

## Partnership Southwark Strategic Board

### Agenda

Thursday 7<sup>th</sup> November 2024 13:30 – 16:30

Venue: 160 Tooley St, G02ab

Chair: Cllr Evelyn Akoto

Time	Ref	Item	Lead	Enc
13:30	1	<b>Welcome and Introductions</b>  <b>Apologies</b>  <b>Declarations of Interest</b>  <b>Minutes of the last meeting</b>  <b>Action Log</b>	Chair	<b>Enc 1 – Declarations</b>  <b>Enc 1i – Minutes</b>  <b>Enc 1ii – Action Log</b>
13.45	2	<b>Family Hubs</b> (item for information and discussion)	Alasdair Smith	<b>Presentation on the day</b>
14.15	3	<b>Maternity Commission</b> (item for information and discussion)	Liz Brutus	Enc 2
14.45	4	<b>Public Questions</b>	Chair	
14.55		<b>Break</b>		
15.05	5	<b>Health and Care Plan Priorities Refresh – Focus on Frailty</b>	Rebecca Jarvis, Tania Kalsi and Sehrish Baloch	Enc 3
15.35	6	<b>Strategic Director for Health &amp; Care and Place Executive Lead Report</b>	Darren Summers	Enc 4
16.05	7	<b>Healthwatch report</b> (item for information and discussion)	Rhyana Ebanks-Babb	Enc 5
16:25	8	<b>Any Other Business</b>	All	
16:30		<b>Close Meeting</b>	Chair	

Next held in-public meeting: 30.01.25



## Declaration of Interests

**Name of the meeting: Partnership Southwark Strategic Board**

**Meeting Date: 07/11/2024**

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Social Care, Southwark Council	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	CCPL, VCSE representative	<ol style="list-style-type: none"> <li>1. Producer of 'Talking Saves Lives' public information film on black men and cancer</li> <li>2. Trustee for Community Southwark</li> <li>3. Trustee for Pen People CIC</li> <li>4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark – <b>Pending email validation</b></li> </ol>
Claire Belgard	Interim Director of Integrated Commissioning	<b>Pending</b>
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Eniko Nolan	Assistant Director of Finance for Children and Adult Services	No interests to declare – <b>Pending email validation</b>
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	<ol style="list-style-type: none"> <li>1. Wife is Deputy Director of Financial reporting at North East London ICB</li> <li>2. Member of GSTT Council of Governors (ICB representative)</li> </ol>
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Graham Head	Healthwatch	No interests to declare
Josephine Namusiriley	CCPL, VCSE Representative	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> <li>1. Trustee, &amp; Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and</li> </ol>



		<p>it's head office is based in Southwark. The organisation holds a contract with Southwark.</p> <p>2. CEO for The Loop Drug Checking Service. The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector. – <b>Pending email validation</b></p>
Laura Coupe	Managing Director, Agincare	No interests to declare
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Monica Sibal	IHL representative	No interests to declare – <b>Pending email validation</b>
Nancy Küchemann	Co-Chair Partnership Southwark and Chair of Clinical and Care Professional Leads, Deputy Medical Director, SEL ICB	<ol style="list-style-type: none"> <li>1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network.</li> <li>2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme.</li> <li>3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee.</li> <li>4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich.</li> <li>5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology.</li> <li>6. Husband Richard Leeming is councillor for Village Ward in south Southwark.</li> <li>7. Deputy Medical Director at SEL ICB</li> </ol>
Nigel Smith	Director, Improving Health London	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	1. Quay Health Solutions holds contracts for delivery of services through the following contracts commissioned by SEL ICB: New Mill Street GP Surgery
Rebecca Jarvis	Director of Partnership Delivery and Sustainability	No interests to declare
Sabera Ebrahim	Associate Director of Finance, SEL ICB, Southwark	No interests to declare



Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Kwofie	Director of Homecare (London & South) City and County Healthcare Group	No interests to declare
Sumeeta Dhir	Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	CCPL, VCSE representative	<ol style="list-style-type: none"> <li>1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice.</li> <li>2. Board Member Community Southwark.</li> <li>3. Married to the Executive Director of South London Mission</li> </ol>



## PARTNERSHIP SOUTHWARK STRATEGIC BOARD MINUTES

**Thursday** 5 September 2024 at 13:30

**Venue:** PPL Hub, St Saviours Wharf

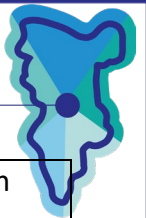
**Chair:** Cllr Evelyn Akoto

### Attendees

MEMBERS	
Cllr Evelyn Akoto (EA)	Co-Chair, Cabinet Member of Health & Wellbeing
Dr Nancy Küchemann (NK)	Co-Chair, GP, CCPL Chair, Deputy Medical Director SEL ICB
Darren Summers (DS)	Strategic Director for Health & Care & Place Executive Lead
Dr Sumeeta Dhir (SD)	GP and CCPL Chair
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Dr Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Katy Porter (KP)	Independent Lay Member
Rebecca Jarvis (RJ)	Director of Partnership Delivery & Sustainability
Cedric Whilby (CW)	CCPL VCSE Representative
Anood Al-Sameria (AAS)	CEO, Community Southwark ( <a href="#">absence in meeting apologies</a> )
Louise Dark (LD)	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT
Dr Ami Kanabar (AK)	GP, LMC Representative
Amanda Coyle (AC)	Director, Partnership Southwark
Alasdair Smith (AS)	Director of Children's Social Care
Genette Laws (GL)	Director of Integrated Commissioning
Josephine Namusisiriley (JN)	CCPL VCSE Representative
ATTENDEES	
Chris Williamson (CWh)	Assistant Director - Place, Partnerships & Intelligence ( <a href="#">SL deputy</a> )
Pippa Wady (PW)	Independent Consultant
Eddie Townsend (ET)	Director of Communications, Engagement and Change
David Segal (DSe)	Director, PPL
Livia Katz (LK)	Strategy & Policy Manager
Louisa Lamothe (LL)	Business Support Officer
Esther Okedeyi (EO)	Business Support Officer
Madeleine Medley (MM)	Business Support Lead (Minutes)
APOLOGIES	
Dr Emily Finch (EF)	Clinical Lead, South London & Maudsley NHS Foundation Trust
Dr Gavin McColl (GM)	GP, Clinical Director South Southwark PCN
Rebecca Dallmeyer (RD)	Director, Quay Health Solutions
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
Nigel Smith (NS)	Director, Improving Health London
Winnie Baffoe (WB)	Director of Engagement & Influence, South London Mission, VCS CCPL
Julie Lowe (JL)	Site Chief Executive, Kings College Hospital NHS FT
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Eniko Nolan (EN)	Assistant Director of Finance Children's & Adults Services Southwark Council



<b>1.</b>	<b>Welcome &amp; Introductions</b>
1.1	The Chair welcomed all members, attendees and members of the public to the Partnership Southwark Strategic Board held in person and asked for members and presenters to introduce themselves. The Chair noted and requested future consideration to the room configuration.
1.2	Apologies were noted.
1.3	<p><b>Declarations of Interest</b></p> <p>The Chair <b>noted</b> inclusion of declarations within papers and asked if there were any conflicts to highlight with agenda items. NK updated members on appointment as Deputy Medical Director and all members were asked to ensure they review their declarations every six months.</p>
1.4	<p><b>Minutes of last meeting</b></p> <p>The minutes of the previous meeting were <b>AGREED</b> as a correct record.</p>
1.5	<p><b>Action Log</b></p> <p>There were no open actions for review.</p>
<b>2.</b>	<b>Southwark 2030</b>
2.1	The Chair welcomed presenters, Eddie Townsend, David Segal and Livia Katz who gave a brief background on the engagement and progress with overview of slides shared in papers.
2.2	It was stated that the Southwark 2030 is not a Council plan, it is a borough plan for all agencies and all partners working together towards common goals. Engagement with residents has accumulated into the three principles and six priorities outlined in the paper, to work towards between now and 2030, with emphasis on tackling inequality, prevention work and being people powered. It was noted from the engagement, residents want the basics right for a good life.
2.3	A summary was given on the overarching strategy, principles and vision, with outline of the six goals and actions. It was noted that detail is broad and the team welcomed input on the health outputs and in particular goal number five.
2.4	There was discussion around the 'I' statements, to understand if they were co-produced and a request that to be meaningful, they need to be related to real measurables to know if a difference has been made. Emphasis was made to two main indicators: life span and health span.
2.5	There is risk that there are two parallel pieces of work in Southwark 2030 and Southwark Health & Care Plan, so work must ensure that priorities are aligned with clear goals, a clear set of actions and outcome measures. There was reflection on the relationship between factors influencing mental health and ability to stay well, noting that a broader set of factors can



	<p>impact wellbeing which the partnership should consider in workstreams. There was also an ask to align guiding work and principles of the Health &amp; Wellbeing Strategy and avoid duplication.</p>
2.6	<p>In response, 'I' statements were co-produced from resident engagement and the strategy documents outline why those three areas are most important. Colleagues will be informing how these are translated into actions, outcomes and measures, and all comments and input from the meeting will be fed into the next version.</p>
2.7	<p>AAS noted in each of the three areas 'taking action as a partnership', specifically the Voluntary &amp; Community Sector (VCS) and wanted to highlight the number one issue for the VCS is funding, with ask that if 'in partnership' includes the VCS, there is also need to include how that is funded and supported. It was also felt that the 'I' statements came across more vague than the 'We will deliver' and are also missing the inequality characteristics, with examples shared.</p>
2.8	<p>The huge preventative value of the VCS in mental health was also highlighted with a suggested measure being how much support is given to VCS working with mental health. It was also highlighted that funding does not come with social prescribing referrals to the VCS, so in referencing a measure to increase referrals, one radical measure would be to fund social prescribing referrals. The Chair and ET noted further work that will go on to explore issues to meet goals.</p>
2.9	<p>JN reflected on the lack of family language. Detail refers to children, young people and adults without acknowledging the primary carers. The Chair noted family reference in some goals but agreed not within the 'Staying Well' and it was agreed that language will be strengthened.</p>
2.10	<p>The timeline overall is 2030; the measures and outcomes framework is expected this year and is due to go back to Cabinet with more detail.</p>
2.11	<p>CW felt the VCS was a major partner in prevention and indicated that Southwark 2030 was a local authority council led initiative. He also observed the importance of balancing partner spend on treatment rather than prevention and integration. DS referenced the launch in June and agreed it can be seen as local authority led, but in the context that the local authority is a convener of all partners and anchor leads, so language may need to be re-considered.</p>
2.12	<p>It was felt the task of the board should be endorsement of the headline outcomes, generated from resident engagement and the next focus will be how to interpret and deliver them with measurables, understanding the impact being instrumental to closing the gap in inequalities. Reference was made to the conflicting ambitious measures and finances and acknowledging that residents want the basics right. It was felt the challenges needed to be reflected alongside the ambitions to feel authentic and leaders will need to move past finance challenges to work on delivering the strategy, to give a brighter future to Southwark.</p>
2.13	<p>The Chair and Board <b>SUPPORT</b> the broad themes and welcome further exploration around delivery and outcomes in the workshop sessions.</p>







3.	Strategic Director for Health & Care and Place Executive Lead Report
3.1	Darren Summers took the report as read but highlighted some key points.
3.2	Not included in this report was Southwark hosting an ICB Board visit last Thursday which saw members visit some local services; Public Health screening and health check initiative, mental health & wellbeing hub and Camberwell Lodge care home. More detail will be included in the November report. The visit went well and DS expressed thanks to all for the valuable discussions.
3.2	A Synnovis update was given as since publication of the report, the move back to Synnovis systems would be delayed by approx. two weeks. The primary care GP collective action was also referenced with minimal impact in Southwark so far, but there is a risk it could escalate across the country and the impact will need to be managed in the coming months. OO wanted central risk monitoring to acknowledge the impact on Southwark from Synnovis which affected primary care management of long-term conditions.
3.3	In regard to finance reporting, a very brief overview was provided but an integrated report is being developed for November, which will bring much more detail against functions, performance indicators and quality. It was emphasised that whilst reporting for Partnership Southwark's delegated budget predicts year end balance, it does mask a number of more serious issues. There is a deficit and achieving balance is through non recurrent measures and very limited investment. There will be work with all partners to bring budgets back in balance to enable future investment. Example was shared around mental health services, where the ICB Southwark Place is looking at £4.2million projected deficit on mental health outplacements for 2024/25. When faced with that level of deficit, there is no room to invest, so there will be work with partners to resolve this shared system issue.
3.4	The Chair asked to understand more on the GP collective action as residents are concerned. OO informed of the national issue and how local practices are considering mitigations around impact of seeing less patients, enhanced access, centralised hubs and data sharing. AK emphasised that it is not about seeing less patients for less work, it is about patient safety and safe working. CW asked if practices that will reduce had been identified and was informed that overflow capacity does exist, a potential move to safe working will meet urgent demands but there may be a longer wait for non-urgent need. KP informed that this will be added to the Primary Care Group risk register.
3.5	The Chair asked for clarification around the finance pressures. DS confirmed the biggest risk areas are mental health and prescribing. There is underspend in some areas, with fantastic work in Continuing Health Care (CHC), but the report does not identify non recurrent measures and would like to share more openly with partners the recurrent £3million deficit which is being balanced out with short term measures.
3.6	DQT noted the Council's three year budget and settlements for public services and felt it would be helpful to have a three year timeline for the delegated Place budget for better stability. There is advantage now that DS has oversight of both Southwark Council and







3.7	<p>Southwark ICB finances but noted the annual cycle for health funding.</p> <p>The Chair and Board members <b>NOTED</b> the report.</p>
<p><b>4. Public Questions</b></p>	
4.1	<p>The Chair acknowledged the questions received in advance and welcomed the member of public to share them in the meeting. Both questions and responses provided, will be published on the website (click <a href="#">here</a> to view).</p>
4.2	<p>There was reflection around the value and consistency of recording of pulse rhythm and this will be fed back to the health check van. However, overall there are more opportunities for checks in place following changes to templates and awareness raising campaigns and even self-recording of vitals is advancing. Referring specifically to the care of people of Afro-Caribbean origin, organisations need to continue to improve access and ensure every staff member working with this population is anti-racist and culturally competent.</p>
4.3	<p>There was an ask that when questions are received, responses are shared as promptly as possible so that they can be considered in advance.</p>
4.4	<p>The Chair expressed thanks for the questions and to colleagues for responses.</p>
<p><b>5. Health and Care Plan – Lookback &amp; Refreshed Priorities</b></p>	
5.1	<p>Amanda Coyle began by highlighting milestones and work achieved since the Health &amp; Care Plan priorities were agreed a year ago, expressing thanks to partners and colleagues involved.</p>
5.2	<p>The Chair acknowledged the look back and the work that has gone on, of which some will move to business as usual. AAS wanted to understand how some workstreams progressed so much more, which was mainly due to being able to galvanise partners and resource for specific goals. It was recognised that VCS is key to prevention work. Some workstreams will continue to be monitored through the Health &amp; Care Plan or in service portfolios.</p>
5.3	<p>Rebecca Jarvis led members into the workshop session, initially giving a recap on the workshop and table top discussions held on 1 August about what can be best delivered in partnership and have the biggest impacts. Outputs fed into the next stage of refreshed priorities and Pippa Wady shared slides summarising the discussions and the six proposed priorities with the proposed methodology.</p>
5.4	<p>AAS questioned the need to revisit so soon and if six priorities was too many. Concern was expressed around VCS time in multiple workshops and in language used, with example to 'scale up VCS' which should be 'invest in the VCS'. DS responded that there is plan for only one workshop, gave example to too broader priorities and felt energy should now focus on the purpose of the programmes, actions for the partnership to deliver and the outcomes.</p>



5.5	GL wanted to understand the ‘expanded family hubs’ priority and DQT outlined the governance arrangements for family hub funding. It was asked if 1001 Days programme should sit as a priority for the strategic Board but in discussion, it was felt that the 1001 Days was a different approach, hyper local, through an existing organisation and at a specific location. It was suggested the learning from the programme should inform how family hubs are developed. There was suggestion for neighbourhood working for children and families and whether the Live Well integrated neighbourhood teams priority could expand into a neighbourhood approach for families, children and transition to adults. JN noted the difference and impact from 1001 days approach which transformed relationships and emphasised the need to take that learning and best practice forward.
5.6	There was lengthy discussion around the overlap of the two priority areas and possibility to amalgamate neighbourhood and family hubs, whether family hubs needed redefining and for drive sponsor and observe with Start Well and Live Well in regard to neighbourhood and collaborative working. The same approach used in 1001 Days would also be beneficial in other priority areas. DS felt the Board should explicitly observe any real benefits to residents and noted the integrated neighbourhood teams is a theme we are most confused about, but it does cut across several priorities. There is plan to use the October session to understand from each partner what integrated neighbourhood teams means for each of them, to bring clarity on what we are all working towards.
5.7	AAS suggested an additional enabler with the VCS being partners in the priority. There was also reference to how language reflected health inequalities.
5.8	Now that the Health & Care Plan has celebrated a year, it was asked if this will be an annual cycle. The plan is for a three year time frame to allow time to be bold, but in terms of planning ahead, there will be an eighteen month look ahead with lots of detail in first six months and then a refresh of the plan regularly.
5.9	It was agreed to take out the family hub model and focus on the neighbourhood model/local approaches.
5.10	The Chair and Board <b>AGREED</b> the priorities with request that 1 and 3 are defined and there is addition of the two enablers.
5.11	Members and participants moved into groups to explore <i>“In three years what will be different to Southwark residents by us delivering against these priorities”</i> for integrated frailty, children’s mental health, adult mental health and prevention and inequalities. Scribes from each table will take the outputs to inform the October Board development session.
<b>9.</b>	<b>Any other Business</b>
9.1	The Chair noted the next development session in October to focus on neighbourhood teams and refinement of Southwark 2030, to work toward a delivery plan.
9.2	The next held in public meeting is scheduled for 7 November 2024.





9.3	The Chair also informed of the Maternity Commission launching on 30 <sup>th</sup> September 2024.
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The meeting closed at 16:30 and the Chair thanked everyone for their time.

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG				
No.	MEETING DATE	ACTION	STATUS	ACTION FOR / UPDATE
No Outstanding Actions to Note				

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: 3**  
**Enclosure: 2**

<b>Title:</b>	<b>Southwark Maternity Commission</b>
<b>Meeting Date:</b>	<b>7 November 2024</b>
<b>Author:</b>	Megan Velzian, Policy & Programme Officer, CYP, Public Health
<b>Executive Lead:</b>	Liz Brutus, Assistant Director Public Health, Southwark Council

### Summary of main points

- The Southwark Maternity Commission (SMC) was set up to assess and address inequalities in maternity care, particularly for families from a minority ethnic and/or socially disadvantaged background.
- Over the past nine months, SMC engaged with over 750 local residents, voluntary and community sector representatives, local maternity care service providers and local workforce.
- It did so through engagement including six public meetings, community engagement and stakeholder workshops.
- It identified **five over-arching themes**:
  1. Tackling discrimination and better supporting women with specific needs.
  2. Making sure women are listened to and supported to speak up, whatever their language or background.
  3. Providing women with the right information at the right time in the right way.
  4. Joining up council and NHS services better around women's needs, and making sure care is consistent across borough borders.
  5. Supporting the workforce to remain in their roles and be able to give compassionate and kind care for all mothers.
- As a result of its work, it developed **ten recommendations**:
  1. Leadership in addressing racism that leads to unequal maternal health
  2. Develop a new national way of reporting maternal health
  3. Review the maternity workforce
  4. Evaluate the fairness of maternity services
  5. Listen to and empower families
  6. Preparation and support before pregnancy
  7. Give parents the right information, at the right time, in the right way
  8. Create a joined-up approach to families' needs between the NHS, south east London boroughs, and voluntary and community sector
  9. Southwark Council to review their role in maternity care
  10. Review how feedback is dealt with

The SMC acknowledges the existing work of Partnership Southwark and highlights the importance of collaboration to help build alignment across existing and planned programmes of Partnership Southwark work and the SMC Action Plan as it is developed.

Item presented for (place an X in relevant box)	Update	Discussion	Decision
	X		

### Action requested of PSSB

The request is for the PSSB to consider:

- 1) How might Partnership Southwark support the recommendations
- 2) Future invitations for partners to join in the Southwark Maternity Commission's action planning and working groups

### Anticipated follow up

Once the action plan has been developed, this will be shared with the Partnership Southwark Start Well group.

### Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	
Adult mental health	
Frailty	
Integrated neighbourhood teams	
Prevention and health inequalities	X

### Item Impact

Equality Impact	The commission has highlighted the existing inequalities in experience and outcomes for local women and families due to race and other protected characteristics. Seeking alignment with Partnership Southwark Health and Care Plan priorities will add weight to our own aims to tackle inequalities.		
Quality Impact	Variation in outcomes and experience of services is a quality issue which needs to be addressed system wide. Raising awareness and stimulating action via this commission is intended to have a positive impact.		
Financial Impact	Prevention of maternal ill health and giving children the best start in life will ultimately lead to reduced use of costly health care in long term.		
Medicines & Prescribing Impact	Prevention of maternal ill health and giving children the best start in life will ultimately lead to reduced use of medications for longer term conditions in long term.		
Safeguarding Impact	The report aims to improve outcomes for mothers and infants, including the needs of vulnerable individuals such as those in contact with social services, refugees, asylum seekers and migrants, and those in contact with the criminal justice system. Improving maternal outcomes and maternity care provision subsequently improves infant outcomes.		
Environmental Sustainability Impact (See guidance)	<b>Neutral</b>	<b>Positive</b>	<b>Negative</b>
		X Supports a preventative model of health care which is carbon saving in long term	



### Describe the engagement has been carried out in relation to this item

Extensive engagement was carried out to inform this report. This includes:

- Six public meetings attended by senior trust representatives, frontline staff, and service users;
- A focus group for fathers
- Online survey for residents
- Online survey for the workforce
- Commissioned engagement work carried out by The Motherhood Group
- Stakeholder feedback workshops.



# Southwark Maternity Commission Partnership Southwark Strategy Board

7 November 2024



## Request that the Partnership Southwark Strategy Board (PSSB) considers:

- Which Southwark Maternity Commission recommendations align best with the PSSB priorities;
- How PSSB partners might support the recommendations;
- Future invitations to join in the Maternity Commission's action planning and working groups.

# The Maternity Commission journey

There has been a huge amount of work taken place over the past nine months, including six public meetings, community engagement and stakeholder workshops.



# What we hoped to achieve

The aim was for the Commission's resulting evidence to lead to three key outputs:

1. **A report and recommendations** which will be used to support **action planning** and change in the systems needed to reduce drivers of inequality
2. **Awareness resources** which will aim to raise community awareness about having a safe pregnancy and childbirth, including advice as to how to self-advocate during pregnancy
3. **A message of solidarity** to the population of Southwark to reassure residents that their voices are being heard

# Key themes

## Our work with stakeholders led to the development of five themes



Tackling discrimination and better supporting women with specific needs.



Making sure women are listened to and supported to speak up, whatever their language or background.



Providing women with the right information at the right time in the right way.



Joining up council and NHS services better around women's needs, and making sure care is consistent across borough borders.



Supporting the workforce to remain in their roles and be able to give compassionate and kind care for all mothers.

# The Commission Recommendations

1

## **Leadership in addressing racism that leads to unequal maternal health**

**Introduce clear, evidence-based policies that address racism and inequalities in maternity care and the wider healthcare system. Include review and improvement in existing frameworks and systems, such as the NHS Workforce Race Equality Standard and ending charging migrants for maternity services.**

**Lead agents of change**  
Central Government, LMNS,  
GSTT, KCH, SLaM

# The Commission Recommendations

2

## **Develop a new national way of reporting maternal health**

**Work with local authorities to introduce a way to record and respond to perinatal health data. Make sure all maternal health data is collected and reported in a standard way across all healthcare settings and focuses on ethnicity to highlight and address if people are getting unfair and different treatment.**

**Lead agents of change**  
Central Government



# The Commission Recommendations

3

## **Review the maternity workforce**

**Review the wider maternity healthcare system's capacity to support its workforce, with a focus on improving pay, conditions, and resilience. Provide healthcare professionals with training, resources, and a supportive work environment to improve compassion in care, particularly for Black and Asian mothers.**

**Lead agents of change**  
Central Government, LMNS,  
GSTT, KCH, SLaM

# The Commission Recommendations

4

## Evaluate the fairness of maternity services

Review current services for Southwark residents with the highest levels of need. Develop and improve new and existing services to make sure they work for people with complex, overlapping needs.

**Lead agents of change**  
LMNS, GSTT, KCH, SLaM,  
GPs, Southwark Council,  
VCFSE organisations

# The Commission Recommendations

5

## Listen to and empower families

Create an inclusive environment where all family members are heard and have the information to make sure their needs are met. Improve communication by creating and promoting accessible resources so that families are fully informed and can navigate the healthcare system.

**Lead agents of change**  
LMNS, GSTT, KCH, SLaM,  
Southwark Council, VCFSE  
organisations

# The Commission Recommendations

6

## Preparation and support before pregnancy

Southwark partners (Local Maternity and Neonatal System, local authorities, voluntary and community sector and maternity care providers) raise awareness together of the importance of getting ready for pregnancy. Use all services and contacts so that women arrive at maternity services in the best possible health (in particular those at risk of poorer maternal health outcomes).

**Lead agents of change**  
LMNS, GSTT, KCH, SLaM,  
GPs, Southwark Council,  
VCFSE organisations

# The Commission Recommendations

7

## **Give parents the right information, at the right time, in the right way**

**Southwark partners (Local Maternity and Neonatal System, local authority, voluntary and community sector and maternity care providers) work together on their communications across each stage of the perinatal period. Make sure women and their partners get the right, inclusive and culturally appropriate information**

**Lead agents of change**  
LMNS, GSTT, KCH, SLaM,  
GPs, Southwark Council,  
VCFSE organisations

# The Commission Recommendations

8

## **Create a joined-up approach to families' needs between the NHS, south east London boroughs, and voluntary and community sector**

**Strengthen partnerships by creating a network for staff delivering care to Southwark residents. Share learning, facilitate integration across services and improve knowledge and resource sharing. Look for opportunities for co-commissioning with neighbouring boroughs to enhance and provide consistent services across borough borders.**

**Lead agents of change**  
LMNS, GSTT, KCH, SLaM,  
GPs, Southwark Council,  
VCFSE organisations

# The Commission Recommendations

9

## **Southwark Council to review their role in maternity Care**

**Look at their role in assurance and scrutiny of the maternity care system and empower system leaders to hold people to account. Together with local trusts review, identify and close gaps in maternity services. Consider their role in housing and cost of living services, and in collaborating with local voluntary, community, faith and social enterprise sector organisations.**

**Lead agents of change**  
Southwark Council



# The Commission Recommendations

10

## Review how feedback is dealt with

Work with NHS trusts to review how they identify, share and respond to patient and staff complaints, particularly ones about racial discrimination. Embedding a culture where staff are encouraged and supported to speak up. Make sure that the context of reviews is appropriate and develop an integrated, borough-wide response to review findings.

**Lead agents of change**  
LMNS, GSTT, KCH, SLaM,  
GPs, Southwark Council,  
VCFSE organisations

# Signs of success

**As a result of the Commission's ten recommendations, we have the ambition for improvements around five key outcomes within the next five years:**

**Outcome 1:** Reduced infant mortality

**Outcome 2:** Reduced maternal morbidity

**Outcome 3:** Increased positive experience of maternity care

**Outcome 4:** Increased staff satisfaction

**Outcome 5:** Closing the health inequality gaps



# Next steps – the Commission

## Timeline of next steps for the **Maternity Commission recommendations**



**September 2024**

Organisations commit to change

**October 2024 – April 2025**

Development of the action plan

**April 2025 – September 2027**

Implementation of action plan

**September 2027**

Three-year interim review

**September 2029**

Five-year review

- Southwark's Health and Wellbeing Board will review and sign off the recommendations.
- A strategic steering group consisting of key stakeholders will be formed.
- The strategic steering group will oversee and support sub-groups for recommendation areas.
- Resident involvement will continue to be prioritised at every level.

# In the media

sky news

17 Oct 18° 10° Watch Live

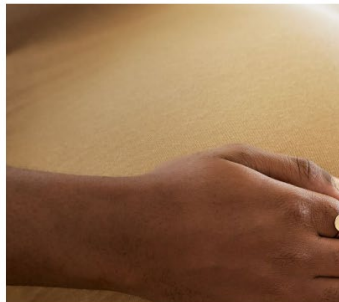
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## Maternity report calls for clear policies and 'urgent action' to tackle racism

A report by the Southwark Maternity Commission spoke to 750 women, families and healthcare professionals and urges the government to introduce leadership roles and review existing frameworks to tackle racism.

Shamaan Freeman-Powell  
News correspondent @Shamaan\_SkyNews

Monday 30 September 2024 14:52, UK



The Southwark Maternity Commission took place today lead by Cllr Evelyn Akoto

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### EXCLUSIVE: Major inequalities in maternity care for Black, Asian and minority ethnic women

The Mirror went to Southwark Council to report on its commission that set out to fix maternity inequality when it comes to Black and Asian mothers

By **Serena Richards**, Journalist  
18:18, 30 Sep 2024

Facebook Twitter WhatsApp Email 4 | BOOKMARK

Southwark Council has unveiled a plan to improve maternity care for Black, Asian and minority ethnic women. It came after a nine-month investigation that highlighted inequalities in maternity care and experience.

The report, which came out today, shed light on concerns regarding the quality of care, communication, and cultural sensitivity across local maternity services.

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NEWS SOUTHWARK

### Council sets out plan to tackle stark inequalities in maternity care

30 September 2024 Claudia Lee

Southwark council has unveiled a plan to improve **maternity outcomes for black, Asian and minority ethnic women** after a nine-month investigation revealed stark inequalities in maternity care in the borough.

In January, Southwark council established a maternity commission after a national report published last year revealed that women from black ethnic groups were four times more likely to die in pregnancy than those from white groups, and women from Asian ethnic backgrounds almost twice as likely.

The **Southwark Maternity Commission**, co-chaired by councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing and professor Dame Donna Kinnair, published its final report today.



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- Standing desks may increase risk of swollen veins and blood clots, says study
- More than a third of women did not take up breast-screening offer last year
- Clearing asylum backlog could see '62,000 more migrants recognised as refugees'
- I tested the app that's seen people lose 5 stone as part of my weight loss journey
- Safe access zones around abortion services come into effect

mirror.co.uk

### South London borough fighting to stop refugees being charged £14k to give birth in England

Pregnant women fear being chased by debt collectors so many are avoiding seeking help, making them more likely to die in childbirth

NEWS By **Robert Firth** Local Democracy Reporter  
09:00, 1 OCT 2024

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# Next steps - PSSSB

## Request that Partnership Southwark Strategic Board considers:

1. Which Southwark Maternity Commission recommendations align best with PSSSB priorities;
2. How PSSSB partners might support the recommendations;
3. Future invitations to join in the Maternity Commission's action planning and working groups.

# Q&A

Thank you for listening





# Partnership Southwark Strategic Board

## Cover Sheet

Item: 5  
Enclosure: 3

<b>Title:</b>	<b>Partnership Southwark Strategic Board</b>
<b>Meeting Date:</b>	<b>7<sup>th</sup> November 2024</b>
<b>Author:</b>	Rebecca Jarvis, Director of Partnership Delivery and Sustainability Tania Kalsi, Strategic Lead – Age and Care Well Sehrish Baloch, Programme Lead Partnership Southwark
<b>Executive Lead:</b>	Darren Summers, Strategic Director Integrated Health and Care/ Southwark Place Executive Lead

### Summary of main points

Partnership Southwark has historically supported multiple strategies and plans resulting in numerous actions which are difficult to resource effectively, keep track of and demonstrate impact.

During the summer of 2024, one year on from the launch of the Southwark Health and Care Plan, the Partnership Southwark Strategic Board agreed to undertake a refresh of the strategic priorities with the aim of reducing the number of priorities and actions and to direct resource at the areas where there could be the biggest impact by working in partnership. Five strategic priorities were approved by the Board in September 2024:

1. Children and Young People's mental health
2. Adult Mental Health
3. Frailty
4. Prevention and Inequalities
5. Integrated Neighbourhood Teams

Since then teams have come together to review existing work programmes and identify areas of focus to develop delivery plans for each priority area for the coming 12-18 months. Using existing forums such as the Wells groups and bespoke workshops, they have been asked to:

- Agree an 'ambition statement' to describe what will be different for Southwark residents in three years' time
- Agree a set of outcome measures to monitor and demonstrate progress
- Develop a delivery plan which describes the activities to be undertaken with timeframes

It's important to note that although prevention and health inequalities and integrated neighbourhood teams are standalone priorities, these are themes which are relevant to all five priorities and need to be considered when developing plans in all priority areas.

The priorities will be delivered through the 'Wells' structure, recognising that there are wider programmes of work underway in each of the Wells themes. The Drive, Sponsor, Observe framework is being used to help determine how the programmes of work should be resourced, for example:

- Drive - Partnership Southwark actively steers key activities, with dedicated resource, to ensure progress and delivery of outcomes. Teams will **drive** the delivery of the strategic priorities with dedicated resource from the Partnership Southwark delivery team.
- Sponsor - Partnership Southwark formally endorses the initiative, with potential opportunities for funding support
- Observe - Partnership Southwark takes a supportive interest in initiatives of high relevance, being delivered in other parts of the system.

The attached presentation sets out progress made for each priority in developing the delivery plans.

The delivery plan for the frailty priority is most progressed and the presentation describes the work underway and future plans to develop an integrated frailty pathway initially in the Walworth Triangle neighbourhood, with a view to scaling this approach across the borough.

Item presented for (place an X in relevant box)	Update	Discussion	Decision
	X	X	

**Action requested of PSSB**

**To note progress and comment on the emerging delivery plans for all strategic priorities**  
**To note progress and next steps for developing an integrated frailty pathway**

**Anticipated follow up**

**Delivery plans will be finalised for all strategic priority areas and shared with the Board in January 2025 for review.**

**Links to Partnership Southwark Health and Care Plan priorities**

Children and young people’s mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

**Item Impact**

Equality Impact	<i>Reducing inequalities is a strategic priority for Partnership Southwark. Delivery plans for all strategic priorities must demonstrate what they are doing to reduce inequalities.</i>		
Quality Impact	<i>Quality impact assessments will be considered for each specific activity within the delivery plans</i>		
Financial Impact	<i>There may be a financial cost to some of the delivery plans. Any call for funding will need to identify an appropriate budget and/or require a business case before approval.</i>		
Medicines & Prescribing Impact	<i>Some of the activities identified in delivery plans may have an impact on medicines and prescribing. Delivery teams will engage appropriately with pharmacy colleagues in the design and planning stages.</i>		
Safeguarding Impact	<i>The needs of vulnerable children, young people and adults will be considered in relation to each specific activity within the delivery plans.</i>		
Environmental Sustainability Impact (See guidance)	<b>Neutral</b>	<b>Positive</b>	<b>Negative</b>
		<i>Anticipated positive impact on environmental sustainability in all priority areas due to focus on reducing activity by preventing the need for intensive health services and delivering care closer to home in neighbourhood models.</i>	

**Describe the engagement has been carried out in relation to this item**



**Partnership Southwark Strategic Board – development session and board meeting**  
**Start Well, Live Well, Age Well forums**  
**Frailty Steering Group**



# Partnership Southwark Health and Care Plan

**Update on Strategic Priorities and Delivery Plans  
7 November 24**

Based on the national & local context, existing strategies, and board discussion, the following refreshed priorities for the Health and Care Plan have been approved for 2024-2027

**Start well**

1 Children and Young People's Mental Health

*Existing priority*

**Live well**

2 Adult Mental Health

*Existing priority*

**Age well**

3 Integrated Frailty Pathway

*Existing priority*

4 Prevention & health inequalities

Vital 5 evolves into

5 Integrated Neighbourhood Teams

*New priority*

**National context:**

The Fuller Review; Labour Party manifesto, ministerial views and the King's Speech; Darzi Review; focus on 'fix the front door to the NHS [GPs]', reduce waiting lists, mental health provision & prevention, integrated neighbourhood working

## Progress update on development of delivery plans

Priority	Ambition Statement (In three years what will be different for Southwark residents?)	How will we measure success?	How will we deliver this change?
1. Children & Young People's Mental Health	DRAFT: <i>Children and young people (CYP) who need a mental health service will not have to wait so long to receive it and there will be better, more coordinated support for those who need it.</i>	Proportion of CYP who start to receive help from community mental health services within four weeks of the request for service (referral). (Draft NHS England metric)	In development
2. Adult Mental Health	DRAFT: <i>Adults who need mental health support will not have to wait so long to receive it.</i>	Proportion of adults who start to receive help from community mental health services within four weeks of the request for service (referral). (Draft NHS England metric)	In development
3. Integrated frailty Pathway	Older people who are living with frailty (i.e. at risk of falls, disability, admission to hospital or needing long-term care) will be identified sooner and will receive appropriate treatment and support in a more coordinated way, closer to their homes.	In development	Detailed in following slides

## Progress update on development of delivery plans - continued

Priority	Ambition Statement (In three years what will be different for Southwark residents?)	How will we measure success?	How will we deliver this change?
4. Prevention & health inequalities	Our most disadvantaged communities will be more easily able to access tailored support for the five leading causes of poor health (the Vital 5).	<p>Proposed metrics:</p> <ul style="list-style-type: none"> <li>▪ Referrals to stop smoking services and 4-week quitters</li> <li>▪ Referrals to weight management services and completion of weight management programme</li> <li>▪ Referrals to alcohol support</li> <li>▪ Referrals to talking therapies (IAPT) and completion of treatment</li> <li>▪ Blood pressure <math>\leq 140/90</math> in last 12mths for those under 80</li> </ul>	In development – supported by the refresh of the population health management contract
5. Integrated neighbourhood teams	People living with multiple long term conditions will receive more holistic support (i.e. support which meets their physical needs as well as their mental wellbeing) in a more coordinated way, closer to their homes.	In development	In development – using learning from the frailty work to expand scale and scope



# Developing an Integrated Frailty Pathway

**November 2024**



## Background and context

- **Partnership Southwark is reviewing its Health and Care Plan priorities**, bringing together different strategies, including Southwark 2030. **Integrated frailty pathway** is one of the 5 agreed priorities, which requires a **refresh of the Age Well programme**.
- **Frailty**, though not an inevitable part of aging, is **highly prevalent**, with around 1 in 10 people over 65 living with frailty in the community. This **condition significantly increases healthcare costs—estimated at £5.8 billion annually in the UK**—through increased hospital admissions, prolonged stays, and frequent GP visits. In **Southwark, an aging population** (with a 50% rise in those aged 55-70 and a 19% increase in the 90+ age group, 2021 Census; Southwark's over 65 population is expected to grow to 45,200 residents by 2033, a 74% rise) amplifies these pressures, highlighting the urgent need for coordinated care.
- **Services across primary, secondary, and social care face duplication and poor coordination**, resulting in inefficient service delivery and adding strain to already overstretched resources; the system remains overwhelmed due to inefficiencies, workforce shortages, and fragmented care pathways.
- National policies from the British Geriatrics Society and GP contracting frameworks mandate **early frailty identification** and integrated care delivery.
- The Pan-London NHS England Frailty Consensus proposes addressing these challenges, through a minimum service for community frailty and coordinated acute care.
- The Aging Well Strategy within the NHS Long Term Plan promotes a **multidisciplinary approach to keep older adults healthy in the community**, with the Fuller Report (2022) advocating for **integrated neighbourhood** teams to deliver comprehensive care.
- A more streamlined, efficient, **proactive and preventative model of care** is needed to meet the needs of our aging population.


# Older adults in Southwark – key stats

## Healthy life expectancy of Southwark's older population is lower than regional and national average:

- Southwark's healthy life expectancy at age 65 in males is 9.1 years, compared with 10.3 years in London and 10.5 years in England
- Southwark's healthy life expectancy at age 65 in females is 9.7 years, compared with 11.2 years in London and 11.3 years in England.
- These figures highlight that although residents are living longer, these years may not be spent in good health

## Almost half of Southwark's older population report they are not in good health:

- 1 in 6 (17%) Southwark residents aged 65+ reported bad or very bad health - *compared with 14% regionally and 13% nationally*
- Almost a third (32%) of Southwark residents aged 65+ reported fair health - *compared with 30% regionally and 29% nationally*
- Over half (52%) of Southwark residents aged 65+ reported good or very good general health - *compared with 56% regionally and 58% nationally*



31% of older popn live in poverty  
(England 14%)  
JSNA 2023

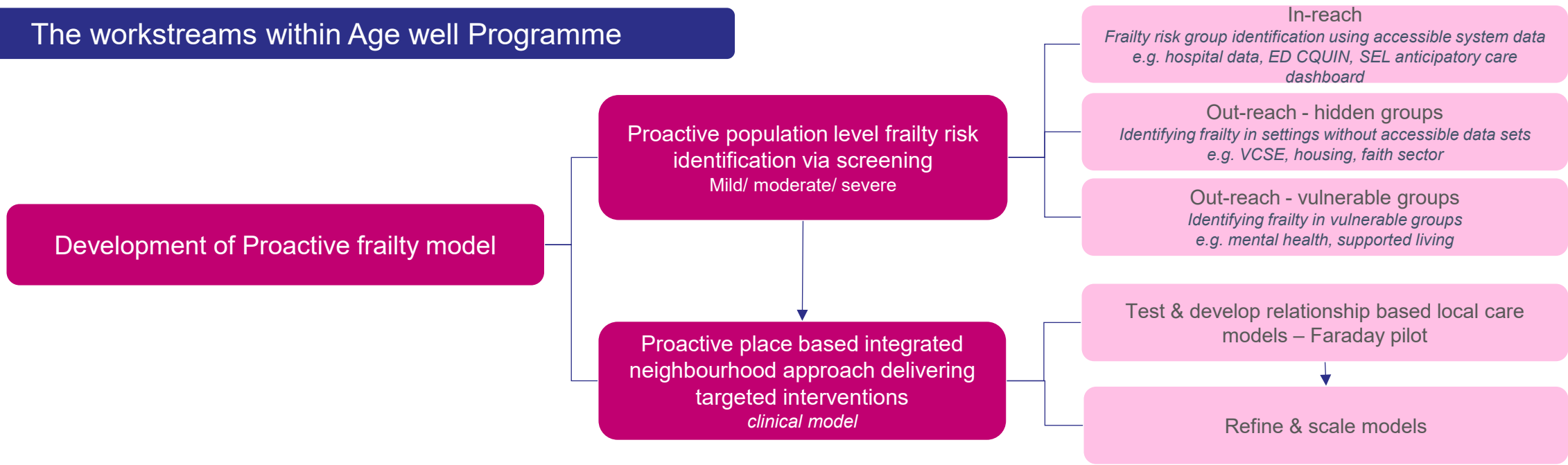
50% deaths in hospital  
(England 44%)  
JSNA 2023

10% deaths in care homes  
(England 20%)  
JSNA 2023

High rates emergency admission for dementia  
HWB strategy

High rates emergency admissions for falls  
HWB strategy

# The workstreams within Age well Programme



## Falls prevention

Falls prevention in Older Peoples' care homes (Lambeth & Southwark working group)

### Southwark Falls Strategy

- Scorecard
- Audits & actions
- Care home therapy team info
- Public information & awareness
- Non-clinical staff education
- Older people's exercise provision

## Transforming eye care in Older Peoples' Care Homes pilot

Delivering eye care in the care home residence

## Transforming Lower Limb Wound Care

Pilot in South expanding to North

## Develop SEL frailty strategy (like SWL)

- System education, N.B. GSTT population health hub funding
- Research & innovation, N.B. learning from CHILDS framework
- Funding model to support activity

## Enablers in development of the Integrated frailty model



# Integrated Frailty Pathway

# Integrated Frailty Priority Overview



## What will be different for Southwark Residents?

Older People who are living with frailty (i.e. at risk of falls, disability, admission to hospital or needing long-term care) will be identified sooner and will receive appropriate treatment and support in a more coordinated way, closer to their homes.



## How will we measure success?

1. System Impact Indicators
  - Prevention of deterioration and restore health and independence in older adults
  - Reduce ED attendances and admission post frailty input
  - Reduction in duration of hospital stay
2. Resident Health & wellbeing outcomes
  - People telling their story once
  - Residents staying well and independent with optimum resilience and enjoy meaningful activities



## The activities that will drive this forward

Develop a proactive frailty pathway:

1. System wide proactive frailty risk identification & screening
2. Develop and scale a place based integrated neighbourhood approach for frailty – providing a holistic, proactive and preventative offer tailored to the individual's needs

## Approach to developing an integrated frailty pathway

- Take a **population health management approach** to understand who in Southwark is most impacted by frailty and to increase our understanding of inequity and inequalities for older people.
- Use **data to identify** how we should respond, as a health and care system, to improve access and support our residents.
- Promote a **collaborative and integrated approach** to managing frailty by exploring opportunities for funding, innovation, and service redesign. Focus on improving efficiency, access to community services, and personalised care for older people, moving away from transactional approaches.
- **Optimise community assets**, working with the community and voluntary providers.
- Seek opportunities for **collaboration across SEL**.

### Transforming towards integrated proactive frailty in Southwark & Lambeth

**Age Well** - The "solution" is not about a new service but better connections with what is wanted and needed by those with frailty and their carers and how to connect across services.



From  
this



To this

2

# Population health approach to integrated frailty

## Proactive frailty prototype – Lambeth & Southwark

The proactive frailty prototype aims to:

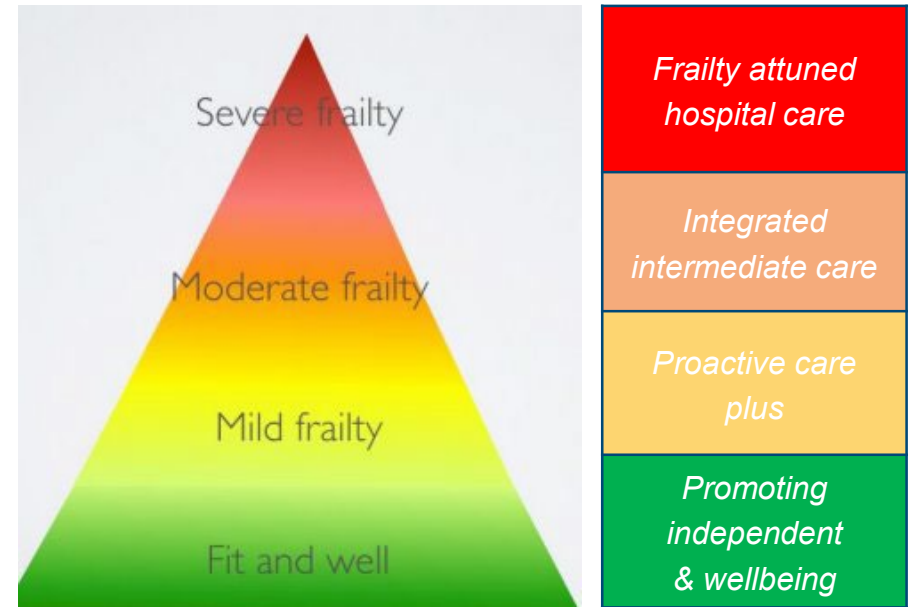
- ✓ To take a **population health-based** approach to **test an integrated frailty care model** using **multi-disciplinary** approaches
- ✓ To **provide holistic** care to residents who are identified, or at risk of being identified as frail
- ✓ To provide a **better experience** to our patients, **improved health outcomes**, as well as **reducing the need for GP** appointments as well as **emergency and planned hospital admissions**
- ✓ **To focus on both proactive and reactive care** (\*see appendix 1)

Currently, there is **greater spending and more of Clinicians time taken up treating those with severe frailty** – we want to **shift the curve** so that we move to a **more preventative model** and reduce the number of people getting to severe frailty.

**Now**



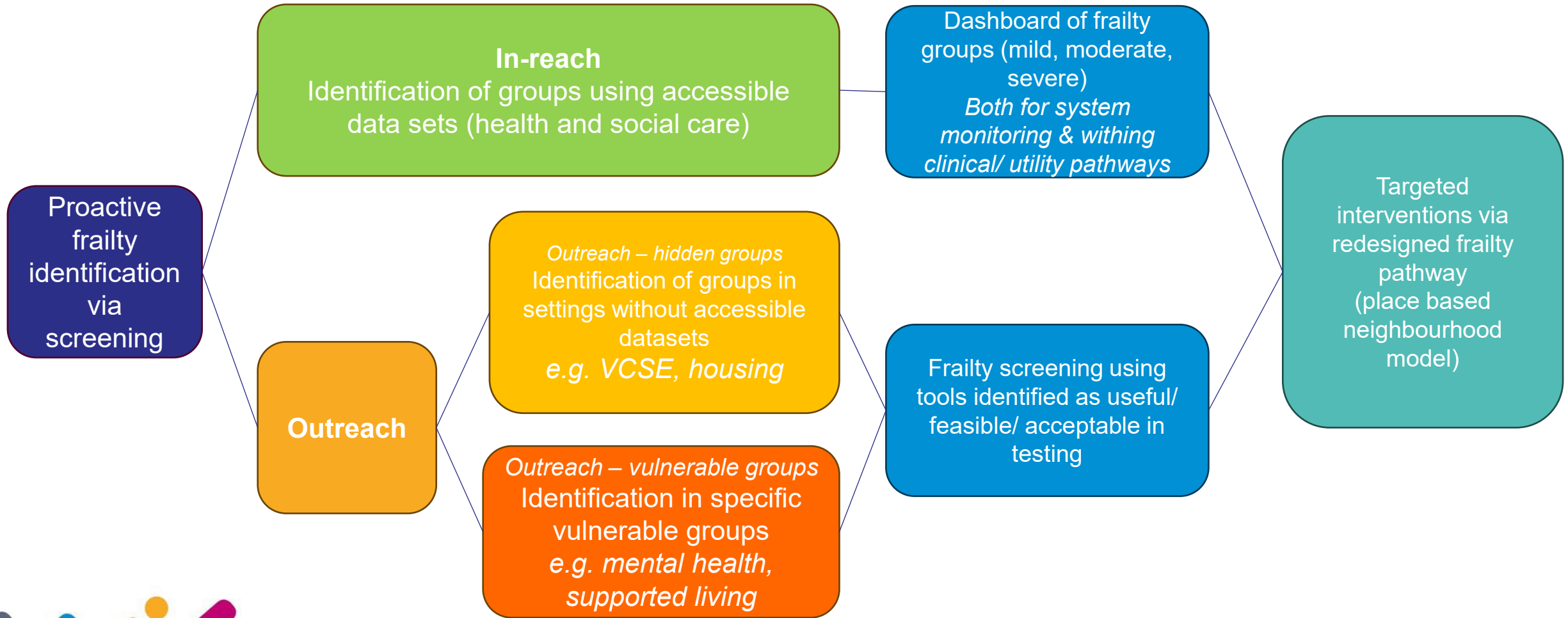
**Ambition – increase spending on the fit and well, and mild frailty population**





# How an integrated frailty model will be delivered

*Frailty prototype pathway: how to identify people living with frailty in known/unknown datasets*





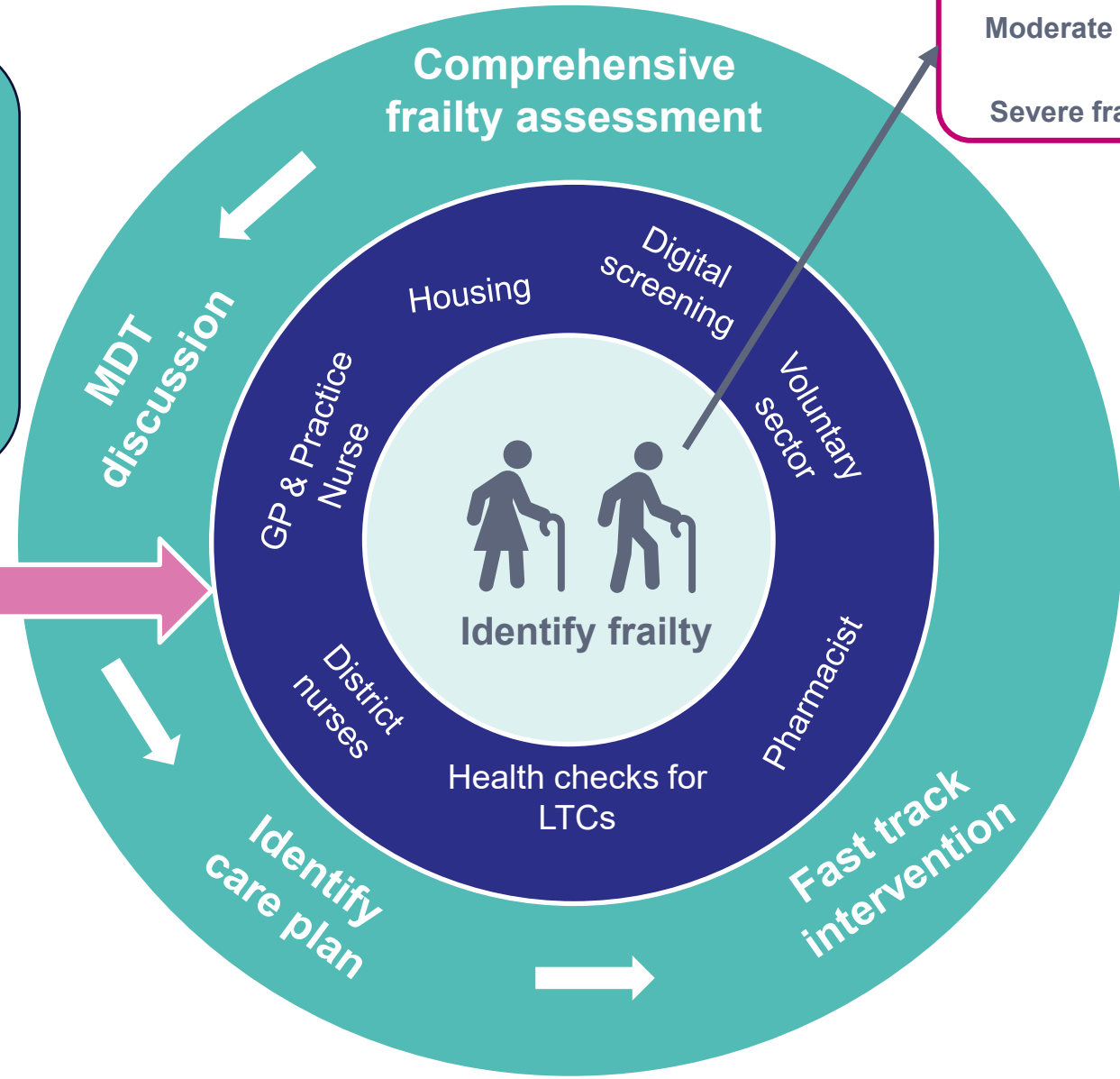
# Approach to the neighbourhood model in Faraday

*Tailored support wrapped around the individual*

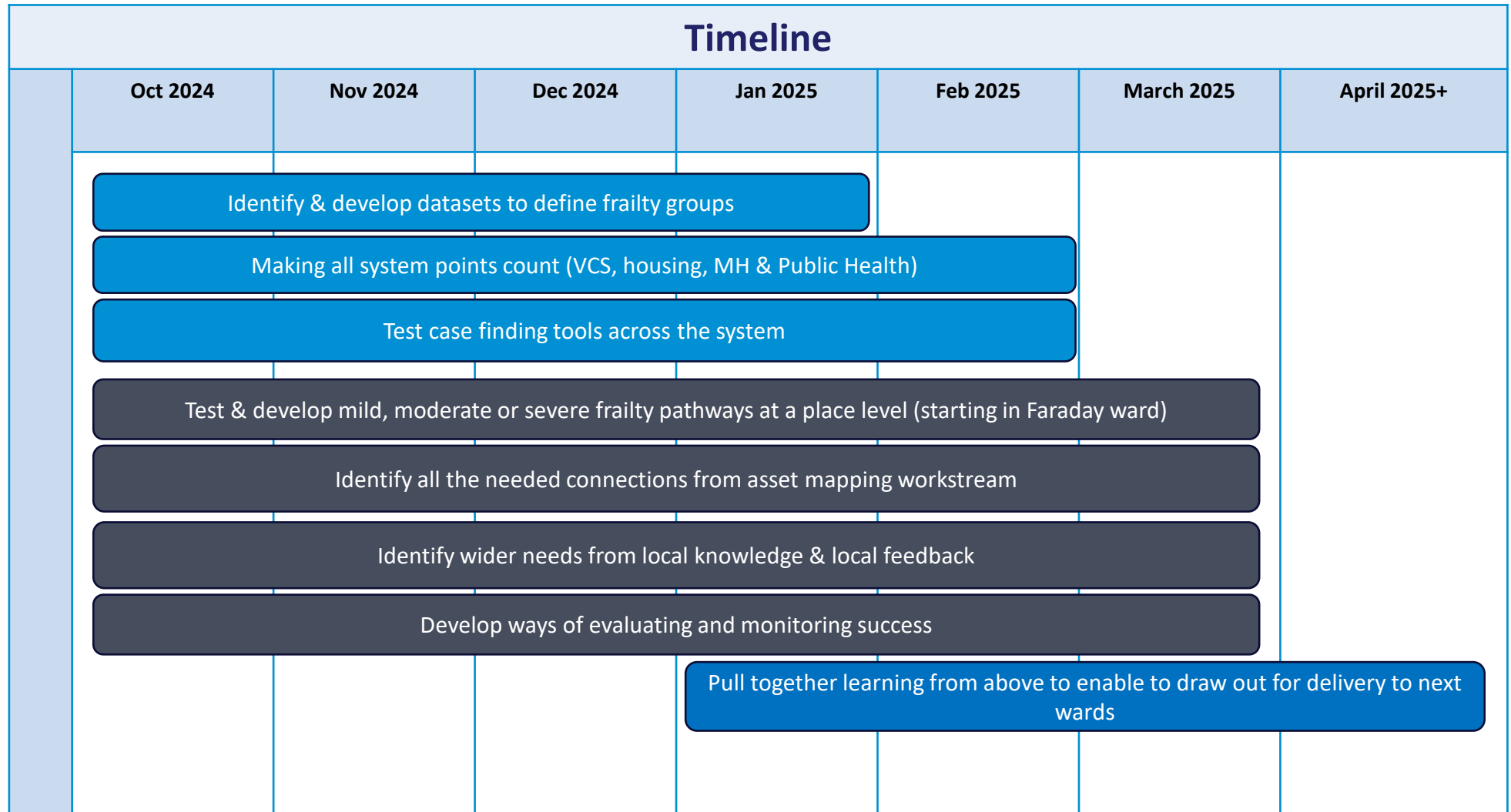
Individuals are empowered and enabled to take an active role in their health and wellbeing with plans built around 'what matters most' to the person. Proactive care to be delivered through neighbourhood working ('microsystems') to include providers and partners from health, social care and VCSE organisations. Carers are recognised as part of the core team and kept informed.

**Mild frailty** = CFS  $\frac{4}{5}$  or eFI 0.12-0.24  
**Moderate frailty** = CFS 6 or eFI 0.24 - 0.36  
**Severe frailty** = CFS 7-9 or eFI >0.36

**Targeted Early Intervention**  
(pre & mild frailty)



# High Level Delivery Plan (Draft)



*\*See appendix 2 for detailed plan for commencement of Faraday pilot*

# Progress on work so far

- Identifying & developing datasets to define frailty groups
- Engagement commenced with primary care in 'Walworth Triangle' (including those GP practices in Faraday ward)
- Engaging with Public Health to explore opportunities for frailty screening (including Residents Health & Wellbeing, 'Health on the High street' and Community Researchers projects)
- Started exploring opportunities for intergenerational work
- Working with Adult Social Care to identify opportunities for frailty screening during ASC assessments
- Building and strengthening connections between existing community-based projects for older people to build a map of current services and strengthen these connections to blend working



# Frailty Delivery Team

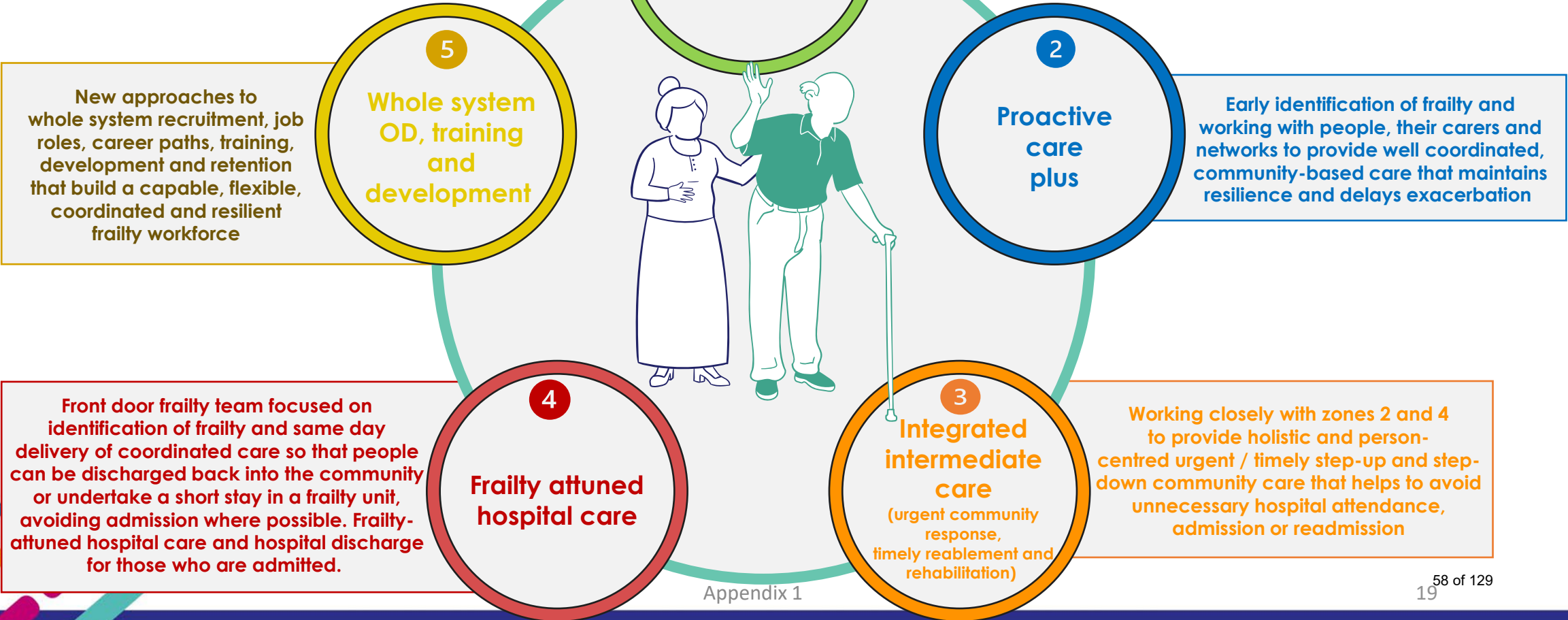
Name	Role	Area of Focus
Dr Tania Kalsi	Clinical and Care Professional	Frailty Lead
Dr Grace Walker	Clinical and Care Professional	Frailty Lead
Angela Bevan	Clinical and Care Professional	Mental Health, Housing & Latin-American outreach
Brenda Donnelly	Clinical and Care Professional	Lower Leg Wound Care
Cedric Whilby	Clinical and Care Professional	Intergenerational Work
Dr Sharmeen Hassan	Clinical and Care Professional	Severe Frailty
Rebecca Dallymer	Executive Director, Quay Health Solutions	Frailty Steering Group Leadership
Kathryn Simpson	Assistant Director – Adult Social Care, Southwark Council	Frailty Steering Group Leadership
Rish Baloch	Programme Lead, Partnership Southwark	Age Well
Lewis Jackson	Project Coordinator	Age Well
TBC	Clinical Fellow	New Recruit
TBC	Social Prescribing Link Worker	New Recruit

# Appendix

# Developing an integrated frailty pathway in Southwark

Creating age-friendly and responsive communities that encourage and support people who are at risk of or living with frailty to participate, age well, stay well and maintain their independence

The new model delivers care across five integrated key areas, keeping the person, their carers and family at the heart of the model



# Faraday Pilot – next steps

- October 2024 to March 2025
- 1. Utilise Early Frailty Index (EFI) to identify coded patients with mild, moderate or severe frailty
- 2. Delivery training on using CFS across GP practice staff
- 3. Embed the Krane questionnaire to identify needs, to be completed by care coordinators
- 4. Commence Comprehensive Geriatric Assessment (CGA) as referral in
- 5. Arrange interventions as required (including home visits and onward referrals)
- 6. Measure outcomes for patients through data capturing (including qualitative measures)
- 7. Identify patients living with frailty but unknown by reviewing those who:
  - have not collected prescriptions from GP practice
  - have not attended annual health checks
  - have not attended the GP practice and are over 80
- 8. Commence evaluation and share key learning for scaling up to other neighbourhoods
- 9. Identify common pathways based on mild, moderate or severe frailty



# Partnership Southwark Strategic Board

## Cover Sheet

**Item: 6**  
**Enclosure: 4**

<b>Title:</b>	Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report
<b>Meeting Date:</b>	7 <sup>th</sup> November 2024
<b>Author:</b>	Darren Summers
<b>Executive Lead:</b>	Darren Summers

### Summary of main points

This report details key events and activities, that are relevant to Partnership Southwark, that have taken in the past two months. The report also details developments around governance future reporting and financial performance.

Item presented for (place an X in relevant box)	Update	Discussion	Decision
	X		

### Action requested of PSSB

**Note the report**

### Anticipated follow up

n/a

### Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

### Item Impact

Equality Impact	n/a
Quality Impact	n/a
Financial Impact	n/a
Medicines & Prescribing Impact	n/a



Safeguarding Impact	<i>(How have the needs of vulnerable children, young people and adults been considered in relation to this item)</i>		
Environmental Sustainability Impact (See guidance)	<b>Neutral</b>	<b>Positive</b>	<b>Negative</b>
	x		

<b>Describe the engagement has been carried out in relation to this item</b>
<b>n/a</b>



## **STRATEGIC DIRECTOR OF HEALTH & CARE AND SOUTHWARK PLACE EXECUTIVE LEAD REPORT**

This report is for discussion and noting; to update the Board on key highlights on Partnership Southwark and the delegated functions.

### **Visit of South East London Integrated Care Board (SEL ICB) Board to Southwark**

In late August, representatives of the NHS SEL ICB Board joined the Chair to visit Southwark to learn about work taking place across Southwark to improve health.

The visit began at the Southwark Resource Centre, which supports people with disabilities. They were welcomed by Community Health Ambassadors and a team from Guy's and St Thomas' NHS Foundation Trust, who provided 'Vital 5' health checks throughout the day.

Following a guided tour of the centre and an introduction to the range of services and support it offers, guests met with the manager, practitioners and peer support volunteers from the Southwark Wellbeing Hub, which offers free mental health support, including one-to-one sessions, peer support, workshops, and volunteering opportunities.

Later, visits were made to Camberwell Lodge Care and Nursing Home, which provides nursing care, dementia care and short-term respite care for up to 98 people.

The ICB Board members also learned about Southwark's strategy for care homes, including provision of primary care support, and neighbourhood approaches to managing frailty, with insights provided by Southwark's Clinical and Care Professional Leads for Age and Care Well, and Southwark's Head of Age Well Integrated Commissioning. This informed a discussion about how the frailty model could be used as an example of how activity could be shifted from hospitals into more preventative care in the community, and what the implications would be for neighbourhood teams/'micro systems', funding and contracting models, population outcomes frameworks, and procurement options.

### **The Southwark Maternity Commission**

Following a nine-month consultation, the Southwark Place is working with the council and maternity care providers in response to recommendations to improve maternity outcomes for Black, Asian, and minority ethnic women and tackle racial inequalities. This comes after the consultation (with over 750 people) highlighted significant disparities in care and experiences for these groups.

The Southwark Maternity Commission has issued ten actionable recommendations to address systemic issues in maternity care, ranging from improving workforce conditions to enhancing cultural sensitivity in services. Key concerns raised also include the quality of care,



communication, and a lack of support for fathers. The report also highlights the need to address wider issues like housing, financial stability, and mental healthcare. For more information, visit the Maternity Commission website.

A substantive discussion on the Maternity Commission is taking place at the November Partnership Southwark Strategic Board, the November Health and Wellbeing Board, and at the South East London Local Maternity and Neo-natal System.

### **Annual State of the Sector Event**

Members of the Partnership Southwark Strategic Board (PSSB) attended the Annual State of the Sector event which was hosted by Community Southwark and took place on Friday, 4 October at Bankside Hotel. Over 100 charities and community groups, the Leader of the Council, funders and corporates for Southwark's Voluntary and Community Sector (VCS) attended the event, which provided an opportunity to reflect on all that the VCS and its partners have achieved since the State of the Sector report was launched last year.

Whilst celebrating the progress made, it was understood that there is still more to be done, and a series of discussions were held on topics such as how partners can work together to use funding to reduce inequalities in the borough, how to make premises affordable and sustainable and how to develop effective partnership with businesses. In addition to coming up with practical solutions to these challenges, the event provided a great opportunity to network with colleagues across the partnership.

### **Borough of Sanctuary Event**

On Thursday, 10 October, Southwark celebrated its Borough of Sanctuary status with an event at Mountview Academy Theatre of Arts in Peckham. We have been recognised as a welcoming place of safety for people who are asylum seekers, refugees, and migrants. It follows our Libraries and Heritage Service becoming the first London based services to be awarded Libraries of Sanctuary status.

### **Board Update**

I am very pleased to welcome our new board members as follows:

#### **Care provider representatives:**

- Sarah Kwofie, Director of Homecare (London & South) City and County Healthcare Group.
- Laura Coupe, Managing Director, Agincare.

Sarah and Laura will provide us with a new and very valuable perspective from the home care and care home provider sector. As joint reps they share the one vote from this sector in line with our terms of reference, which were revised to enable us to have two roles in this area.

**South Southwark PCN representative:**

- Dr Monica Sibal, South Southwark PCN Clinical Director, will be joining us, replacing Gavin McColl.

**Review of Partnership Governance**

The senior leadership team has commenced a review of the governance structures underpinning the PSSB. The aim of these revisions is to:

- Streamline governance arrangements under the new integrated structure, noting requirements from both the London Borough of Southwark and the ICB.
- Provide clarity as to which responsibilities are overseen by which group and where decisions are made.
- Develop our assurance reporting to the board around the performance, quality and financial responsibilities delegated formally to Partnership Southwark by the ICB.

Under the revised structure that is being developed the board will receive formal reports from 3 main sub-groups as follows:

- Progress on Health and Care Plan priorities via the Partnership Southwark Delivery Executive.
- Delivery of Primary Care objectives via the Primary Care Group.
- Delivery of other ICB delegated responsibilities via a new Integrated Assurance Report as set out below.

Revised terms of reference reflecting these arrangements will be presented to the January board for agreement.

**Integrated Assurance Report**

Under revised governance arrangements the Integrated Assurance Report will be a new report designed to provide the PSSB with assurance that the various responsibilities delegated from NHS SEL ICB to the local care partnership and the Place Executive Lead are being appropriately managed.

A draft of the report will in future be considered in detail by the Integrated Governance and Assurance Committee (IGAC) meeting that will take place before the strategic board. The committee will highlight any major areas of significance to the board, and summarise learning, relevant strategic plans and more operational mitigation where relevant.

The proposed scope of the report, which will be developed further as revised governance arrangements mature, is to cover:

- **Performance:** This includes a focus on the borough performance report produced by the central ICB assurance team focusing on targets delegated to place, and other local



metrics reflecting local plans and priorities. Progress on related ICB business plan priorities to drive up performance to improve outcomes will be highlighted.

- **Quality:** The revised ICB Quality Team arrangements following the recent restructure are bedding in and it is anticipated that a system of quarterly quality reports with place level detail will be established in the near future. In this draft basic information on quality alerts, serious incidents and CQC ratings is included.
- **Safeguarding:** Highlight reports from the designated nurses for safeguarding children and safeguarding adults.
- **Finance:** A summary of the latest ICB financial projections for Southwark and actions taken to ensure delivery of budget targets. This will incorporate any budgets delegated to the board by partners.
- **Risk:** A summary of risks on the Southwark place ICB risk register, highlighting new or changed risk.

It is intended that the first version of this report will be provided to the January 2025 board meeting.

### Finance Update (NHS)

Southwark Place has a delegated budget of £330m for 2024/25. £175m is managed by Southwark place and NHS Contracts for Mental Health (£98m) and Physical Health (£57m) whilst delegated are managed by SEL Commissioning team on a SEL wide basis. Places are required by their delegated budget agreement to break even.

The table below shows the reported position as at the end of September 2024 for health budgets delegated to Place from SEL ICB. The borough is reporting an underspend of £59k in month 6 and a forecast underspend of £118k for the year. Key areas of risk continue to be mental health and prescribing with underspends in continuing care and corporate budgets absorbing some of the overspends.

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s	Annual budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	41	42	(1)	82	85	(2)
Community Health Services	18,050	17,956	94	36,101	35,623	478
Mental Health Services	5,098	5,438	(340)	10,196	11,026	(830)
Continuing Care Services	9,880	9,501	379	19,760	19,000	760
Prescribing	17,556	18,010	(454)	35,112	36,026	(914)
Other Primary Care Services	555	555	0	1,109	1,109	0
Other Programme Services	398	-	398	796	-	796
Programme Wide Projects	125	125	(0)	250	250	-
Delegated Primary Care Services	31,578	31,731	(153)	68,334	68,640	(306)
Corporate Budgets	1,524	1,387	136	3,000	2,864	136
<b>Total</b>	<b>84,805</b>	<b>84,746</b>	<b>59</b>	<b>174,741</b>	<b>174,623</b>	<b>118</b>

As national prescribing data reports are 2 months in arrears, the month 6 report provides the first 4 months information on prescribing for the financial year 24/25. Based on this data, we are reporting a forecast overspend of £914k for prescribing. This is a deterioration of £284k



from previous month's forecast. There is significant growth in medicines to prevent and optimise the management of long-term conditions to prevent complications. In Southwark, we have seen an increase in both growth (8%) and cost (5%) compared to 23/24. Medicines Optimisation team continue to monitor prescribing spend and prioritise elements of medicines optimisation in the Southwark Prescribing Improvement Scheme (PIS) to deliver medicines value. Second round of practice visits will be undertaken in October. The boroughs savings plan for prescribing have been phased to deliver from July.

We are reporting a forecast (NHS) overspend of £830k in mental health as at month 6. This is a slight improvement from previous month mainly relating to reduction in costs relating to mental health placements. Placements costs for Learning disability continues to be a cost pressure. Other pressures are primarily driven by Right to Choose adult ADHD/Autism pathways, and there is a risk of increased pressure in tri-partite Children and Young People mental health costs. The borough will be undertaking a review of all placements as part of its recovery plan for 2024/25.

Delegated Primary Care is reported as an overspend this month. Forecast overspend is expected to be £306k. The borough has a significant risk (£1m) on this budget due to list size growth and allocation not keeping pace with current run rate requirements. Non recurrent solutions have been identified to manage some of this risk for 24/25 leaving a forecast overspend of £306k. The borough is undertaking a review to identify recurrent solutions to manage the deficit in delegated primary care.

Borough has an efficiency target of 4% which on applicable budgets amounts to £3.3m. A savings plan of £3.7m has been identified. As at month 6 the borough is reporting an under delivery against plan of £300k. It is expected that mental health savings plan will not be achieved.

The borough is forecasting a small underspend overall of £118k and has had to implement some non-recurrent solutions in order to mitigate cost pressures in prescribing, delegated primary care and mental health. Investment in community services has been restricted to manage the overall position. Prescribing position is quite volatile and there is a potential for further activity pressures as the year continues.

Although the borough is able to meet its statutory duty to stay within its delegated resources this is being achieved through the use of non-recurrent solutions and mitigations. Borough has made an assessment on its underlying financial position and has an overall underlying deficit of £2m. Key deficit position are in Mental Health, Prescribing and Delegated Primary Care. In addition, the borough has overspends in mental health placements with SLAM NHS Trust of £2.5m resulting in a total of £4.5m underlying deficit.

### **Finance Update (Local Authority)**

The council element of the integrated health and care area is forecasting a balanced position. Children and Adults services is forecasting a £1.1m unfavourable variance for general fund. The key areas of concern affecting the general fund include the continuing increased demand for care packages in Adult Social Care as well as the need to use high costs placement within



Children social care due to scarcity of alternatives combined with increased complexity of young people. The council also faces particular financial pressures in Mental Health similar to those in the NHS.

### **Senior Leadership Changes**

The Partnership Southwark System Delivery team is taking shape under Rebecca Jarvis, the new Director of Partnership Delivery and Sustainability who started in August. There have been three new starters in the team - the two Programme Leads, Geetika Singh and Sehrish (Rish) Baloch and the Project Officer, Lewis Jackson. Alongside Rachel Tebay, Project Manager, who has been in post since May 2024. The team is now complete.

Claire Belgard replaced Genette Laws as Interim Director of Integrated Commissioning of the ICB and council, on 01 November.

Wil Lewis has been appointed as our Head of Live Well Integrated Commissioning, alongside Katy Briggs, the new Senior Commissioning Manager for Learning Disability and Autism (LDA) within the team; both started their roles in October.

### **Transfer of Continuing Healthcare Team**

Following approval of the business case by the ICB Executive Committee on 17 July, 19.4 employees currently working in the GSTT Adult Continuing Healthcare Team in assessment and case management roles will transfer to the ICB under TUPE on 01 November 2024. The line management of 9 of these posts will transfer to the Southwark Continuing Healthcare Team within the integrated commissioning directorate, with the remainder transferring to Lambeth. The changes have been consulted on extensively with both incoming staff and the existing Continuing Health Care team as well as with the senior management team. The change is expected to bring significant opportunities for improving the assessment and case management of patients.

and finally...

### **Change NHS: help build a health service fit for the future**

On 21 October the government launched a major national consultation exercise on the future of the NHS "*Change NHS: help build a health service fit for the future: a national conversation to develop the 10-Year Health Plan*". The aim of the consultation is to help identify new ways to address the challenges facing the NHS as set out in the Lord Darzi review published in September. This includes rising demand, ill health being diagnosed too late, insufficient prevention, access issues, overcrowded hospitals, overstretched workforce and escalating costs.

I strongly encourage all members of the public and other stakeholders in Southwark to engage with this consultation. There is a national portal found at [Change NHS](#) to share experiences and ideas, which explains the various ways to contribute.



The national team plan to offer Integrated Care Systems a 'workshop in a box' from mid-November which we will actively seek to take up and promote in Southwark.

It should be noted that organisational responses are also invited, with a deadline of 2 December.

**Darren Summers**

**Strategic Director of Health & Care & Place Executive Lead**





## Appendix 1 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

### Integrated Governance and Assurance Committee (IGAC)

#### Agenda Items of Note

Meeting date 19 September 2024

Agenda item	Items discussed
ADHD Update	The Committee was provided with an update on the SEL ADHD task and finish group. It was noted that this workstream has three key areas: waiting list reduction, supporting patient choice and developing a stepped care model.
Integrated Governance Report	The Committee reviewed the ICB place level performance indicator report. There was interest in the new IAPT targets for 24/25 which are currently not being met in Southwark, and further assurance on how these are being overseen was requested. There was a discussion about further developing the report to cover a range of delegated responsibilities that can then be used for board assurance under revised governance arrangements being considered.
Operational Plan Update	A summary of progress on key ICB operational plan workstreams at place was reviewed. There was a discussion about how to further develop the planning and reporting approach under the integrated structure, aligning it with the Health and Care Plan priorities refresh.
The Finance Report	The Committee noted the month 5 position and the forecast 2024/25 position. Whilst the forecast of £183k underspend was noted, a number of risk areas were highlighted, particularly in relation to mental health, prescribing and delegated primary care budgets, totalling £4.4m. Mitigating plans were noted, some of which are non-recurrent in nature meaning there is an underlying deficit to manage in the longer term.
Procurement Update	The Committee noted contracts awarded and contracts due for renewal.
Risk Report	The Committee noted the report and reviewed the current risks registered at Place and mitigating actions at place.



## Appendix 2 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

### Primary Care Group (PCG) – Part A

#### Agenda Items of Note

Meeting date 24 September 2024

Agenda item	Items discussed
Quality and Performance	<p>The group reviewed data for the GP Premium for 2023/24. In the main there was an improvement across all Southwark practices in delivery, with the South practices showing a 22% increase in achievement and the North showing a 12% increase. Where practices have not met some of the key performance indicators (KPIs), they have been asked to submit an improvement plan.</p> <p>GP premium is red, amber and green (RAG) rated by practice. For some of the areas such as for SMI health checks, most of the practices were able to deliver confidently. However, there were a small number of practices in particular areas of deprivation who struggled to meet the target.</p> <p>The GP premium is currently being reviewed to focus on new priorities and principles for delivery and the team will be looking at the specific challenges that practices face and whether there is an opportunity to refocus funding to address inequalities between practices.</p> <p>The group was updated on CQC inspection reports and related action plans, including related contractual plans and actions. No further updates have been received regarding any pending CQC visits. The team have liaised with the CQC but have had no indication of any upcoming visits.</p>
Finance	<p>The group received an update on the Q5 financial position.</p> <p>Key risks – significant risks in the mental health budget and in the prescribing budget. Noted that the overspend in prescribing has however reduced from what was reported in M4. Underspend also reported in continuing health care and the corporate budgets are also underspending.</p> <p>Work is continuing at place to identify non-recurrent solutions to help bridge the deficit, but it was noted that future planning would need to find recurrent solutions to help mitigate the risk into 25/26.</p>



<p>Synnovis Update</p>	<p>Southwark practices transitioned back to Synnovis on 12 September 2024. SEL clinical effectiveness team are working with practices to support where there is a backlog.</p> <p>SEL have agreed that locally commissioned services incentive schemes will be income protected for the rest of this year, based against achievement for 23/24 where a scheme existed previously, or against a maximum achievable income where there is no baseline. For nationally commissioned services, payments to practices will be aligned with contract achievement, the ICB however will invest funding resulting from under delivery of the national contract into recovery and restoration in SEL and this will be applied on an individual practice basis.</p>
<p>Procurement Timeline</p>	<p>Two AT Medics contracts, Silverlock and Queens Road, come to a five-year renewal point in December this year. A decision has been made to extend the contracts by 12 months from December. During this time, there will be a period of market engagement with a decision to be made regarding the most appropriate Provider Selection Regime (PSR) process to follow.</p> <p>The Care Home Practice contract has been extended by six months to the end of March 2025 to enable time to complete the contract review process.</p> <p>Interpreting services – the Lewisham led three borough contracts for the GP interpreting services is currently being reprocured and has gone out to tender. Mobilisation of the new provider is scheduled to be from 1 April 2025.</p>
<p>Estates</p>	<p>The group discussed the estates strategy review and the work ongoing to identify and prioritise schemes across the Southwark practices.</p> <p>The group noted that Harold Moody was delayed again with a new target date of completion in November 2024.</p> <p>A proposal has been received from a local practice who wish to move into a new building. The group requested a business case be developed, setting out the opportunity and potential costs by the estates team.</p>
<p>Risk Register</p>	<p>No new risk was noted. However, the following was noted:</p> <p><b>Collective action:</b> As reported at the last PSSB, the British Medical Association (BMA) GP Committee England (GPCE) held a non-statutory ballot earlier this year of their members to seek support for collective action, which members voted in favour of. Action was due to start 1 August 2024.</p>



	<p>To date, there has been no discernable impact in Southwark. However, SEL ICB colleagues continue to meet with NHS England to review the situation and discuss risk mitigation.</p>
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# Partnership Southwark Strategic Board Cover Sheet

**Item: 7**  
**Enclosure: 5**

<b>Title:</b>	What Matters To You? Healthwatch Southwark's Priorities Survey / Southwark Soundboard Reflections Report
<b>Meeting Date:</b>	07 <sup>th</sup> November 2024
<b>Author:</b>	Rhyana Ebanks-Babb
<b>Executive Lead:</b>	Rebecca Jarvis

### Summary of main points

Healthwatch Southwark conducted a summer listening tour to better understand the health and social care needs of Southwark residents and other things that have been impacting peoples health over the last 12 months.

We will use this information along with other health population data to inform what our main priorities will be over the next two years that align with our strategy, particularly with our research projects and the focus of our forthcoming Enter and View programme.

We are aware that Partnership Southwark have refreshed the strategic priority areas of the Health and Care plan and we want to ensure that there is buy in and alignment with our workstreams from the start.

Item presented for (place an X in relevant box)	Update	Discussion	Decision

### Action requested of PSSB

- Ensure our research informs the upcoming workstreams and plans related to the Southwark Health and Care priorities 2024-27

### Anticipated follow up

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### Links to Partnership Southwark Health and Care Plan priorities

Children and Young People's Mental Health	X
Adult Mental Health	X
Prevention and health inequalities	X
Integrated frailty pathways	x
Integrated neighbourhood teams	X

### Item Impact

<b>Equality Impact</b>	<i>Please refer to methodology (pages3-6) in the reflections report</i>
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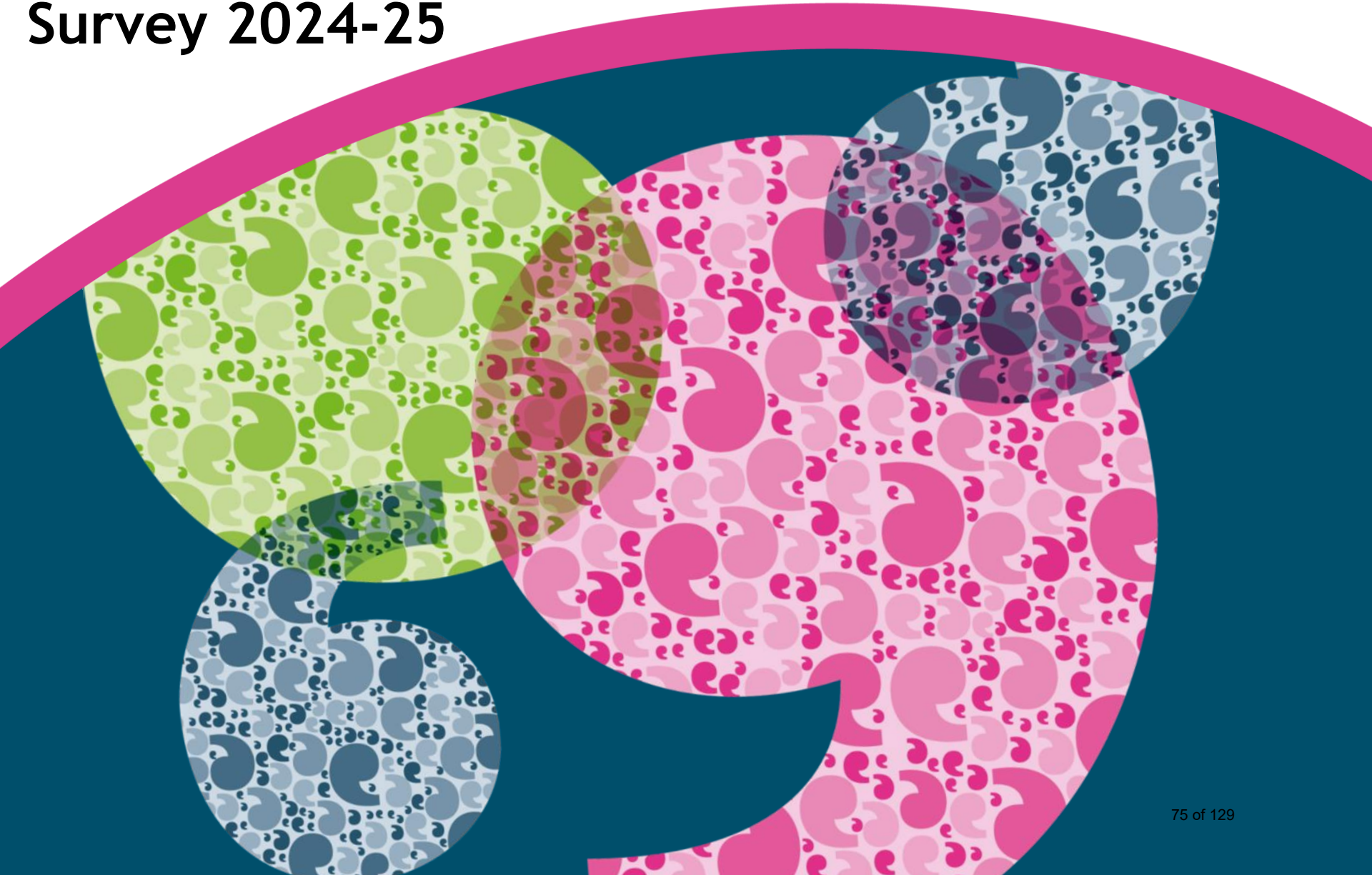
Quality Impact	<i>A quality impact assessment has not been undertaken, however this work relates to improved quality for service users by incorporating their feedback into initial service design and provision.</i>		
Financial Impact	<i>There are no associated costs at present</i>		
Medicines & Prescribing Impact	<i>There are no costs associated to medicines, but this may have an impact on increased access to/use of social prescribing services</i>		
Safeguarding Impact	<i>The needs of vulnerable individuals have been considered, precautions were taken such as risk assessments completed with each venue, mental health first aiders available at each location – there were no safeguarding concerns raised as a result of this work.</i>		
Environmental Sustainability Impact (See guidance)	<b>Neutral</b>	<b>Positive</b>	<b>Negative</b>
		<i>X – potentially positive by reducing demand on services.</i>	

**Describe the engagement has been carried out in relation to this item**

- Primary Care Collaborative on 26.09.24
- Social Prescriber Link Workers (IHL and QHS) on 08.10.24
- Adult Social Care (Assistant Director, Quality, Performance and Transformation) on 11.10.24



# What Matters to You? Healthwatch Southwark's Priorities Survey 2024-25



**Q1. Here is a list of health care concerns that people have spoken to us about in the last year. Which ones are most important to you? Health care is the help you get to stay healthy or to get better when you're sick, e.g. visits to the doctor, medicine, therapies or vaccines. You can choose more than one**

**Answered: 129, Skipped: 4**

Answer Choices	Responses	%
GP access (registering, booking, and waiting for appointments)	104	81.89%
Adult mental health and wellbeing services	59	46.46%
Hospital care (waiting times, quality of treatment, staff).	49	38.58%
NHS dentist access (registering, booking, and waiting for appointments)	48	37.80%
Children and young people's mental health services	36	28.35%
Women's health (sexual and reproductive health, menopause, endometriosis and polycystic ovary syndrome, breast and cervical cancers)	36	28.35%
Patient involvement in decision making	33	25.98%
Waiting times for planned surgery (elective surgery)	32	25.20%
Pharmacies (access, number of staff, repeat prescriptions)	25	19.69%
Cardiovascular disease (e.g. heart attacks or failures, strokes)	19	14.96%
Obesity services (support to lose weight)	18	14.17%
Maternity care (before and after giving birth, support with pregnancy loss)	16	12.60%
Health needs of LGBTQIA+ people	13	10.24%
Failures in service (lack of follow-up care, lack of support, health problems not being resolved, abuse in service)	5	3.94%
Social prescribing and health support (e.g. guidance with digital inclusion, accessing gym, healthy food options, quitting smoking)	4	3.15%
Staffing (qualification of staff, professionalism of staff, more qualified staff)	2	1.57%
Accessing specialists (e.g. eye doctor, hearing, complicated disabilities)	2	1.57%
	<b>Answered</b>	<b>127</b>
	<b>Skipped</b>	<b>6</b>

**GP access (registering, booking, and waiting for appointments) - people's biggest health concern**



**Q2. Here is a list of social care concerns that people have spoken to us about in the last year. Which ones are most important to you? Social care is the support people get to live well and do everyday activities. It is for people who need extra assistance, for example due to age, disability, financial hardship or illness. You can choose more than one:**

**Answered: 100, Skipped: 33**

Answer Choices	Responses	%
Support for carers (e.g. Carer's Assessments).	49	50%
Transfer from hospital to social/ community care.	45	46%
Home adaptations (e.g. fitting rails to make it easier to move around your home).	41	42%
Children and families.	41	42%
Adult domiciliary care (services that support an individual in their own home).	37	38%
Safeguarding.	34	35%
Paying for care.	33	34%
Care homes and hospices.	22	22%
Failures in service (abuse in service, qualification for service too narrow, processing times, issues not being resolved)	7	7%
Staffing (qualification of staff, professionalism of staff, consistency of care staff, powers with socialworkers not care staff)	3	3%
Quality of service (limited time for receiving care, lack of support infrastructure, poor quality home adaptations)	2	2%

**Support for carers (e.g. Carer's Assessments) - people's biggest social care concern**

•Q3. Have any of these things impacted your health in the last year? You can choose more than one:

Answered: 103, Skipped: 30, 60 individuals made 67 comments across the following categories

Answer Choices	Responses	%
Cost of living	82	80%
Housing	52	50%
Environment (e.g. air pollution)	32	31%
Food insecurity (not being able to get enough healthy food)	46	45%

The comments were broken down into categories to further understand people's issues and concerns

- Cost of living received the most comments 21 (30%)
- Housing 20 comments (29%)
- Food insecurity 14 comments (20%)
- Environment 7 comments (10%)
- Other 7 comments (10%)

"The rising cost of medication means I cannot afford good quality remedies at health shop or organic quality food. I'd love to join the gym or go with my family swimming regularly but it's too expensive"

"Discretion of reimbursement of transport funds"

"Appointment variation limits expenses being reimbursed (calculations) at a deficit."

"I am housebound, I need transportation which isn't always and by the time it is arranged there are delays on my appointments"

"Bills sky-rocketed, water, energy increasing again"

"The cost of living very stressful for me and my family"

"Mental health - stress factor"

"Lack of stable mind. Worry and anxiety"

"Cost of living and lack of opportunities has added to my mental health tremendously. It has resulted to me being physically ill and having enormous social anxiety and low self esteem. I find it very difficult to find a job."

"Unable to get pension credit"

"benefits stopped so using overdraft"

"Benefit of £25 to last whole month still waiting for assessment."

"Everyday issues, effecting children's wellbeing"

"constant worry as I am a parents with young children having to choose quantity over quality is a pain as a result of cost of food (healthy food)"

"Cost of raising children"

"Less choice for diet"

"Difficult to maintain a healthy lifestyle with growing costs"

"Put prices down for healthy food organic to help peoples health"

## Cost of living received the most comments 21 (30%)

Cost of living could be broken down into:

- Cost of Health
- Bills/Energy Prices Rising
- Child Welfare
- Food, Diet & Nutrition
- Mental Impact
- Other

## Cost of living health impacts

- Cost of getting to hospital and appointments, cost of medication and over-the-counter medicines
- Costs of over-the-counter medicines could mean minor ailments are not being treated, escalating and then needing primary care attention
- Impacting children, carers and parents' mental health
- Effecting quality and quantity of diet
- Increasing risks of nutrition and diet related illnesses i.e. obesity, cardiovascular diseases, high blood pressure

## Housing received 20 comments (29%)

Housing could be broken down into:

- Suitability of housing to medical condition
- Poor Quality Housing
- General & Physical
- Mental Health
- Cost of Housing/ Rent Increases
- Mental Impact of Debt/Cost of Living & Security

## Housing health impacts

- Poor housing environments i.e. damp, mould, pests giving people respiratory issues, poor health and immunity strength leading to increased susceptibility to illness and infection
- Poor housing environments, lack of access to secure housing or housing insecurity due to landlord rights - leading to mental health issues and stresses
- Mental health stressors: debt, rising rents, social isolation, lack of privacy, over-crowding and uncertainty

"Housing - before moving to Alms house struggled with stairs"
"I have asked for a walk-in shower. I have being seen by O.T. and this is not being done, length of time 2 years"
"Housing - issues with neighbours, housing association not helping"
"Housing association not making repairs"
"Poor air quality in my home due to damp and mould, resulting in poor health/ immune system"
"Living in a block where air quality not good, mice, bins etc"
"Overcrowding"
"Living in a hostel, shared accommodation. No privacy"
"Overcrowding"
"Having to move around for cheaper housing interfered with access to GP"
"Rent arrears"
"Cost of living- rely on food banks Housing - waiting list since 2013"
"Housing- unreliable - can get kicked out ay time"

"Can only buying what can afford"

"Increasing cost of items which has lead to cutting back on essentials"

"Unable to go out shopping, carers don't always buy the right food and don't throw away food that's expired or buy food that I cannot prepare myself"


## Food insecurity received 14 comments (20%)

Housing could be broken down into:

- Mental Impact
- Not Independent

## Food insecurity health impacts

- People can't afford to treat themselves, comfort themselves or have any self-care. Which provided mental stresses and no way to alleviate pressures. Can also impact if they cannot afford over the counter medicines for minor issues.



Environment (e.g. air pollution)  
received 7 comments (10%)

Environment could be broken down  
into:

- Pollution
- General Health
- Food Quality

Environment health impacts

- Increasing risks of respiratory illnesses, allergies, skin conditions and reduced immune system

"Stress from cost of living crisis, breakout of severe skin conditions notably impacted by pollution"

"My family has had more respiratory issues the past 2 years. When we travel outside London our health gets better quickly. Upon return it's back to the usual constant runny noses and difficulty with throat or chest"

"Our city environment is quite polluted"

"Environment and a place we live has a huge impact as well as we constantly worry about safety and pollution"

"Air pollution increased coughing fits"

"Our house is quite old so mould often grows along the window areas"

"Air pollution, water pollution, chem-trails in the sky, affects food supply"



Other received 7 comments (10%) which related to:

- Income
- Weather/winter fuel payments
- Access to dentists/trips to the dentist

Reduced Dentist Access Winter Fuel Allowances' Going Winter Energy Prices	"Reduced dentist trips" "Loss of income"
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# Focus Areas Suggested

Focus areas suggested can be grouped into the following categories:

Focus Area	Count	%
GP access	40	16%
Community Needs	32	13%
Failures in service: GP & Hospitals	30	12%
Other	30	12%
Adult mental health and wellbeing services	24	9%
Housing	14	5%
Social prescribing and health support	13	5%
Adult domiciliary care	12	5%
Hospital care	10	4%
NHS dentist	10	4%
Staffing	8	3%
Accessing services & specialists	7	3%
Support for carers	4	2%
Children and young people's mental health services	3	1%
Failures in service: Care	3	1%
Safeguarding	3	1%
Transfer from hospital to social/ community care	3	1%
Health needs of LGBTQIA+ people	2	1%
Home adaptations - Time to get	2	1%
Maternity care - Quality of service	2	1%
Patient involvement in decision making	1	0.4%
Paying for care	1	0.4%
Pharmacies - Contact and Communication	1	0.4%
Women's health - Quality of service	1	0.4%
Sum	256	

# Top 30 Focus Areas - Expanded

116 individuals made 256 suggestions across 69 categories

Focus Area	Count	%
GP access - Booking an appointment/Waiting for/Access to appointments	20	8%
Other - Cost of Living	11	4%
Adult mental health and wellbeing services - Mental health	10	4%
Community Needs - Health systems	10	4%
GP access - Inaccessibility: Getting face-to-face appointment - Speaking to reception	9	4%
Community Needs - Cultural Needs	9	4%
Failures in service: GP & Hospitals - Health problems not being resolved	8	3%
Failures in service: GP & Hospitals - Lack of support	7	3%
Social prescribing and health support - Wellbeing	7	3%
Failures in service: GP & Hospitals - Infrastructure	6	2%
Hospital care - Waiting times	6	2%
Housing - Other	6	2%
Housing - Impact on health	6	2%
Other - Social Care/Services	6	2%
Adult mental health and wellbeing services - Accessing Mental Health Services	5	2%
Adult mental health and wellbeing services - Wellbeing	5	2%
Failures in service: GP & Hospitals - Abuse in service	5	2%
GP access - GP + medical services	5	2%
NHS dentist/Waiting for appointments	5	2%
NHS dentist - Failure of service	5	2%
Staffing - More qualified staff needed	5	2%
Community Needs - Issues addressed	5	2%
Other - Other	5	2%
Social prescribing and health support - Support	4	2%
Other - Elderly Wellbeing	4	2%
Other - Migrants/Asylum Seekers	4	2%
Accessing services & specialists - Access	3	1%
Adult domiciliary care - Lack of support infrastructure	3	1%
Children and young people's mental health services	3	1%
Failures in service: GP & Hospitals - Lack of follow-up care	3	1%

# Top 10 Focus Areas - Expanded

Here are the top 10 areas people wanted us to focus our priorities on

Focus Area	Count	%
GP access	40	16%
Community Needs	32	13%
Failures in service: GP & Hospitals	30	12%
Other	30	12%
Adult mental health and wellbeing services	24	9%
Housing	14	5%
Social prescribing and health support	13	5%
Adult domiciliary care	12	5%
Hospital care	10	4%
NHS dentist	10	4%

# Top 10 Focus Areas - Expanded

## GP Access

- Booking an appointment/Waiting for/Access to appointments (20)
- Inaccessibility: Getting face-to-face appointment - Speaking to reception (9)
- GP + medical services (5)
- Contact and Communication (3)
- Staff (3)

## Community Needs

- Health Systems (10)
- Cultural Needs (9)
- Issues Addressed (5)
- Mental health (2)
- Vulnerable People (3)
- Social Isolation (3)

Long waits for appointments cause anxiety which impacts on well being

Impossible to access if you're not good with computer

Finding a more efficient, reasonable and realistic way of booking GP appointments and being seen in reasonable time

Doctors/GPs - they have to get on top of things and take more interest in their patients

A Lot of young adults are in crisis but don't know where to get help or they're worried about the stigma of their peers seeing them in food banks

Assess the effectiveness of existing public health policies and services in these communities

Flagging (with figures) the most material areas that currently negatively impact service users e.g. Southwark

# Top 10 Focus Areas - Expanded

## Failures in service: GP & Hospitals

- Health problems not being resolved (8)
- Lack of support (7)
- Infrastructure (6)
- Abuse in service (5)
- Lack of follow-up care (3)
- Contact and Communication (1)

## Other

- Other (5)
- Elderly Wellbeing (4)
- Migrants/Asylum Seekers (4)
- Social Care/Services (6)
- Cost of Living (11)

Prioritising support in regard to demographics, Southwark has one of highest black population in the UK, but zero sickle cell awareness or crisis support. Maternity support is poor, and I have spoken to other women who have suffered birth-trauma. We have a high Spanish speaking population, why is it difficult to get information in Spanish already, you have to order etc

We should find a platform to report healthcare workers who annoy us or make us uncomfortable

Can be racial issue

Everything is intertwined together

How living crisis affects individuals' health

Support for Asylum seekers - they are worse off than before.  
Food terrible  
Families in damp & mouldy accommodation

# Top 10 Focus Areas - Expanded

## Adult mental health and wellbeing services

- Housing (2)
- Mental health (10)
- Accessing Mental Health Services (5)

## Housing

- Impact on health (6)
- Other (6)
- Suitability of housing to medical condition (2)

Adult mental health- long waiting time for referral- Talking Therapies, 6 years

Address the mental health needs of underserved communities, including the availability of mental health services, stigma around seeking help, and support for conditions like depression and anxiety.

Housing security - temporary accommodation waiting list

Impact of housing on mental health

Medical problems & housing waiting list

# Top 10 Focus Areas - Expanded

## Social prescribing and health support

- Wellbeing (7)
- Support (4)
- Services (2)

Social prescribing and health support in Gipsy Hill and Crystal Palace part of Southwark

Helping people make healthier choices, e.g. avoiding diabetes

## Adult domiciliary care

- Lack of support infrastructure (3)
- Limited time for receiving care (2)
- Qualification of staff (2)
- Consistency and continuity of care and staff (2)
- Accessing Services (2)
- Ability to have independence (1)

Nutritional info / help with nutritious foods for people who need it

Consistency with carers - quality carers that are invested in patients and genuinely care about their health

Impossible to access. How provision of social care varies by ethnicity) esp. when English is not first language)

Carers - social worker has so much power and takes away independence from service user. Power with Social workers

Not personalised care, different providers - issue of care continuity

# Top 10 Focus Areas - Expanded

## Hospital care

- Waiting times (6)
- Quality of treatment (1)
- Quality of treatment (1)
- Other (2)

Hospital Care - quality of treatment: conditions of hospitals and environment  
->makes me anxious

Waiting 2 years for surgery

## NHS dentist access

- Booking an appointment/Waiting for appointments (5)
- Failure of service (5)

My tooth fell out and I tried getting a dentist appointment as I have recently moved into this area, but I haven't been able to do so, and I've been told that there's no appointment available but if I pay. I can have a next day appointment. I have glued my teeth with super glue - just the regular super glue.

We must reduce waiting time, when people are really sick, and they need the appointments

Cost of dentists deters all ages from dental care

Make services more available. If I want to access NHS dentist, I have to wait 2 months. If I pay for this, I can access this the next day. This is not right



## Q5. Why have you chosen these topics?

88 individuals gave 104 reasons across the following categories

Reason	Count	%
Personal Experience/ It Affects Me	35	34%
Social Concerns	19	18%
Community Concern / Seen In Local Community	16	15%
Structural Concerns	7	7%
Family Member	6	6%
Social: Children Concern	6	6%
Mental Health Issues	6	6%
Friend	3	3%
Social: Elderly Concern	3	3%
General Wellbeing	3	3%
Sum	104	

# Reasons For Choosing Focus Area Topics

## Personal Experience/ It Affects

Because we are caring for people and need to take care of us as well

Because I have experienced such concerns

Because I am very unhappy about my personal care due to not able to get in and out of the bath.  
All I would like to keep my independence as long as I can

## Social Concerns

In the news and have worked in these fields and seen that they need improvement

Cause social care is under pressure so we need to find out why

Because it is the single biggest BARRIER to me accessing health care or doing my self-care

## Community Concern / Seen In Local Community

Teaches asylum seekers - I hear their stories

These are common themes that I hear all the time from the local community

Many get overlooked or ignored on needs

## Structural Concerns

Xenophobia  
High rates of discrimination  
Lack of access to basic healthcare

Understanding how well policies are implemented can help identify what works and what needs to be improved, thereby improving overall public health

Observation - it's desirable to encourage people to make better choices

## Family Member

I've been involved in the service due to my daughter suffering with anxiety

Address the impact of cultural and language barriers on access to health services

# Reasons For Choosing Focus Area Topics

Social: Children Concern

Children's mental health - Every other issue stems from this

Infant feeding is a topic close to my heart. I help parents everyday with this issue and see how difficult is for some to access the help they desperately need

Mental Health Issues

Mental health issues have a profound impact on both individuals and communities. Research into community mental health can help identify and address common mental health issues and improve overall quality of life

It is a root cause of money problems, like loneliness and illness

Friend

I seldom need to use services, issues mentioned above are based on the extensive experiences of friends and neighbours

With the development of modern society, especially after the pandemic, loneliness and social isolation have become global concerns. By focusing on this research, we can provide governments, public health organizations, and community leaders with valuable data to help them develop better policies and interventions

Social: Elderly Concern

These are vulnerable people in society

From discussions with other older people care has been a top concern

General wellbeing

Because it affects all aspects physical, psychological, environmental

People's well being

**Q6. We want to hear your feedback! Healthwatch Southwark gathers local people's feedback to better understand the issues facing people within our community and let service providers know how they can improve. Please use the space below to tell us more about your recent experiences of using health and social care services (e.g. GP or pharmacy). Please include the name of service(s), anything you thought was good, any issues, and how it could be made better:**

**Answered: 86, Skipped: 47**

**154 feedback comments**

Service Area	# Positive Feedback	# Negative Feedback	Total	%
GP	11	32	43	28%
Health support	10	7	17	11%
Hospital care & Operations and surgery (elective surgery)	5	11	16	10%
Pharmacies	8	7	15	10%
Hospital outpatients(specialists, appointments, referrals)	7	5	12	8%
Social care	2	5	7	5%
Medical Staff		7	7	5%
NHS dentist	2	3	5	3%
Women's health	2	3	5	3%
Maternity care	2	2	4	3%
Adult mental health and wellbeing services	1	2	3	2%
Transfer from hospital to social/ community care	1	2	3	2%
Children and young people's mental health services		2	2	1%
Home adaptations		2	2	1%
Obesity services		2	2	1%
Patient involvement in decision making		2	2	1%
Support for carers		2	2	1%
Adult domiciliary care		1	1	1%
Care Staff		1	1	1%
Care homes and hospices	1		1	1%
Children and families		1	1	1%
Health needs of LGBTQIA+ people		1	1	1%
Paying for care		1	1	1%
Safeguarding		1	1	1%
	52	102		
	Sum	154		

# Q6. Local People's Feedback: Positive

I tried CBT therapy and that was a great experience

Good support via GP on some issues

Honour Oak - they are very good. Services is top notch only that the appointment takes time

Even though waiting times in hospital are quite long the doctors, nurses, healthcare team etc are often very amiable

LT Diabetes - frequent support from GP and hospital

My experiences with healthcare services, booking appointments, cardiology appointments have always been good

Breast screening service in Denmark Hill very good

Good hospital transport care

Good - good dentistry service

Pharmacies - good helpful

My midwife was great

Feel satisfied get scans or other services

# Q6. Local People's Feedback: Negative

I tried CBT therapy ..however it wasn't enough and I need counselling and have been waiting for over two years

Care Workers- not being picked up due to a lack of connections.  
Agency workers, lack of support infrastructure.  
Other boroughs have care hubs, for workers with no fixed place of work e.g. breaks between visits. Pay and working conditions

School nurses can flag up a multitude of health issues in children

Lack of funding for children's mental health services - waiting list.  
I had to ring everyday to get support or .....many don't get it as priority

Waiting for sometimes 2-3 weeks for the GP and some forgotten what was the issues

It can take 2 weeks to get an appointment even then you have to go through a screening process and then you will get permission to phone reception. You rarely get a face-to-face appt, it's quicker to go A&E otherwise you might end up dying before you get even seen by your GP

After the pandemic 3- needed more face to face

Long waits for appointments cause anxiety which impacts on well being

Urgent need for medical provision in SE16 to keep pace with additional number of residents in the area.  
Concern that planning permissions for medical provision within new builds are not delivered because unable to find operators (SCAPE development but one example)

Information about how the healthcare system works - transparency of system.  
Community representatives in Southwark (ICB, H&WBB, Social Prescribers, Partnership Southwark)  
Decision making, budget handling transparency  
Accountability of HW is lacking

They give you dates for appts e.g. hospital appt and it goes beyond their recommended times e.g. 21 weeks can turn into months

..but consult literally told me I was "just another statistic" in reference to being a young single parent. he told my family to "control" me when I disagreed to having a c section

Consultants have been sarcastic & rude about operation on knees/weight

## Q6. Local People's Feedback: Service Providers

Service Provider	Positive	Negative	Total
Albrighton Community Centre 37 Albrighton Road, Dulwich, London SE22 8AH	1	0	1
Alms House	1	0	1
Appleby Blue 94-116 Southwark Park Road, Bermondsey, London, SE16 3RR	1	0	1
Blackfriars Medical Practice	0	1	1
Bonamy Pharmacy 355 Rotherhithe New Road Bermondsey, London SE16 3HF	1	0	1
Day Lewis Pharmacy	1	0	1
Forest Hill Group Practice 1 Forest Hill Road, London SE22 0SQ	1	0	1
Guys Hospital	1	3	4
Kings Hospital	5	3	8
Nexus Health Group, Princess Street	1	3	4
Silverlock Medical Centre 2 Verney Way, London SE16 3HA	1	0	1
Southwark Community Health Centre	1	1	2
Southwark Community Pharmacy	1	1	2
ST Georges Pharmacy Perronet House 46 St Georges Road, London SE1 6ET	1	0	1
St Giles Surgery 40 St. Giles Road, Camberwell, London, Greater London, SE5 7RF	0	1	1
St Thomas Hospital	1	1	2
Surdock Pharmacy 162 LOWER ROAD, Surrey Quays, LONDON, SE16 2UN	1	0	1
Tessa Jowell Health Centre 72H East Dulwich Grove, London SE22 8EY	1	0	1
The Lister Practice 101 Peckham Road, London SE15 5LJ	1	1	2
Trafalagr Surgery 10 Trafalgar Avenue, London, SE15 6NR	1	0	1
Wytes Elephant & Castle Wytes Elephant & Castle, 94-96 Walworth Road, London, SE1 6SW	1	0	1
Sum	23	15	38

# Q6. Local People's Feedback: Service Providers

I used the Southwark Community Health Centre. Their appointment system is efficient and can schedule appointments within a reasonable timeframe

Kings College London- ignorance & discrimination  
Appointment variation limits expenses being reimbursed (calculations) at a deficit.  
Not aligned with NHS England  
Loud & rude staff  
GP referrals not to KLC due to experiences

Gratitude for Appleby Blue - support worker support

Hospital care (waiting times, quality of treatment, staff)- people laughing at you, don't pay attention to you - Kings College bad

Tessa Jowell GPs are very good, they have always educated, and they listen and hear you which was in contrast to my experience at Princess Street GP

Silverlock - they check-up. They follow up - positive experience

Southwark Community Pharmacy... but sometimes the pharmacy's inventory management is inadequate, resulting in some commonly used drugs being out of stock. It is recommended to improve the efficiency of inventory management and supply chain to ensure that commonly used drugs can be replenished in time to reduce stock shortages

Kings Hospital gave good treatment with shingles

Aylesbury & Nexus destroyed my care & info integrity and Dr Aru's, Villa Street, Queen's Road Peckham, Parkside & now Brunswick Park - all opposing trauma informed male only care. GP's are liars and incompetent at assessments



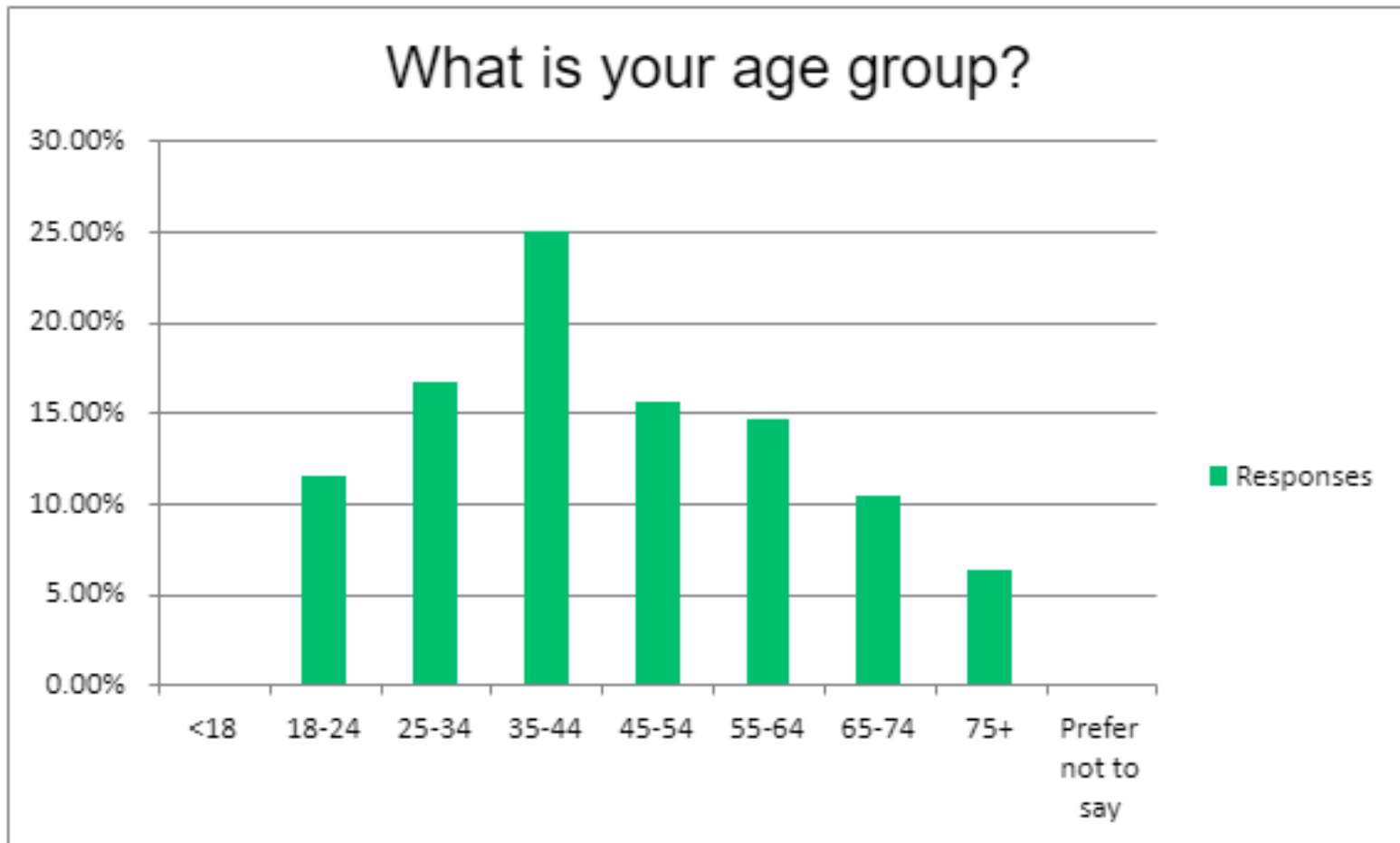


# Demographics of survey respondents

## •Q8. What is your age group?

Answered: 96

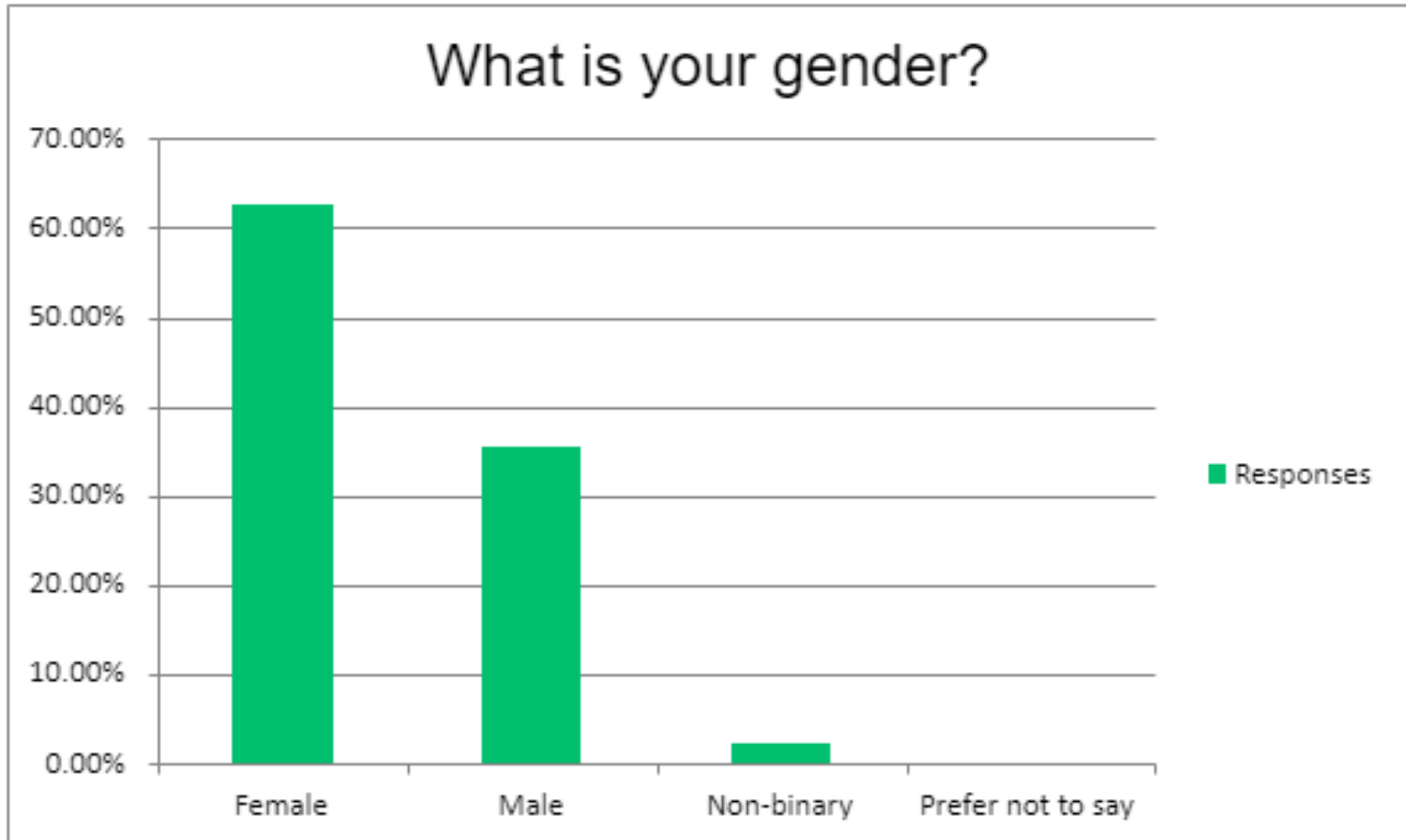
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## •Q9. What is your gender?

Answered: 96

Skipped: 37



# •Q10. What is your ethnicity/ethnic background?

Answered: 96

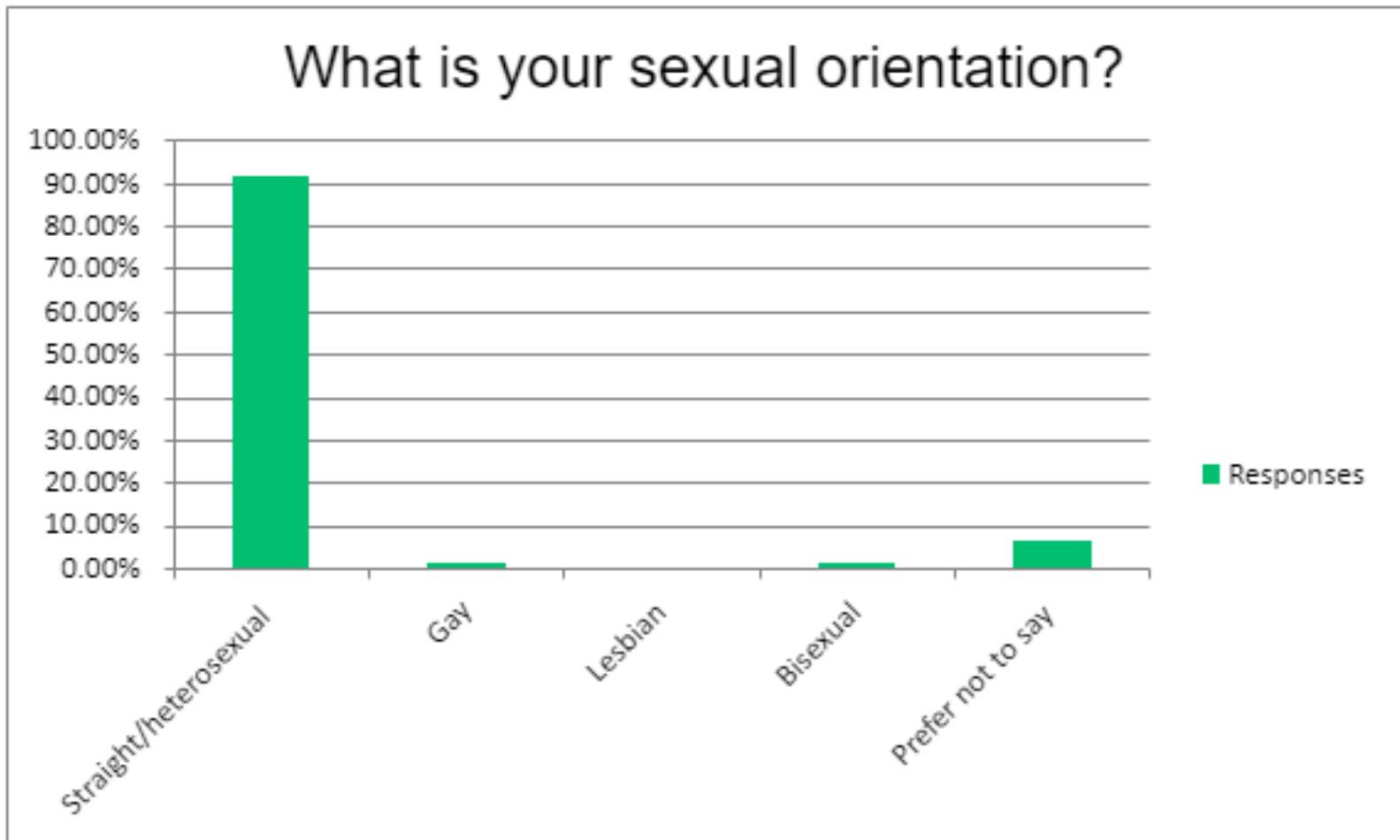
Skipped: 37

Answer Choices	Responses	%
Black/Black British - African	24	25%
White British/ English/Scottish/ Welsh/Northern Irish	24	25%
Black/Black British - Caribbean	11	11%
White – Unspecified	5	5%
Asian – other	4	4%
Black - other	4	4%
Latin American	4	4%
White European	4	4%
Prefer not to say	4	4%
Asian/Asian British - Indian	2	2%
Mixed – Asian and White	2	2%
Alegerian	2	2%
Asian/Asian British - Bangladeshi	1	1%
White Traveller/ Irish Traveller/ Gypsy	1	1%
Mixed – Black Caribbean and White	1	1%
Mixed – Unspecified	1	1%
Irish – Unspecified	1	1%
Black – Unspecified	1	1%
	<b>Answered</b>	<b>96</b>
	<b>Skipped</b>	<b>37</b>

# •Q11. What is your sexual orientation?

Answered: 82

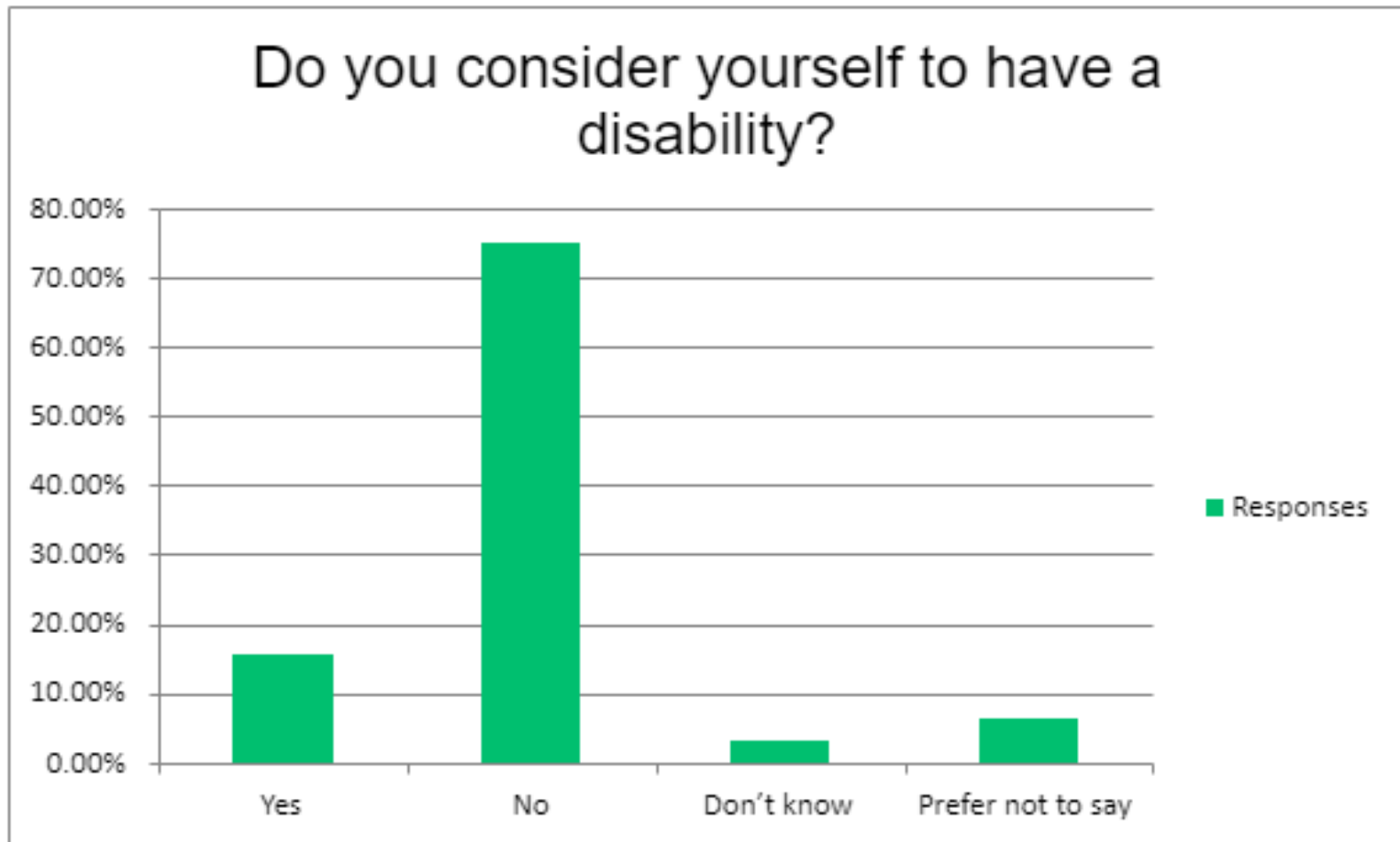
Skipped: 51



## •Q12. Do you consider yourself to have a disability?

Answered: 96

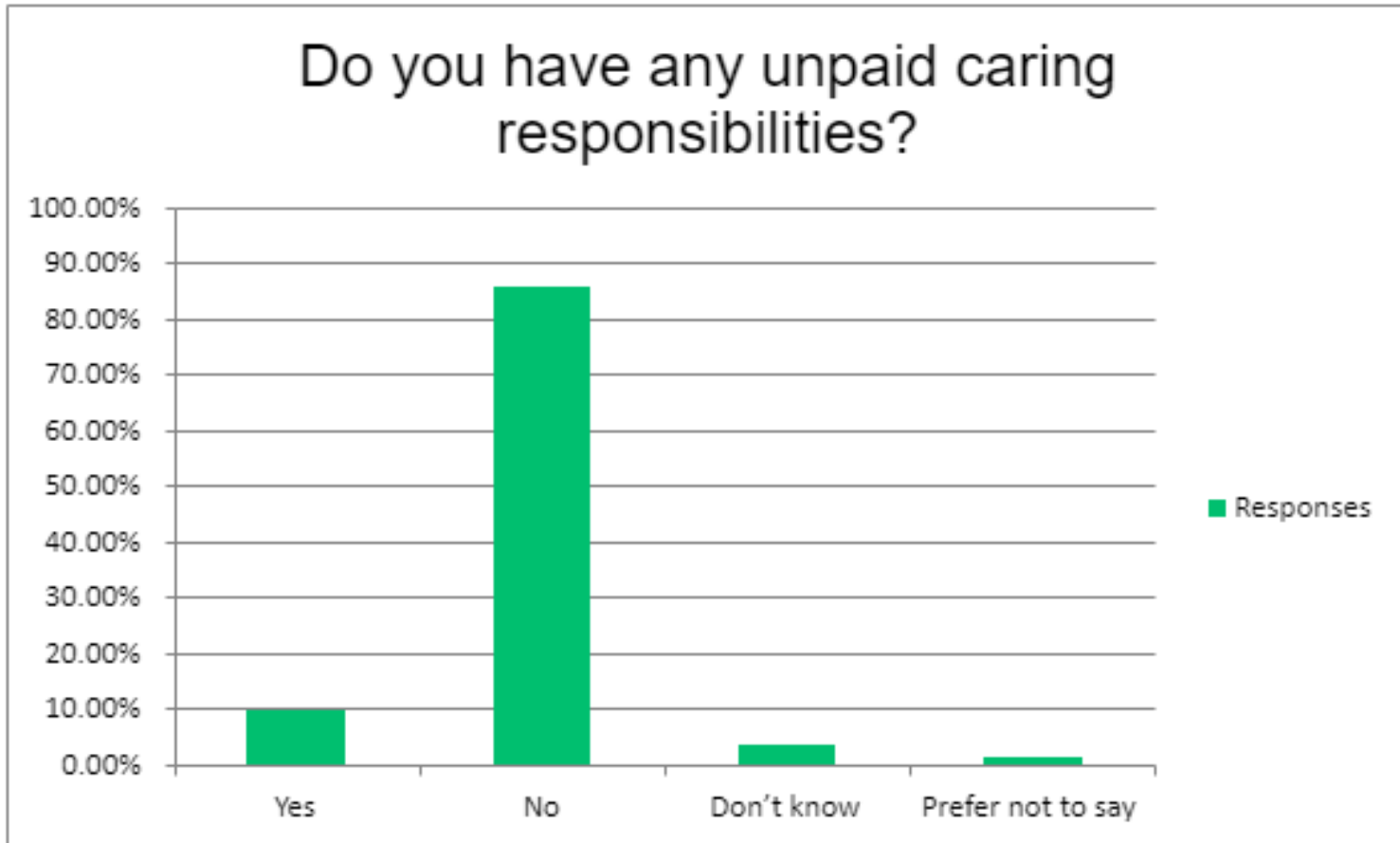
Skipped: 37



# •Q13. Do you have any unpaid caring responsibilities?

Answered: 92

Skipped: 41



## •Q14. In which area of Southwark do you live?

Answered: 87

Skipped: 46

Answer Choices	Responses	%
Bermondsey	17	19.54%
Peckham	15	17.24%
Borough/Southwark	7	8.05%
Camberwell	7	8.05%
Elephant and Castle	6	6.90%
Dulwich	5	5.75%
East Dulwich	5	5.75%
Crystal Palace	4	4.60%
Rotherhithe	4	4.60%
Walworth	4	4.60%
Deptford	3	3.45%
I don't live in Southwark but I use health and social care services in Southwark	3	3.45%
Surrey Quays	2	2.30%
I don't live in Southwark and I don't use health and social care services in Southwark	2	2.30%
Peckham Rye	1	1.15%
West Dulwich	1	1.15%
Other (please specify)	1	1.15%



# •Q15. How did you find out about this survey?

Answered: 87

Skipped: 46

Answer Choices	Responses	%
Via our direct Healthwatch Southwark members emails	18	19.78%
Healthwatch Team	12	13.19%
Twitter	8	8.79%
Community Southwark	8	8.79%
Listening Tour	8	8.79%
Healthwatch Southwark Website	5	5.49%
Facebook	5	5.49%
Via another organisation	5	5.49%
Listening Tour at RJ4ALL	4	4.40%
Healthwatch Southwark Newsletter	3	3.30%
Southwark News	3	3.30%
Word of Mouth	3	3.30%
Peckham Theatre Tour	3	3.30%
John Howard library	3	3.30%
Senior Club - Golden Oldies	1	1.10%
Albrighton Community Centre - Dulwich	1	1.10%
Southwark CCG	1	1.10%



# Insights from our Community Health Ambassadors Network

Findings from July 2024



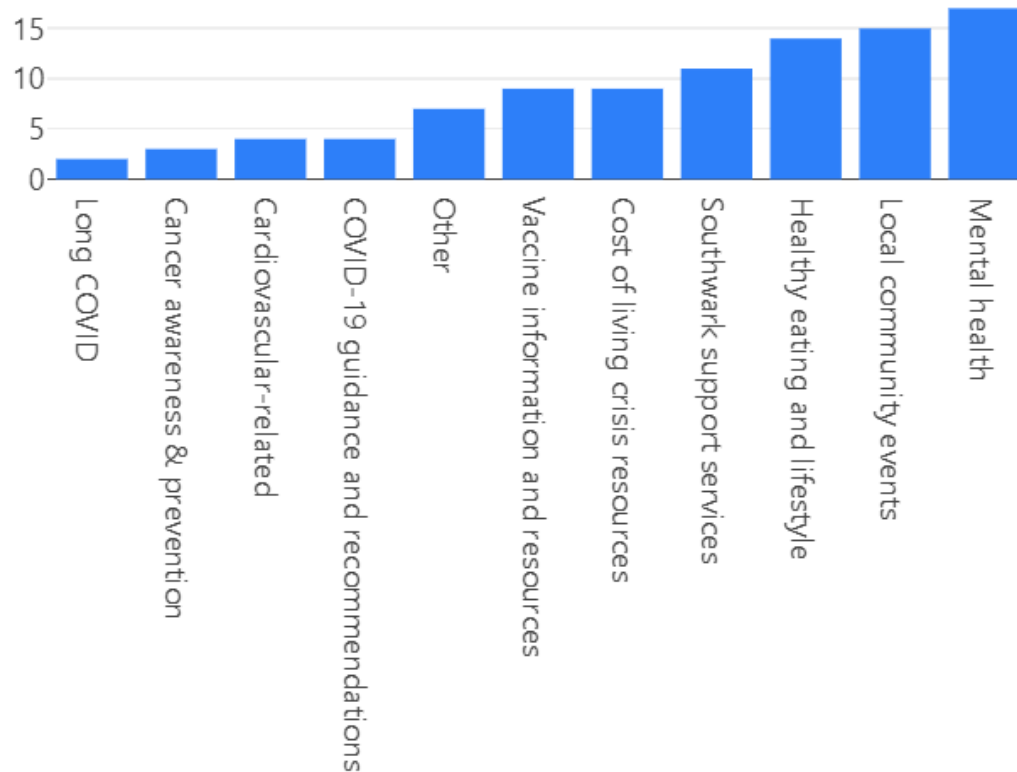


## What topics have you share related to your role as an Ambassador?

Topics on mental health and local community events were the most frequently cited. Cost of living resources was shared less frequently compared to January 2024.

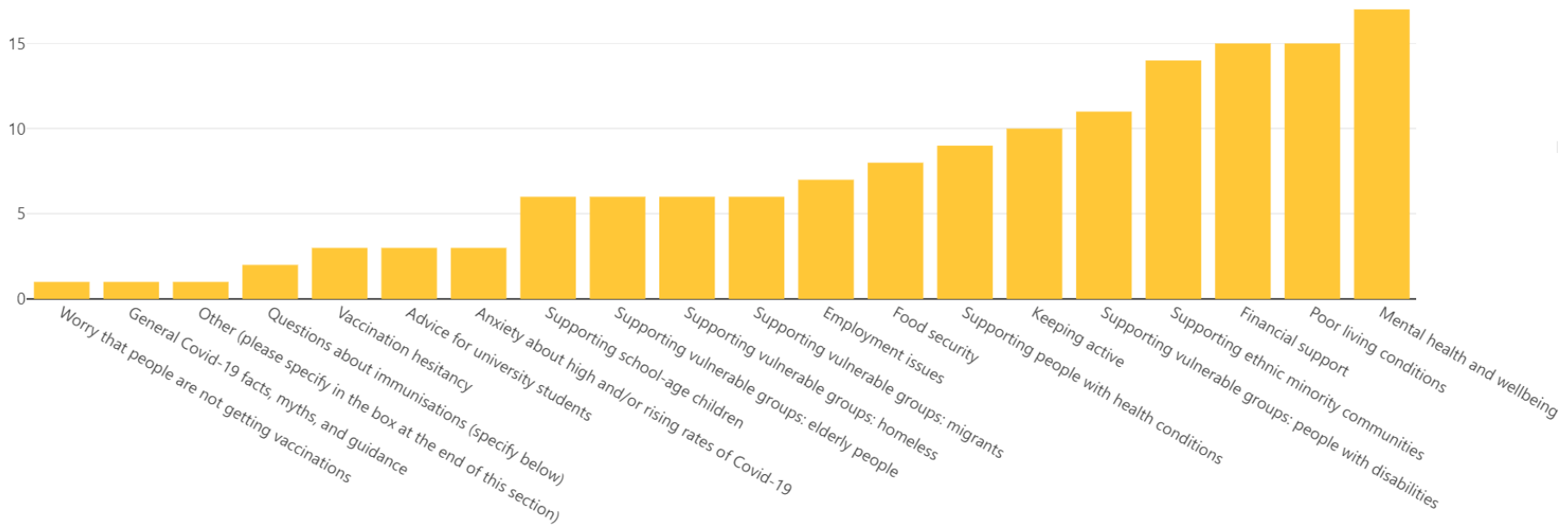
### Other topics that have been shared:

Menopause (3), cancer awareness and prevention, mindfulness and stress management, rough sleeping support, cyber security tips, Vital 5, diabetes management, disability related support



## Currently, what are the top 5 concerns in your community?

‘Mental health and wellbeing’, ‘poor living conditions’, and ‘financial support’ continue to be top concerns for Ambassadors. ‘Supporting vulnerable groups: people with disabilities’ and supporting ethnic minority communities are more frequently cited compared to the January 2024 survey results.




In your view, which community groups are particularly vulnerable and would benefit the most from additional support in Southwark?

**Most frequently cited:**

- Older people
  - Asylum seekers, migrants, and refugees
  - Homeless and rough sleepers
  - Disabled people
  - Ethnic minorities communities
  - Unpaid carers
- *In relation to unpaid carers, data we have shows the most usual situation is with a black afro Caribbean mother caring for a son at home*
  - *Families of children with SEND*





Let us know here any further information about what is going on in your community now and how we can best support them.

E.g. What has people's feedback been on the information you've given? What questions are people asking? Is there anything we can do to better support people?

- *Vulnerable communities need support in every aspect of their life*
- *I am part of a young children's academy at Theatre Peckham and I want to improve wellbeing support for the kids.*
- *Lack of information about all sorts of topics, including access to health services.*
- *Job loss support and financial aid for young people in Southwark*
- *Retired adults activities are required (a hub for retirees should be created).*
- *Rising costs for disabled people*



Learn more about the Healthwatch Southwark Soundboard Listening Tour using this link:  
[Southwark Soundboard Reflection Report 2024 | Healthwatch Southwark](#)

You can read more about Healthwatch Southwark and our Community Health Ambassadors Network, using these links:

[Homepage - Healthwatch Southwark | Healthwatch Southwark](#)

[Southwark Community Health Ambassadors Network | Healthwatch Southwark](#)

Read our past and upcoming reports using this link:  
[News and reports | Healthwatch Southwark](#)





# Southwark Soundboard: Healthwatch Southwark Listening Tour



## Reflections Report August 2024

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## Executive Summary

This reflection report provides an overview of the Healthwatch Southwark Soundboard Listening Tour. This was an initiative aimed at engaging with Southwark residents to gather insights on local health and social care services. The tour, conducted in partnership with a range of local services, sought to empower community members by providing a platform to voice their experiences, identify gaps in service provision, and influence future improvements.

The primary objectives of the Soundboard Listening Tour were to:

- **Engage with Communities:** Actively engage with people in their own neighborhoods and community spaces, focusing on reaching a diverse cross-section of the population to ensure that all voices, especially those from historically underrepresented groups, are heard and considered.
- **Build Trust and Partnerships:** Establish trusted connections with the community and create partnerships with local services to ensure that residents are aware of available resources and feel supported in accessing them.
- **Gather Insights and Feedback:** Collect detailed feedback from residents on their experiences with local services, including health and social care, whether positive, neutral, or negative, to inform future research and projects.
- **Identify Service Gaps:** Understand the needs and concerns of the community by identifying areas where services are not meeting expectations and use this knowledge to advocate for targeted improvements.
- **Advocate for Change:** Use the insights and feedback gathered to help shape service delivery, ensuring that community input plays a key role in driving meaningful improvements.
- **Foster Community Cohesion:** Promote a sense of unity and inclusion by actively listening to what matters most to the community, addressing concerns, and fostering a collaborative environment where everyone feels heard and valued.

## Background

In 2023, we updated our strategy, emphasising building relationships with historically under-represented communities to guide our work for the coming three years. To prepare for this future work, we planned a listening tour in Summer 2024 to ensure alignment with the current and emerging needs of Southwark residents.

By doing this, we hoped residents and service users are empowered to share their experiences, while providing an opportunity to learn about Healthwatch Southwark, build awareness of services, and authentically build and maintain local relationships.

This reflection report serves as a record of the successes and challenges encountered during the tour, and lessons to improve future community engagement.

## How did we do it?

### *In-person*

We hosted six in-person pop-up events across Southwark. Each venue was carefully selected, focusing on locations where we could engage with diverse and often underserved groups.

To support the initiative, we allocated a budget covering:

- Venue hire costs, refreshments (tea, coffee, milk, water, fruit, biscuits, disposable cups), promotional materials, participation incentives (such as £30 Love2Shop vouchers and goody bag items), necessary resources, and travel expenses.
- Necessary resources such as banners, printed surveys, signs, leaflets, stationery, and more.
- Cabs were used to transport resources and staff to and from venues, especially for distant locations.

Each event featured:

- Two hours of public engagement, with an additional 30 minutes for setup and 30 minutes for pack-down.
- Collaboration with six 'spotlight services' who were chosen based on where we had signposted people to most frequently in the last 6-12 months, tailored to the visitors/users of each venue.
- A minimum of six staff, consisting of Community Southwark staff, Community Health Ambassadors, and core volunteers.
- Event format, risk assessments and an agenda for each venue due to differing start and end times.
- Briefing meetings with venues, spotlight services, and internal teams to ensure clarity and preparedness.

### *Online survey*

We conducted an online priorities survey which was open from 1st July to 19th August 2024 to reach residents who could not attend the in-person pop-up events.

Creation of the survey:

- Reviewed our Priorities Survey from 2022-23 and adapted it for current needs.
- Identified key health and social care services mentioned most frequently in feedback over the last 12 months and broke them into distinct categories with examples.
- Added questions about additional issues, such as food insecurity and the cost of living, and provided options for respondents to share other factors impacting their health or that of friends and family.

- Shared the survey questions with stakeholders, gathered their feedback, and revised the questions accordingly.
- Agreed on a seven-week survey period, aiming to increase response uptake.

#### What the survey asked respondents:

- Share feedback on health and social care services they had used in the past 12 months.
- List additional challenges they faced, such as food insecurity and the cost of living, or any other factors affecting their personal, family and communities' health.
- Rank their health and social care priorities.

#### *For the overall initiative*

#### Promotion:

- Developed marketing materials such as Mailchimp newsletters, social media posts, website content, email footers, direct emails, printed and electronic flyers, and word-of-mouth promotion.
- Promoted the survey before, during, and after the pop-up events to maximise participation.

## When and where?

We conducted a community mapping exercise to help us locate and engage with populations that may not typically participate in surveys or public consultations, such as marginalised or underserved groups. This ensured that the pop-up events captured a diverse range of voices.

We concluded on the following areas within Southwark: **Borough, Bermondsey, Rotherhithe, Walworth, Peckham and Dulwich** and sourced community venues to host us. Three out of six venues were holding community events and we felt this would be a good opportunity to engage with services who have a good foot fall. As the events were held during the Summer, we varied the start and end times to accommodate a range of audiences throughout the days.

These areas were selected based on:

- Diverse demographics of the area to engage with a wide range of groups across Southwark.
- Previous community engagement levels to target both high-engagement areas like Bermondsey and Peckham, and less-engaged areas like Dulwich.
- Access to underserved communities so we could reach marginalised groups in locations who may face different barriers to services than in other areas.
- Venues with strong community ties such as community centres, libraries, and public spaces with established local relationships.



# SOUTHWARK SOUNDBOARD

## Tour dates 2024

29th July - 12-2pm

Mercato Metropolitan. 42 Newington Causeway, London, SE1 6DR

31st July - 11am-1pm

John Harvard Library - 211-213, Borough High Street, Southwark SE1 1JA

1st August - 4-6pm

RJ4All, Rotherhithe Community Centre, 30 Plough Way, London, SE16 2LJ

5th August - 2-4pm

Appleby Blue - 94-116 Southwark Park Road, Rotherhithe, London, SE16 3RD

7th August - 1.30-3.30pm

Theatre Peckham 221 Havil St, London SE5 7SB

8th August - 1-3pm

Albrighton Community Fridge 37 Albrighton Road, London SE22 8AH

### IN PARTNERSHIP WITH OUR SPOTLIGHT SERVICES



### THANK YOU FOR HOSTING OUR LISTENING TOUR



## The Format

Our initial approach was to have table discussions and note takers recording themes and trends of responses to the survey questions. During the event, a spotlight service would give a brief presentation and we would run a short quiz about local health and social care services.

After discussing the delivery of our first pop up and the challenges we faced when encouraging people to enter the venue and remain for a prolonged period, we changed the format of our upcoming sessions, following feedback from the team of helpers.

As this is a pilot for the Healthwatch Southwark Team, we were open to pivoting with our approach and apply learning along the way. We adopted a drop-in style for the remaining five pop up events of the tour which included street surveying and approaching participants asking for feedback, while supporting them to complete feedback forms if requested. Once completed forms were returned, participants were provided with their goody bag and informed about our next steps.

For the spotlight presentations, one person was allocated to encourage attendees to stay for the 10-minute presentation. This approach worked better in some venues than others and spotlight services also pivoted their presentation delivery by speaking directly to attendees rather than a group.

For three events, we were joined by the Southwark Public Health Outreach team offering free Vital 5 health checks. Staff, helpers and our Community Health Ambassadors encouraged, located interested participants and managed the list of those willing to have a discussion with a trained health professional and complete health checks in a private space within the venues.

## Key Learnings

Being open to honest feedback from our team was key to getting things right. When we listened to their insights, we adjusted our plans and approaches to better connect with the people we are trying to reach. The morale of our team, our helpers and the environments we worked in was important. When our team feels good, it shows in how we interact with the public, making our events and engagements much more successful.

Working together more closely is something we need to focus on. By building partnerships with a shared vision, we made sure that people are getting the health information they need in a way that makes sense to them. There's so much great work happening in our community, but a lot of it does not get the attention it deserves. If we can shine a light on these efforts, more people will know about and benefit from them.

People also appreciated having services brought directly to the places they already spend time. This made it easier for them to access what they needed without going out of their way, which was a big plus.

We noticed that people were more likely to get involved when they knew there were incentives like vouchers or goody bags. These small perks really helped to draw them in and make them interested in what we had to offer.

We have learned that people are eager to share their experiences when they are talking to real, empathetic people who genuinely listen. This kind of personal connection helped us to build trust and encouraged open, honest conversations.

What we have understood from the tour is that people know what they need from services, and it is crucial that we all listen to them. Their insights can help health and social care services, and us at Healthwatch Southwark, tailor offerings to better meet their needs.

Services appreciated the opportunity to promote themselves as this allowed them to clearly explain how they can help people live better lives. When the benefits are clear and relevant, people are more likely to engage and take advantage of what is available in our community.

## The Benefits

- ◆ Attendees learned of new services that they can signpost themselves, friends, families, and neighbours to, through the resources given in the goody bags and available from our information station.
- ◆ Spotlight services and venues made connections with one another that could lead to future partnerships or meaningful relationships. For example: The British Liver trust provide liver scans at their road shows and the Vital 5 Public Health outreach team focus on alcohol consumption as one of the checks. They discussed the potential of a collaborative roadshow based on their shared values and service offerings.
- ◆ Attendees appreciated having in person signposting that correlated to their concerns and/or issues raised during the pop-up events. For example: An attendee had discussed their concerns with hoarding in their home. They were provided with signposting information about what support Adult Social Care can provide and learnt how to get a Care and Support assessment.
- ◆ The tour has helped to build stronger relationships between residents and service providers, fostering a greater sense of community solidarity. Building self and community empowerment and actively taking charge of their health decisions through being informed and making decisions they can take ownership.



## The Challenges

- The pop-up events that coincided with activities at selected venues were helpful to increase footfall, however a greater understanding of what these activities are and expected number of attendees would have improved risk planning.
- Ensuring the venue contact shares all information with their teams to avoid delays.
- Some locations attract many tourists and working professionals who do not live in the borough, which was not ideal for meeting Southwark locals.
- We encountered artificial intelligence (AI) bots raiding our online survey. We sought advice about challenge-response tests from Meridian West, Survey Monkey and Thames Information Systems Limited (TISL) and included CAPTCHAs to enhance security and reliability.
- Since there is not a detailed list of Southwark neighbourhoods that goes beyond the Ward level, it was difficult to define a comprehensive list of local areas. We have noticed that many residents are not familiar with their local Wards. Instead, they identify with their local neighbourhoods, which has led to feedback that some areas in Southwark are being overlooked.

## Areas for Improvement

- Asking people where we should focus research was effective to engage in more natural conversations to start the interviews.
- Asking for positive feedback was also a good strategy to get people to engage.
- Choose ticketed events versus relying on footfall, while being mindful that specific venues may require different strategies as ticketed events would come with their own limitations and prevent us from engaging with residents who are unfamiliar with Healthwatch.
- While a large eatery may have been difficult, small and popular establishments may be more suitable such as McDonald's, street stalls, malls, community fairs, free local festivals and markets.
- Consider attending voluntary and community sector (VCS) group sessions that have direct ties to our target populations to support with promotion.
- Consider holding small, frequent pop-ups events, taking into consideration evenings and weekends, community schedules during the year, balancing academic term times, public holidays, and seasonal factors which comes with their own positives and negatives.
- Ask at the start of interactions whether participants live or work in Southwark to ensure our engagement and feedback collected is specific to services in the borough.
- We will explore offering basic health services at all future events to attract more participants and provide additional value.
- Use neighbourhood names or landmarks locally recognised when advertising events.
- Ensure that all future surveys are designed with robust security measures in place from the start to protect data integrity.

## Service Feedback and Quotes

“  
I found that the event was an excellent opportunity to meet with people from the community that I otherwise wouldn't have had a chance to meet. I thought that it was very well organised and that everyone was very friendly and welcoming  
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“  
The Healthwatch Southwark Listening Tour 2024 has been a profound opportunity to connect with the community, understanding their unique challenges and joys. It's crucial for shaping responsive health and social care services. We are excited to continue working together to create meaningful change.  
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“  
Adult social care in Southwark is all about teamwork and helping everyone with their care and support needs. This includes giving advice and information for daily life challenges. The Health Watch soundboard sessions were a great chance for people to work together, learn about our services, and help us make them even better. These sessions were key for talking, understanding each other, and supporting one another, making our social care system stronger.  
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“  
An extremely valuable initiative for the local community and Community Fridge users. It was on hand and easy for them to attend. I feel that a lot of the users gained from it, something that they would not necessarily make an appointment for elsewhere. Hopefully, we see you at the centre again  
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“

We were delighted to host Southwark Healthwatch's Listening Tour at our RJ4All Rotherhithe Community Centre, expanding key access to health information, resources, support and signposting by meeting people at their own neighbourhood spaces. Parents, residents, and our Centre users who come in weekly for our services (food bank, charity shop, gym, gardening, etc.) were able to voice their health and social care concerns in a safe space while receiving vital health checks, wellbeing coaching, and signposting to relevant services. At RJ4All we are committed to the holistic restoration, wellbeing, and empowerment of the SE16 community, which is only made possible by partnering with local health organisations like Healthwatch Southwark for events like this that work to place health and healthcare choices back into the hands of our community members.

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Thanks so much for having us along at the Listening Tour, it was lovely to be able to meet residents in a new location and already started having some good chats around wellbeing and support - plus always a bonus when Monday includes a quiz!  
Thanks again for including us as a spotlight service, it's great to keep sharing about the work and support we can offer in the borough. Hope the rest of the tour goes well and all the best

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The feedback from residents was very positive advising that the outreach teams were friendly and approachable, it was convenient to have the teams on site for them to engage with, have an ongoing delivery in the locations with additional services and creative sessions. From my own reflection it was really positive to engage with residents in all the locations as they were the target areas for low uptake of healthcare and areas of higher deprivation

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## Participant Feedback and Quotes

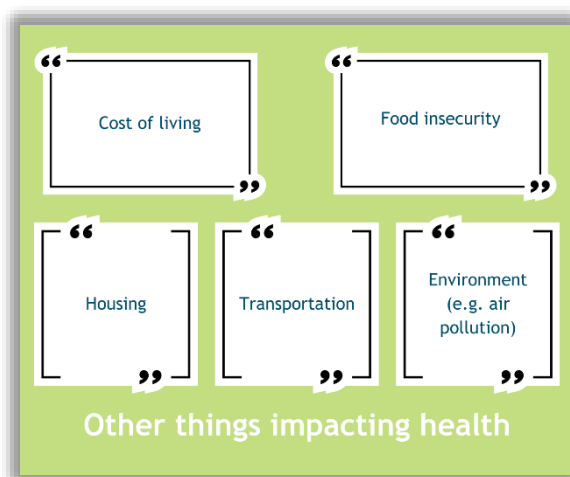
The Healthwatch Southwark Listening Tour exceeded our expectations in terms of participant engagement and the valuable feedback we received. Our initial target was to engage with **60** people across the pop-up events and online survey. By the end of the tour, we had interacted with **139** participants, surpassing our target by **131%**. This was also a significant increase from our previous survey conducted in 2022, where we engaged with **65** people, marking a **113%** improvement in community involvement.

In total **62** residents came and had their Vital 5 checks completed with over half of them being seen on the last day. The team identified **30** raised blood pressure readings, **18** increased BMI and **three** people who were identified with high alcohol intake, all these residents were advised to make appointments with their GPs or were signposted to local support services.

When we asked people what health and social care concerns are most important, some respondents said:



When we asked people what other things have impacted their health, some respondents said:



When we asked people where we should focus our research, some respondents suggested:



## Our Next Steps

As we move forward from the Healthwatch Southwark Listening Tour, we will focus on analysing the valuable insights gathered that will help us to shape our work for 2024-2026, with help from our Community Research volunteer.

We will use intelligence to identify two priority issues raised by the community and one priority area using a range of health population data that are impacting the general public's health.

We will share findings in a written report and announce our chosen priorities at the joint Community Southwark and Healthwatch Southwark Annual General Meeting (AGM).

Following this, we will begin exploring how we will advocate for targeted improvements in health and social care services in Southwark.