Southwark's Joint Health and Wellbeing Strategy

2022 - 2027

Executive Summary & Action Plan

Southwark's Joint Health and Wellbeing Strategy

Executive Summary

Background

The Joint Health and Wellbeing Strategy sets out our aims for the health and wellbeing of people in Southwark. This strategy has been developed by Southwark's Health and Wellbeing Board, which brings together key agencies with a role in improving health in Southwark.

Data, research and needs assessments have informed this strategy and helped us to understand health inequalities in Southwark. Engagement with local communities has helped to shape our priorities. We will continue to work with our communities and partners to deliver the priorities set out in this strategy.

The State of Health and Health Inequalities in Southwark

Southwark is a young, diverse and rapidly growing borough with large numbers of young adults and residents from a wide range of ethnic backgrounds. Across the borough, there have been significant improvements in health and wellbeing in recent years, and there are many areas of success that should be celebrated:

- Our residents are living longer and healthier lives than ever before, with life expectancy comparable or better than the national average.
- Levels of relative deprivation in the borough continue to reduce.
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
- Preventable mortality has reduced by half since 2001, narrowing the gap with England.

While there have been substantial improvements in outcomes in Southwark, these improvements have not always been equal and many challenges remain. The COVID-19 pandemic has exposed and exacerbated the inequalities that too many of our residents experience. ***These inequalities are both avoidable and unfair***. All parts of the Council and NHS, along with our wider partners have a responsibility to reduce them.

> ***Call to action – Improving health for all and narrowing the gap***
>
> Our call to action for the borough and partners is to unite to tackle inequalities. We will do this by taking a community and place focus. This involves providing additional support to the population groups that have the poorest outcomes and focusing on our most disadvantaged neighbourhoods, while maximising health and care opportunities for all through integration.

Southwark's Joint Health and Wellbeing Strategy

Our delivery approach – Drive, Sponsor, Observe

Our strategy takes a three-tiered approach:

- **Drive:** These areas will be the focus of the delivery and monitoring of our strategy. We will drive and strengthen our activities in these areas to reduce inequalities in health. Local data and our stakeholders, including local communities, have told us these areas are important.
- **Sponsor:** Work is already taking place in these areas; there are existing strategies or action plans. The named lead organisation will monitor progress and highlight when the Health and Wellbeing Board needs to consider aspects of this work in detail.
- **Observe:** Although much of these areas are important to population health, the decision-making sits outside of the Health and Wellbeing Board. The Board's role is to observe and influence.

Our Drive areas

Drive 1: A whole-family approach to giving children the best start in life

We want ensure all families in Southwark receive access to good-quality maternity care, reducing differential outcomes between population groups. We want to build resilient families through holistic care in pregnancy and early years, improve mental health for the whole family and keep children safe through early identification and support for families at risk of adverse childhood experiences.

Drive 2: Healthy employment and good health for working age adults across the health and wellbeing economy

Across the health and wellbeing economy, we want to increase access to good quality jobs, promote health through employment support, enable people to lead healthy lifestyles, building on the already strong work on the Vital 5, and promote and maximise access to leisure and physical activity.

Drive 3: Early identification and support to stay well

We want to ensure services prevent ill-health through early detection. We want to help people stay well through falls prevention, support for recovery from hospital admission, and wellbeing support for carers and families. We will have an enhanced focus on communities and neighbourhoods with poorer health to ensure better uptake of prevention and services to manage long-term conditions

Drive 4: Strong and connected communities

We want to ensure local people shape their local areas and services. We want to ensure that services are accessible to the most excluded groups and reduce social isolation and loneliness. We will develop strong collaborations between statutory services and the voluntary and community sector, undertake targeted work to remove barriers to services and focus work on addressing loneliness.

Drive 5: Integration of Health and Social Care

The opportunities to deliver better outcomes for Southwark residents through the South East London Integrated Care System (ICS) will be optimised through strengthening joined up care, exploring where care can be delivered at a neighbourhood level and strengthening how we involve local people in delivery of our work. The development of Partnership Southwark provides us with the governance and structures to do this. By bringing NHS, council and voluntary and community organisations together, we can define the shared outcomes we want for our population and ensure the right leadership, accountability and oversight to support our work.

Our Principles

Five principles are central to the delivery of this strategy:

1. Embedding an approach to tackling health inequalities across all our policy-making, services and delivery.
2. Making sustainability and tackling climate change an integral part of protecting and improving health.
3. Targeted place-based approach and population groups.
4. Community empowerment and co-production.
5. Delivering high quality, joined-up and person-centred health and social care.

Systems Transformation

This strategy tackles issues that will require all partners to work together to achieve progress. In the first year of the strategy, we will launch a Health and Wellbeing Neighbourhood Fund to embed the five strategy principles in our work. We will also work with local communities to further develop how we embed community voices into our work.

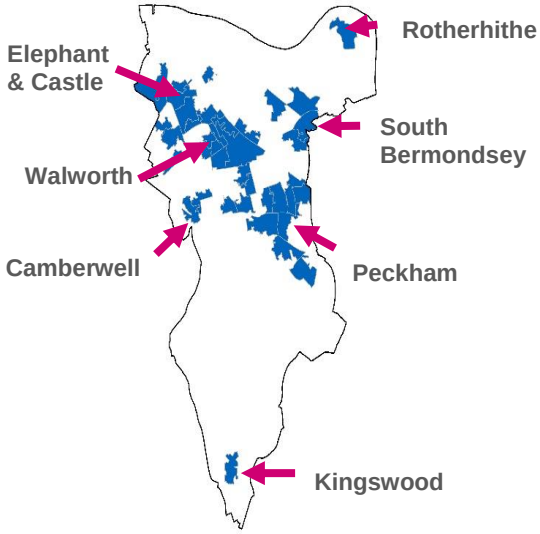
We have developed an action plan that sets out key actions we will deliver in the first two years of the strategy. We will monitor delivery against this plan through a six-monthly progress update, and review it when necessary to ensure it reflects current delivery priorities. The plan sets out milestones and measures against each action, as well as the broader population health outcomes where we want to drive improvements. The Southwark Health and Care Plan, which is currently being developed through Partnership Southwark, will align with the Joint Health and Wellbeing Strategy and set out actions we will take in detail.

We will monitor health outcomes and inequalities in three ways - through an outcomes framework tracking key indicators linked to our five drive areas, through the annual JSNA report that provides the story of health and wellbeing in Southwark, and through updates on the progress of the action plan.

Key Population Groups & Neighbourhoods

- Black Caribbean, Black African & Latin American Residents
- LGBTQI+ Residents
- Asylum Seekers & Refugees
- Carers and Care Home Residents
- Residents with learning disabilities and autism

Neighbourhoods with greatest socio-economic disadvantage



Key Health & Wellbeing Challenges

Current Outcome Challenges

1. Around 25,700 children living in poverty
2. Around 1 in 4 children in Reception are overweight or obese
3. Around 15,000 emergency attendances by children under 5 per year
4. Second highest level of STIs and HIV in England
5. Around 2,400 admissions for ambulatory care sensitive conditions per year
6. 55% of cancers diagnosed at Stage 1 or Stage 2
7. Around 55,000 adults have a common mental health condition
8. Adult Social Care provide support to almost 1,500 unpaid carers
9. High rates of emergency admissions for falls
10. High rates of emergency admissions for dementia

Resident Feedback

1. Discrimination and structural racism are impacting access and experience of services
2. Vulnerable people are falling through gaps in support
3. Mental health and wellbeing for children, young people and adults is a priority
4. Services need to be culturally appropriate and accessible for all
5. Concern regarding rising cost of living, food poverty and affordable housing
6. Local community and community autonomy is highly valued

Joint Health & Wellbeing Strategy Priorities

- A whole family approach to giving children the best start in life
- Healthy employment and good health for working age adults
- Early identification and support to stay well
- Strong and connected communities
- Integration of health and social care

Joint Health and Wellbeing Strategy: Action Plan

Drive 1: A whole-family approach to giving children the best start in life

Population health measures:

- Percentage of pregnant women who have their booking appointment with a midwife within 10 completed weeks of their pregnancy
- Low birth weight of term babies
- Percentage of 12 month development reviews (health review 1) completed by the time the child turned 12 months
- Gap in percentage of children achieving a good level of development at the end of Reception, between White and minority ethnic children
- Percentage of Y6 children who are very happy or happy with their life
- Percentage of Y8 and Y10 children who are very happy or happy with their life
- Percentage of pupils achieving a good pass (>5) in English and Maths GCSE, by broad ethnic group
- Percentage of school pupils with social, emotional and mental health needs
- Hospital admissions as a result of self-harm (10-24 years old)

No.	Aim	Action	Owner	Measure / milestone	Timeframe
1	Ensure all families in Southwark benefit from access to good-quality maternity care and support to maximise maternal wellbeing, reducing differential outcomes for Black women in maternity care	Review causes of inequalities in and between maternal access, outcomes and experiences	Start Well: Public Health	Review completed and recommendations developed	End July 2023
		Scope and develop a collaborative maternity partnership group within Southwark to oversee the aim	Partnership Southwark Delivery Executive	Agreed approach across stakeholders and establishment of group	End July 2023
		Development of action plan on tackling local inequalities based on recommendations on maternal access, outcomes and experiences		Agreed timeline and delivery of action plan, with link and read across to South East London maternity services work (see below)	2023-24

		Deliver action plan to implement national recommendations on maternity services, with a focus on addressing differential outcomes in maternity services	South East London Local Maternity and Neonatal System	Development and delivery of action plan	2023-24
2	Build resilient families, by ensuring that there is holistic support and care for families during pregnancy and the first years of life.	Develop children and family centres to facilitate multi-disciplinary working in geographical areas with the highest levels of deprivation	Start Well: Children and Families Service	Feedback from service users and increased number of attendances at children and family centre activities 'Core offer' is agreed across the partnership	December 2023 December 2023
3	Improve the mental health and wellbeing of families, children and young people, ensuring 100% of children and young people who need support can access emotional wellbeing or mental health services	Increase the number of Mental Health Support Teams in schools	Start Well: Mental Health Children and Young People Working Group	Number of schools with Mental Health Support Teams	July 2023

		Ensure that the improving mental health resilience in schools (IMHARS) support package and Mental Health Support Teams offer is comprehensive and equitable	Start Well: Mental Health Children and Young People Working Group	Completion of gap analysis and development of action plan	April 2023
4	Keep children and young people safe through early identification and support for families at risk of adverse childhood experiences.	Redevelop an early identification and prevention approach to Adverse Childhood Experiences in Southwark	Start Well	Early Help Strategy is completed that sets out Southwark's approach to mitigating impact of ACEs Completion of work to embed early help as everyone's responsibility across partnership	March 2023 September 2023
		Identify opportunities to strengthen how data on adverse childhood experiences is shared between services	Start Well	Data sharing approach is agreed	By summer 2024
5	Accelerate the reduction in childhood excess weight and obesity in Southwark	Extend the motivational interviewing work which supports pathway into child weight management programme	Start Well: Public Health	Every child measured as overweight or obese is contacted by provider	August 2023
		Strengthen National Child Measurement Programme (NCMP) pathway, building on best practice in other areas	Start Well: Public Health	Review completed Plan in place to implement recommendations	March 2023 July 2023

Drive 2: Healthy employment and good health for working age adults

Population health measures:

- Proportion of those who are economically inactive who want a job (involuntary unemployment)
- Gap in the employment rate between those with a long-term health condition and the overall employment rate
- Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate
- Percentage of physically active adults
- Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate
- Smoking prevalence in adults
- Smoking prevalence among adults aged 18-64 in routine and manual occupations
- Proportion of those receiving Universal Credit who are employed (proxy for in-work poverty)

No.	Aim	Action	Owner	Measure / milestone	Timeframe
1	Across the health and wellbeing economy, we will increase access to good quality jobs, creating new routes to employment and providing support to those facing barriers to good quality jobs, including those facing systemic inequality such as those from Black, Asian and minority ethnic backgrounds, older people, women and disabled people. .	Explore opportunities to use the apprenticeship levy in Partnership Southwark and voluntary and community sector roles	Partnership Southwark Delivery Executive	Increased number of local people in Southwark apprenticeship programme	March 2024
		Develop an inclusive apprenticeship programme within the social care workforce, focusing on staff who have the ambition to join the registered workforce and may have been excluded from traditional university routes.	Age/Care Well: Adult Social Care	Development of pre-apprentice programme to encourage apprentice readiness from a wider group Planning for Cohort 2 of the apprenticeship programme. Exploring further apprenticeship opportunities	October 2022 January 2023 March 2023
		Implementation of Workforce Race Equality Standard in Adult Social Care as an early adopter local authority	Age/Care Well: Adult Social Care	Data is collated within ASC for reporting against Workforce Race Equality Standard	April 2023

		Support the development, delivery and utilisation of the South East London ICS Health Hub to provide targeted support towards employment in the health and wellbeing economy, with a focus on underrepresented population groups and our most deprived communities	Partnership Southwark Delivery Executive	Number of successful job applications by Southwark residents	March 2024
2	Promote health and wellbeing across the health and wellbeing economy, through improving access to wellbeing and employment support.	All anchor institutions to proactively provide accessible information for wellbeing and employment support, such as information on the Keeping Well Hub	Partnership Southwark Delivery Executive	Improved staff retention and measures of staff satisfaction	On-going
3	Lead by example by promoting good health and wellbeing across our workforce, and supporting this through our procurement practices.	Roll out Residential Care Charter to ensure fair pay for care staff	Age/Care Well: Adult Social Care	100% sign up by 2025	2025
4	Support people to lead healthy lifestyles that keep them well, working with population groups and communities where lifestyle risk factors are clustered.	Evaluate stop smoking provision and implement recommendations to improve access and outcomes for at risk groups	Southwark Council: Public Health	Increased number of pregnant women and patients with mental health conditions who achieve a 4 week quit	On-going (redesign by March 2023 with annual review)
		Provide specialist training to non-alcohol specialist healthcare professionals on initiating conversations about alcohol use	Southwark Council: Drug and Alcohol Team	Increased confidence of non-alcohol specialist healthcare professionals to initiate conversations about harmful alcohol use Increased number of people being referred to specialist	March 2023

				treatment services for harmful alcohol use	On-going (with annual review)
5	Maximise access to leisure, daily movement and physical activity, ensuring that financial circumstance does not limit access.	Undertake collection of data across communities and groups to inform and understand current levels of participation and engagement in physical activity and sport	Live Well: Leisure	Completed profile of leisure and sports participation across the borough.	2023/24
		Connect communities and promote opportunities to engage in physical activity and sport, particularly for unrepresented groups and those in greatest need	Live well: Leisure	Number of people engaged in physical activity across the borough	On-going
		Improve the signposting and promotion of the Council's sport and leisure offer by the wider health & care system	Live Well: Leisure	Increased number of social prescribing referrals to exercise and physical activity programmes Increased uptake of sport and leisure programmes	September 2023 Benchmark 2023-24
		Review the current targeted leisure offer, following insourcing of leisure provision in June 2023, with a view to further promoting services to target those who are least active, have poorer health or greater health risks	Live Well: Leisure	Programmes realigned in response to findings of leisure and sport profiles	2024
		Evaluate access to Exercise on Referral ensuring services is reaching target groups	Live Well: Public Health	Review completed Uptake of Exercise on Referral by target groups is increased	January 2023 April 2024

Drive 3: Early identification and support to stay well

Population Health Measures:

- Cancer screening coverage – bowel cancer
- Cancer screening coverage – cervical cancer (aged 25 to 49 years old)
- Cancer screening coverage – breast cancer
- Cumulative percentage of the eligible population aged 40-74 who received an NHS health check
- Proportion of all NHS health checks completed by residents from a Black, Asian or minority ethnicity background
- Dementia diagnosis rate for 65+ years old (recorded/ expected)
- Proportion of adult carers who have found it easy to find information and advice about support, services or benefits
- Number of emergency hospital admissions due to falls in people aged 65 and over
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

No.	Aim	Action	Owner	Measure / milestone	Timeframe
1	Ensure that there are effective and accessible services that help prevent illness, including immunisations, screening and measures to tackle "The Vital 5" (hypertension, obesity, smoking, alcohol and mental health).	Increase uptake of NHS health checks by those with greater risks along with risk reduction interventions	Live Well: Public Health	Increased uptake of NHS health checks among residents from a Black, Asian or minority ethnicity background (%)	On-going
		Extend the Community Health Ambassadors Programme, empowering more people to increase uptake of vaccinations and cancer screening and health improvement opportunities in their communities, focusing on areas with poorer health and higher levels of deprivation	Live Well: Public Health	Increased number of Community Health Ambassadors Number of community events and activities aimed at Black, Asian and ethnic minority communities, supported by community health ambassadors	On-going On-going
		Pilot and evaluate a weight management programme for men aged 45+, targeting black, Asian and minority ethnic groups	Live Well: Public Health	Increased take up of healthy weight services by men over 45 years and black, Asian and minority ethnic groups	June 2023

		Develop and pilot healthy eating and physical activity interventions with faith groups and evaluate the outputs and outcomes	Live Well: Public Health	Targeted faith groups are engaged in delivery of healthy eating and physical activity interventions	September 2023
		Develop and deliver a Targeted Lung Health Check programme for people aged between 55-74 years who are current or ex-smokers.	Live Well: Guys and St Thomas NHS Foundation Trust	Lung Health Check programme in place with clear pathway into local stop smoking provision	March 2023
		Evaluate peer mentor programme for substance misuse in hostel and hospital settings	Live Well: Drug and Alcohol Team	Completion of evaluation with recommendations developed	2023-24
2	Promote good mental health by supporting wellbeing and early detection.	Complete system-wide scoping activity to identify opportunities to integrate mental health in all policies, to improve the social determinants of poor mental health	Live Well: Public Health	Completion of scoping activity	March 2023
		Develop and implement an evidence-based suicide prevention strategy and action plan to reduce risk of self-harm and prevent incidences of suicide	Partnership Southwark Delivery Executive	Strategy and action plan developed	March 2023
3	Focus on preventing admission to hospital for falls.	Deliver public awareness campaign focused on how to reduce falls risk and services that can be accessed to reduce risk of falls	Age Well: Guys and St Thomas' NHS Foundation Trust	Increased utilisation of falls prevention services (including handy-person service, home visiting opticians and falls service)	March 2023

		Deliver education and training on falls risk and availability of local services for community healthcare, social care and primary care workers.	Age Well: Guys and St Thomas' NHS Foundation Trust	Staff report improved knowledge in competence and confidence and supporting people at risk of falls	September 2023
4	Provide the right support which helps people to recover from admission to hospital.	Further embed the hospital discharge and community support guidance throughout the Southwark system.	Age Well	- Reduction in permanent residential placements from hospital - Increased positive re-ablement outcomes - Increased number of people having their assessment in the community.	June 2023
		Pilot a 'Hospital Buddies' programme offering volunteer support to older people before and after elective surgery	Age Well	Reduced readmissions within 3 months for users of the hospital buddies programme	June 2023
5	Support carers and families to look after their own wellbeing.	Develop the signposting to Ageing Well Southwark to ensure that a greater number of carers know how to access support	Age Well: Adult Social Care	Increased proportion of adult carers who have found it easy to find information and advice about support, services or benefits	March 2023

Drive 4: Strong and connected communities

Population Health Measures:

- Percentage of residents who say they belong to their local area
- Percentage of residents who say they feel lonely often or always
- Percentage of residents who have participated in formal volunteering in the last year
- Percentage of residents who agree that their local areas is a place where people from different backgrounds get on well together

No.	Aim	Action	Owner	Measure / milestone	Timeframe
1	Strengthen how we involve local communities to help us better understand their needs and to co-design and implement services to meet their needs.	Establish a new approach to embedding community voices in shaping and implementing health and care priorities (for example, through a Lived Experience Assembly[1] and other methods)	Partnership Southwark Delivery Executive: ICB Communications and Engagement Team	Increased involvement of voluntary and community sector in Partnership Southwark Strategic Board and Health and Wellbeing Board Increased membership of voluntary and community sector on Partnership Southwark workstreams	End March 2023 June 2023
2	Ensure that services are accessible to and meet the needs of all - including people facing multiple disadvantage, people experiencing homelessness, refugees, asylum seekers and vulnerable migrants.	Mental health practitioners to be embedded in communities and neighbourhoods through Be Well Hubs Complete needs assessment to better understand health needs of refugees,	Community Mental Health Transformation Programme Delivery Group Live Well: Public Health	Increased referrals and access among vulnerable groups Needs assessment completed and evidence-based recommendations developed	September 2023 December 2022

[1] Lived Experience Assembly is a working title; work will focus on establishing a structure or process that embeds community voices into shaping strategic priorities. It does not presume a 'formal assembly' approach and will need to consider 'outreach' mechanisms and tackle barriers to inclusivity.

		asylum seekers and vulnerable migrants in the borough			
3	Reduce social isolation and loneliness, by creating a place where people feel connected and where loneliness is tackled as early as possible.	Support model of social prescribing that helps to connect local residents to relevant services that can tackle loneliness and social isolation, focusing on factors associated with severe loneliness Delivery of Making Every Contact Count training to staff working regularly with people at risk of severe loneliness or isolation	Partnership Southwark Delivery Executive	Increased number of referrals from social prescribing to VCS organisations for people experiencing loneliness and/or social isolation Number of staff completing MECC training	March 2023 September 2023
4	Improve access to affordable, healthy food by adopting a Right to Food approach	Develop and implement a Right to Food Action Plan. This will include: 1. Children's food 2. Food for older and disabled people 3. Healthy food neighbourhoods and physical access to food 4. Cash first approaches	Southwark Council / Southwark Food Action Alliance	*Note: Measures are yet to be agreed as will form part of the Sustainable Food Strategy in development:* Increased access of low income families to universal and targeted food support (School meals, Healthy Start Vouchers, Holiday provision with food, and breastfeeding support). Needs assessment completed on food security of older people in Southwark and recommendations reviewed with key partners.	2023-2026

				Incentivising healthy food retail in our town centres and expanding food growing opportunities for neighbourhoods. Increasing uptake of welfare support and income maximisation, increasing number of local employers supporting the Living wage.	
5	Work together to mitigate the impacts of the cost of living crisis for people in Southwark	Undertake analysis of the likely health impacts of the cost of living crisis, identifying those who will be most impacted	Southwark Council: Public Health	Analysis completed focused on population groups most affected	January 2023
		Ensure those working directly with residents most affected are aware of the support offer available in Southwark	Southwark Council: Public Health	Information sessions delivered to GPs, pharmacies, opticians and dentists	March 2023
		Identify health and wellbeing partners who can refer people into the Southwark Council Cost of Living Fund	Southwark Council: Public Health	Number of Community Referral Partners	On-going

Drive 5: Integration of Health and Social Care

Current work in Partnership Southwark to identify how to evaluate the effectiveness of partnership working will inform this section of the outcomes framework.

No.	Aim	Action	Owner	Measure / milestone	Timeframe
1	Ensure joined-up care is delivered close to home, including exploring where care can be developed at a neighbourhood level.	Develop and pilot approaches to co-located multi-disciplinary teams (including primary care, secondary care and social care) in neighbourhood settings.	Partnership Southwark Delivery Executive	Neighbourhood MDT working is developed and informed by pilots	March 2024
		Develop and implement a person-centred model for community mental health, based around primary care networks and neighbourhoods, in which primary care, secondary care, VCSE organisations and local authority staff work together to deliver care and support.	Community Mental Health Transformation Delivery Group	Outcomes framework developed to identify and monitor success measures Access to community mental health support is timely with key services meeting targets for reduced waiting times for access to services Increase the ratio of people accessing mental health support through a 'step up' community pathway rather than crisis services being the first point of contact	September 2022 2023/24 2023/24
		Increase nursing care provision in the borough	Adult Social Care	New nursing home open	2026

2	Strengthen how we involve local communities to help us better understand their needs and to co-design and implement services to meet their needs.	Establish a new approach to embedding community voices in shaping and implementing health and care priorities (for example, through a Lived Experience Assembly[1] and other methods)	Partnership Southwark Delivery Executive: ICB Communications and Engagement Team	Increased involvement of voluntary and community sector in Partnership Southwark Strategic Board and Health and Wellbeing Board Increased membership of voluntary and community sector on Partnership Southwark workstreams	End March 2023 June 2023
		Pilot a new approach to engagement and neighbourhood working through the We Walworth programme and a second neighbourhood pilot	Partnership Southwark Delivery Executive	Evaluation of We Walworth pilot completed Establishment of second neighbourhood pilot	March 2023 September 2023
3	Ensure partners are able to hold each other to account in delivering good care to our residents.	Establish transparent governance arrangements following the formation of the Local Care Partnership	Partnership Southwark Delivery Executive	Local health and care plan agreed with clear actions and accountability	End March 2023
4	Align budgets where possible to make the best use of the "Southwark pound".	Set out how budgets can be aligned and or pooled under the Partnership Southwark Health and Care Plan.	Partnership Southwark Executive Group	The health and care plan sets out the level of ambition around integrated resources	End March 2023
		Increase voluntary contributions to the Better Care Fund	Adult Social Care / SEL ICS	Voluntary contributions are above minimum level	Annual review

Southwark’s Joint Health and Wellbeing Strategy

Find out more on the JHWS website