

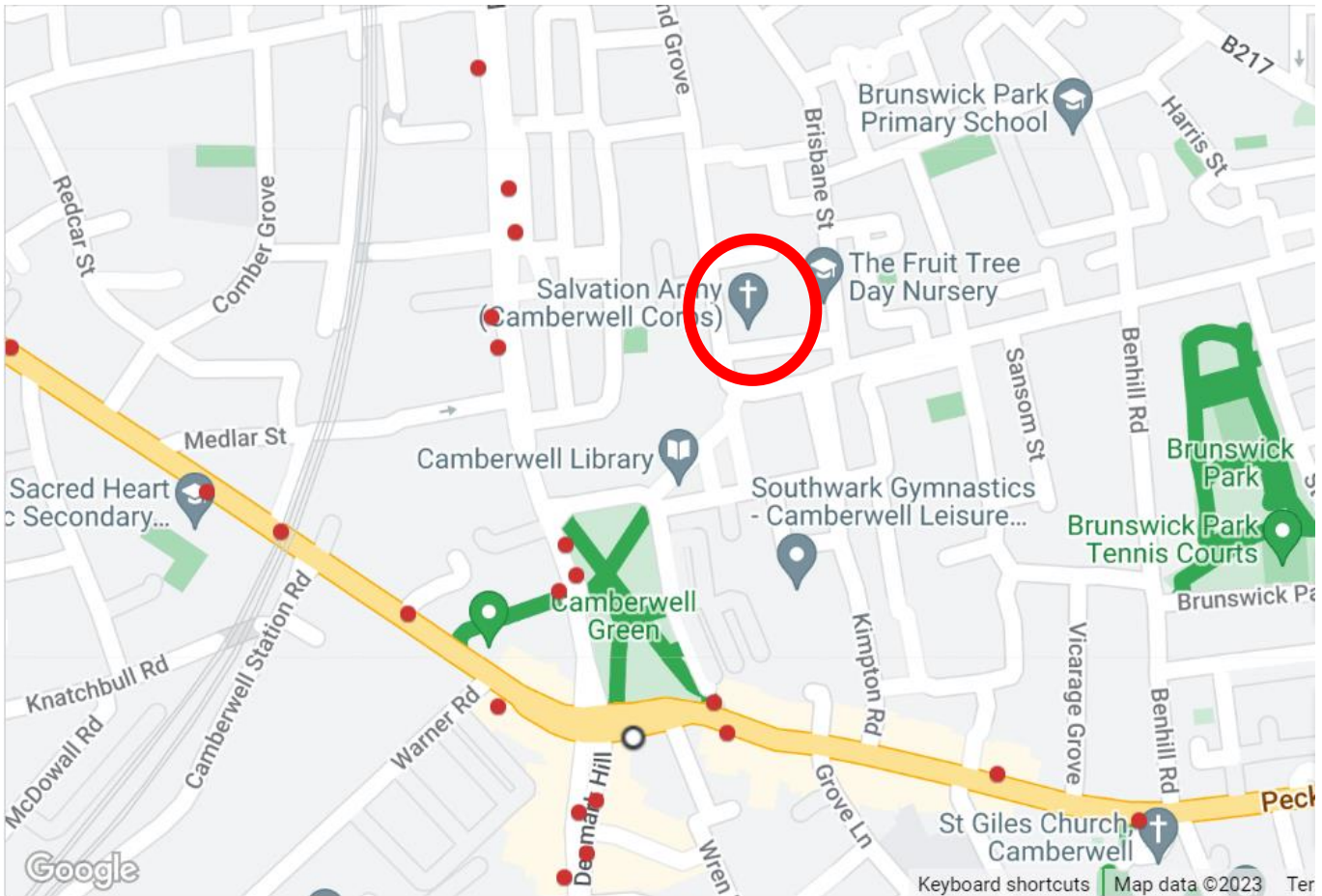
Partnership Southwark Strategic Board Agenda

Thursday 2 November 2023 12:15 – 13:45 Part 1
Venue: Salvation Army, 105 Lomond Grove, SE5 7HG
Chair: Cllr Evelyn Akoto

	Time	Item	Lead
1	12:15- 12:25	Welcome and Member Introductions Apologies Declarations of Interest Minutes of the last meeting Action Log	Chair Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log
2	12:25 12:40	Community Spotlight – PACT	Layla Meerloo PACT Presentation shared on day
3	12:40- 13:00	Health & Care Plan: 1001 Days Deep Dive	Dr Rob Davidson Josephine Namusisi Carol Yates Sangeeta Leahy Enc 2-2i
4	13:00- 13:10	South East London Charter for partnership with the Voluntary, Community and Social Enterprise Sector	Tal Rosenzweig Enc 3
	13:10- 13:25	State of the Voluntary and Community Sector in Southwark - Progress Update	Anood Al-Samerai Enc 4
5	13:25- 13:35	Place Executive Report	Martin Wilkinson Enc 5
6	13:35- 13:40	Public Questions	Chair
7	13:40	AOB <ul style="list-style-type: none"> • Future meetings 	All Amanda Coyle
8	13:45	Close Meeting	Chair
APPENDIX For more information			
Camberwell 1001 Days Factbook			

Next meeting held in public date: 11 January 2024

The Salvation Army
Camberwell Corps
105 Lomond Grove
Camberwell
SE5 7HG



It is a short walk from Medlar Street or Camberwell green and just across from Camberwell Library.

Check your bus route here [Nearby Lomond Grove, London, UK - Transport for London \(tfl.gov.uk\)](https://tfl.gov.uk/nearby-lomond-grove-london-uk)

The nearest rail station is Denmark Hill with a 20 minute walk

Plan your journey [Plan a journey - Transport for London \(tfl.gov.uk\)](https://tfl.gov.uk/plan-a-journey)



Declaration of Interests

Name of the meeting: Partnership Southwark Strategic Board

Meeting Date: 02/11/2023

Name	Position Held	Declaration of Interest
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"> 1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark
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
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
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"> 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 2. Trustee of Doctors in Distress: Works to prevent suicide of healthcare professionals 3. Trustee 'On Call Africa' Medical charity that works to address rural healthcare in Southern Zambia
Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> 1. Trustee, & 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. 2. CEO for The Loop Drug Checking Service CIO The Loop is a national charity developing services across the UK,



		including London. It operates in the substance use and health sector.
Kishor Vasant	GP, Co-chair, LMC	No interests to declare
Martin Wilkinson	Place Executive Lead	No interests to declare
Nancy Kuchemann	Co-Chair Partnership Southwark and Co Chair of Clinical and Care Professional Leads	<ol style="list-style-type: none"> 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. 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. 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. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark.
Nigel Smith	Director, IHL	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. Executive director of QHS CIC GP federation
Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Austin	Chief Executive Integrated & Specialist Medicine	1. Family member working at Cygnet Health
Sumeeta Dhir	Co-Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	VCSE representative	<ol style="list-style-type: none"> 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. 2. Prospective trustee for Community Southwark. 3. Married to the Executive Director of South London Mission



PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 7 September 2023 at 12:00

Venue: Room G01 Southwark Council Building 160 Tooley Street London

Chair: Cllr Evelyn Akoto

Attendees

MEMBERS	
Dr Nancy Küchemann (NK) (Chair)	Co-Chair, GP and Joint Chair of Clinical & Care Professional Leads
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
James Lowell (JLo)	Place Executive Lead, Partnership Southwark
Dr Sumeeta Dhir (SD)	GP and Joint CCPL Chair
Martin Wilkinson (MW)	Chief Operating Officer, Partnership Southwark
Anood Al-Samerai (AA)	Chief Executive Officer, Community Southwark
Katy Porter (KP)	Independent Lay Member
Dr Gavin McColl (GM)	GP, Clinical Director South Southwark PCN
Genette Laws (GL)	Director of Commissioning Children and Adults Southwark Council (Deputising for David Quirke-Thornton)
Dr Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Joined via Microsoft Teams	
Julie Lowe (JL)	Site Chief Executive, KCH
Sarah Austin (SA)	Chief Executive Integrated & Specialist Medicine, GSTT
ATTENDEES	
Cheryl Russel (CR)	Director of Resident Services
Rebecca Dallmeyer (RD)	Executive Director, Quay Health Solutions
Kate Kavanagh (KK)	Interim AD Healthy Populations Community
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Jessica Neece (JN)	Programme Lead for Adults, Older People & Complex Needs
Lizzie Skelton (LS)	Project Manager for Adults, Older People & Complex Need
James McLintock (JM)	Researcher Shared intelligence
Nelly Jones (NJ)	Shared Intelligence
Ben Lee (BL)	Shared Intelligence
APOLOGIES	
Cllr Evelyn Akoto (EA)	Co-Chair, Cabinet Member of Health & Wellbeing
Winnie Baffoe (WB)	Director of Engagement & Influence, South London Mission, VCS
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Nigel Smith (NS)	Director, IHL
Emily Finch (EF)	Clinical Lead, South London & Maudsley NHS Foundation Trust
Cedric Whilby (CW)	VCS Representative

1. Welcome & Introductions

The Chair welcomed all to the Partnership Southwark Strategic Board.

**Declarations of Interest**

The Chair noted inclusion of declarations within papers and asked if there were any conflicts to highlight with agenda items and no declarations were made.

Minutes of last meeting

The minutes of the previous meeting were agreed as an accurate record.

Actions

Action 1 – To be closed noting the work was continuing.

Action 2 – Closed

Action 3 – Closed

Action 4 – Closed

Action 5 – Due by November meeting and in progress.

2. Community Spotlight - Discharge Experience Project

Lizzie Skelton introduced the discharge experience project, which had been commissioned by South East London ICB and Southwark Council to explore ethnographic data on the transfer of patients from NHS in-hospital to Local Authority out-of-hospital care. Shared Intelligence had been commissioned to deliver the work, but with the support of Southwark Pensioners and Healthwatch and the hospitals, local people had been engaged to carry out the interviews.

James McIntock outlined the findings, which suggested that it was not possible to say whether a gap existed between the reality of the discharge process and patients expectations of it because patients often did not have enough information to form any expectations. Whilst many patients left hospital without problems, it was an uncertain and anxious time for some patients and families, and the report identified areas where they were left with a gap in their understanding of the process. The process also expected patients and their families to play a key active role in the transfer of care system and had varying ability to cope and left with gaps in their understanding of what would happen.

The report recommended that to resolve a lack of understanding about the discharge process, literature and regular verbal updates may help as well as early involvement of families in discharge briefings. To address uncertainty felt by patients about whether they were ready for discharge, packs should clarify the decisions made, advocacy for the patient should be collated and recorded, perhaps using 'exit interviews' to discuss concerns. Lack of information about the timings of the process could be alleviated by providing a flow chart with typical timings for each step of discharge and regular updates on actual progress. To help patients and families cope following discharge, better patient involvement in MDTs and work with the voluntary sector may help.

Sarah Austin observed that best practice discharge standards were available, but the experiences described suggested these standards were not always followed. The recommendations in the report could be aligned with these standards and used to promote best practice.



Martin Wilkinson expressed gratitude for the way the trusts had supported the work, adding that in addition to the useful recommendations in the report, improvements would be necessary in a range of other areas such as medicines given to patients to take home and arranging continuing healthcare.

Genette Laws reflected that the work had been prompted by the poor experience of a local family and the recognition that the manner in which steps of the discharge process were carried out was as important as the steps themselves.

Katy Porter emphasised the importance of communication and understanding regarding the patient's roles and the importance of making patients needed to feel more empowered in the process, and called for best practice standards to be made available to the steering group.

Anood Al-Samerai pointed out that the reliance on patients to undertake parts of the process of discharge risked exacerbating inequalities for those who already found it hard to cope, and suggested that these expectations ought not to be put on patients and their families in the first place.

James Lowell suggested that there was also work to understand discharge from mental health as well as physical health settings, and asked if there were any positive experiences identified through the work.

Ben Lee noted that good feedback about the staff had been received across all the interviews and about all the organisations involved. Referring to the role of patients and their families he stated that this had been 'baked in' to the process and patients and families were in effect being relied upon to take a key role in the discharge process without the training and knowledge available to the social care and clinical teams.

Dr Nancy Küchemann pointed out that the work would be a useful contribution to wider aims in Southwark's health and care plan, as well as providing information for partners to reflect on within their own organisations.

The board **NOTED** the report.

3. Primary Care Access and Experience

Kate Kavanagh (KK) referred to the report which had been created in response to difficulties experienced by constituents in accessing doctor appointments, the greater use of alternatives to face to face consultation precipitated by Covid-19 pandemic, and long waits in emergency departments. The report set out 11 recommendations that aimed to achieve key outcomes set out at the start of the review which described how residents should know what to expect, appointment and care systems should enable people to access equitable and timely care, care ought to be delivered that met people's needs with a balanced use of new technology and within available resources, and Public and Councillors should know how to feedback, and the feedback should be used to improve performance and build trust.



Dr Gavin McColl welcomed the recommendations which in his view had moved from ideals to proposals that now seemed deliverable. In regard to recommendation 5 he advised that video appointments and other online ways of interacting with patients should not be conflated.

Sangeeta Leahy asked if there were ways to reach out to those who might otherwise not be communicated with, to have conversations rather than just dispensing advice, and making the effort to reach out to those people and communities rather than expecting them to come forward.

Anood Al-Samerai explained that work led by Healthwatch with the Latin American community had shown that challenges facing all patients - such the need to phone in at 8am- were greatly exacerbated for residents for whom English was not their first language.

Martin Wilkinson advised that work was underway on a social model for health, working with Pembroke house with local clinicians and residents, which could provide a contribution and lessons learned.

Genette Laws highlighted the importance of making use of the interest and enthusiasm of elected members in Southwark to accelerate the work as set out in recommendation 7.

Sarah Austin recognised the massive demands on primary care, but pointed out that access issues also had significant effects on emergency departments, with around 400-500 people seen per day who would have been better cared for by primary care. The issue was not simply the workload this represented but that the care and outcomes that could be delivered in primary care for these patients were superior to what could be done in hospital given the constraints on capacity.

Katy Porter as chair of the Primary Care Group in Southwark welcomed the assurance provided by the report on the actions being developed in response to the recommendations.

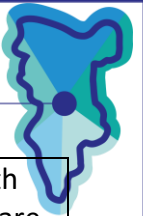
Dr Olufemi Osonuga asked if it was now time to advertise more widely than practices to explain to the public some of the changes in primary care, socialising and raising awareness of the care being provided by other roles such as nurses, care co-ordinators and physician associates as well as GPs. He assured the board that work in response to the 8am rush was underway to allow patients to be called back and many practices provided helplines for vulnerable people and facilities for non-English speakers. He welcomed the fact that the work had been undertaken as a whole healthcare system.

The Board **NOTED** the report.

4. Place Executive Report

James Lowell (JL) prefaced his final report as place executive with thanks to members of the partnership board and reflected their achievement in moving from a CCG structure to different arrangements whilst maintaining major programmes of work, working to to agree an aligned health and care plan in the borough and setting out next steps for the partnership.





Turning to the report JL highlighted that learning from ‘Predict and Prevent’ work across south east London on cardiovascular health and prevention was being rolled out to more Primary Care Networks. Following multi-agency Thematic safeguarding review into the deaths of three children with complex health needs, a package of learning had been developed to be shared with the rest of south east London. The Mental Health Support team were delivering support to 16 schools with more planned. Referrals were mainly for anxiety followed by behaviour and high usage of the Kooth online services out of hours showed the needs in of children and young people and the importance of maintaining a core offer.

The Council and all partners had been involved in the conversation on Southwark 2030 and the eight missions emerging aligned well with health and care plans.

Southwark Place was forecasting a £4.7m overspend, driven mainly by prescribing and mental health spend and a financial recovery plan was being implemented working with CFOs across organisations.

The Chair and Board thanked James Lowell for his contribution as Place Executive Lead and wished him well in his future role.

The Board **NOTED** the update.

5. Public Questions

There were no questions from members of the public attending the meeting.

The Chair noted that one question had been received in advance, and a response would be sent to the questioner and published.

6. AOB

No further business was raised.

The next meeting is scheduled for 2 November 2023.



PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG

No.	MEETING DATE	ACTION	STATUS	ACTION FOR
1	06/07/2023	PSwk team to consider lifting out reference to mens health as assurance that it is included	Closed	Wendy McDermott The programme team will make the additions and make further emphasis on men’s health as appropriate – this will be available for PSSB review in November 7/9/23 - Due by November meeting - 5/10/23 - Completed for action to be closed

SUMMARY OF EXISTING REFERENCE OR ADDITIONAL REFERENCE TO MEN IN THE SOUTHWARK HEALTH & CARE PLAN 2023

Page 23	For 2018-20, life expectancy in Southwark was: males 79.6 years and females 84.1 years - better than the national average and linked to areas of socio-economic deprivation. ⁴
Page 23	However, years in good/poor health are equal at 64 years for men and women, so women are living longer but in poorer health. ⁴
Page 25	Top 3 factors re poor health: smoking/obesity/poor diet, comparable with national picture, higher in men than in women. ⁶
Page 29	<i>Resident health & wellbeing outcomes column:</i> Mothers, Fathers families and babies are supported to access a range of services when required - having received the input they need , improving trust , satisfaction and experience
Page 30	<i>Resident health & wellbeing outcomes column:</i> Mothers, Fathers , families and babies are supported to access services when required - having received the input they need thus improving the person's experience
	Male reference can also be included, where relevant, in; people, residents, communities, families, carers, patients, service users, 65+

Partnership Southwark Strategic Board

Cover Sheet

Item: 3
Enclosure: 2-2ii

Title:	Health & Care Plan: 1001 days
Meeting Date:	2 November 2023
Author:	Carol Yates Wendy McDermott Amanda Coyle
Executive Lead:	Martin Wilkinson

Summary of main points

The attached slides set out the 1001 days programme to date

Part 1

- Listening Phase: February – August '23
- Test & Learn Phase: October '23 – February '24
- Network of stakeholders
- Our Approach
- Learning to date
- Planning for the next phase

Part 2

- Draft 1001 Outcomes Framework
- Qualitative and quantitative approach

Item presented for (place an X in relevant box)	Update	Discussion	Decision
	Part 1 ✓	Part 1 ✓	Part 2 ✓

Action requested of PSSB

To continue to support the asset based approach and the ambitions for further integration and community and voluntary sector investment and empowerment.

Item Impact

Equality Impact	The approach used for 1001 days is rooted in engagement work with local population(s) to ensure that it focuses on areas of most need and addressing inequalities.
Quality Impact	A quality impact assessment has not been undertaken as no changes to service delivery or experience have been made yet.
Financial Impact	Financial impact of this plan will need to be worked through further once we have the blueprint for change.
Environmental Sustainability Impact	The plan has sustainability at its heart in terms of ensuring that we collectively reduce inequalities in a sustainable way.

Medicines & Prescribing Impact	N/A
Safeguarding Impact	The needs of vulnerable children, young people and adults will be considered throughout planning and implementation of interventions and/or changes to service delivery.

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

This plan is rooted in engagement work with local population(s). This programme is held within Start well and the plan was developed with the 1001 days delivery group.

Neighbourhood Working

A whole-family approach to giving children the best start in life: **First 1001 Days of Life**



The presentation offers an overview of the work so far, what we've learnt and what we're doing in the Test & Learn Phase

- September '22 the project launched in Camberwell
- Formalised arrangements with community leaders at the heart of the programme
- Initial focus areas: Mental Health, Breast Feeding & Nutrition, and Workforce
- Listening Phase: February '23 – August '23
- Test & Learn Phase: October '23 – February '24
- Integrated with Council Neighbourhoods programme in Camberwell
- Integrated with the It Takes a Village programme
- Established Let's Talk Health & Wellbeing Camberwell Events
- Undertaking cross-system working to coproduce cost effective and efficient solutions

Start Well: Why are we investing in the first 1001 days programme

- Our 1001 days vision is linked to the overarching Start well vision:

“A whole family approach to giving children the best start with a focus on the first 1001 days of life”

- Through the areas of focus that have been identified, our aim is:

By 2027, all women and their partners who live in Southwark will feel equipped and empowered to provide the best start in the first 1001 days of their children's lives through the provision and access of family-centred, integrated support and services that meet their specific needs.

The Double Diamond Approach

Listening Phase

Test & Learn Phase

Strategy

Execution

Feb 2023: Project initiated;
Camberwell Green
selected as pilot location.

Discover: open,
broad, investigative
conversations with
stakeholder

Define: refine our
learning & playback
to stakeholders

Aug 2023 Listening
Phase complete:
focus areas
defined.
Factbook of
learning produced

Develop: work with
partners to create
local Practice Guide
& identify
opportunities for
system
development

Deliver: implement
agreed action plan
of system
adapions

Apr 2024:
Interventions
implemented, and
evaluation begun

Diverge

Converge

Diverge

Converge

1001 Days Programme Timeline

Jan-Feb
'23

Step 1: Identify geographical area and population

- ▶ We have identified an **area**: Camberwell
- ▶ **Population**: do we want to have a broad focus including all families with children in their first 1001 days of life, or do we want to have a more targeted approach based on population health data linked to inequalities?
- ▶ **Output: Agreed geographical area and communities to focus the work within**

Step 2 (Listening Phase): Narrow down the scope to identify the population-based aim within these two areas (i.e. what will be different to which population by when)

- ▶ Use population-based data to inform what is needed, with a focus on 1001 days
- ▶ Feedback from staff (including statutory and voluntary) who are working in these services to deepen our understanding of the current “as is” and what is currently working
- ▶ Feedback from people who will be impacted to understand what specifically would make a difference for them in the first 1001 days of a child’s life
- ▶ Mapping of community assets that can be drawn upon as part of the offer
- ▶ **Output: Factbook describing current state to inform next steps**
 - ▶ Quick wins to action immediately

Feb-
Sept
'23

Nov - April
'24

Step 3 (Test & Learn Phase): Iterative design

- ▶ A local MDT will be established to produce a Practice Guide for maternity & early years in Camberwell
- ▶ Bespoke family support to identify what would make the biggest difference to families in identified communities during the first 1001 days of their child’s life.
- ▶ Learning from the bespoke support and use of the Practice Guide are used to continuously
- ▶ **Output:**
 - ▶ Localised Practice Guide & Workbook
 - ▶ Insights into integrated neighbourhood working
 - ▶ Data sharing arrangements

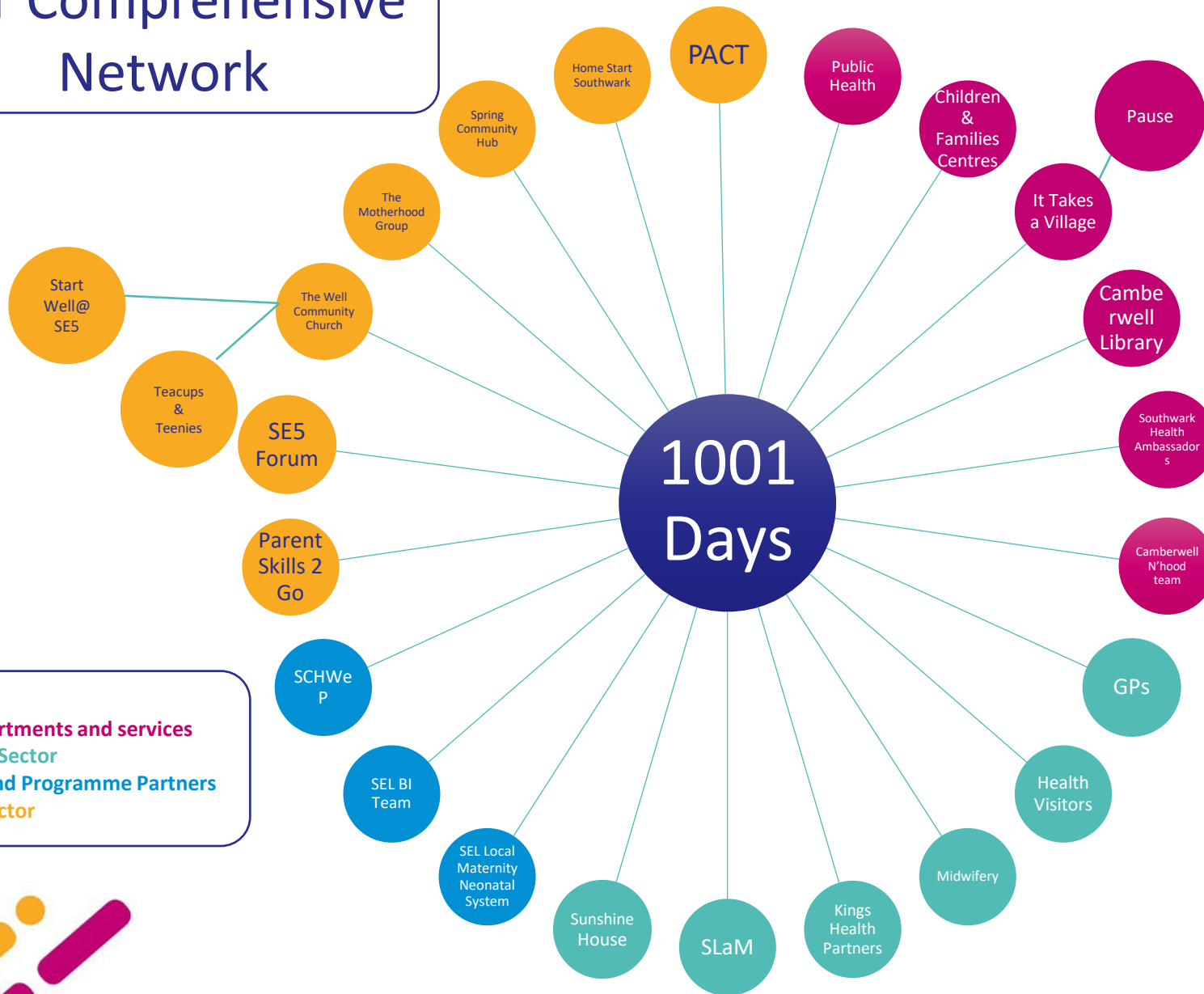
April '24
onwards

Step 4: Implementation Planning and Learning

- ▶ Decode practice to scale across other change programmes in Southwark
- ▶ Implement learning from bespoke support to improve offer and access
- ▶ **Outputs:**
 - ▶ New ways of supporting families and their children in the first 1000 days of life
 - ▶ New ways of working and collaboration as system partners
 - ▶ Insights for future funding

Overview and findings of the 'listening phase'

Our Comprehensive Network



Key:

- Council departments and services**
- Local Health Sector**
- SEL Health and Programme Partners**
- Voluntary Sector**

Start Well Leadership Group:

- SE London ICS
- Southwark Council: Public Health, Childrens Services, Education
- Guys & St Thomas'
- Kings College Hospital
- SLaM
- Quay Health Solutions (North Swk PCN)
- Improving Health Ltd (South Swk PCN)
- Community Southwark
- Home Start Southwark
- It Takes a Village

1001 Days Programme Delivery Group:

- SE London ICS
- Southwark Council: Public Health, Childrens Services, Guys & St Thomas'
- Kings College Hospital
- SLaM
- Improving Health Limited (South Swk PCN)
- Parents & Communities Together
- It Takes a Village
- Children & Families Centres

SEL ICS:

- Local Maternity Neonatal System

Initial Focus Areas

Mental Health

Breast Feeding & Nutrition

Workforce

Through the Listening Phase, in consultation with people with lived, learned, and professional experience, our original focus areas have evolved and expanded to fit with the needs and priorities of the target cohort.

Emerging Focus Areas

Mental Health & Wellbeing

Eating Well & Nutrition

People: Community and Workforce

Access: Addressing Inequalities

Qualitative Outputs from Listening

Mental Health & Wellbeing



- One of the best ways we can support parents is to provide time and space for them to talk to other parents while their child is looked after nearby by a trusted person.
- At times children's services prioritise the child to the extent that parents feel like they are only seen as a caretaker to their child. This is damaging to the wellbeing of the family.
- Larger issues such as housing and finances have a huge effect on families' wellbeing.

Eating Well & Nutrition



- Advice around weaning and breast milk feeding changes frequently and isn't consistent between sources. This is stressful and confusing for parents and professionals.
- Professionals are in the difficult position of having to promote breast milk feeding over other options despite this not always being the most appropriate option.
- There is not enough breast-feeding support available or enough variety in the type of support available. Breastfeeding cafes are not comfortable spaces for every parent.
- Challenges around the accessibility (food, space, tools), affordability, time, knowledge, skill, and parental wellbeing influence the infant feeding options available to families.

People: Community and Workforce



- An overstretched workforce does not have the space or capacity to work differently. Old, inefficient processes waste everyone's time and frustrate residents.
- Many residents trust VCS services and have better relationships with them than statutory services. They are an essential part of the local system and could be commissioned directly

Access: Addressing Inequalities



- Language Barriers mean residents are not able to make appointments or communicate needs, and don't understand diagnoses, advice or implications for theirs and their child's health and wellbeing.
- Eligibility criteria is often confusing for residents, volunteers and professionals. This puts people off accessing services they are entitled to and impacts early intervention.
- Negative experiences of statutory services are common amongst our most vulnerable residents creating mistrust of NHS services which needs to be addressed.

System learning

Learnings from our Approach

Creating a Safe Environment

Breadth of Engagement

Respecting the rhythm of the neighbourhood

Walworth Living Room collaboration

Understanding & navigating the commissioning landscape

Being inspired, energized and challenged by the community

Investing in building our Programme Team

Slowing Down

Asset Focused

Openness to learning and flexibility while maintaining the scope

Facilitating in a way so that the whole team can understand the approach and enact it

Trust

Integrating with & working alongside existing work

Virtual vs in Person

Community Leadership & Voices

Communicating & Networking

Next Steps – 'Test & Learn Phase'

Emerging Focus Areas

Planned Workstreams

Mental Health & Wellbeing

Eating Well & Nutrition

People: Community and Workforce

Access: Addressing Inequalities

Holistic Neighbourhood Family Coaching

Weaning

to be codesigned with families, volunteers and professionals

Data Sharing

Neighbourhood MDT

Practice Guide Development

Develop a centralised guide for working with families expecting a baby or with a child under 2. The guide will include advice and information from all relevant, local initiatives and services.

Workbook / App Development

Develop a workbook (physical and digital versions) for families to work through alongside their coach to track their child's development, find key information, advice & services.

Data Sharing

Explore sharing data between organisations (statutory and community) to ensure that families are connecting with services at the appropriate time, to enable cross-organisational working and to prevent duplication of work.

Neighbourhood MDT

Establish a Camberwell Maternity & Early Years Multi-Disciplinary Team made up of social care, health and voluntary sector professionals to collaborate, share information and ensure families are being supported by the most appropriate services.

Develop a Neighbourhood Family Coaching Model

Circa 30 families, representative of the local population, receive bespoke regular coaching from a member of the local MDT to ensure that the specific needs of the family and baby are met, to record challenges in accessing services or necessary support.

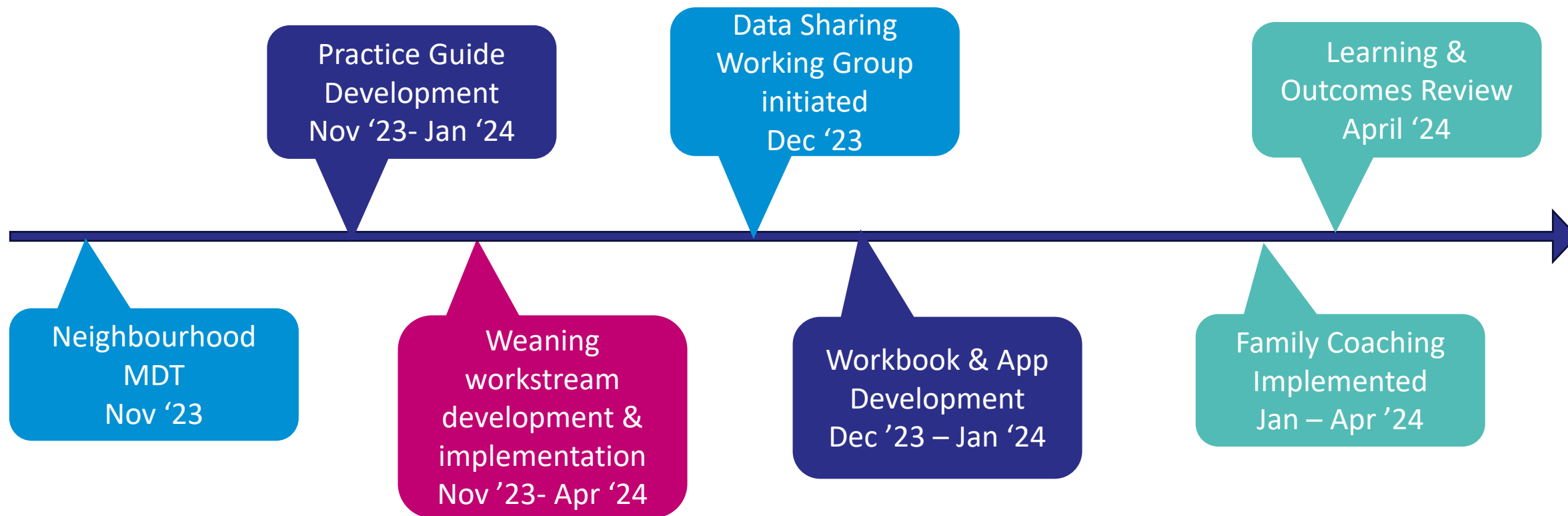
Review Coaching Data & Outcomes

Learning from the coaching sessions, shared data and MDT meetings are used to further refine the Practice Guide & Workbook and to inform the development and commissioning of local services.

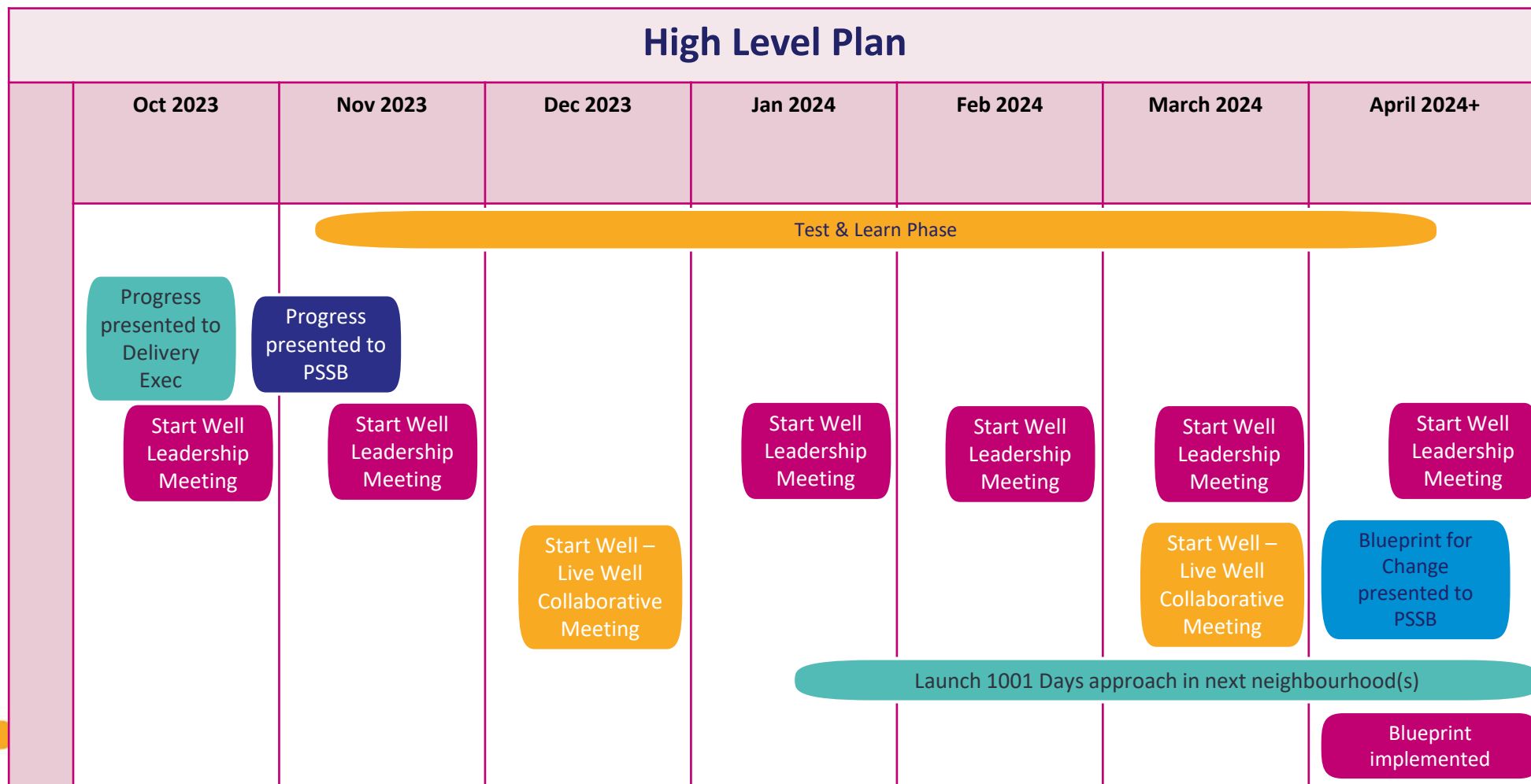
Weaning

Possible interventions to be codesigned and tested with people with lived, learned, and professional experience within Camberwell. Other workstreams such as data sharing, the neighbourhood MDT and workbook will likely feed into this work.

Test & Learn Phase Timeline



1001 Days Spread and Scale high level plan (draft)



Considerations for the Board

- Ratification for the approach & development of the 1001 days support model.
- Cooperation in the accessing and collating of data from Public Health, GSTT, Kings, Family hubs, and VCS.
- Integration of the model into Family Hubs incorporating It Takes a Village.
- For support and commitment across statutory services to develop coaching expertise and time to support these families.
- For wider family services to work with us on spreading and scaling the model.

Partnership
Southwark



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

Start Well 1001 days

Outcome Framework

Initial recommendations

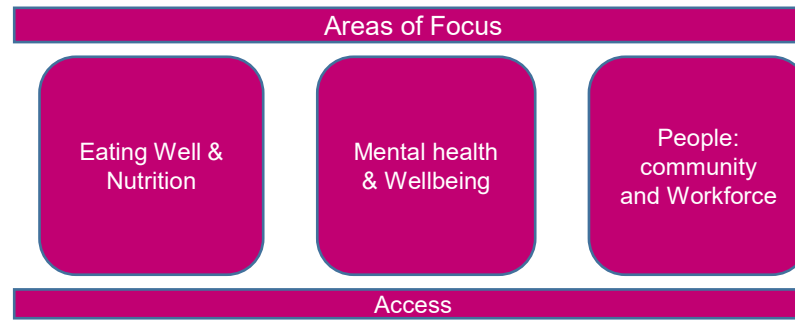
November 2nd 2023

The Board are asked to:

- provide feedback on the format and the content, including the degree of detail
- provide support as required with data collection for reporting purposes, including GSTT, Public Health, SLaM, voluntary and community sector service providers, SEL BI team, Southwark Council

Operational Measures to be developed in the next phase of the programme.

Short term (ST) 18 months
 Med term (MT) 18 months – 3 years
 Long term (LT) 3 – 5 years
 Health Inequality (HI)



BOARD LEVEL – OUTCOME FRAMEWORK

Indicator (Short/Medium /Long term)	Source	Note
ST HI % of woman and people who are known to be smokers at the time of delivery	Public Health Outcomes Framework	Will be part of the Maternity dashboard
ST % of women placed on continuity of midwifery carer pathway by 28 weeks	JSNA & CORE20	Will be part of the Maternity dashboard
ST New birth visits within 14 days	PHOF	This might be possible from the Maternity Dataset, not currently planned to be in the Dashboard.
ST % of infants who receive a 6–8-week review by the age of 8 weeks	HWBS	This might be possible from the Maternity Dataset, not currently planned to be in the Dashboard.
ST % of 12-month development reviews (health review 1) completed by the time the child turned 12 months	HWBS	Awaiting GSTT community data
ST Emergency admissions 0-1 yr. olds	SUS / ICB BI	Could be linked with Alison Roberts for CYP dashboard
ST BMI of Mothers (diet / obesity in pregnancy)		This might be possible from the Maternity Dataset, not currently planned to be in the Dashboard. Discussions will need to be held with JK.
MT % of booking appointments by 10 weeks of pregnancy	Joint Strategic Needs Assessment & Health & Wellbeing Strategy	Will be part of the Maternity dashboard
MT Baby's first feed breastmilk	PHOF	Will be part of the Maternity dashboard
MT Breastfeeding coverage at 6 - 8 weeks	PHOF	Will be part of the Maternity dashboard
MT Low birth weight		To be sourced from Maternity Dataset
MT HI Parental Mental Health		Review current metric in Maternity Dashboard
LT % of children achieving a good level of development at 2 - 2 1/2 years (also pick up completion rate of reviews)	PHOF	Awaiting GSTT community data
LT Multiple measures of immunisations and vaccinations (focus on added local value above that of existing vaccines taskforce)	PHOF	
LT % of children achieving a good level of development by the end of Early Years Foundation	PHOF	Data source TBD
LT HI % overweight / obese children in Reception	PHOF (C09A)	Will be within CYP dashboard
LT Tooth decay in 5 yr. olds	PHOF	Data source TBD
LT Infant mortality rate		Further discussion needed with BI team
LT Children In Need rate		Data available via Southwark Council Best Start for Life data
LT Child Protection rate		Data available via Southwark Council Best Start for Life data
LT Children Looked After		Data available via Southwark Council Best Start for Life data

Qualitative Feedback/impact:

“For me it has been a very positive experience. It was clear that the team valued PACT and its contribution to supporting families with young children, our relational approach and what they could learn from us. As a result, PACT has been included in important start-well and live-well conversations to share our experience and to bring forward parents' voices.

Partnership Southwark have connected with the PACT community to listen, understand and learn some of the challenges and possible solutions. The team has attended several MumSpace/Espacio Mama groups to directly listen and engage with parents. For example, Kieron Williams came along to visit Espacio Mama last year, listening to concerns about the poor experiences of parents when they interact with Housing staff. As a result, training is being planned for Housing staff to address and improve their practice around interacting with vulnerable families. 1001 Days has replicated this, making multiple visits to MumSpace / Espacio Mama groups and using what they hear to shape next steps.

I feel very positive about this collaborative way of working and the potential impact on parents and the 10001 days of our children.”

CCPL – CVS rep 1001 days

“Working with Partnership Southwark feels like genuine partnership. There is no hierarchy, we are all working together to get better outcomes for families in Southwark.

The team are bringing in a wider variety of voices and range of services to get the best outcomes we can.”

Children & Families Centres Strategic Hub Lead – Camberwell & Dulwich

Transformation Lessons learnt:

- There are clear benefits of working in a non-hierarchical way as this drives more innovative solutions and creates a collaborative culture.
- Building trust has addressed inequality and reduces complicated dynamics between residents and service providers.
- Respecting the rhythm of the neighbourhood and slowing down.
- Working with complexity; taking account of interdependencies and looking at the system holistically.
- Communicating and networking: Proactively and consistently linking in with potential links and relevant partners.

Partnership Southwark Strategic Board

Cover Sheet

Item: 4
Enclosure: 3

Title:	South East London ICS Voluntary, Community and Social Enterprise (VCSE) Charter
Meeting Date:	2 November 2023
Author:	Tal Rosenzweig
Executive Lead:	Integrated Care Partnership

Summary of main points

The purpose of this paper is to share the latest version of the draft SEL VCSE Charter and proposed next steps for its implementation with PSSB, to seek steer and insight from the board on our system's plans for next steps for collaborative-engagement and implementation, which we would like to invite discussion on.

The SEL VCSE Charter was initiated by the Integrated Care Partnership (ICP) In April 2023. Cross-system collaborative work has taken place across SEL over the last six months to develop the Charter. It sets out four, high level commitments (summarised below), as well as the rationale for each and some specific actions the ICP and ICB are invited to take:

- 1) We will treat the VCSE sector as a full strategic partner in setting strategic direction and in system planning, in addition to its role in delivery services;
- 2) We will increase funding provided for the VCSE sector and secure services in ways that deliver greater social value;
- 3) We will ensure proportionate procurement and contract monitoring processes that will reduce the transactional burden for commissioners and providers and ensure a level playing field for VCSE organisations;
- 4) We will invest in strengthening the VCSE sector's infrastructure so that it can play an effective role in the strategic leadership of our system and service delivery.

The charter also proposes continued joint working between the VCSE sector, ICB, the ICP and the organisations in our ICS to implement these commitments.

We are now at a key time of developing implementation plans, working towards making the commitments in the charter a reality across our system. As we understand that a lot of this work will happen at Place and neighbourhood level, we are seeking to explore how can Charter implementation best support and enhance local plans and work.

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

Action requested of PSSB

- Discussion on our system's plans for next steps for collaborative-engagement and Charter implementation.
- Discussion on how can SEL VCSE work support and enhance local collaboration with VCSE sector

Item Impact

Equality Impact	The SEL team is seeking feedback on the charter and implementation prior to undertaking an equalities impact assessment
Quality Impact	The charter outlines equality of VCSE engagement to increase social value and include wider psycho/social consideration to the provision of care that overtime will improve quality and outcomes for patients
Financial Impact	The charter outlines recommendations which will have financial implications for funding the VCSE overtime to yield an increase in social and financial return on investment
Environmental Sustainability Impact	N/A
Medicines & Prescribing Impact	N/A
Safeguarding Impact	N/A

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

The draft charter and planned next steps have been discussed with:

- **SEL VCSE Strategic Alliance**
- **LCP boards and execs**
- **SEL ICB execs**
- **ICP (April & July)**

Charter for partnership with the voluntary, community and social enterprise sector

1. Purpose

- 1.1. The voluntary, community and social enterprise (VCSE) sector in South East London (SEL) is a vital source of knowledge and expertise for our health and care system. Organisations within the sector have unique relationships with and understanding of our communities and innovative perspectives on how to deliver care. As partners we have worked well with the sector and tested new ways of working, not least during the pandemic.
- 1.2. As a system we understand that to achieve our shared vision of a healthy, happy and resilient SEL population we must invest in health-creating and preventative care, tackle health and care inequalities and support our communities to be resilient and connected. This is what the people and communities of SEL have told us they want and need. We know that most of such services are placed within the VCSE sector, particularly within smaller, community-based grassroots organisations. Therefore, we can only achieve our shared goals through more effective collaboration and power sharing with the VCSE sector, across our system, and the appropriate resourcing of the VCSE sector to deliver its role in our system. This charter plays a vital part in driving the impact and change we want to see for the people and communities of SEL.
- 1.3. The sector is eager to support our Integrated Care Board (ICB) and Integrated Care Partnership (ICP) in delivering these objectives. There are already many examples of effective partnership working between the statutory sector and the VCSE sector. However, there are a number of obstacles currently holding us back. The sector has identified in particular:
 - a) a need to collaborate consistently with the sector as an equal strategic partner, so that it can bring its expertise to the table in strategy and planning as well as in service delivery;
 - b) a short term and unpredictable approach to funding for some contracts, which undermines the sector's ability to act as a full partner and risks excluding smaller organisations from delivering services;
 - c) the complexities of transacting with the public sector in relation to some services, which reduces the resources available for frontline provision and restricts the sector's ability to innovate;
 - d) the need for the VCSE sector to have sustainable and resilient infrastructure.
- 1.4. This first Charter is designed to remove or mitigate the impact of these obstacles, enable cross-system partnership working and enable the VCSE sector to make as full a contribution as possible, where appropriate, to delivering our shared vision for our people and communities. We know that the VCSE sector, like SEL, is wonderfully diverse and that much of the collaborative work this charter calls for will take place through the Local Care Partnerships in our six boroughs. This will require us to develop and apply a wide range of approaches to reflect the unique needs of the boroughs and the VCSE organisations operating within them. We will particularly look to support and strengthen the work of smaller, equity-led grassroots organisations, who are embedded within and have trusted relationships with underserved and marginalised communities across SEL.

- 1.5. This Charter commits us to collaborative action and, as the work progresses, should lead to a fundamental step change in the way we collaborate and work with the VCSE sector across SEL, enabling a greater positive impact for the people and communities of SEL. Twelve months into operation, we will review implementation and modify, amend or enhance this Charter as required.

2. Approach

- 2.1. Our approach has been to work together to identify the obstacles to better collaboration and define actions that can be taken by all organisations in the SEL system to strengthen our partnership.
- 2.2. We know that currently our system is managing significant financial challenges, and all partners have limited resources and capacity. We are collaborating to overcome those challenges, and see the implementation of the Charter as a vital part of the solution, creating a positive and sustainable impact for our people and communities.
- 2.3. Neither our ICB nor our ICP has the statutory powers to impose requirements on the organisations in our system, all of which have their own constitutions, governance and legal requirements. However, senior leaders from across organisations and sectors in our system are members of the Board and Partnership and have the authority to influence their organisations' and sectors' approaches.
- 2.4. This Charter is constructed to reflect this reality. In order to do this:
 - a) it makes four high level commitments in **bold** that aim to set a clear overarching direction for the system that all partners can sign up to but can be implemented in a way that respects democratic and other institutional mandates;
 - b) describes the rationale for making the commitment and the intent behind it to help in the formulation of action by partners to meet the commitment;
 - c) sets out some specific actions that the members of the ICP and the ICB are invited to take subject to approval through their own governance processes; and
 - d) Proposes continued joint working and commitment to support each other in this work between our Board, our Partnership and the organisations in our Integrated Care System (ICS) to implement the commitments in this Charter and evaluate the impact of this collaboration.

3. Developing a Strategic Partnership

We will treat the VCSE sector as a full strategic partner in setting strategic direction and system planning, in addition to its role in delivering services.

- 3.1. VCSE organisations bring unique expertise and insights about the needs of our populations and how they can best be met. If we are to deliver our shared vision, as detailed in the Integrated Care Strategy, we will need to harness the VCSE sector's full contribution to the strategic leadership of our system.

- 3.2. This should include helping to develop our understanding of the needs of our population, contributing to discussions on allocation of our resources and planning of services, and actively participating in work to reshape services and transform care.
- 3.3. To do this, we will need to ensure that there are greater opportunities for VCSE partners to participate in strategic leadership and share decision-making. We will need to create new leadership opportunities and provide funding for the VCSE to participate in the leadership of our system, and in particular for smaller, equity-led grassroots organisations who don't currently have an equitable strategic voice in our system.
- 3.4. We will also need to support VCSE leaders so that they can participate as equal partners and help to develop the infrastructure that will allow the VCSE sector to contribute effectively to strategic decision-making.
- 3.5. We will also need to support sector leaders to create greater opportunities for collaboration within the sector. We will need to ensure that this reflects the diversity of the sector, and that we are actively enabling grassroots and smaller VCSEs to play an equitable part, as they often represent the most underserved and marginalised groups and communities and are historically underrepresented in current partnership arrangements.
- 3.6. Meeting this overarching commitment will require changes in culture and approach by the ICB and the organisations represented in our Partnership and our Integrated Care System. A key aspect of this will be building trust and transparency between ICS partners and the VCSE sector.
- 3.7. The VCSE sector will need to develop effective arrangements for bringing the breadth of expertise of different types of VCSE organisations to support addressing our strategic challenges.
- 3.8. The Board and the Partnership commit to championing:
 - a) an active VCSE role in the strategic leadership and planning of our system in all relevant aspects of our system's work including SEL-wide arrangements and within our Local Care Partnerships;
 - b) diversifying our strategic collaboration with the VCSE sector, broadening the range of organisations we collaborate with, including smaller community-led organisations, to ensure it represents SEL's diverse communities;
 - c) continued funding and equitable access for VCSE leaders to opportunities for training and development in system leadership and innovation;
 - d) fair remuneration for VCSE organisations' contribution to the strategic leadership of our system.
- 3.9. The ICB and the members of our ICP will:
 - a) follow a cross-system structured process to ensure equitable power sharing and trust building with VCSE organisations (with a particular focus on grass roots and "by and for" organisations), including ensuring VCSE organisations have equitable influence in decision-making on strategy and planning at different levels;
 - b) ensure full cost recovery for the VCSE sector for its participation in the strategic leadership of our system; and
 - c) ensure infrastructure support for the VCSE sector as detailed under section 6 of this charter.

4. Providing Fair and Sustainable Funding

We will increase funding provided for the VCSE sector and secure its services in ways that deliver greater social value and support health creation and prevention.

- 4.1. Our Integrated Care Strategy commits our system to action to: improve how our system protects people's health and prevents illness; develop more holistic, whole-person care that addresses people's health and social needs; address health inequalities and to use our economic power as an employer and purchaser to improve the resilience of our communities.
- 4.2. Our strategy also highlights the need for closer joint working with our communities to develop more tailored and culturally appropriate services that better meet the needs of underserved and marginalised communities.
- 4.3. At present, however, only a small amount of our funding is directed to VCSE organisations and activities that will enable us to deliver our vision and strategic priorities. To deliver the strategy, we will need to increase funding for VCSE organisations to sustain the impactful work the sector does particularly supporting prevention, health-creation, tackling interrelated health and social challenges, delivering care in ways that work for underserved communities and reducing health inequalities.
- 4.4. We will need to redirect funding to achieve these objectives, whilst recognising the constraints on overall resources. If we want to enhance the impact of VCSE preventative work in SEL, we also need to provide funding for VCSE organisations in ways that allow them to hire staff, invest in infrastructure and work in effective partnership with public services.
- 4.5. To help meet these challenges, the ICP will commit specifically to champion:
 - a) a longer-term strategic approach to funding for VCSE organisations where this would enable more effective partnership working and better care for our communities;
 - b) providing funding for local "by and for" VCSE organisations where these are best placed to connect with and deliver effective care for local communities; and
 - c) innovative ways of commissioning and contracting including through alliances of statutory and VCSE organisations, where this can deliver improved outcomes and integrate care.
- 4.6. The ICB and ICP will:
 - a) target its inequalities funding towards VCSE-led interventions and approaches wherever this will best meet the needs of disadvantaged populations and communities;
 - b) increase the use of arrangements that offer multi-year funding for partner organisations where this will allow them to work in better partnership with public services and deliver better support for local people; and
 - c) provide funding in ways that allow organisations to bring their own insights and apply innovative approaches to supporting our communities, rather than replicating traditional approaches to delivering public services.

5. Reducing bureaucracy and supporting innovation

We will ensure proportionate procurement and contract monitoring processes that will reduce the transactional burden for commissioners and providers and ensure a level playing field for VCSE organisations.

- 5.1. In addition to targeting resources effectively, we need to allocate resources in ways that allow us to engage the most effective organisations within our system, support the development of strong partnerships and enable innovation.
- 5.2. While competitive tendering can be an effective tool for awarding some types of contracts, other forms of public procurement may be more suitable in particular circumstances. Some approaches to procurement can undermine partnership working and innovation, exclude smaller organisations (such as grassroots VCSE organisations) or impose unnecessarily high costs, rather than effectively securing the most effective providers and value for money.
- 5.3. Given these challenges, the ICB will review current approaches to tendering for contracts and develop policies and frameworks to ensure that we deploy the most effective procurement processes for different types of services, with the aim of ensuring the most effective use of public funds.
- 5.4. The Board and Partnership will develop their understanding of the range of options for procuring services within the current legal framework and the circumstances in which different procurement routes would be most beneficial (bearing in mind some of the differences in the application of procurement law between NHS organisations and Local Authorities).
- 5.5. They will explore further how they can procure services in ways that enable partnership working and innovation, maximize social value and avoid unnecessary costs.
- 5.6. The ICP will sponsor a project with the VCSE alliance to better understand the challenges that VCSE organisations, in particular smaller VCSE organisations, face in bidding for funding and delivering contracts.
- 5.7. The ICB and the ICP will develop a set of principles or framework for our Integrated Care System to enable the most effective procurement of health and care services. This should seek to:
 - a) enable partnership working between public services and partner organisations including the VCSE in delivery of services;
 - b) enable innovation in approaches to delivering services, for example to better meet the needs of deprived populations;
 - c) help to level the playing field for VCSE organisations and allow smaller VCSE organisations to bid for contracts and deliver services where they would best meet the needs of our communities;
 - d) secure local VCSE providers where they would best meet the needs of our communities and maximise social value;
 - e) avoid unnecessary costs for commissioners and providers while ensuring value for money and appropriate oversight of public funds.

6. Building supporting infrastructure

We will invest in strengthening the VCSE sector's infrastructure so that it can play an effective role in the strategic leadership of our system and service delivery.

- 6.1. To be able to play an effective role in the strategic leadership of our system and in delivering health and care services, the VCSE sector needs to be able to access the type of infrastructure that is available to NHS organisations and other partners.
- 6.2. Large providers in our system like the NHS have access to infrastructure including communications systems, data systems, analytics capability and estates which can be utilised to strengthen the VCSE sector and enable it to make a greater contribution to delivering our objectives.
- 6.3. The ICB and NHS organisations within our Integrated Care System will:
 - a) work in partnership with the SEL VCSE Strategic Alliance to understand how we can best support VCSE sector organisations infrastructure needs, with particular focus on the needs of small and medium VCSEs, to enable greater social impact;
 - b) enable more effective sharing of data and insight between the VCSE sector and the NHS subject to data protection and other legal requirements, where this would enable the VCSE to work in more effective partnership with public services and deliver better care;
 - c) provide the VCSE sector with access to NHS estate at affordable rent or for free wherever this is practically feasible and where it would enable the VCSE sector to work in stronger partnership with public services and better serve our people and communities.

Partnership Southwark Strategic Board

Cover Sheet

Item: 5
Enclosure: 4

Title:	State of the Voluntary and Community Sector October 2023 Update
Meeting Date:	2 November 2023
Author:	Anood Al-Samerai
Executive Lead:	Anood Al-Samerai

Summary of main points

Update on State of the Sector work since the launch six months ago

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

Action requested of PSSB

To continue supporting the VCS with the State of the Sector recommendations

Item Impact

Equality Impact	The update recognises the SEL VCSE charter and the need to have the sector involved to ensure we improve the cultural appropriateness of the health and care services to reduce health inequality.
Quality Impact	The report points to a wider recognition of the value that VCSE services bring in terms of improved patient outcomes.
Financial Impact	The state of the sector update report notes the increase in funding and also outlines the need for increased funding to the sector.
Environmental Sustainability Impact	N/A
Medicines & Prescribing Impact	N/A
Safeguarding Impact	N/A

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

State of Southwark's Voluntary and Community Sector (VCS)

October 2023 update

Background

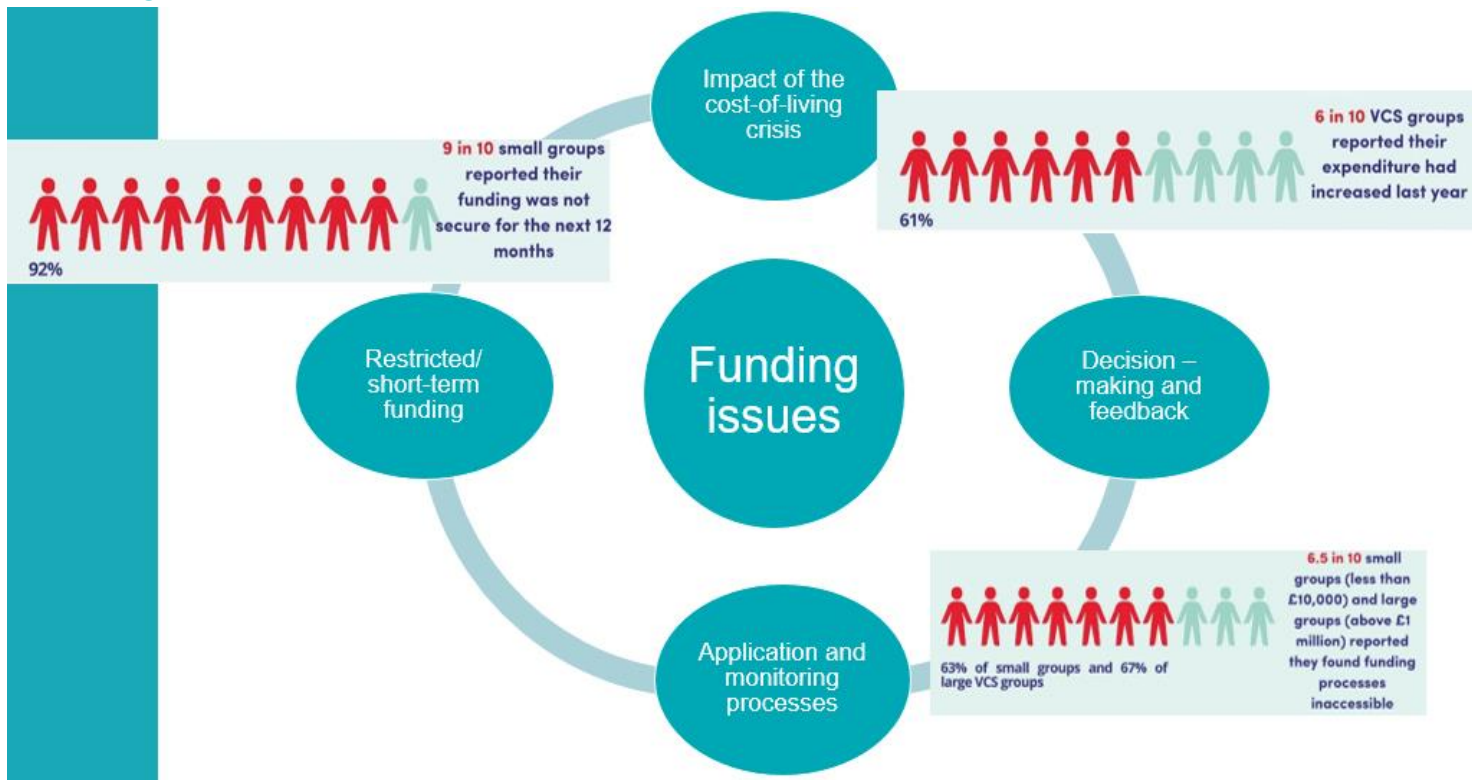
The [State of the Sector report](#) was launched in April 2023, bringing together contributions from over 200 VCS groups in the borough.

It highlighted funding, premises, and statutory partner relationships as key challenges for the sector and emphasised the need for working strategically and in partnership to address these.

This update, six months on, sets out progress in the key challenges.

Funding

Funding: issues



The report proposed a funding action plan in three areas:

- The top 20 Southwark funders signing up to six key principles
- Piloting new ways of doing funding differently.
- Community Southwark offering more direct fundraising support.

The six key funding principles were:

1. Give core, unrestricted, multi-year grants
2. Simplify fundraising.
3. Take risks to reach new groups
4. Be flexible and timely
5. Be open, transparent, and willing to listen to grantees
6. All use the same process

Top 20 funders signing up to the six principles

The Funding Working Group is made up of funders, VCS groups and representatives from the council and Partnership Southwark. It met in June and a full report from the meeting is [here](#)

The working group agreed that it would focus on working with funders to follow the six principles. It is working on a shared spreadsheet so that ownership and progress of relationships and conversations is clear. The next meeting is scheduled for 6th November and will update these conversations and feed into the council's plans for a single neighbourhood pot of funding.

Piloting funding differently

Community Southwark has been supporting three grants pilots:

- Thriving Communities: £100,000 from Partnership Southwark. Further information is [here](#)
- Race Equalities and Cultural Heritage alliance and Latin American Network Inequalities Panel: £103,000 from Partnership Southwark and SLaM
- Southwark Council Equalities Grant: £400,000 (£200,000 ring fenced for BAME-led groups)

We are grateful to funders who have not only given funds, but who have also been willing to take risks and do things differently. So far, feedback has been extremely positive from the VCS about easier application processes, involvement in making decisions, and open and trusting funders.

More direct fundraising support

Southwark Council's Exchequer Department has funded workshops and one to one support with writing funding applications to the National Lottery's Cost of Living Fund. These have been targeted at VCS groups which made referrals to the council's Cost of Living Fund last year. 20 groups attended the workshops and nine applications have been submitted. More information is [here](#)

We have also been working with a livery company, Merchant Taylors, on a similar project to make their application processes more accessible and to support groups with making applications. These workshops are due to take place in November.



Premises

Premises: issues

Affordability

- 46% of groups do not have premises which they consider to be affordable
- This is higher for BAME groups, at 58%

Suitability and condition of premises

- 54% of groups do not agree that their premises are in good condition

Transparency

- Research from Centre of London noted that there are 24,000 commercial spaces going unused, as of 2018



VCS Premises Project

Our first Premises Working Group was held on 3rd July 2023 and brought together VCS groups (some of whom have space), funders, the council, and businesses. Tim Borrie from NHS Estates was unable to attend but asked to be kept involved. The group identified the need for:

- short term activity to match space with need,
- medium term action to analyse supply and demand and create a matching process,
- longer term shaping of policy and practice e.g. the council's affordable workspace strategy, Land Commission recommendations, and the direction of the Property Department

Southwark Council and United St Saviour's have agreed to match fund a VCS Premises and Policy Officer at Community Southwark to progress these actions. The role will be part based at the council for approximately two days per week to be a voice for the VCS in Planning and Property.

Land Commission

The [Land Commission](#) report was launched on 12th September 2023 with these recommendations:

1. Put social purpose at the heart of land use
2. Map what's there and what isn't
3. Take control of our land and assets
4. Defend and extend affordable accommodation for all
5. Cherish our natural capital and decarbonise our land
6. Give the community real power and voice
7. Disrupt the status quo to unlock bigger changes

The Commission was made up of representatives from the NHS, the council, the church, TfL, Community Southwark, academics, and others. Agreeing to consider social purpose and to have greater community involvement in decisions about land is very much in line with the State of the Sector research. Community Southwark is keen to support making the Land Commission recommendations a reality and the new VCS Premises Officer post will assist with this.

Statutory relationships

Relationships: issues

Communications

- E.g. listening, following through, inaccessibility, circulating information at short notice, and slow or no responses, excessive use of jargon

Decision making

- What does 'co-production' mean?
- Grassroots organisations feel particularly excluded from decision-making processes

Commissioning

- Grants vs. contracts
- Jargon, legal technicalities, and cross-departmental nature of commissioning make this very difficult for the VCS to engage with

Six principles

We are pleased that statutory partners have signed up to the principles set out in the report:

1. **Communicate clearly, honestly.** Talk with us, not at us. Come to the VCS, don't expect it to come to you. Use Plain English, visual imagery, and short documents. Give proper notice of meetings, events, and consultations.
2. **Respect regular contributors and reach out to groups you don't already know**, especially smaller historically under-represented ones.
3. **Always feed back**, even when you don't have any progress to report.
4. **Respect and pay for VCS time and expertise.** Understand the VCS does not always operate during 'working hours'.
5. **Don't assume you know best** – VCS organisations are embedded in local communities and often more trusted by them. Engage the VCS in decision making. And if you say you're going to make decisions with the VCS, be sure that is what you intend to do and be prepared to let go of power to do so.
6. **Celebrate the VCS and allow it to be critical** without using your power and money to make that uncomfortable.

The challenge is, of course, making sure these happen in practice and we continue to work with partners to highlight positive and negative experiences for the VCS. The VCS South East London ICS Charter work is also helpful in emphasising these areas for continued working.



Commissioning

The State of the Sector research recognised that the current commissioning system excludes smaller VCS groups (as opposed to national providers) and does not feel to be open or transparent. The VCS SEL ICS Charter also recognises this. We need to understand why funding is decided to be a grant or a contract and there are several live examples of where commissioning is failing the VCS and the communities it serves. However, we also acknowledge that the VCS itself needs to review how commissioning works and how it could work better. This is an ongoing piece of work which we hope can be done with South East London colleagues as capacity for Southwark's VCS is already stretched given many of the areas we have outlined above where work is taking place.

Other areas for support

State of the Sector highlighted some other areas for support including:

- **Grass Roots Groups.** These groups are generally not formally constituted and are volunteer. The research showed that these smaller groups find funding, premises, and statutory partnerships even more challenging. Community Southwark is exploring, with VCS members, setting up a network to bring grass roots groups together to share challenges and to explore what different types of support would be helpful.
- **Corporate Volunteering.** The National Lottery is funding a new corporate volunteering project for three years to build relationships between businesses and the VCS to share skills and resources. This started in September 2023 and has already given eight VCS groups corporate support with business planning. An accountancy workshop for six to eight VCS groups is taking place in November and a Business brunch event with the Team London Bridge Business Improvement District is to be held on 28th November.

Recommendations for Partnership Southwark

- Continue to 'fund differently', building on the positive work in the grants pilots.
- Closely monitor alignment to the six funding principles.
- Work with the new VCS Premises Officer (when in post) to explore opportunities and challenges for specific premises and the wider Land Commission recommendations.
- Challenge colleagues about whether they are adhering to the principles of engagement with the VCS and regularly explore how it can be done better.
- Work with the VCS to change commissioning so that funding to deliver services reaches VCS groups embedded in and trusted by the communities most impacted by health inequalities.



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.

Future Location of Very Specialist Children's Cancer Services

NHS England has launched a public consultation to hear comments on the future location of very specialist children's cancer services across South and South East England. The options include siting the service at Evelina London Children's Hospital or St George's Hospital.

Specialist children's cancer services for our region are currently provided by The Royal Marsden NHS Foundation Trust. Each year, a number of children with cancer or following cancer treatment also receive care from Evelina London's specialist services.

The consultation closes on Monday 18 December 2023. It is important that NHS England hears from a wide range of people who care about the future of these important, highly specialised children's services. Please do take the time to respond to the consultation as your voice matters. [You can find out more and respond to the consultation here.](#)

Southwark Winter planning 2023/24

Southwark health and care leaders are committed to providing the right support at the right time to enable residents to stay well at home for as long as possible, and to get home after a hospital stay as quickly as possible.

For Winter 2023/24, agreements have been made to support admission avoidance and timely discharge through–

- Opening additional 20 nursing beds at a local home – commissioners are in negotiation to finalise cost and delivery period to ensure the beds come online safely and with the right support in place.
- Operationalising additional rooms at the Avon – the Avon unit was opened in summer 2023 and will provide additional discharge to assess, Reablement, and nursing bed capacity in-borough to support winter pressures. The Avon is also enabling test and learn to also consider step down options such as onward re-abling approaches.
- Expansion of additional step-up/step-down flats and exploring with GSTT potential community therapies outreach.

Public Health colleagues in Southwark are also coordinating a number of Winter Schemes to help residents to stay well over winter. Winter schemes include:

- Offering vaccinations at Southwark Cost of Living Roadshows and in reach into supported accommodation services and focus on how to support homeless people with vaccinations.
- Warm Spaces offered and promoted to residents, warm spaces will use learning from last winter to improve uptake and signposting this winter.
- Meal support to warm spaces through [Felix meals](#) – this was successful last year and the aim is to establish the offer earlier in winter this year, the offer includes culturally appropriate food.



- [Holiday Activities and Food \(HAF\) programme](#) for children and young people will run over the winter period. This is an in-person option for families who require additional support, to supplement the holiday free school meals vouchers.
- Ongoing cost of living support and fuel poverty interventions for Southwark residents will take place throughout winter.
- Planning is underway to offer beds for rough sleepers when the temperature drops to 0 degrees Celsius. Extra beds are being secured and Southwark are working with the GLA to ensure appropriate provision is in place for winter.

Adverse weather preparedness in Southwark

Southwark Council operates a cold weather alert cascade, which alerts services across the council, NHS and voluntary sector when cold weather is expected, and provides guidance on cold weather planning and response to frontline services, health and social care commissioners, providers and the voluntary sector. Alongside this, winter planning work takes place across the council and partner organisations, focusing on issues such as cost of living support and the provision of Warm Spaces, where residents can keep warm and seek support during the winter months (<https://www.southwark.gov.uk/benefits-and-support/cost-of-living-support>).

As part of work to improve local cold weather preparedness and response, a cold weather exercise was held in October, with participants from Adult Social Care, Housing, Primary Care and SEL ICB, as well as the voluntary sector. The exercise identified short and long term actions for improvement around identifying and supporting those most at risk from adverse weather, communications and business continuity.

EPIC – new electronic health record system

October the 5th saw the launch of a new electronic health record system, powered by Epic, across both Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts and Synnovis, the shared pathology provider. Epic has already been deployed successfully across a number of NHS Trusts, and is used by healthcare providers across the world. The deployment of the system across Guy's and St Thomas' and King's is a major step forward for both organisations, and will enable replacement of a number of historic IT systems and paper records currently in use across their hospitals. Epic will, for the first time, also give staff a complete overview of a patient's care, allowing them to work more efficiently and enabling them to spend more time providing direct patient care. Patients will of course benefit from the new system, and a new patient portal – called MyChart – will give them greater access to their health records and more control over their care.

ICB Staff Consultation launched

Following the national directive to reduce management costs by 30% within ICBs over the next 2 years and detailed discussions and pre-engagement of staff on the ICB's functions, the SEL ICB has launched a 45-day staff consultation to seek staff comments and views on management proposals for the future structure of the ICB. Locally, partners have been engaged in discussions about the place structure proposals. The staff consultation closes on the 29th November.



Finance Update

Southwark Place has a delegated budget of £261m for 2023/24. £161m is managed by Southwark place and NHS Contracts for Mental Health (£39m) and Physical Health (£60m) whilst delegated are managed by South East London Commissioning team on a South East London wide basis. The table below shows the reporting position as at the end of September 2023. The borough is reporting an overspend of £1.3m in month 6 which is a small improvement from previous month. Forecast outturn is expected to be an overspend of £1.9m. (month 5 forecast was £4.7m).

Budget Area	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Outturn Variance £'000s
Acute Services	277	135	142	553	70	483
Community Health Services	16,287	15,764	523	32,573	31,310	1,263
Mental Health Services	3,730	4,469	-739	7,460	8,659	-1,199
Continuing Care Services	9,843	9,706	137	19,687	19,448	239
Prescribing	16,015	17,629	-1,614	32,030	35,380	-3,350
Other Primary Care Services	403	378	25	806	756	50
Other Programme Services	83	102	-18	167	204	-37
Programme Wide Projects	150	150	0	300	260	40
Delegated Primary Care Services	31,611	31,611	0	63,224	63,224	0
Corporate Budgets	2,206	1,923	283	4,411	3,796	616
Total	80,605	81,866	-1,262	161,211	163,107	-1,896

Latest prescribing actual data shows improvement from previous month's forecast. Position on mental health placements has also improved as a result of one discharge and potential lower costs due to move on to lower cost setting. Underspends in corporate, acute and other community services are absorbing some of the overspends in prescribing and mental health.

The forecast outturn now reflects financial recovery plans which were identified by the borough as part of SEL financial recovery process. These plans identified net savings of £3.5m. Some of these plans have already been implemented and reflected in the year to date position. Others require wider internal and external discussions and implementation by quarter 4 to realise those savings. Uncommitted budgets in all areas have been frozen as part of this recovery process.

Whilst the Mental Health & Learning Disabilities position represents a significant risk to the ICB Southwark borough position costs have decreased this month due to some changes in placements. The QIPP plan in Mental Health has delivered some savings and behind trajectory on others.

Continuing Health care has improved from last month's reported position. A number of reviews have been completed. Price negotiations with providers has now been completed. Work is ongoing with CHC leads across SEL working together to identify ways to mitigate the underlying cost pressures in CHC.



The new integrated equipment service (ICES) consortium contract with NRS has highlighted several issues and concerns about NRS' operational performance in delivery of the ICES contract and the detrimental impact this is having for residents, partners, and the hospital discharge pathway. Latest data received shows further deterioration with overspend at £613k (42%), (mth 5 £400k- 27%) and likely to increase. This has been included within our Community Services position.

Total savings for 2023/24 for Southwark Place amounts to £4.0m. Savings plans to deliver the 4.5% efficiency (£4.0m) have been identified. A number of these schemes in prescribing, Mental Health and CHC are high risk. The latest position shows that we will not be able to achieve these savings in full. Current forecast shows an under delivery of savings of £509k due to prescribing and mental health savings plan not achieving its planned savings.

Decisions taken at Place

No decisions have been taken at place since the last Board.

Martin Wilkinson
Acting Place Executive Lead

1001 Days Camberwell Listening & Engagement Factbook

Revision History

Version	Date	Author	Summary of Changes
1.0	05.06.23	Carol Yates	1st draft by Carol Yates
2.0	17.08.23	Carol Yates	Updated based on comments from LH and WD.
3.0	07.09.23	Carol Yates	Partner logos added, Background, Existing Pathways, Local intelligence, Conclusions & Recommendations updated.
4.0	12.09.23	Carol Yates, Lisa Hancock	Changes to order and structure, some content moved to appendices to streamline
5.0	20.09.23	Carol Yates, Lisa Hancock	Changes to order, Healthwatch Southwark report added.
6.0	09.10.23	Carol Yates	PACT case studies added, Pause case study amended, input from Programme Delivery Group actioned.
7.0	20.10.23	Carol Yates	Next steps updated to reflect modified plan for next phase.



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Throughout this report we refer to families and parents. For the purpose of the report a parent or family member is a person who plays a significant role in an individual's life. This could be biological parents, grandparents or other relatives, step-relatives, foster or adoptive relatives, those serving in loco parentis and other people operating caretaker roles. Parents who have had children removed from their care and parents who have lost a pregnancy or child are also included in this definition of parents.

Introduction

The 1001 critical days from conception to the age of two set the foundations for an individual's cognitive, emotional, and physical development. Investing in this critical period presents a real opportunity to improve outcomes and tackle health disparities by ensuring that thousands of babies and families have improved access to quality support and services.

The Best Start in Life review (March 2021) sets out comprehensive guidance as to how best to respond to the needs of parents, families, and babies at this important phase of life.

Investing early and having the best start in life has been recognised as a local priority within the Health and Wellbeing Strategy and it being approached in Southwark within the local care partnership (LCP) in two ways:

- 1001 days - neighbourhood approach in Camberwell Green
- With a close alliance to the borough-wide Best Start in Life and Family Hubs development programme, which is a 3-year programme funded by central government.

This document is the result of several months of community engagement and partnership working across Camberwell Green ward, Southwark borough and SE London. This factbook seeks to clearly demonstrate the key learning from the Listening and Engagement phase of the 1001 Days programme. The programme team have combined local intelligence and engagement with residents, public sector and voluntary sector partners with local data and the mapping of both local assets (as defined by stakeholders and residents) and the local system and its workforce.

Although the experience of each family and resident is unique, this document describes the key insights and commonalities found by the programme team to date which will be further explored through the Test & Learn Phase of the programme. While there are few universal experiences for families, particular groups and demographics have shared experiences and needs which need to be respected and recognized throughout the next phases of the programme.

Background

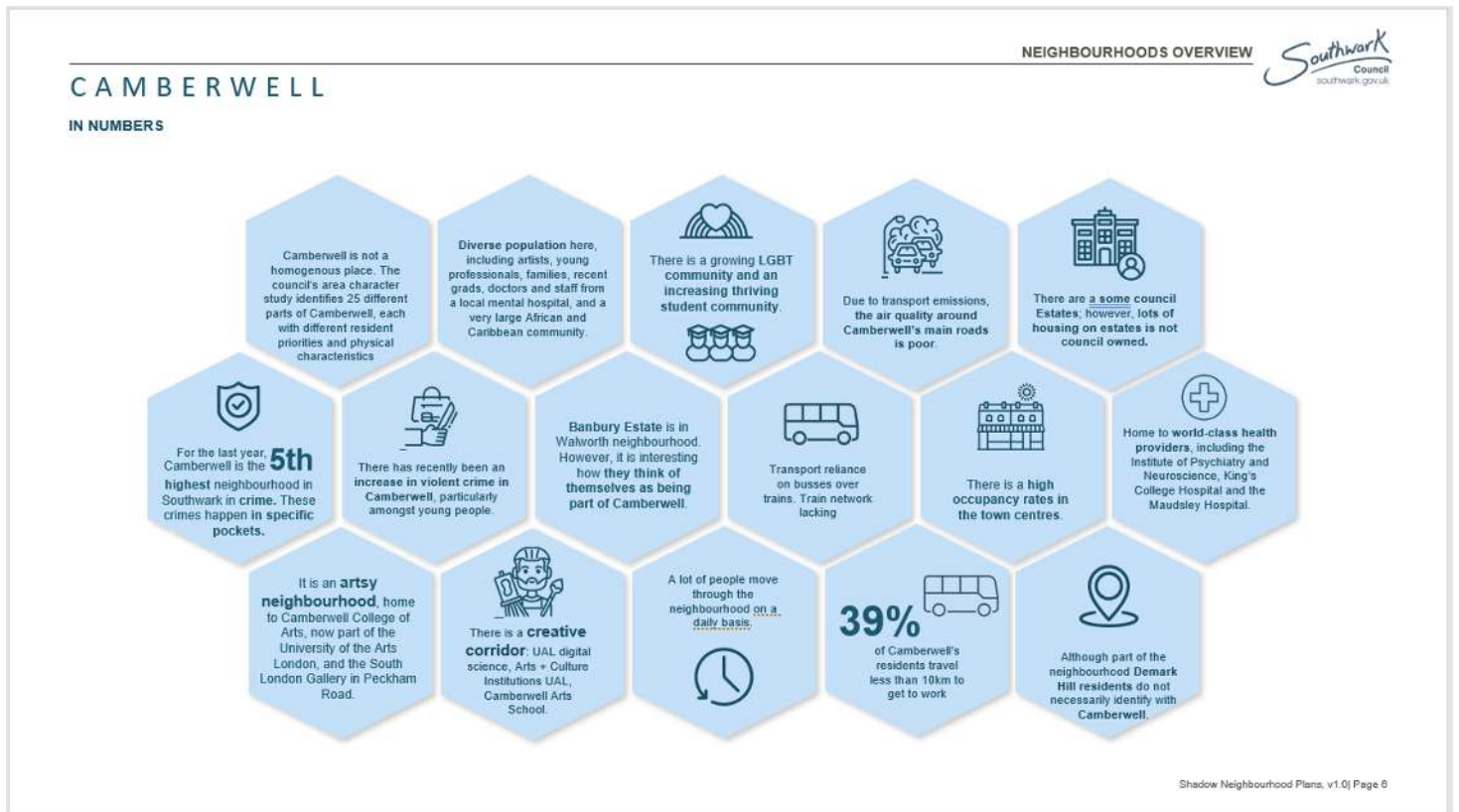
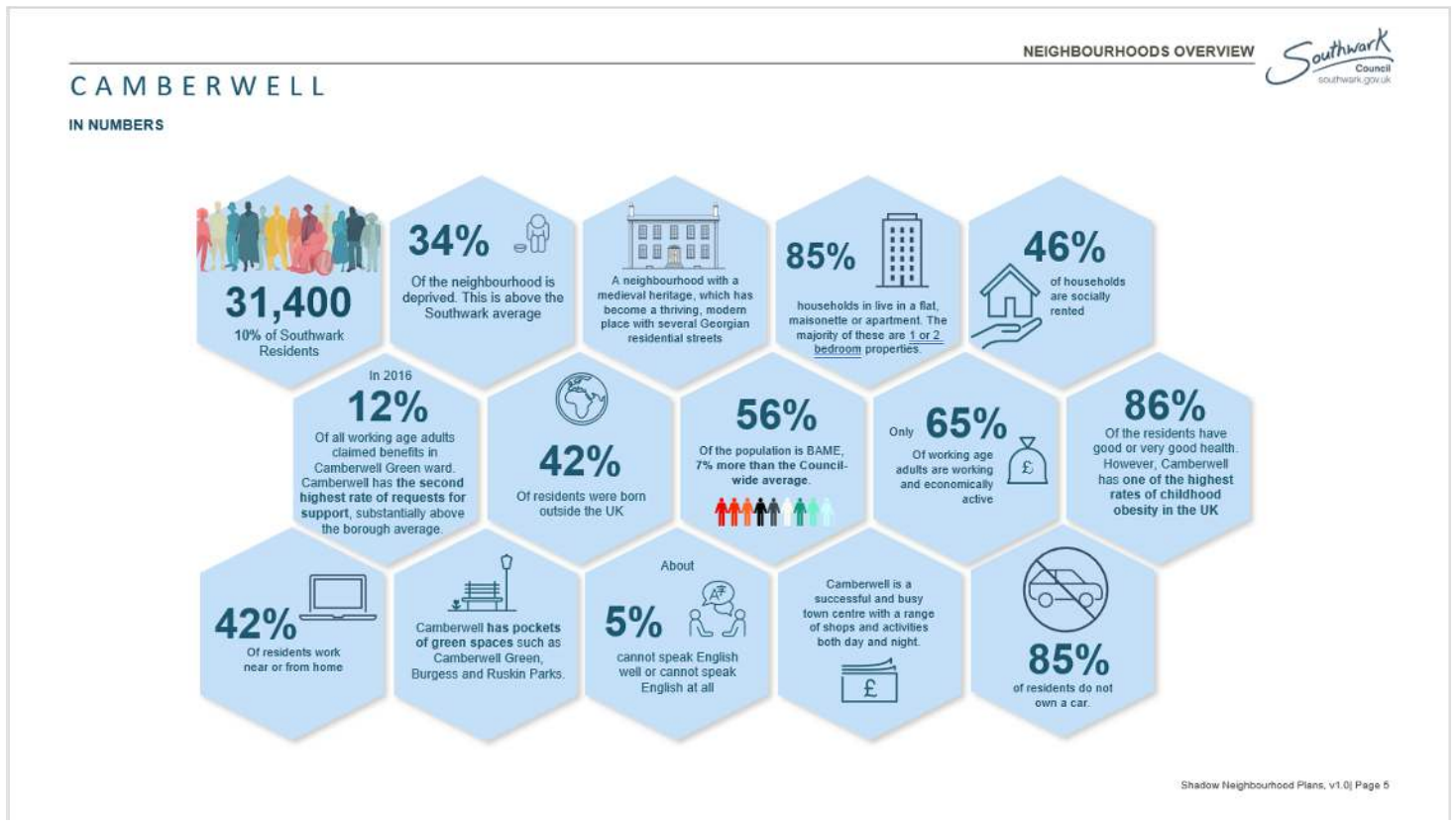
Why Camberwell Green?

For the 1001 Days programme, the decision was made to focus on Camberwell Green and the surrounding area as the data indicates this to be one of the most deprived wards within Southwark (and in the second most deprived quintile nationally). In this ward there are significant levels of childhood obesity, and lower levels of breast milk feeding than compared with the borough as a whole. Over 60% of the Camberwell Green population are from BAME backgrounds, which is associated with an increased likely to experience health inequalities.

Other areas within the borough have similar demographic profiles however, Camberwell benefits from strong community assets with grass roots organisations, a variety of Children & Family Centres

with good links to the community and a range of free services for families with young children. The community assets are vital to the neighbourhood approach chosen for this programme.

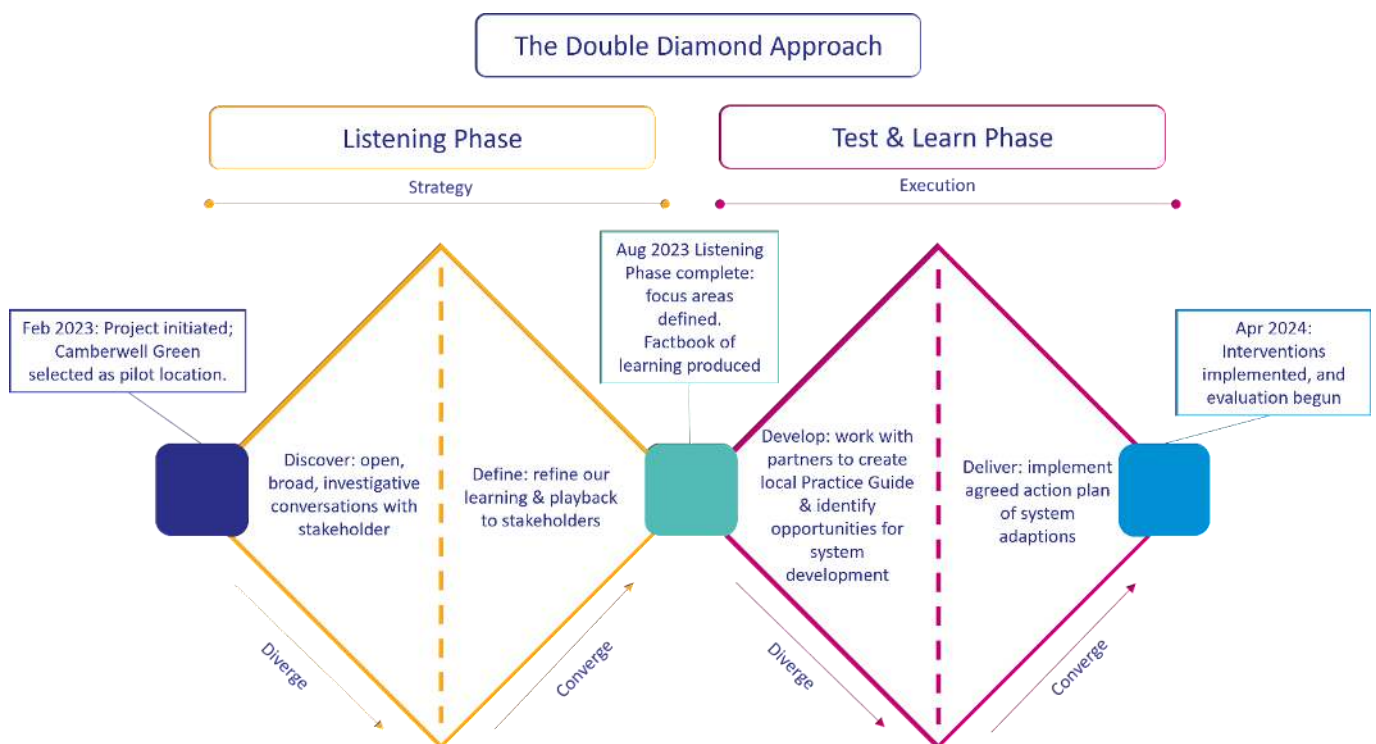
Southwark Council Camberwell Neighbourhood Profile



Approach

The 1001 Days programme has been undertaken with a strong focus on community designed solutions, working as a whole system and valuing learning as an outcome in itself. Taking this non-traditional approach has requires more resource and time than more traditional service design and commissioning processes as it is done with-not for- service users. The investment in time taken to date has allowed the programme team to build trust with local families and therefore gleaned a richer understanding of the local community, its needs, and local relationships.

The Design Council's Double Diamond approach has been employed to ensure that engagement is deep as well as broad and to ensure that the development of solutions is a collaborative, creative, and explorative process. Throughout the first phase of the project this has proven to be a useful tool for explaining our approach to stakeholders for the programme team to take the necessary time to allow relationships to develop organically and to ensure that partners and participants do not jump to solutions before fully understanding the problem.



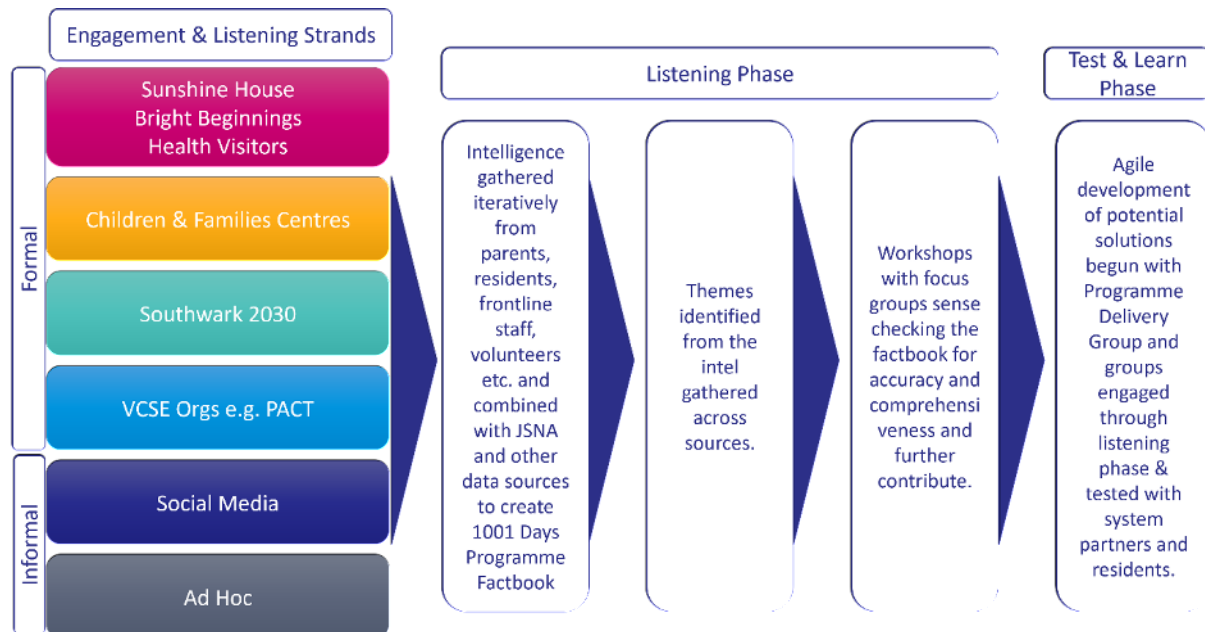
The extensive engagement has been done through several channels;

- Health system partners such as primary care, and the health visiting service.
- Camberwell's children and family centres, working with staff and directly with families.
- The Southwark 2030 team, utilising already planned events and information gathered through their engagement and Southwark Health Ambassadors.
- The local voluntary sector, we have worked particularly with PACT, Well Community Church and local Latin American groups.
- Social media platforms: Facebook, WhatsApp, Twitter, Let's Talk Health and Wellbeing

Intelligence gathered via these channels has been synthesised into emerging themes and presented back to key groups to check for accuracy and comprehensiveness and further distilled into our focus areas and the key evidence behind them.

The relationships built with local service providers, VCS organisations and residents are essential for the next stage of the programme, the test & learn phase. Addressing issues within a complex system requires involvement from all parts of the system to understand the relationships and dependencies within the system and how any interventions may affect the system as a whole.

Strong partnerships are fundamental to the success of this approach and to working in a neighbourhood focussed way. Establishing and nurturing trust with partners and residents has been done through multiple face to face conversations and working in a way that prioritises honesty, congruency, and openness. This will continue to be at the heart of our approach as we begin to co-design solutions to the issues raised through the listening phase.



5

Outputs from Phase 1: Listening Phase

The first phase of the programme was focused on developing a collective understanding of the current state within the 1001 programme scope. We had a 3-fold approach to this work:

1. Synthesising various data and intelligence regarding parents and children in the first 1001 days of life (from conception to when the child is 2 years old). Data was gathered from the SE London ICS BI Team, and Southwark Council Performance Team.
2. Completing a robust asset mapping exercise (including services, workforce, and community assets) to understand what is currently available for people in this cohort to access
3. Deep listening exercise, speaking with people with lived, learnt and professional experience to understand what is important to them.

All this information has been pulled together and synthesised to provide a rich insight into the current state, which will be used as the basis for Phase 2: Test & Learn.

Below describes the learning from each strand.

Data

SEL BI

The SE London ICS Maternity Dashboard Birth Summary Report (March 2021 – February 2023) for mothers based in Camberwell has been included as [Appendix 1](#). Key statistics to note from this report include:

- 92% of mothers from Camberwell Green who gave birth in the given period were in the 2nd or 3rd most deprived deciles nationally.
- 74% of babies' first feed was breastmilk, this is in line with the national average. This is significantly higher for babies with Asian mothers (90%).
- 31% of mothers from Camberwell Green who gave birth in the given period were classified as having geriatric pregnancies.
- 17% of mothers' first languages were not English.
- 67% of mothers were employed at antenatal booking (first midwife appointment).
- 19 mothers (6%) were referred to perinatal mental health services between their Pregnancy Booking and Hospital Discharge date.
- Teenaged mothers were significantly more likely to be referred to perinatal mental health services (50%) than older mothers.

Although we know that there is a significant Latin American community within Southwark and particularly Camberwell, ethnographic data collection does not give residents or professionals the opportunity to record themselves as such. As a result, we are not able to use the data to investigate inequalities of access, experience, or outcome for this cohort, despite knowing from our learning phase that this population group has higher levels of inequalities and challenges accessing appropriate services.

Southwark Council Children's Services Data

Working with the Southwark Council Performance team, key data has been pulled from the children's services datasets to look at indicators of ACEs and families in need of additional support. Data is split by wards to easily compare Camberwell Green with the surrounding neighbourhoods and rest of the borough. Specific elements of the data have been drilled down further and cross referenced to give a fuller, detailed picture of Camberwell Green. From the data it is clear that there is significant need in Camberwell Green as well as other nearby wards such as Old Kent Road, Peckham, and Peckham Rye.

Below are the key take aways from the data:

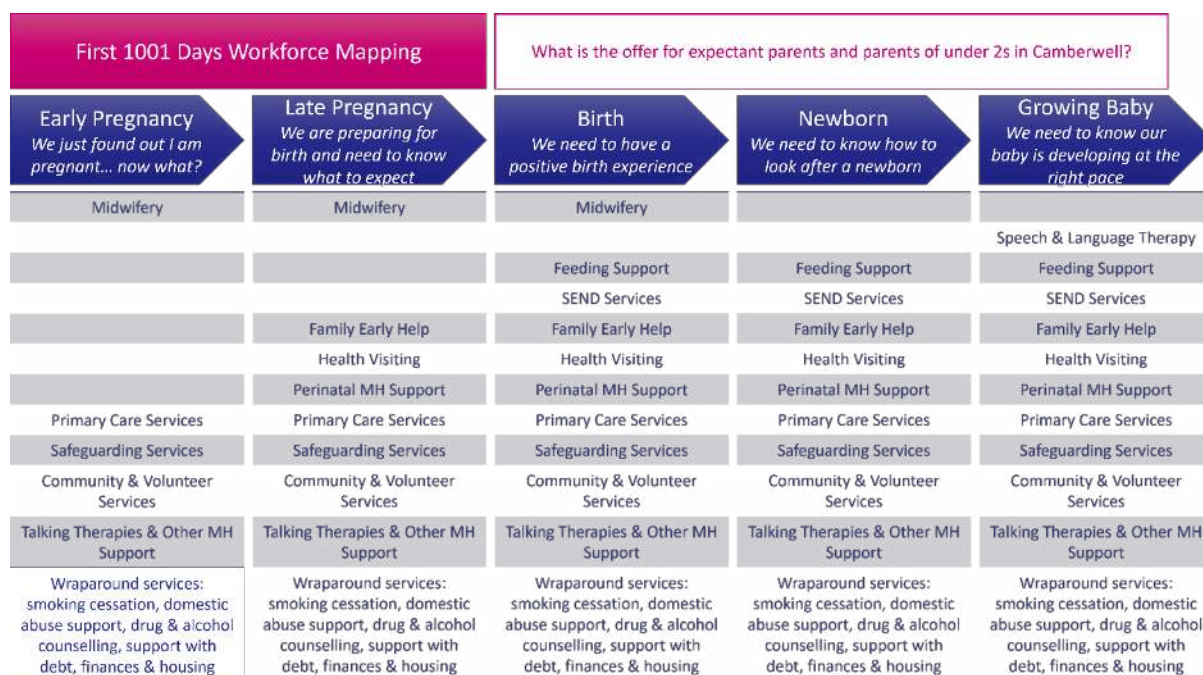
- Since 2020 the number of Child in Need plans for children living in Camberwell Green has consistently and steadily increased year on year.
 - o In 2022, 10% of Child in Need plans for under 2s in the borough were for children living in Camberwell Green, this is comparable with North Bermondsey, Old Kent Road, and Peckham wards but higher than all other wards.
- In 2022/23, of 3713 total referrals for Southwark, the Family Early Help team received 200 referrals for families in Camberwell Green
 - o Top 3 reasons for FEH referrals for under 2s in 2022/23 (borough-wide):
 - Parenting issues/difficulties
 - Domestic violence
 - Adult mental health
 - o Most common reasons for FEH referrals for under 2s in Camberwell Green in 2022/23:

- Parenting issues/difficulties
- Adult mental health
- Isolation / child mental health / neglect

Appendix 2 shows the full datasets around children and families known to Southwark Council's Children's Services between March 2021 and February 2023.

Local Intelligence

Local Authority and health services data has been analysed, referred to and used to support the development of the programme. However, this is not believed to be sufficient to understand the full context of life in Camberwell for families. Local intelligence and qualitative data have been integral to providing context and critical lens through which to view the data.



The diagram above shows the existing, intended offer for expectant and new parents from early pregnancy through to the toddler years. Various offers of support are available to parents at different stages of these 1001 days through the NHS, Local Authority and VCS. Despite this array of services existing in Southwark, some families do not receive the support that they need or support in a way that is accessible to them. This can be for a variety of reasons such as oversubscribed services, information not being shared at the right time or in the right way, inappropriate or ill-timed referrals, exclusionary eligibility criteria, or because residents do not feel comfortable using the service.

Asset Mapping

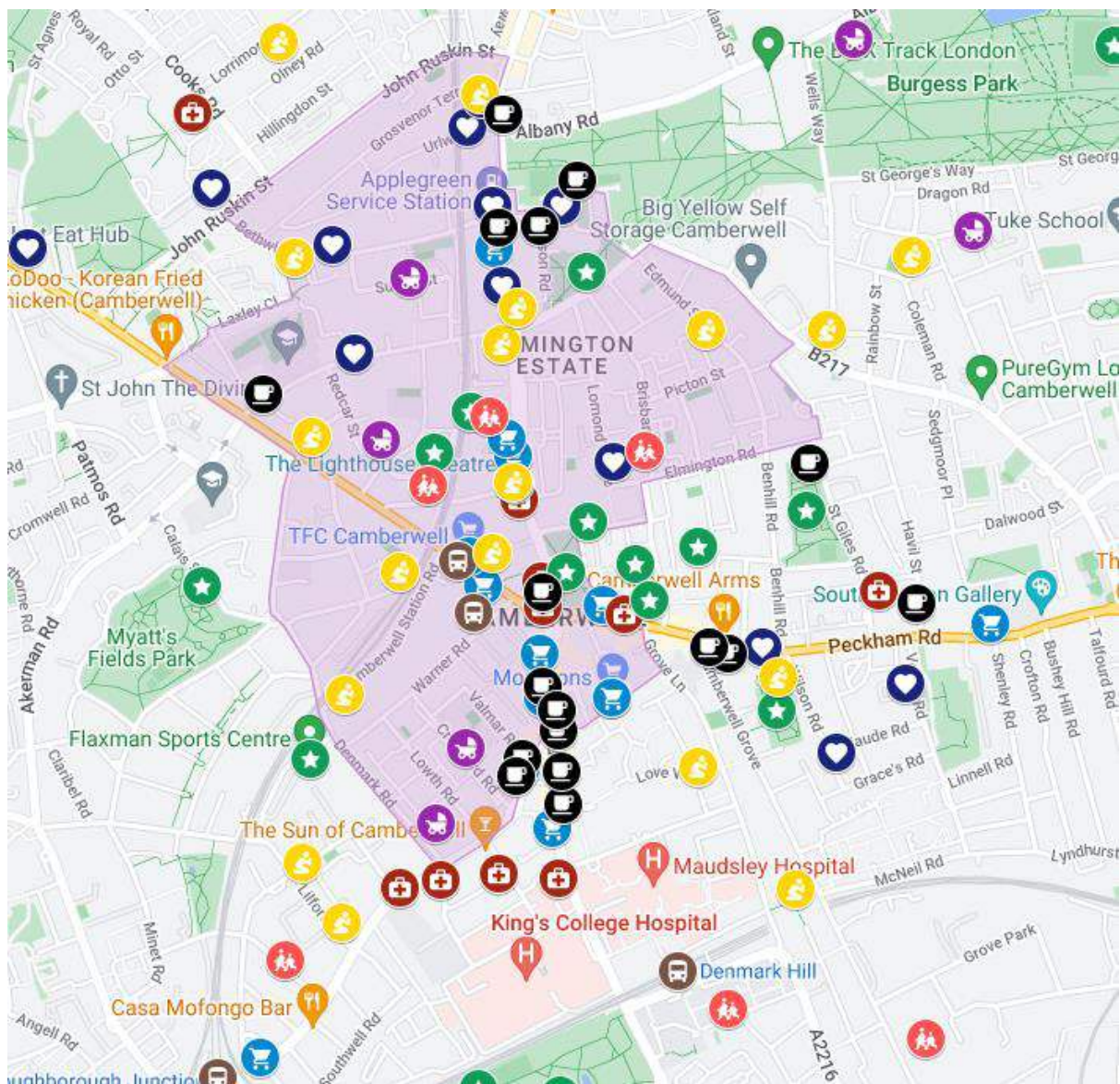
Methodology

The asset map below was developed in partnership with local families, voluntary and community organisations and the 1001 Days Programme Delivery Group. Through various iterations the map has been shared with key colleagues within the ICS and Council for comment and input. The intention is for this map to continuously develop as we learn about assets within the community to further our understanding of how families experience their neighbourhood.

Camberwell Green Key Assets

The map itself is shown below along with a key of the different locations and services mapped but can be accessed online here.

From the map it is evident that there is a wealth of places that families can go for support, community, advice, and leisure within Camberwell. Despite having this range of assets within walking distance, or easily accessible by bus, families do not necessarily feel like they belong in the neighbourhood, or that the support that they might need is readily available to them. This may be for a number of reasons such as feeling that services are not tailored to them culturally, being unaware of what's available, or feeling that that services are disparate and not well connected or centralised in anyway.









Children and Families Centres, Community Centres



Crawford Children & Families Centre
 The Grove Children & Families Centre
 1st Place Children & Families Centre

Boston House
 Crawford Tenants Hall
 Hollington Youth Centre
 Denmark Hill Community Centre

Nurseries & Preschools	LEYF – Camberwell Grove Nursery & Preschool Humpty Dumpty Nursery Mini Treasures	The Fruit Tree Day Nursery Camberwell After School Project Armadillos Nursery and Preschool
		
Leisure Centres, Parks, Libraries & Local Cultural Landmarks	The Lighthouse Theatre Ruskin Park Camberwell Green Camberwell Leisure Centre Camberwell Library Comber Park Brunswick Park	Castelmead Community Garden St. Giles Churchyard Burgess Park Woodland Play Area Burgess Park Community Sports Centre Flaxman Sports Centre TMO Office The Mulberry Centre
		
VCSEs	The Salvation Army St Giles Trust Cameron Asylum Support Association Southwark Refugee Communities Forum Cocoon Family Support Organisation of Blind Africans & Caribbeans Rachel Leigh Community Hall Sisterhood Supperclub	Latin American Disabled People’s Project Elevated Minds CIC SE5 Forum Southwark Bahdja Academy Southwark Disablement Association ATD Fourth World UK Southwark Carers The Flourish Kitchen Ileto Caribbean People’s Network
		
GP Surgeries, Dental Practices & Pharmacies	Villa Street Medical Centre Camberwell Green Surgery The Corner Surgery St Giles Surgery Penrose Surgery Maddock Way The Lister Practice	Kembers Pharmacy Peace Pharmacy Day Lewis Pharmacy Camberwell Outpatient Pharmacy, King’s Stork on the Hill Midwifery Centre Community Midwives Centre
		
Shops & Supermarkets	Tesco Express Morrisons The Co-Op Sainsburys Local AR Camberwell Supermarket Nisa Local Lidl	Costcutter TFL Food Adeola African Supermarket Morrisons Budgens TFC Camberwell Camberwell Farmers Market Iceland
		
Cafés	Brewbird Love Walk Café The Bower Hut Fowl’s Café Mary’s Café Clubhouse Café TAGGS Coffee Co. Fox on the Hill Irene	King’s Café Caffe Pronto Lumberjack Café Maloko Costa Coffee Sunrise Café London Brunchies Meli-Melo The BeauVert
		
Places of Worship	Camberwell Islamic Centre Christ Apostolic Church House of Praise Camberwell St Mary’s Greek Orthodox Cathedral St Giles Church, Camberwell Debre Sahl Eritrean Orthodox Church Walworth Methodist	The Well Community Church St George’s Church Camberwell Camberwell Green United Reformed Church Loughborough Evangelical Church St Mathew’s Church The Kingdom Church Sacred Heart of Jesus R C Church
		

St Paul's Lorrimore Square
St Wilfrid Church
Grove Chapel Evangelical Church

Calvary Temple United Church
Camberwell Evangelical Church

Workforce & System Mapping

As part of the 1001 Days Programme Listening & Engagement Phase, key stakeholders and members of the local system were interviewed to create a Camberwell-specific map of services for families with 0-2s and deepen understanding of how system elements interact. A draft version of the system map was shared with the 1001 Days Programme Delivery Team for further input.

Key findings from this mapping are outlined in this report. These have been divided into categories relating to commonalities between stakeholders and services, measuring success and outcomes, and data collection and systems.

Local System Map

Below is the current iteration of the local system map developed, similarly to the asset map, we expect this system map to grow and change as connections between services and organisations are established and mature.

The mapping can also be viewed online [here](#).

Key
 Health services
 Statutory funded services
 VCFS orgs
 Private Sector

NRPF team

Parks & Leisure centres

Sunshine House

CAMHS

Evelina

Family Early Help

Midwifery

Housing

Speech & Language Therapy

EPEC

Dads group connected to service

Adults MH Services

Pause

Adopt London

ITAV

Sexual Health

CGL

Asbo team

Learning Disabilities team

Pembroke House (We Walworth, Walworth Living Room...)

Health Visiting

Co-located

Home-Start

HAS A REGISTERED SERVICE

Co-located

Hosted by Well Community Church

Faith orgs

Latin American Women's Rights Service

The Motherhood Group

Delivered training on perinatal MH challenges for Black mothers.

Community Southwark

IRMO

Southwark Wellbeing Hub

Hotels housing asylum seekers

Ability of residents to cook + make nutritious food quality of accommodation

Baby Bank (Salvation Army)

Local Businesses

Dentists

Community Pharmacists

Primary Care

Talking Therapies

Social Prescribing

Camberwell Library

Kids' sessions delivered in partnership with CFC

Used as venue for 1001 Days engagement activity.

Community Family Workers based at CFC linked with FEH team

Community Family Workers based at CFC linked with FEH team

Camberwell Locality CFCs

Schools & Nurseries

PACT

StartWell@S E5

Spring Community Hub

Parent Skills 2 Go

IRMO

Peckham Locality CFCs

Co-located

Co-located

Co-located

Co-located

Co-located

Co-located

Co-located

Co-located

Co-located

Deep Listening

Working in partnership with local, well respected voluntary groups and the Children & Family Centres in the area, we have built recognition and relationships with over 80 families based in/around Camberwell (this is representative of approximately 20% of families with a child under 2 in Camberwell Green). By connecting with families through these trusted spaces, we were able to build relationships much quicker and therefore better able to get an understanding of the experiences of families in the area. These informal conversations were held over several weeks and followed up with more formal reflective workshops. The workshops were used to solidify our learning by presenting back what we had heard from families and sense checking this with them. Families had the opportunity to add, amend or clarify around their experiences and their wants and needs in relation to raising infants in Camberwell.

Differing Experiences of the System

Through engagement with residents from a variety of demographics and backgrounds and through working with our network of stakeholders and system partners we have explored how people's experiences of the system vary. Varying experiences perpetuate the mistrust of statutory services within some of our communities and can prevent residents from accessing the same or other services in the future.

Some examples of parent's experiences of the system and how holistic, person-centred services such as PACT can have a positive impact in a range of ways:

- 1. Amara is a mum of four who lives in a small, overcrowded 2-bedroom flat in South London. Amara heard about a MumSpace group at the local church from someone she knew a couple of years ago. She decided to take her daughter along one day and says that "we've been going there every or most Tuesday since then because my daughter really enjoys it." The most important impact for Amara has been finding out important information about housing from one of these workshops, delivered with a local action group called Housing Action Southwark & Lambeth, where she was able to get support to engage the council about her housing situation.*
- 2. When Gabriella first joined PACT, she was new to the country and felt socially isolated, but she lacked the confidence to interact with others. "When I was pregnant with my first daughter, I felt isolated. I spoke with my midwife about this and she advised me to join PACT both for the baby and for myself to make friends," Gabriella explained. Looking back, Gabriella now says that "PACT increased my confidence and my ability to communicate with others", as well as helping with her English as she attended an ESOL course at PACT. Gabriella says that learning English with the help of the ESOL course and attending the groups at PACT was very important in growing her confidence as, in her words, "it allows me to interact more, I can use it in my studies in the future and [it] will also allow me to help my kids as they grow."*
- 3. Alice was looking online for a group she could take her son where we could interact with other babies his age as well as meet some other mums herself. Alice started coming along to a range of different groups and activities such as MumSpace, various workshops on different topics about being a parent, and Mindful Mamas, which Alice says was "nice for me to have my own time".*

“[It was] learning about what to do as a new mum,” Alice said. “Specifically, learning about bonding with my baby, feeding, and understanding his needs. This was important for his growth and wellbeing.”

The full case studies are included as [Appendix 3](#).

Learning from our Partners¹

Many pieces of relevant engagement work have been undertaken in Southwark and specifically Camberwell over the past 12 months. Learning from these is summarised below:

System Partner	Activity	Learning
Southwark Council	Southwark 2030 Engagement	<p>The shared vision for the borough includes:</p> <ul style="list-style-type: none"> - All residents have a home they are proud of, that meets their needs, and they can afford. - All residents will be proud of living in caring, connected, and welcoming Southwark neighbourhoods. - Southwark is a borough full of nature that residents can enjoy and be a part of.
Parent Skills 2 Go	Camberwell Family Engagement	<p>Key stats from the survey completed with parents in Camberwell:</p> <ul style="list-style-type: none"> - 77% of people surveyed agree that their neighbourhood is a nice place to live. - 54% feel like they belong to the neighbourhood. - 48% agree that living in Camberwell is good for their mental health. - 58% were unsure if they needed advice about something that they could go to someone in their neighbourhood. - 35% do not regularly stop to talk with people in their neighbourhood. - Parks, GP Practices, shops, and schools were all rated as ‘important’ or ‘very important’ by residents. <p>Some additional comments from parents:</p> <ul style="list-style-type: none"> - “Instead of posh shops there should be an enrichment centre for young people to play, chill and showcase talent.” - “More diversity in mother and baby groups.” - “The rich get all the things they can afford, and we are left here.”
Home-Start Southwark	Home-Start Southwark Post-Pandemic Consultation Outcomes	<p>Key Messages from Parents and Carers:</p> <ul style="list-style-type: none"> - They are worried about their child’s emotions and behaviour, - They are concerned about their children’s speech, language, and communication skills, - They are worried about their child’s opportunities to play and socialise,

¹ The reports referenced here do not necessarily refer only to Camberwell residents or family’s expecting a baby or with a child under 2 years old.

		<ul style="list-style-type: none"> - Money worries are making it difficult for them to focus on their children, - Family stress is affecting their ability to parent as they would want to, - The family’s mental wellbeing has been affected by isolation and poor support networks.
The Motherhood Group	The Motherhood Group Engaging mothers from Black, Mixed, and Other backgrounds about their access and experience of accessing perinatal mental health services NHS E&I report	<p>Summary of Recommendations:</p> <ul style="list-style-type: none"> - Open conversations with mothers which focus on their health and well-being needs in the perinatal period. - Access and clear signposting - Engage with the wider community to ensure women are given information about existing support networks (relating to breastfeeding, mental health, and motherhood more generally) - Improved bias and antiracism training for NHS maternal health and perinatal maternal health staff to identify existing assumptions about ethnic minority women. - Invest in greater qualitative research surrounding women’s maternal mental health as distinct racial groups, rather than the umbrella ‘BAME’.
Healthwatch Southwark	Health Inequalities - Access for Latin American Communities Report	<p>Summary of Recommendations:</p> <ul style="list-style-type: none"> - Provide information about healthcare services in Spanish and Portuguese online, in community media and in places that Latin Americans already visit. - Make interpreters more easily available and hire more Spanish-speaking staff. Primary care services should reflect local communities. - Provide information about migrants' entitlements to healthcare in Spanish and Portuguese. - Reintroduce postal letters. - Increase face-to-face appointments. - Work with Latin American community organisations to improve links and share information between Latin Americans and healthcare services. - Record country of origin and dialects spoken in diversity monitoring. - Diversity and inclusion training for health staff, e.g. receptionists. - A GP booking system which gives patients more flexibility for when they can make a booking and the date and time of appointments. - Improve staff continuity and administration to make referrals easier. - Scrap charges for letters and documents, particularly for low-income patients.

Details of all the partner reports can be found in [Appendices 4-9](#).

One powerful example of the need for a holistic, person-centred approach within our systems and particularly the early years pathway is mothers who have had children removed from their care. Unfortunately for many women in these circumstances, the systems that intend to help in fact exacerbate existing trauma and ultimately worsen their outcomes. Our partner Pause has provided a case study of one mother. This case study shows how a young woman, who experiences multiple ACEs (Adverse Childhood Experiences) herself, struggles to navigate health and social care systems.

'Brandy', having experienced several Adverse Childhood Experiences, becomes a mother aged 16. The father is a 25-year-old male who domestically abuses Brandy. She and her son, Sam, are placed in foster care. Shortly after her 18th birthday Sam is removed from her care due to having injuries that could not have been caused accidentally. Eventually Brandy is granted 4 visits with Sam per year. After years of struggling with feelings of isolation, loneliness, stress, and financial difficulties and being at risk of homelessness, Brandy is eventually supported by Pause to access the financial and wellbeing support she needs. Had she had better access to, and experience of services intended to support her the outcome for her, and her child may have been much better off.

The full case study is attached as Appendix 10.

For many statutory services demand is higher than ever before putting increasing pressure on organisations and making working in innovative ways additionally challenging. Historical ways of working focus on achieving KPIs, organisational needs and not the needs of the individual. It is often the most vulnerable and disadvantaged members of our communities that are further disadvantaged by these working practices, for example the loss of walk-in services disproportionately disadvantages individuals who struggle to or are unable to contact services online or by phone or to make and keep an appointment due to personal circumstances or resources.

Key Learning from Deep Listening

Our varied engagement approach has included speaking directly with families in Camberwell, collaborating with and commissioning work from voluntary sector partners, and utilising relevant engagement work that has already been done locally and nationally.

Conversations, workshops, and surveys with families in Camberwell provided essential insight into experiences of health and social care services as well as the wider lives of local families. These learnings have been grouped into the following key themes:

1. Access: many parents have found it difficult to make use of the services available to them. This was for a variety of reasons including: lack of information about what was available locally, language barriers, childcare for older children, unclear information who is eligible to use different services (this seemed to be linked to residency status as well as other factors), and fitting around childcare and work schedules.
2. Inequity of experience: some families had extremely positive experiences with statutory health & social care services such as Midwives, Health Visitors, and Breastfeeding Cafes. However, others fed back that they felt disconnected from these services and fearful of negative consequences if they were to open up about any concerns of difficulties in relation to their children or their own wellbeing.
3. Inconsistencies in Advice: parents fed back that they regularly received differing on contradicting advice on how best to take care of their children. In particular in relation to infant feeding and nutrition.

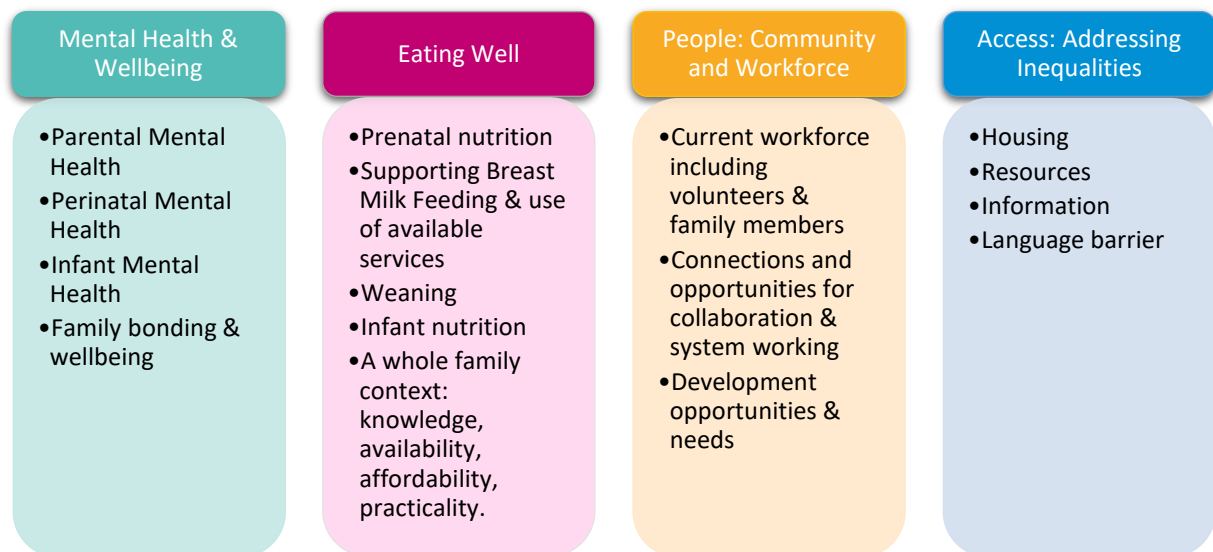
4. Services aimed at Parents: services aimed at parents that provided childcare were frequently praised by parents and described as beneficial for their own wellbeing and mental health. Families were passionate about the need for services like this.
5. Whole Family Provision: many families find it difficult to utilise some services such as Stay & Play sessions or activities put on during the school holidays because they are not open to children over 5 or have no provision for families with children in different age groups.
6. Camberwell as a Neighbourhood: overall families seem generally happy living in Camberwell but noted crime, Anti-Social Behaviour, and drug and alcohol misuse as key concerns.

From the data, mapping, and learning as well as wider research it's clear that this is a complex system and that the needs of the community are complex. In order to address these complex issues, a system wide approach is necessary. One example of this is the problem of unsuitable housing, this has a clear effect on the wellbeing and health of families but requires a wider response to address.

Outputs: Theme arising

Using the learning from data, local intelligence, local asset mapping and deep listening with people with lived, learnt and professional experiences has highlighted some key themes that will be pulled through into the next phase of the programme.

Below outline key themes arising:



Commonalities within the System

The Offer

Multiple providers or organisations within the system offer similar services to families in the area. All services referenced are free to use and are open to any families with children in the intended age range. Some of these services are:

- Co-location with Midwife and Health Visiting teams,
- Stay and play sessions for children in the 0-2 age range,
- Healthy Start,
- Breast feeding support,

- Parental wellbeing support,
- Access to the Rose Vouchers programme,
- A focus on reducing isolation and encouraging connection.

Services that are offered across multiple organisations do not necessarily represent a duplication of provision. Although some families will attend sessions and services across providers this does not appear to be common practice. Many families have a preferred provider where they have built relationships with the staff and feel comfortable.

Although there are notable, quality services in the area, parents and providers both feel there is not sufficient provision to meet the needs of families. This includes community based services and specialist services such as Talking Therapies and infant feeding support.

Inclusivity Measures

Many providers interviewed gave similar responses when asked how they ensure that their service is as inclusive as possible to be accessible and welcoming to a range of families in the community.

These include:

- Actively welcoming families to the space
- Ensure that spaces used are physically accessible for individuals with physical disabilities.
- Be active and known in the community, continuously reaching out to local residents.
- Aim to ensure that provider teams reflect the local community.
- Staff/volunteer training on creating a welcoming environment.
- Continual self-evaluation, actively seeking out feedback from service users.
- Being open to anyone with a child in the relevant age bracket.

Key Issues

When asked what difficulties providers would most like addressed many of the answers were around funding, staffing, and ensuring continuity of the service. This is not unexpected as these issues are relevant to public and third sector organisations nationally. Other common issues raised were:

- Concerns with reaching underrepresented groups within the local community and those most in need of support,
- Feeling well connected into the wider system,
- Building trust with the community and being a reliable resource,
- Insufficient specialist support services to refer onto as needed,
- Supporting marginalised families and individuals to access services.

Measuring Success and Outcomes

Providers and organisations within the local system monitor and evaluate the effectiveness of their services to differing levels of granularity and consistency. Even within individual provider organisations a variety of tools and systems are used for measuring outcomes, this presents challenges for staff and in tracking and comparing children's progress and creates barriers to information sharing between services.

Outside of KPIs and measured outcomes, providers described being part of a strong, well supported community as part of their vision for success, this harmonises well with the hyperlocal approach taken with this project and the ambition to use system working to meet rising levels of need more effectively.

Many front-line delivery staff highlighted that to them the most genuinely measure of success was families returning to the service again and again, providing positive feedback about their experience, and recommending the service to others.

Data Collection and Systems

Interviews with service providers demonstrated that data collection within the system is done on a somewhat basic level and that there is opportunity for growth and maturity in this area:

- Most data collection is done on paper forms at the point of registration and then transferred to online systems.
- Services generally ask for standard demographic data & contact information and some health & safety information e.g., child’s allergies or additional needs.
- Data is not routinely shared with other services within the system other than the funding provider.

Initial Insights and Immediate Actions

From the all the information gleaned through the Listening Phase of the programme, and reflecting on this learning with individuals with lived, learned and professional experience we have summarised the issues to be addressed into 4 key areas. These cover the needs of the system as well as the needs of families expecting a baby and those with infants under 2 years old.

Actions that can be taken immediately

Although the main aim of the Listening Phase was to build relationships and to identify what the core, common issues are for families in the target cohort, creating a list of ‘immediate actions’ was also a key output of this phase. These immediate actions represent best practice for the system, independent of the outcomes of the Test & Learn Phase.

‘Immediate actions’ identified through this phase can be summarised as	Action taken to date
Connect the It Takes a Village programme with professionals working with families in Camberwell.	The ITAV team have been included in all Programme Delivery Group meetings and have been introduced to relevant contacts.
Build relationships with local residents and grassroots organisations.	Let’s Talk Health & Wellbeing Camberwell Community Meetings have been launched and so far, highly successful in making new connections between 1001 Days and community groups as well as connecting groups with each other. Existing meetings such as multi-ward forums will be utilised to support ongoing relationship building.
Work with the community to create an up to date, easily accessible, list of what’s available for parents and families. This would be centralised and include the local offer from the Council, health services and VCFSE organisations.	To be actioned.
Sustainable communication channels for residents on opportunities to connect into their local community.	Exploring opportunities with SE5 Forum via their quarterly magazine. Begun conversations with Council colleagues on sustaining Let’s Talk Health & Wellbeing Camberwell Community Meetings

Ensure that key information for families in Camberwell is readily available in Spanish as well as English. Further work to be done to explore additional languages information should be provided in.	To be actioned
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Explore how well known and used digital tools are by families in Camberwell and the affects of digital exclusion for this cohort.	To be actioned.
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Initial Insights

In addition to the immediate actions identified, the learning has presented some key areas for focus as we progress into the Test & Learn Phase of the programme. Some of these recommendations can be actioned within the 1001 Days programme but others may need to be part of larger Southwark or SE London pieces of work. These have emerged from the mapping, data and intelligence gathered but will be tested as part of the Test & Learn Phase and the methodology for implementation codesigned by those with lived, learned, and professional experience.

1. The Latin American community is hidden by the way that ethnic data is collected. The lack of clarity around the appropriate option for Latin American residents means that there is a risk they are not effectively represented when looking at population statistics. Data regarding this community should be accurately recorded.
2. Breast feeding support should include a wider, more inclusive range of types of support and the level of support for breast feeding should follow through to weaning and healthy eating support. Discussions around breastmilk feeding should accurately convey the benefits of breastmilk but also acknowledge that this is not necessarily the best option for every family.
3. Perinatal Mental Health services experiences vary significantly for different cohorts. The offer should be culturally appropriate and considerate of the range of needs locally.
4. A local standard for steps residents can expect services to take to improve inclusivity of access and experience should be coproduced by service users and service providers.
5. Neighbourhood working, particularly in relation to maternity and early years, should be standard practice. Disconnect and inconsistency between services contributes to mistrust from the community in statutory services and fails to maximise the potential of local assets.
6. Given the importance of strong relationships between families and providers, and the need to provide services in a variety of ways to suit different families, it is important that key services are offered across a range of providers.

The Test and Learn Phase will be based around holistic conversations with those with lived, learned and professional around what is needed to reach our shared vision. This will be synthesized into the following focus areas:

Mental Health & Wellbeing



- **Parents** really valued being given time to talk to other parents and/or learn a new skill or information while their child is looked after nearby by a trusted person.
- **Parents** have concerns about Anti-Social Behaviour in the neighbourhood.
- **Parents** (particularly mothers) want to feel seen by services as an individual not just a caretaker.
- **Parents** say their wellbeing is affected by larger issues such as housing and finances
- **Professionals** know that support is needed around Parent-infant bonding
- **Parents** say that strict criteria and waiting lists for MH services mean that patients are left behind at crucial times.
- Trust issues prevent people from speaking up about issues.

Eating Well & Nutrition



- **Parents and Volunteers** say that advice around weaning isn't consistent between sources, not culturally sensitive and frequently changes, impacting on decisions around feeding and creating anxiety for parents.
- **Parents** say breast feeding cafes are not a comfortable space for everyone.
- **Professionals** say infants may not be properly nourished despite being within the healthy weight range or heavier.
- **Parents, Volunteers & Professionals** agree decisions around infant feeding are affected by the whole family context & dynamics.
- **Parents, Volunteers & Professionals** have said accessibility (food, space, tools), affordability, time, knowledge, skill, and parental wellbeing influence the infant feeding options available to families.

People



- **Parents** say that many local VCS services in Camberwell are important to them and their families.
- **Parents** say that raising their children to be happy and healthy has involved many community members beyond themselves.
- **Families** say it's frustrating to repeat information to different people and to receive information in different formats.
- **Families** say it's frustrating that services are not more joined up and interconnected.
- **Families and Professionals** find it difficult & wasteful when appropriate information isn't shared and standardized formatting isn't used where appropriate and possible.

Access



- **Families** say it's difficult to know what is available locally.
- **Parents** say it's intimidating to attend a service for the first time alone.
- **Parents** say and **Professionals** know that many residents are distrustful of statutory services.
- **Parents** say that language plays a significant role for many residents whose first language is not English
- **Parents and Volunteers** say that lack of clarity around eligibility criteria causes confusion and prevents timely access
- **Parents** say there are limited services that cater to families who have children in different age ranges.
- **Parents** have asked for more affordable, outside activities

Next Steps for Phase 2: Test & Learn Phase

This report lays out the current state of maternal and under 2s services in Camberwell and the existing need within the community. The aim for next step of the programme is to build on the relationships and learning from the Listening Phase, feed into existing programmes of work with complimentary aims, and to develop and implement relevant additional workstreams.

This will be done by working with stakeholders (including people with lived, learned and professional experience) to work towards our shared vision for the future.

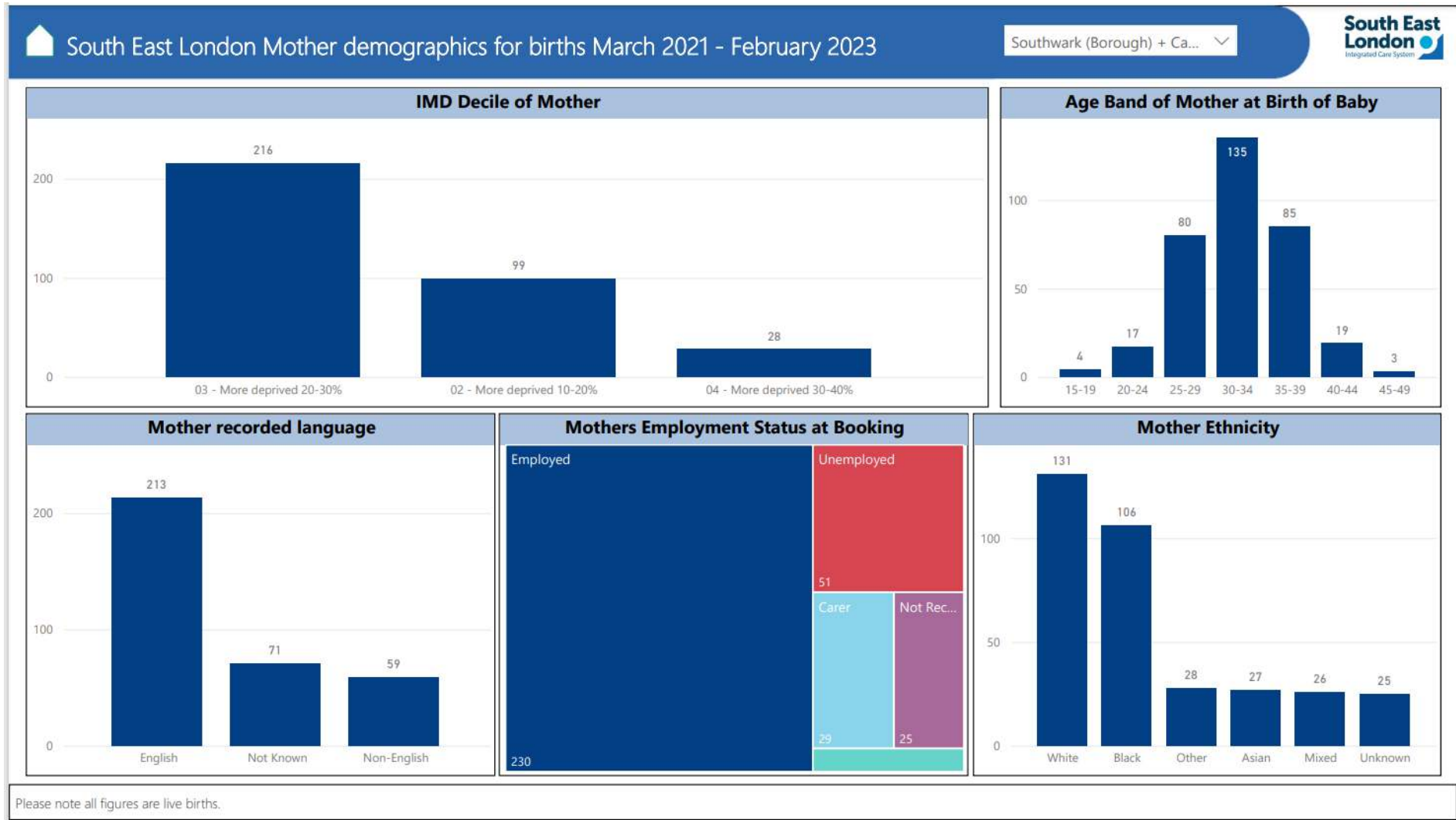
The intended workstreams outlined below are grouped into where they are likely to sit within the local system.

- Practice Guide Development and Workbook / App Development will feed into existing programmes of work within Southwark Council whilst ensuring that the unique insights gained from Camberwell residents and stakeholders are maintained.
- Data Sharing & the launch of a Maternity & Early Years Multi-Disciplinary Team will be led by Partnership Southwark as the central, shared resource for health, statutory partners, and the VCS.
- The Neighbourhood Family Coaching model and outcomes from it will be done in collaboration with the Southwark Neighbourhoods team and used a pilot for how neighbourhood working can be used to address local issues and inequalities.
- The weaning workstream will take the learning from the Listening Phase to support families to address the high levels of childhood obesity within the neighbourhood. The activity for this workstream will be codesigned and implemented in partnership with residents and stakeholders.

Practice Guide Development	Develop a centralised guide for working with families expecting a baby or with a child under 2. The guide will include advice and information from all relevant, local initiatives and services.
Workbook / App Development	Develop a workbook (physical and digital versions) for families to work through alongside their coach to track their child's development, find key information, advice & services.
Data Sharing	Explore sharing data between organisations (statutory and community) to ensure that families are connecting with services at the appropriate time, to enable cross-organisational working and to prevent duplication of work.
Neighbourhood MDT	Establish a Camberwell Maternity & Early Years Multi-Disciplinary Team made up of social care, health and voluntary sector professionals to collaborate, share information and ensure families are being supported by the most appropriate services.
Develop a Neighbourhood Family Coaching Model	Circa 30 families, representative of the local population, receive bespoke regular coaching from a member of the local MDT to ensure that the specific needs of the family and baby are met, to record challenges in accessing services or necessary support.
Review Coaching Data & Outcomes	Learning from the coaching sessions, shared data and MDT meetings are used to further refine the Practice Guide & Workbook and to inform the development and commissioning of local services.
Weaning	Possible interventions to be codesigned and tested with people with lived, learned, and professional experience within Camberwell. Other workstreams such as data sharing, the neighbourhood MDT and workbook will likely feed into this work.

Appendix 1

SEL BI Maternity Dashboard – Camberwell March 2021-Feb2023





47

Number of mothers attending A&E at least once from Pregnancy B...

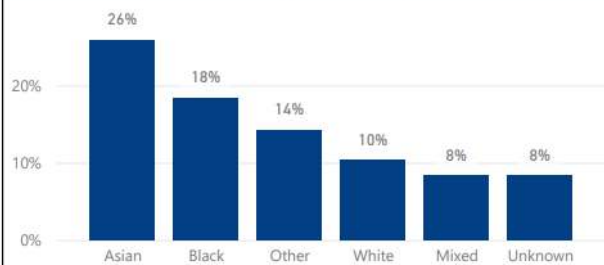
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Number of mothers with an Emergency Admission at least once fro...

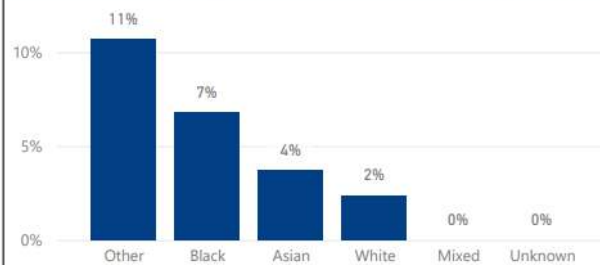
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Number of mothers with referral to Perinatal Mental Health Service...

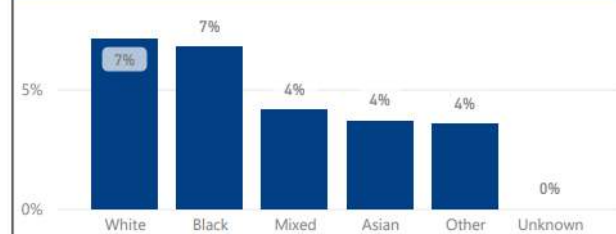
Mothers attending A&E by Ethnicity



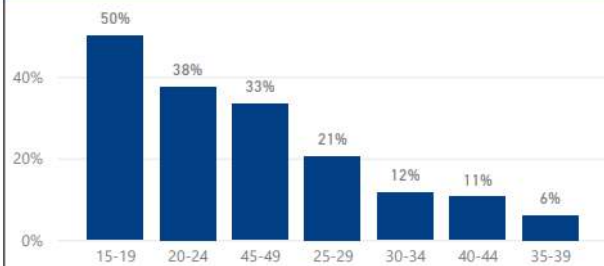
Mothers with Emergency Admission by Ethnicity



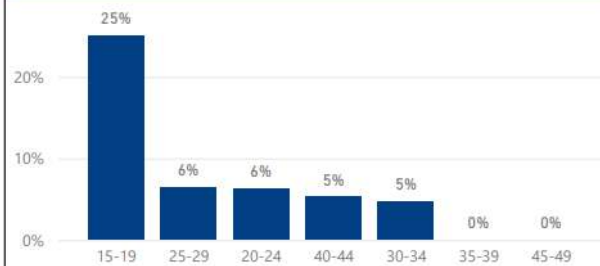
Mothers with referral to Perinatal Mental Health by Ethnicity



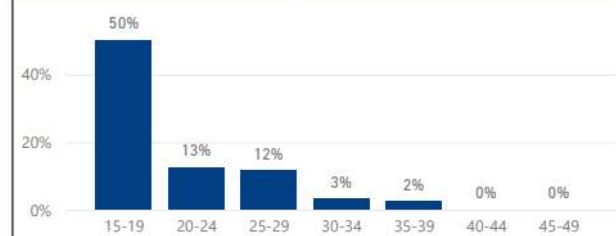
Mothers attending A&E by Age Band



Mothers with Emergency Admission by Age Band



Mothers with referral to Perinatal Mental Health by Age Band



Please note all figures are live births.

Appendix 2

Southwark Council Children's Services Data

FEH Referral Issue <2 in Camberwell Green	2019/20		2020/21		2021/22		2022/23	
Abuse physical	2	12%						
Abuse sexual	1	6%						
Behavioural Difficulties	1	6%			1	7%	1	6%
Domestic violence	1	6%	3	38%	1	7%	1	6%
Health condition					1	7%		
Homelessness					1	7%		
Housing					2	14%		
Isolation	1	6%	1	13%			2	13%
Mental health - adult					3	21%	3	19%
Mental health - child							2	13%
Neglect					4	29%	2	13%
Other	5	29%						
Parenting classes	3	18%						
Parenting issues/difficulties	1	6%					5	31%
Risk of harm			2	25%				
Unborn pregnancy	2	12%	2	25%	1	7%		
Grand Total	17	100%	8	100%	14	100%	16	100%

Children's Services Involvement	2020	2021	2022	2023
Child Protection Plan <2 in Camberwell Green		3	1	
Child in Need <2 in Camberwell Green	1		6	3
Children Looked After <2 in Camberwell Green (Home Ward)	1	1		

Appendix 3

PACT Case Studies

Helping mums access local information and services

Amara is a mum of four who lives in a small, overcrowded 2 bedroom flat in South London. Amara heard about a MumSpace group at the local church from someone she knew a couple of years ago. She decided to take her daughter along one day and says that "we've been going there every or most Tuesday since then because my daughter really enjoys it."

Since then, Amara has attended a range of workshops on different topics, where PACT often brings in professionals from other services in the local area to share information and advice.

The most important impact for Amara has been finding out important information about housing from one of these workshops, delivered with a local action group called Housing Action Southwark & Lambeth, where she was able to get support to engage the council about her housing situation.

"I found out some things that I didn't know before," Amara told us. "With the information I received I was able to get the council to update my position for bidding on their system. They were already supposed to have moved me up to band 2 after I contacted the MP but they had me at band 4! If I hadn't come to the groups, I wouldn't have known this."

Amara explained why this was so important to her:

"I have four children and have been bidding for housing for 15 years and getting nowhere. I am in a 2 bedroom flat and have changed my front room into a bedroom for my 14 year old son who has autism along with his 13 year old sister. This is a problem but it's like the council don't care."

"Since moving up from Band 4 to Band 2, I have noticed that I'm not as far from the top of the bidding list as I was before but I still feel like I should have been moved already."

"I feel so much more confident"

Gabriella has come a long way in her four years as a member of PACT. Since then, she's made lots of new friends and has gained the confidence to plan to take up studies in the future.

But when Gabriella first joined PACT, she was new to the country and felt socially isolated but she lacked the confidence to interact with others.

"When I was pregnant with my first daughter, I felt isolated. I spoke with my midwife about this and she advised me to join PACT both for the baby and for myself to make friends," Gabriella explained.

Soon after Gabriella had her daughter, she joined PACT and was able to get support and information. She recalls: "the PACT staff were very welcoming and suggested I come to the baby group for under ones." Gabriella then attended the group regularly and says she was able to learn a lot from the group.

Looking back, Gabriella now says that "PACT increased my confidence and my ability to communicate with others", as well as helping with her English as she attended an ESOL course at PACT.

"When I first joined the group," Gabriella said, "I didn't have confidence as I thought that my English was bad and everyone was able to talk well. But [staff members] Kate and Mena told me that not everyone speaks perfectly and that I need to just try my best to interact. This increased my confidence to give it my best and interact. I feel my English is improving and I feel so much more confident."

Gabriella says that learning English with the help of the ESOL course and attending the groups at PACT was very important in growing her confidence as, in her words, "it allows me to interact more, I can use it in my studies in the future and [it] will also allow me to help my kids as they grow."

Learning about what to do as a new mum

Alice was looking online for a group she could take her son where we could interact with other babies his age as well as meet some other mums herself.

She'd just given birth to her first child and wasn't feeling very confident about what to do. She came across PACT's website and saw all the different groups and activities they offered and saw they had courses for new mums.

Shortly after, Alice started coming along to a range of different groups and activities such as MumSpace, various workshops on different topics about being a parent, and Mindful Mamas, which Alice says was "nice for me to have my own time".

Alice says that for her, the most important impact was that it helped give her the knowledge and confidence to be a good mum by learning about "a lot of information I wouldn't have known about without PACT".

"[It was] learning about what to do as a new mum," Alice said. "Specifically, learning about bonding with my baby, feeding, and understanding his needs. This was important for his growth and wellbeing."

Alice says that she was also given the opportunity to help facilitate a Mumspace session: "this was amazing for me, my confidence and my progression."

As a result, Alice says, she is now more confident as a parent and that's also having an impact on her son.

"My son is used to staying in a creche now, and is more confident when I leave him on by himself now," she says. "I gained more confidence as a new mum."

Appendix 4

Southwark 2030

Preliminary findings from the Southwark 2030 engagement activity includes the following shared vision for the future of the borough

Southwark is a borough that is fair, equal and for everyone. Our shared ambition is to create a future where...

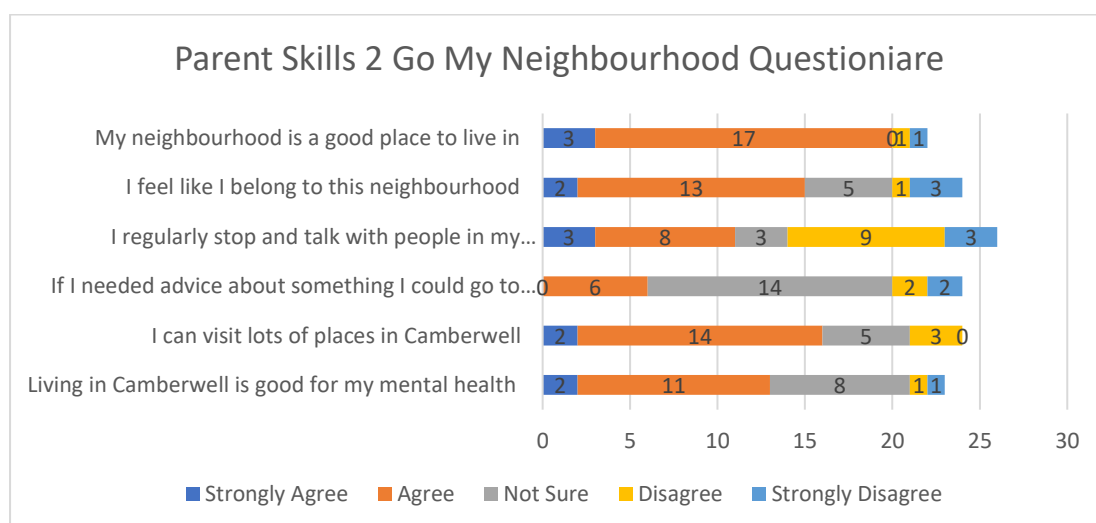
<p>HOMES</p> <p>All residents in Southwark have a home they are proud of, that meets their needs, and they can afford</p>	<p>NEIGHBOURHOODS</p> <p>All residents will be proud of living in caring, connected and welcoming Southwark neighbourhoods.</p>	<p>NATURE</p> <p>Southwark is a borough full of nature that residents can enjoy and be part of</p>	<p>CLIMATE</p> <p>Southwark will be an international leader in tackling the climate emergency</p>
<p>SAFETY</p> <p>All people in Southwark feel and are safe on the streets, in their homes and at work</p>	<p>PROSPERITY</p> <p>Southwark's economy provides greener, fairer and good quality work, education and training opportunities for all</p>	<p>HEALTH & WELLBEING</p> <p>People across every part of Southwark's community are living long, healthy lives with good mental health</p>	<p>CULTURE</p> <p>Everyone in Southwark can enjoy our vibrant culture and arts scene that the borough has available</p>

Appendix 5

Parent Skills 2 Go Commissioned Engagement with families in Camberwell

Key stats from the survey completed with parents in Camberwell:

- 77% of people surveyed agree that their neighbourhood is a nice place to live.
- 54% feel like they belong to the neighbourhood.
- 48% agree that living in Camberwell is good for their mental health.
- 58% were unsure if they needed advice about something that they could go to someone in their neighbourhood.
- 35% do not regularly stop to talk with people in their neighbourhood.
- Parks, GP Practices, shops, and schools were all rated as 'important' or 'very important' by residents.



Additional Comments:

1. Made new friends, Non-judgemental.
2. Camberwell is much better than it used to be.
3. Instead of posh shops there should be an enrichment centre for young people to play, chill and showcase talent.
4. I'm concerned about crime rate.
5. More diversity in mother and baby group
6. I love going to Burgess Park.
7. I love Camberwell! The community, the restaurants, and cafes.
8. Gentrification is at a high and it is annoying.
9. We need a train station in Camberwell.
10. The rich get all the things they can afford, and we are left here.
11. A connecting tube to Camberwell.
12. More activities and free hubs for young people.
13. Love the diversity and different background.
14. My children only want to go to the park all the time.
15. I have realised that the park spaces are so helpful where the houses are so small.
16. Drugs and crime are still very prevalent.

Appendix 6


Children's impressions of and dreams for Camberwell

Easter 2023
Social Media and *My Wellbeing*

Parent Skills^{2Go}
Community Interest Company

A CLOSE LOOK AT OUR NEIGHBOURHOOD

A Creative Expression
in Art & Writing



Camberwell SE5

Introduction

This piece of work is based on an earlier survey conducted by **ParentSkills2Go** in partnership with **1001 Project (Partnership Southwark)**. It is also a continuation of this year's line-up of activities on creative writing and expression of young people with the theme **Social Media and My Wellbeing**. Camberwell SE5 was used as a case study considering its diverse mix of people, community, outdoor and recreational facilities, a group of young people were able to express what matters to them and share with us their experience of visiting one of the iconic landmarks in Camberwell - Burgess Park. This session took place in the beautifully designed Camberwell Library.

What is important to me in my neighbourhood?

My neighbours are important to me in my neighbourhood. Also, the park, schools, trees, skate park, laser tag, escape rooms, Butlin's, church and my local supermarket.

Olivia



My neighbours, the calm nature and my friendly school.

- A local supermarket
- A local library
- A local study group



What I enjoyed most at Burgess Park?

- The swans swimming in the lake
- The nature
- Being with my little sisters

Jeanette Fosu



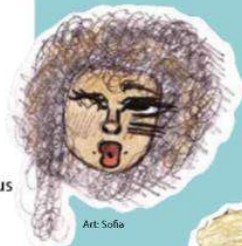
The park, my neighbours and cornershops.

Adriel



- Animals
- Plants
- Water slides
- Disneyland
- McDonald's
- No insects, flies!
- More children play areas

Tracy & Stephanie



I liked my visit to Burgess Park - it was spacious and had textured floors to experiment with rollerskates. It also has a 'fun shortcut to a place far away'.

Sofia



The following are important to me;

- My neighbours
- Good water supply
- School
- Food
- My House
- Field
- No flies
- Swimming pool
- Gardens
- McDonald's in my house (lol!)
- YouTube
- My Lenovo computer



George



Art: George



What is important to me in my neighbourhood?
My local park and my school.

What would I like to see in my neighbourhood?
I'd like to see Brockwall Park and Disneyland.

What I enjoyed at Burgess park is having an outdoor space to play with my sisters and friends.

Joy

- No parents!
- The houses and buildings
- Park

Anonymous



The buildings, shops, church.
There needs to be better houses!

Nifemi

It is my room, the park, cage, cornershop and my houser.

In my neighbourhood, I would like to see more cornershops, swings, slides and outdoor spaces

What I like about Burgess park is the slides and the zipline.

Raheema



People, community and outdoor places are important to me in my neighbourhood.

What would i like to see in my neighbourhood?

I want nearby places like restaurants, game places - bowling, escape rooms, trampoline, park and outdoor stitting spaces.

Semilore

Art: Tracy/Stephanie



Conclusion

It is clear judging from the feedback we received from both the survey and this session, that majority of the residents said Camberwell provided a safe space for them (a sense of belonging), their families and their mental health. They also added the shops and facilities catered for their daily needs.

Regarding the young people, we concluded that they are eager to learn more about their neighbourhood and explore their community at large. Yes, there is a limited mix of things to do in Camberwell but they believe more can still be done to provide tailored solutions for them so that they don't have to rely totally on social media for their development, growth and wellbeing.



Art: Raheema



ParentSkills2Go is a Community Interest Company (CIC) set up by parents for parents, and also serves as an umbrella organisation for different projects including Little People's World, which is a voluntary parent led group that provides activities and events for families.

The holistic aim is to promote social, economic and positive well being for families in the community. One of our main services is also to support young people in terms of their social, economic and physical development so that they can make a positive impact in their world.

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Appendix 7

Home-Start Southwark Post Pandemic Consultations Outcomes

Key Messages from Parents and Carers:

- They are worried about their child's emotions and behaviour,
- They are concerned about their children's speech, language, and communication skills,
- They are worried about their child's opportunities to play and socialise,
- Money worries are making it difficult for them to focus on their children,
- Family stress is affecting their ability to parent as they would want to,
- The family's mental wellbeing has been affected by isolation and poor support networks.

Recommendations arising are that Southwark Council should focus on delivering and commissioning services aimed at:

- Universal family activities and groups,
- Delivering a wide range of tailored parenting support,
- Commissioning peer support in the home environment.

The full report can be accessed [here](#).

Appendix 8

The Motherhood Group Engaging mothers from Black, Mixed, and Other backgrounds about their access and experience of accessing perinatal mental health services NHS E&I [report](#)

Summary of Recommendations:

1. Open conversations with mothers which focus on their health and well-being needs in the perinatal period.
 - a. Attentiveness to the concerns of mothers when speaking with NHS staff.
 - b. Avoiding commenting on the condition of the mother before addressing their concerns.
 - c. Offer all new mothers perinatal mental health support despite assessment of their condition in case they feel this is something that would benefit them.
2. Access and clear signposting
 - a. Access to counsellors and therapists outside of the mother's local area if requested.
 - b. Provide clear information and access to interpreters.
 - c. Provide clear information to all new mothers about NHS services and products for regarding perinatal mental health.
 - d. Permission for elective partner to attend appointments if requested.
 - e. Ensure guidelines surrounding Covid-19 and health visiting are made clear to all new mothers and contact information for health visitors is easily attainable.
3. Engage with the wider community to ensure women are given information about existing support networks (relating to breastfeeding, mental health, and motherhood more generally)
 - a. Invest in new and existing community support groups for new mothers, particularly those run by Black, Asian or minority women and mothers themselves.

4. Improved bias and antiracism training for NHS maternal health and perinatal maternal health staff to identify existing assumptions about ethnic minority women.
 - a. Review internal reporting systems and record who (race or cultural background) is being referred to social services by perinatal mental health practitioners to ensure accountability and reflection when making conclusions about a mother's life.
 - b. Ensure a robust and accessible complaints procedure is in place for women who feel they have been discriminated against or treated unfairly due to their cultural, religious, or racial background.
 - c. Promotion and recruitment of racially diverse staff within the NHS, including support for those training to become counsellors or therapists in perinatal mental health.

5. Invest in greater qualitative research surrounding women's maternal mental health as distinct racial groups, rather than the umbrella 'BAME'.

Access to Health and Social Care Services for Latin American Communities in Southwark Report

Summary

We engaged with 67 Latin American residents in Southwark through a survey, 1-1 interviews and a focus group.

We found that the majority of Latin Americans in Southwark have experienced barriers to accessing healthcare, particularly GPs. These barriers can be broken down into three main categories:



Communications:

- Language barriers - i.e. communicating with staff, accessing information and completing paperwork.
- Lack of information about migrants' entitlements.
- Online communications - i.e. e-letters and forms are difficult to use.



Diversity and Inclusion:

- Inhospitable behaviour from service providers - dismissive of patients' concerns.
- Lack of different Latin representation in diversity monitoring.



Appointments and Charges:

- Complicated appointments systems, referrals and lack of staff continuity.
- GP charges for documents.

“The community needs a lot of help to complete forms, call the GP, and get the services they need. The big problem is the language barrier.”



Recommendations




1. Provide information about healthcare services in Spanish and Portuguese online, in community media and in places that Latin Americans already visit.
2. Make interpreters more easily available and hire more Spanish-speaking staff. Primary care services should reflect local communities.
3. Provide information about migrants' entitlements to healthcare in Spanish and Portuguese.
4. Reintroduce postal letters.
5. Increase face-to-face appointments.
6. Work with Latin American community organisations to improve links and share information between Latin Americans and healthcare services.
7. Record country of origin and dialects spoken in diversity monitoring.
8. Diversity and inclusion training for health staff, e.g. receptionists.
9. A GP booking system which gives patients more flexibility for when they can make a booking and the date and time of appointments.
10. Improve staff continuity and administration to make referrals easier.
11. Scrap charges for letters and documents, particularly for low-income patients.





Appendix 10

 Our thinking around Brandy... 



Brandy lived in a home featuring lots of confusion, pain and distress from a very young age. She saw abuse and was subjected to abuse from people she trusted and from whom were tasked with keeping her safe and well. Brandy's 'narrative' around professionals was they brought bad news. People were taken away. Demands and extra stress was caused as a result of letting them in.

 Professionals = Pain



Brandy's own experiences of help could be confusing. Help often meant having to do something really hard - like talking about secrets at home or sharing complex internal feelings.

 Help = Discomfort 



To survive, Brandy has had to be independent from a very young age. This was encouraged by her loved ones as well as professionals. This was further encouraged by becoming a mother at a younger age and later this being seen as a positive thing by the leaving care/professionals.

 Relying upon others = Pain & disappointment 


Brandy has experienced so much pain and trauma. She had experienced things she felt ashamed of, was confused about and did not wish to recall. Brandy's brain did what it could do to survive - try to forget or ignore (disassociate).

 Remembering / talking = Pain and Shame. 

Whilst this might have been helpful for Brandy in managing complex emotions and memories, this coping mechanism was less helpful when faced with other issues.

 Avoiding = safety 

It took a lot of bravery to reach out to professionals, who had previously caused a lot of pain towards her, and baring this in mind it is understandable that Brandy found this difficult. As Brandy has a complex relationship with her own family professionals were her only option. Imagine the only source of support available to you, being a source of trauma.

Fearing your only source of support = Confusing 

It was unfortunate that Brandy's feelings of shame, fear and coping mechanisms meant that she was not able to seek and use help sooner.

Pause offered face-to-face support and encouragement, recognising the importance of relationship building. Pause helped Brandy to think about who else might be helpful, why it might be useful to share parts of her story, how that might feel and preparing her for this. This, coupled with the positive relationship Pause had with the rent arrears team, enabled Brandy to move forward and avoid the very real possibility of having to live on the streets.

Living on the streets = loosing my job, unable to visit my son, reinforcing feelings of blame and shame

Brandy's Experiences

Brandy's parents relationship has featured violence, abuse and harm which Brandy and her brother witnessed. Brandy's mother experienced **depression and anxiety** which impacted upon the care she could offer herself and her children.

Professionals were worried about the **poor relationship between Brandy and her mother**. Brandy's mother has a third child with her new partner, she is assessed as being unable to meet baby's needs, who is later adopted. Brandy and her older brother remain in their mothers care.

Brandy reports being abused by her step-father. No charges were made against the male and **he returned to live** with Brandy and her mother. Brandy struggles to manage her mental health and is **not supported to work** with professionals by her mother.



Brandy is spending a lot of time with an older male, who is abusive toward her. Brandy has poor school attendance, weight loss, is using drugs and has few rules at home. **Brandy enter foster care** to provide her mother time to make some changes for Brandy, however the placement **quickly broke down**. Brandy didn't want to go home so **sourced her own accommodation** which she funded through a cash-in-hand job.



Aged 16, Brandy discovers **she is pregnant** the baby's father has bail conditions not to see Brandy due to a recent domestic abuse incident. Brandy has **very little support from her wider family** and her mother continues to struggle with her own mental health.

Brandy gives birth to a beautiful healthy baby boy called Sam. **Brandy and Sam enter foster care together** placed outside of London, away from everything Brandy knows. Brandy cares for Sam really well and is supported to **leave foster care** with her baby.



2 months after her 18th birthday Brandy's **child is removed** from her care and placed into foster care due to having **injuries** which health professionals believed could not have been caused accidentally.

The housing provider **threatens to evict** Brandy due to rent arrears, causing additional **stress and anxiety**. Brandy's professional network raised concerns about how this matter was dealt with, the lack of empathy offered to Brandy and the need to consult and include Brandy's entire network with such decisions. Brandy is supported to address concerns and **avoids eviction**.



Brandy is asked to **leave her accommodation** because she does not have a child in her care. Brandy moves to alternative **single person semi-independent accommodation**.

There are more **concerns** raised about how **professionals are working** with Brandy, are not considering her vulnerabilities and needs, and are not collaborating with others around Brandy to better support.

Brandy and Sam move into **semi-independent accommodation** for young mothers and their babies. Once moved Brandy disclosed experiencing harm from her foster carer. Brandy advised she did not report this at the time due to fear of how this impact upon plans relating to her baby.

Brandy experiences a shortfall in universal credit. The back payment is paid directly to her. Rather than paying the full amount to the housing provider, Brandy keeps £200 to fund her son's birthday celebrations leading to her fall into **rent arrears**.

The judge finds that Brandy caused the injuries to her son, and that this was not an accident. The final decision is that Sam should **live with his paternal aunt** and visit Brandy 4 times per year.

As a care experienced young person Brandy is given priority bidding on council properties and so **secures her own tenancy aged 19 years**. Leaving care service dramatically reduces their work with Brandy.



Pause reach out to Brandy to offer support. Brandy lets us know that she **wasn't ready** for this support.



Leaving care team **virtually checked-in** with Brandy to see how she was doing. 10 days later **Brandy replies** to the email letting the worker know that she works and so cannot always answer calls. Brandy shared her **fear and worries** about having to attend **court and facing eviction** due to rent arrears and **asked for help**. Brandy updated about the efforts she had made to halt the eviction which had been unsuccessful.



Brandy is pleased **Pause reached out a second time**. Brandy is open and honest about her **debt issues and fears** surrounding the pending eviction, including why she felt unable to reach out previously.



Brandy is awarded **financial support** from the Rent arrears team. This halts the eviction process and avoids her becoming street homeless in the next month.



2 months after moving into her own home, Brandy reaches out to the leaving care service to state she is **feeling lonely and isolated**.

A **referral** was made to a service to help Brandy re-connect with people however she did not respond so this did not progress.



Brandy is working however is **furloughed during covid**. Brandy lets the leaving care service know that she is experiencing **money issues and has rent arrears**. The leaving care service **refers** Brandy to another service to help her manage her tenancy.

Brandy is described to **'keep her problems to herself until they become unmanageable'** however is assessed to be independent and did not require a high level of support. Brandy is **offered 6 monthly check-in's** moving forward.



Brandy is advised to **independently** complete applications to schemes which may be able to contribute financially to her rent arrears to halt the eviction. Whilst Brandy is very capable she is unsure what to say or share. **She is unsuccessful** in this application. **Leaving care team refuse** to offer financial support to avoid eviction as Brandy is assessed as having every opportunity to avoid this **but failed to use support offered**.



2 months after meeting with **Pause**, Brandy was supported to re-apply for financial support to reduce her rent arrears, using **necessary self-disclosures and language**. Brandy had felt confident enough to share her experiences, which enabled **professionals to offer more compassion and understanding** of her situation and to make reasonable adjustments accordingly. Brandy was **supported to**: set up a direct debit to reduce the risk of missing rent payments, access services to consolidate other debts, seek legal advice so she is informed about her housing rights.



Now Brandy is no longer experiencing **life crippling stress and anxiety** about becoming street homeless, she is able to **start thinking about other therapeutic interventions** and goals she may wish to work upon with the support of **Pause** such as her relationship with her son, addressing her **own trauma** to modify thoughts & behaviours which are not always useful to her, and **developing her ability to ask for help** when needed.

Glossary



Acronym/ abbreviations	Term
ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
BAF	Board Assurance Framework
BAU	Business As Usual
BI	Business Intelligence
BCF	Better Care Fund
BSA	Business Services Authority
CAS	Clinical Advice Service
CCG	Clinical Commissioning Group (dissolved and now ICS)
CCPL	Clinical Care Professional Lead
CHC	Continuing Healthcare
COI	Conflict of Interests
CPCS	Community Pharmacy Consultation Service
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service
CYP	Children and Young People
D2A	Discharge to Assess
DES	Direct Enhanced Services
DIPC	Director of Infection Prevention and Control
DOS	Directory of Services

Acronyms/ abbreviations	Term
DPIA	Data Protection Impact Assessment
DoLS	Deprivation of Liberty Safeguards
DSP	Data Security and Protection Toolkit for GPs
EIP	Early Intervention in Psychosis
FTE	Full time Equivalent
GP	General Practice
GPEA	DP Extended Access Hub
GSTT	Guy's and St Thomas' NHS Foundation Trust
H1	Half 1, referring to the first 6 months of the financial year (April-September)
H2	Half 2, referring to the last 6 months of the financial year (October-March)
HCHS	Hospital and Community Health Services
HCP	Healthcare Professionals
H&CP	Health & Care Plan
HDP	Hospital Discharge Programme
HIN	Health Innovation Network
IAC	Initial Accommodation Centres
IAF	Improvement Assessment Framework
ICB	Integrated Care Board
ICS	Integrated Care System
IHL	Improving Health Ltd (South Southwark PCN)
JCOG	Joint Commissioning Oversight Group
KCH	Kings College Hospital Foundation Trust

Acronyms/ abbreviations	Term
KHP	Kings Healthcare Partnership
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicator
LCP	Local Care Partnership
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Services
LIS	The Local Incentive Scheme
LAS	London Ambulance Service
LMC	Local Medical Committee
LPS	Liberty Protection Safeguards
LSAB	London Safeguarding Adults Board
LSCB	London Safeguarding Children Board
LSCP	Local Safeguarding Children Partnership
LTP	Long Term Plan
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MHST	Mental Health Support Team
MLTC	Multiple Long Term Conditions

Acronym/ abbreviations	Term
MO/Meds Op	Medicine Optimisations
NSCO	No Cheaper Stock Obtainable
NHSE	NHS England
NHSPS	NHS Property Services
NICE	National Institute of Clinical Excellence
NWRS	National Workforce Reporting Service
OMG	Operational Management Group
PAU	Project Appraisal Unit
PCG	Primary Care Group
PCSP	Personal Care and Social Prescribing
PCN	Primary Care Network
PEL	Place Executive Lead
PHB	Personal Health Budget
PPA	Prescription Pricing Authority
PSSB	Partnership Southwark Strategic Board
PSwk	Partnership Southwark
QA	Quality Alerts
QHS	Quay Health Solutions (North Southwark PCN)
QIPP	Quality Innovation Productivity and Prevention
RTT	Referral to Treatment
SCA	Shared Care Agreement

Acronym/ abbreviations	Term
SEL	South East London
SELCA	South East London Cancer Alliance
SI	Serious Incident
SLA	Service Level Agreement
SLaM	South London and Maudsley NHS Foundation Trust
SLP	South London Partnership
SMI	Severe Mental Illness
SMT	Senior Management Team
STI	Standing Financial Instructions
STP	Sustainability and Transformation Partnership
Swk	Southwark
TCST	Transforming Cancer Services Team
ToR	Terms of Reference
UKHSA	UK Health Security Agency
VCS	Voluntary Care Sector
VCSE	Voluntary Community and Social Enterprise