complex discharges in a timely manner.
- As a result of sustained partnership working, Trusted Assessor arrangements are in place with majority of care homes for both the acute hospital discharge teams, this has improved discharge flow and reduced pressures both on care homes and the hospitals.
- Adult Social Care operational and commissioning colleagues are working across Southwark and Lambeth to increase the provision of nursing care beds across South East London and sharing resources as required.
- The Council is working in partnership with a private social care provider to alleviate a highly pressurised Intermediate Care Southwark team through recruiting new workforce and providing additional Reablement hours. Reablement in its truest sense has been suspended due to it operating as a pathway for rapid hospital discharge. When this current wave of the pandemic subsides reablement will need to recalibrate and have a greater focus on the psychological elements of 'long covid' in terms of motivation and mental wellbeing.
- Workshop undertaken in January to review priorities and further develop roadmap and work plan.
- Weekly multi-agency COVID-19 meetings are in place for Care Well/Age Well to manage issues arising and act as an escalation point.
- Leadership cell helping to facilitate mutual aid (e.g. ASC day centre staff helping Primary Care networks at Tessa Jowell vaccination centre).

Care Well: Supporting those in care and residential settings

- Weekly multi-agency COVID-19 meetings are in place for Care Well/ Age Well to manage issues arising and act as an escalation point.
- Links have been established with the Southwark Care Homes Forum, Lambeth Covid Work stream and Neighbourhood and Wellbeing Delivery Alliance, and GSTT Covid Tactical group.
- We have visited all care homes to offer the vaccine.
- As a result of sustained partnership working, Trusted Assessor arrangements are in place with majority of care homes for both the acute hospital discharge teams, this has improved discharge flow and reduced pressures both on care homes and the hospitals.
- The pandemic response and vaccination programme has impacted upon the availability of colleagues within the Care Well Workstream, and progress with LD/MH scoping and development has been slower than expected.
- Within the Southwark council + CCG Joint Commissioning Team - Care and Nursing home work continues with regular meetings with providers, which includes checking any issues they need support with as well as sharing information and discussion. Support has included sessions for care homes with a local GP to improve staff knowledge and uptake of the vaccine. The care and nursing home work programme (which also includes contracts and service development) is overseen by the Nursing Care Programme Board chaired by the Director of commissioning at Southwark council.
- Next steps are to develop a project recovery plan and a refreshed meeting schedule to move the work forward. There will be a focus on:
 - Older persons care homes - looking at data for both acute activity and outpatients, demand and capacity activity, and designing options for aligning community teams to a PCN/Neighbourhood with a named link person.
 - Learning disabilities, mental health and substance misuse residential settings – develop a high level strategy, informed by scoping exercise to determine the number of residents in each population group and setting, and identify priority areas of focus to address residents health, care and support needs.