

## Partnership Southwark Strategic Board

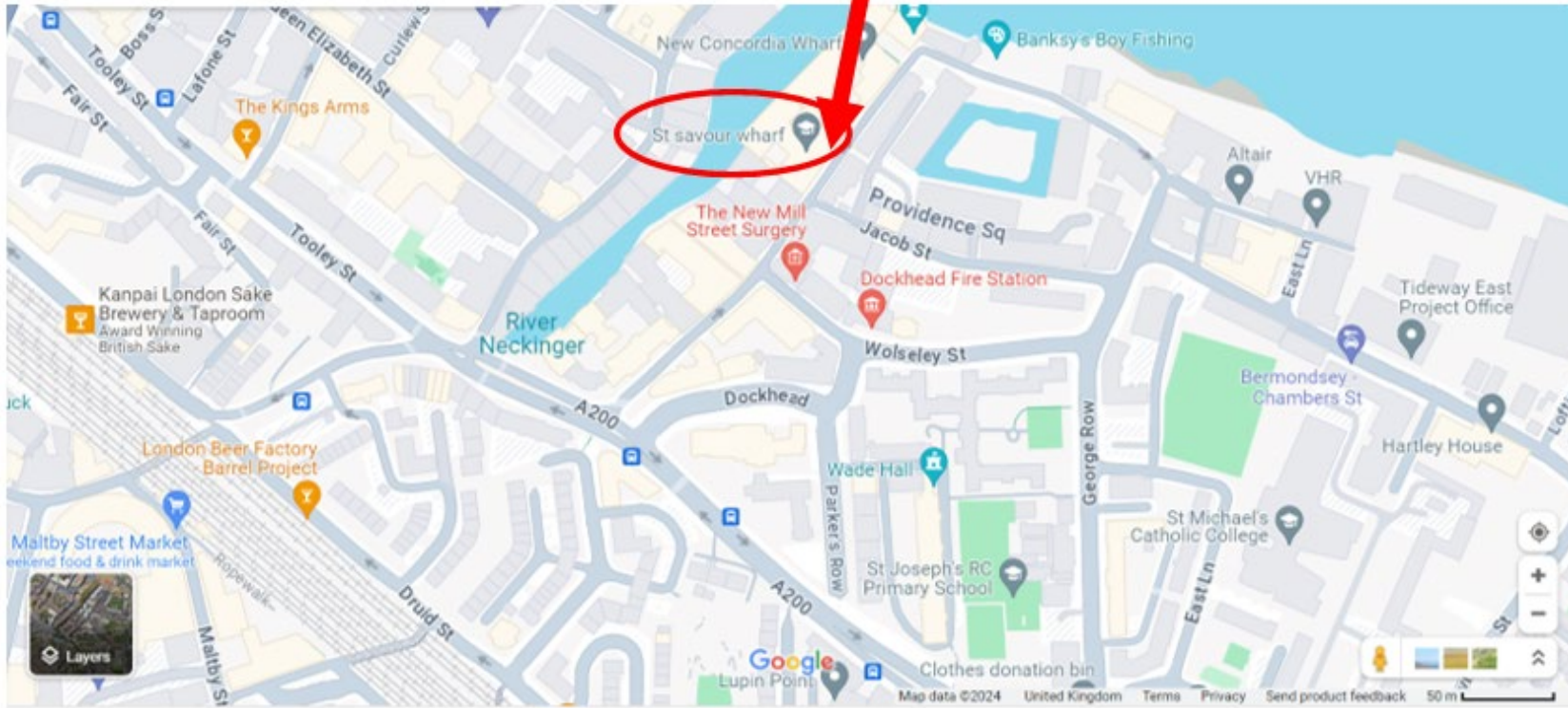
### Agenda

Thursday 5 September 2024 13:30 – 16:30 hrs

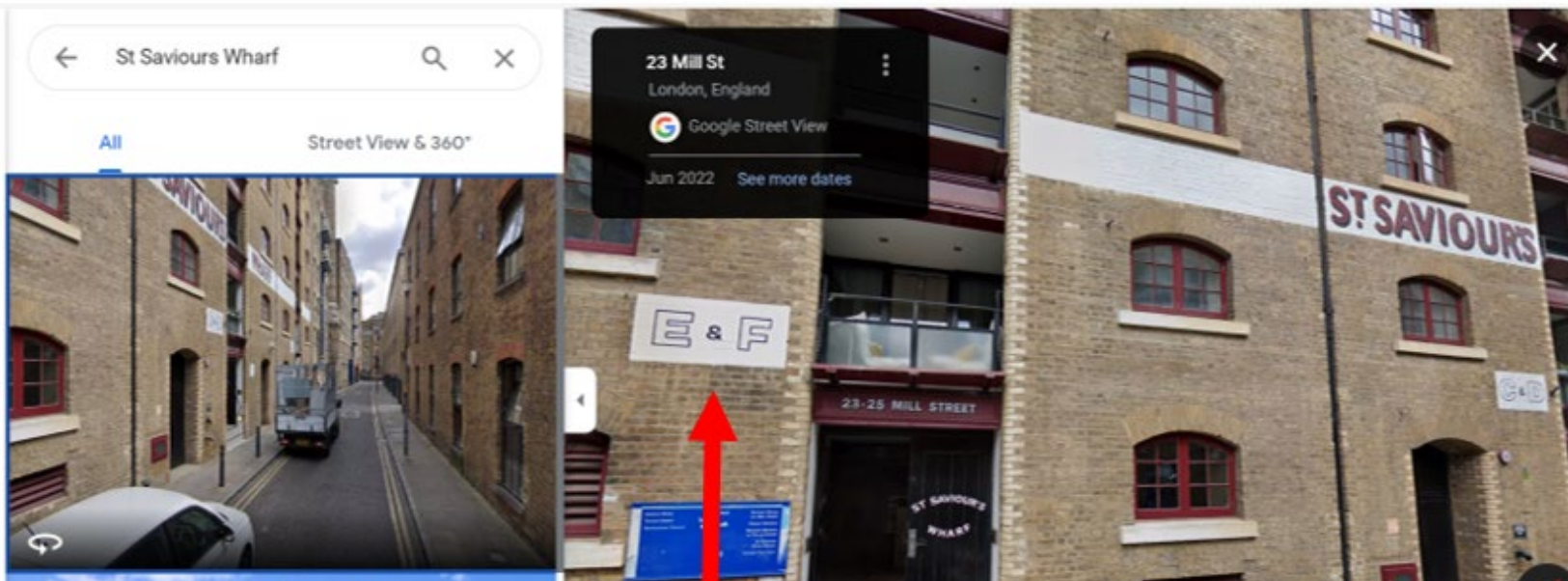
Venue: PPL Hub at St. Saviour's Wharf, SE1 2BE

Chairs: Cllr Evelyn Akoto

Time	Item	Lead
13:30-13:40	<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>
13:40-14:10	<b>Southwark 2030</b>	David Segal, Eddie Townsend <b>Enc 2</b>
14:10-14:25	<b>Strategic Director for Health &amp; Care and Place Executive Lead Report</b>	Darren Summers <b>Enc 3</b> <b>Enc 3.1</b> <b>Enc 3.2</b>
14:25-14:30	<b>Public Questions</b>	Chair
14:30-14:45	<b>Break</b>	
14:45-16:25	<b>Health and Care Plan – Lookback &amp; Refreshed Priorities</b>	Amanda Coyle, Darren Summers Pippa Wady <b>Enc 4</b> <b>Enc 4.1</b>
16:25-16:30	<b>Any Other Business</b>	All
16:30	<b>Close Meeting</b>	Chair



PPL Hub  
St. Saviour's Wharf  
23 Mill Street  
London SE1 2BE  
Access through  
building E-F



## Declaration of Interests

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

**Meeting Date: 05/09/2024**

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Social Care, Southwark Council	No interests to declare
Amanda Coyle	Associate Director of Transformation	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	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</li> </ol>
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
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
Josephine Namusisiriley	VCSE Representative	No interests to declare <b>To be confirmed</b>
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Gavin McColl	PCN Clinical Director, South Southwark	<ol style="list-style-type: none"> <li>1. GP Partner Hurley Group: Holds a number of primary care contracts including urgent care contracts. Also runs the National Practitioner Health Service. As a partner of HG has a share allocation of Econsult Ltd</li> </ol>

		<ol style="list-style-type: none"> <li>2. Trustee of Doctors in Distress: Works to prevent suicide of healthcare professionals</li> <li>3. Trustee 'On Call Africa' Medical charity that works to address rural healthcare in Southern Zambia</li> </ol>
Genette Laws	Director of Integrated Commissioning	No interests to declare
Graham Head	Healthwatch	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 it's head office is based in Southwark. The organisation holds a contract with Southwark.</li> <li>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.</li> </ol>
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Nancy Küchemann	Co-Chair Partnership Southwark and Co Chair of Clinical and Care Professional Leads	<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> </ol>
Nigel Smith	Director, IHL	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	<ol style="list-style-type: none"> <li>1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark</li> </ol>
Rebecca Dallmeyer	Director, QHS	No interests to declare
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
Sumeeta Dhir	Co-Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	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** 11 July 2024 at 13:30

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

**Chair:** Dr Nancy Kuchemann

### Attendees

<b>MEMBERS</b>	
Dr Nancy Kuchemann (NK)	Co-Chair, GP and Joint Chair of Clinical & Care Professional Leads
Darren Summers (DS)	Strategic Director for Health & Care & Place Executive Lead
Dr Emily Finch (EF)	Clinical Lead, South London & Maudsley NHS Foundation Trust
Dr Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Katy Porter (KP)	Independent Lay Member
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
Dr Gavin McColl (GM)	GP, Clinical Director South Southwark PCN
Rebecca Dallmeyer (RD)	Quay Health Solutions
Cedric Whilby (CW)	VCS Representative
Anood Al-Sameria (AAS)	CEO, Community Southwark
Ed Middleton (EM)	Policy and Portfolio Director, GSTT on behalf of Louise Dark
Dr Ami Kanabar (AK)	GP, LMC Representative
Amanda Coyle (AC)	Director, Partnership Southwark
Graham Head (GH)	Healthwatch Southwark
<b>ATTENDEES</b>	
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Munaza Ali (MA)	Groundwork London
Caitlyn (C)	Groundwork London
Angel (A)	Groundwork London
Suzanne Green (SG)	Head of Startwell, Integrated Commissioning
Claude Jouselin (CJ)	Deputy Director of CAMHS, Southwark
Anto Ingrassia (AI)	Clinical Lead, CAMHS, Southwark
Ed Middleton (EM)	Policy and Portfolio Director, GSTT
Kate Kavanagh (KK)	Associate Director for Community Based Care
Michael Boyce (MB)	Director of Corporate Operations
Joanne Richardson (JR)	Digital Inclusion Programme Manager
Louisa Lamothe (LL)	Business Support Officer
Esther Okeydeyi (EO)	Business Support Officer
Madeleine Medley (MM)	Business Support Lead (Minutes)
<b>APOLOGIES</b>	
Cllr Evelyn Akoto (EA)	Co-Chair, Cabinet Member of Health & Wellbeing
Dr Sumeeta Dhir (SD)	GP and Joint CCPL Chair
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Nigel Smith (NS)	Director, IHL
Winnie Baffoe (WB)	Director of Engagement & Influence, South London Mission, VCS
Julie Lowe (JL)	Site Chief Executive, Kings College Hospital NHS FT

<b>1.</b>	<b>Welcome &amp; Introductions</b>
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board held in person and the first meeting for the new joint Council and ICB Strategic Director of Health and Care and Place Executive Lead, Darren Summers.
1.2	Apologies were noted.
1.3	<b>Declarations of Interest</b> The Chair <b>noted</b> inclusion of declarations within papers and asked if there were any conflicts to highlight with agenda items. No additional declarations were made.
1.4	<b>Minutes of last meeting</b> The minutes of the previous meeting were <b>agreed</b> with a noted amendment that Sabera Ebrahim gave apologies and was not an attendee.
1.5	<b>Action Log</b> There were no open actions for review.
<b>2.</b>	<b>Community Spotlight – Groundwork London</b>
2.1	Munaza Ali gave overview of slides shared in the meeting which are to be circulated, with personal experience shared by Groundwork London volunteers Caitlyn and Angel.
2.2	Groundwork London offer community-based services from The Nest in Peckham, where young people can access free early intervention mental health support. There was overview of the offers available, reference to the Saturday drop-in service and single point of access referral for self, family and professionals; <a href="https://thenestsouthwark.org.uk/">https://thenestsouthwark.org.uk/</a> . The school-based services and mental health support team offer was also outlined with the challenges faced.
2.3	The Board also heard personal experiences from two Groundwork London volunteers and a little on their roles in the Youth Participation Forum. A short video was shared <a href="#">Get Involved   The Nest (thenestsouthwark.org.uk)</a> .
2.4	Clarity was sought around the referrals for the 16-25 years olds. A large number of that cohort are self-referrals, with some from social workers, and they are offered 6-12 therapy sessions when accessing The Nest.
2.5	It was noted that coverage reached two thirds of schools, with question around current waiting times. It was also recognised that some young people that are too complex for schools to manage yet do not meet the threshold suitable for CAMHS services and it was asked if this was experienced in Southwark. Current waiting times were reported to be four to six months for 1:1 sessions, however, there has been a new practitioner recruited and plan for some group work to commence. It was agreed there is a cohort that need signposting, but there is Groundwork attendance at fortnightly triage meetings with CAMHS to review cases

	appropriately, and there is plan to upskill staff and parents to be able to provide additional support.
2.6	There was question around the outreach work, outside of The Nest and whether there was training to enable further reach, for example, pupil referral units and holiday clubs. There is work with other VCS providers and training is provided to wider groups. Reference was made to Peckham Studios which encourages better behaviours to express emotions and there was prompt and full sign up to the four hour session demonstrating need to expand these types of sessions.
2.7	SL was keen to understand the popularity of the drop-in service and the geographical area young people attend from. Up to six young people can attend the drop-in and it is hoped to improve with some social media promotion. In terms of geographical reach, young people can attend for a chat informally and for signposting which is not logged formally, but understood to be mostly from Peckham and Camberwell.
2.8	NK asked about initial assessment stages to better understand support whilst on waiting lists and also, how relationships have developed with other organisations. Referrers are contacted to obtain as much information as possible with signposting if appropriate, within two weeks of referral. Those on the waiting list are contacted monthly to assess any change in need. In regard to relationships, Groundwork have sought VCSE provider connections but Southwark Council have helped develop the CAMHS and Family Early Help relationships. Southwark does have a complex landscape and Groundwork welcome linking with other services.
2.9	Other questions were themed; older young people and transition, partnership with creative health and different ways to deliver care and geographical reach. Geographical challenges were recognised with borough dynamics and gang culture and Groundwork London do offer remote sessions. It is hoped to expand options but spaces and capacity are a challenge. Community Southwark noted the example of conflicting support but noted a new role that will match space appropriately with services and try to influence allocation and subsidised costs.  <b>The Board thanked the presenters for showcasing their service and NOTED the contents.</b>
<b>3.</b>	<b>Health &amp; Care Plan Update: Children and Young People’s Mental Health Deep Dive</b>
3.1	Suzanne Green, Head of Start Well, Claude Jouselin, Deputy Director of CAMHS and Anto Ingrassia, Clinical Lead, CAMHS, gave overview and additional context of their slides shared in papers. The presentation outlined progress on the Health & Care Plan priorities, transition workers, the successful dashboard, range of partnership projects, referrals and outcome data, demand and capacity modelling, impact from ADHD and the keeping in touch programme. There was reflection on equity of access and the benefit of the data being collected with two take home messages; treatment is making young people better and the number is higher than most neighbouring boroughs.
3.2	KP noted how thresholds have changed as demand has grown and it was asked what the offer is for young people not meeting the threshold, and to also understand more around high risk and neurodevelopment. The equity in access and work around diversity was also challenged.



3.3	The 28 day target was clarified and guidance for primary care will be a focus of the next Protected Learning Time on 18 July.
3.4	The Chair recognised the importance of the breadth and depth of services offered and acknowledged the wide expertise offered by Board members via their feedback.
3.5	There was a question on how the demand for crisis services was being managed and a suggestion to view and address the problem differently; recognising the huge rise in demand with only half getting improvement, if the other half are identified early to re-direct, it would relieve the demand issue.
3.6	In response, CJ noted no change in the threshold but there is increase in the acceptance rate and higher caseloads, and it is hoped the 28 day target will identify early re-direction through the formulation of need and journey of treatment in a care plan. There is a need to address the ADHD pathway. There is a CAMHS team based at Kings College Hospital to support crisis intervention with links to outreach follow up support. South London Partnership have also worked on crisis pathways and services are working in a more agile way. In addition, there has been investment to 'stem the flow' through the improving mental health resilience schools project and investment to online support.
3.7	In regard to transition, it is a very small number of 18+ year olds that need a continuation with a mental health service but they will need other support offers. Groundwork London offer support until age 25 years and signposting connections are improving all the time. Personal experience from Caitlyn challenged the offer for 18+ years, however, with four transition workers now in place, it is hoped this has improved.
3.8	DS recognised the national catastrophe around children and young people's (CYP) mental health and noted the great work, but gave challenge to the statement of reaching the full percentage for treatment and reduced waiting times. It was felt that resident feedback would not evidence an improvement and indicated that as a Board and a system, mental health was real area to focus on to improve services and experience for residents.
3.9	The Chair referenced Southbank investment and Maudsley Charity work <a href="#">Building Brighter Futures - Maudsley Charity</a> and felt there was a lot of Board member endorsement of principles such as good assessment, identification of risk factors and barriers for change and wider determinants of health.
3.10	AAS questioned how the Board take next steps. The Chair referenced work planned to review and refresh the Health & Care Plan priorities, expectations and deliverables with a workshop in the autumn on CYP mental health to work towards key actions. There was an ask to consider learning from Healthwatch and avoid medical models with a creative health approach using VCS assets.
<b>The Board thanked the presenters for showcasing their service and NOTED the contents.</b>	

<b>4.</b>	<b>Terms of Reference</b>
4.1	Following Board sessions to review the Terms of Reference, it was asked if the changes could be noted and agreed. If agreed, they will need ratification from the ICB Board.
4.2	<b>The Chair and Board members AGREED the new Terms of Reference.</b>
<b>5.</b>	<b>Strategic Director for Health &amp; Care Report</b>
5.1	Darren Summers, Strategic Director for Health & Care and Place Executive Lead in Southwark gave introduction, referencing visits so far with hope to reach wider across Southwark over the coming months.
5.2	The report was taken as read with highlight to the Southwark 2030 informal launch with anchor leads, noting the document will go to Cabinet in July and become a public document thereafter. The impact from Synnovis across the system was also highlighted and confirmation that contract was awarded for New Mill Street primary care services.  <b>The Board NOTED the report.</b>
<b>6.</b>	<b>Operose</b>
6.1	The Chair noted the information item following a change in ownership AT Medics/Operose and referenced the additional due diligence appendices with a high level of detail.
6.2	Kate Kavanagh, Associate Director of Community Based Healthcare encouraged reference to the detail outlined in the cover sheet which clearly set out the stages and significant impact across the country. The timeline of stages and responses was summarised in the meeting, with proposed assurance processes going forward.
6.3	It was asked why this happened and what are the consequences or concerns. There is no clear answer why this happened as the ICB were fully engaged with AT Medics. The organisation is large and the care has been good, but monitoring and assurance processes will continue with steps to move forward with Operose.
6.4	GH asked that patient experience is considered in ongoing scrutiny. There are a number of elements that are being explored, including workforce.
6.5	Clarity was sought around the breach notice and if the allocation of contract will be revisited. There is no opportunity to influence the change in control now but when contracts are concluded, two contracts end in December, decisions can be made for the future.  <b>The Chair NOTED continued assurance from the Primary Care Group reported via the Strategic Director/Place Executive Lead report and the Board NOTED the content.</b>

7.	South East London Digital Inclusion
7.1	The Chair noted this item being scheduled on the back of a public question regarding Swiftqueue. Rather than a focus on one provider, a broader conversation was invited about what digital inclusion means.
7.2	Michael Boyce, Director of Corporate Operations and Joanne Richardson, Programme Manager, shared an overview of the work across the south east London (SEL) six boroughs to understand what good looks like in the digital space and how service delivery can be influenced.
7.3	Presentation outlined the drivers for change, the ICB objectives and deliverables, defining digital inclusion, engagement, outputs, exploratory sessions with points of reference, supporting agencies, the national framework, operating model and the next steps.
7.4	Members were keen to highlight who to work with across the system, Public Health digital work was referenced with need to make services comprehensive first, example to red books and immunisation record absent from NHS app. Also, particular highlight to Southwark Council digital work via their champion and the need to link with this.
7.5	There was some challenge in work being duplicative in other parts of the system, but it was felt important to note this was the start of a journey, that all of the work needs to be collated, learning from all, sharing best practice and creating one overarching strategy with one single digital door was what was needed.
7.6	GH welcomed view of Healthwatch feedback, feeding into this work and emphasised the importance of service user involvement, and EF highlighted success of a lot of digital inclusion in Occupational Therapy and South London & Maudsley Charity projects, employing ex service users, issuing digital devices, with offer of sharing learning.
7.7	The positive framing of digital inclusion was welcomed with feeling that technology based transformation was the best way to tackle and reduce health inequalities and help deliver more granular detail and outcomes.
7.8	Healthwatch Southwark felt that a lot of information and survey questions were difficult to understand, which can provide misleading responses and suggested the grade of approach is adjusted. Some helpful reports published with case study examples were offered. Links will be explored further outside of the meeting and borough based networks will be established for practical actions to take forward.
7.9	The Chair referenced the need for big organisations to get this right and that ultimately everyone becomes digitally inclusive.
	<b>The Board thanked the presenters for showcasing their service and NOTED the content.</b>

<b>8.</b>	<b>Public Questions</b>
8.1	No questions were asked in advance of the meeting and no questions were raised in the meeting.
<b>9.</b>	<b>Any other Business</b>
9.1	The Chair referenced plans for the August Board development session.
9.2	Rhyana Ebanks-Babb, Manager Healthwatch Southwark, promoted some listening events and shared a leaflet for members to take away and share with all relevant networks.

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
1	11/01/2024	Public questions (concern over increasing reliance on electronic methods to book appointments) - SA acknowledged the concern and had shared contact details to look at this further	Closed	SA held the conversation. This issue will be reviewed more widely as part of the SEL Digital Inclusion work, and will be added to the July PSSB agenda
2	11/01/2024	Public questions (delays in GPs receiving blood test results) - SA to obtain a timescale for resolution of the pathology EPIC (single patient record system) teething issue. <b>07/03/2024 update:</b> there had been a lot of discussions and things had improved but it was acknowledged the system was not yet perfect. It was proposed that the provider be invited to respond directly. <b>New action: Consider inviting Synnovis to further PSSB meeting to discuss</b>	Closed	Synnovis contract is monitored elsewhere. SEL Digital Inclusion work added to July PSSB agenda.
3	07/03/2024	PEL report: Healthwatch to be copied into any communications being developed in relation to the national pharmacy plus programme	Closed	Communications and Pharmacy team agreed to include HealthWatch in Pharmacy First communications
4	07/03/2024	MW/EO/NK to consider the best approach to obtaining housing representation at the PSSB going forward.	Closed	This was discussed at May PSSB-part 2: Cllr Akoto highlighted that the focus of Partnership Southwark Strategic Board is on our local health and care system and that housing is not within this remit. She updated members that the Health & Wellbeing Board will now be focusing its efforts on the wider determinants of health such as poverty, climate and air quality, community safety and housing. She stated that she will inform Board members when the Health and Wellbeing Board will be discussing housing so that they can attend and contribute if they so wish. Membership will be reviewed more widely at part of the board review discussion scheduled at the June Board development session

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: Southwark 2030 Strategy**

**Enclosure: 2**

<b>Title:</b>	<b>Southwark 2030 Outcomes Framework</b>
<b>Meeting Date:</b>	<b>5 September 2024</b>
<b>Author:</b>	Livia Katz and David Segal
<b>Executive Lead:</b>	Darren Summers

### Summary of main points

- Southwark 2030 is a place-based strategy that has been co-produced through extensive engagement with over 2000 residents, and with partners across Southwark.
- The strategy describes the ambition for Southwark as a place by 2030 and will require partners across Southwark to work together to deliver on this ambition.
- The strategy is centred around this vision: *Together, we will build a fair, green and safe Southwark where everyone can live a good life as part of a strong community.*
- Sitting under the vision are three driving principles and six goals, each with three action areas; as outlined in the accompanying document.
- The strategy is currently progressing through the final stages of approval, and the project is now focussed on developing the outcomes and measures that we will use to guide delivery and track progress.
- To do this we have utilised existing plans and strategies as well as holding further collective discussions across the local system (including a discussion at the Health and Wellbeing Board).
- We have developed a draft set of outcomes and identified possible measures for each of the goals – this has been created through the review of key Partnership Southwark documents and in conversation with partners across this group. These will need to be further prioritised and refined.
- Finalised outcomes are due to be reviewed by Cabinet in November. We will therefore want to work closely with this group to align their development with the priorities being agreed for the Health and Care Plan.
- We would like to use the discussion for the Partnership Southwark Strategic Board to get your steers on the initial outcomes and hear your views on the priorities for the next version of the Health and Care plan.

Item presented for <small>(place an X in relevant box)</small>	Update	Discussion	Decision
	X		

### Action requested of PSSB

- Provide comments and reflections on the process and next steps of developing the outcomes framework.

### Anticipated follow up

- Validation of the final version of the outcomes framework for Goal 5.

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



1001 Days	X
Children and Young People's Mental Health	X
Vital 5	X
Community Mental Health Transformation	X
Frailty	X
Lower Limb Wound Care	X

Item Impact			
Equality Impact	Tackling inequalities is one of the three driving principles that underpins the strategy.		
Quality Impact	No direct impact.		
Financial Impact	Financial impact analysis will be conducted in relation to the action plan – this is currently in development.		
Medicines & Prescribing Impact	No direct impact.		
Safeguarding Impact	The voices and needs of vulnerable people have been a key input and consideration in the development of the strategy.		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		Tackling the climate emergency is a key part of Goal 6.	

Describe the engagement has been carried out in relation to this item
<ul style="list-style-type: none"> <li>• 8 in-depth conversation events with over 200 residents</li> <li>• Listening events with over 750 residents</li> <li>• Online survey with over 1000 responses</li> <li>• A 'world café' session with Partnership Southwark as part of the partnership engagement that also included three other partner workshops and multiple focused engagement sessions</li> <li>• Testing what we had captured, including a workshop - <i>With three workshops, ten focus groups, online surveys, and post boxes in public spaces</i></li> <li>• Presentation and discussion at the Health and Wellbeing Board</li> </ul>

# SOUTHWARK 2030

Outcomes framework  
development



July 2024

# Southwark 2030

- **Southwark 2030 sets out our ambition for the borough**, providing the overarching vision for the council and partners up to 2030. The strategy is driven by Southwark's needs, yet capitalises on our strengths, with a clear set of integrated principles and goals which will help us to achieve it.
- **Over the past two years, we have engaged with over 2,000 residents, key partners and leaders to develop the 2030 strategy** (approved by Cabinet in July). This has been informed by extensive analysis of our population and current activities to ensure that the strategy addresses the needs and concerns of the people of Southwark.
- Southwark 2030 recognises that while much has been achieved, there are many challenges facing the residents and communities of Southwark. **We need to work together as a Partnership** to deliver our priorities and collectively ensure the right focus and attention on the issues we know matter most to our residents.
- Each organisation within the borough will have specific areas of focus that are most important to them; while they might vary across organisations **we believe the ultimate vision for our residents' future is the same**, and by working together we stand a much greater chance of delivering on this.

# The strategy on a page



Together, we will build a fair, green and safe Southwark where everyone can live a good life as part of a strong community.

Residents told us that a good life is a life that is rewarding and enjoyable in which you are valued, respected and safe from harm, feel connected with people who matter to you and have purpose in your life.

The foundations for a good life in Southwark are good jobs, good incomes, good health, good homes, a good education and a good environment.

To achieve this there are three principles that will guide our work:



**Reducing inequality**



**Empowering People**



**Investing in Prevention**

And there are six goals that have been co-designed with residents and partners which will help us deliver our vision:



1

**Decent homes  
for all**



2

**A good start in  
life**



3

**A safer  
Southwark**



4

**A strong and  
fair economy**



5

**Staying well**



6

**A healthy  
environment**

# How we developed the strategy

## 8 in-depth conversation events with over 200 residents

*Widely promoted, involving people who live, work, study, and visit the borough, in different places and different times to maximise inclusion*

## Listening events with over 750 residents

*Widely promoted, involving people who live, work, study, and visit the borough, in different places and different times to maximise inclusion*

## Online survey with over 1000 responses

*Made widely accessible through different formats, enabling as many people as possible to contribute if they were not able to, or wish to, attend an event or take part in a listening activity*

## Testing what we had captured

*With three workshops, ten focus groups, online surveys, and post boxes in public spaces to test what we heard and the themes and ambitions from the engagement activity*

## Partnership engagement

*With four partner workshops and multiple focused engagement sessions providing the opportunity for partners to reflect on the themes from the engagement and begin to work together to support the borough to achieve these ambitions*



# Southwark 2030 Outcomes Framework



- The Southwark 2030 strategy sets out our ambition for the borough, providing the overarching vision for the council and partners up to 2030.
- We are developing a set of **outcomes** to underpin the ambitions in the strategy. These will provide the clarity and detail needed to guide the delivery of each goal; ensuring that the council and its partners are aligned towards a common purpose; and help to evidence our progress towards the 2030 vision.
- Recognising the abundance of positive work already underway across the borough, this outcomes framework is designed to **build on all that is already happening**, while **responding to what residents have told us is important to them**.
- The Framework sets out beneath each goal, 3 action areas with one outcome per action area, framed in terms of **what it will mean for residents**. Outcomes are accompanied by a set of metrics, focused on impact for residents, which will help us to meaningfully understand our progress toward each goal.

The outcomes and metrics included in these slides are working drafts, based on our previous engagement and conversations with partners and council officers.

## Today, we want to get your feedback on:

- what are the priority outcomes that you would like to see reflected in the framework?
- what does success look like?



# By 2030, as a resident my life will improve so that...

1

## Decent homes for all



I live in a good, well-maintained home that supports my wellbeing

I can afford a good home in the borough that meets my needs

I can access support to tackle the problems that destabilise my housing situation

2

## A good start in life



I have everything I need to give my children a solid foundation in the early years of their childhood

I can support my children to fulfil their potential

I enjoy positive, fulfilling opportunities that give me a great foundation for my adult life

3

## A safer Southwark



I am not worried about crime and my neighbourhood feels safe

I am safe from violence and the risk of violence

I trust local police and other public safety professionals keep me and my community safe

4

## A strong and fair economy



I have a good job that meets my needs

I have enough money to live a good life

My local town centre is a thriving, affordable and welcoming place

5

## Staying well



I enjoy positive wellbeing and can manage my life well

I can access support to stay well and live a healthy life

I have the right support to live independently

6

## A healthy environment



I am invested in and enjoy my local green spaces

I travel around Southwark by walking, wheeling, or cycling

I make clean, green choices about powering my home or business

## Staying well



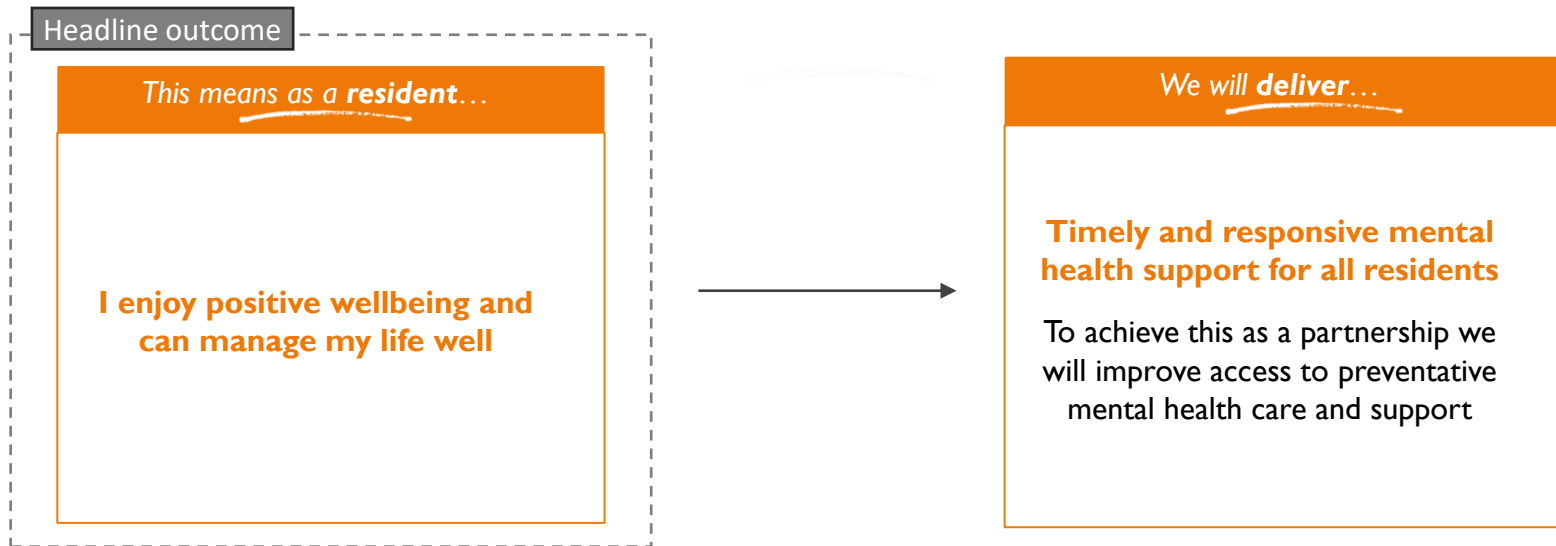
## Goal 5

**People across our  
whole community can  
have good health and  
wellbeing**



## I. Ensure every child and adult can get the mental health support they need when they need it

This means taking action as a partnership across the council and health, working alongside our communities with voluntary and community organisations helping us to do that.



To know we have achieved this **we will monitor progress in a number of areas:**

- Reduction in wait times for Mental Health services to an average of four weeks; reduction in waiting lists for Mental Health services
- Patient/ family reported outcomes, MH outcomes (cut by different communities)
- Proportion of people accessing MH services from disadvantaged backgrounds
- Increased percentage of Y8/Y10 pupils who are very happy with their life

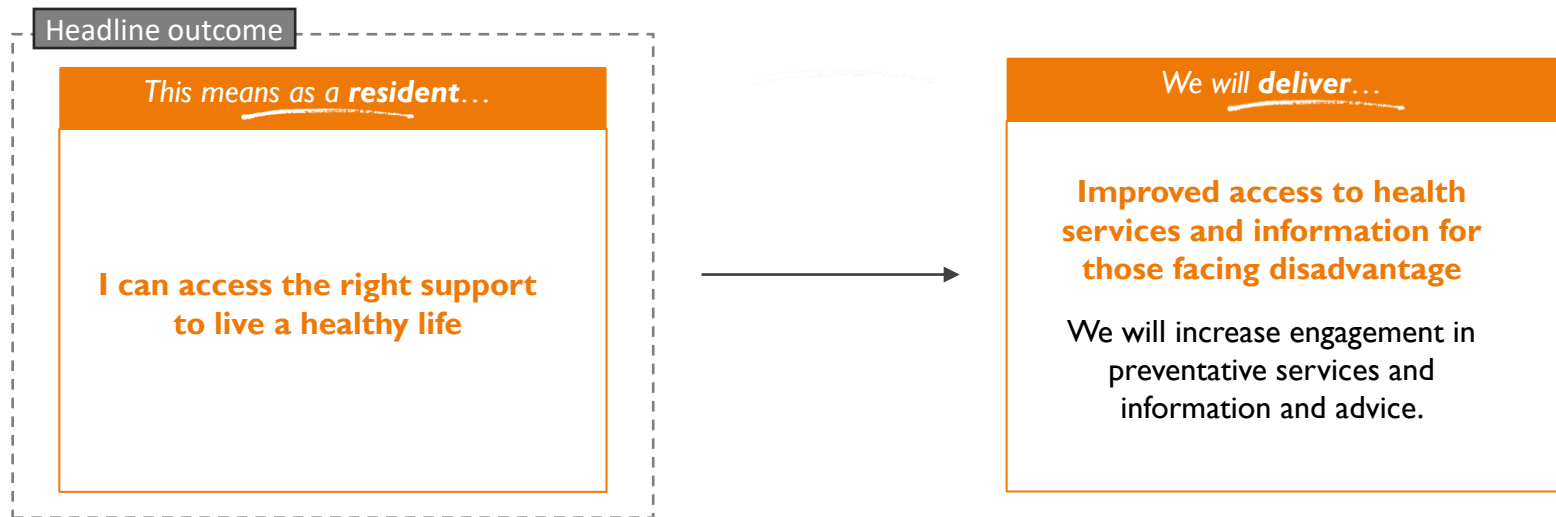
\* These metrics are an illustrative list that will be further refined

- Reduction in hospital admissions as a result of self-harm
- Increased number of schools with access to a mental health support offer
- Reductions in presentations to A&E of service users known to mental health services



## 2. Help more people stay well, reducing the inequalities in health across our community

This means taking action as a partnership across the Council and Health, working alongside our communities with Voluntary and Community organisations helping us to do that.



To know we have achieved this **we will monitor progress in a number of areas:**

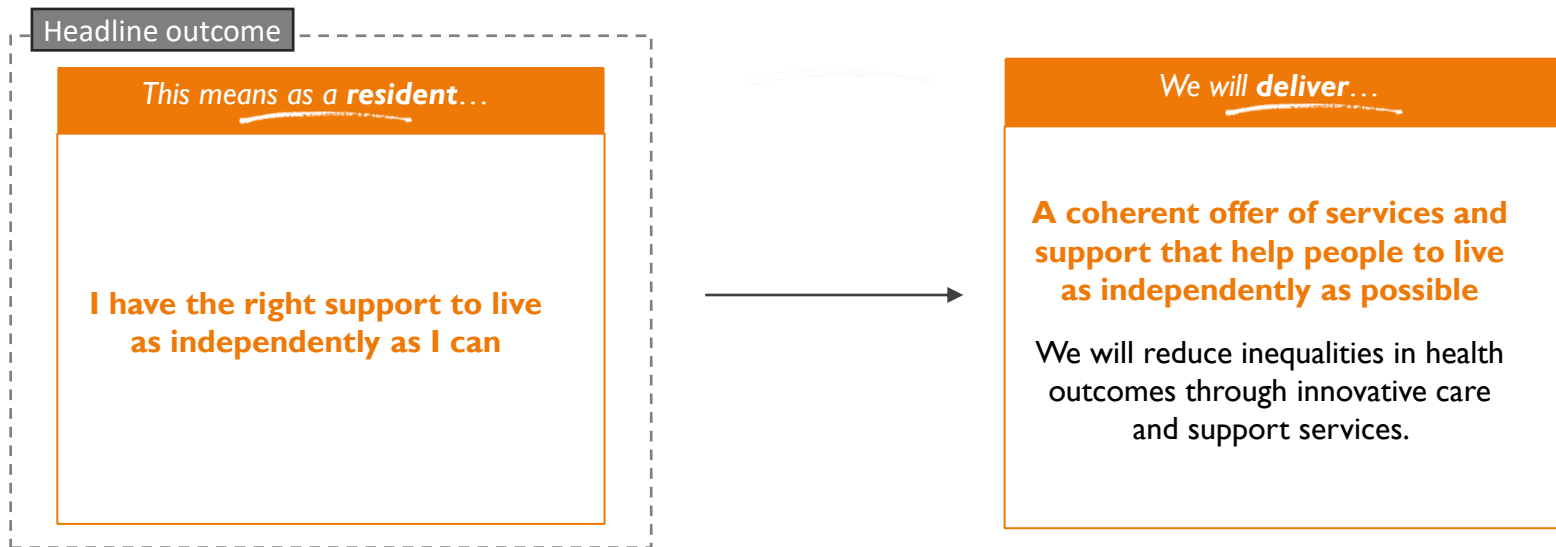
\* These metrics are an illustrative list that will be further refined

- Reduce inequality in healthy life expectancy
- Increased engagement in community resources and activities including via self-directed support (PSHCP)
- Increase in the proportion of NHS Healthchecks undertaken by residents from ethnic minority backgrounds (ICS Plan, Joint Health and Wellbeing Strategy)
- Increased cancer screening coverage and vaccination uptake (JHWS)
- Reduced smoking prevalence in adults (JHWS)
- Number of people engaged in physical activity across the borough (JHWS)
- Increased proportion of adult carers who have found it easy to find information and advice about support, services, or benefits (JHWS)
- Increased number of residents are food secure



### 3. Improve the wellbeing of people with long term conditions and disabilities and their carers

This means taking action as a partnership across the council and health, working alongside our communities with voluntary and community organisations helping us to do that.



To know we have achieved this **we will monitor progress in a number of areas:**

- Reduction in A&E attendances
- Admission avoidances due to referrals to alternative care pathways
- Increased numbers of carers supported with education (formal and informal)
- Increased number of referrals made through social prescribing to people with long term conditions and disabilities

\* These metrics are an illustrative list that will be further refined

**Any questions or  
guidance points on the  
approach and next  
steps?**





# SOUTHWARK 2030

Thank you



July 2024

## **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.

### **Synnovis**

During a joint Southwark and Lambeth Mutual Aid Meeting on Friday 9<sup>th</sup> August, Synnovis reported significant recovery in their systems and are now in a position to repatriate all GP practices across South East London. Synnovis confirmed Bexley, Lewisham and Greenwich will go live with the system on 15<sup>th</sup> August 2024. Southwark end to end testing of the Synnovis system was scheduled for week commencing 12<sup>th</sup> August with Blackfriars Medical Practice and no issues were identified. A webinar will be set up for GP practices prior go live date to explain the transition back to Synnovis. Although no date has been confirmed for Southwark at time of writing, it is likely to be imminent.

### **GP Collective Action**

The British Medical Association (BMA) GP Committee England (GPCE) held a non-statutory ballot of their members to seek support for collective action. GP partners/contractors voted in favour of collective actions and the BMA is urging GP partners/contractors to start taking action, starting 1<sup>st</sup> August 2024.

Collective action would mean GPs taking action that, in this initial phase, may stop or reduce certain work. This means staff would still be working and practices would still be open to see patients. The actions which may be taken include things like limiting daily patient contacts per clinician and diverting patients to local urgent care settings once the daily maximum capacity has been reached. The full list of actions can be found here: [Guidance for GP collective action \(bma.org.uk\)](https://www.bma.org.uk/gp-collective-action)

During collective action practices are still required to fulfil their contracts, this essentially means:

- practices are required to be open between 8am and 6:30pm Monday to Friday
- practices should provide reasonable care to patients this includes:
  - making appointments available
  - providing advice or care to patients by another means
  - give advice on alternative services
  - providing access to prescriptions, long terms condition management, vaccinations, diagnoses and referral (including where clinically urgent)
- practices also need to take into account:
  - the needs of a patient to avoid risks to patient safety
  - the benefits to patients of providing continuity of care

The NHS is working hard to plan for disruption and to mitigate this where possible. The nature of the collective action means that the impacts will vary at different GP practices and from area to area.

NHS England will be closely monitoring any action taken and will work with local commissioners to make sure that practices continue to fulfil their contractual requirements and that patient care is safely delivered. In line with the other boroughs in South East London we are waiting to see what action practices in Southwark will take. As ever, we are working in close collaboration with our partners across the system, including in primary care, to ensure patient safety, and to mitigate the impact of action on patients.

### **Children and Young People's Mental Health**

Waiting lists remain an issue for us in Southwark with 104 children and young people waiting more than 52 weeks for access to CAMHS, all of these have neuro developmental needs. Waiting list reduction targets have been agreed with a target of 50 by the end of quarter 3 and 0 waiting 52 weeks or more by the end of quarter 4 (2024/2025). Support while waiting is provided by the Keeping in Touch Programme to maintain contact with children, young people and families at regular points on the waiting lists and through the virtual waiting room that provides tailored information about their local CAMHS and provision to send information to their clinical teams. There is also an upcoming opportunity for funding from the SLAM charity. VCS, council, GSTT and Council partners are developing separate bids – the golden thread of the bids are supporting people to 'wait well'. The Start Well Commissioning Team through the Steering Group has supported coordination and where appropriate collaboration of these bids, where expressions of interest are due in mid-September.

### **Adult Mental Health**

The Community Mental Health Transformation programme is delivering measurable improvements for residents. First contact within 28 days is now at 98% and physical health checks for people with severe and enduring mental illness has improved by about 50% to 71.5% in 23/34; the trajectory for 24/25 continues to be positive. Partners in the local system recognise that there is more to do and that this is more likely to be achieved through closer working relationships between Primary and Secondary care services through the Primary Care Mental Health Team, Physicians Associates, Mental Health Practitioners and other roles embedded within Primary Care services; as well as stronger relationships with VCSE partners who are embedded at community and neighbourhood level working via the Mind Lived Experience Workers and the Well Being Hub Neighbourhood Project. The MH Investment Standard monies that supported these initiatives and others are now business as usual.

### **Board Update**

The Partnership Southwark Board held their development session at the South London Mission on 1<sup>st</sup> August to do a stocktake on the Southwark Health and Care plan and to consider what should be prioritised in the next period. The plan is to agree the priorities at the Partnership Board meeting in September.

Rebecca Jarvis, the new Director of Partnership Delivery and Sustainability joined on 1<sup>st</sup> August.

### **Better Care Fund Update**

The ICB and Southwark Council have received formal confirmation from NHS England of approval for updated Better Care Fund 2024-25 plans, and permission to spend NHS minimum contribution.

### **Finance Update**

Southwark Place has a delegated budget of £325m for 2024/25. £170m is managed by Southwark place and NHS Contracts for Mental Health (£98m) and Physical Health (£57m) whilst delegated are managed by South East London Commissioning team on a South East London 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 July 2024 for health budgets delegated to Place from South East London ICB. The borough is reporting an underspend of £165k in month 4 and a forecast underspend of £123k 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. Corporate budgets are underspent due to vacancies because of management cost reduction process.

	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	27	32	(4)	82	95	(13)
Community Health Services	12,036	11,688	348	36,107	35,086	1,020
Mental Health Services	3,399	3,750	(351)	10,196	11,251	(1,055)
Continuing Care Services	6,587	6,463	123	19,760	19,373	387
Prescribing	11,704	12,099	(395)	35,112	36,291	(1,179)
Other Primary Care Services	107	107	0	322	322	-
Other Programme Services	280	-	280	840	-	840
Programme Wide Projects	83	83	(0)	250	250	-
Delegated Primary Care Services	20,365	20,365	-	66,267	66,267	-
Corporate Budgets	1,015	850	165	2,950	2,829	122
<b>Total</b>	<b>55,603</b>	<b>55,438</b>	<b>165</b>	<b>171,886</b>	<b>171,763</b>	<b>123</b>

As national prescribing data reports are 2 months in arrears, the month 4 report provides the first 2 months information on prescribing for the financial year 24/25. Based on this data, we are reporting a forecast overspend of £1.1m for prescribing. This is mainly caused by an upward trend in April and May of some prescribing cost categories (chapters). In Southwark we have seen an increase in both growth (8%) and cost (5%) compared to 23/24. The overspend is being managed by review of further QIPP opportunities and non PPA budgets. Benefit from these savings opportunities will be reflected as the year progresses. The boroughs savings plan for prescribing have been phased to deliver from July.

We are reporting a forecast (NHS) overspend of £1,055k in mental health as at month 4. Pressures are primarily driven by adult placements, right to choose adult ADHD/Autism

pathways and there is a risk of increased pressure in children's placements. The council element of the integrated health and care area is forecasting a near balanced position as at M04. Children and Adults services is forecasting a £1.1m unfavourable variance in general fund as at M04. 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.

Delegated Primary Care is aligned with plan, although a risk has been noted across SEL boroughs of pressures attributable to growth in population list size. An interim solution has been reached for 2024/25 a part of collaborative discussions across SEL, however there is a recurrent substantial cost pressure in delegated primary care for 2025/26.

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 4 the borough is reporting an under delivery against plan of £300k. It is expected that mental health savings plan will not be achieved.

The year end forecast position is a small underspend of £123k maintaining corporate underspend. Overspends in mental health budgets and prescribing are expected to continue with underspend in continuing care, community health services and release of contingency funds mitigating the pressures reported.

### **Decisions taken at Place**

A six month extension to the Care Home Contract has been agreed for Quay Health Solution (QHS Federation) from October 2024 to March 2025.

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

## Appendix 1 – PSSB Sub-Group Report

### Integrated Governance and Assurance Committee (IGAC)

#### Agenda Items of Note

Below is a summary of other significant actions and items of note, for PSSB information.

**Meeting date** 18 July 2024

Agenda item	Items discussed
Terms of Reference	The Committee reviewed the Terms of Reference with updates to membership and titles following the Management Cost Reduction programme and also ensured reference to Public Sector Regulations (PSR). There is plan to review them again later in the year in line with a broader governance review.
Integrated Governance Report	The Committee reviewed the performance indicators across Place and discussed areas for further deep dives into data and performance. It was also discussed how relevant information can be shared wider within the borough to help inform workstreams. RAG rating has also been paused until firmer objective milestone and measures are in place.
Health report for Southwark Priorities	The Committee were informed that the operational plan is in redevelopment following MCR changes and noted the key update points for Q1 and priorities for Q2.
The Finance Report	The Committee noted the position for the first three months of the year and forecast 2024/25 position. Risk areas were highlighted and deep dives in specific areas will be explored to mitigate or improve areas of pressure.
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.



## Appendix 1 – PSSB Sub-Group Report

### Primary Care Group – Part A

#### Agenda Items of Note

Below is a summary of decisions, significant actions and items of note, for PSSB information.

**Meeting date:** 13<sup>th</sup> August 2024

Agenda item	Items discussed
Quality and Performance	The group were updated on CQC inspection reports and related action plans, including related contractual plans and actions. This included one intended breach notice, re-submission of an action plan, and succession planning via submitted business case for a single hand GP practice.
Finance	The group received an update on the Q1 financial position, a break-even position was reported against the overall Other PC budget and against the delegated PC budget, however the group noted that across the ICB, delegated PC budget faces a significant pressure attributable to growth in population list size. Work is ongoing across SEL to mitigate the overspend.
Synnovis	The group noted that an update on mutual aid and restoration and recovery would be provided at the next meeting.
Procurement Timeline Update	Planning for the re-tender and contracting of care homes is ongoing. Confirmation of award of New Mill Street contract to QHS was received. Extension of the contracts for Silverlock and Queens Road is currently under consideration and options were reviewed by the group. The chair agreed to review the paper on interpreting service across Lambeth Southwark and Lewisham and endorse the service specification to progress re-procurement, with PEL approval.
Estates	The Group noted as part of the estates strategy review, the work ongoing to identify and prioritise schemes across the Southwark practices. The group noted the development ongoing at Canada Water and implications of this for practices and local population. The group noted that Harold Moody was nearing completion.
Risk Register	The group noted that the Synnovis attack restoration and recovery (income protection for practices) poses a financial risk. Change of partner at the single hand GP practice also poses a risk.

**Primary Care Group – Part B**

For PSSB information, no Part B meeting took place for the PCG subgroup in August 2024.

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: Health & Care plan update**

**Enclosure: 4**

<b>Title:</b>	<b>Health &amp; Care plan update</b>
<b>Meeting Date:</b>	<b>5 September 2024</b>
<b>Author:</b>	Amanda Coyle
<b>Executive Lead:</b>	Darren Summers

### Summary of main points

This paper summarises the progress of the Health and Care since the last update.  
The Board is asked to note the content.

Item presented for <small>(place an X in relevant box)</small>	Update	Discussion	Decision
	X	X	

### Action requested of PSSB

The Board is asked to note annual progress report and acknowledge relevance to the revised priorities.

The Board is asked to consider the plan progress asked to note the risks and comment on suggested mitigations.

### Anticipated follow up

Refreshed priorities.

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

1001 Days	X
Children and Young People's Mental Health	X
Vital 5	X
Community Mental Health Transformation	X
Frailty	X
Lower Limb Wound Care	X

### Item Impact

<b>Equality Impact</b>	The Health & Care plan is central to reducing health inequalities and impact will be tracked at both a programme and revised priority level
<b>Quality Impact</b>	The impact on quality is central to the transformation of services and there are examples in each of the priority workstreams that reflect this consideration.

Financial Impact	There is an expectation that the Health & Care plan will deliver operational efficiencies which will result in financial savings for partner organisations over time.
Environmental Sustainability Impact	Each revised priority workstreams will undertake a sustainability review as part of their delivery plans to ensure this is in line with the PSSB ten sustainability commitments.
Medicines & Prescribing Impact	Several of the priorities have a prescribing impact such as the frailty workstream where we would hope to make efficiency savings over time in terms of the medications offered to older people.
Safeguarding Impact	Safeguarding considerations are pertinent to all the priority plans as they relate to children & young people, vulnerable adults, and older people.

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

# Partnership Southwark Strategic Board Health and Care Plan Year 1 report

September 2024

Partnership  
Southwark



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



# Contents

- 1 year on successes
- Health & Care priorities update
  - 1001 days
  - CYP Mental health
  - Vital 5
  - CMHT Adult
  - Lower leg wound care
  - Frailty

Background 2024 challenges



# Health & Care Plan – 1 year on achievements

## Migration to Business as usual

- Lower Leg Would Care clinic pilot funded & in delivery in the Tessa Jowel centre.
  - Business case to extend to North Southwark pending decision with transformation funding identified
  - Full programme commissioning case for 2025/6 will be presented as part of the 2025/6 budget
- 1001 days migrated to Southwark Council Family hubs programme & transformation programme learning captured

## Ongoing Successes

- Frailty project alignment with Lambeth and GSTT Transformation team resource secured. Including set-up for the prototype delivery this Autumn. Full Clinical & Care professional alignment across both boroughs and SEL teams
- Adult & CYP mental health embedded in the Integrated Commissioning team with delivery in line with the associated delivery plans
- Prevention- Vital 5 Hypertension targets achieved & health checks showing promising results



# Age & Care Well | Lower Leg Wound Care

July 23 to July 24

**Objective:** To develop a holistic service model which will transform lower leg wound care, including faster healing of wounds, improved quality of life for patients, reduced likelihood of wound recurrence, more effective use of health and care resources.

**Key Achievements:** Successfully reduced wound healing time from 22.5 weeks to 9 weeks, since clinic opened, expansion case underway

## Achievements July 23-24 (1 year on)

- Significantly reduced wound healing time from 22.5 weeks to 9 week (29 wounds fully healed, within an average healing time of 63 days), Jun24
- First ambulatory lower leg wound care clinic successfully opened Nov23 (54 patients successfully finished treatment and over 575 appointments delivered, Jun24)
- Established enhanced clinical governance across the system (new agreement between GSTT and PCNs and now working across SEL on Wound Care Strategy)
- Secured funding until Mar25 to stabilise and enhance the service in the South
- Business case development in progress to secure longer-term funding based on benefits delivered (including system integration achievements, improved access, reduced demands on GPs, improved healing rates, cost savings on dressings spend)

## Metrics / Outcomes

LLWC	Trend	Period	Benchmark	Current performance
% of patients receiving initial full assessment within 14 days	↔	<Jun24	14 days	100%
% of people diagnosed with venous leg ulceration healed within 12 weeks	↔	<Jun24	12 weeks	100%
% of people appropriately treated with compression	↔	<Jun24	>80%	84%

## Risks / Issues

## Mitigation

RAG

Ongoing funding for phase 2 clinical staff resources and equipment costs for 25/26 – and secure estates	Local Evidence from phase 1 and national evidence to show impact and explore funding/practice opportunities/local estates	
Resources to monitor impact & MCR process impacts	Integrated working with partners to establish and recognise improvements	
Workforce - recruitment & retention	Training offer for nurses to upskill promotes job satisfaction	

# Start Well | 1001 Days

**Objective:** An integrated networked approach to understand issues and co-produce solutions in Camberwell for Families with Children under 2 years, specifically to support mental health, breast-feeding and nutrition with a focus on workforce development.

**Key Achievements:** Successfully showcased at ICB Board meeting in November 2023, transition to Southwark Council Family Hubs completed

**Achievements July 23-24 (1 year on)**

- Test & learn phase complete, including As-Is mapping and perceptions gathering, and a transition to BAU plan.
- Extensive engagement with lived-experience and VCS in Camberwell.
- Agreed recommendations to be taken forwards as part of Family Hubs roll-out including
  - Agreed an outcomes framework;
  - MDT and Family coaching model;
  - Outcome monitoring plan
  - Practice guide; and Workbooks
- Extension of Family hubs plan in line with council priorities

**Metrics / Outcomes**

Metric	Trend	Period	Benchmark	Current performance
% women on continuity of midwifery pathway by 28 weeks*	↓	Nov23		KCH: 52.9%* GSTT 8.6%*
BMI of Mothers (diet / obesity in pregnancy)	↓	Nov22		KCH: 45%** GSTT: 38%**
% of children with good level of development at 2 - 2.5 years	Not available	Q1 (23/24)	London 74.6%	82.1%***

\*No local authority-level data found. GSTT data passes validation but caveat since so much lower than KCH.  
 \*\*No local authority-level data found.  
 \*\*\*Trend not available due to GSTT data issues. Commissioner (Public Health) working with Provider to improve data.

**Risks / Issues**

**Mitigation**

**RAG**

Management cost reduction programme

Clear documentation and transition to BAU plan

Family Hubs priorities, risks and issues

Scaling design and to meet with budget and roadmap requirements

# Start Well | CYP Mental Health

**Objective:** Fewer children and young people are affected by poor mental health.

**Key Achievements:** Development of joint working across the system from low to moderate to clinical services

Achievements July 23-24 (1 year on)

- 3 Transition Workers in post to review cases through case studies in multi-agency group
- 2,956 Children & Young People have received at least one CAHMS contact (target 2,154)
- All 52 week waits (107) across all age groups are for neurodivergent CYP so general focus on waits for this group
- Keep-in-touch programme for patients waiting to access support, and more robust screening within 28 days
- CAMHS Unaccompanied Asylum-Seeking Children Project supported 21 children in 2023/24
- Mental Health input into Child Health Teams delivered in partnership
- 24 schools now accessing MHST and project developed to also support emotionally based school avoidance.

Metrics / Outcomes

Mental health children and young people	Trend	Period	Bench mark	Current performance
CAMHS patients waiting >52 weeks for first contact		March 24 ↑	0	107
CYP MH Support Teams in Schools		4 ↑	16	24

Risks / Issues	Mitigation	RAG
No funding is available to develop uptake and outcomes monitoring.	Ongoing delivery of core offer.	
SLaM staffing issues and higher service demands are putting CAMHS service improvement at risk. Also, ongoing financial risk on SLaM resources.	Close working with service to support the reduction in waitlists; ongoing investment into low to moderate support to reduce cases needing clinical intervention Trusted assessor pathways	

# Live Well | Community Mental Health Transformation

**Objective:** Deeper integration in our local health and care system.

## Key Achievements: Transformation programme complete with plan in place for further improvements

Achievements July 23-24 (1 year on)

- Improved access via the PCMHT front door service – first contact within 28 days improved from 61% (Apr21) to 97% (Nov23)
- Delivered stronger integration between local health and care – governance group representatives across health, social care, secondary care, primary care, VCSE and lived experience
- Established a closer working relationship between primary and secondary care through the PCMHT, PA, MHP
- Embedded community and neighbourhood level working via the Mind Lived Experience Workers and the WBH Neighborhood Project.
- Achieving a strong performance on SMI physical health checks.

Measure	Trend	Period	Current performance
Delivery of first contact within 28 days for adult CMH services.	↑	Sep	97%
		Jun	98%
		Q1	98%
Number of referrals into mental health services	↓	Sep	375
		Apr24	364
		Q1	1411

Risks / Issues	Mitigation	RAG
Financial implications of SLam financial recovery and ICB spending freeze.	Robust programme governance - Programme Team meet weekly and discuss funding opportunities/reallocation of existing funds. Team reports to the Delivery Group.	Yellow
Workforce issues – recruitment and retention challenges	Individual projects tracked by the governance group.	Yellow
Ongoing management of change programme and its effect on delivery.	Extension of Fixed Term Contracts to continue to support delivery.	Yellow

# Live Well | Vital 5

**Objective:** All residents in Southwark are aware of what the Vital 5 is, and what their own measurements are.

## Key Achievements: Successful outreach work – improving access to health promotion, vaccinations, Vital 5 checks

Achievements July 23-24 (1 year on)

- Evidenced the success of the health promotion van (community outreach service) pilot delivering 1,657 Vital 5 checks (May-Mar24) and 780 Covid and Flu vaccinations (Sep23-Jan24), in addition to sharing health promotion key messaging
- Completed a review of the local Hypertension service (looking at detection through to management) - identifying good practice and performing gap analysis, to enable a set of recommendations for local services improvement
- Ongoing delivery of the six 'Know you Numbers' Digital Health kiosks in leisure centres and libraries, with 15,228 health checks completed (Apr23/24)

Metrics / Outcomes

Metric	Trend	Period	Benchmark	Current performance
Hypertension Register Meeting Target <80 years (%)		Jun 2024	80	62%
Hypertension Register Meeting Target ≥80 years (%)		Jun 2024	80	77%

Risks / Issues	Mitigation	RAG
Resource continuity - MCR and CCPL changes	Escalate resource requirements, and align workplans with secured resource	
Alignment of decisions around HCP priorities, with National and Local Vital 5 priorities (knock on impacts to workforce demands)	Ensure Vital 5 National and Local priorities are fed into borough priorities decision making (governance forums - including Live Well, PSSB)	
Achieving National Hypertension register targets	Understanding the impacts of data collection, increasing patient numbers, and annual variances	

# Age & Care Well | Frailty

## Objective:

An integrated frailty pathway to support people to live fulfilling and independent lives, where carers are also supported.

## Key Achievements:

Achievements July 23-24 (1 year on)

- Clinical & care professional leadership secured across Southwark, Lambeth & SEL
- Governance & leadership structure agreed
- Initiated literature review of models and review 2030 Older people feedback
- Secured GSTT transformation funding
- Established 4 key workstream and set up working groups with allocated tasks
- Patient selection for prototype delivery underway in Faraday ward
- Specification for GSTT workforce / organisational development activity defined

## Metrics / Outcomes TBC

Frailty	Trend	Period	Benchmark	Current performance
Increase in dementia diagnosis rate	↑	Q3 23/24	67%	71%
Emergency admissions due to falls in over 65's per 100,000	Improving	Q2 23/24	1843	1892
Care home admissions over 65's per 100,000	Improving	Q3 23/24	540	490

## Risks / Issues

1. Resource and governance capacity to progress multiple complex workstreams
2. Partnership Southwark staff reduction(MCR) /transition

## Mitigation

1. CCPL resource alignment to the prototype development and mapping required to keep momentum to start the prototype delivery in Q3
2. Utilise other available resources within the Partnership organisations (GSTT Transformation Team)

RAG

# Partnership Southwark Health & Care plan report

## Feedback / Questions?



# Partnership Southwark Strategic Board

## Cover Sheet

**Item: Health & Care Plan Update (Refreshed Priorities)**

**Enclosure: 4.1**

<b>Title:</b>	<b>Refreshing the Health and Care Plan Priorities</b>
<b>Meeting Date:</b>	<b>5 September 2024</b>
<b>Author:</b>	Pippa Wady, Independent Consultant, Wady Consulting
<b>Executive Lead:</b>	Darren Summers

### Summary of main points

- Proposed priorities for the refresh of the Health and Care Plan

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

### Action requested of PSSB

- Discuss and agree proposed priorities
- Discuss what will be different for Southwark Residents by delivering these priorities

### Anticipated follow up

Once priorities have been agreed, workshops will be scheduled to develop each priority (proposed methodology is in the appendix). A refreshed delivery plan will then be brought to the November Partnership Board.

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

1001 Days	X
Children and Young People's Mental Health	X
Vital 5	X
Community Mental Health Transformation	X
Frailty	X
Lower Limb Wound Care	X

### Item Impact

<b>Equality Impact</b>	<i>(Equality Impact assessment attached or explanation of why no equality impact assessment has been undertaken)</i> N/A – no proposal agreed yet
<b>Quality Impact</b>	<i>(Quality Impact assessment attached or explanation of why no quality impact assessment has been undertaken)</i> N/A – no proposal agreed yet
<b>Financial Impact</b>	<i>(is this cost neutral or is there financial impact)</i> N/A – no proposal agreed yet
<b>Medicines &amp; Prescribing Impact</b>	<i>(Does this proposal have an impact on medicines and prescribing)</i> N/A – no proposal agreed yet



Safeguarding Impact	<i>(How have the needs of vulnerable children, young people and adults been considered in relation to this item)</i> <i>N/A – no proposal agreed yet</i>		
Environmental Sustainability Impact (See guidance)	<b>Neutral</b>	<b>Positive</b>	<b>Negative</b>
	<i>N/A – no proposal agreed yet</i>		

<b>Describe the engagement has been carried out in relation to this item</b>			
Discussion at August board. Started meeting with Well and CCPL chairs.			



# Refreshing the Health and Care Plan Priorities

**Partnership Southwark Board**  
**5 Sep 2024**

# How we will refresh the Health and Care Plan Priorities

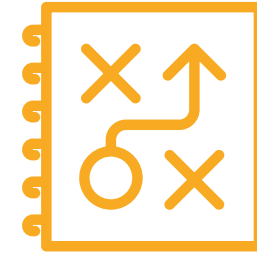


## Agree priority areas

1. Map existing strategies  
[\(see appendix\)](#)
2. Initial discussion 1 Aug Board
3. Develop proposed priorities
4. Sign off priorities 5 Sep Board



## Workshops to develop priority details



## Develop strategic plan

1. Prioritise activities
2. Wind down plan for existing projects that are not continuing
3. Propose effective reporting system
4. Sign off refreshed delivery plan – 7 Nov Board

# At the 1 Aug Southwark Partnership Board, tables discussed the following themes:

## Start well

## Live well

## Age well

### 3/3 Carers

- Identification of carers
- Carers support

### 3/3 Mental health

- Adult – lower level support, VCSE, social prescribing, ADHD, complex MH
- Maternal – access & joining up services
- CYP – long waits

### 2/3 1,001 days / family hubs

- Health visiting
- Maternity commission

### 2/3 [prevention of] LTC

- Vital 5 prevention

### 1/3 Cancer – screening & early detection

- Address inequalities
- Communications & building trust
- *Could link with immunisations & vaccs as similar issues*

### 3/3 Integrated Frailty Pathway

- Neighborhood model
- End of life care
- Care home

= how many tables discussed

Based on the national & local context, existing strategies, and board discussion, the following refreshed priorities for the Health and Care Plan are proposed

### Live well

### Age well

1 Expanded family hub model

2 Children and Young People's Mental Health

3 Integrated Neighbourhood Teams around Long Term Conditions

4 Adult Mental Health

5 Prevention & health inequalities

6 Integrated Frailty Pathway

### National context:

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

# Transitioning from the current priorities to the proposed priorities

## Live well

## Age well

1 Expanded family hub model

1,001 day evolves into

2 Children and Young People's Mental Health

*Existing priority*

3 Integrated Neighbourhood Teams around Long Term Conditions

*Scheduling to be considered so learn from frailty and early years neighbourhood work*

4 Adult Mental Health

*Existing priority*

5 Prevention & health inequalities

Vital 5 evolves into



6 Integrated Frailty Pathway

*Existing priority*

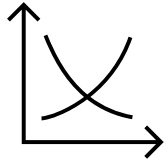
**Planning for transition to BAU / closing of existing work:**

Lower limb wound care transitions into BAU

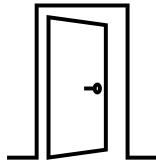
A process will be followed to ensure effective planning is undertaken to transition existing work to BAU or close projects as appropriate

 = proposed priority  
 = plan for current priority

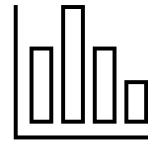
Instead of having stand alone enablers / cross cutting themes which risk getting lost, they will be actively considered within each priority



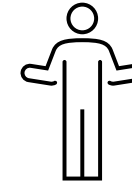
**Demand vs capacity**



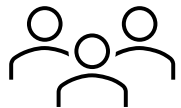
**Access & health inequalities**



**Unwarranted variation**



**Scaling up VCSE**



**Workforce**



**IT / Digital**



**Estate**



**Inefficiency / waste**



**Evidence base**

# Table discussions

Proposed priorities:

1. Expanded family hub model
2. Children and Young People's Mental Health
3. Integrated Neighbourhood Teams around Long Term Conditions
4. Adult Mental Health
5. Prevention & health inequalities
6. Integrated Frailty Pathway



# APPENDIX

# There is alignment in the priorities of key strategies

**SOUTHWARK  
2030**

 **A good start in life** 2



**Staying well**

5

Ensure every child and adult can get the mental health support they need when they need it

Help more people stay well, reducing the inequalities in health across our community

Improve the wellbeing of people with long term conditions and disabilities and their carers

  
Partnership  
Southwark  
Health & Care  
Plan 2023-28


**1001 Days**  
 - Start Well

**Children Mental Health Transformation**  
 - Start Well

**Adult Mental Health Transformation**  
 - Live Well

**Vital 5**  
 - Live Well



**Lower limb wound care**  
 - Age Well

**South East London**  
Integrated Care System  
Strategic  
Priorities for  
2023-28

**Early years**  


**Children's and young people's mental health**  


**Adults' mental health**  


**Prevention and wellbeing**  


**Primary care and people with long-term conditions**  


**Southwark's Joint Health and Wellbeing Strategy**  
2022 - 2027

**A whole family approach to giving children the best start in life**

**Strong and connected communities**

**Early identification and support to stay well**

**Healthy employment and good health for working age adults**

**Integration of health and social care**

- There are many strategies and activity plans in operation within Southwark.
- Across 7 main strategies/plans there are a total of 29 priorities and 166 key action areas, with a range of enablers. There is a lot of overlap amongst these.

Strategy health and care key activities	Partnership Southwark Health & Care Plan	SEL ICS Strategic Priorities	Southwark 2030	Southwark ASC Business Plan	Southwark Joint Health and Wellbeing Strategy	Southwark NHS operational plan	Southwark Plan 2022
Carers	✓		✓	✓	✓		
<b>Start well</b>							
1,001 days	✓	✓	✓		✓		✓
Perinatal mental health			✓		✓		
CYP mental health	✓	✓	✓		✓		✓
SEN			✓			✓	✓
Childhood obesity					✓		
<b>Live well</b>							
Adult's mental health	✓	✓	✓	✓	✓	✓	✓
Primary care / Integrated neighbourhoods	✓	✓	✓	✓	✓	✓	✓
Reduce inequalities			✓		✓	✓	✓
Disabilities			✓	✓			✓
Prevention/ screening / immunisations & vaccinations		✓	✓	✓	✓	✓	
Vital 5	✓				✓	✓	
LTC		✓	✓			✓	
Cancer						✓	
<b>Age well</b>							
Frailty	✓					✓	
Falls					✓		
Lower limb wound care	✓						

# Proposed Methodology to Develop the Delivery Plan

# We will hold a workshop for each priority to develop the detail



## Workshop improvement team

### Proposed reps for workshops:

- Southwark Council
- Primary care
- Trusts (management & clinical)
- CCPLS (clinical and care professional leads)
- ICB
- Public Health
- VCSE
- Residents/patient reps
- Reps from HIN/King's Maudsley Partnership



## Define the aim

- Look at headline **data**
- Develop **SMART** goal



## Propose how to measure success

- Propose **outcome measure**



## Propose change initiatives

- **Breakdown the problem** that going to address
- Use driver diagram to outline **how will address the problem** to deliver the aim

## What does the data tell us?

## What have we already achieved?

To be populated in advance of each workshop

## What are we currently doing?

# What are we aiming to achieve?

## Making a SMART objective

What will be different for Southwark residents? Be specific

Consider:

- *What's our goal?*
- *What problem are we trying to address?*

How will we know we are achieving this ambition?

What can we measure? e.g. *reduce wait list by [x no.] by [x date]*

- 1.
- 2.
- 3.

Will pull through outputs of 5 Sep Partnership Board discussion in advance

Is it <b>achievable</b> within the available resources?	Yes / No
Is it <b>relevant</b> to Southwark 2030?	Yes / No
What is the <b>timeframe</b> ?	

We will use a driver diagram to identify how we will address the problem and deliver our aim

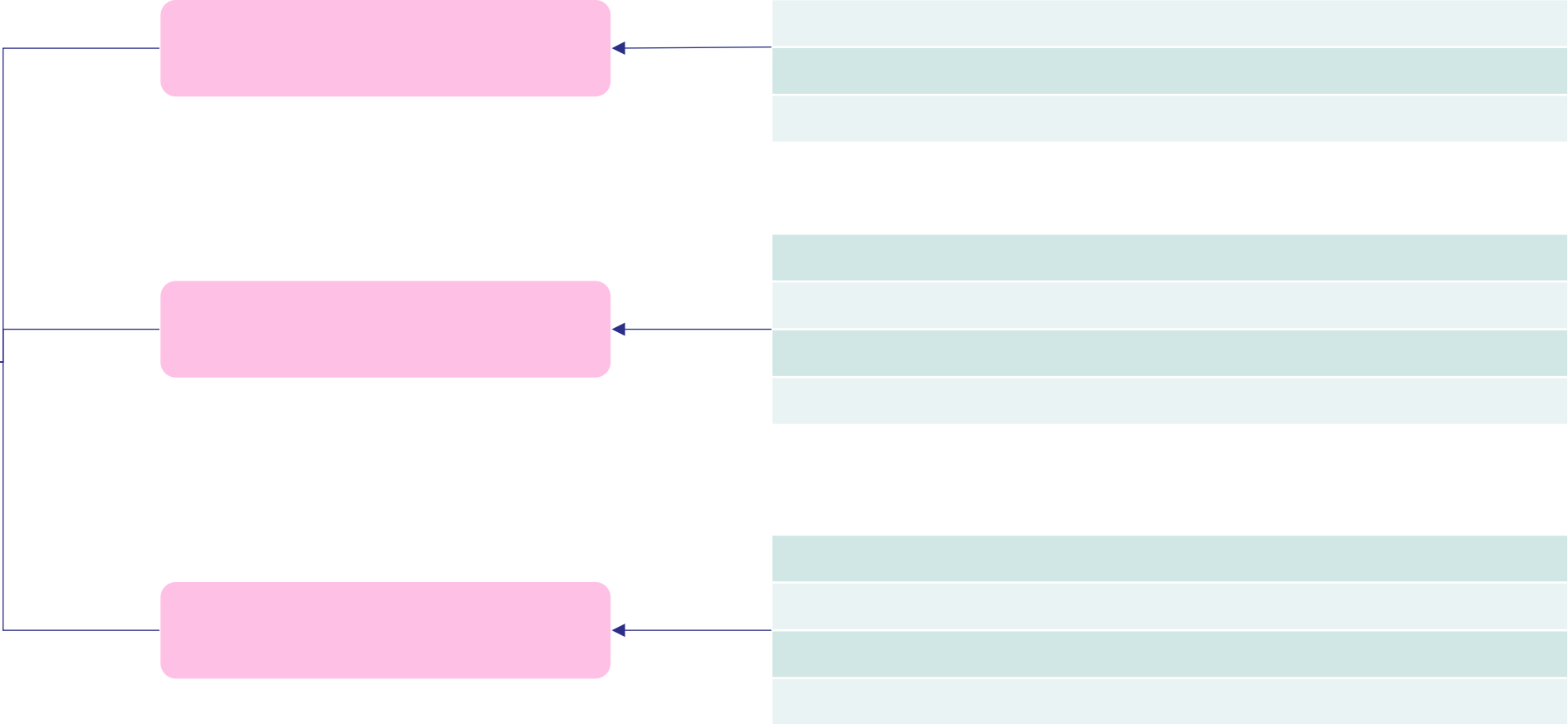
**Drivers**

What's preventing us from achieving the goal?  
*e.g. low uptake of childhood vaccinations*

**Change ideas**

Activities that can impact the drivers  
*e.g. work with VCSE partners to engage hard to reach communities*

Goal/aim





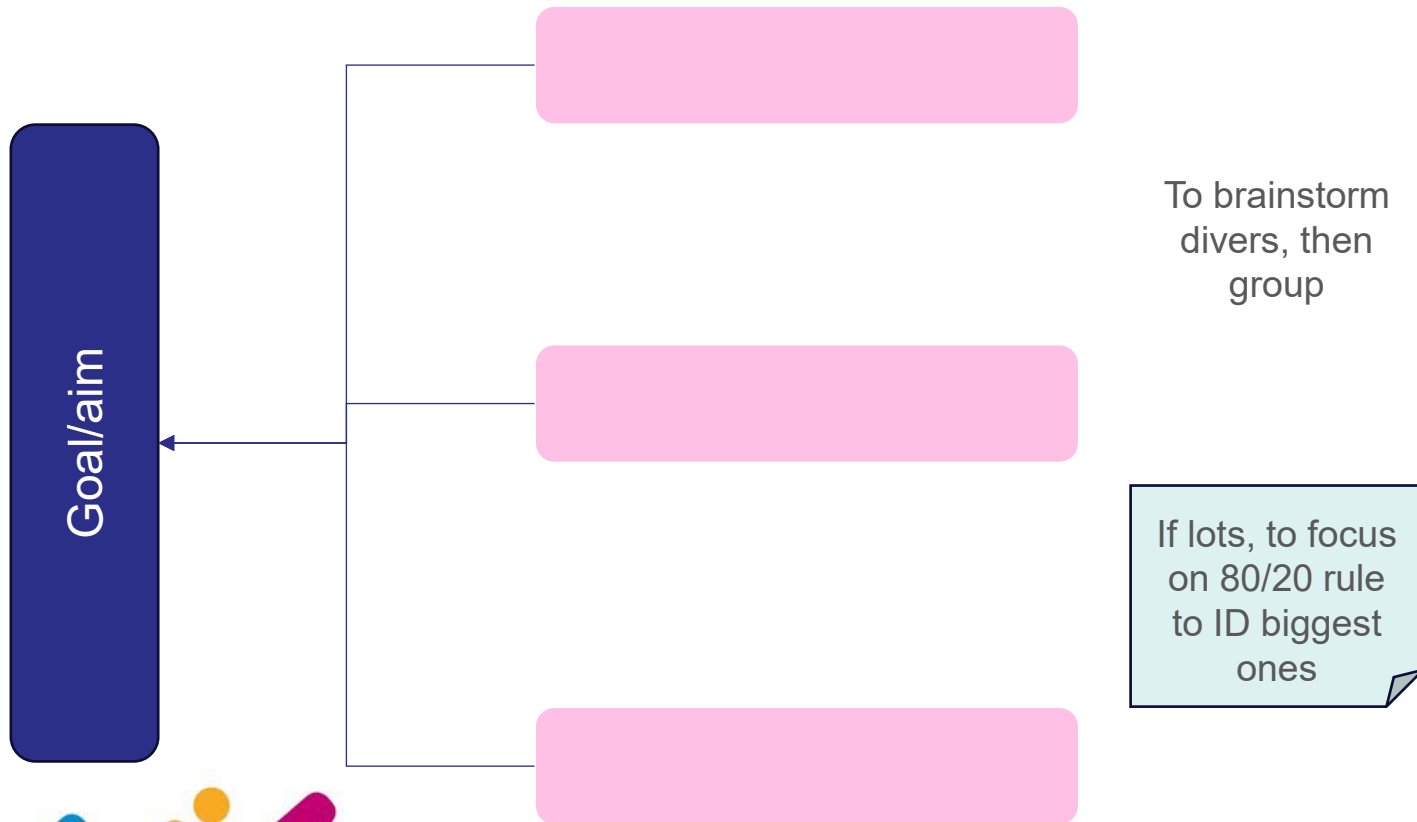
# Understanding the problem – the drivers

## Drivers

What are the **challenges** preventing us from achieving the aim?

What are the key **enablers** needed to achieve the aim?

To focus on **what we can influence**



Potential challenges / enablers to consider:

- Demand vs capacity
- Unwarranted variation
- Access & health inequalities
- Inefficiency
- IT
- Estate
- Workforce
- Scaling up VCSE
- Carers
- Evidence base

# Generating the change ideas

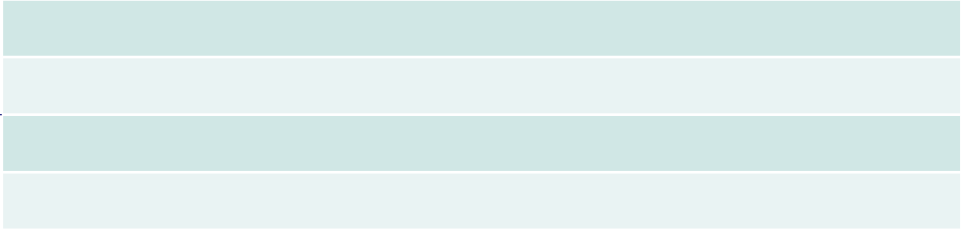
## Identified drivers

## Change ideas

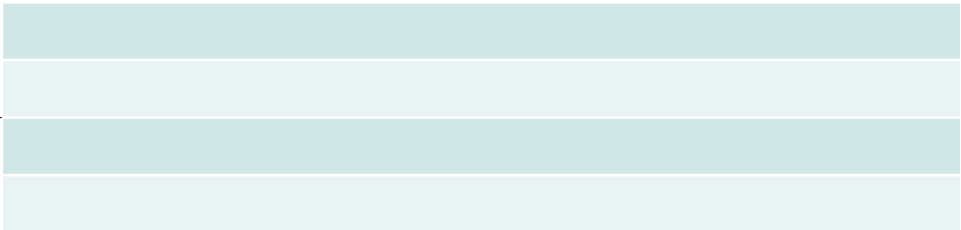
Activities that can impact the drivers

Focus on partnership level working

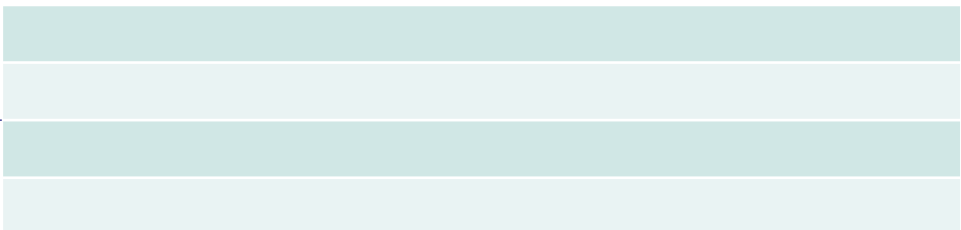
Driver 1



Driver 2



Driver 3

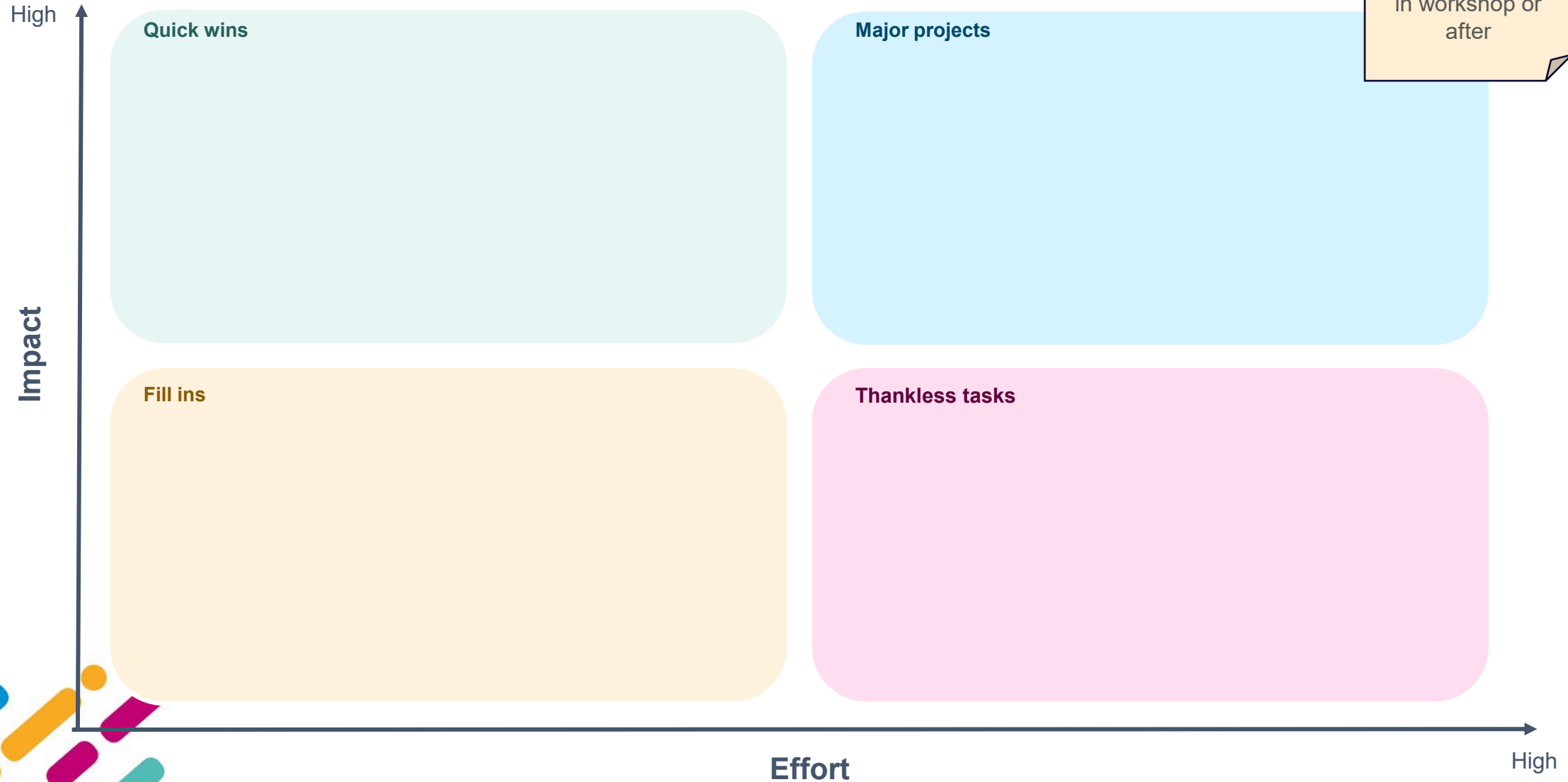


Will have a car park for non-partnership projects/ projects covered elsewhere



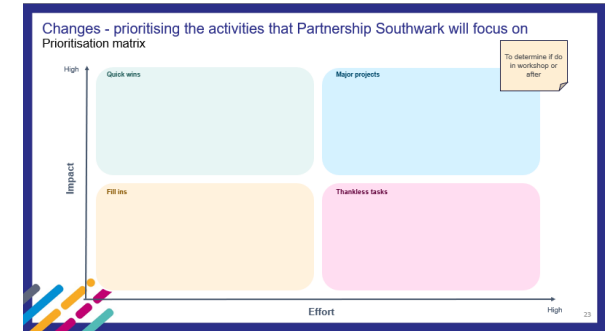
# Changes - prioritising the activities that Partnership Southwark will focus on

## Prioritisation matrix



# Developing the delivery plan – following the workshops

## Develop implementation timeline



## Plan for existing work

1. [Decision tree](#) to determine what happens to current projects. Including continuation, transition to BAU, close project
2. For closing projects to undertake end of project report – based on After Action Review / STAR report model

## Develop reporting system

1. Develop effective project overviews
2. Develop simple and effective reporting mechanism – to include timescales, KPIs/ outcome measures, key activities

## Refresh governance

1. Refresh governance and meeting structure to support effective delivery.
2. To consider frequency of updates and how ensure continued alignment to national and local context (incl. future strategies)

# Plan for existing work

